

Workplace Support Manager WS only

1. Introduction to FV WS module

1.1 Title page



Notes:

Welcome to the Strengthening Hospital Responses to family violence Workplace Support for clinical managers' module.

This module is for managers who have undertaken other SHRFV training which covers a shared understanding of family violence.

This module was developed by The Royal Women's Strengthening Hospital Responses to Family Violence team with support of the Victorian Government Department of Health.

1.2 Instructions


Instructions

Time
This module will take approximately 30 minutes to complete.

Completion of module
It is recommended to complete this training in one session, however you can return and resume at any point.

Target Audience
It is strongly recommended that hospital staff with supervisory or managerial responsibilities complete this training.

Check your understanding
There will be multiple choice questions and scenarios throughout the content that you must answer correctly in order to progress.



Use the 'Continue', 'End', or arrow (< >) keys to navigate. There is audio throughout to aid navigation and support learning, so ensure speakers or headphones are working correctly. Closed captions are included where information in the audio is different to the words on the slides.

Notes:

1.3 Acknowledgement of Country

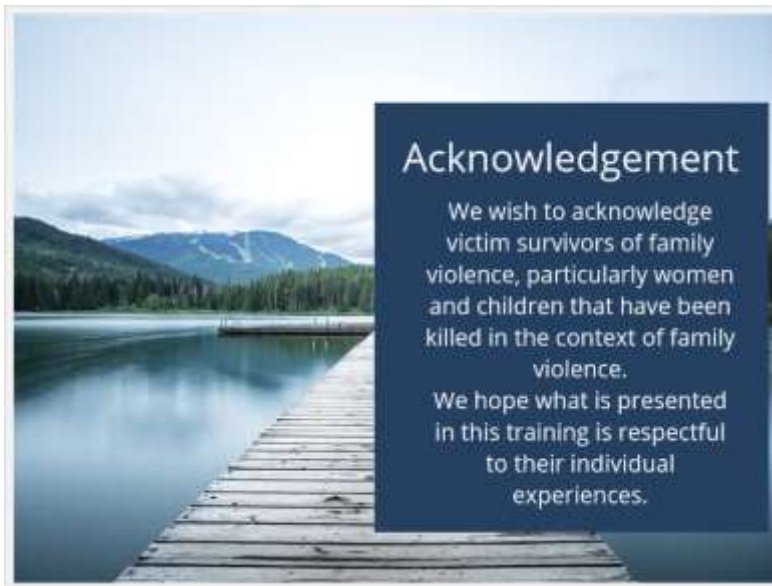


Acknowledgement of Country
We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.

For the purposes of this module, we'll be using the term Aboriginal to refer to both Aboriginal and Torres Strait Islander people.

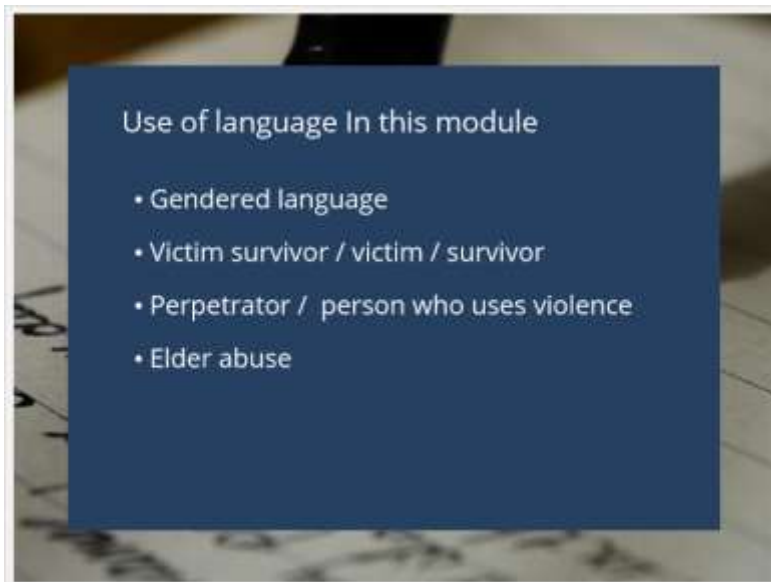
Notes:

1.4 Acknowledgement of victim/survivors



Notes:

1.5 Acknowledgement of language



Notes:

1.6 Specialist family violence services

Specialist family violence services

Discussing family violence can be distressing, particularly for people who have experienced or been impacted by violence.

1800RESPECT NATIONAL SEXUAL ASSAULT, DOMESTIC FAMILY VIOLENCE COUNSELLING SERVICE 1800 737 732	safe steps 1800 015 188 Family Violence Response Centre	
Call Men's Referral Service 1300 766 491	MensLine Australia 1300 78 99 78	Rainbow Door 1800 729 367
inTouch Multicultural Centre Against Family Violence 1800 755 988	SEXUAL ASSAULT CRISIS LINE 1800 806 292	Aboriginal Family Violence Legal Service Djirra Strong Women, Ending Violence 1800 105 303

Notes:

Djirra (Slide Layer)

Djirra (1800 105 303)

Preventing and addressing family violence is at the core of Djirra's work. All programs support Aboriginal women's journey to safety and wellbeing.

Djirra provides services across Victoria with offices in metropolitan and regional areas. Djirra will provide both telephone and face to face legal and non-legal support to Aboriginal people who are experiencing or have experienced family violence.

Outside of business hours contact Yarning SafeNStrong on 1800 959 563. It is a Free and Confidential phone crisis line for our people and families who need to have a yarn with someone about their wellbeing. Available 24 hours, seven days a week

<https://djirra.org.au/>

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1800 Respect (Slide Layer)

1800RESPECT (1800 737 732)

1800RESPECT is the national sexual assault, domestic and family violence counseling service

1800RESPECT is a confidential service available
24 hours a day, seven days a week.

Providing support for:

- People experiencing, or at risk of experiencing, sexual assault, domestic or family violence
- Their friends and family
- Workers and professionals supporting someone experiencing, or at risk of experiencing sexual assault, domestic or family violence

<https://www.1800respect.org.au/>

✕

Rainbow Door (Slide Layer)

Rainbow Door (1800 729 367)

Rainbow Door is a free specialist LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender and Gender Diverse, Intersex, Queer, Asexual, BrotherBoys, SisterGirls) helpline providing information, support, and referral to all LGBTIQ+ Victorians, their friends and family

Through advice, referral and support from an experienced LGBTIQ+ peer, Rainbow Door will help LGBTIQ+ people navigate the system to access the supports we need.

Rainbow Door is a free service that is here to support you. You can call, text or email us.

10am - 6pm, 7 days a week

<https://www.rainbowdoor.org.au/>

✕

Safe Steps (Slide Layer)

Safe Steps (1800 015 188)

safe steps Family Violence Response Centre is Victoria's statewide first response service for those experiencing family violence or concerned about another experiencing family violence.

- 24/7 family violence response phone line
- Risk assessments
- Emergency accommodation
- Safety planning
- Emotional and material support
- Advocacy
- Information and referrals

If you are unable to make a call due to safety reasons or preference, you can email safesteps@safesteps.org.au at any time.

You can also chat online between 9am and 9pm, Monday to Friday.

Available 24/7, 356 days a year

<https://www.safesteps.org.au/>

✕

SACL (Slide Layer)

Sexual Assault Crisis Line (1800 806 292)

Free call Victoria, Australia

The Sexual Assault Crisis Line Victoria (SACL) is a state-wide, after-hours, confidential, telephone crisis counseling service for people who have experienced both past and recent sexual assault.

SACL is the central after hours coordination centre for all recent sexual assaults and provides immediate crisis responses throughout Victoria.

SACL operates between 5pm weeknights through to 9am the next day and throughout weekends and public holidays.

<https://www.sacl.com.au/>

✕

Mens Referral (Slide Layer)

Men's Referral Service (1300 766 491)

Men's Referral Service (operated by No to Violence) works with men who use family violence, and the sector that supports them to change their abusive and violent behaviour.

For all enquiries relating to men's family violence services, please call the Men's Referral Service on 1300 766 491

NTV head office
03 9487 4500 (office enquiries only)
9am-5pm Monday-Friday
info@ntv.org.au (office enquiries only).

<https://ntv.org.au/>

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inTouch (Slide Layer)

inTouch 1800 755 988

We are a state-wide specialist family violence service that works with women from migrant and refugee backgrounds, their families and their communities in Victoria. We provide case management to women, training, conduct research, and run community-based projects in order to address the issue of family violence in the community

For general information and enquiries phone 03 9413 6500

Office hours: 9 am to 5 pm, Monday to Friday

Please note: We are not a crisis service

<https://intouch.org.au/>

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Mensline (Slide Layer)

Mensline (1300 766 491)

MensLine Australia is the national telephone and online support, information and referral service for men with family and relationship concerns. The service is available from anywhere in Australia and is staffed by professional counsellors, experienced in men's issues.

MensLine Australia provides:

- * A safe and private place to talk about concerns
- * Confidential, anonymous and non-judgmental support
- * Coaching and practical strategies for managing personal relationship concerns
- * Relevant information and links to other appropriate services and programs as required

Callers have access to 24-hour support, anywhere anytime.

<https://mensline.org.au/>

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1.7 Learning Objectives

1 What is covered in this Workplace Support module?

1.8 Learning Objectives



Notes:

This training module has been designed to cover the skills and knowledge required by managers to identify and respond to staff member who are experiencing family violence

If you are in a clinical role, it is likely this module will cover content that is familiar and reflect the ways in which you are already working with patients. Some of the content related to staff policies and procedure may be new.

This training does not cover working with perpetrators or with patients.

Please click on the buttons to view the learning objectives.

Layer 07 (Slide Layer)




Layer 02 (Slide Layer)



Layer 01 (Slide Layer)

Learning Objectives



The impact of family violence in the workplace.

Layer 03 (Slide Layer)

Learning Objectives



Your role in supporting staff who are victim survivors of family violence.

Layer 04 (Slide Layer)



Layer 05 (Slide Layer)



Layer 06 (Slide Layer)

Learning Objectives

What workplace supports are in place for staff who experience family violence, such as family violence leave and safety planning.



Layer 09 (Slide Layer)

Learning Objectives

Understanding the Strengthening Hospital Responses to Family Violence Workplace Support program.



1.9 Pre-Training Questions



Notes:

(Each hospital to include own survey link)

2. Workplace Support Managers

2.1 *WS role as manager*



2.2 *workplace prevention*



Notes:

Click on the buttons to reveal how health services can prevent and respond to

family violence, and your role as a manager.

Layer 01 (Slide Layer)


The workplace as a setting for prevention & response to family violence

Hospitals as workplaces and health services can help prevent family violence by changing the gendered structures, systems, behaviours and attitudes that underpin family violence.



Layer 02 (Slide Layer)


The workplace as a setting for prevention & response to family violence



Evidence suggests that primary prevention, that is stopping the violence before it begins, will have the greatest impact on the prevalence of family violence.

Layer 04 (Slide Layer)

The workplace as a setting for prevention & response to family violence



As a manager, you are in a leadership role and it is the expectation that you will actively contribute to a culture that is respectful, promotes respectful relationships between women and men and enshrine gender equity measures.

Layer 03 (Slide Layer)

The workplace as a setting for prevention & response to family violence


At work we have the opportunity to contribute to a culture that challenges gender inequality and rigid gender stereotypes. Through our words and actions, we can create an environment where gender equality is valued and equal and respectful relationships between people of all genders flourishes.



Layer 05 (Slide Layer)

The workplace as a setting for prevention & response to family violence

Workplaces are also important sites for responding to victim survivors of family violence.



Layer 06 (Slide Layer)

The workplace as a setting for prevention & response to family violence



The Family Violence Workplace Support Program is our program for responding to staff experiencing family violence.

Layer 7 (Slide Layer)

The workplace as a setting for prevention & response to family violence



Supporting staff experiencing family violence is the right thing to do and is a key area of focus for our health service.

2.3 SHRFV

The Workplace Support program



Notes:

Family violence in the health care sector. Please click on the boxes to find out more and watch the video made by Barwon Health which explains the Strengthening Hospital Responses to Family Violence program.

<https://www.youtube.com/watch?v=1rn3f3x24vg>

2.4 Family violence legislation in the health sector



Notes:

Click on the buttons on the left to reveal information on key areas of legislation related to your role within the health services setting and then watch the MARAM video.

<<https://youtu.be/J2rNHOkdV2E?t=89>>


Hospital response (Slide Layer)

Family violence in the health care sector

The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) guides effective responses to family violence across the Victorian service system, including hospitals.

MARAM sets out principles for practice and staff responsibilities and this training has drawn on MARAM principles and practices.

This module will guide you through your role as a manager in relation to staff who may be experiencing family violence. If you are unclear about your responsibilities, please see your manager.



Responsibilities (Slide Layer)



Family violence in health services

violence.

- Identifying family violence risk and responding appropriately.
- Facilitating an accessible, culturally responsive environment for safe disclosure of information.
- Using a person-centred approach, recognising that victim survivors are the best judge of their own safety.

If you are in a clinical role you may have further responsibilities in your work with patients and will be required to attend training on responding to patients.

You should not share information about staff under the Family Violence Information Sharing Scheme. Family Safety Victoria has advised that at the present time, this scheme only applies to patients/clients.



confidentiality info sharing2 (Slide Layer)

Family violence in health services: Sharing of information related to sharing of information and child welfare

/ HR team or other senior staff regarding your responsibilities related to children and reporting.

- Mandatory reporting obligations apply where a mandated professional has concerns about the well-being of a staff member's child. This applies to the children of staff and patients.
- Obligations under the Crimes Act 1958.
- Obligations under the Commission for Children and Young People's Report Conduct Scheme.

If you are unsure, refer to Victorian Government websites for more information on child welfare and safety, check with your manager and/or with the hospital legal team. Any notifications related to children should occur with support from senior hospital staff.

X



2.5 Your role as manager

Your role as manager / supervisor



Notes:

Click on the icons for information on your role in responding to staff who may be experiencing or using family violence.

Step 05 (Slide Layer)

Your role as manager / supervisor



Your role in responding to staff who use/perpetrate family violence includes:

- understanding the workplaces role in responding to staff who use violence,
- prioritising victim safety and the safety of others within the hospital, and
- referring perpetrators to services for people who use violence.

Step 01 (Slide Layer)

Your role as manager / supervisor



- As a manager you have a specific role in the workplace context and, unless it is your job, you are *not* expected to be a family violence expert or provide counseling to staff.
- There are internal and external people, policies & services to assist you to support staff who are experiencing family violence.
- Your role is to *identify* risk and refer to specialist services and our internal family violence workplace support program.

Remember:
you are *not* expected to be a family violence specialist

Step 03 (Slide Layer)

Your role as manager / supervisor



Your role includes providing family violence information, and the recording and storage of information.

- It is your role to be familiar with the hospital's Workplace Support program, including leave entitlements and provide this information to affected staff members.
- It is also your role to safely record and store staff family violence information, as per hospital procedure.

Step 04 (Slide Layer)

Your role as manager / supervisor

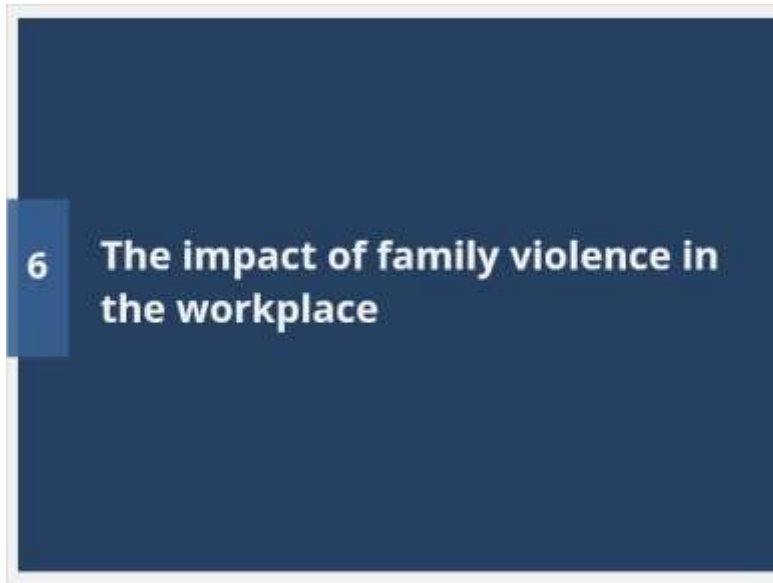


Your role includes ensuring that your service provides a safe and supportive role for all staff who are victim survivors through:

- recognising and addressing barriers, such as language barriers, that may limit a person's access to support and safety, and
- tailoring your engagement with and responses to Aboriginal people and people from diverse communities to ensure that your responses to them are culturally safe and supportive.

3. impact of FV on workplace

3.1 *Impact in the workplace*



3.2 *impact of fv*



Notes:

stay in job (Slide Layer)

However, being at work and having a job can be a protective factor providing income, safety and support to victims.


It is important that we support victims to stay in employment.

A female healthcare professional with dark hair, wearing a white lab coat and a stethoscope, is looking down at a tablet computer she is holding with both hands. The background is a blurred office or clinical setting with windows.

First change (Slide Layer)

Impacts of family violence on victim survivors

Family violence can impact the victim survivor and other people in the workplace in many ways.

A female healthcare professional with dark hair, wearing a white lab coat and a stethoscope, is looking down at a tablet computer she is holding with both hands. The background is a blurred office or clinical setting with windows.

sixth change (Slide Layer)



5th change (Slide Layer)



4th change (Slide Layer)



3rd change (Slide Layer)



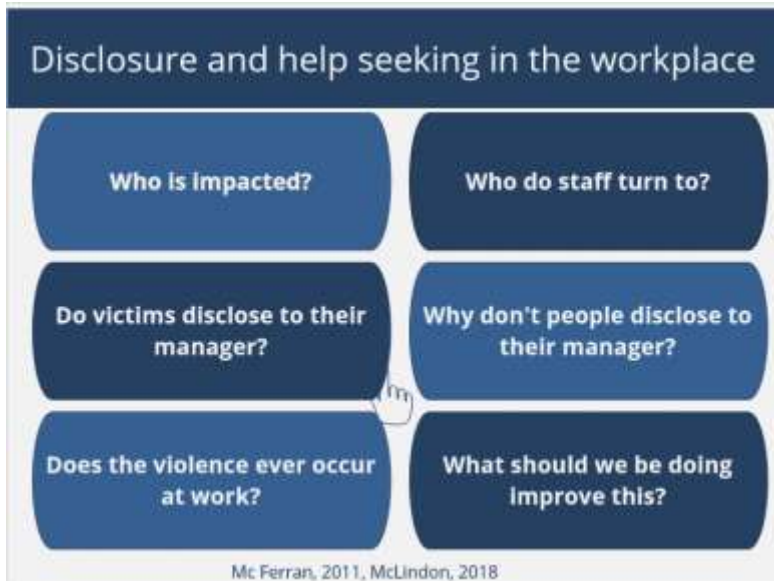
2nd change (Slide Layer)



2nd change 2 (Slide Layer)



3.3 disclosure and help seeking in workplace



Notes:

Click on the buttons to understand about what we know about disclosure and help seeking by staff in healthcare settings.

3.4 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

Which of the following statements are true:

- ☐ A Family violence is not a workplace issue
- ☐ B Family violence impacts over one in three female healthcare workers
- ☐ C Family violence can lead to absenteeism, decreased productivity
- ☐ D B and C



Correct	Choice
	Choice A
	Choice B
	Choice C
	Choice D

Feedback when incorrect:

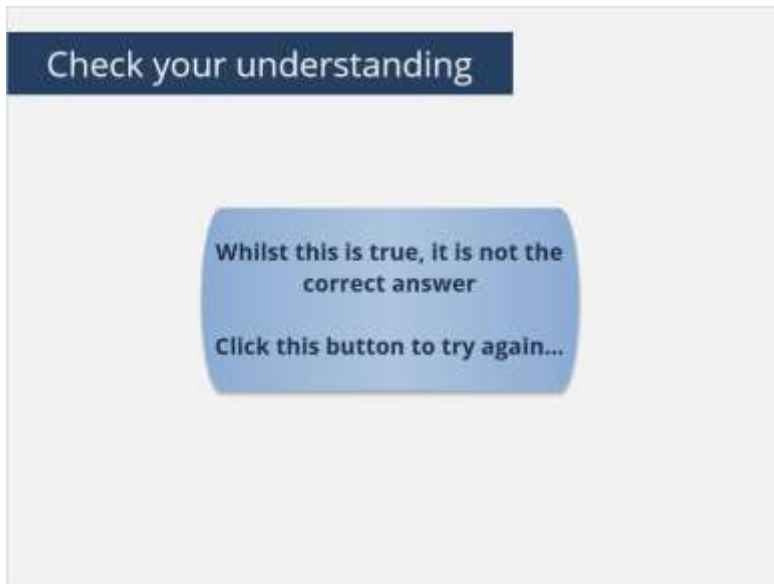
You did not select the correct response. Please try again.

Notes:

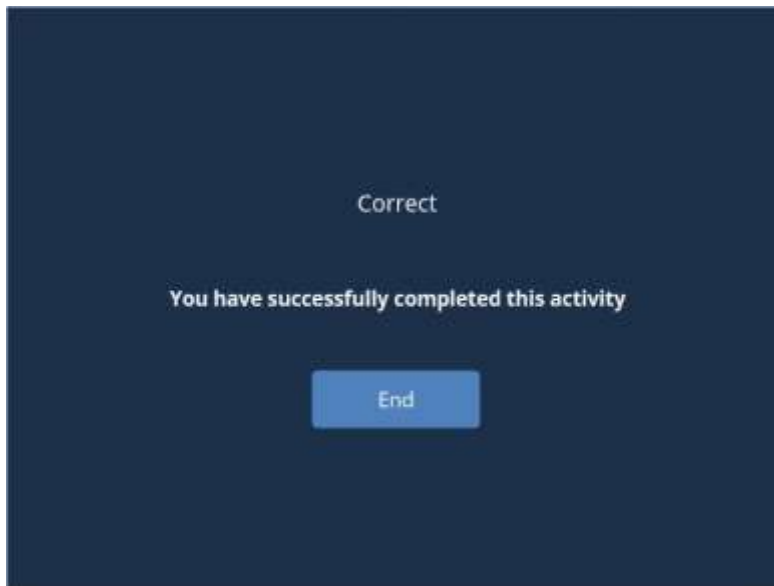
Incorrect (Slide Layer)



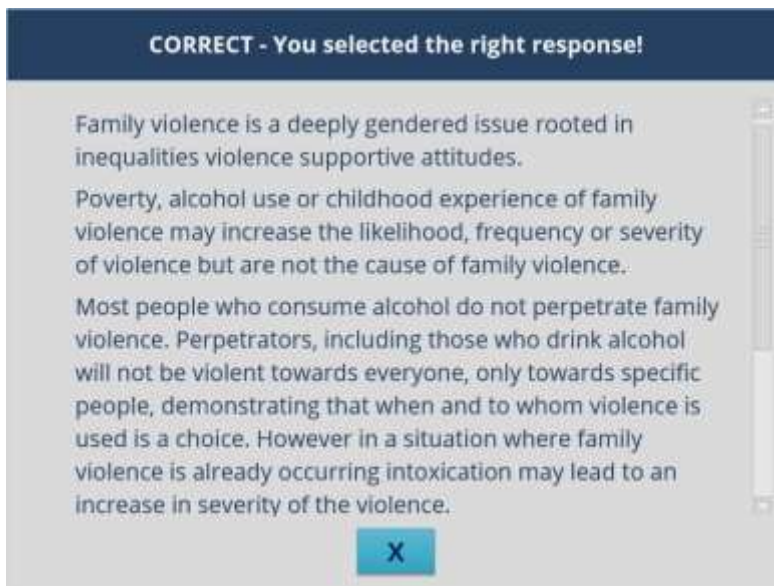
Try Again (Slide Layer)



Correct-ALL (Slide Layer)



Correct (Slide Layer)



3.5 Building awareness and supporting

culturally responsive practice

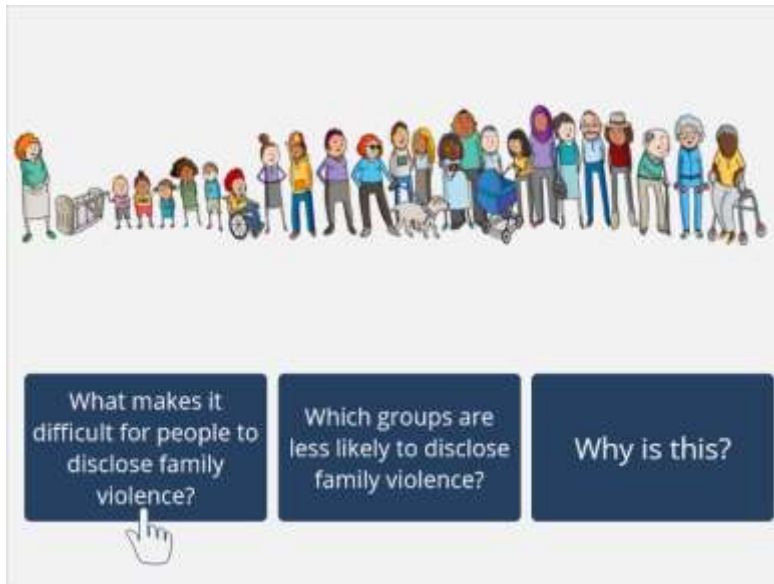
Building awareness and supporting culturally responsive practice

Everyone's experience of family violence is different. However, understanding common experiences and barriers experienced by victims in general and in particular communities can help build our awareness and support culturally responsive practice.



Notes:

3.6 Barriers to disclosure



Notes:

what makes it difficult? (Slide Layer)



which groups? (Slide Layer)



What makes it difficult for people to disclose family violence?

Which groups are less likely to disclose family violence?

Why is this?

CONTINUE

why is this? (Slide Layer)



What makes it difficult for people to disclose family violence?

Which groups are less likely to disclose family violence?

Why is this?

X

3.7 What can we do to overcome barriers?



Notes:

3.8 Tailoring engagement to provide a culturally safe, accessible and inclusive service



Notes:

Aboriginal liaison (Slide Layer)



disability access (Slide Layer)



identity (Slide Layer)



interpreters (Slide Layer)



don't challenge identity (Slide Layer)



expert (Slide Layer)



biases (Slide Layer)

Tailoring engagement to provide a culturally safe, accessible and inclusive service

			Be aware of your own biases and reflect on how they may influence your responses
			INCLUSIVITY

avoid discrimination (Slide Layer)

Tailoring engagement to provide a culturally safe, accessible and inclusive service

			
			Ensure your words and actions don't reinforce stigma, stereotypes or discrimination

3.9 Self-determination



Notes:

When supporting a person from the Aboriginal and Torres Strait Islander community, it is important to prioritise and promote self-determination.

- Aboriginal and Torres Strait Islander self-determination 'means exercising true freedom, full and total control of one's own safety, healing, connections to land and culture, communities, futures and lives.'
- It 'means having access to community-led information, options and supports.'
- It 'means being supported and empowered to make informed choices about their future' that promote their safety, wellbeing and healing.
- 'The right to safety in all relationships must be emphasised, through community-led education and the sharing of knowledge about what respect and safety looks like.'

State of Victoria, Department of Health and Human Services, (2018), 'Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families'

self determination (Slide Layer)

Self-determination for the Aboriginal community



State of Victoria, Department of Health and Human Services, (2018), 'Dheli Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families'

being supported and empowered (Slide Layer)

Self-determination for the Aboriginal community



State of Victoria, Department of Health and Human Services, (2018), 'Dheli Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families'

Access support (Slide Layer)

Self-determination for the Aboriginal community

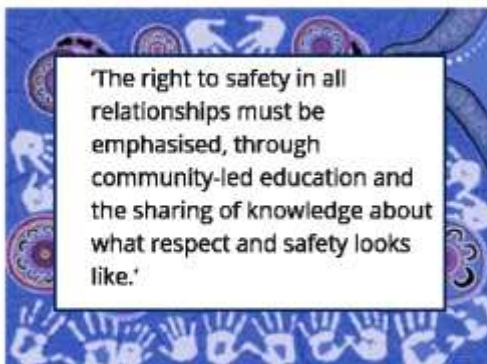


State of Victoria, Department of Health and Human Services, (2018), 'Dheli Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families'



right to safety (Slide Layer)

Self-determination for the Aboriginal community



State of Victoria, Department of Health and Human Services, (2018), 'Dheli Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families'



Proceed instructions (Slide Layer)

Self-determination for the Aboriginal and Torres Strait Islander communities



You must view all points on self-determination before proceeding.

X

State of Victoria, Department of Health and Human Services, (2018). 'Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families'

3.10 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

What stops people from disclosing family violence?

- A Feelings of shame or embarrassment
- B Fear of consequences
- C They have never been asked
- D A lack of Aboriginal cultural safety
- E All of the above



Correct	Choice
	Choice A

	Choice B
	Choice C
X	Choice D
	Choice C 1

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. Please try again

Correct (Slide Layer)



Incorrect (Slide Layer)

Check your understanding

Incorrect

You did not select the correct response. Please try again

Try Again

Try Again (Slide Layer)

Check your understanding

What stops people from disclosing family violence?

A	Feelings of shame or embarrassment
B	Fear of consequences
C	They have never been asked
D	A lack of Aboriginal cultural safety
E	All of the above

Whilst this is a reason for not disclosing family violence, this is not the correct answer in this instance. Please try again.

Try again

3.11 Untitled Slide



Notes:

4. Sensitive practice

4.1 Sensitive Practice



Notes:

When engaging with a staff member whom we suspect or know is experiencing family violence, we use language and take actions that are safe, respectful and supportive. This is known as 'sensitive practice'.

4.2 A sensitive response to family violence



Notes:

Step 01 (Slide Layer)




Step 02 (Slide Layer)



A sensitive response to family violence:

- ensures health and welfare needs are met and are inclusive of safety considerations for the victims and any children or dependents affected.
- respects a woman's dignity and intrinsic sense of empowerment,

Step 03 (Slide Layer)



A sensitive response to family violence:

considers power dynamics. A central element of experiencing family violence is a loss of control & feeling of powerlessness. It is therefore essential that we support a victim's dignity, autonomy and sense of control over their welfare & disclosures of family violence & support.

Step 04 (Slide Layer)



A sensitive response to family violence:

- includes consideration of cultural safety. A culturally sensitive approach helps Aboriginal Victorians feel and be safe.

Step 05 (Slide Layer)



A sensitive response to family violence:

- acknowledges the unique experiences and support needs of the individual.

4.3 6 steps



Notes:

Sensitive practice is a six step process.

Click on each of the steps for a summary.

the following slides will then take you through sensitive practice in more detail.

Step 01 (Slide Layer)



Step 02 (Slide Layer)



Step 04 (Slide Layer)



Step 03 (Slide Layer)



Step 05 (Slide Layer)



Step 06 (Slide Layer)



4.4 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

A sensitive response does NOT include:

- A** Acknowledgement of unique experiences and support needs
- B** Making the victim survivor feel safe, respected and in control
- C** Making assumptions about a victim/survivor's experiences and choices
- D** Supporting decision making and choice

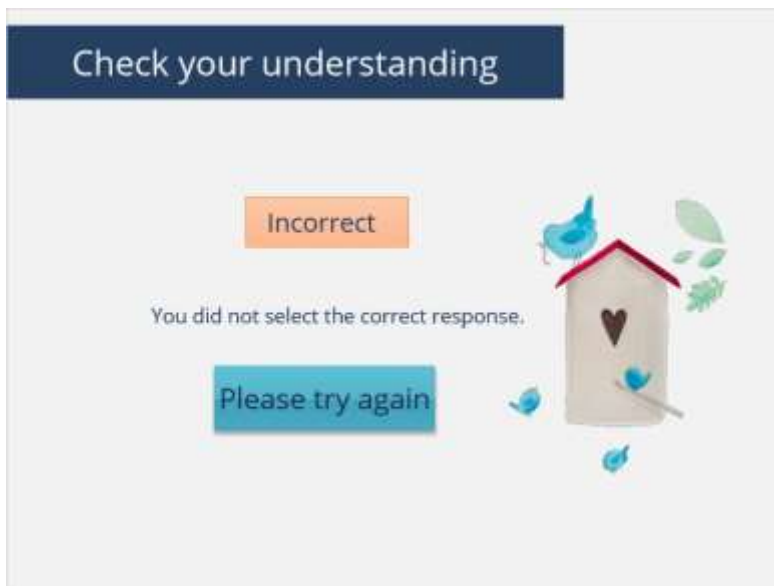


Correct	Choice
	Choice A
	Choice B
X	Choice C
	Choice D

Correct-ALL (Slide Layer)



Incorrect (Slide Layer)



5. Step 2: Sensitive Inquiry

5.1 Step 2: Make a sensitive inquiry

using professional judgement: your role as manager



Notes:

Layer 01 (Slide Layer)

**Step 2: Make a sensitive inquiry
using professional judgement: your role as manager**

The victim survivor is represented at the centre of the model, highlighting the importance of keeping a victim survivor at the centre in all of our work.

This component involves asking about and understanding what a victim's own assessment of their risk or level of danger is.



The diagram consists of two concentric circles. The outer circle is blue and labeled 'Evidence based risk factors'. The inner circle is light blue and labeled 'Victim survivor self assessment'. A dotted line connects the center of the inner circle to the center of the outer circle. A hand icon is pointing towards the diagram.

Layer 02 (Slide Layer)

**Step 2: Make a sensitive inquiry
using professional judgement: your role as manager**

Sensitive inquiry should occur if you notice that there are signs and indicators that family violence may be occurring. It is recommended that you ask about family violence, but you are not required to do so.

If you do not feel confident to ask, consult with a senior staff member, HR or a specialist family violence service for advice.

The victim survivor's self assessment of their own risk may not be consistent with the evidence based risk factors, for example a woman may not know that pregnancy is a high risk time for an increase in violence.

You should discuss with the person if you are aware that there are risk factors present that they are not aware of have minimised. It is possible that at times family violence risk may become normalised to a victim survivor due to high risk or multiple experiences of violence.

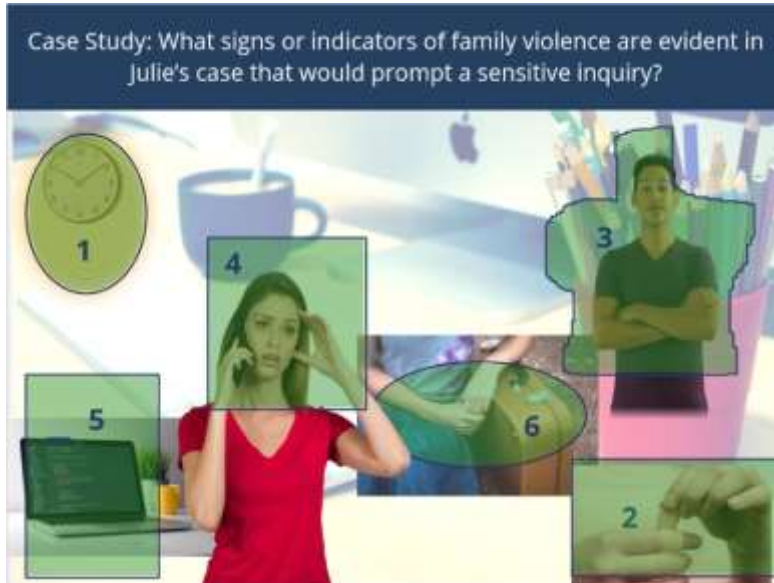
However, you should always explore the situation and find out why the victim survivor is less concerned, before making assumptions that they are minimising.

Layer 04 (Slide Layer)



5.2 pick the signs

(Pick Many, 0 points, 1 attempt permitted)



Choice
Hotspot 1

Hotspot 2
Hotspot 3
Hotspot 4
Hotspot 5
Hotspot 6

Feedback:

You have successfully completed this activity.

Notes:

Recently seperated (Slide Layer)

Julie has talked about separating from her partner

Planning to leave or recent separation is known to be a time of very high risk for family violence.

X

The graphic features a dark blue header bar with the text 'Julie has talked about separating from her partner'. Below this, on a light beige background, is a dark blue hexagonal callout box containing the text 'Planning to leave or recent separation is known to be a time of very high risk for family violence.' and a small 'X' icon in a white box. To the right of the hexagon is a photograph of a woman with long brown hair, wearing a red top, looking thoughtful with her hand on her chin.

Lateness (Slide Layer)

Julie is recently often late for work

Lateness, absenteeism and staying late/not wanting to go home may be signs that family violence is occurring.

X


A woman with long brown hair, wearing a red V-neck shirt, is shown from the waist up. She has a distressed expression, with her right hand pressed against her forehead and her left arm crossed over her chest.

anxious (Slide Layer)

Julie speaks about her partner anxiously and with fear

Julie could be afraid of her partner due to past or current abuse which understandably would cause anxiety.

X

A woman with long brown hair, wearing a red V-neck shirt, is shown from the waist up. She has a distressed expression, with her right hand pressed against her forehead and her left arm crossed over her chest.

physical (Slide Layer)

Julie has unexplained bruising, and has started wearing long shirts in summer

Whilst not all victims experience physical violence, unexplained physical injury or pain can be an indication of family violence.

X

A woman with long brown hair, wearing a red V-neck shirt, is shown from the waist up. She is looking down and to her left with a sad or distressed expression.

checking phone (Slide Layer)

Julie constantly checks her phone and whilst at her desk and during meetings

Julie constantly checking her phone at inappropriate times could indicate she is experiencing coercive and controlling behaviours, which are risk factors.

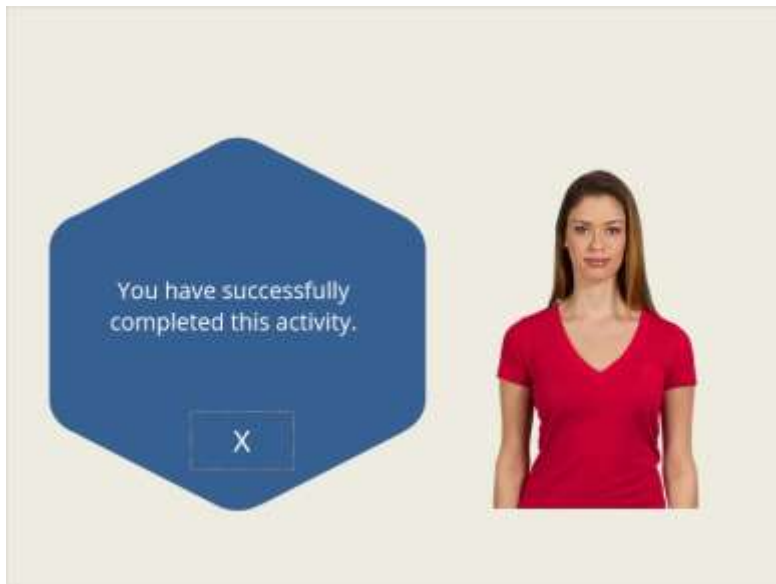
X

A woman with long brown hair, wearing a red V-neck shirt, is shown from the waist up. She is looking down at her phone in her right hand, with her left hand near her forehead, appearing distressed or stressed.

not concentrating (Slide Layer)



Thank You (Slide Layer)



5.3 Creating a safe environment for screening



Notes:

5.4 Roleplay video



Notes:

5.5 opening a discussion



Notes:

5.6 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

How can you create an environment where a staff member feels safe and respected to talk about their experience of family violence?

- ☐ A Always use a private space
- ☐ B Don't pressure the person to disclose
- ☐ C Offer appropriate supports
- ☐ D All of the above



Correct	Choice
	Choice A
	Choice B
	Choice C
X	Choice D

Feedback when incorrect:

You did not select the correct response.

Please try again.

Incorrect (Slide Layer)



A feedback slide titled "Check your understanding" in a dark blue header. The main content area is light gray. It features a teal box with the word "Incorrect" in white. Below this, the text "You did not select the correct response. Please try again." is displayed in a dark gray font. At the bottom, there is a light green button with the word "Continue" in dark gray.

Check your understanding

Incorrect

You did not select the correct response.
Please try again.

Continue

Not quite right. (Slide Layer)



A feedback slide titled "Check your understanding" in a dark blue header. The main content area is light gray. It features an orange box with the text "Not quite right." in dark gray. Below this, the text "Whilst this is one way you can create a safe respectful space for disclosure, this is not the correct answer in this instance. Please try again." is displayed in a dark gray font. At the bottom, there is a teal button with the text "Try again" in white.

Check your understanding

Not quite right.

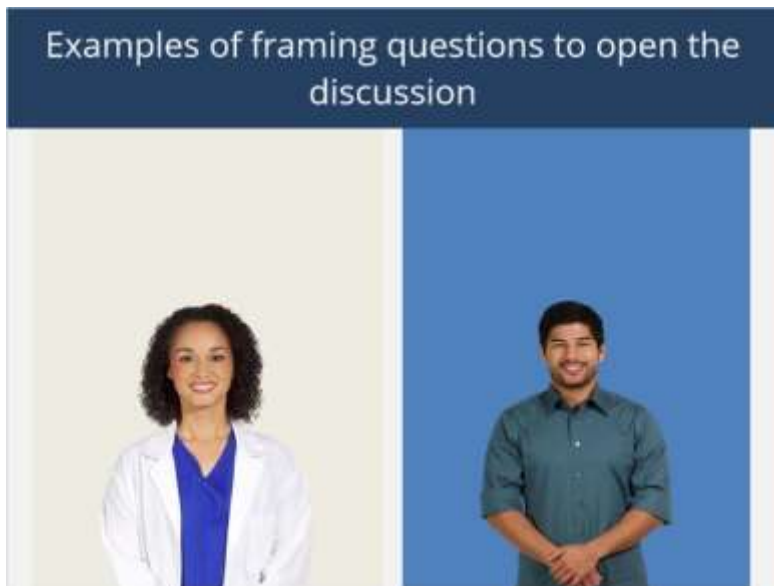
Whilst this is one way you can create a safe respectful space for disclosure, this is not the correct answer in this instance.
Please try again.

Try again

Correct-ALL - Copy (Slide Layer)

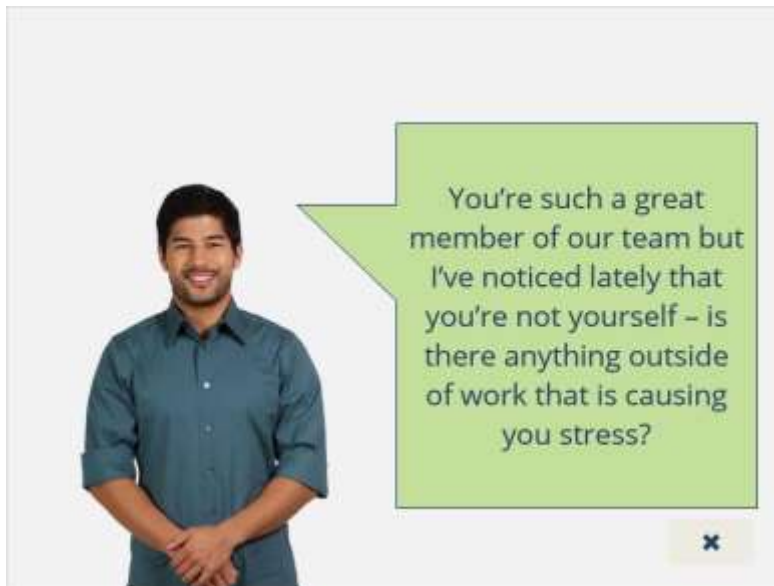


5.7 Opening scripts/Framing statements



Notes:

Untitled Layer 3 (Slide Layer)



Untitled Layer 1 (Slide Layer)



5.8 ask *Identifying questions sensitively*

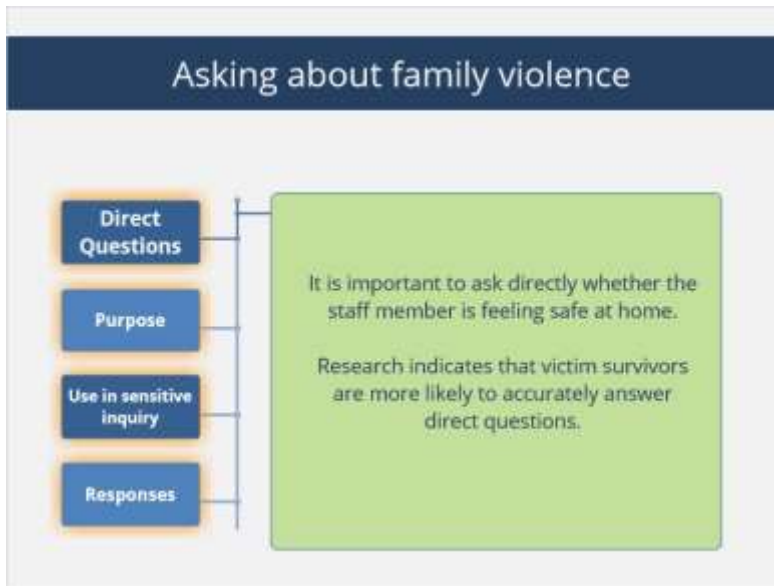


Notes:

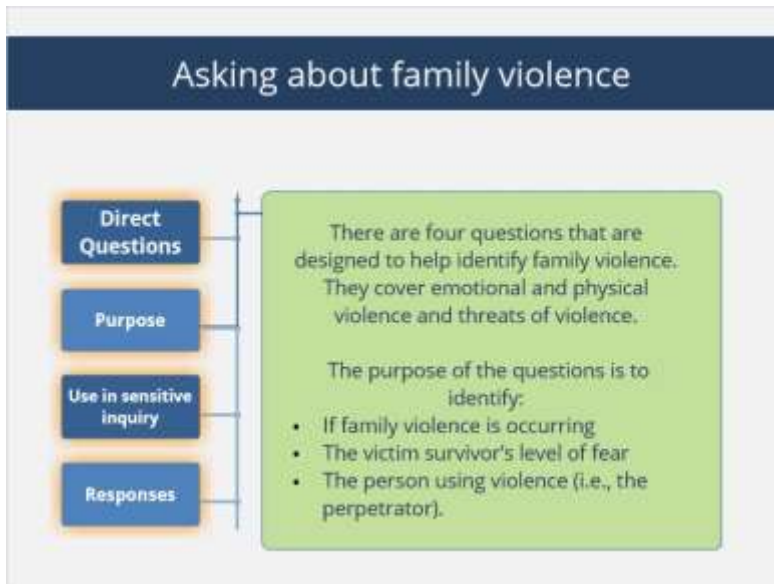
Once you have opened the discussion, you need to ask questions to identify whether family violence is occurring.

Click on the boxes on the left to understand these questions.

Direct questions (Slide Layer)



purpose (Slide Layer)



screening/sensitive inquiry (Slide Layer)

Asking about family violence

- Direct Questions
- Purpose
- Use in sensitive inquiry
- Responses

It is recommended that these questions be used when you have noticed the signs of family violence and are making a sensitive inquiry.

An example of someone asking these questions is provided in the next slide. You do not need to ask all four questions but are encouraged to do so.

Responses (Slide Layer)

Asking about family violence

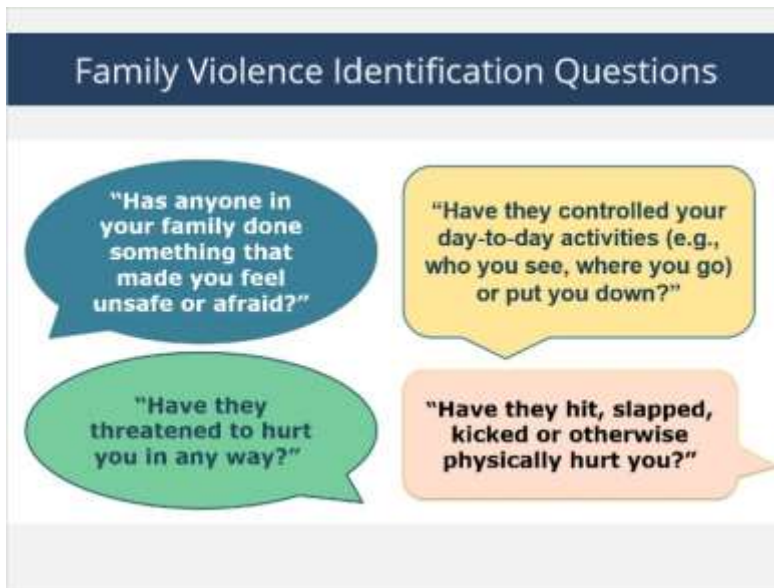
- Direct Questions
- Purpose
- Use in sensitive inquiry
- Your role

Remember you are not expected to be a family violence expert.

Your role is to ask sensitively about the welfare of the staff member, and whether family violence is occurring.

It is the role of a specialist family violence service to ask detailed questions and manage risk.

5.9 Family violence screening and identification questions



Notes:

Question 1 (Slide Layer)

The interface for Question 1 features a woman in a blue shirt and black pants pointing to a flowchart. The flowchart consists of several colored boxes and speech bubbles connected by arrows. The main question box is light blue and asks: "Has anyone in your family done something to you or your children to make you feel unsafe or afraid?". A yellow box below it asks: "Have they controlled your day-to-day activities (e.g., who you see, where you go) or put you down?". A green box below that says: "If they answer YES, follow up with". An orange box below that asks: "Who is making you feel unsafe? (Note that there may be one or multiple perpetrators)". A blue speech bubble on the left contains the text: "Has anyone in your family done something to you or your children to make you feel unsafe or afraid?". A green speech bubble on the left contains the text: "Have they controlled your day-to-day activities (e.g., who you see, where you go) or put you down?". A light blue speech bubble on the left contains the text: "Who is making you feel unsafe? (Note that there may be one or multiple perpetrators)". A "CONTINUE" button is located at the bottom right.

"Has anyone in your family done something to you or your children to make you feel unsafe or afraid?"

"Have they controlled your day-to-day activities (e.g., who you see, where you go) or put you down?"

If they answer YES, follow up with

"Who is making you feel unsafe?"
(Note that there may be one or multiple perpetrators)

CONTINUE

Question 2 (Slide Layer)

The interface for Question 2 features a woman in a blue shirt and black pants pointing to a flowchart. The flowchart consists of several colored boxes and speech bubbles connected by arrows. The main question box is light blue and asks: "Have they controlled your day-to-day activities?". A yellow box below it asks: "For example, who you see, where you go or put you down?". A green box below that asks: "Have they threatened to hurt you in any way?". An orange box below that asks: "kicked or otherwise physically hurt you?". A blue speech bubble on the left contains the text: "Has anyone in your family done something to you or your children to make you feel unsafe or afraid?". A green speech bubble on the left contains the text: "Have they threatened to hurt you in any way?". A light blue speech bubble on the left contains the text: "Have they controlled your day-to-day activities?". A yellow speech bubble on the left contains the text: "For example, who you see, where you go or put you down?". An orange speech bubble on the left contains the text: "kicked or otherwise physically hurt you?". A "CONTINUE" button is located at the bottom right.

"Have they controlled your day-to-day activities?"

"For example, who you see, where you go or put you down?"

"Have they threatened to hurt you in any way?"

kicked or otherwise physically hurt you?"

CONTINUE

Question 3 (Slide Layer)

The slide features a woman in a blue shirt and black pants standing on the left. A flowchart of questions is displayed on the right. The questions are as follows:

- "Have they threatened to hurt you in any way?"
- If they answer YES, follow up with:
 - who you see, where you go
 - or what they do to you down?"
- "What have they threatened you with?"
- "Have they hit, slapped, or otherwise physically hurt you?"
- "How specific in detail are the threats?"

A "CONTINUE" button is located at the bottom right.

Question 4 (Slide Layer)

The slide features a woman in a blue shirt and black pants standing on the left. A flowchart of questions is displayed on the right. The questions are as follows:

- "Have they physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you?"
- If they answer YES, you could follow up with:
 - day-to-day activities (e.g., who you see, where you go)
- "How have they physically harmed you?"
- "Have you ever been hit in the head or face?"
- "Have they hit, slapped, or otherwise physically hurt you?"
- "Have you ever been pushed or shoved and banged your head against something?"
- "Have you ever lost consciousness?"

An "X" button is located at the bottom right.

5.10 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

The purpose of the family violence identification questions are to:

- A Identify if family violence is occurring
- B Understand the person's level of fear
- C Identify the perpetrator of the violence
- D All of the above

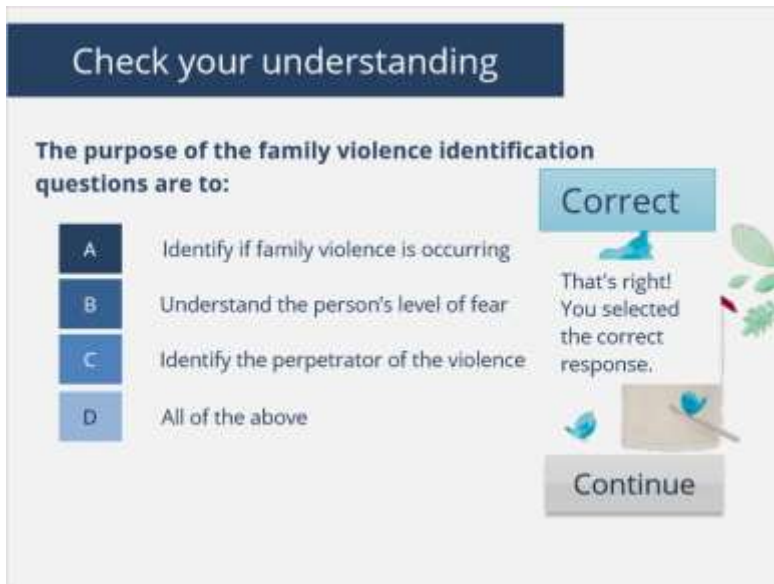


Correct	Choice
	Choice A
	Choice B
	Choice C
X	Choice D

Correct-ALL (Slide Layer)



Correct - Copy (Slide Layer)



Incorrect - Copy (Slide Layer)



6. Step 3 Respond respectfully

6.1 Step 3: Respond respectfully



Notes:

Listen (Slide Layer)

Step 3: Respond respectfully

Listen

Inquire

Validate

Enhance safety

Support

Listen to the woman closely, with empathy and without judging and reflect back what you have heard.

"That must have been very frightening for you. Your partner has been controlling and made you feel unsafe."

Inquire (Slide Layer)

Step 3: Respond respectfully

Listen

Inquire

Validate

Enhance safety

Support

Assess and respond to the their emotional, physical, social and practical (e.g. childcare) needs and concerns.

"What I'm hearing is that at the moment you need support around..."

Validate (Slide Layer)

The screenshot shows a presentation slide titled "Step 3: Respond respectfully". On the left is a vertical menu with five items: "Listen", "Inquire", "Validate", "Enhance safety", and "Support". The "Validate" item is highlighted with a blue background. A hand cursor is pointing at the "Validate" item. To the right of the menu is a text box containing the following text:

Show them that you understand & believe them.
Assure them that they are not to blame.
"It is their choice to use violence, you are not to blame for his behaviour."
"It must be difficult going through what you have experienced, you have the right to feel safe."

Support (Slide Layer)

The screenshot shows a presentation slide titled "Step 3: Respond respectfully". On the left is a vertical menu with five items: "Listen", "Inquire", "Validate", "Enhance safety", and "Support". The "Support" item is highlighted with a blue background. A hand cursor is pointing at the "Support" item. To the right of the menu is a text box containing the following text:

Support them by helping them connect to information, services and social support.
"Would you like some support to help you deal with the situation?"
(This step will be explored in more detail under 'Respond to Risk' & 'Referral')

Below the text box is a small blue button with a white "X" icon.

Enhance safety (Slide Layer)

Step 3: Respond respectfully

- Listen
- Inquire
- Validate
- Enhance safety
- Support

Discuss a plan to protect themselves from further harm if violence occurs again. Ask what their immediate concerns are.

'Are you concerned about your safety or the safety of your children or pets?'

(This step will be explored in more detail under 'Respond to Risk' and 'Referral')

6.2 Responses to family violence disclosures

(Drag and Drop, 10 points, 2 attempts permitted)

Responses to family violence disclosure

	1	2
Helpful Responses	3	4
Unhelpful Responses	5	6
	7	8

Drag Items:

- You and your children deserve to be safe
- I'm worried about your safety
- What did you do to make him so angry?
- It is his choice to use violence
- There's not much we can do to help if you stay
- Why don't you just leave?
- We are here to support you
- It sounds like an anger issue!

Drag Item	Drop Target
I'm worried about your safety	1

What did you do to make him so angry?	5
Why don't you just leave?	6
You and your children deserve to be safe	2
It is his choice to use violence	3
We are here to support you	4
There's not much we can do to help if you stay	7
It sounds like an anger issue!	8

Drag and drop properties
Snap dropped items to drop target (Snap to center)
Allow only one item in each drop target
Delay item drop states until interaction is submitted

Feedback when correct:

That's right!

You selected the correct response

Feedback when incorrect:

You did not select the correct response

Notes:

Correct-ALL (Slide Layer)



Correct-helpful responses (Slide Layer)



Incorrect (Slide Layer)



Try Again helpful responses (Slide Layer)



Correct-unhelpful responses (Slide Layer)




Try Again - unhelpful responses (Slide Layer)



6.3 Step 3 Respond respectfully

Step 3. Respond Respectfully



If the person answers YES to any of the identification questions, What should you do?

	Yes	No
1. Has anyone in your family done something that made you or your children feel unsafe or afraid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have they controlled your day-to-day activities (e.g., when you eat, where you go) or put you down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have they threatened to hurt you in any way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have they hit, choked, kicked or otherwise physically hurt you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ This indicates family violence risk has been identified so you should offer a referral to a family violence service and explain workplace support options at the hospital.

☐ Tell the person that this sounds difficult but is not a concern for the hospital.

Notes:

Consequence 01 (Slide Layer)

Correct!
Suggested response:



"It must be difficult going through what has happened to you. You have the right to feel safe.


There are services in the community that can help you with your safety and well-being, and we can support you here at the hospital as well."*

* Offer referral as defined by your hospital's Family Violence Workplace Support Procedure

✕

Consequence 02 (Slide Layer)

Incorrect
Suggested **correct** response would be:



*"It must be difficult going through what has happened to you.
You have the right to feel safe.*

There are services in the community that can help you with your safety and well-being, and we can support you here at the hospital as well."*

* Offer referral as defined by your hospital's Family Violence Workplace Support procedure


X

Untitled Layer 2 (Slide Layer)

	Yes	No
1. Has anyone in your family done something that made you or your children feel unsafe or afraid?	✓	
2. Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?		✓
3. Have they threatened to hurt you in any way?	✓	
4. Have they hit, slapped, kicked or otherwise physically hurt you?	✓	

6.4 Step 3 Respond respectfully

Step 3. Respond Respectfully



If the person answers **NO** to all of the identification questions, What should you do?

- 1. Has anyone in your family done something that made you or your children feel unsafe or afraid?
- 2. Have they controlled your day-to-day activities (e.g. when you eat, where you go or how you sleep)?
- 3. Have they threatened to hurt you or any one?
- 4. Have they hit, choked, kicked or otherwise physically hurt you?

Thank the person for answering the questions and inform them that help is always available

Tell the person that because you suspect they are experiencing family violence they **HAVE TO** be referred to a support service

Notes:

Consequence 01 (Slide Layer)

Correct!
Suggested response:

"Thank you for answering the questions, we encourage you to seek assistance in the future should you ever need it, our service is always here to support you"


REMEMBER: the person may also not feel ready or not be comfortable talking to you about the family violence they are experiencing.

They also may not be experiencing family violence. The important message to convey is that they are able to contact the hospital or other community services in the future should they ever experience family violence.

X

Consequence 02 (Slide Layer)

Incorrect
Suggested **correct** response:



"Thank you for answering the questions, we encourage you to seek assistance in the future should you ever need it, our service is always here to support you"

REMEMBER: the person may also not feel ready or not be comfortable talking to you about the family violence they are experiencing.

They also may not be experiencing family violence. The important message to convey is that they are able to contact the hospital or other community services in the future should they ever experience family violence.

Untitled Layer 2 (Slide Layer)

	Yes	No
1. Has anyone in your family done something that made you or your children feel unsafe or afraid?		✓
2. Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?		✓
3. Have they threatened to hurt you in any way?		✓
4. Have they hit, slapped, kicked or otherwise physically hurt you?		✓


7. Step 4 Respond to risk

7.1 Step 4 -Respond to Risk:

Step 4: Respond to Risk:
Family violence immediate risk questions


Question 5
Question 6
Question 7

If the staff member's answers indicate that they are experiencing family violence, you should ask them these 'immediate risk' questions to check that they are not in any immediate danger.



Notes:

Question 5 (Slide Layer)




"Do you have any immediate concerns about the safety of your children or someone else in your family?"

It is important for you to also ask:

"What are your worries for each of your children?"
"What have you noticed about how this is affecting the children?"

CONTINUE


Question 6 (Slide Layer)



Do you feel safe to leave here today?

CONTINUE

Question 7 (Slide Layer)



Would you engage with a trusted person or police if you felt unsafe or in danger?

If the person answers NO, you could ask:

"Is there a reason you would not contact or would be hesitant to contact police?"

"Is there something I can do to support you to feel confident in contacting police?"

"Would you contact another support service, such as a specialist family violence service who could provide you with support?"

CONTINUE

Consequence 01 (Slide Layer)

If the person is not wanting police assistance, consult with your manager and/or a family violence service to determine if the police and or child protection need to be contacted without the person's consent:

- If there is an immediate threat, calling the police is an appropriate response. However, if the person indicates that calling police may increase their risk this information needs to be provided to the police to inform their response.
- The person should be informed about any action taken irrespective of whether they give consent
- Consider whether a child is at risk and mandatory reporting obligations apply.

X

7.2 Step 4 Respond to risk

Step 4: Respond to Risk



If the person answers **YES** to question 5 and **NO** to question 6, what should you do?

5. Do you have any immediate concerns about the safety of your children or someone else in your family?

6. Do you feel safe to leave here today?

This indicates they are in immediate danger. Ask if they require police assistance.

Seek secondary consultation with your Manager and/or a family violence specialist service about what you should do.

Notes:


Consequence 01 (Slide Layer)

Yes, Both the answers are correct!
Suggested response:

"I am very concerned about your safety and would like to get you some assistance today. How do you feel about us contacting a specialist service or police for assistance?"


The person has let you know they are experiencing an immediate threat to their life and their health, safety or welfare.
Before contacting police you should:

- Ask them about their views on calling the police
- Consult with your manager
- Consider whether a child is at risk and mandatory reporting obligations apply



Consequence 02 (Slide Layer)

Yes, Both the answers are correct!
Suggested response:



"I am very concerned about your safety and would like to get you some assistance today.

How do you feel about us contacting a specialist family violence service for assistance?"

They have let you know they are experiencing an immediate threat to their life and their health, safety or welfare, you must take action.

X

Untitled Layer 2 (Slide Layer)

	Yes	No
5. Do you have any immediate concerns about the safety of your children or someone else in your family?	✓	
6. Do you feel safe to leave here today?		✓

7.3 Step 4 Respond to risk

Step 4. Respond to Risk



If the person answers NO to question 5 and 6 and their answers to questions 1-4 indicate that they are not experiencing an immediate threat to their life and their health, safety or welfare but there is still concern for their safety

What should you do?

CONTINUE

Notes:

Consequence 01 (Slide Layer)



Seek secondary consultation with your manager or a specialist family violence service as appropriate.

Consider whether a child is at risk and mandatory reporting obligations apply.

Provide information about help and support that is available.

Suggested response:

"I am very concerned about your safety and would like to get you some assistance today.

How do you feel about us contacting a specialist family violence service or police for assistance?"

X

questions (Slide Layer)

	Yes	No
1. Has anyone in your family done something that made you or your children feel unsafe or afraid?		✓
2. Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?	✓	
3. Have they threatened to hurt you in any way?		✓
4. Have they hit, slapped, kicked or otherwise physically hurt you?		✓
	Yes	No
5. Do you have any immediate concerns about the safety of your children or someone else in your family?		✓
6. Do you feel safe to leave here today?	✓	

7.4 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

What should be considered when determining a victim survivor's level of risk?

- A The person's self assessed level of risk, safety and fear
- B Answers to an evidence based identification questions
- C Professional judgement using an intersectional lens
- D All of the above



Correct	Choice
	Choice A

	Choice B
	Choice C
X	Choice D

Not quite right. (Slide Layer)



Correct-ALL - Copy (Slide Layer)

Check your understanding

Correct, these are should all be considered when considering a person's level of risk

You have successfully completed this activity

End

7.5 Basic safety planning

Step 4: Respond to Risk - Basic Safety Planning








- Phone icon
- Calendar icon
- Medical icon
- Car icon
- Information icon (highlighted with a hand cursor)

Notes:

call for safety (Slide Layer)

Step 4: Respond to Risk - Basic Safety Planning



Explore if the person has a safe place to go:

"Where are you now, are you safe?" (if you are not with them)






"If you need to leave your home in a hurry, where would you go?"

"Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so?"

"Where is the perpetrator right now?"

People in their care (Slide Layer)

Step 4: Respond to Risk - Basic Safety Planning



Planning for people in their care:

"What would you need to arrange for people in your care? (children or older persons)"

"How many children do you have in your care? Where are they right now?"

"Do you have any pets you need to consider?"

available supports (Slide Layer)

Step 4: Respond to Risk - Basic Safety Planning



A slide layer titled "Step 4: Respond to Risk - Basic Safety Planning" featuring a vertical sidebar of six icons: a telephone, a calendar, two people, a car, and an information symbol. The main content area displays a spiral-bound notepad with four questions related to available supports.

Do they have supports that they already access or could be available?

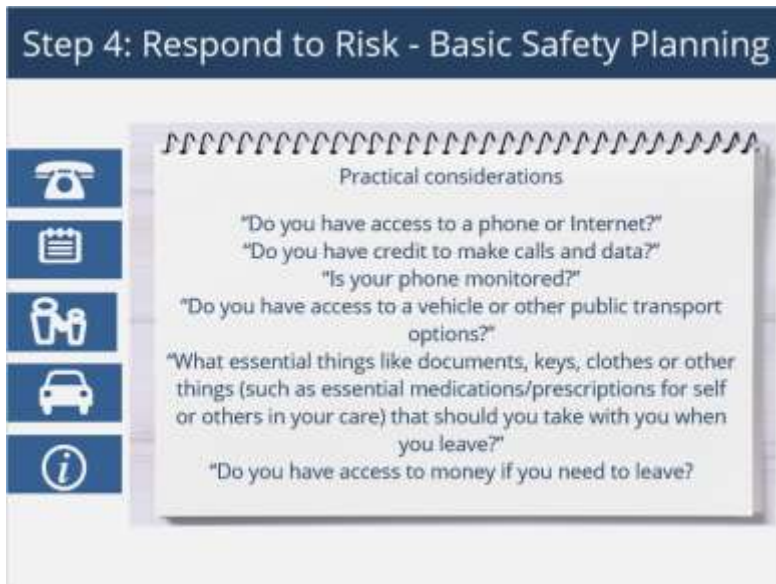
"Is there someone close by you can tell about the violence who can call the police?"

"Who are your emergency contacts?"

"Are you already involved with specialist support? What services and do you know how to contact them if needed?"

practical considerations (Slide Layer)

Step 4: Respond to Risk - Basic Safety Planning



A slide layer titled "Step 4: Respond to Risk - Basic Safety Planning" featuring a vertical sidebar of six icons: a telephone, a calendar, two people, a car, and an information symbol. The main content area displays a spiral-bound notepad with a title and several questions related to practical considerations.

Practical considerations

"Do you have access to a phone or Internet?"

"Do you have credit to make calls and data?"

"Is your phone monitored?"


"Do you have access to a vehicle or other public transport options?"

"What essential things like documents, keys, clothes or other things (such as essential medications/prescriptions for self or others in your care) that should you take with you when you leave?"

"Do you have access to money if you need to leave?"

further considerations (Slide Layer)

Step 4: Respond to Risk - Basic Safety Planning



These are just suggested elements of a safety plan and questions you can ask to help the employee experiencing family violence make a plan.

Alternatively, utilise your Workplace Support safety planning procedure or Appendix 4: Basic Safety Plan in MARAM Practice Guide 2 to explore safety needs, the link is below:

<https://www.vic.gov.au/maram-practice-guides-and-resources>

8. Step 5 Referral & 6 document

8.1 Step 5: Referral

Step 5: Referral



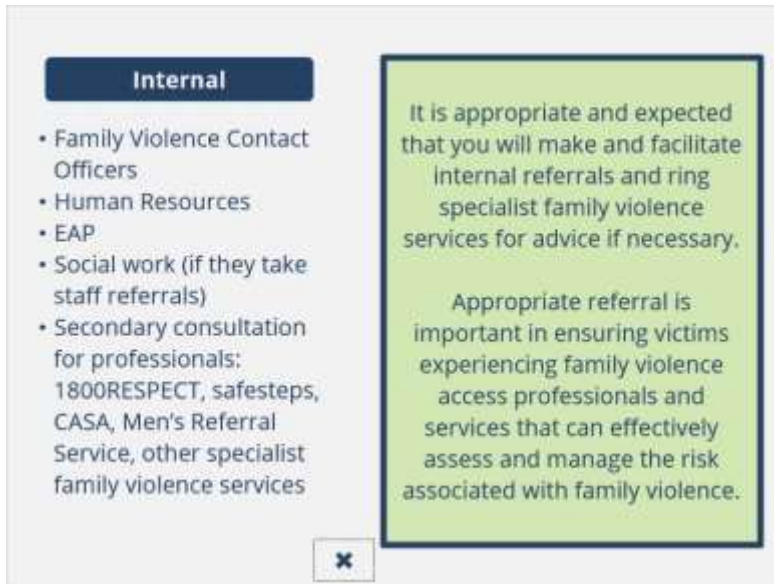
Internal

External

Remember you are not expected to be a family violence expert.
Please consult with a specialist service if you have any questions.
Also ensure that you refer the staff member to internal and specialist services as appropriate.

Notes:

Internal (Slide Layer)



The diagram for the Internal (Slide Layer) consists of a light gray background. On the left, there is a dark blue header box with the word "Internal" in white. Below this header is a bulleted list of internal resources. To the right of this list is a large light green box containing two paragraphs of text. At the bottom right of the gray area is a small white box with a black 'x' icon.

Internal

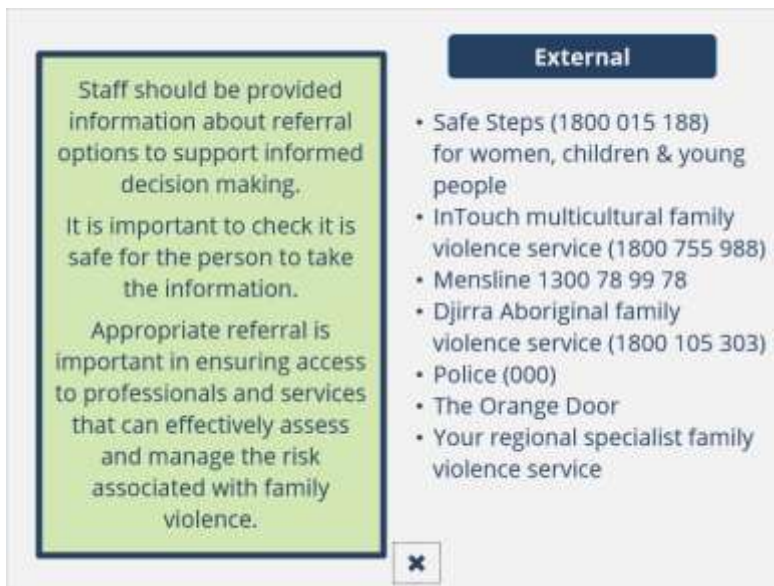
- Family Violence Contact Officers
- Human Resources
- EAP
- Social work (if they take staff referrals)
- Secondary consultation for professionals: 1800RESPECT, safesteps, CASA, Men's Referral Service, other specialist family violence services

It is appropriate and expected that you will make and facilitate internal referrals and ring specialist family violence services for advice if necessary.

Appropriate referral is important in ensuring victims experiencing family violence access professionals and services that can effectively assess and manage the risk associated with family violence.

x

External (Slide Layer)



The diagram for the External (Slide Layer) consists of a light gray background. On the right, there is a dark blue header box with the word "External" in white. To the left of this header is a large light green box containing three paragraphs of text. To the right of the green box is a bulleted list of external services. At the bottom right of the gray area is a small white box with a black 'x' icon.

External

Staff should be provided information about referral options to support informed decision making.

It is important to check it is safe for the person to take the information.

Appropriate referral is important in ensuring access to professionals and services that can effectively assess and manage the risk associated with family violence.

- Safe Steps (1800 015 188) for women, children & young people
- InTouch multicultural family violence service (1800 755 988)
- Mensline 1300 78 99 78
- Djirra Aboriginal family violence service (1800 105 303)
- Police (000)
- The Orange Door
- Your regional specialist family violence service

x

8.2 Step 6 document

Step 6: Documentation

- What to document
- Workplace Safety Plan documentation
- Flexible work
- Performance management

An employee's main Employee Record should not contain any information related to family violence.


The only documentation of family violence disclosures from staff must relate to:

- 1) Records of family violence (FV) leave taken by individual staff members (FV leave record) (this should be documented by payroll).
- 2) Records related to safety planning, work planning and performance management (Family Violence file).

Notes:

safety planning (Slide Layer)


Safety planning documentation




Copies of intervention orders, other safety plans from external agencies, (if provided by the staff member) and the Workplace Safety Plan document should be kept in the employee's locked Family Violence file.

The Workplace Safety Plan is to be shared with those attending the safety plan meeting, with instructions around maintaining confidentiality and secure storage of the plan.

secure records (Slide Layer)

<p>Keeping records secure</p> <p></p>	<p>All documentation with information related to family violence should be kept in a separate locked family violence file (not the Employee file).</p> <p>All files with information related to family violence should be kept by HR and only minimal people should have access to this file, such as Director HR and FV Contact Officer (if HR), or other nominated person.</p> <p>Payroll personnel will require details of family violence leave applied for and taken. They should not share this information with other staff.</p>
---	---

perf manage (Slide Layer)


<p>Performance management documentation</p> <p></p>	<p>This includes notes taken and emails from managers/HR consultants relating to staff attendance, performance or other behavioral issues which include a family violence disclosure or suspicion of family violence.</p> <p>The family violence component of this information is only to be documented if it is necessary to provide context to the situation.</p>
---	---

Flex work (Slide Layer)

Flexible work arrangements documentation

This includes notes taken, formal documentation and emails between managers, HR Consultants and the staff member experiencing family violence related to changes to work activities, location etc.

The information documented and stored needs to have direct relevance to the situation and includes agreed actions.



8.3 Mandatory reporting



Notes:

Children,youth and families act (Slide Layer)



Some groups of professionals including doctors and nurses are mandated to report to Child Protection when they form a reasonable belief that a child has suffered, or is likely to suffer significant harm from physical or sexual abuse. This includes abuse of a staff member's child/children.

All health professionals have a duty of care and legal obligation to report to child protection any significant concerns for the child's safety, including emotional abuse and neglect.

Close

child well being and safety act (Slide Layer)



The Victorian Child Safe Standards requires all organisations providing services to children to ensure that protecting others from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

All organisations working with children and young people also have a duty to protect them from harm, under Victoria's Child Safe Standards (and reportable conduct scheme). It is essential to refer to your organisation's own policy.

Close

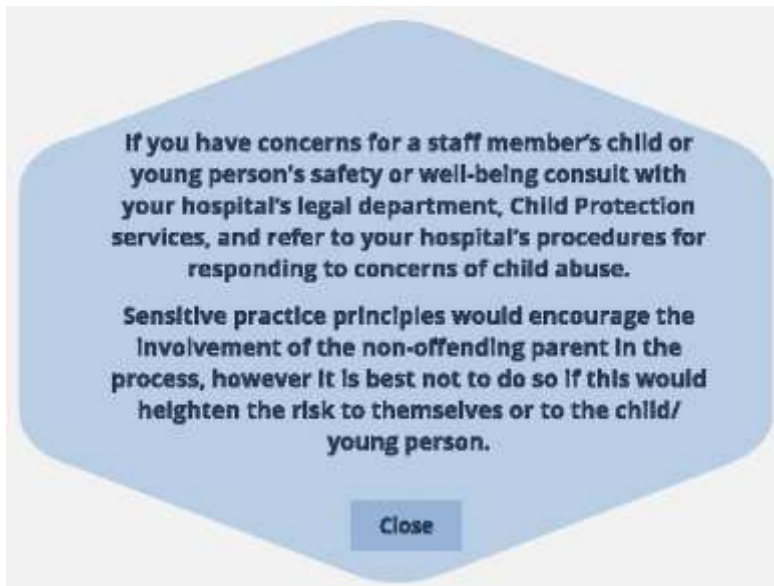
Crimes Act (Slide Layer)



failure to disclose (Slide Layer)



In practice (Slide Layer)



If you have concerns for a staff member's child or young person's safety or well-being consult with your hospital's legal department, Child Protection services, and refer to your hospital's procedures for responding to concerns of child abuse.

Sensitive practice principles would encourage the involvement of the non-offending parent in the process, however it is best not to do so if this would heighten the risk to themselves or to the child/young person.

Close

unsure? (Slide Layer)



Reports contribute to a picture of cumulative harm over time. A series of reports to Child Protection might indicate a concerning pattern of harm, so always report if you have significant concerns.

If unsure, seek secondary consultation with your Manager or child protection services.

Close

best interests (Slide Layer)

Adults largely have complete autonomy and as victims, their wishes must be respected. However, when children/young people are involved, their safety and best interests are paramount.

It is important to consider all children and young people whether they are:

- * the child of your staff member,
- * reported to be at home or elsewhere.

Close

8.4 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

Although you are not expected to be a family violence expert, if a staff member discloses that they are in immediate or serious risk, do you need to explore how they would manage the threat?

☐ A YES

☐ B NO



Correct	Choice
X	Choice A

Choice B

Correct - Copy (Slide Layer)



Incorrect - Copy (Slide Layer)



9. WS case studies

9.1 case studies



Notes:

9.2 Sensitive inquiry and identification: Case study and scenarios



Notes:

Opening script (Slide Layer)



Tara explaining confidentiality (Slide Layer)



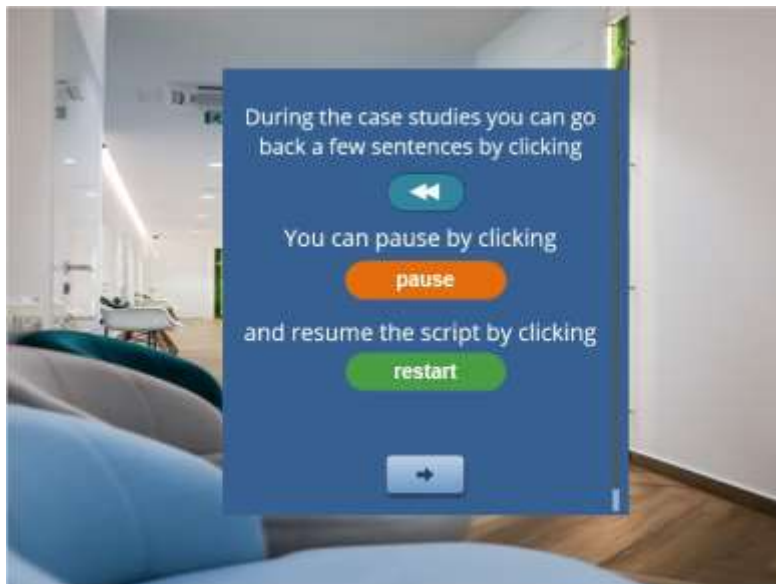
TARA instructions (Slide Layer)



Julie (Slide Layer)



script instructions (Slide Layer)



9.3 Sensitive inquiry and identification: Case study and scenarios



Notes:

No disclosure (Slide Layer)



9.4 Sensitive inquiry and identification: Case study and scenarios



Notes:

Tara explaining confidentiality (Slide Layer)



2. TARA screening and identification questions continued (Slide Layer)



2. TARA: respond to risk (Slide Layer)



TARA: referral (Slide Layer)



1. TARA screening and identification questions - Copy (Slide Layer)



TARA: respond to risk (Slide Layer)



3. TARA response to screening and identification questions - Copy (Slide Layer)



4. TARA screening and identification questions continued - Copy (2) (Slide Layer)



9.5 Sensitive inquiry and identification: Case study and scenarios



Notes:

No disclosure screening and identification questions but concerned 1 (Slide Layer)



No disclosure but concerned risk questions (Slide Layer)



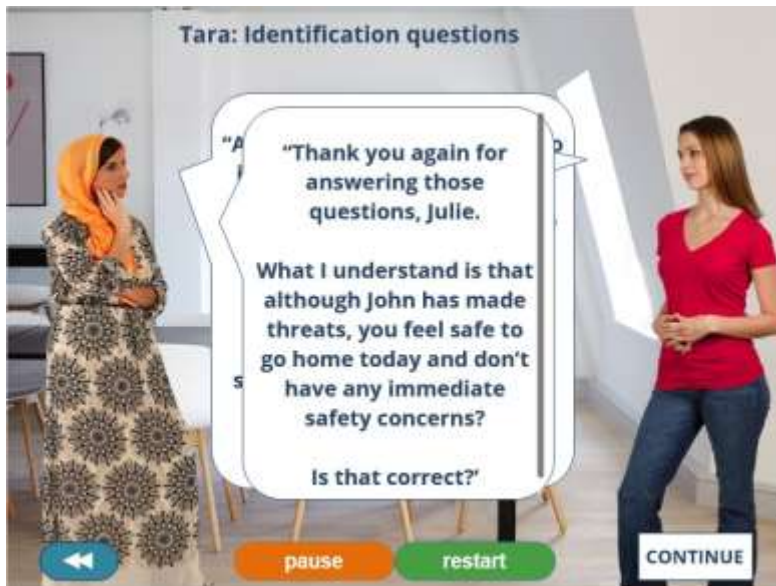
9.6 Sensitive inquiry and identification: Case study and scenarios



Notes:

This section will take you through sensitive inquiry and family violence identification using the characters of Tara (manager) and Julie (staff member). Click on the characters to read their background stories. Then click on the opening script button to follow through the different scenarios based on the answers given by Julie to the identification and risk questions that Tara asks.

disclosure but doesn't want referral 1 (Slide Layer)



disclosure but doesn't want referral 2 (Slide Layer)



disclosure but doesn't want referral 3 (Slide Layer)



disclosure but doesn't want referral 4 (Slide Layer)



9.7 Untitled Slide



Notes:

You have come to the end of this section of the training. We encourage you to take a break and practice self care.

Click on the link for more information on self care and vicarious trauma.

10. Workplace Support

10.1 Workplace supports



10.2 Workplace Support program



Notes:

Tab E (Slide Layer)

Workplace Support program

Workplaces as support

Policy & procedure features

Family violence leave

Workplace safety planning

Where can I find more information?

To access further information about any workplace supports please contact your human resources department or search your hospital's Intranet.

Tab B (Slide Layer)

Workplace Support program

Workplaces as support

Policy & procedure features

Family violence leave

Workplace safety planning

Where can I find more information?

Most hospitals and health services now contain a family violence clause in their Enterprise Agreements (EAs).

The clause outlines measures to support an employee who is experiencing family violence:

- Family Violence Leave – 20 days paid leave per year (pro rata for part time staff).
- Workplace flexibility to be considered which can include changes to work duties, span of hours, pattern of hours and/or shift patterns, relocation, changes to contact details.
- Training for managers and family violence

Tab A (Slide Layer)

Workplace Support program

Workplaces as support	The Workplace Support Program is designed to support staff who are victims of family violence to be safe, supported and to remain in paid employment which is an important protective factor for people affected by family violence.
Policy & procedure features	
Family violence leave	Paid employment can increase victim survivor's financial independence, well-being, social support, safety and security.
Workplace safety planning	The workplace also provides practical support through access to counseling, family violence leave and information about family violence.
Where can I find more information?	

Tab C (Slide Layer)

Workplace Support program

Workplaces as support	The Health Services EAs provide 20 days (pro rata) paid family violence leave for full and part time employees:
Policy & procedure features	<ul style="list-style-type: none">• This leave is for victims not perpetrators• It can be taken daily or hourly• This will be recorded confidentially by payroll, as "leave other" or in a similar fashion.• Your Workplace Support policy and procedure will detail documentation required to apply for leave.• Employees can ask HR/PCW or contact
Family violence leave	
Workplace safety planning	
Where can I find more information?	

Tab D (Slide Layer)

Workplace Support program

Workplaces as support	The plan should be developed according to the needs of employee, in consultation as required with their manager, OHS / HR, Security Manager and with any family violence specialist support services who are already involved if the employee wishes.
Policy & procedure features	
Family violence leave	The plan needs to remain confidential so only necessary persons should have a copy of the plan.
Workplace safety planning	The plan should be regularly reviewed to ensure it is up to date and as effective as is reasonably practicable.
Where can I find more information?	

10.3 Looking after yourself after a disclosure

Looking after yourself after a disclosure

Receiving a disclosure and assisting a staff member experiencing family violence can be uncomfortable, distressing or traumatising, whether or not you have been impacted by family violence yourself and regardless of your role. Trauma can occur after a single event or multiple events.

It's important to be aware of how you may be effected and understand that reactions are normal and common.

If you are distressed in any way, you are encouraged to seek assistance from the EAP, 1800RESPECT or another mental health service provider. More information can be found in the self-care slide at the end of this training.



Notes:

10.4 perpetrators

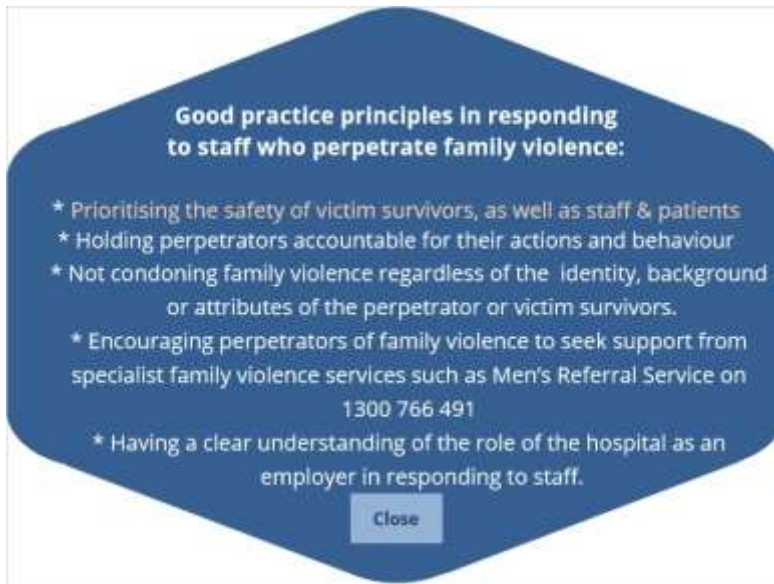


Notes:

Sometimes you may become aware that a staff member is or may be using family violence.

Click on the buttons below to find out what a workplace response to staff who use family violence entails.

principles (Slide Layer)



Good practice principles in responding to staff who perpetrate family violence:

- * Prioritising the safety of victim survivors, as well as staff & patients
- * Holding perpetrators accountable for their actions and behaviour
- * Not condoning family violence regardless of the identity, background or attributes of the perpetrator or victim survivors.
- * Encouraging perpetrators of family violence to seek support from specialist family violence services such as Men's Referral Service on 1300 766 491
- * Having a clear understanding of the role of the hospital as an employer in responding to staff.

Close

what is workplace response (Slide Layer)



Our role as an employer

It is important to keep in mind that as an employer, we are in an employment relationship with an employee who perpetrates family violence. This is distinct from our role as a health service provider to patients.

It is the role of the hospital to:

- * provide a safe work environment,
- * provide a safe clinical service for patients,
- * set and uphold expected codes of behaviour for our employees.

Close

Safety (Slide Layer)



Safety as a priority

If you become aware that a staff member is or may be using family violence, you should consult with the a senior staff member and/or HR. Any decisions should be guided by whether the action will increase the safety of the victim survivor, other staff, patients and the alleged perpetrator and whether children are involved.

As a first priority, determine if there is an immediate threat to a person's health or safety.

If yes, contact the police by calling 000

Close

referral (Slide Layer)



Referral

Our role in supporting staff who are using family violence is to refer them to the specialist family violence service.

Men's Referral Service 1300 766 491

The Men's Referral Service takes calls from Australian men dealing with family violence matters.

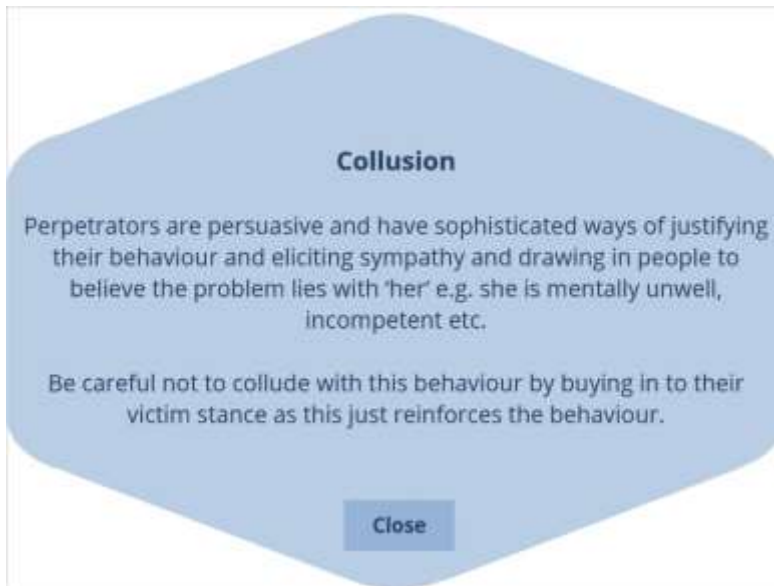
Men's Referral Service also offers secondary consultation as well, that is advice to managers, colleagues, friends and family

1800 RESPECT -1800 737 732

1800 RESPECT provides a best practice, professional telephone and online, crisis and trauma counselling service
24 hours a day, 7 days per week
to assist people experiencing the effects of sexual assault or family violence.

Close

what is collusion (Slide Layer)



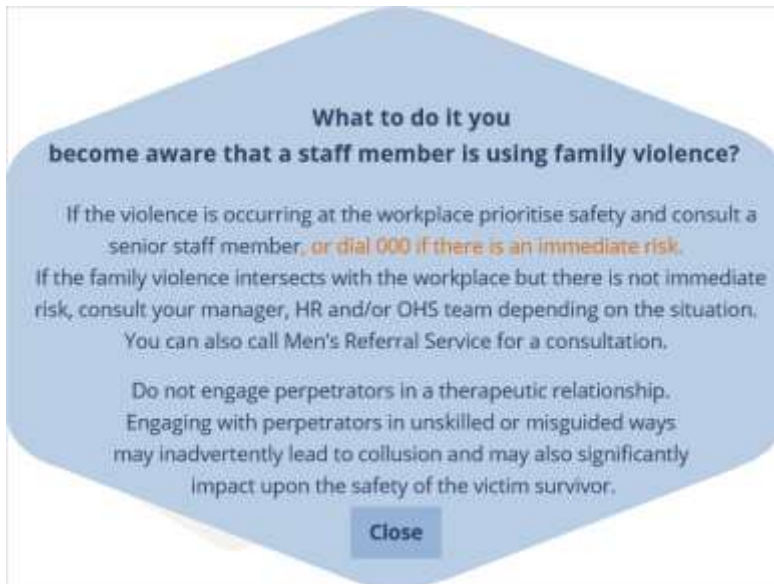
Collusion

Perpetrators are persuasive and have sophisticated ways of justifying their behaviour and eliciting sympathy and drawing in people to believe the problem lies with 'her' e.g. she is mentally unwell, incompetent etc.

Be careful not to collude with this behaviour by buying in to their victim stance as this just reinforces the behaviour.

Close

what to do (Slide Layer)



What to do if you become aware that a staff member is using family violence?

If the violence is occurring at the workplace prioritise safety and consult a senior staff member, or dial 000 if there is an immediate risk.

If the family violence intersects with the workplace but there is not immediate risk, consult your manager, HR and/or OHS team depending on the situation. You can also call Men's Referral Service for a consultation.

Do not engage perpetrators in a therapeutic relationship. Engaging with perpetrators in unskilled or misguided ways may inadvertently lead to collusion and may also significantly impact upon the safety of the victim survivor.

Close

uncommon disclosure (Slide Layer)

Disclosures by those who use family violence is uncommon

This may occur if they need to apply for leave to attend to matters as attend court, or if an intervention order names the hospital.

You may however observe signs that they are using violence. It is not your role to screen/identify if they are using family violence or take action unless their use of family violence intersects with the workplace.

Situations in which this intersection may arise include:

- * when the violence occurs at work or using work resources such as phone, computer, car, etc (this is a disciplinary matter),
- * when the behaviour is incompatible with role of the employee such as those who work with vulnerable groups, or in public positions,
- * where the workplace is named in an intervention order.

Close


10.5 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

Which of the following statements are true:

- ☒ A Hospital staff are entitled to paid family violence leave
- ☐ B Staff who are family violence victims shouldn't be penalised, rather they should be supported to stay in employment
- ☐ C If unsafe at work, a workplace safety plan should be developed with the staff member
- ☐ D A workplace response to a staff member who is using family violence should prioritise the safety of the victims, staff and patients
- ☐ E All of the above



Correct	Choice
	Choice A

Choice B
Choice C
Choice D

Feedback when incorrect:

You did not select the correct response. Please try again.

Notes:

Incorrect (Slide Layer)



Try Again (Slide Layer)

Check your understanding

Which of the following statements are true:

- ☐ A Hospital staff are entitled to paid family violence leave
- ☐ B Staff who are using family violence are not entitled to paid family violence leave
- ☐ C If unsafe, a workplace response to a staff member who is using family violence should prioritise the safety of the victims, staff and patients
- ☐ D A workplace response to a staff member who is using family violence should prioritise the safety of the victims, staff and patients
- ☐ E All of the above

Whilst this is a true statement, your answer is not quite right. Click this button to try again...



Correct-ALL (Slide Layer)

Correct – all of these are true

[Continue](#)

11. summing up

11.1 Conclusions



11.2 Managers can make a difference



Notes:

11.3 KEY MESSAGES

(Pick Many, 0 points, 1 attempt permitted)



Choice
Family violence is complex and affects people across the lifespan-but mostly women and children
Family violence is common, affects many of our staff and can impact their workplace behaviour and performance
Family violence is a sensitive issue, requiring a

supportive and safe response
There is a process – we have Workplace Support policies and procedures to guide you to respond appropriately
There are policies and procedures to support and or your colleagues if you or they are experiencing family violence
There are experts and supports available for consultation or referral
You are not expected to be a family violence expert, but everyone’s role is vital in an effective response to family violence

Notes:

Thank You - Copy (Slide Layer)

KEY MESSAGES



All are correct!
You have successfully completed this activity

END


☒ You are not expected to be a family violence expert, but everyone's role is vital in an effective response to family violence

11.4 Reflection

Reflection

After undertaking any form of training, it is always important to reflect on these questions:

- What can I do better as a result?
- What does this content reveal about my work responsibilities or role that I didn't know before?
- What other knowledge or experience does this enhance?
- What further support do I think I need?
- How might I apply new knowledge and skills?



Notes:

11.5 Staff resources support for you



Notes:

Staff support: resources for you

It is important to recognise the need for self care when working with people affected by trauma from family violence

The resources available can take many forms. Click on the tabs on the right for more information.

Professional supports (Slide Layer)

Staff resources: Support for you

- Manager or supervisor
- Debriefing (formal and informal)
- Family violence workplace contact via the Workplace Support Program
- Clinical champions
- Employee Assistance Program
- Centre Against Sexual Assault - 24/7 counseling for professionals
- 1800 RESPECT - 24/7 counseling for professionals

Reflective practice

Need for support

Professional supports

Self care

Self care (Slide Layer)

Staff resources: Support for you

Self care is any activity that we do deliberately in order to take care of our mental, emotional and physical health and can include:

- Talking with someone you trust
- Taking regular breaks and annual leave
- Healthy eating and exercise
- Debriefing (formal and informal)
- Work-life balance and keeping work and your personal life separate
- Prioritise activities you find enjoyable outside of work

Reflective practice

Need for support

Professional supports

Self care

Reflective practice 1 (Slide Layer)



Staff resources: Support for you

- It is important to acknowledge you can be personally affected by hearing about traumatic events, and by witnessing the impact and distress that it causes.
- Listening to accounts of trauma can challenge your understanding of the world and can lead to cumulative stress, compassion fatigue or vicarious trauma.

[self care handout to download](#)

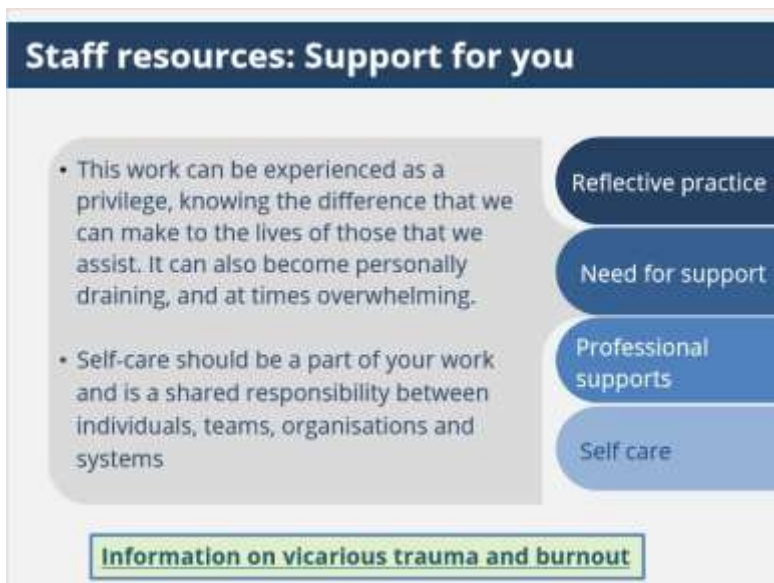
Reflective practice

Need for support

Professional supports

Self care

Need for support 1 (Slide Layer)



Staff resources: Support for you

- This work can be experienced as a privilege, knowing the difference that we can make to the lives of those that we assist. It can also become personally draining, and at times overwhelming.
- Self-care should be a part of your work and is a shared responsibility between individuals, teams, organisations and systems

[Information on vicarious trauma and burnout](#)

Reflective practice

Need for support

Professional supports

Self care

11.6 Pre-Training Questions



The graphic features a dark blue header with the text "Post-training Survey Questions". Below this, on a light grey background, is a text box with two paragraphs. To the right of the text box is a photograph of a laptop on a wooden desk. The laptop screen displays the text "Click Here" in blue, underlined font.

Post-training Survey Questions

Please click on the link to answer some post-training questions.

Your time to complete these questions is appreciated and will assist in further development of resources to support your practice

[Click Here](#)

Notes:

Hospital to provide training survey

11.7 References



The graphic has a dark blue header with the word "References". To the right of the header is a decorative graphic of three blue leaves. Below the header, on a light grey background, is a text box with a paragraph and three references.

References

The following resource list is not exhaustive. It includes all key resources referred to in the training module, and resources to support further learning:

MARAM Practice Guides: Foundation Knowledge, Family Safety Victoria, July 2019, <https://www.vic.gov.au/maram-practice-guides-and-resources>

State of Victoria, Department of Health and Human Services, (2018). 'Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families', <https://www.vic.gov.au/dhelk-dja-partnership-aboriginal-communities-address-family-violence>

Brain Injury Australia (2018). <https://www.braininjuryaustralia.org.au/download-bias-report-on-australias-first-research-into-family-violence-and-brain-injury/>

11.8 References

References



Safe at Home, Safe at Work? National Domestic Violence and the Workplace Survey (2011) Gendered Violence Research Network, University of New South Wales [https://www.arts.unsw.edu.au/sites/default/files/documents/National Domestic Violence and the Workplace Survey 2011 Full Report.pdf](https://www.arts.unsw.edu.au/sites/default/files/documents/National%20Domestic%20Violence%20and%20the%20Workplace%20Survey%202011%20Full%20Report.pdf)

Helping end family violence - the Information Sharing Schemes and MARAM; Family Safety Victoria, <<https://youtu.be/J2rNHOkdV2E?t=89>>

Australian Institute of Health and Welfare 2020. Australian Burden of Disease Study 2015: Interactive data on risk factor burden. Cat. no. BOD 25. Canberra: AIHW, <https://www.aihw.gov.au/reports/burden-of-disease/interactive-data-risk-factor-burden>

Australian Bureau of Statistics, 2017, Personal safety, Australia, 2016. Canberra, ACT: ABS, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>

Notes:

11.9 References

References



Women with Disabilities Victoria, 2021, Prevention of violence against women with disabilities: Taking Action, <https://www.wdv.org.au/our-work/our-work-with-organisations/familyviolenceanddisabilityfilms/>

Our Watch (2020). What can workplaces do? Colleagues/Managers/Leaders, <https://workplace.ourwatch.org.au/video/what-can-workplaces-do-colleagues-managers-leaders/>

WorkplaceBC (no date) How to talk to an employee who might be experiencing domestic violence, <https://www.youtube.com/watch?v=KejDts1NtQ>

Our Watch & GLHV@ARCSHS (2017). Primary prevention of family violence against people from LGBTI communities, <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/07031955/Primary-Prevention-of-FV-against-LGBTI-people-Report-Accessible-PDF.pdf>

Notes:

11.10 References

References



Bagshaw, D. & Chung, D. (2000). Women, Men and Domestic Violence. University of South Australia.

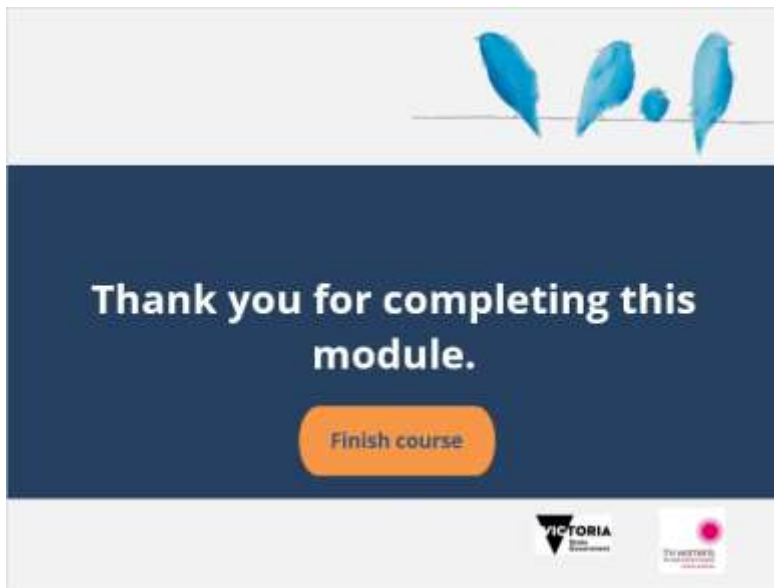
Cox, P. (2015). Violence against women in Australia: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012, Australia's National Research Organisation for Women's Safety (ANROWS), <http://anrows.org.au/publications/horizons/PSS>

State of Victoria (2012) The Victorian Family Violence Database Volume 5: Eleven-year Trend Report, https://www.thelookout.org.au/sites/default/files/fvdb_1999_2000.pdf

Australian Institute of Family Studies (2015), Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities: Key issues, Melbourne: AIFS, retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-lgbti-2020.pdf>

Notes:

11.11 Thank you



Notes:

Thank you for completing this module.

12. Step 1: notice the signs

12.1 Observable Signs of trauma



Notes:

Date 01 (Slide Layer)

Step 1: Notice the signs and Indicators that family violence may be occurring



The signs listed in this slide may indicate that family violence is occurring.
The signs of family violence can occur differently across a person's lifespan and circumstances.

Date 02 (Slide Layer)

Step 1: Notice the signs and Indicators that family violence may be occurring



It is important to remember that this is not exhaustive list and also that these signs may also exist when there are other things occurring in the life of a staff member but not family violence.

Date 03 (Slide Layer)

Step 1: Notice the signs and indicators that family violence may be occurring



These observable signs have been taken from MARAM Practice Guide 2 Appendix 1, and is accessible through the following link:

<https://www.vlc.gov.au/maram-practice-guides-and-resources>

Date 04 (Slide Layer)

Step 1: Notice the signs and indicators that family violence may be occurring

Physical injuries:

- bruising
- fractures
- chronic pain (neck, back)
- sexually transmitted diseases
- fresh scars or minor cuts
- terminations of pregnancy
- complications during pregnancy
- gastrointestinal disorders
- strangulation

Date 05 (Slide Layer)



Date 06 (Slide Layer)



Date 07 (Slide Layer)

Step 1: Notice the signs and Indicators that family violence may be occurring



Social/financial:

- homelessness
- unemployment
- financial debt
- no friends or family support
- isolation
- parenting difficulties

Date 08 (Slide Layer)

Step 1: Notice the signs and Indicators that family violence may be occurring



Demeanor:

- unconvincing explanations of any injuries
- describe a partner as controlling or prone to anger
- be accompanied by their partner, who does most of the talking and/or refuses to leave
- anxiety in the presence of a partner
- recent separation or divorce
- reluctance to follow advice
- needing to be back home by a certain time and becoming stressed about this

Date 09 (Slide Layer)



12.2 Evidence based risk factors



Notes:

First change (Slide Layer)

These risk factors reflect the current and emerging evidence-base relating to family violence risk as defined by the MARAM Practice Guides.
(Family Safety Victoria, 2019)

They are different to the *observable signs* listed in the previous slide, though there may be similarities, such as *controlling behaviour*, which may be a sign and is also a risk factor.

Second change (Slide Layer)



These are considered serious risk factors, those which may indicate an increased risk of the victim survivor being killed or seriously injured in the context of family violence.

EVIDENCE BASED RISK FACTORS



third change (Slide Layer)





You do not need to ask about each risk factor, but you do have a role in understanding and identifying risk.

EVIDENCE BASED RISK FACTORS 

You may become aware that one or more of these risk factors is present as part of a sensitive inquiry about family violence.

fifth change (Slide Layer)

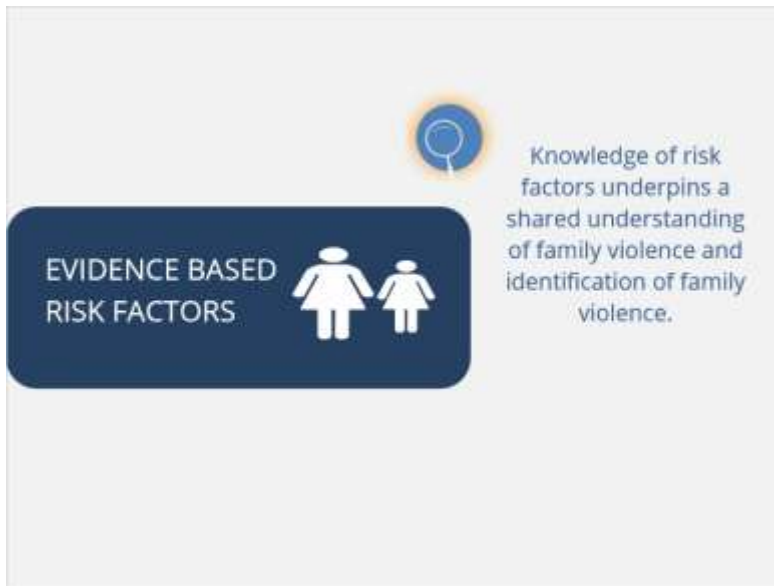
EVIDENCE BASED RISK FACTORS 



MARAM provides the risk factors to enable identification of risk relevant information that may also be shared under FVISS.

Therefore it is important those using FVISS are familiar with MARAM and the risk factors.

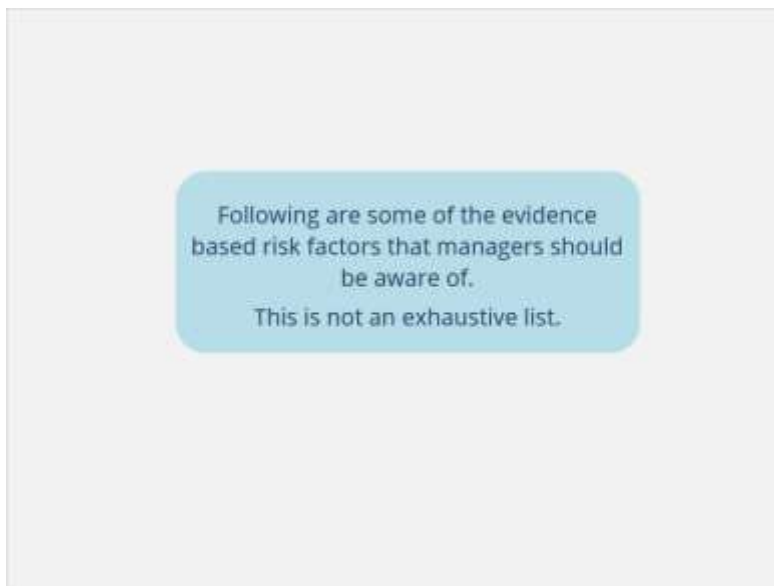
fourth change (Slide Layer)



The slide features a dark blue rounded rectangle on the left containing the text "EVIDENCE BASED RISK FACTORS" and a white icon of a family (two adults and a child). To the right of this rectangle is a magnifying glass icon with a blue circle and a yellow glow. Further to the right is a text block.

Knowledge of risk factors underpins a shared understanding of family violence and identification of family violence.

sixth change (Slide Layer)



The slide features a light blue rounded rectangle centered on a light gray background. The rectangle contains two lines of text.

Following are some of the evidence based risk factors that managers should be aware of.
This is not an exhaustive list.

seventh change (Slide Layer)

- Controlling behaviours
- Access to weapons
- Has ever threatened to kill victim
- Sexual assault of victim
- Stalking of victim
- Physical assault while pregnant or following new birth
- Planning to leave or recent separation
- Escalation — increase in severity and/or frequency of violence
- Has ever tried to strangle or choke the victim
- Has ever threatened or tried to self-harm or commit suicide
- Use of weapon in most recent event
- Unemployed or disengaged from education
- Has ever harmed or threatened to harm or kill pets /other animals
- Obsession/jealous behaviour towards victim
- Drug and/or alcohol misuse/abuse



MARAM Family violence Practice Guides

12.3 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

Which of the following are considered risk factors for family violence?

A

Stalking of victim

B

Perpetrator has ever tried to choke or strangle the victim/survivor

C

Controlling behaviours

D

All of the above



Correct	Choice
	Choice A

	Choice B
	Choice C
X	Choice D

Correct-ALL - Copy (Slide Layer)

Check your understanding

Correct, these are all risk factors for family violence

You have successfully completed this activity

Continue

Not quite right. (Slide Layer)

Check your understanding

Which of the following are considered risk factors for family violence?

Not quite right.

Whilst this is a risk factor,
you did not select the correct
response.

Try again

An illustration of a light brown birdhouse with a red roof and a black heart on its front. It is surrounded by several small blue birds and green leaves, suggesting a garden or natural setting.