

# Workplace Support Manager training

## 1. Introduction to FV WS module

### 1.1 Title page




#### Notes:

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

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 90 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



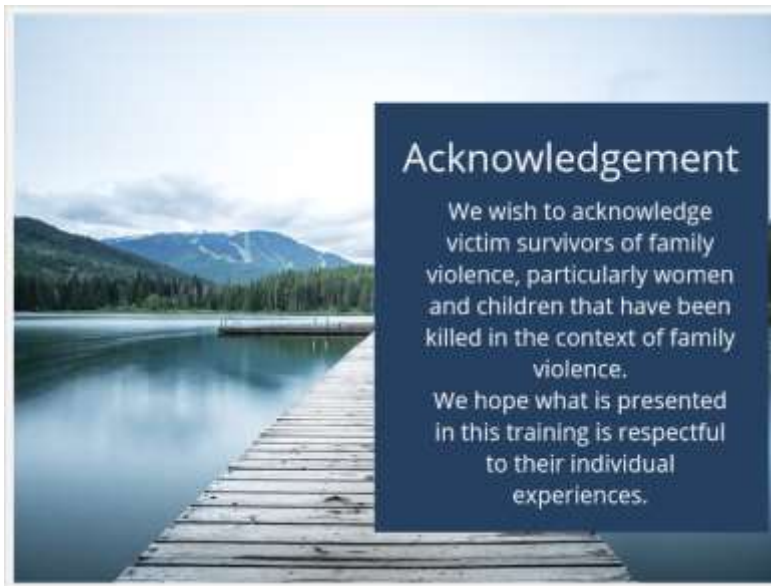
### Acknowledgement of Country

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.

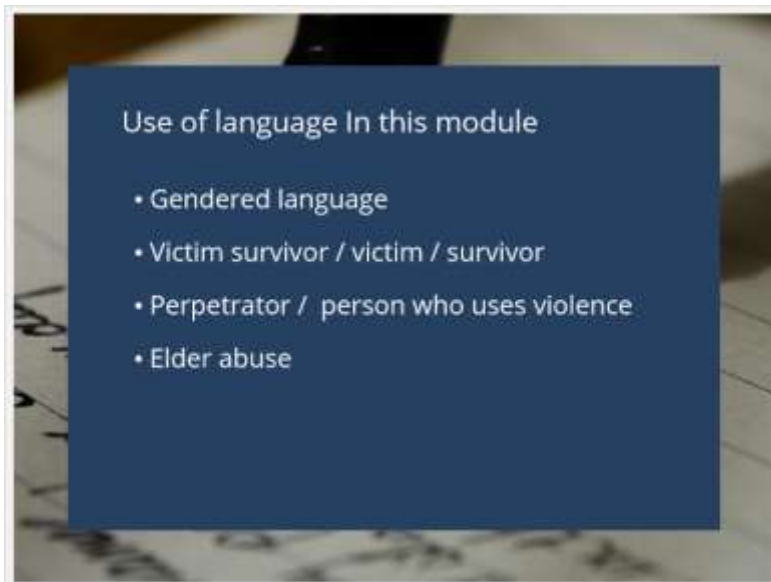
Notes:

## ***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.

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

×

## 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](mailto: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/>

×

## 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/>

×



## 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/>

✕

## 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.

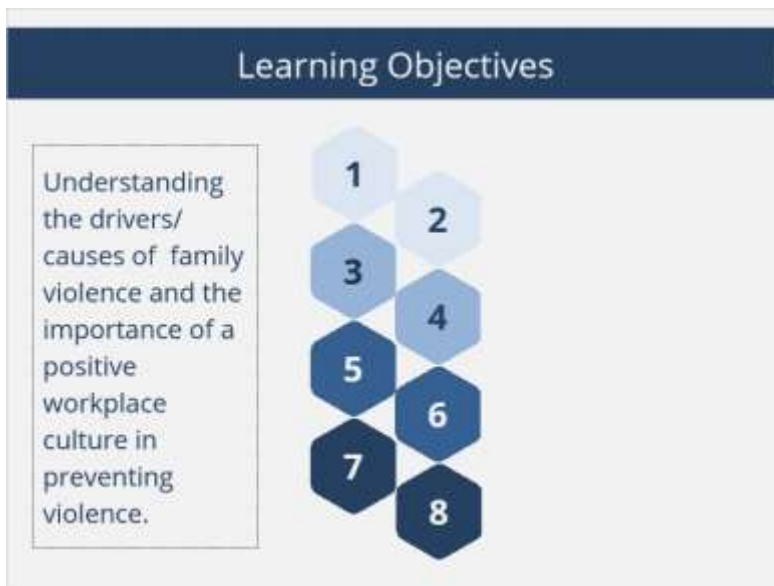
This training does not cover working with perpetrators or with patients.

Please click on the buttons to view the learning objectives.

## Layer 07 (Slide Layer)




## Layer 02 (Slide Layer)



### Layer 01 (Slide Layer)

Learning Objectives



What family violence is, and its impact 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:

Hospitals to provide training survey

## 2. Workplace Support Managers

### 2.1 *WS role as manager*



### 2.2 *workplace prevention*



Notes:

## 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.



1 2  
3 4  
5 6  
7

## Layer 06 (Slide Layer)

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



1 2  
3 4  
5 6  
7

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:

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

- 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 family violence 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

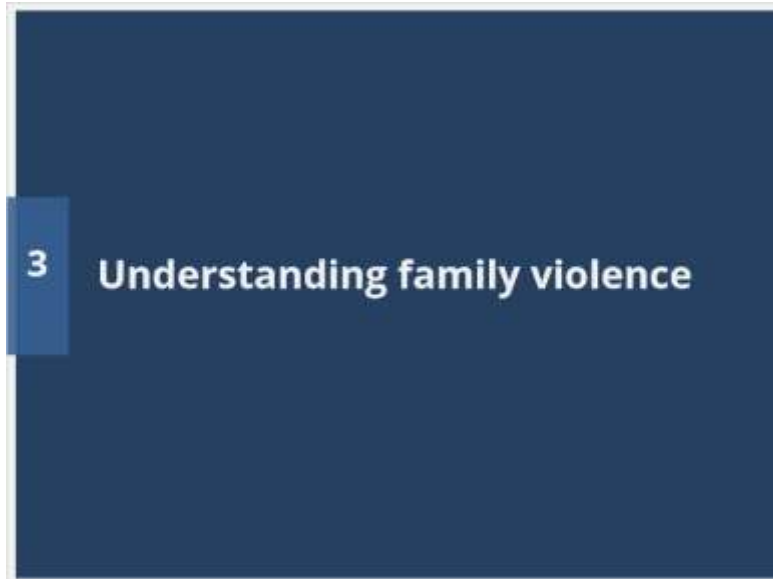


**Your role includes ensuring that your service provides a safe and supportive role for all staff who are victim survivors through:**

- 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. Understanding family violence

#### 3.1 Understanding family violence



#### 3.2 Family violence definition



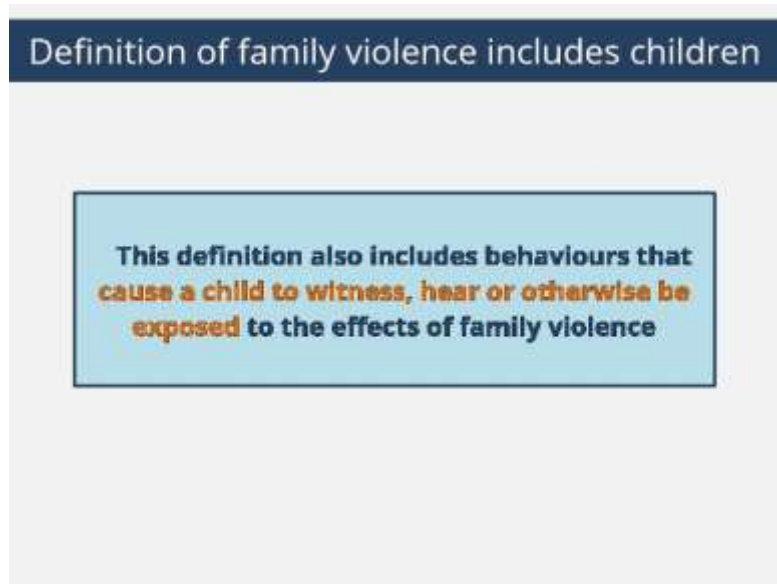
#### Notes:

Video from Immigrant and Refugee Neighbors, Friends and Families Campaign.



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

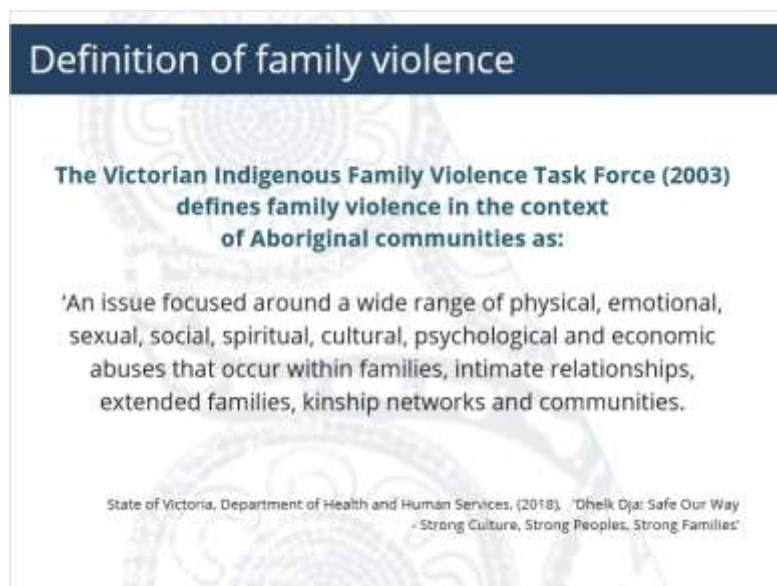
### Children experience (Slide Layer)



Definition of family violence includes children

This definition also includes behaviours that cause a child to witness, hear or otherwise be exposed to the effects of family violence

### Victorian Indigenous Family Violence Task Force (Slide Layer)



Definition of family violence

The Victorian Indigenous Family Violence Task Force (2003) defines family violence in the context of Aboriginal communities as:

'An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities.'

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

## Power and control (Slide Layer)

Understanding power and control



Family violence involves repeated behaviours that exert power and control over another family member or members.

Click on the power and control wheel to understand more about the use of power and control tactics used within family violence.

<https://www.theduluthmodel.org/>

### 3.3 Family violence is complex

Family violence is complex

- It occurs throughout the **lifespan**
- There are many types of abuse
- And many different perpetrators

Notes:

## Family violence is complex lifespan (Slide Layer)



## Family violence is complex types (Slide Layer)



## Family violence is complex perpetrators (Slide Layer)

### Family violence is complex

It occurs throughout the **lifespan**

There are many types of abuse

And many different perpetrators



## complex (Slide Layer)

### Family violence is complex

- Family violence affects girls, boys, women, men and people who identify as non-binary /transgender.
- All abuse is a violation of human rights and is unacceptable.
- It can sometimes be hard for victims to recognise their experience of family violence

### 3.4 Family violence is a health issue



#### Notes:

In 2014-2015, 1 in 12 women that were hospitalised due to partner violence were pregnant.

On average, 8 women a day are hospitalised by their spouse or partner. In the decade leading up to 2017, there were approximately 16,000 people who presented to Victorian hospital emergency departments with a family violence related injury. And of those, 40% had sustained a brain injury.

Women who experience family rate their health as poorer and use health services more frequently than other women.

## Layer 01 (Slide Layer)



## Layer 02 (Slide Layer)



### 3.5 Prevalence & the gendered nature of family violence



#### Notes:

Here are some national statistics on the prevalence and gendered nature of family violence. These figures have been taken from the Personal Safety Survey conducted by the ABS in 2017. Click on the numbered buttons for more information.

#### Tab 03 (Slide Layer)

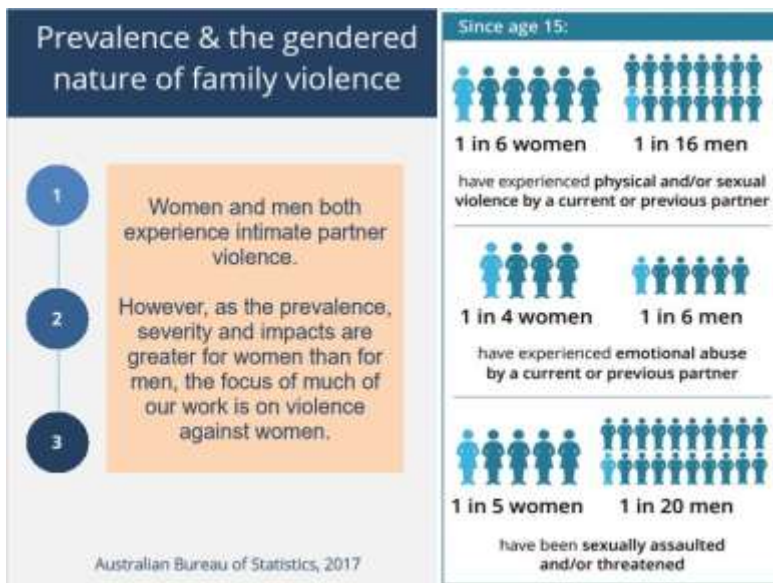




## Tab 01 (Slide Layer)



## Tab 02 (Slide Layer)



### 3.6 Women's experience of family violence

#### Women's experience of family violence

Women are more likely to experience family violence from someone they know, in their own home and in an on-going way.  
(Cox, 2015)

Men's violence against female partners is more likely to inflict severe injury and result in the female living in fear.  
(Bagshaw & Chung, 2000)



Women's violence against male partners is more likely to be in self-defence when the male partner is violent.  
(Bagshaw & Chung, 2000)


Notes:

### 3.7 Men's experience of family violence

#### Men's experience of family violence

Men are much more likely to experience family from a stranger or non-intimate acquaintance or family member, in public, and as a once off incident.  
(Cox, 2015)

75% of adult male family violence victims reported not feeling fearful of the perpetrator.  
(Victorian Family Violence Database, 1999-2010)



Do not cry or openly express emotions with the exception of anger

Notes:

### ***3.8 groups most at risk***

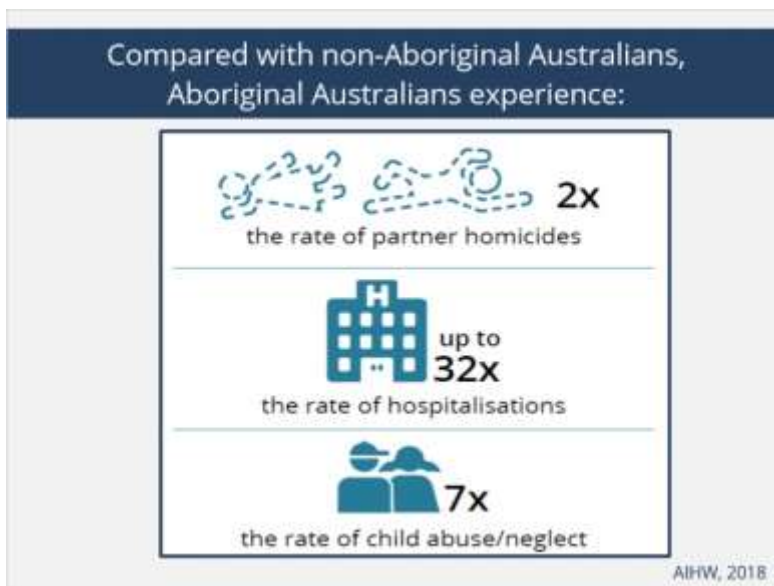


**Notes:**

separating (Slide Layer)



### 3.9 Prevalence : Aboriginal



#### Notes:

<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/summary>

It is important to note however that family violence is not part of Aboriginal culture.

However, Aboriginal women are disproportionately impacted by family violence due to the structural inequalities and discrimination they experience underpinned by racist and sexist attitudes and the on-going impacts of colonisation.

Violence towards Aboriginal people is often perpetrated by non-Aboriginal men.

### **context Aboriginal violence (Slide Layer)**

**Compared with non-Aboriginal Australians, Aboriginal Australians experience:**

**Family violence is not part of Aboriginal culture.**

**However, Aboriginal women are disproportionately impacted by family violence due to the structural inequalities and discrimination they experience underpinned by racist and sexist attitudes and the on-going impacts of colonisation.**

**Violence towards Aboriginal people is often perpetrated by non-Aboriginal men.**

AIHW, 2018

### 3.10 Prevalence : lgbti

**Violence against people in the LGBTIQ community**

Emerging evidence shows that the rates of intimate partner violence within same-sex relationships are as high as the rates experienced by women in heterosexual relationships, and possibly higher for bisexual, transgender and gender diverse people.



{Our Watch & GLHV@ARCSHS (2017)}

#### Notes:

<https://workplace.ourwatch.org.au/video/domestic-and-family-violence-why-doesnt-the-victim-leave/>

### 3.11 Check your understanding

*(Pick One, 10 points, 2 attempts permitted)*

## Check your understanding

When is a woman most at risk of experiencing family violence?

- ☐ A When in public and from a stranger
- ☐ B When pregnant
- ☐ C When she is about to or has recently ended a relationship
- ☐ D B & C



| Correct | Choice   |
|---------|----------|
|         | Choice A |
|         | Choice B |
|         | Choice C |
|         | Choice D |

### Feedback when incorrect:

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

### Notes:



## Incorrect (Slide Layer)

**Check your understanding**

When is a woman most at risk of experiencing family violence?

**Incorrect**

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

**Please try again**



## Try Again (Slide Layer)

When is a woman most at risk of experiencing family violence?

**Incorrect.**

Women are more likely to experience violence at home and from an intimate partner.

**Click this button to try**

## Correct (Slide Layer)

Check your understanding

Correct

That's right.

Pregnancy and separating from a partner are two high risk times for women.

Continue

### 3.12 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

Check your understanding

What characterises family violence?

- A it is only physical violence
- B It is not common in Australia
- C It is any behaviour towards a family member that causes fear
- D It is something that only occurs between intimate partners



| Correct | Choice   |
|---------|----------|
|         | Choice A |

|          |
|----------|
| Choice B |
| Choice C |
| Choice D |

**Notes:**

**Try Again (Slide Layer)**

**Check your understanding**

What characterises family violence?

- A** it is only physical violence
- B** It is not
- C** It is any member
- D** It is something that only occurs between intimate partners

**Incorrect**

**Click this button to try again**



## Correct (Slide Layer)

**Check your understanding**

**Correct**

That's right!

Fear and control are what distinguishes family violence from other types of violence. Family violence is common and can be used against anyone in a family like relationship.

**Continue**

### 3.13 Check your understanding

(Pick One, 10 points, 2 attempts permitted)

**Check your understanding**

Which of the following are examples of family violence?

- ☒ A Hitting, slapping or kicking
- ☐ B Threatening to upload private pictures to the Internet of the partner ever leaves the relationship
- ☐ C Taking the rent money and spending it without telling the other partner
- ☐ D Children assisting to clean up after a violent episode
- ☐ 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 are examples of family violence?

- ☐ A Hitting, slapping or shaking
- ☐ B Threatening the partner or children
- ☐ C Taking turns telling the police
- ☐ D Children assisting to clean up after a violent episode
- ☐ E All of the above

**Whilst this is an example of family violence your answer is not quite right. Click this button to try again...**

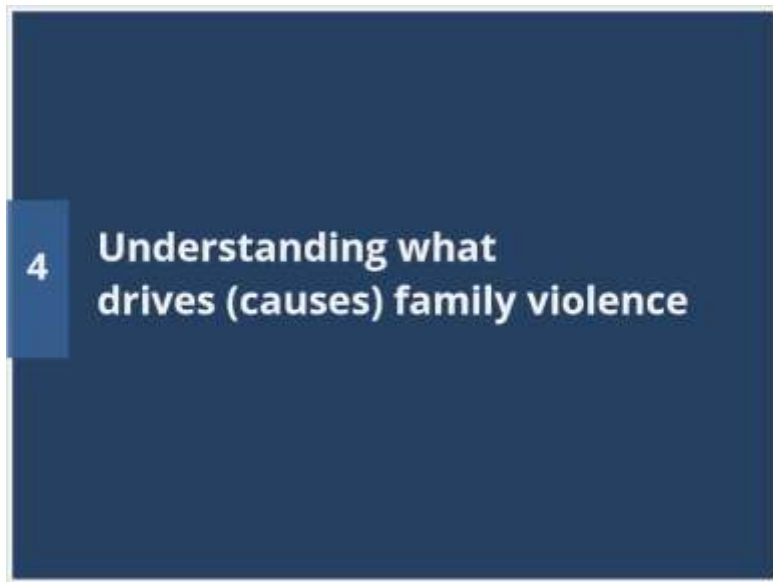


## Correct-ALL (Slide Layer)

Correct – all of these are examples of family violence

[Continue](#)

### ***3.14 Understanding family violence***



### ***3.15 Attitudes and gender inequality***



#### **Notes:**

<https://www.ourwatch.org.au/change-the-story/>

<https://ethniccouncilshepparton.com.au/?p=4831>



Dari: [https://youtu.be/foQQQ\\_1Rk8s](https://youtu.be/foQQQ_1Rk8s)  
Hazaragi: <https://youtu.be/zahlxoP8gcA>  
Hindi: <https://youtu.be/MrYOzosZgGA>  
Punjabi: <https://youtu.be/Lf9nRY4hc4U>  
Tamil: [https://youtu.be/lr1VwR\\_Kgoc](https://youtu.be/lr1VwR_Kgoc)

**3.16**

***Myths and misconceptions***

## Myths and misconceptions

We all have our own unconscious biases, beliefs and values that we gain from our family, culture and a life time of experiences that will influence how we each view family violence.



### Notes:

\*Note that these myths and misconceptions mainly focus on what the victim survivor does not do, rather than questioning the perpetrator's behaviour.

So what perpetuates these attitudes?

Social structures, systems, gender norms and rigid gender roles that support male dominance in both relationships and society

Family violence is a choice by a perpetrator to use behaviours for the purposes of power and control.

Some factors reinforcing violence against women and their children include current or past adversity experienced by perpetrators. However, this does not excuse violent behaviour.

The use of violence is a choice and it is important that men who use violence are kept in view and held accountable for their behaviour through informal and formal social and legal sanctions.

## distort excuse... (Slide Layer)

These community attitudes and myths

**Distort  
Excuse  
Minimise  
Perpetuate**

family violence

CONTINUE

## Myths and misconceptions - Copy (Slide Layer)

Myths and misconceptions

She knows how to push his buttons

Women make up false reports of sexual assault in order to punish men

But the kids don't see him hit me so it's not affecting them

She can just leave him

It only happens in certain groups or cultures

It's normal for a man to control the household

Men can't control their urges

He gets a bit violent when he drinks but he is a good dad

There is no power imbalance in same sex relationships

CONTINUE

## Myths and misconceptions2 (Slide Layer)

### Myths and misconceptions

**So what perpetuates these attitudes?**

Social structures, systems, gender norms and rigid gender roles that support male dominance in both relationships and society.

Some factors reinforcing violence against women and their children include current or past adversity experienced by perpetrators. However, this does not excuse violent behaviour.

Family violence is a choice by a perpetrator to use behaviours for the purposes of power and control.

## Myths and misconceptions response (Slide Layer)

### Myths and misconceptions

**The way we talk and think about family violence makes a difference.** People who hold violence supporting attitudes and beliefs are not necessarily violent. However, there is a strong link between people's attitudes and beliefs and whether someone condones violence.

As professionals, it's important that we **challenge violent supportive attitudes** when we hear them from patients, colleagues and community members and continually reflect on what can influence our **conscious and unconscious bias**.

### 3.17 One-Person Scenario

Responding to myths and misconceptions

He just has anger management issues

Choose a response:

Most perpetrators have no problem managing their behaviours in other contexts like work or in public. Family violence is not about a person being out of control, it's about being in control or demanding control of the situation.

He probably just needs to do an anger management course



#### Notes:

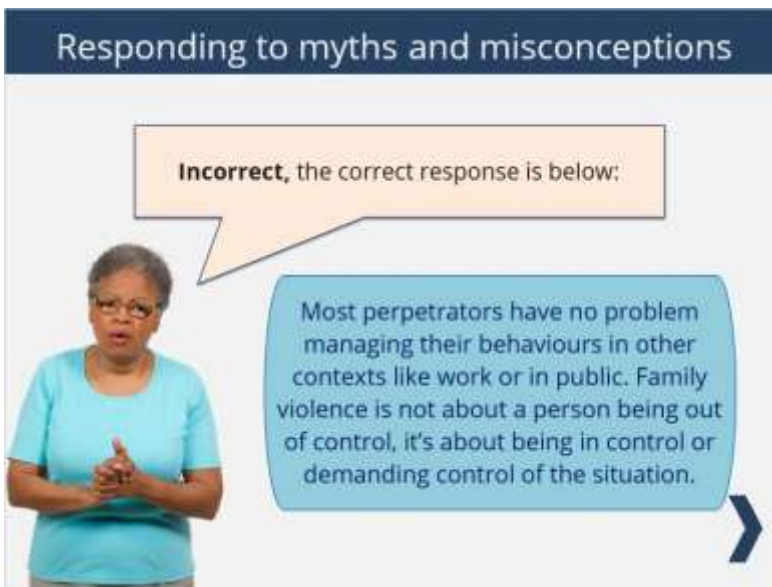
If a colleague made the following statement about family violence, which represents a common misconception, which is the most appropriate response?

#### Incorrect (Slide Layer)

Responding to myths and misconceptions

Incorrect, the correct response is below:

Most perpetrators have no problem managing their behaviours in other contexts like work or in public. Family violence is not about a person being out of control, it's about being in control or demanding control of the situation.



## second statement (Slide Layer)

Responding to myths and misconceptions

Family violence only happens in heterosexual cis gender relationships

Choose a response:

Yes, family violence only occurs between men and women

1 in 3 LGBTIQ+ people have experienced violence from a partner, ex-partner or family member (AIFS, 2015)



## Correct - Copy (Slide Layer)

Responding to myths and misconceptions

Correct!

1 in 3 LGBTIQ+ people have experienced violence from a partner, ex-partner or family member

END






### Correct (Slide Layer)

Responding to myths and misconceptions

**Correct!**




Most perpetrators have no problem managing their behaviours in other contexts like work or in public. Family violence is not about a person being out of control, it's about being in control or demanding control of the situation.  
(Victorian Government, 2019)

>

### Incorrect - Copy (Slide Layer)

Responding to myths and misconceptions

Incorrect, the correct response is below:



1 in 3 LGBTIQ+ people have experienced violence from a partner, ex-partner or family member

END

### 3.18 Check your understanding

*(Pick One, 10 points, 2 attempts permitted)*

## Check your understanding

Which of the following has research found to be the key driver of family violence in Australia?

- ☐ A Poverty
- ☐ B Alcohol
- ☐ C Growing up in a family where violence occurred
- ☐ D Gender inequality



| 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)


**Check your understanding**

Which of the following has research found to be the key driver of family violence in Australia?

**Incorrect**

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

**Please try again**



## Try Again (Slide Layer)

**Check your understanding**

Which of the following has research found to be the key driver of family violence in Australia?

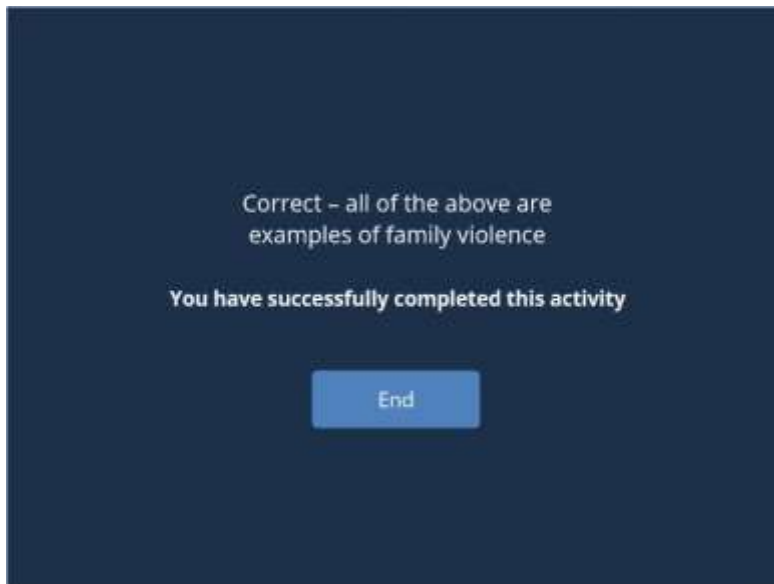
- A** Poverty
- B** Alcohol
- C** Growing up in a violent household
- D** Gender inequality

**This is not correct**

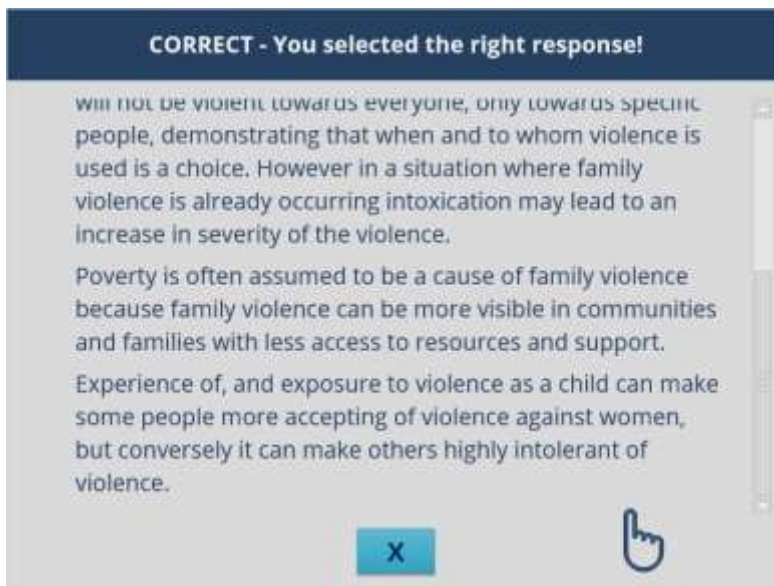
**Click this button to try again...**



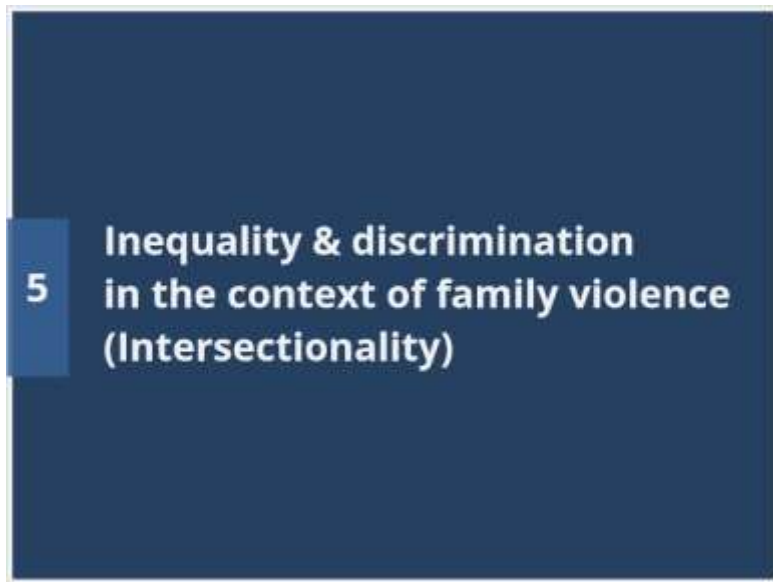
### Correct-ALL (Slide Layer)



### Correct (Slide Layer)

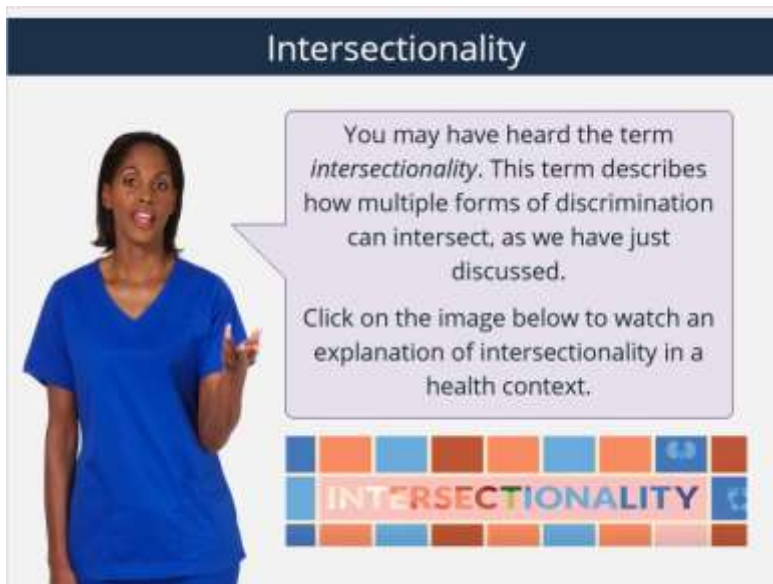


### 3.19 intersectionality 1



Notes:

### 3.20 intersectionality 13



Notes:

video link : [https://www.youtube.com/watch?v=rwqnC1fy\\_zc](https://www.youtube.com/watch?v=rwqnC1fy_zc)

### **3.21 intersectionality 2**

Understanding inequality & discrimination within the context of family violence

We will now explore why these groups are at greater risk of experiencing family violence using disability as an example.

WOMEN WITH DISABILITY

WOMEN EXPERIENCING FINANCIAL HARDSHIP

(AIHW, 2018)

**Notes:**

### 3.22 intersectionality 3



#### Notes:

Images, content and text from the following slides are taken from:

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




### 3.23 intersectionality 4



The higher rate of violence is due to women with disabilities' experience of inequality and discrimination on the basis of gender *and* ability.

Let's look at the four gendered drivers that we saw in the *Change the Story* video, with disability included.

### 3.24 intersectionality 5



Examples of decision-making that is sexist and ableist, and which limits the independence of women with disabilities include,

- ✖ Family members or carers controlling how money is spent
- ✖ Family members or carers controlling who she spends time with

Women with Disabilities Victoria, 2021

#### Notes:

Images, content and text from the following slides are taken from:

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

### 3.25 intersectionality 6



#### Notes:

Images, content and text from the following slides are taken from:

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

Stereotypes can be harmful and limiting, and people who don't fit into the stereotypes can face criticism or punishment.

These gender and disability stereotypes are also a key driver of violence against women with disabilities because they:

- Define able-bodied people and men as being 'naturally' dominant and therefore 'naturally' superior.
- Define people with disabilities and women as being 'naturally' passive and submissive, which casts them as targets for exploitation and abuse.
- Define and reinforce masculinity as callous and insensitive, or suggest that men are 'naturally' more violent than women or are driven by uncontrollable sexual urges.
- May glorify male violence, especially sexual aggression towards women.

- Can lead to the assumption that people with disabilities don't have sex or intimate relationships, leading to the incorrect assumption that people with disabilities do not need access to respectful relationships education or sex education.
- Can suggest women and people with disabilities are inherently dishonest, unfaithful or need to be controlled.
- Contribute to sexist and ableist hierarchies where men have power over women and able-bodied people have power over people with disabilities.

### **3.26 intersectionality 7**



#### **Notes:**

Images, content and text from the following slides are taken from:

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

### 3.27 intersectionality 8

The concept of deficit language is often used against women with disabilities. She is severely disabled and has high needs.

**Deficit language**

**Perpetrator excusing**

He was just experiencing carer stress.

**Victim blaming**

Her disability makes her vulnerable to violence.

Women with Disabilities Victoria, 2021

#### Notes:

Images, content and text from the following slides are taken from:

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

### **3.28 intersectionality 9**



In individual relationships, these inequalities can play out in a belief that a man is entitled to engage in coercive and controlling behaviours to exercise power and control over his family members.

Perpetrators also know that they are unlikely to be held accountable for their violence if these discriminatory attitudes are held widely within the community and by service providers.

### **3.29 intersectionality 10**



For example, a woman with disability may have family members who use financial abuse, and excuse this, by saying, "as a woman with disability she cannot manage her own money."

When a victim seeks help, service providers who hold such attitudes may be less likely to respond in a way that is safe and supportive for the victim.

### 3.30 intersectionality 11



Women with disabilities are therefore not more 'vulnerable' but are targeted for violence more often than other women due to these discriminatory attitudes.

Whilst the use of family violence is a choice by a perpetrator and the responsibility rests with the perpetrator, as a society we all have a role in challenging inequality and attitudes that allow this violence to occur, in our health services, and looking at our own practices.

### 3.31 intersectionality 12



We've discussed women with disabilities as if they are a homogenous group.

It's important to note also that some women with disabilities experience even higher rates of violence and discrimination.

Aboriginal and Torres Strait Islander women, for example, experience higher rates of disability than non-indigenous women.

They also experience disproportionate rates of family violence compared to non-indigenous women.

Notes:



### ***3.32 Being respectful and responsive to gender diversity***

**Being respectful and responsive to gender diversity**

The previous slides referred to the victim as a woman as the majority of victims of family violence are women.

The same respectful and safe engagement with the victim applies, regardless of the gender of the victim and perpetrator.

You may not know what gender the family member is and so should always make sure that the victim is made aware of the specialist LGBTI services, in addition to other specialist family violence services.

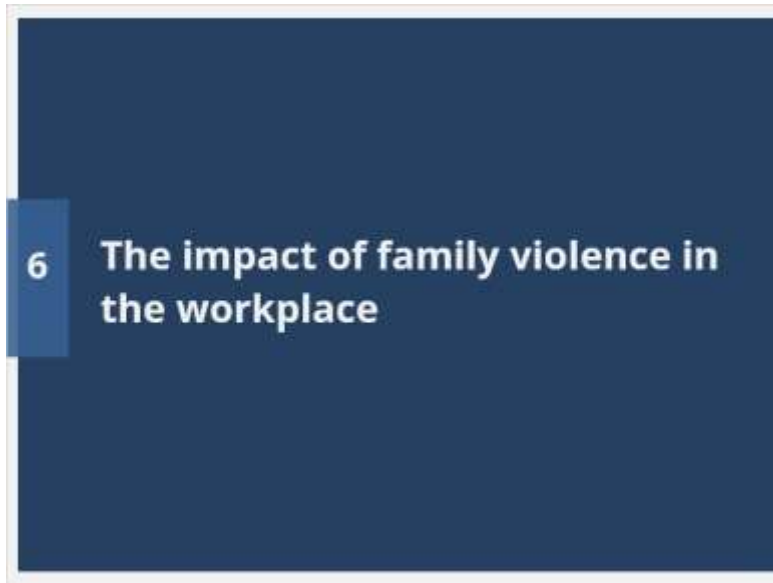
An illustration of five diverse people (three men and two women) of various ethnicities and ages, all holding rainbow flags. In the center, they are holding a large, stylized rainbow heart. The background is a light blue gradient.

**Notes:**



## 4. impact of FV on workplace

### 4.1 *Impact in the workplace*



### 4.2 *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)



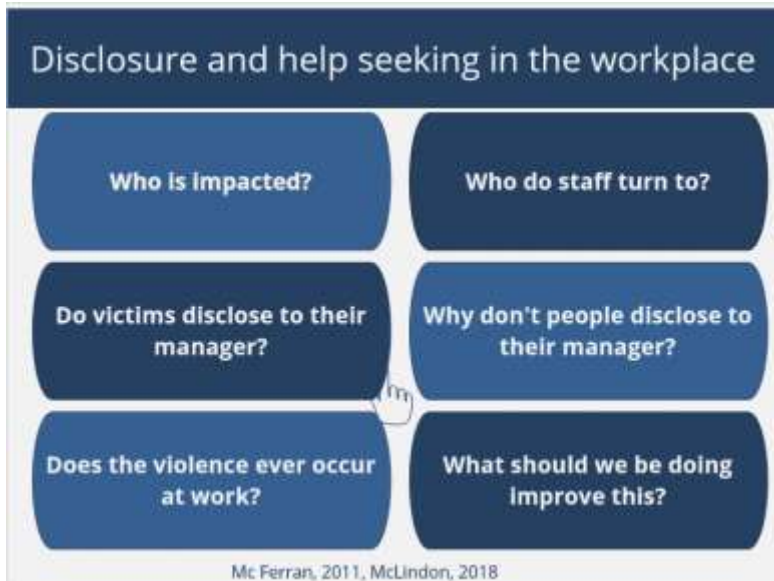
## 2nd change (Slide Layer)



## 2nd change 2 (Slide Layer)



### ***4.3 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.

### ***4.4 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.

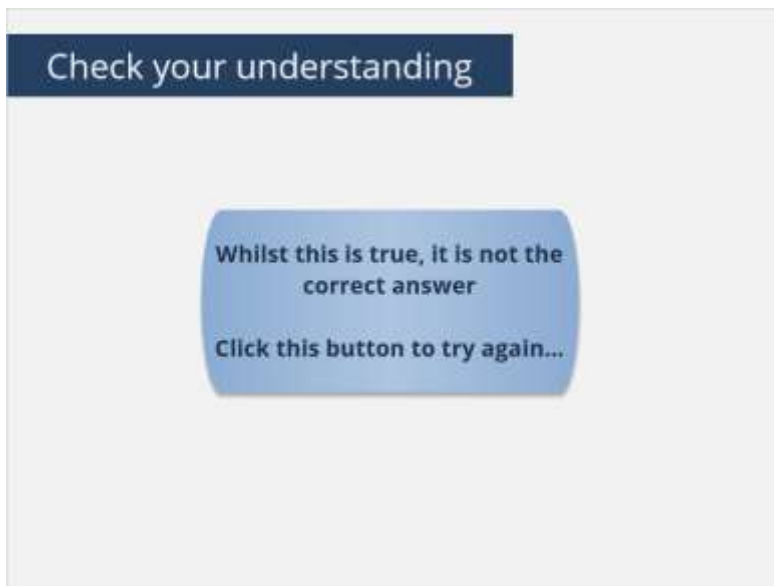
### Notes:



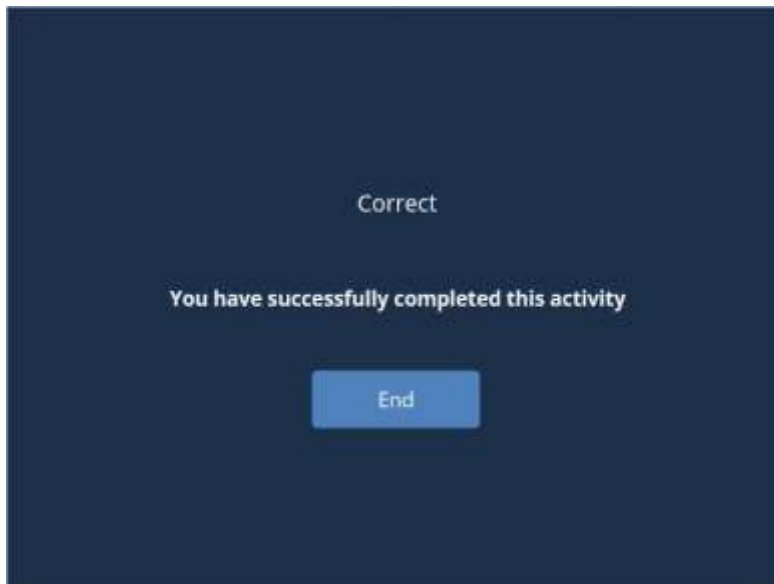
### Incorrect (Slide Layer)



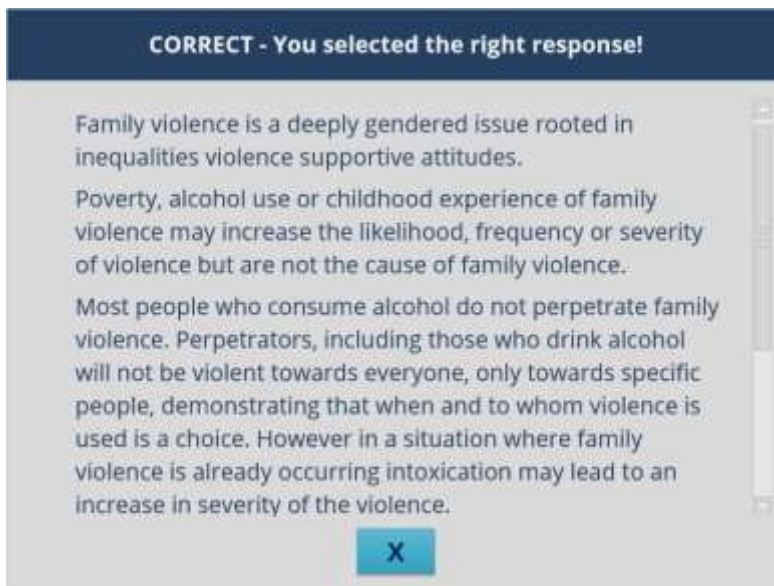
### Try Again (Slide Layer)



### Correct-ALL (Slide Layer)



### Correct (Slide Layer)



## ***4.5 Building awareness and supporting***

### ***culturally responsive practice***

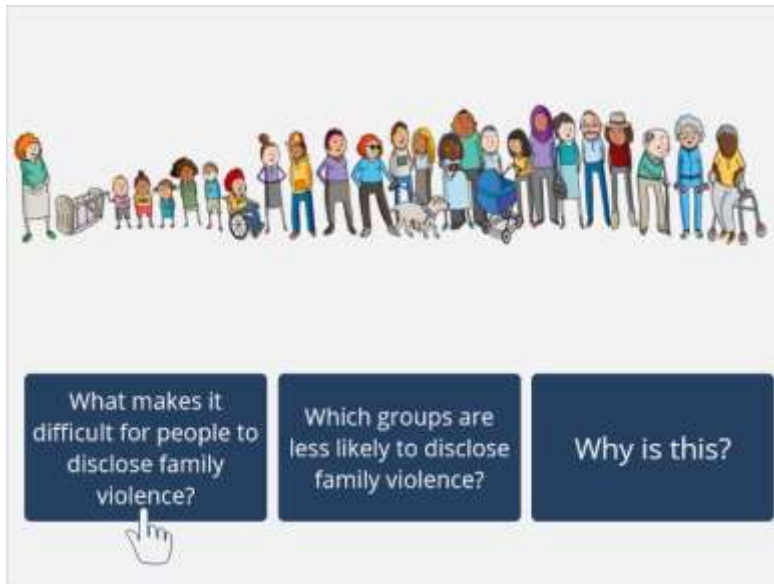
#### **Building awareness and supporting culturally responsive practice**

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:**

## 4.6 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

#### ***4.7 What can we do to overcome barriers?***



Notes:

#### ***4.8 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 |

## 4.9 Self-determination



### Notes:

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

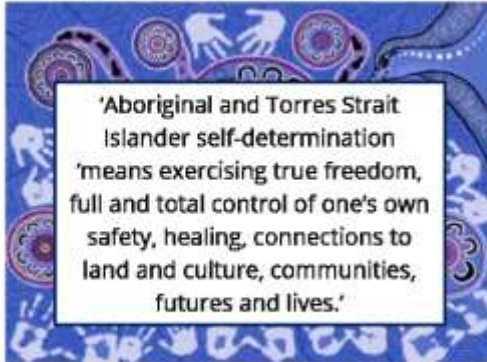
- Aboriginal and Torres Strait Islander self-determination 'means exercising true freedom, full and total control of one's own safety, healing, connections to land and culture, communities, futures and lives.'
- It 'means having access to community-led information, options and supports.'
- It 'means 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), 'Dhelk 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), 'Dhelk 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'

## 4.10 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

#### 4.11 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.

## 5. Sensitive practice: Step 1 notice the signs

### 5.1 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'.

## 5.2 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.



### 5.3 6 steps



Notes:

#### Step 01 (Slide Layer)



## Step 02 (Slide Layer)



## Step 04 (Slide Layer)



### Step 03 (Slide Layer)



### Step 05 (Slide Layer)



## Step 06 (Slide Layer)



### 5.4 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



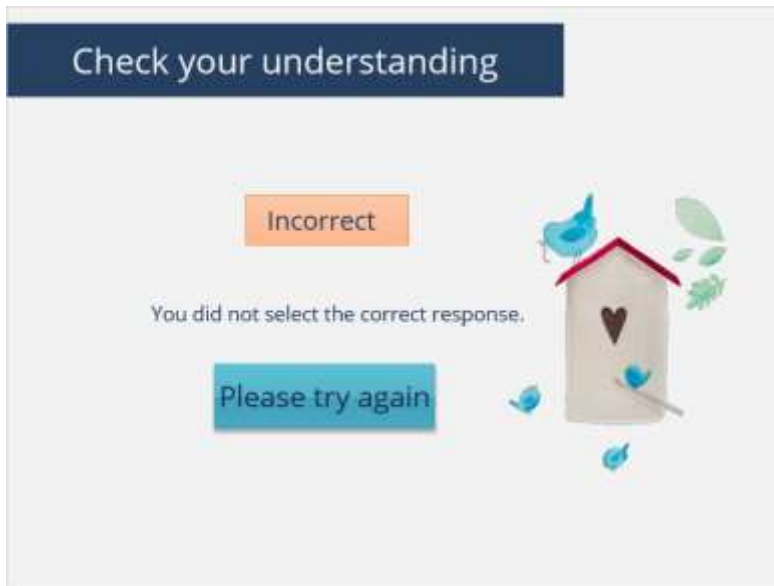
|          |        |
|----------|--------|
| Correct  | Choice |
| Choice A |        |

|   |          |
|---|----------|
|   | Choice B |
| X | Choice C |
|   | Choice D |

### Correct-ALL (Slide Layer)



### Incorrect (Slide Layer)



### 5.5 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

- 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)



### 5.6 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** 

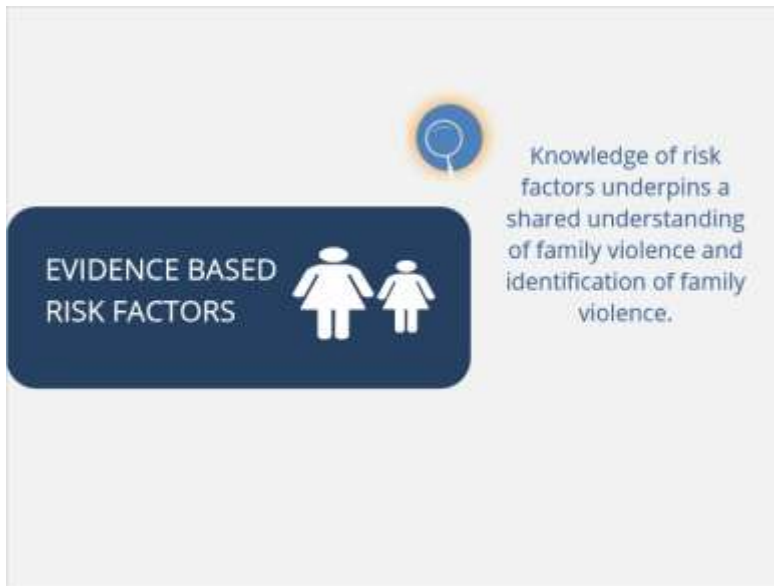


MARAM provides the risk factors to enable identification of risk relevant information that may also be shared under FVISS.

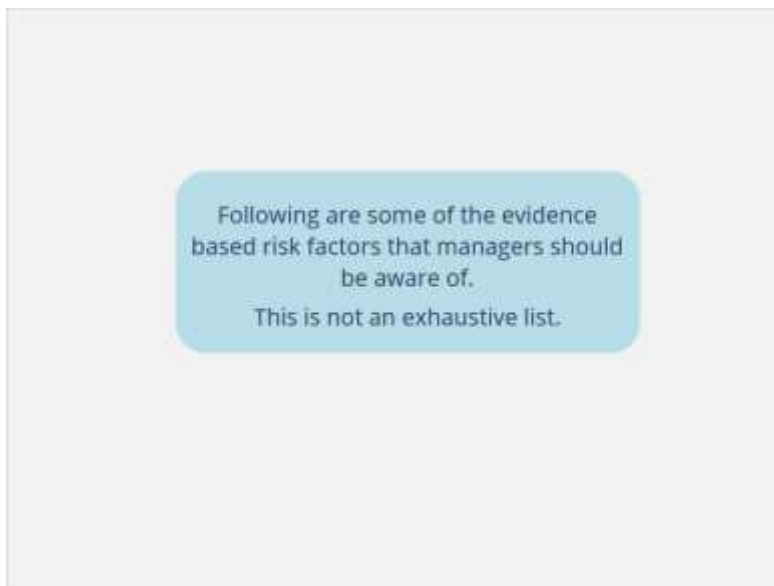
Therefore it is important those using FVISS are familiar with MARAM and the risk factors.



#### fourth change (Slide Layer)



#### sixth change (Slide Layer)





## 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

### 5.7 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)

A presentation slide titled "Check your understanding" in a dark blue header. The main content area is light gray and contains three centered elements: a blue box with the text "Correct, these are all risk factors for family violence", a light gray box with the text "You have successfully completed this activity", and a green "Continue" button.

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



## 6. Step 2: Sensitive Inquiry

### 6.1 Step 2: Make a sensitive inquiry

*using professional judgement*



Notes:

## Layer 01 (Slide Layer)

**Step 2: Make a sensitive inquiry using professional judgement**

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 light blue and labeled 'Evidence based risk factors'. The inner circle is a darker blue and labeled 'Victim survivor self assessment'. A dotted line connects the centers of the two circles. A hand icon is pointing towards the circles.

## Layer 02 (Slide Layer)

**Step 2: Make a sensitive inquiry using professional judgement**

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.

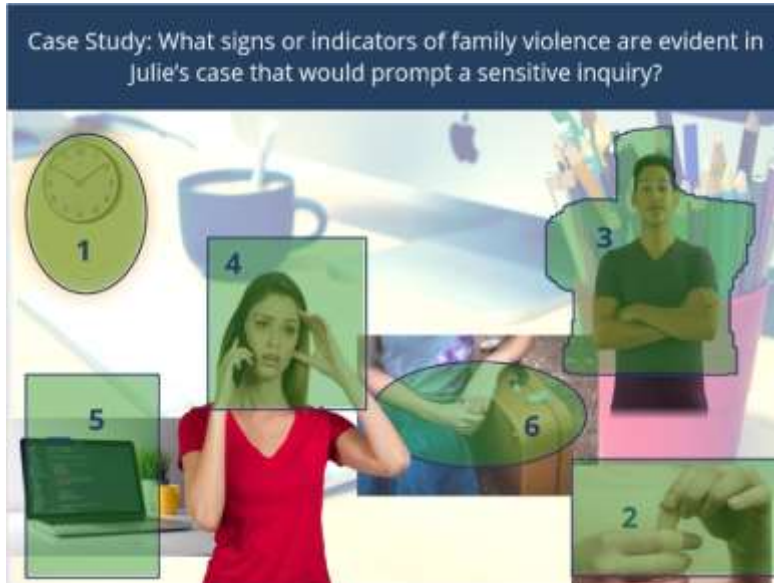
However, you should always explore the situation and find out why the victim survivor is less concerned, before making assumptions that they are minimising.

## Layer 04 (Slide Layer)



### 6.2 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

A woman in a red shirt is shown in profile, looking thoughtful with her hand on her chin. The background is a light beige color. A dark blue hexagonal callout box contains the text about family violence risk. A small white 'X' is in a box at the bottom of the callout.

### **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 eyes looking down. The background is a plain, light-colored wall.

### **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 eyes looking down. The background is a plain, light-colored wall.



## 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)

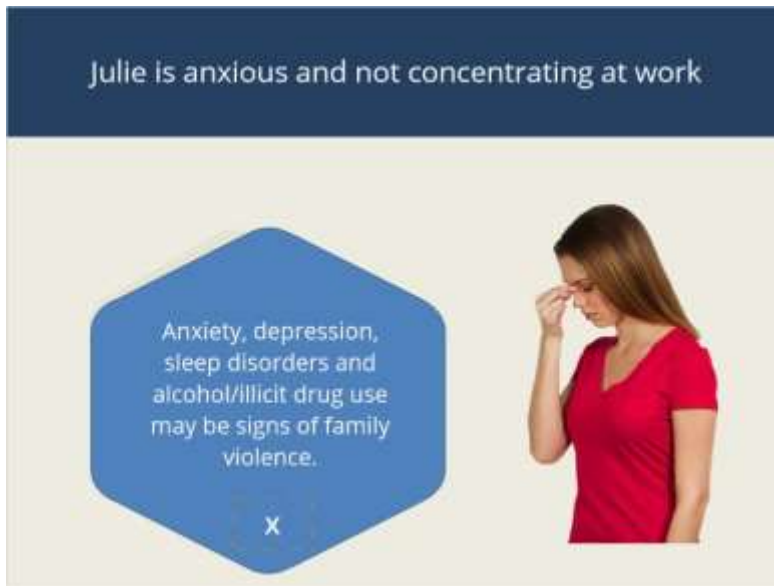
Julie constantly checks her phone and whilst at her desk and during meetings

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

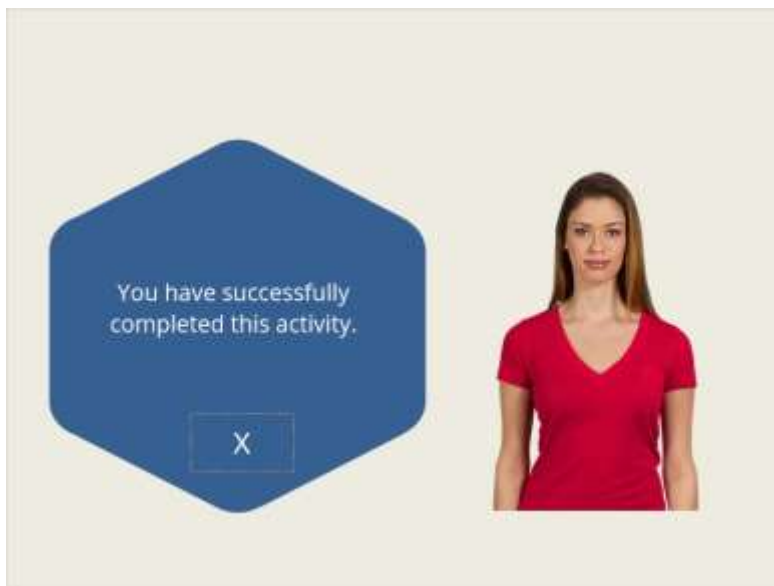
X

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, which she is holding in her right hand. Her left hand is raised to her forehead, and she has a distressed or worried expression.

### not concentrating (Slide Layer)



### Thank You (Slide Layer)



### ***6.3 Creating a safe environment for screening***



**Notes:**

### ***6.4 Roleplay video***



**Notes:**

## 6.5 opening a discussion



### Notes:

Hover over the buttons to find out about how to open a discussion about family violence.

## 6.6 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)



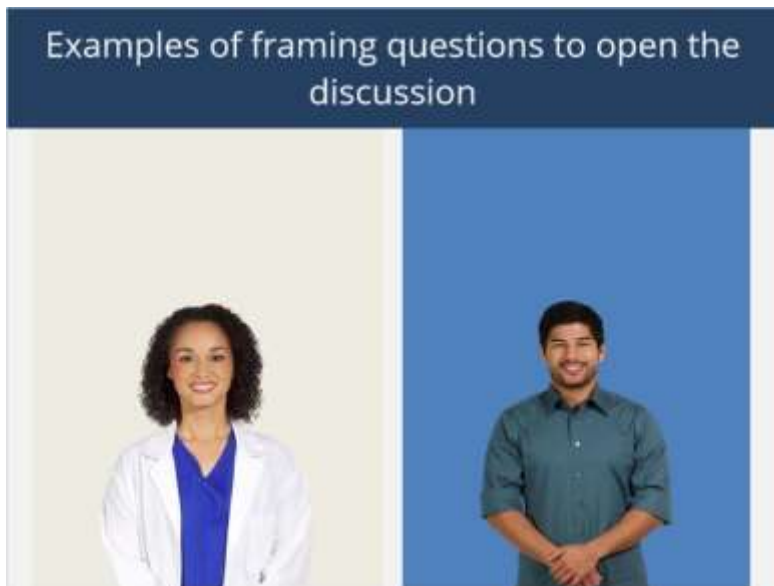
### Not quite right. (Slide Layer)



## Correct-ALL - Copy (Slide Layer)



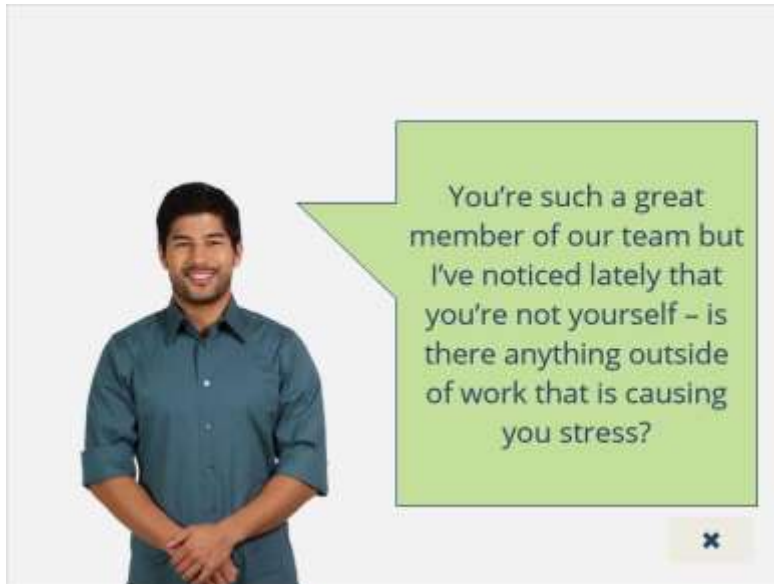
## 6.7 Opening scripts/Framing statements



Notes:



### Untitled Layer 3 (Slide Layer)



### Untitled Layer 1 (Slide Layer)

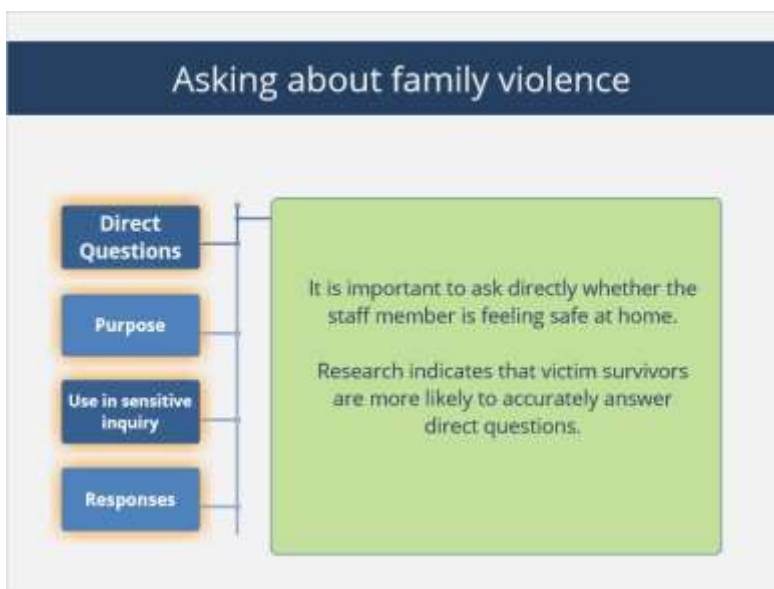


## 6.8 ask Identifying questions sensitively

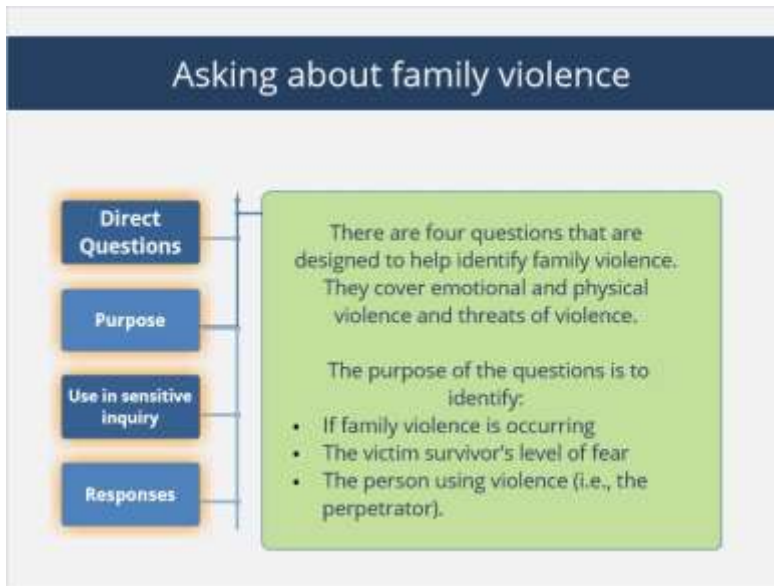


Notes:

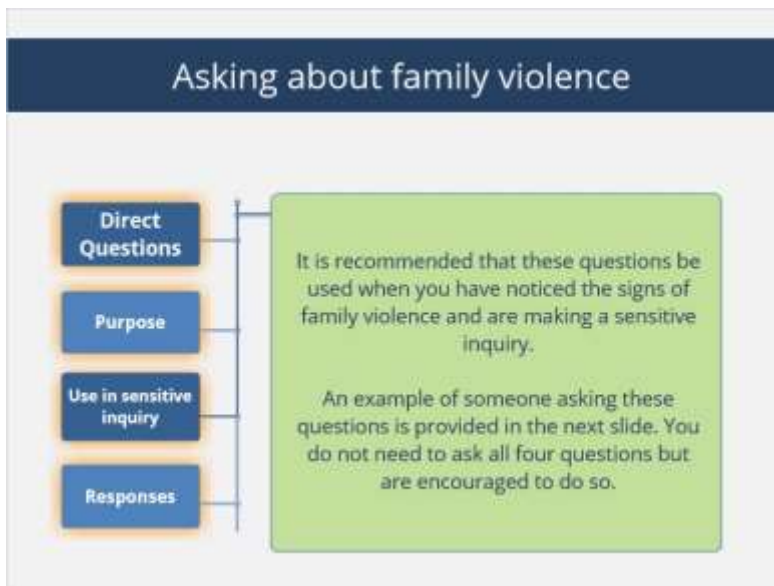
### Direct questions (Slide Layer)



## purpose (Slide Layer)



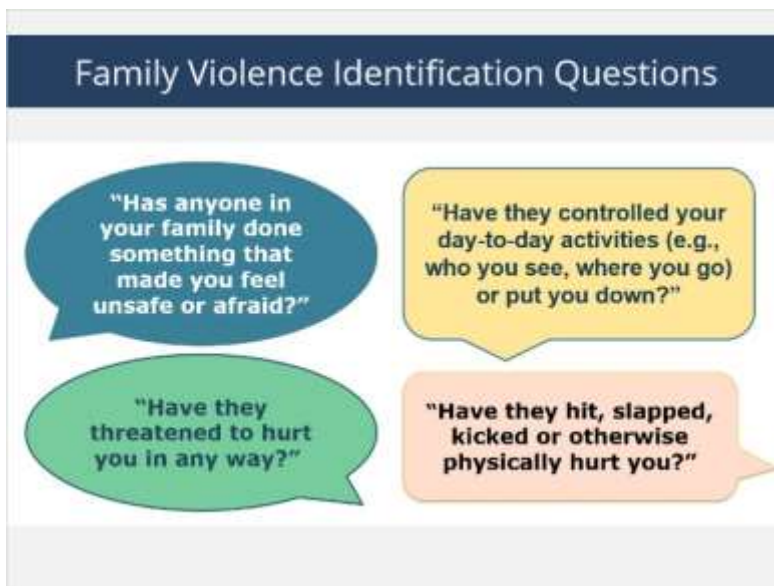
## screening/sensitive inquiry (Slide Layer)



## Responses (Slide Layer)



## 6.9 Family violence screening and identification questions



Notes:

### Question 1 (Slide Layer)



A woman in a blue shirt and black pants stands next to a slide layer. The slide layer contains several speech bubbles and a central text box. The top speech bubble is light blue and contains the text: "Has anyone in your family done something to you or your children to make you feel unsafe or afraid?". Below this is a yellow speech bubble with the text: "Have they controlled your day-to-day activities (e.g., who you see, where you go) or put you down?". A green 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 light green text box in the center contains the text: "If they answer YES, follow up with". Below this is a light blue speech bubble with the text: "Who is making you feel unsafe? (Note that there may be one or multiple perpetrators)". A blue arrow points from the yellow speech bubble to the light green text box. A grey button labeled "CONTINUE" is 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)



A woman in a blue shirt and black pants stands next to a slide layer. The slide layer contains several speech bubbles and a central text box. The top speech bubble is light blue and contains the text: "Have they controlled your day-to-day activities?". Below this is a yellow speech bubble with the text: "For example, who you see, where you go or put you down?". A green 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 light blue speech bubble in the center contains the text: "For example, who you see, where you go or put you down?". Below this is a light blue speech bubble with the text: "Have they threatened to hurt you in any way?". A yellow speech bubble on the right contains the text: "Have they ever been kicked or otherwise physically hurt you?". A grey button labeled "CONTINUE" is 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?"

"Have they ever been kicked or otherwise physically hurt you?"

CONTINUE

### Question 3 (Slide Layer)



### Question 4 (Slide Layer)



### 6.10 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)



## 7. Step 3 Respond respectfully

### 7.1 Step 3: Respond respectfully



Notes:

## Listen (Slide Layer)



The slide features a dark blue header with the text "Step 3: Respond respectfully". On the left, a vertical menu contains five items: "Listen" (highlighted in dark blue), "Inquire" (blue), "Validate" (blue), "Enhance safety" (light blue), and "Support" (light blue). A hand icon points to the "Listen" item. The main content area has a light blue background with a white box containing the following text:

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)



The slide features a dark blue header with the text "Step 3: Respond respectfully". On the left, a vertical menu contains five items: "Listen" (blue), "Inquire" (highlighted in dark blue), "Validate" (blue), "Enhance safety" (light blue), and "Support" (light blue). A hand icon points to the "Inquire" item. The main content area has a light blue background with a white box containing the following text:

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 large 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 large 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')*

## 7.2 Responses to family violence disclosures

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

**Responses to family violence disclosure**

|                            | 1 | 2 |
|----------------------------|---|---|
| <b>Helpful Responses</b>   | 3 | 4 |
| <b>Unhelpful Responses</b> | 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:**

For this activity we ask you to consider some responses to family violence disclosures and what makes them helpful or unhelpful to a victim survivor.

For each response, drag and drop in either the helpful or unhelpful section where you think

it belongs. You must complete this activity in order to move on.

### 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)



### 7.3 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

**X**

## 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?                                  | ✓   |    |

## 7.4 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 put you down)?
- 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?                                  |     | ✓  |


## 8. Step 4 Respond to risk

### 8.1 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

## 8.2 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?


☐ 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?  |     | ✓  |

### 8.3 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

1. Has anyone in your family ever threatened their health care or your children's health care or safety?

2. Have there ever been any days that you couldn't sleep, eat, or go to work, school, or church?

3. Have there ever been any days that you felt like you were in danger?

4. Have there ever been any days that you felt like you were in danger?

5. Have there ever been any days that you felt like you were in danger?

6. Have there ever been any days that you felt like you were in danger?

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?  | ✓   |    |

## 8.4 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

### 8.5 Basic safety planning

Step 4: Respond to Risk - Basic Safety Planning








- Phone icon
- Calendar icon
- Stethoscope icon
- Car icon
- Information icon (i)



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 with icons for a phone, calendar, people, car, and information. 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 with icons for a phone, calendar, people, car, and information. The main content area displays a spiral-bound notepad with a title and five 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>

## 9. Step 5 Referral & 6 document

### 9.1 Step 5: Referral

### Step 5: Referral



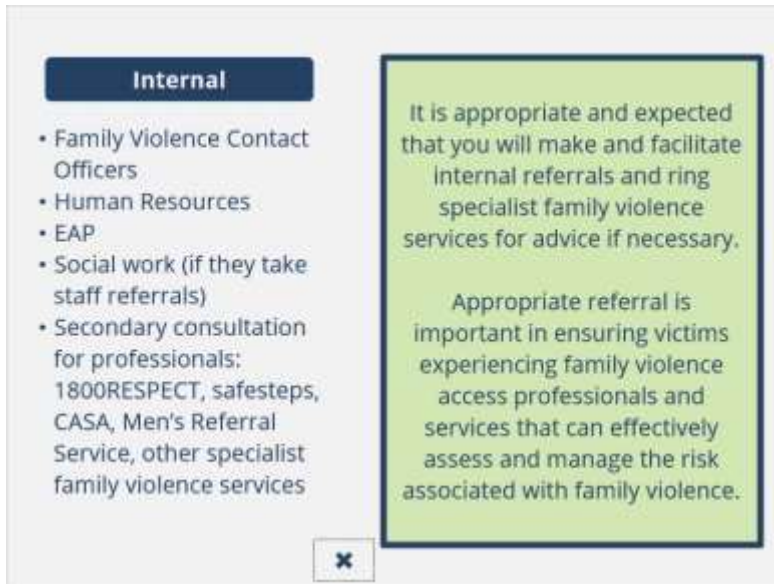
☒ Internal

☐ 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 green box with a dark blue border containing two paragraphs of text. At the bottom right of the slide, there is a small white box with a dark blue 'X' icon.

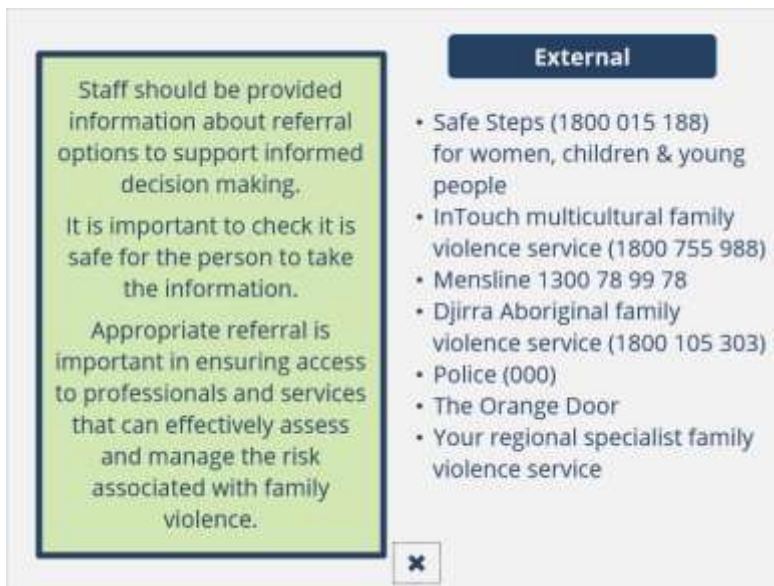
**Internal**

- 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.

## 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 green box with a dark blue border containing three paragraphs of text. To the right of this green box is a bulleted list of external services. At the bottom right of the slide, there is a small white box with a dark blue '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



## 9.2 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><b>Keeping records secure</b></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><b>Performance management documentation</b></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.



## 9.3 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.

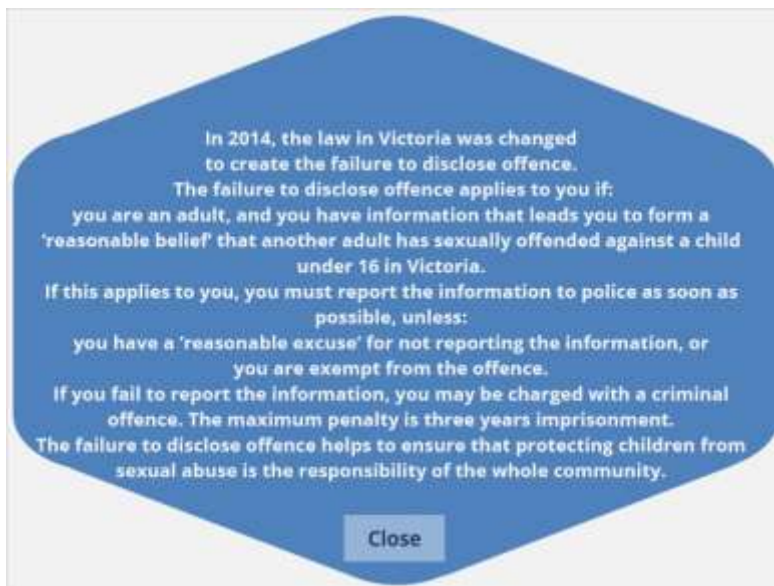
All organisations working with children and young people also have a duty to protect them from harm, under Victoria's Child Safe Standards (and reportable conduct scheme). It is essential to refer to your organisation's own policy.

Close

## Crimes Act (Slide Layer)



## failure to disclose (Slide Layer)



### In practice (Slide Layer)

This slide layer is a light blue hexagon with rounded corners, centered on a light gray background. It contains two paragraphs of text and a 'Close' button at the bottom.

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)

This slide layer is a light blue hexagon with rounded corners, centered on a light gray background. It contains two paragraphs of text and a 'Close' button at the bottom.

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

### 9.4 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)



## 10. WS case studies

### *10.1 case studies*



**Notes:**



## 10.2 Sensitive inquiry and identification: Case study and scenarios



Notes:

### Opening script (Slide Layer)



### Tara explaining confidentiality (Slide Layer)



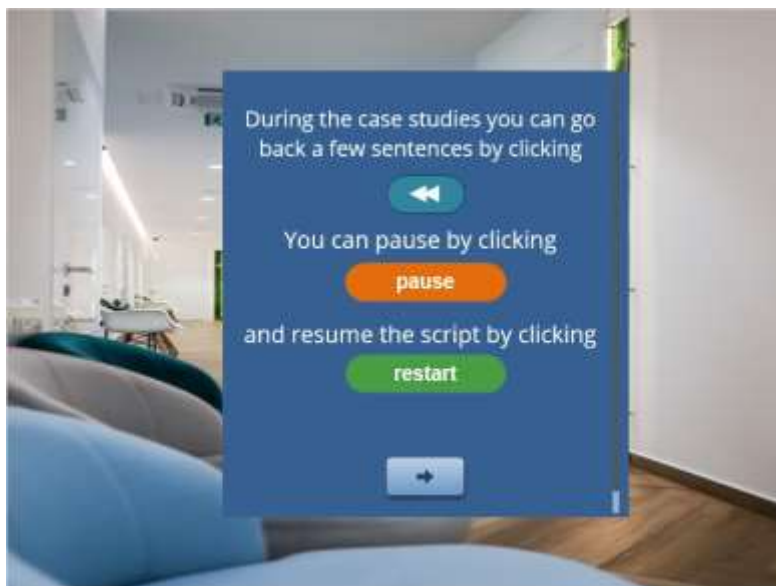
### TARA instructions (Slide Layer)



## Julie (Slide Layer)



## script instructions (Slide Layer)



### 10.3 Sensitive inquiry and identification: Case study and scenarios



Notes:

#### No disclosure (Slide Layer)





## 10.4 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)



#### 10.5 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)



## 10.6 Sensitive inquiry and identification: Case study and scenarios

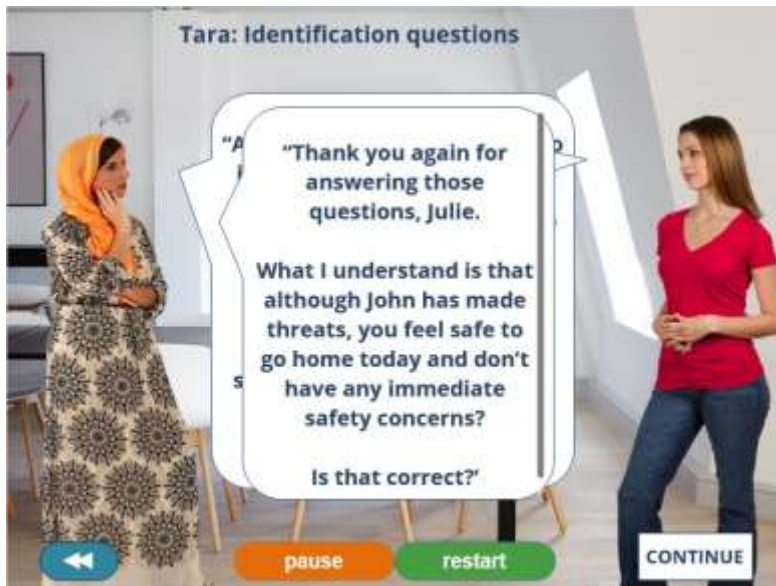


### Notes:

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)



## 10.7 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.



## 11. Workplace Support

### 11.1 Workplace supports



### 11.2 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"><li>• This leave is for victims not perpetrators</li><li>• It can be taken daily or hourly</li><li>• This will be recorded confidentially by payroll, as "leave other" or in a similar fashion.</li><li>• Your Workplace Support policy and procedure will detail documentation required to apply for leave.</li><li>• Employees can ask HR/PCW or contact</li></ul> |
| 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          |   |
| Where can I find more information? | The plan should be regularly reviewed to ensure it is up to date and as effective as is reasonably practicable.   |

## 11.3 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:

## 11.4 perpetrators



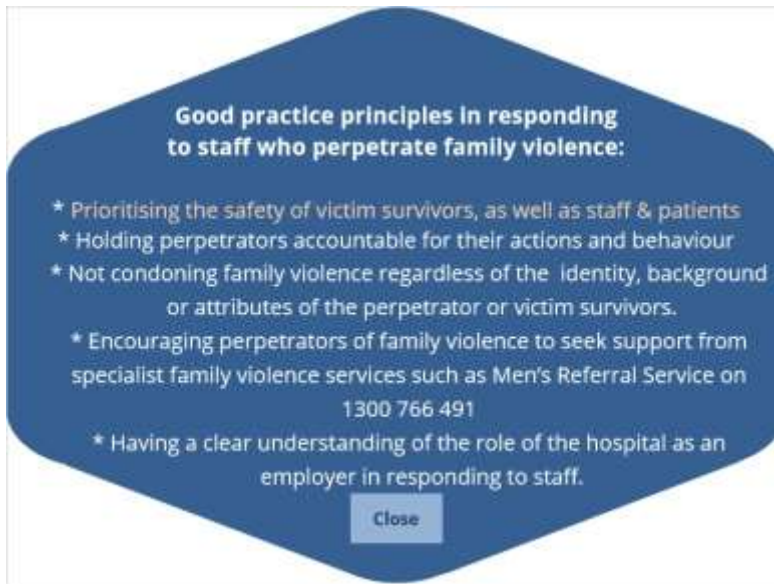
### Notes:

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)

A blue diamond-shaped slide layer with a white border. It contains text about safety protocols for family violence.

**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)

A light blue diamond-shaped slide layer with a white border. It contains text about referral services for family violence.

**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

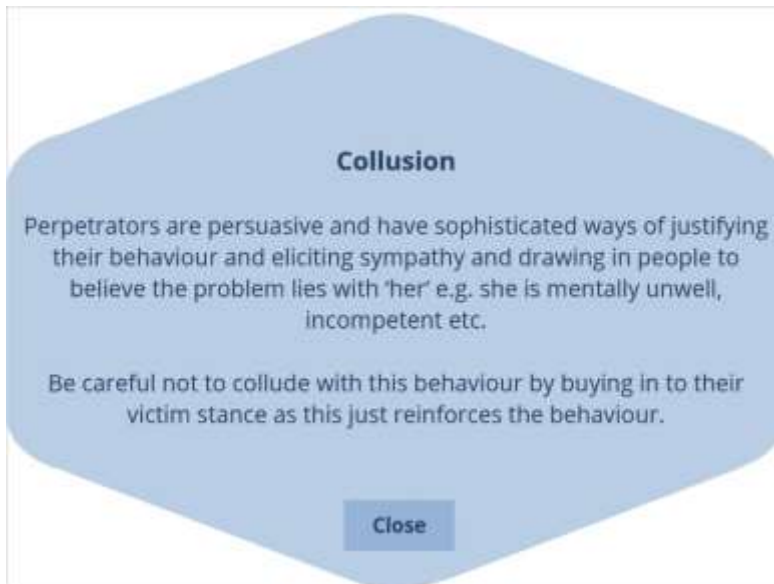
**1800 RESPECT -1800 737 732**

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)



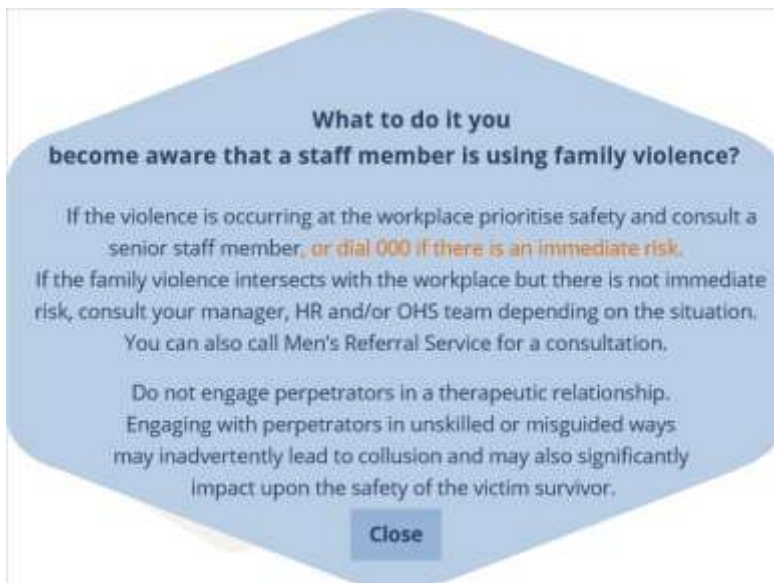
**Collusion**

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


## 11.5 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 |

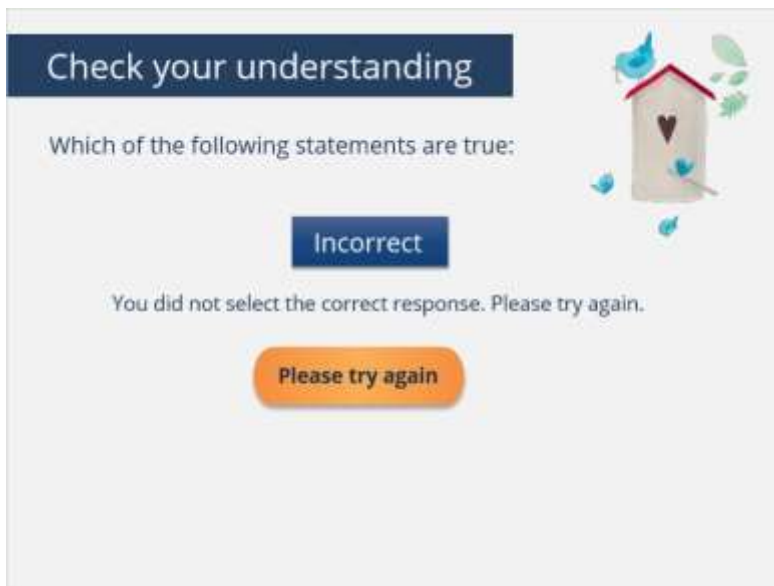
|          |
|----------|
| Choice B |
| Choice C |
| Choice D |

**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](#)

## 12. summing up

### 12.1 Conclusions



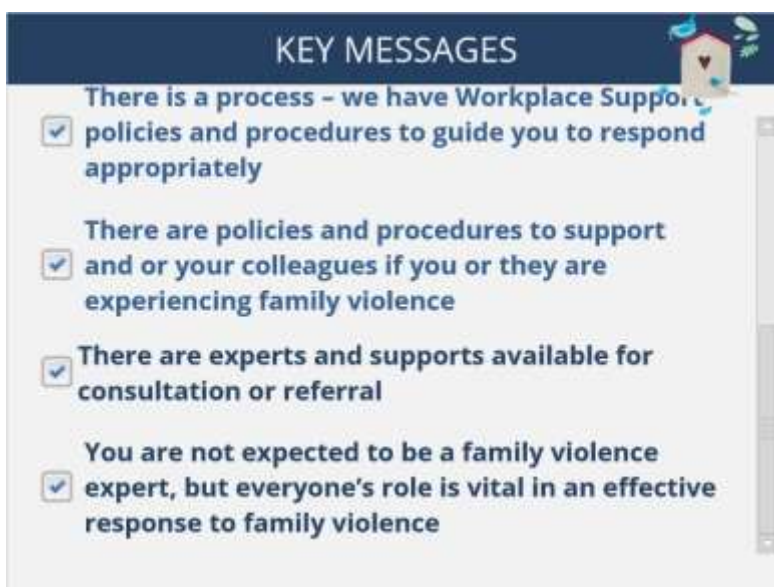
### 12.2 Managers can make a difference



Notes:

### 12.3 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

## 12.4 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:**

## 12.5 Staff resources support for you



Notes:

### Professional supports (Slide Layer)



## 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.

Reflective practice

Need for support

Professional supports

Self care

[self care handout to download](#)

## 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

Reflective practice

Need for support

Professional supports

Self care

[Information on vicarious trauma and burnout](#)

## 12.6 Pre-Training Questions

**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

## 12.7 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/>

## 12.8 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:



## 12.9 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:

## 12.10 References

### References



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

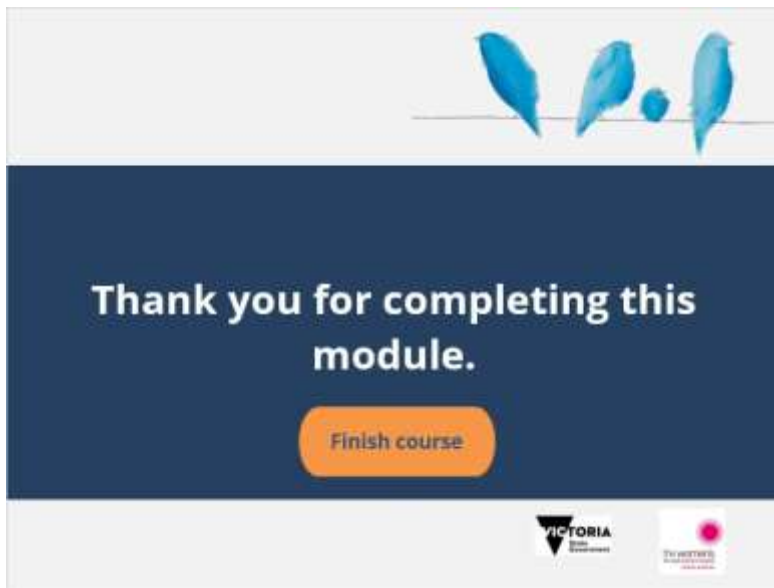
Cox, P. (2015). Violence against women in Australia: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012, Australia's National Research Organisation for Women's Safety (ANROWS), <http://anrows.org.au/publications/horizons/PSS>

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](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:

## ***12.11 Thank you***



### **Notes:**

Thank you for completing this module.