Workplace Support: Responding to staff who are victim survivors of family violence:

Resources for Victorian hospitals and health services

The previous SHRFV Family Violence Workplace Support Program supported hospitals to embed policies and procedures to respond to staff who are victim survivors of family violence.

Direction has not been provided by the Victorian Government about the application of the Multi-Agency Risk Assessment and Management Framework (MARAM), the Family Violence Information Sharing Scheme (FVISS) or the Child Information Sharing Scheme (CISS) to staff, or whether these laws are intended to apply only to clients and patients of hospitals.

However, the MARAM Framework is best practice for family violence risk assessment and management, based on current evidence and research. These documents cannot provide specific guidance relating to responsibilities under MARAM, FVISS or CISS for clinical and non-clinical Managers, Human Resources consultants and others in positions of leadership responsible for responding to staff experiencing family violence until further advice is received. They are, however, informed by the practice expectations under MARAM relating to working with victim survivors. This updated suite of policies, procedures and guidance reflects changes in practice outlined in the MARAM Victim Survivor Practice Guides; [Responsibility 1: Respectful, sensitive and safe engagement](https://www.vic.gov.au/sites/default/files/2019-07/Responsibility-1-Respectful-Sensitive-and-Safe-Engagement.pdf), and [Responsibility 2: Identification of family violence](https://www.vic.gov.au/sites/default/files/2019-07/Responsibility-2-Identification-of-Family-Violence-Risk.pdf). These do not contain information relating to Information Sharing obligations under FVISS and CISS. When there is further direction about the application of MARAM, FVISS and CISS to staff, as opposed to service users/patients, these resources will be updated if required.

​Prevention as a priority

In recognition that workplace actions to respond to individual instances of family violence alone are unlikely to significantly reduce the prevalence of family violence, it is recommended that hospitals in addition to responding to victim survivors, focus attention on primary prevention / gender equality actions. Gender Equality auditing and actions within hospitals are now mandated through the Gender Equality Act (2020) which comes into effect in September 2020. More guidance on embedding gender equality auditing and actions will be provided by the Department of Premier and Cabinet in 2020.

A note on training

The workplace Support Managers Training has been updated to reflect the changes in these documents. There is a 4-hour Managers face to face training available on the SHRFV website as well as a 2-hour Manager training, which is recommended as a refresher only and can be delivered online or face-to-face. There is also a 60 minute training that covers Workplace Support policies and procedures only which can be delivered to Managers who have undertaken SHRFV sensitive practice training.

Training resources related to prevention/gender equality are being developed to support the implementation of the Gender Equality Act. Please refer to the Department of Premier and Cabinet website for more information, <https://www.vic.gov.au/dpcs-gender-equity-action-plan>

Resources in this package

This resource package provides hospitals with a suite of updated and new templates for responding to staff who are experiencing family violence. They should be tailored to your hospital or health services’ unique operating environment. They have been written to support the implementation of workplace policies and procedures following the introduction of MARAM.

The package includes: ​

1. [Family Violence Workplace Support Policy (Supporting Victim Survivors) - Template](#policy)

The policy includes an expanded section on intersectionality and the prevention of violence against women / family violence.

1. ​[Family violence Workplace Support Procedure (Supporting Victim Survivors) - Template](#procedure)

The procedure has been expanded to reflect an understanding of the diversity of people's experience of violence and discrimination. It also outlines in more detail procedures related to Managers’ responsibilities in identifying and responding to risk.

1. [Family Violence Workplace Support: Workplace Safety Planning Guidelines - Template](#bookmark=id.ihv636)

Much of the safety planning section of the Procedure has been moved into this separate document and expanded. The Guidelines also reflect MARAM practice in responding to risk.

1. [Family Violence Workplace Support Information Management Guidelines](#bookmark=id.32hioqz)

A new document to assist with family violence information handling. This document can be used to develop internal policies and procedures or as guidance for those persons tasked with Information collection and storage.

Thanks to Maryborough District Health Service and Barwon Health for contribution to this document.

1. [Family Violence Workplace Support brochure – Template – DL 3-fold](#brochure)

A template brochure to which can also be adapted as a Workplace Support intranet page.

1. [Family Violence Workplace Support: Responding to staff: Quick reference](#bookmark=id.2grqrue)

A quick reference guide with a ‘responding to risk’ flowchart.

References

* Australian Bureau of Statistics, 2017, Personal safety, Australia, 2016. Canberra, ACT: ABS. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>
* Australian Institute of Health and Welfare, 2018, Family, domestic and sexual violence in Australia 2018 Canberra: AIHW. Available from <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/table-of-contents>
* Australian Institute of Health and Welfare, 2019, *Family, domestic and sexual violence in Australia: continuing the national story 2019—In brief. Cat. no. FDV 4.* Canberra: AIHW. Available from <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019>
* Our Watch, ANROWS & VicHealth, 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, Authors: Melbourne. Available from <https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-and-their-children-in-australia>
* Our Watch, 2017, Changing the Picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Melbourne, Our Watch, Available from <https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2019/11/05233003/Changing-the-picture-AA-3.pdf>
* Victorian Government, 2019, *MARAM Practice Guides: Foundation Knowledge*, Melbourne, Victorian Government, Available from <https://www.vic.gov.au/sites/default/files/2019-07/MARAM-practice-guides-foundation-knowledge.pdf>
* Victorian Government, n.d., Code of Conduct for Victorian Public Sector Employees, Available from, <https://vpsc.vic.gov.au/resources/code-of-conduct-for-employees/>

Videos

* Futures without Violence, Supervisors can make a difference. Available at <https://www.youtube.com/watch?v=HdNbnUAVFT4&feature=youtu.be>
* WorkSafe BC, *How to talk to an employee who might be experiencing domestic violence*. Available at <https://www.youtube.com/watch?v=KeJDtvs1NtQ>
* Our Watch, 2020, *Employee Support.* Available from <https://workplace.ourwatch.org.au/employee-support/>
* 1800RESPECT, videos, Available from <https://www.youtube.com/user/1800respect>
* Family Safety Victoria, Family violence against LGBTI people: Insights from people with lived experience. Available from <https://www.youtube.com/watch?v=3-627k0sOoI>
* SBS, 2019, *Domestic and Family violence*. Available from <https://malechampionsofchange.com/sbs-inclusion-program-domestic-and-family-violence/>

* [Our Watch](https://www.ourwatch.org.au/What-We-Do/Unpacking-Violence-A-storytelling-resource-for-pra), 2019, *Unpacking violence*. Available from https://www.ourwatch.org.au/What-We-Do/Unpacking-Violence-A-storytelling-resource-for-pra
* The Healing Foundations, [Telling our stories: our stolen generations, Available from https://www.youtube.com/watch?v=kDs0oTYZqeE](https://www.youtube.com/watch?v=kDs0oTYZqeE)
* Beyond Blue, [*The invisible discriminator*. Available from https://www.beyondblue.org.au/who-does-it-affect/the-invisible-discriminator](https://www.beyondblue.org.au/who-does-it-affect/the-invisible-discriminator)

* [Secretariat of National Aboriginal and Islander Child Ca*re, Safe for our kids: A guide to family violence response and prevention for Aboriginal and Torres Strait Islander children and families*](http://www.snaicc.org.au/product/safe-for-our-kids/)*.* Available from http://www.snaicc.org.au/product/safe-for-our-kids/
* [Kimberle Crenshaw intersectionality Ted Talk](https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality?language=en). https://www.ted.com/talks/kimberle\_crenshaw\_the\_urgency\_of\_intersectionality?language=enKimberle Crenshaw intersectionality Ted Talk

Family Violence Workplace Support Policy (Supporting Victim Survivors) – Template[[1]](#footnote-1)

# Purpose

This document details [services name’s] policy on supporting staff members and volunteers who are experiencing family violence. The policy includes commitments to preventing family violence and to responding to staff who are victim survivors in a safe, respectful and supportive manner.

For information on responding to staff members who perpetrate family violence please refer to [insert service name’s policy and /or procedure].[[2]](#footnote-2)

# Policy statement

[Service name] recognises that family violence is a major health and welfare issue. It occurs across all ages, socioeconomic and demographic groups but mainly affects women and children (Australian Institute of Health and Welfare, 2018). Family violence is a violation of a person’s human rights and can have serious impacts on an individual’s personal and professional life, impacting their mental and physical health, safety, finances and capacity to work.

One in six women in Australia has experienced physical and or sexual violence from a current or previous partner and one in four, emotional abuse (Australian Institute of Health and Welfare, 2018). These statistics indicate that a significant proportion of our employees and volunteers and their children will be either directly or indirectly impacted by family violence, and this violence is most likely to be committed by someone they know (Australian Bureau of Statistics, 2017).

[Service name] aims to play an important role in preventing family violence through providing a safe, equitable and respectful workplace. We also aim to create a workplace environment in which it is safe for victim survivors of family violence and other form of violence to disclose and receive support.

It is the policy of [service name] that we will work to prevent family violence and other forms of violence against women [service name] through:

* promoting and embedding gender equality as a key action to prevent family violence and other forms of violence against women
* challenging the condoning family of violence, sexual harassment or other forms of violence against women in our messaging, and through our policies and procedures
* promoting respectful workplace behaviours, including behaviour by contractors and associates.

It is the policy of [service name] that we will respond to victim survivors of family violence and other forms of violence against women through:

* creating a workplace environment that is safe and respectful to enable victim survivors of family violence and other form of violence to disclose and seek support
* provide a safe and supportive work environment for staff experiencing family violence
* provide staff with access to information about family violence and special support services for victim survivors
* educating our staff with the knowledge and skills to address the issue of family violence and violence against women whether the violence occurs inside or outside the workplace
* take appropriate action against employees if they perpetrate violence against women or family violence.[[3]](#footnote-3)

**Understanding gender equality as a key driver of family violence and other forms of violence against women**

[Service name] recognises that actions to support victim survivors of family violence will alone not reduce the prevalence of family violence. Instead all parts of our community, including workplaces, must take action to promote and normalise gender equality in public and private life. *Change the story* (Our Watch, ANROWS, VicHealth, 2015), Australia’s shared framework to prevent violence against women and their children outlines four actions that we need to take to prevent this violence:

* Challenging the condoning of violence against women
* Promoting women’s independence and decision-making in public life and relationships
* Fostering positive personal identities and challenging gender stereotypes and roles
* Strengthening positive, equal and respectful relations between and among women and men, girls and boys.

[Service Name] acknowledges that specific effort is needed to address the high rates of violence against Aboriginal women who are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault (Australian Institute of Health and Welfare, 2018). The second framework that will guide our prevention work is *Changing the picture* which outlines specific actions needed to prevent violence against Aboriginal and Torres Strait Islander women and their children (Our Watch, 2017).

‘The higher prevalence of family violence against Aboriginal people, particularly Aboriginal women, is due to a number of factors, many of which relate to the generational impact of colonisation, invasion and dispossession on Aboriginal culture and communities.’ (Victorian Government, 2019).

**Ensuring our support reaches all victim survivors**

[Service name] acknowledges that there is no excuse for violence, regardless of the gender of the victim survivor or of the perpetrator of the violence. While anyone, male or female, can be a victim of violence, and family violence occurs in all types of family relationships, the evidence that family violence is gendered, with women being three times more likely than men to have experienced violence by a partner since the age of 15 (Bureau of Statistics, 2017). Men are also more likely than women to perpetrate family violence with 3 in 4 victims of family violence reporting that the perpetrator was male (Bureau of Statistics, 2017).

[Service name] acknowledges that a person’s identity, social status and circumstances may result in them experiencing multiple forms of discrimination. As a result of this discrimination certain groups may be targeted for violence more often than others, it may impact their experience of family violence and they may face increased barriers to accessing appropriate support and risk management response to increase their safety and recovery.

Some people and communities are known to experience additional barriers to safety leading to increased risks of family violence (Australian Institute of Health and Welfare, 2018; Australian Institute of Health and Welfare, 2019; Victorian Government, 2019) including:

* Aboriginal and Torres Strait Islander people
* Children
* Young women
* Older people
* People with disability
* People from culturally and linguistically diverse backgrounds and faith communities
* Lesbian, gay, bisexual, transgender, Intersex, queer people
* People in rural and remote communities
* People who experience socioeconomic disadvantage
* Women experiencing mental health issues or mental illness
* Women in or exiting prison
* Male victims

**A shared understanding of family violence**

Family violence involves the misuse of power to achieve control over another person. It is defined by the *Family Violence Protection Act 2008 (Vic)* as behaviour by a person towards a family member that is:

* physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member, or
* behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of the behaviour.

[Service name] uses the above definition, acknowledging that the definition of family violence in Aboriginal communities and other diverse communities may be broader (Victorian Government,2019).

Family violence affects people of all genders and people of all sexualities. It occurs in all family types including in same sex relationships, across generations, in family-like carer relationships, extended families and kinship networks.

**Workplace Support alignment with the Victorian Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework**

The MARAM Framework is best practice for family violence risk assessment and management, based on current evidence and research. It aims to establish a system-wide shared understanding of family violence and collective responsibility for risk assessment and management.[[4]](#footnote-4)

The MARAM Framework isunderpinned by ten principles. The principles are aimed at providing professionals and services with a shared understanding of family violence, and facilitating consistent, effective and safe responses for people experiencing family violence.

The principles are underpinned by the right of all people to live free from family violence. They should inform the ethical engagement of professionals and services in their engagement with all service users (victim survivors or perpetrators).

**The ten principles are:**

1. Family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture

2. Professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm

3. Professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination

4. The agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes

5. Family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right

6. Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence

7. Services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices

8. Services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory 9. Perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability

10. Family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.

# Responsibilities

It is the responsibility of the Chief Executive Officer to ensure compliance with this policy and all procedures related to this policy, and to ensure that hospital policies and procedures meet legislative requirements.

It is the responsibility of the [Director, HR] to ensure that staff are trained, supported and resourced to respond to victim survivors of family violence.

It is the responsibility of the [Director, Human Resources] to oversee the provision of family violence leave.

It is the responsibility of Managers to attend relevant mandatory Family Violence Manager training and follow the procedures related to responding to disclosures, sensitive inquiry, referral to specialist family violence services and safety planning.

It is the responsibility of all staff to maintain strict confidentiality of information about another staff member’s family violence situation if disclosed to them, subject to [service name] meeting its legislative requirements and involving those who need to know in the disclosure.

It is also the responsibility of staff to treat each other with respect and not to engage in behaviours or make statements within the workplace that are violence supportive or contribute to violence supportive attitudes.

# Evaluation, monitoring and reporting of compliance to this policy

Compliance to this policy will be monitored, evaluated and reported annually through the number of staff accessing family violence leave, training records, training feedback surveys, and staff retention rates following a disclosure of family violence.

# Key guidelines and procedures related to this policy

* The[*Family Violence Workplace Support Procedure*](#bookmark=id.1y810tw) details family violence information and workplace support and leave available to staff experiencing family violence.
* The[*Family Violence Workplace Support Workplace Safety Planning Guidelines*](#bookmark=id.ihv636)detail how to undertake the development of a Workplace Safety Plan,
* The[*Family Violence Workplace Support Information Handling Guidelines*](#bookmark=id.32hioqz)detailshow to collect and store employee family violence information.
* [Respectful Workplace Behaviours Policy and Guidelines - internal]
* Victorian Public Sector Code of Conduct
* [policies related to child welfare and reporting – internal]

# Legislation related to this policy

* Family Violence Protection Act 2008 (Vic)
* Occupational Health and Safety Act 2004 (Vic)
* Equal Opportunity Act 2010 (Vic)
* Gender Equality Act 2020 (Vic)

# References

* Australian Bureau of Statistics, 2017, *Personal Safety Survey*. Available from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>
* Australian Institute of Health and Welfare, 2018, *Family, domestic and sexual violence in Australia 2018,* Canberra: AIHW. Available from <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/table-of-contents>
* Australian Institute of Health and Welfare, 2019, *Family, domestic and sexual violence in Australia: continuing the national story 2019—In brief. Cat. no. FDV 4.* Canberra: AIHW. Available from <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019>
* Our Watch, ANROWS, VicHealth, 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*. Available from <http://www.ourwatch.org.au/getmedia/c81eceab-c8a0-4f3a-a6fb-2202334b398b/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx> on 27 February 2020
* Our Watch, 2017, *Changing the Picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children,* Melbourne, Our Watch. Available from <https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2019/11/05233003/Changing-the-picture-AA-3.pdf>
* Victorian Government,2019, *MARAM Practice Guides: Foundation Knowledge*, Melbourne, Victorian Government. Available from <https://www.vic.gov.au/sites/default/files/2019-07/MARAM-practice-guides-foundation-knowledge.pdf>
* Victorian Government, n.d., *Code of Conduct for Victorian Public Sector Employees*. Available from <https://vpsc.vic.gov.au/resources/code-of-conduct-for-employees/>

Family Violence Workplace Support Procedure (Supporting Victim Survivors) – Template

# Purpose

This procedure outlines the workplace support available to staff and volunteers experiencing family violence.

It outlines the procedure for Managers, Team Leaders, [HR Consultants / Family Violence Contact Officers], the [Health, Safety & Wellbeing] staff, and other relevant staff members to respond sensitively and safely staff who are victim survivors of family violence including:

* how to respond sensitively and safely to disclosures
* how to make a sensitive inquiry if you have observed indicators of family violence at work,
* referral to specialist family violence services for support and risk assessment,
* information about internal staff family violence leave and support, and
* how to enhance safety within the workplace through safety planning.

If a staff member or other person is experiencing an immediate threat to their life, health, safety or welfare, contact the police or ambulance by calling 000.

For information on responding to staff members who perpetrate family violence please refer to [insert service name’s policy and /or procedure].[[5]](#footnote-5)

Further information on family violence and violence against women can be found in the [Family Violence Workplace Support Policy] and [staff intranet page].

# Introduction

Where violence against a staff member or volunteer is occurring in their personal or professional life, [Service Name] recognises the devastating impact this can have upon their health, safety, capacity to work and financial security. [Service Name] recognises that family violence is a violation of human rights and we are committed to supporting employees experiencing family violence and to providing a workplace environment in which it is safe for victim survivors of family violence and other form of violence to disclose their experience and receive support.

**A shared understanding of family violence**

Family violence involves the misuse of power to achieve control over another person. It is defined by the *Family Violence Protection Act 2008 (Vic)* as behaviour by a person towards a family member that is:

* physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member, or
* behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of the behaviour.

[Service name] uses the above definition, acknowledging that the definition of family violence in Aboriginal communities and other diverse communities may be broader (Victorian Government, 2019).

Family violence affects people of all genders and people of all sexualities. It occurs in all family types including in same sex relationships, across generations, in family-like carer relationships, extended families and kinship networks.

# Responsibilities

**All Staff:** It is the responsibility of all staff to treat each other with respect and not to engage in behaviours or make statements within the workplace that are violence supportive or contribute to violence supportive attitudes.

All staff are required to understand their responsibilities related to family violence and respond accordingly. All staff are required to attend the family violence training appropriate to their role.

All staff have a responsibility to engage respectfully, safely and sensitively with colleagues who may be dealing with family violence and know who to refer them to ensure a victim survivor is provided with the appropriate support. This engagement should respect the agency, dignity and intrinsic empowerment of victim survivors by partnering with them as active decision-making participants in risk assessment and management.

All staff are also required to maintain strict confidentiality of information about another staff member’s family violence situation unless they are legally obliged to share that information or consent has been given by the victim survivor.

All staff have a responsibility to report to Victoria Police if they form a reasonable belief that a child who is 16 years of age or less is experiencing sexual abuse. Further all staff must notify [HR] of any concerns regarding sexual abuse involving children or acts involving serious physical violence against or in the presence of a child or behaviour that causes significant harm to a child that is committed by a member of staff or volunteer. For further information, refer to the ‘[Child Protection/child safety and other reporting](#child) requirements’ section below.

Some roles hold additional responsibilities

**Directors:** It is the responsibility of the [Director, HR] to ensure Managers receive the appropriate level of family violence training in their first year of employment, and thereafter every two years. This training will enhance Managers’ understanding of the challenges staff may face in disclosing and seeking support for family violence. It will provide them with the skills to notice the signs of family violence, to use structured professional practice to make a sensitive enquiry, and to respond to staff disclosures in a way that prioritises safety, is sensitive, respectful, non-judgemental, confidential and informative.

In addition, the [Director, HR]will ensure that [name appropriate staff: HR/OHS or other][[6]](#footnote-6) have their family violence capability raised to a higher level in order for them to:

* provide advice and support to staff experiencing family violence
* support development and coordination of a Family Violence Workplace Safety Plan
* provide advice and support to Managers who respond to staff family violence disclosures
* approve family violence leave in accordance with legal entitlements.

**Managers (and Team Leaders)**

All Managers are required to attend mandatory Family Violence Manager training to gain:

* a shared understanding of family violence, including the barriers to disclosure and obtaining support
* the knowledge and skills to make a sensitive inquiry if indicators of family violence at are observed
* the knowledge and skills to respond sensitively to disclosures, including responding to immediate risk
* the knowledge and skills to make a referral to specialist family violence agencies for support and risk assessment
* information about staff entitlements and how to facilitate staff to access these
* the safety planning process.

Managers are encouraged to make a sensitive enquiry of any staff member where there are signs or indicators of family violence.

Where a staff member discloses that they are experiencing family violence, Managers should respond in a manner that will prioritise safety and the staff member’s agency, be supportive, non-judgemental and respectful.

Managers should maintain confidentiality, subject to the [service name] meeting its legislative requirements and involving those who need to know of the disclosure.

Managers should ask about workplace safety to determine if a Workplace Safety Plan is required, and if so and with consent of the staff member, refer to the [Name role] for safety planning.

Managers are authorised to approve family violence leave in accordance with legal entitlements.

Managers who have mandatory reporting child protection obligations have a responsibility to uphold those obligations in their role as a Manager if they hold a reasonable belief that the child in the care of a staff member is in need of protection. For further information, refer to the [Child Protection / child safety reporting requirements](#child) section below.

**[HR Consultant / Family Violence Contact Officer][[7]](#footnote-7)**

[HR Consultants / Family Violence Contact Officers] should respond to staff or volunteers who disclose family violence in a manner that will prioritise safety and the staff member’s agency, be supportive, non-judgemental and respectful. They should ensure confidentiality of the disclosure subject to [Service Name] meeting their legislative requirements and involving those who need to know about the disclosure, or with the staff member’s consent.

They will support the staff member disclosing family violence to determine if a workplace safety plan is required, and, with consent from the victim survivor, in collaboration with a specialist family violence service or trained staff member within the hospital.

An HR Consultant is authorised to approve family violence leave in accordance with legal entitlements.

**[Name the role here – person/s responsible Family Violence Workplace Safety Planning]**

[Role] is responsible for leading the development, implementation and reviews of Workplace Safety Plans.[[8]](#footnote-8)

# Procedure

Staff members who are experiencing family violence are encouraged to bring up the matter with their Team Leader, Manager, Director, or Executive Director. Alternatively, they may prefer to disclose directly to a [HR Consultant / Family Violence Contact Officer] rather than inform any member of their own department. In the latter instance, the consultant must respect confidentiality unless permission is given by the staff member to discreetly advise their Manager.

**Disclosure to a colleague**

If a staff member makes a disclosure to a colleague who is not their Manager, [HR Consultant / Family Violence Contact Officer] or director, the colleague should respond respectfully, safely and sensitively.

The person receiving the disclosure should maintain strict confidentiality of information unless they are legally obliged to share that information or consent has been given by the victim survivor to share their information with their Manager or [HR Consultant / Family Violence Contact Officer]. If the victim survivor does not provide consent, then they are advised to direct them to information regarding specialist family violence services and Workplace Support on the [staff FV intranet page].

If they have concerns for the immediate safety or wellbeing of the staff member or another person, including a child, they are advised to seek a confidential secondary consultation with their Manager, a specialty family violence service or with an [HR Consultant / Family Violence Contact Officer] (refer to the [Child Protection / child safety reporting requirements](#child) section below).

Receiving a disclosure of family violence can be distressing. If any staff member receives a disclosure, they are encouraged to ring 1800 RESPECT or the [Employee Assistance Program] to debrief and obtain confidential support. With the consent of the victim survivor they can also contact their Manager or HR Consultant/ Family Violence Contact Officer for support.

**Disclosure to a Manager, [HR Consultant / Family Violence Contact Officer] or Director or when an indicators of family violence are observed**

Managers, Directors, or [HR Consultants / Family Violence Contact Officers] may identify that a staff member is experiencing family violence either through observing the clinical, social and behavioural indicators and then making a sensitive inquiry or through a direct disclosure by a staff member (see [Appendix A – Barriers to disclosure](#apa) and [Appendix B – Sensitive Practice: Identifying and responding to family violence)](#apb).

In both situations, it is recommended the Sensitive Practice: Identifying and Responding to family violence tool (See [Appendix B](#apb)) be used as a guide to sensitive inquiry to determine a) family violence is occurring, b) if there is immediate risk and c) how to respond sensitively, respectfully and safety, ensuring the agency of the victim survivor (i.e. that the staff member is empowered to make informed decisions and decision making power is not taken off them nor decisions made without their consent or knowledge).

Responding to risk

If family violence is identified and an immediate risk management response is required (that is, the person has said that they or another person is experiencing an immediate threat to their life, health, safety or welfare, or you have determined this based on their answers to your questions): Contact the police or ambulance by calling 000, consult with a specialist family violence service and consider any child safety or wellbeing needs in line with legislative requirements (covered below). (See [Appendix C - Response Options Following Identification of Family Violence Risk](#apc)).

If there is no immediate risk, or at an appropriate time after immediate risk has been managed, the Manager or [HR Consultant / Family Violence Contact Officer] should:

* provide and support access to specialist family violence services, including services for staff members from Aboriginal, LGBTI, immigrant and refugee communities as well as information regarding elder abuse and support for people with a disability (see [staff intranet page] or [Appendix D](#apd))
* support a referral[[9]](#footnote-9) to a family violence service, if the person is willing to accept a referral
* provide information about family violence leave and how to access this leave
* provide information about other workplace supports including the EAP and options for changes to working arrangements
* inquire about safety at work and contact the [person/s responsible for development of a Workplace Safety Plan] if a plan is required
* document relevant information, maintaining confidentiality and safety of the staff member.

Workplace Safety Planning

As part of sensitive practice, the Manager or [HR Consultant / Family Violence Contact Officer] should enquire about the staff member’s safety at work and whether there are any legal orders in place, such as a family violence intervention order and whether the staff member would like to develop a workplace safety plan. If they would like this support, refer to the [Family Violence Workplace Support: Workplace Safety Planning Guidelines](#bookmark=id.ihv636). [Name role] is responsible for leading workplace safety planning.

# Workplace support and entitlements

**Family violence leave**

Family violence leave is available to any employees who are experiencing family violence to provide them with the opportunity to take action which will support and enhance their safety and wellbeing. This may include:

* attending a medical or legal appointment,
* attending court,
* accessing counselling support,
* residential relocation,
* attending a family violence or other support service,
* staying in a high security refuge accommodation,
* family violence related follow-up support for children in the care of that staff member.

**Family violence leave entitlement**

Paid family violence leave is available to all employees with the exception of casuals. Employees have access to up to 20 days per calendar year of family violence leave (pro rata for part time staff). This leave is in addition to other leave entitlements; it is not taken from the staff member’s personal or annual leave. This leave can be taken as consecutive days, single days or as a part day. Family violence leave does not cumulate from year to year.

All casual staff and volunteers are entitled to access leave without pay for family violence purposes.

Application process and supporting documentation (See Appendix E - staff family violence internal referral pathways).

To keep the fact that a person is taking paid leave for family violence reasons confidential, employees will be asked to apply for sick leave using their usual process (e.g., IT rostering system or via timesheet) in the first instance.

The Team Leader, Manager, Director, Executive Director or [HR Consultant / Family Violence Contact Officer] will approve the leave as sick leave in the first instance and then advise the Payroll Manager that the sick leave is in fact family violence leave. Details such as date and hours will need to be provided to ensure that the right absence is identified on [IT rostering system or the timesheet]. The Payroll Manager will then enter the leave as “Sick Leave Other” into the payroll system and this will appear on the payslip as “sick leave other”. This leave type is NOT sick leave and is additional to the employee’s sick leave (sometimes referred to as personal/carers leave). It is important to check with the staff member that “sick leave other” on their pay slip will not pose a safety risk for them. If this is the case, the Payroll Manager needs to be informed so that alternative arrangements can be made.

It is expected that, where possible, the staff member will have a conversation regarding their situation prior to applying for leave. Where the authorising Manager has not discussed the application for leave prior to receiving it, a discreet and confidential inquiry of the staff member by the Manager or [HR Consultant / Family Violence Contact Officer] should be initiated to offer additional support if required, such as a workplace safety plan, flexible work conditions, referral to support services, or information regarding the Employee Assistance Program. The staff member should also be referred to the intranet and to specialist family violence services for information and support for staff experiencing family violence. (Referral options can be found in [Appendix D](#apd)].

Supporting documentation is not required [for three single days of family violence leave per year][[10]](#footnote-10). Thereafter, documentation may include:

* A statement or notice from Victoria Police
* A court notice of proceedings or order
* A letter or certificate from a registered health practitioner
* A support letter from a family violence service, counsellor, a family support service, or other case Manager
* A letter from a lawyer
* A statutory declaration from the staff member

This information will be retained confidentially by [HR] and will not be placed on the staff member’s employee file.

**Leave to support a person experiencing family violence**

An employee who supports a person experiencing family violence may use their personal leave entitlement to accompany that person to court, to hospital or to care for children. The documentary requirements are as per above.

**Individual Support**

In order to provide support to staff member experiencing family violence and to provide a safe work environment [service name] will approve any reasonable request from an staff member experiencing family violence for:

* temporary or ongoing changes to their span of hours or pattern or hours and/or shift patterns
* temporary or ongoing job redesign or changes to duties;
* temporary or ongoing relocation to suitable employment
* a change to their telephone number or email address to avoid harassing contact
* any other appropriate measure including those available under existing provisions for family friendly and flexible work arrangements.

Any changes to a staff member’s role should be reviewed at agreed periods. When a staff member is no longer experiencing family violence, the terms and conditions of employment may revert back to the terms and conditions applicable to the staff member’s substantive position.

**Resources and contact information**

[Service Name]’s intranet page provides a guide for staff experiencing family violence including organisational support options, the process for applying for family violence leave, and referral services available for people experiencing family violence. All staff disclosing family violence should be referred to this intranet page for further support information [service intranet site]. Staff should also be provided with written or verbal information on specialist family violence services.

Referral options can be found in [Appendix D](#apd) or on the [staff intranet page].

**Supporting work performance**

In situations where a staff member’s performance or conduct is below their normal standard and the Manager has observed changes or is aware or becomes aware that issues resulting from family violence are contributing factors to the change in performance or conduct, the Manager will work with the staff member in an encouraging and supportive manner. The Manager should consider all aspects of the staff member’s situation and efforts should also be made to ensure it does not impact on co-workers and patient safety.

The staff member experiencing violence will be protected against adverse action or discrimination on the basis of their disclosure of family violence, in accordance with Equal Employment Opportunity legislation. No staff member will be penalised or disciplined for being a victim survivor of family violence. [HR Consultant] will provide support and advice to the Manager regarding any work performance issues that are raised.

Child Protection / child safety reporting requirements

In your conversations with a staff member you may become aware that there are children who are or may be at risk. There are three main legislative reporting obligations which all staff members should be aware of as all staff have obligations in relation to children.

The three main legislative reporting obligations are:

**1. Crimes Act (Vic) 1958** requires all adults to report to Victoria Police if there is a reasonable belief that a sexual offence has been committed by an adult against a child under the age of 16 years.

**2.** **Reportable Conduct Scheme under the Child Wellbeing and Safety Act 2005 (the Act)** requires the head of an organisation to report allegations the following by staff or volunteers of:

* sexual offences against, with or in the presence of a child
* misconduct against, with or in the presence of a child
* physical violence against, with or in the presence of a child
* behaviour that causes significant emotional or physical harm of a child
* significant neglect of a child

These behaviours include but are not limited to sexual abuse, grooming, sexting, inappropriate physical contact, sexualised behaviour with a child.

Where a staff member believes any of the above may be occurring, [HR] should be immediately and confidentially notified.

**3.** **Mandatory reporting obligations under the Children, Youth and Families Act 2005**. This obligation arises for a class of employees who, in the course of practising his or her profession or carrying out the duties of his or her office, position or employment, forms the belief on reasonable grounds that a child is in need of protection. Please refer to [Mandatory Reporting Policy] for which roles have mandatory reporting obligations under the Children, Youth and Families Act 2005.

Any staff member may seek confidential advice from the [in-house legal team] about mandatory reporting obligations and duty of care obligations.

Reports to Child Protection or the Police should be done in a respectful and transparent manner. The limits to confidentiality should be explained prior to a conversation related to family violence to support a disclosure of family violence being made with informed knowledge of how information is shared in Victoria.

It is best practice to share information with consent and involvement of the adult victim survivor, and their information knowledge of what information is being reported so they can manage their safety and the safety of the children accordingly. Sharing information without the informed knowledge of a victim survivor of family violence can increase their risk.

Please also refer to the following policies and procedures related to child welfare and safety: [name policies and procedures].

# Evaluation, monitoring and reporting of compliance to this guideline or procedure

Compliance to this guideline or procedure will be monitored, evaluated and reported using de-identified data collated by the [Employee Relations Manager] including the number of staff applying for leave, the amounts of leave taken, the effectiveness of implemented workplace safety plans, and the retention of staff that have disclosed family violence. Reporting will also take into account issues raised by Managers regarding implementing the staff family violence response procedures.

# Key guidelines and procedures related to this procedure

* The[*Family Violence Workplace Support Policy*](#bookmark=id.3znysh7)
* The[*Family Violence Workplace Support Workplace Safety Planning Guidelines*](#bookmark=id.ihv636)details how to undertake the development of a Workplace Safety Plan,
* The[*Family Violence Workplace Support Information Handling Guidelines*](#bookmark=id.32hioqz)detailshow to collect and store employee family violence information.
* [Respectful Workplace Behaviours Policy and Guidelines - internal]
* [Policies related to child welfare and reporting]
* [Policies related to responding to staff who perpetrate family violence]

# Legislation/Regulations related to this guideline or procedure

* Family Violence Prevention Act (Vic) 2008
* Children, Youth and Families Act (Vic) 2005.
* Occupational Health and Safety Act (Vic) 2004
* Child Wellbeing and Safety Act (Vic) 2005
* Crimes Act (Vic) 1958
* Victorian Public Sector Code of Conduct

# References

* Australian Bureau of Statistics, 2017, Personal safety, Australia, 2016. Canberra, ACT: ABS. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>
* Australian Institute of Health and Welfare, 2019, *Family, domestic and sexual violence in Australia: continuing the national story 2019—In brief. Cat. no. FDV 4.* Canberra: AIHW. Available from <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019>
* Australian Institute of Health and Welfare, 2018, Family, domestic and sexual violence in Australia 2018 Canberra: AIHW. Available from <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/table-of-contents>
* Victorian Government, 2019, *MARAM Practice Guides: Foundation Knowledge*, Melbourne, Victorian Government, Available from <https://www.vic.gov.au/sites/default/files/2019-07/MARAM-practice-guides-foundation-knowledge.pdf>
* Victorian Government, n.d., Code of Conduct for Victorian Public Sector Employees, Available from, <https://vpsc.vic.gov.au/resources/code-of-conduct-for-employees/>

# Appendices

* [Appendix A - Barriers to Disclosure](#apa)
* [Appendix B - Sensitive Practice: Identifying and Responding to Family Violence](#bookmark=id.3as4poj)
* [Appendix C - Response Options Following Identification of Family Violence Risk](#bookmark=id.147n2zr)
* [Appendix D - Family Violence External Referral Information](#bookmark=id.3o7alnk)
* [Appendix E- Staff Family Violence Internal Referral Pathways](#bookmark=id.23ckvvd)

Appendix A - Barriers to disclosure

There are many reasons why a victim survivor may be hesitant to disclose their experience of family violence. Some of these reasons are universal affecting all victim survivors, and some affect individuals due to their experiences of intersecting forms discrimination or their particular situation. Some people and communities are known to experience additional barriers to safety leading to increased risks of family violence. These groups include;

* Women in pregnancy and early motherhood
* Aboriginal and Torres Strait Islander women
* Women from culturally and linguistically diverse communities
* Women in rural communities
* Women living with a Disability
* Older women
* Women experiencing mental health issues
* Gay, lesbian, bisexual, transgender and intersex people

Barriers to disclosure can include but are not limited to:

* Not identifying the behaviours as violence (especially non-physical forms of family violence such as emotional abuse and financial abuse)
* Fear of reprisals including losing their children (particularly for Aboriginal women)
* Fear of the violence escalating
* Shame that the violence is happening and may have been for some time already
* Social consequences — family and friends may find it difficult to know what to do, some cultures may have different perspectives on family violence
* Poor or negative responses to them disclosing in the past, for example, not receiving the support that was needed
* Fear of not being believed or supported, or not having been believed or supported in the past
* Physical or social isolation from others who could offer support, such as family, friends, community
* Promises from the perpetrator to change their behaviour
* Social norms within their family, community, workplace or from cultural or religious communities that condone family violence and/or blame women
* Be concerned about cultural profiling or not feeling culturally safe
* Be concerned about their visa or residency status
* Be worried about judgement for their life circumstances or lifestyle choices
* Be worried about judgement if they are in a same-sex relationship
* Be worried that a disclosure is interpreted as evidence of mental illness
* Pressure from family and friends to stay
* Financial pressures
* Legal issues
* Lack of awareness of services and supports due to things such as isolation, language, literacy
* Lack of English language proficiency or literacy
* Not feeling safe at work to report
* Fear of losing one’s job
* Fear of repercussion for perpetrator, such as imprisonment (particularly for Aboriginal women).

**There are also many reasons why women might not leave a violent relationship, which include the above as well as other factors:**

* fear for their lives
* fear that they and/or their children will experience further violence
* fear that they will lose their children to authorities – users of family violence often threaten this
* they are experiencing financial violence and are financially dependent
* they don’t want to leave their community or family, or don’t want to move their children away from their school.
* lack of awareness of what supports can help them.
* reliance on perpetrator due to disability or aged care needs (the perpetrator might be their carer)
* fear of deportation for non-permanent residence / no citizens or ineligibility for income support, Medicare, work rights, public housing as a temporary resident.

**What you can do to make it safe for someone to disclose and seek help:**

* check that you are prepared and comfortable to have what might be a difficult conversation. This might include having a secondary consultation with a specialist family violence service such as Djirra, InTouch, With Respect or Safe Steps.
* create a safe place where you can talk privately
* take a non-judgemental and curious approach
* believe the person
* let them know that violence is never okay
* ask them what assistance they need
* provide information about referral and support services, including internal supports and entitlements.

(Refer to [Appendix B – Sensitive Practice: Identifying and Responding to Family Violence](#apb) for information on how to make a sensitive Inquiry).

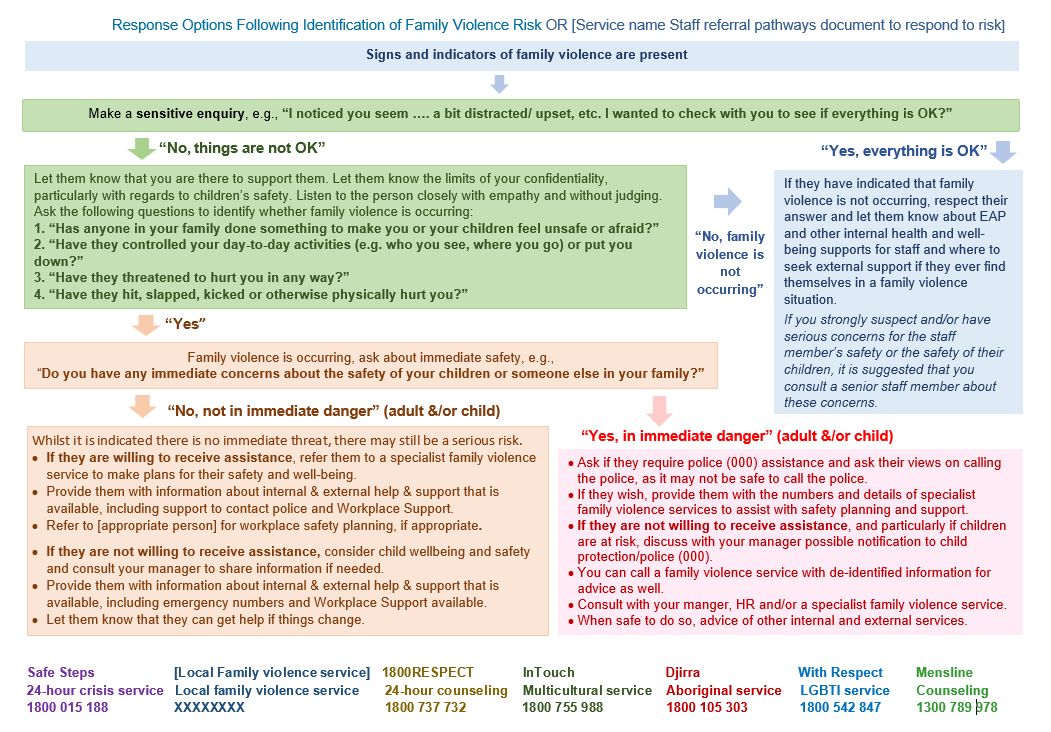
For more see: <https://www.vic.gov.au/maram-practice-guides-and-resources>

<https://www.relationshipsvictoria.com.au/assets/PDFs/Resources/Tip-Sheets/FV-in-the-Workplace-tipsheet-W16057.pdf>

Appendix B – Sensitive Practice: Identifying and Responding to Family Violence

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Respectful, Sensitive and Safe Engagement**  All staff are responsible for facilitating an appropriate, accessible and culturally safe workplace environment which ensures staff feel and are safe to make a disclosure of family violence, and will receive a response that is respectful and sensitive, meets their needs and ensures they can access the right support.  We can create a safe space for our staff members to disclose by:   * being mindful of our own potential biases and reflect on how they may influence the assumptions or judgements we have about a person’s particular experience of family violence or assessment of their risk * being mindful that our potential biases do not reinforce stigma, stereotypes of discrimination * continuing to develop own knowledge about identities, barriers and experiences of family violence across the community * ensuring a staff member’s identity and experience is not challenged or denied * showing respect for their culture * tailoring our response to their identity and needs, considering if mainstream referral may be more appropriate rather than a culturally specific service. In smaller communities, the victim survivor may have concerns around privacy or perpetrator finding out. * upholding everyone’s right to receive a culturally safe and respectful service which may involve advocating for changes to practices and structures internally and externally * hearing and acknowledging how systems place constraints and barriers on an individual’s life and access to support and taking steps to remove identified barriers to a staff member disclosing or seeking help * recognising a victim survivor as the expert in their own experience and responses are victim led; this includes respecting an individual’s right to self-determination. * ensuring access to information and support from specialist services.   Staff should refer to the MARAM practice guides <https://www.vic.gov.au/maram-practice-guides-and-resources> for further information relating to the key concepts for practice when responding to different groups and recognising and addressing barriers to accessing support for different communities. Staff should also be guided by [insert org name]’s policy and procedures regarding cultural safety [insert link].  There are 6 steps to sensitive practice which respond to risk and facilitate access to internal and external support.  A quick reference guide to support this procedure can also be found in [Appendix C](#quick).  **Step 1: Notice the signs**  It is important for Managers to be aware of the possible indicators and risk factors of family violence. These indicators – what you may see, observe or hear – are not always obvious. Staff may be particularly reluctant to disclose that they are experiencing family violence as they may be concerned about their confidentiality, their safety and how a disclosure may impact their job.  Indicators can be related to a person’s physical or emotional presentation, behaviour or circumstances and may be expressed differently across a person’s lifespan, from infancy, childhood and adolescent, through to adulthood and old age. Risk factors reflect the current and emerging evidence-base relating to family violence risk that can signal that family violence may be occurring.  It is important to note that these signs and symptoms do not by themselves indicate family violence. In some situations, however, they may raise a suspicion of family violence. Victim survivors experiencing family violence may also not exhibit any of these signs and indicators. If you don’t observe any signs or indicators but think that something is ‘not quite right’, you should continue with the following steps to explore whether family violence might be occurring.  **Workplace signs and indicators of family violence**  Please note that this list is not exhaustive.   |  |  | | --- | --- | | **Physical indicators** | | | * Unexplained bruising and other injuries * Head, neck and facial injuries, * Strangulation * Bruising and fractures, fresh scars, minor cuts | * Termination of pregnancy/ Complications during pregnancy * Gastrointestinal disorders * Sexually transmitted diseases * Chronic pain (neck back) | | **Psychological indicators** | | | * Emotional distress such as anxiety, nervousness, depression, indecisiveness, confusion, hostility, anger, fear, shame * Feelings of worthlessness or hopelessness * Self-harming/eating disorders * Loss of concentration and low self-esteem that impacts on work performance | * Suicide attempts * Harmful alcohol use * licit and illicit drug use * Impaired concentration * Physical exhaustion * Sleep Problems * Somatic disorders * Phobias * Feeling disassociated or numb | | **Behavioural indicators** | | | * Frequent absences from work * Withdrawn from conversations * Distracted at work and has trouble concentrating * Disruption to their home life, making it hard to physically get to work and maintain regular work hours * Regularly needing to take leave for short periods | * Requesting changes to working hours without explanation * Receiving more personal calls/texts at work and being distracted or upset afterwards * Appearing not to be taking care of themselves as well as they usually do * Regularly being late for work | | **Social indicators** | | | * Having recently separated or divorced * Inability to find money for basic items such as food and clothing | * Removed from support networks |   Where one or more family violence indicators are present, the following steps should be used to guide a conversation with the staff member.  **STEP 2: Ask Sensitively**  **Creating a safe environment for disclosure**  It is important to take steps to create an environment where the person feels safe to talk about their experiences of family violence. Before you start asking questions, ask yourself whether the conditions are right to proceed. The inquiry must not increase risk for the staff member – only make an inquiry if it is safe to do so.  **Consider the following:**   * Is it a suitable time to ask about family violence and is there enough time to have a discussion? * Choose the setting carefully – a private space, a time when the workplace is not so hectic, at what point during the shift is it best to ask, what are the clinical demands of the person, do you have a plan in place if a disclosure is made and the person is too distressed to resume their duties.   **Communicating effectively**   * Consider any barriers to communication. Organise an interpreter or other communication tools. When using an interpreter, it is important to ask the staff member if they would prefer a person of the same gender and don’t use a family member or friend. * Engage in a culturally sensitive manner. You may need to ring a specialist service such as InTouch (multicultural FV service ) or Djirra (Aboriginal FV service) to ask about culturally safe and supportive engagement. * Has the staff member been informed about the limits of confidentiality and how their information can be shared? You must clearly explain your role, information sharing requirements and confidentiality as outlined by [insert relevant policy]. Inform the staff member any disclosure of family violence is voluntary.   **Sensitive inquiry**  A sensitive inquiry establishes whether a staff member is experiencing family violence and the staff member’s level of risk. Sensitive inquiry relies on a structured professional judgement model through the observation of signs and risk factors that may indicate family violence is occurring, and then confirming this by undertaking the identification questions.  Structured Professional Judgement is informed by:   * a person’s self-assessed level of risk, safety and fear. This is very important as victim survivor may already been managing risk and are good judges of their risk and safety. * assessment against evidence-based risk factors, ascertained through asking the questions outlined below. Whilst victim survivors are good judges of their own risk, their experience of violence may be new or changed and they may not know that there are factors that make them more at risk of serious injury or death (see for a full list of these risk factors, <https://www.vic.gov.au/sites/default/files/2020-05/Foundation%20Knowledge%20guide.pdf> ) * professional judgement using an intersectional, culturally responsive lens   Managers should consider the above information as well as the presence of protective factors, these are factors that might mitigate risk, as well as any other contextual information that risk relevant to assess the seriousness of the risk.  **The LIVES model of sensitive practice**  How Managers respond is crucial to eliciting feelings of safety, respect and control for the staff member. Use the World Health Organisation model LIVES as a guide for the remaining steps of sensitive practice.  LISTEN: Listen to the person closely with empathy and without judging  INQUIRE: Assess and respond to their various needs and concerns – emotional, physical, social and practical  VALIDATE: Show that you understand and believe the person. Assure them that they are not to blame  ENHANCE SAFETY: Discuss a plan to protect themselves from further harm if violence occurs again  SUPPORT: Support her by helping her connect to information, services and social support  **Beginning the conversation**  Provide a prompting or ‘lead in’ statement, before moving on to specific questions. You may also start by linking some of the observable signs into the conversation. Use open questions of enquiry – this gives the employee control over how much they choose to respond. They may want to give a little or a lot of information; this is the staff member’s choice. For example:  ***“I noticed that you appear to be experiencing X, is there something worrying you?”***  **“*I noticed you seem …. a bit distracted/ upset, etc. I wanted to check with you to see if everything is OK. Is it a good time to discuss this now?”***  If someone isn’t ready to respond to your questions, you need to respect this and let them know that if they are ready in future to talk about any experience, you are open to doing this.  If you strongly suspect and/or have serious concerns for the staff member’s safety or the safety of their children, it is suggested that you consult a senior staff member about these concerns.  If they do indicate they are willing to have a conversation, sensitively inquire (ask) about the staff member’s exposure to violence using the following evidence-based identification questions.   1. ***“Has anyone in your family done something to make 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?”***   See <https://www.vic.gov.au/sites/default/files/2019-07/Responsibility-2-Attachment-2-Practice-guidance-on-Screening-tool.DOCX> for more information on asking these questions.  If someone isn’t ready to respond to your questions about family violence, you need to respect this and let them know that if they are ready in future to talk about any experience, you are open to doing this.  If you strongly suspect and/or have serious concerns for the staff member’s safety or the safety of their children, it is suggested that staff consult a senior staff member about these concerns.  **STEP 3: Respond Respectfully**  An initial helpful response is crucial to validating the person, enable them to engage with you and seek support. Helpful responses include:  ***“I know this must be difficult for you to talk about, but I’m worried about your safety and want to support you any way I can.”***  ***“Whatever you choose to do, we are here to support you.”***  **If a staff member answers NO to ALL of the family violence identification questions in STEP 2:**   * Thank the staff member for answering the questions and inform them about the help that is available and that they are able to talk to you or [Manager/ HR consultant /FVCO] should they ever experience family violence. * You must respect this. The staff member might not be ready or not feel comfortable to talk to you about the family violence they are experiencing. They may also not be experiencing family violence. * No further action is needed, unless you strongly suspect and/or have serious concerns for the staff member’s safety or the safety of their children, it is suggested that staff consult a senior staff member about these concerns.   **If a staff member answers YES to ANY of the identification questions in STEP 2:**   * Reassure the staff member that you believe them and state clearly that the violence is not their fault, * Offer a referral to the [appropriate local family violence service] who can undertake further assessment of the level or seriousness of risk, make a person safety plan with them and discuss other risk management strategies. You could say,   ***“It must be difficult going through what has happened to you. You have the right to feel safe. There are services that can help you with your safety and wellbeing. Can I refer you to a service who can help you further?”***   * If the victim is Aboriginal ask if they would like a referral to Djirra, the Victorian Aboriginal Family Violence Service – ph. 1800 105 303. * If they are from a diverse community, ask if they would like a referral to the appropriate service: * InTouch for immigrant and refugee women - ph.1800 755 988 * With Respect for victims from the Lesbian, Gay, Bisexual, Transgender and Intersex communities – ph. 1800 542 847 * At a suitable time, which may be after they have spoken with the family violence service, let them know their entitlements within the Workplace Support policy, including paid leave which they may use to attend appointments, or to leave home to go to a safe place. * Let them know that they can access the Employee Assistance Program for counselling. * If they are already a client of a FV service, find out if there is any information that they have (such as a safety plan) that it would be safe and useful for you to know.   **If the staff member does not consent to a referral see STEP 4.**  **STEP 4: Respond to Risk**  Ifresponses to the above identification questions 1–4 in STEP 2 are ‘often’ and you have identified escalation in controlling behaviours, threats (particularly in detail or specificity) or physical harm, this indicates serious risk. If they do not consent to an external referral for risk assessment, the following questions will support you to understand if risk is also immediate and inform your decision on how to respond**.**   1. ***“Do you have any immediate concerns about the safety of your children or someone else in your family?”*** 2. ***“Do you feel safe to leave here today?”*** 3. ***“Would you engage with a trusted person or police if you felt unsafe or in danger?***   **If the staff member answers No to question 5 and YES to question 6 – staff member not in immediate danger but is at serious risk:**   * Seek secondary consultation with your Manager, HR Consultant/ Family Violence Contact officer or other senior staff member * Consider whether a child is at risk and mandatory obligations apply. * Provide information about help and support that is available.   **If the staff member answers YES to question 5 and/or No to question 6 - staff member or their children or family member is in immediate danger:**  This response may indicate an imminent threat to the staff member’s life, health, safety or welfare, or their children or family member. Remember that a staff member’s self-assessed level of fear, risk and safety is a good indicator of serious risk. Practical ways to respond to this risk may include some or all of the following:  ***Lead in statement, “I am very concerned about your safety and would like to help you get assistance today. How do you feel about us contacting specialist assistance?”***   * Consider contacting Victoria Police (000) – be guided by the staff member. Victoria Police are the only service that can respond to immediate danger.’ * Consult with your manager * Perform a brief safety plan (outlined below) * Consider reporting obligations in relation to children at risk and any mandatory reporting obligations [Insert link to relevant policy and procedures]. * *Provide* information and referrals about help and support that is available. (outlined in STEP 5) * Seek secondary consultation with specialist family violence service*.*   **If the staff member answers NO to question 7, ask the following questions:**  ***“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 family violence service who could provide you with support?”***  If the staff member is not wanting police assistance, consult with your manager to determine if the police need to be contacted without the staff member’s consent.  If there is an immediate threat, calling the police is an appropriate response. However, if the person indicated that calling police may increase their risk this information needs to be provided to the police to inform their response.   * A staff member 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. * Consider information sharing obligations, including in relation to children at risk and any mandatory reporting obligations [Insert link to relevant Information Sharing policy and procedures].   **Basic safety plan questions:**  If a staff member has disclosed they are at serious or immediate risk, and does not want a referral to a specialist family violence service or for you to call the police, you should conduct a brief safety plan with them. Every safety plan will be unique and based on the needs of the adult or young person. You should be guided by the victim survivor on what is important and safe for them in their basic safety plan.  ***Example lead in statement: “From what you have told me, I am concerned about your safety. Do you have a plan of what you would do if you needed to leave or if X happened?”***  ***“Do you have a safe place to go?”***  ***“Is there someone close you can tell about the violence to call the police?”***  ***“Do you need to arrange anything for anyone in your care? i.e children/older people”***  ***“Do you have access to money, where is it kept?”***  Key message: Although Managers are not expected to be family violence experts, when a staff member is declining an internal or external referral, it is important to explore how they would manage safety.  **Implementation consideration**  The above safety planning questions are based on the questions outlined in [MARAM resource Responsibility 2: Appendix D Flow Diagram of Response Options and Safety Plan](https://www.vic.gov.au/maram-practice-guides-and-resources).  **WORKPLACE SAFETY PLANNING**  Below are additional questions to determine if a Workplace Safety Plan is required – note question does not appear in the clinical tool for patients as it is workplace specific.  ***“Do you have any concerns about your safety or the safety of others at work, or whilst travelling to and from work?***  **If they answer YES, then seek consent to refer them to [name role] to develop a Workplace Safety Plan.**  If they are unsure you could ask the following questions.  ***Does the perpetrator know where you work, your hours, etc?***  ***Have they been violence or abusive whilst you were at work at any other time?***  ***Are you concerned that they may come to the workplace or contact you in the workplace?***  ***What do you think they might do if they come to the workplace?***  ***Are you concerned that they might contact you at work, for example, by phone or email?***  ***Are you concerned about your safety travelling to and from work?***  ***Does the perpetrator do things that make it difficult for you to attend work? Things like hiding uniform or car keys, not doing agreed child-care arrangements so you need to stay at home or leave work.***  ***Do you have other safety or welfare concerns related to the workplace?***  If they answer ‘No’, ask them to let you or [name role] know if there are any changes in their circumstances that might mean there is a concern about their, or other people’s safety at work.  **If they answer YES, then seek consent to refer them to [name role] to develop a Workplace Safety Plan.**  **STEP 5: Referral**  Connecting the staff member to support services both internal and external can be an important strategy for providing a pathway to safety. Appropriate referrals are important in ensuring staff members experiencing family violence access professionals and services that can effectively assess and manage the risk associated with family violence.  It is appropriate for Managers to facilitate internal referrals for staff members to access support through the Workplace Support program and to develop a Workplace Safety Plan, if required.  It is also appropriate for managers to contact Victoria Police if there is an immediate threat to their (or another person’s) life, health, safety or welfare, or you have determined this based on their answers to your inquiry.  For external services, Managers are expected to provide information about referral options only to allow the staff member to make an informed self-referral.  Where an internal referral is not accepted, provide the staff member with information about what external services can assist and how they can be contacted. It is essential to first discuss with the staff member as to whether providing leaflets or written information could compromise their safety. Alternatively, it may be safer to save the number discreetly in their phone, or record in some other way.  **Internal**  [add internal referral points]  **External**   * Victoria Police 000 * Safe Steps Family Violence Response Centre (24-hour State-wide Crisis Response Service) Phone: (03) 9322 3555. * 1800 RESPECT (National Sexual Assault and Family Violence Crisis Service) Phone: 1800 737 732 * InTouch – Multicultural Centre Against Violence Phone: 1800 755 988 * W/Respect – Provides resources and advice for LGBTIQ+ people Phone: 1800 542 847 * Djirra – Provides culturally safe support to Aboriginal people Phone: 1800 105 303 * The Orange Door [insert appropriate contact details for region] * Community legal centres [insert appropriate contact details for region] * Centres against sexual assault [insert appropriate contact details for region] * Regional specialist family violence service (including local Aboriginal family violence services) [insert appropriate contact details for region]   **STEP 6: Documentation**  The only documentation of family violence disclosures from staff must relate to:   * Records of family violence (FV) leave taken by individual staff members (FV leave record) * Records related to safety planning, work planning and performance management (Family violence employee file).   Documentation should include   * That family violence is occurring * If there are safety concerns in the workplace and a Workplace Safety Plan is required, and if so, p*erpetrator details (if known).* * *Emergency contact details of a safe person if the victim survivor cannot be contacted,* if this is discussed as part of their workplace safety plan. * *Any actions* you have undertaken or that have been referred to another person/role.   *Refer to HR for further information on what information to document and refer to the* [*Workplace Support Information Handling Guidelines*](#bookmark=id.32hioqz) |

# Appendix C: Response Options Following Identification of Family Violence Risk (please note a word version of this is on the last page of this document).



Appendix D - Family Violence External Referral Information

Each hospital should include local or regional services’ details.

A referral protocol between the hospital and local family violence services should be established as part of Workplace Support and detailed here.

See the FSV MARAM Organisational Embedding Guide or website for a list of services across Victoria.

Appendix E- Staff Family Violence Internal Referral Pathways [to be adapted to your service]



Family Violence Workplace Support: Workplace Safety Planning Guidelines – Template

# Purpose

The document provides guidance on developing and implementing a Workplace Safety Plan for staff and volunteers who are victim survivors of family violence.

As part of sensitive practice, Managers, HR Consultant and Family Violence Contact Officers should inquire about the staff member’s safety at work and whether there are any legal orders in place, such as a family violence intervention order. If there are concerns about safety at the workplace or there are orders, then they will be directed to [name role] to undertake workplace safety planning. These Guidelines support that planning process.

For information on responding to staff members who perpetrate family violence please refer to [insert service name’s policy and /or procedure].[[11]](#footnote-11)

# Introduction

[Service Name] acknowledges that employment is a protective factor in relation to family violence and plays an important part in promoting individual’s independence, safety and wellbeing, particularly upon exit from a violent relationship. To this end, [Service Name] will take all reasonable steps to facilitate the continuation of work for a staff member experiencing family violence. Planning for the safety through the development and implementation of a Workplace Safety Plan is a key part of enabling victim survivors to remain at work.

A Workplace Safety Plan enhances general safe-at-work strategies but targets specific risk factors associated with family violence. Any individual measures must be developed with the staff member concerned, with their full informed consent.

The Workplace Safety Plan is not intended to replace a personal safety plan. It is recommended that staff members are supported to access a specialist family violence service, who have the skills and knowledge to undertake a full risk assessment and develop a comprehensive safety plan and implement other risk management strategies with the staff member.

# Responsibilities

The responsibility of coordinating safety planning sits with the [Name of Role], with input from the staff member’s Manager and [HR Consultant / Family Violence Contact Officer] if necessary. If the [Person coordinating the safety planning process] is unavailable, then the responsibility to coordinate this process would fall to the [Employee Relations Manager].

It is the responsibility of the [Name of Role] to lead the safety planning process] with input from:

* The staff member
* The staff member’s manager
* [HR Consultant / Family Violence Contact Officer] (if necessary)
* The [Security Manager] (if necessary).
* A specialist family violence service. If the staff member is not yet a client of a specialist family violence service, they should be encouraged and supported to be linked with a service.

**Guiding principles of safety planning**

* **The staff member is acknowledged as the best judge of their risk** and what strategies will mitigate risk, noting the they will most likely have developed a number of strategies over time to keep themselves as safe as possible.
* **There are evidence-based family violence risks that need to be considered** when planning for safety, as family violence involves a spectrum of seriousness of risk and presentations. Refer to MARAM Practice Guides for Responsibilities 1 and 2 for detail on family violence risk at <https://www.vic.gov.au/maram-practice-guides-and-resources>
* **The victim survivor should be empowered to lead the discussion on their safety planning**. The experience of violence can cause an individual to have a profound feeling of having their sense of control taken away. The agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management.

# Procedure (to be led by [name role])

1. **Initial meeting regarding consent to the safety planning process and current understanding of risk - [name role/s of person or persons coordinating the process**

Prior to the safety planning meeting, contact the staff member (by phone if able to be done privately) or in person, to;

* 1. **explain the reason for your involvement** and thatyou are contacting them because they have told [name role] that they ‘have concerns about their safety or the safety of others at work, or whilst travelling to and from work?’ and they have consented to discuss safety at work with you.
  2. **explain the safety planning process** and who will be involved.
  3. **seek consent** to undertake safety planning, providing them with the reasons why workplace safety planning is important.
  4. discuss limits to c**onfidentiality** related to the hospital’s other legislative obligations, including reporting obligations related to children and immediate risk.
  5. inquire whether the staff member has a **personal safety plan** that has been developed incollaboration with a specialist family violence service and, if they have a personal safety plan, whether it includes safety considerations at their workplace. (This information may have been provided to you by the person who received the disclosure).

If **they are a client of a family violence service** inquire if they would like the service to support them in the safety planning process. A staff member who is engaged with a family violence service may also request support from that service in workplace safety planning or may bring a support person with them to safety planning meetings. If they have a safety plan or other documentation, ask them to bring this with them to the safety planning meeting if they consent.

If they are **not a client of a family violence service** or have not done a risk assessment, they should be encouraged to consult with a specialist family violence service [name local FV service] or [Safe Steps] to undertake a risk assessment (you may refer to them an internal specialist family violence practitioner within your hospital if they have a role in supporting staff). They may not wish to engage with a family violence service. If they do not wish to, you need to respect this decision and offer them the contact numbers and information about police, Safe Steps and local their family violence service.

If **they agree to engage with a family violence service**, provide them with the contact details and information about the appropriate services, including the specialist services if they are Aboriginal or from a diverse community. Do not assume that they are aware of the support that family violence services offer. Let them know that the service can provide interpreting should they require it and ensure that they have a safe and private environment for them to talk with the service.

If they **do not wish to engage with a family violence service**, they will need to be the judge of the risk and what strategies will mitigate risk. The following questions can assist in understanding workplace risk:

* Does the perpetrator know where you work, your hours, etc?
* Have they been violence or abusive whilst you were at work at any other time?
* Are you concerned that they may come to the workplace or contact you in the workplace?
* What do you think they might do if they come to the workplace?
* Are you concerned that they might contact you at work, for example, by phone or email?
* Are you concerned about your safety travelling to and from work?
* Does the perpetrator do things that make it difficult for you to attend work? Things like hiding uniform or car keys, not doing agreed child-care arrangements so you need to stay at home or leave work.
* Do you have other safety or welfare concerns related to the workplace?
  1. **decide if a safety plan is needed based on the question above**. If there is an intervention order requiring the person of concern to stay away from the staff member, or if the staff member believes the perpetrator may engage in an act of violence (including non-physical forms of violence such as verbal abuse, stalking, abuse using technology and harassment) during work time, a family violence Workplace Safety Plan is required. This is to enhance the safety of the staff member and the workplace. The workplace should only proceed with safety mitigation measures if there is an immediate risk identified.

|  |
| --- |
| What to do it there is an immediate risk to health or safety? If it becomes known throughout the process that there is an immediate risk to the health and safety of the victim survivor or others, seek consent from the victim survivor to contact the police or ambulance.  Where there is an immediate threat to the safety of an employee or patient, the police should be contacted by calling 000.  If consent is not given but you have determined that it is warranted to call the police without consent, this should be done with informed knowledge of the victim survivor, i.e., do not call police behind their back, instead explain why you believe it is necessary to call.  It is important to note that if the workplace undertakes safety planning /risk management actions without consent/informed knowledge of the victim survivor, this can increase their risk because it changes the conditions they are managing.  Victim survivors may choose not to provide consent if they judge that the process will increase their risk. For example, if security blocks a perpetrator’s entry to the workplace, this may escalate the violence against the victim survivors or others. Workplaces taking actions without consent should be done with caution and only to respond to immediate risk to health and safety. (Refer to MARAM guidelines Responsibility 2 and the Workplace Support: Family Violence procedures for more information regarding responding to immediate risk). |

1. **The Workplace Safety Planning meeting - [name role/s of person or persons coordinating the process**

**Organise a Workplace Safety Planning meeting as soon as possible**. The safety planning meeting will cover three main areas: overall safety concerns of the victim survivor, security issues, and work issues.

* 1. Allow at least 1 hour. Attendees would usually include the Manager, the staff member, their support person (if they choose), [Health, Safety and Wellbeing Manager], Security Manager (if needed), possibly the [HR Consultant / Family Violence Contact Officer] if required and any other identified person as required.

Ensure that the meeting room is big enough to accommodate all attending, is private and in a different area to where the staff member works. Bring along the safety plan template and use as a guide for the meeting (see Appendix A).

It is advisable to meet with the staff member 10 minutes prior to the others arriving. This allows them to feel more comfortable. Discuss who will be attending the meeting, and what information will be shared. Some basic background information and information about risks identified and current risk mitigation strategies that are in place are helpful for those attending the meeting to place the discussion in context. Seek consent from the victim survivor about the pieces of information that will be shared in the meeting, particularly information of a sensitive nature.

* 1. **Introduce everyone** around the table and provide a brief summary of the purpose of the meeting. Explain that you will facilitate the meeting, but the discussion and decisions will be led by the victim survivor. Ask the staff member if there is anything they want to add.
  2. **Discuss confidentiality** with the group and that the information discussed and distributed is to remain confidential. Also confirm with the group that the safety actions to be taken as a result of the meeting will be recorded on the Workplace Safety Plan and that this document will be distributed to the group after the meeting. This document will also be securely stored in a locked file accessible by only a few people. Information will not be stored on an employee’s personal file. Ask for confirmation from attendees that they will keep the plan in a secured location and that hard copies will be disposed of in a security bin upon expiry.
  3. **Discuss overall safety concerns** as identified by the staff member and what actions they would like to see implemented. It is important to keep in mind that a person experiencing family violence often has diminished power and control because of the actions of the person who uses violence. It is important that you do not contribute to that experience of loss by controlling the discussion about safety concerns. You should create an environment where the staff member feels empowered to lead the discussion and make final decisions. You can ask the staff member what they believe their safety concerns at work might be, but do not take over the discussion and make decisions for the staff member.
  4. **Discuss safety and security issues.** Identify all work-related security and safety risks.

The following are examples of ways in which a person’s safety can be compromised at work due to family violence. The victim survivor may also name other safety concerns:

* Perpetrator contacting the staff member via their work, personal phone or email
* Perpetrator presenting at the workplace
* Perpetrator stalking the staff member in person or via emails, telephone or internet use
* Perpetrator presenting safety issues during travel to and from work, including in the car parking areas
* Perpetrator behaving aggressively towards or threatening other staff and patients
* Perpetrator contacting the hospital directly to sabotage the staff member’s reputation
* Perpetrator seeking to control the staff member’s income or other entitlements in a way that impacts them at work
* Perpetrator waiting for the staff member in the car park or reception areas
* Perpetrator hiding/soiling work clothes which means the staff member attends work without a uniform
* Perpetrator inflicting visible or painful injuries
* **The threat of any of the above.**
* Ask the staff member about the likelihood of the perpetrator attending work and what they are likely to do if they do come onto the site. An understanding should be reached about the agreed course of action if the perpetrator does attend work. For example, should security and/or the police be called? Who will make those telephone calls? Actions can include: personal escorts from security to and from the staff car park, allocated car space for the time needed, photo identification of perpetrator provided to those necessary, awareness of processes if perpetrator does show up to work, duress alarms, changing emails, phone numbers and work location.

Note that regardless of your shared understanding documented in the staff member’s Workplace Safety Plan, if the perpetrator poses a safety risk to staff members, patients or visitors, the usual safety codes (that is Code Grey or Code Black) should be activated.

**Things to consider when discussing safety and developing actions:**

**Family Violence Intervention Orders or other legal orders**

* Does the staff member have an intervention order against the perpetrator? If so, a copy should be provided and, if possible, a photo identification of the perpetrator should be attached to the safety plan (only with the staff member’s consent).
* Security and [People Culture and Wellbeing / HR] will need to be made aware of a family violence intervention order or other such orders in relation to the staff member and the perpetrator.
* Do other management or staff need to be made aware of any orders in relation to the staff member and their children?
* Do managers and other relevant people know when to contact police if there is a breach of the order and to document any breaches that occur as supporting evidence.

**Staff safety to and from workplace**

* Where is the staff member parking their car, does this need to be changed to where security is present?
* Does the staff member require a security escort from their car?
* If the staff member uses public transport, can they be escorted to and from their stop or met at the entrance to the hospital?
* Do considerations need to be made in relation to this family member in regard to picking up children from school or child care?
* Does the staff member require a taxi to and from work as a short-term measure? A [People Culture and Wellbeing / HR Consultant] or After-Hours Manager can provide advice on where to obtain taxi vouchers.

**Physical Location, the office space and safety**

* Is the staff member’s office in a secured area or do they need to work from a more secure area within the hospital? Or do their duties need to be changed if this cannot be accommodated?
* Do other staff in the office need to be made aware of the risks, including reception/admin? If so, what do they need to know and what role do they have in maintaining safety?
* Should a code word be developed with designated co-workers?
* Do all calls to the staff member need to go through another co-worker or manager in the office to prevent stalking and contact with the violent perpetrator?
* Does the staff member need to have their contact number and email address changed?
* Do reception or call centre staff need to screen telephone calls?
* Do we need to change the staff member’s telephone and email contact details to avoid unwanted contact?
* Do we need to notify security staff and reception staff to be alerted to the person of concern entering the premises?
* Does the perpetrator know any staff members? Is this a concern?

**Personal or desk alarm**

* What procedure should occur if the staff member fails to come to work or does not provide an adequate explanation? When should the emergency contact be notified? When should the police be called?
* Does the staff member have ready access to a duress alarm, do they have a personal alarm?
  1. **Discuss work issues.** The Security Manager may leave the meeting at this point if appropriate. Discuss rostering, leave and duties. Please note, work related performance issues should only be discussed with the staff member directly through the appropriate channels, not in the safety planning meeting**.**

**Family violence leave**

* Does the staff member need to take Family Violence Leave? (Up to 20 days paid for full time, pro rata for part time staff and unpaid for casuals and volunteers). If so, would the coding on the payslip ‘sick leave other’ pose a safety risk for the staff member? This can be changed if needed (speak with the payroll Manager).
* Would the staff member like the designated person to maintain contact with the staff member whilst on Family Violence Leave?

**Change of work hours**

* Do the work hours of the staff member need to be adjusted?
* Can there be some work performed at home or another secure environment? Does the staff member need to be moved to another ward, department or even campus? (this may have been covered earlier)

**Changes to electronic payroll or benefits and staff documentation**

* Do staff need to adjust or amend their pay arrangements and bank details?
* Does [Service Name] need to ensure employment related documents are sent to another address?
  1. **Discuss review date.** The safety plan should have an appropriate review date to be agreed by the parties. Plans will need to be reviewed on a regular basis to ensure that they support staff safety. All subsequent plans need to be developed in conjunction with the affected staff member. As risk is dynamic, let the victim survivor know that if a plan needs to be changed outside of review dates, this can be discussed with [name role].
  2. **Document decisions, distribute appropriately and store securely**
* The Workplace Safety Plan should be documented using the template provided in Appendix A.
* A copy of the Workplace Safety Plan should be distributed via email on a strictly ‘needs to know’ basis and with the staff member/volunteer’s written consent, subject to [Service Name] meeting its legislative obligations.
* Persons receiving information may include the [Security Manager, the victim survivor’s Manager, HR consultants or Family Violence Contact Officers.
* There may be other people who are advised of the safety issue (such as Switchboard/Enquiries Desk staff and other reception staff) on a strictly needs to know basis. In the case where this is necessary, the information will be limited to for example ‘no calls are to be put through to [XXX] staff member or advice as to which ward they are working on’. No details regarding the staff member’s situation are to be disclosed.
* It is important to be mindful about how you provide staff members with written information that can be found by a perpetrator, as this may increase their risk of violence.
* A copy of the Workplace Safety Plan should be retained confidentially and securely stored by the [person coordinating the safety planning process] and the Director, [HR] and will not be placed on the staff member’s employee file. The [Health, Safety and Wellbeing Manager] will maintain a confidential file documenting any actions taken and will only disclose information as required in consultation with the staff member.
* Reiterate to all parties the expectation of retaining confidentiality around the information discussed and provided in the safety plan.

The following is an example of an email to accompany the safety plan.

*Hi all,*

*Thanks for a productive safety planning meeting this morning. Please find attached a copy of the safety plan as we all discussed at the meeting with AJ’s (use initials only) consent.*

*Due to the very sensitive nature of this email, please ensure that these documents are securely stored only for the time needed and in a locked file if it is printed out. Please dispose of this document in a security bin upon expiry or delete from your computer. Please also maintain confidentiality in relation to this matter and ensure that this information is not shared in any way, without the consent of the staff member involved. Please feel free to contact me if you have any questions or concerns relating to this safety plan.*

*I will be back in contact with you shortly regarding a review date.*

*Kind regards,*

*(insert your name*

Child protection, child safety reporting requirements

In your conversations with a staff member you may become aware that there is are children who are or may be at risk. There are three main legislative reporting obligations which all staff member should be aware of as all staff have obligations in relation to children.

The three main legislative reporting obligations are:

**1. Crimes Act (Vic) 1958** requires all adults to report to Victoria Police if there is a reasonable belief that a sexual offence has been committed by an adult against a child under the age of 16 years.

**2.** **Reportable Conduct Scheme under the Child Wellbeing and Safety Act 2005 (the Act)** requires the head of an organisation to report allegations the following by staff or volunteers of:

* sexual offences against, with or in the presence of a child
* misconduct against, with or in the presence of a child
* physical violence against, with or in the presence of a child
* behaviour that causes significant emotional or physical harm of a child
* significant neglect of a child

These behaviours include but are not limited to sexual abuse, grooming, sexting, inappropriate physical contact, sexualised behaviour with a child.

Where a staff member believes any of the above may be occurring, [HR] should be immediately and confidentially notified.

**3.**  **Mandatory reporting obligations under the Children, Youth and Families Act 2005**. This obligation arises for a class of employees who, in the course of practising their profession or carrying out the duties of his or her office, position or employment, forms the belief on reasonable grounds that a child is in need of protection. Please refer to [Mandatory Reporting Policy] for which roles have mandatory reporting obligations under the Children, Youth and Families Act 2005.

Any staff member may seek confidential advice from [the in-house legal team] about mandatory reporting obligations and duty of care obligations.

Reports to Child Protection or the Police should be done in a respectful and transparent manner. The limits to confidentiality should be explained prior to a conversation related to family violence to support a disclosure of family violence being made with informed knowledge of how information is shared in Victoria.

It is best practice to share information with consent and involvement of the adult victim survivor, and their information knowledge of what information is being reported so they can manage their safety and the safety of the children accordingly. Sharing information without the informed knowledge of a victim survivor of family violence can increase their risk.

Please also refer to the following policies and procedures related to child welfare and safety: [name policies and procedures].

APPENDIX A - WORKPLACE SAFETY PLAN TEMPLATE

**(To be distributed internally only, a separate template is to be filled and distributed to the staff member)**

This plan is to be reviewed and is developed in relation to real time risks and concerns.

Date:

Safety plan written by:

Meeting attended by:

Name and employee number of staff member concerned:

Staff member’s contact number:

Emergency contact and number if staff member is absent from work without explanation.

Is the staff member engaged with a specialist FV or other service, If yes, contact details.

Dept. /Unit that staff member works in:

Manager’s name:

Does the perpetrator work at the same workplace

Is there an Intervention Order? Yes No Unsure

Does the hospital have a copy of the order? Yes No

**Consent**

Has the staff member provided written or verbal (please circle which type) consent to document information and share this safety plan? Yes – written or verbal No

Who has the staff member authorised to have access to this safety plan? This may be in electronic or paper format.

Has the staff member provided written or verbal (please circle which type) consent to attach a copy of the intervention order to the safety plan? Yes - written or verbal No

If there any other people that need to be provided information relating to this safety plan, has the staff member given written or verbal (please circle which type) consent to do so? (For example, the car-parking attendant). Yes - written or verbal No

Who are they and which parts of the plan?

Has staff been informed of limits to confidentiality?

**Security issues**

Full name of perpetrator using violence: DOB:

Vehicle details of perpetrator (include number plate):

Does the perpetrator possess weapons or firearms? (Please detail)

Image/identification of the perpetrator – please attach if provided.

Vehicle details of staff member (include number plate):

**Description of concerns (summary of situation, safety concerns and identified risks. Ensure that the staff member is asked to identify their perceived risks and any threats made only provide necessary detail):**

**Summary of risk and strategy to address risk:**

**Summary of decisions/rationale for plan (include security issues, rostering, family violence leave, referral to external services):**

**Plan and actions to be taken, by whom and when:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified Risk** | **Plan** | **Action** | **Who** | **When** | **Reviewed** |
| *Example: Perpetrator not employed and likely to come to work during shift.* | *Example:* *Security whilst at work and how to manage* *if perpetrator comes to the workplace* | *Example: Security requires a copy of intervention order. Manager to contact Security and they will take necessary steps to remove perpetrator from the workplace. Staff member should contact Police if possible.* | *Example: Staff member to provide copy of the intervention order to security* | *Example:*  *Within 12 hours* | *Add a reviewed date against each action* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Supports and external services involved**:

**Review date:**

**WORKPLACE SAFETY PLAN TEMPLATE**

**Staff member’s copy only**

This plan is to be reviewed and is developed in relation to family violence risks and concerns.

Date:

Name of staff member concerned:

**Summary of decisions/rationale for plan (include security issues, rostering, family violence leave, referral to external services):**

**Plan and actions to be taken, by whom and when:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan** | **Action** | **Who** | **When** | **Reviewed** |
| *Example:* *Security whilst at work and how to manage* *if perpetrator comes to the workplace* | *Example: Security requires a copy of intervention order. Manager to contact Security and they will take necessary steps to remove perpetrator from the workplace. Staff member should contact Police if possible.* | *Example: Staff member to provide copy of intervention order to security* | *Example:*  *Within 12 hours* | *Add a date reviewed against each action* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Supports and external services involved**:

**Review date:**

Family Violence Workplace Support: Information Handling Guidelines

# Introduction

Various staff within hospital’s including Managers, HR consultants and/or Family Violence Contact Officers (FVCOs) will from time to time have to manage family violence disclosures and information from staff. Best practice management of this information is crucial to the outcomes for the staff member, their managers and organisation more broadly.[[12]](#footnote-12) The manner in which information is collected, shared and stored can affect victim’s safety, sense of trust and protect the organisation ensuring its compliance with legal and ethical obligations

This document provides guidance for Human Resources staff on collecting recording and storing information on family violence disclosures and family violence leave related to staff who are victim survivors of family violence, not perpetrators of family violence. For perpetrators, please refer to [*Responding to staff who perpetrate family violence]*.

This document has two parts provides guidance on two types of data:

1. **Family violence information related to individual staff members who are victim survivors of family violence**
2. **Aggregated family violence data for reporting purposes**

# What legislation applies?

**Health Privacy**

As public health care providers, hospitals are subject to the Privacy and Data Protection Act 2014 (Vic), which includes information management involving staff. Management of information relating to family violence is of a sensitive nature and requires particular care in these processes.

**Freedom of information**

Any documented and stored information is open to the Freedom of Information process (Freedom of Information Act 1982).

**Privacy Act**

Family violence records are “employee records” under the Commonwealth Privacy Act (1988).

1. Family violence information related to individual staff members who are victim survivors of family violence

**What information should be collected, recorded and stored?**

Two types of records are generally held by Human Resources:

1. Records of family violence (FV) leave taken by individual staff members (FV leave record)
2. Records related to safety planning, work planning and performance management (Family violence employee file).

In some instances, only the FV leave record needs to be stored in the HR system, where no additional support or safety planning is required and if sighting of supporting documentation/evidence is sufficient or supporting documentation is not required.

These two types of records are different to Employee Records and should be kept separate in a secure locked file with very limited access by authorised personnel only. An employee’s main Employee Record should not contain any information related to family violence.

Considerations to guide development of family violence information management processes

**Obligation to limit access to employee information**

Staff access to data related to staff experience of family violence should be limited and on a need-to-know basis. For example, limited to Director/Manager of HR, HR consultant/s and/or the employee’s manager if the manager has HR responsibilities. Sometimes the OH&S Manager may require access to safety planning information.

While FV leave records will be “employee records” which are generally not protected under the Privacy Act (Cth), nevertheless, under Victorian law and hospital policy, these records should be managed in a similar way to other sensitive employee records. FV records should be marked ‘confidential’, and access confined to authorised employees only – similar to information on grievances or disciplinary matters.

**Collection and documentation**

Only collect information if it is necessary for the performance of a function or activity and, where appropriate, with consent (preferably written as it provides evidence of consent, (see Appendix A for printable consent form). Information should be collected directly from the individual, if reasonable and practicable. At a minimum, the individual should be aware that the information is being collected if it is from another source, for example, from their manager.

Ask, *“Why am I collecting this piece of information?” “What is the purpose?” “Who needs to have access to this information?”*

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)
2. Records related to safety planning, work planning and performance management (Family violence employee file).
3. **Records of family violence leave taken by individual staff members (FV leave record)**

This includes supporting documentation/ evidence (if required to be kept and not just sighted, or not required at all) and should be held in a locked file (electronic or physical) accessible only by nominated persons.

Data regarding the number of days/hours of family violence leave taken should ideally not be kept within the same file as information related to safety planning, work planning management etc. For example, the *Employee family violence file* might note that family violence leave has been requested through payroll. Payroll will then keep their own records of days/hours of leave taken. Payroll staff do not need access to other family violence information.

Payroll staff should be informed that they are to keep the matter confidential and should find a discreet time and place to process the request.

Leave and payroll systems should allow for the recording of family violence leave but in a manner that maintains the confidentiality of the employee. A system of naming family violence leave as ‘leave other’ or ‘sick ‘ordinary hours’ is usually employed so that ‘family violence leave’ does not appear on payslips or public records (see Appendix B for an example of leave process). Different workplaces use different terms to provide the same function.

When other employees are notified of an employee’s absence, e.g., through daily organisers or internal communication, it should just be noted as ‘Leave’, not ‘Family Violence Leave’. To make this easier, it is a good idea to state all leave other than long service leave as ‘Leave’, as only payroll and managers need to know the type of leave taken.

1. **Records related to safety planning, work planning and performance management (Family violence employee file)**
2. SAFETY PLANNING

This includes copies of intervention orders, other safety plans from external agencies, agencies (if provided by the staff member) and the Workplace Safety Plan document. 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. Consent is required before it is given to any other party and should be documented. A copy of the Workplace Safety plan and accompanying documents would be held in a locked file accessible only by nominated people.

1. PERFORMANCE MANAGEMENT OR DISCIPLINARY ACTION

This includes notes taken and emails from managers/HR consultants relating to staff attendance, performance or other behavioural issues which include a family violence disclosure or suspicion of family violence. The family violence component of this information is only to be documented if it is necessary to provide context to the situation. It is not to be placed in an employee’s personal file and must be held in a locked file accessible only by nominated persons such as Employee Relations Manager or The Director HR.

1. WORK PLANNING/ALTERED DUTIES

This includes notes taken, formal documentation and emails between managers, HR Consultants and the staff member experiencing family violence. The information documented and stored needs to have direct relevance to the situation and includes agreed actions. All documentation stored by HR should be stored in a locked file accessible only by the Director of HR or other nominated person. If this information needs to be accessed by managers and HR consultants for a period of time, then it must be stored in a secure, locked drawer and not on shared folders accessible by other staff.

**Use and disclosure**

Information should only be used or disclosed for the primary purpose it was collected, or a secondary purpose such as compilation of anonymised data, where that would be reasonably expected.

Information about the family violence provided to the workplace should remain confidential unless direct consent (verbal or written) has been given from the individual to share it. Even if you have written consent to share information, it is good practice to inform the employee before you share information. For example, you may need to inform a new manager about an existing work plan.

Breaching confidentiality can potentially jeopardise the safety of the person subjected to family violence, children and anyone supporting them, including family and service workers.

Information should not be disclosed without consent unless:

* there is a serious threat to an individual’s life, health, safety or welfare;
* there is a serious threat to public safety or public welfare, or
* there is a legal obligation to do so.

It is important that the employee is informed early in the process about circumstances in which the workplace is obliged to share information. [Refer to the FV Workplace Support Procedure for information regarding legal obligations to share and report information related to child abuse and family violence].

There may be situations where other employees need to know certain information to protect the employee or others at work, for example to stop phone calls. If there is a need to disclose information, it should be limited to what is needed to maintain safety in the workplace and support the employee.

**Data quality**

Information collected should be accurate and not misleading. It should be relevant to the functions you perform.

**Data security and retention**

Family violence information should not be stored on an individual’s personal employee file. Any documented information relating to family violence disclosures must be stored in a separate locked file with very limited and authorised accessibility (e.g., Director of HR) and will be stored for 7 years. Reasonable steps must be taken to protect the information from loss, misuse, unauthorised access, modification or disclosure. Anyone who has been given a copy of a Workplace Safety Plan, should keep it securely stored at all times (e.g. in a locked file or filing cabinet) and only held for the time that it is needed, ensuring safe disposal, e.g. shredder or electronic deletion. Any documented and stored information is open to the Freedom of Information process (Freedom of Information Act 1982).

**Openness**

Be open and transparent with the individual about policies and management practices of this health information. You should inform employees who disclose family violence that their information will be kept confidential and used to support them, except as required or permitted by law. For example:

* the Occupational Health and Safety Act 2004 (Vic) requires the employer to notify WorkSafe immediately of serious workplace incidents
* where a criminal act has occurred, or is threatened to occur, the police must be notified.
* where there is a legal obligation to share information and report child abuse [Refer to the Family Violence Workplace Support Procedure for information]

**Employee access**

Hospitals may be required on request to provide an individual staff member with access to the health information held about them, unless: it would be a serious threat to the life or health of the person; it would have an unreasonable impact on the privacy of other individuals or it related to existing legal proceedings between the individual and our organisation. They have the right to have the information corrected if it is incorrect.

1. Aggregated family violence data for reporting purposes

In addition to the family violence information collected as part of Workplace support processes, workplaces may for various reasons also choose to collate de-identified data about the instances of family violence and requests/uptake of support by staff members. This data is used for reporting to leadership, for budgeting purposes, research/evaluation etc[[13]](#footnote-13).

There are two main types of data that might be collected:

* Data regarding disclosures and support provided or offered to staff
* Family violence leave utilisation data.

The collection and storage of this aggregate family violence data should only occur if there is a reason for collection and in a manner that maintains confidentiality and the safety of affected staff members. This data should be kept in a separate file to individual staff members’ Family Violence file and should not include identifying information.

Clear processes need to be in place regarding how and how often this information will be collected, where it will be stored and what it shall be used for. The more information that is collected, the more likely identification of individuals can occur. For example, if ‘gender’, ’department’ and ‘position’ are recorded within a small hospital this could lead to the identification of individuals.

Considerations when collecting aggregate data include who will keep the data, who it will be shared with, how the data will be transferred, and how often.

**Data regarding disclosures and support provided or offered to staff**

Data regarding disclosures does not need to include family violence leave as this should be taken from payroll data. Below are two types of data collection. Data should only be collected if there is a reason for this.

**Example 1 of monthly data sent by managers/ FVCO regarding disclosures and support provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| No of staff met with regarding FV | No of new disclosures within total | Internal referral to HR for further support provided? | Total estimated hours spent with support |

**Example 2 of monthly collected by FVCOs regarding disclosures and support**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  of Query | Query R’vd by | Query referred from (if appl.) | Query referred to | Type of contact (F2F, phone, email) | Outcome/ Advice | FV Leave Accessed Y/N | Safety Plan in Place Y/N | Line Manager Involved Y/N | Time Taken for Query | Type of FV (if known) |

**Family violence leave utilisation**

This is aggregate de-identified data of hours of FV leave taken over a given period in order to track and report on hours taken and costs. This information might also be useful as part of evaluations of utilisation of EA entitlements.

This data should be collected by HR/Payroll. It is likely this will be collected manually, as required unless the payroll IT system has a function to enable this. This will be dependent on the system that Payroll use to process Family Violence leave. No identifying information should be recorded.

**Example of report regarding family violence leave**

|  |  |  |
| --- | --- | --- |
| **Month** | **No of hours of paid FV leave** | **No of staff utilising FV leave** |
| Jan 2019 | 22 | 5 |

Appendix A: Consent Form for Management of Family Violence Information from Staff

The purpose of this form is to gain your written consent to record, securely store, and if necessary, share relevant information regarding your family violence disclosure within the workplace.

There may be situations where it is helpful to record and store information relating to family violence disclosures from staff. This may be to assist with safety planning, managing family violence leave or altered work conditions. In addition, it may be necessary to share limited information on a need to know basis within the workplace. For example, with your manager/team leader.

Your safety is our priority and this information will never be shared with the perpetrator/s.

[Service name] will not record, store or share information related to family violence you for or are experiencing without your consent, unless legally obliged to or when family violence information provides essential context to a performance management issue.

Any written recorded information will not be stored on your personal employee file but will be kept in a locked folder with very limited accessibility.

This consent form will be securely stored in a locked folder, either electronic or paper based, with limited accessibility.

Information will be stored for a period of 7 years and will then be securely discarded.

**CONSENT**

I, (insert given name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and give consent to:

The written recording and secure storage of relevant details/documents by [Service Name] of my family violence disclosure as well as the secure storage of these recorded details/ documents with limited accessibility.

The sharing of relevant information relating to my disclosure on a needs-to-know basis only within [Service name]

Extra comment / instruction below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received written/verbal information regarding the hospital’s policies and systems for restricting access to my personal information.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PROVIDE A COPY OF THIS SIGNED FORM TO THE STAFF MEMBER SEEKING CONSENT FOR SECURE STORAGE

Appendix B: Example of Family Violence Leave Process

1. To keep the fact that a person is taking paid leave for family violence reasons confidential, employees will be asked to apply for sick leave using their usual process (electronic rostering system or via timesheet) in the first instance.
2. The appropriate person will approve the leave as sick leave in the first instance and then advise the Payroll Manager that the sick leave is in fact family violence leave. Details such as date and hours will need to be provided to Payroll to ensure that the right absence is identified on the electronic rostering system or timesheet.
3. The Payroll Services Manager (or delegate) will then enter the leave as with a special category name (such as Sick Leave Other/leave other/ordinary hours, etc) into the payroll system and this will appear on the payslip as “sick leave other/leave other/ordinary hours”. This leave type is NOT sick leave and is additional to the employee’s sick leave (sometimes referred to as personal/carers leave). It is important to check with the staff member that “sick leave other/leave other/ordinary hours” on their pay slip will not pose a safety risk for them, if this is how the leave will appear on their payslip. If this is the case, the Payroll Manager needs to be informed so that alternative arrangements can be made.
4. Payroll either then extracts this data through the system or manually as required for reporting processes, for monthly reporting.
5. Payroll may also provide the HR manager with current data related to the individual’s leave taken to be stored in their Family Violence file or on a spreadsheet that is accessible only by the Payroll manager.

Our commitment

FAMILY VIOLENCE WORKPLACE SUPPORT PROGRAM

FOR STAFF AND VOLUNTEERS

Logo here

[Service name] is committed to ensuring that any staff member impacted by family violence who requires additional leave or supports will not be disadvantaged. These staff will be provided with a workplace response that prioritises their safety and wellbeing and that of their family.

We aim to:

* Ensure all managers are trained to understand the complexity of issues that impact upon staff members when they experience family violence
* Ensure that a sensitive, respectful, supportive and confidential response is provided to any staff member disclosing family violence
* Provide clear information and processes regarding how to access or implement family violence leave or a workplace safety plan
* Promote a workplace culture underpinned by principles of gender equity and respectful relationships between people of all genders.

For more information, visit [Service name] intranet: [*Family Violence information for staff]*

Pathways to support for staff

sFamily Violence Workplace Support Program,

[Service name] XXXX XXXX

In an emergency

s Victoria Police​ ​– 000

Family Violence Support Services

s Safe Steps Family Violence Response Centre 1800 015 188

s 1800RESPECT National sexual assault, domestic violence counselling service

1800 737 732

s Djirra (Aboriginal Service) 1800 105 303

s W/Respect (LGBTIQ) 1800 542 847

s InTouch Multicultural Centre Against Family Violence 1800 755 988

s Employee Assistance Program (EAP)

XXXX XXX XXX

**Visit [Service name] intranet for a full list of support** organisations **that include:**

s Services for diverse communities

s Sexual assault services

s Legal assistance

*\*For information for patients experiencing family violence please refer to [Service name] website or [social work] department*

Am I experiencing family violence?

If you think you may be experiencing family violence you are not alone. In Australia, one in three women experience family violence and one in five experience sexual violence. [Service name] recognises violence against women, children and men as a violation of human rights that occurs in all socio-economic, age and cultural groups. It is never caused, invited or deserved by those who experience it, and is always unacceptable.

Often people experiencing family violence feel ashamed, powerless, guilty, or embarrassed and this makes it harder to acknowledge and address the situation. If you are experiencing violence, we understand how hard it is to talk about, but we also understand that it is not your fault. No staff member or volunteer will ever be judged due to their experience of family violence.

Staying safe in the home

One of the most frustrating things for people experiencing violence is that they may feel powerless to prevent the behaviour, which is causing them to live in fear. There are many actions you can take to reduce your risk. Safety planning is the process of looking at your situation and assessing what you might do to feel safer. It will incorporate an escape plan if violence escalates. as well as practical strategies to improve your home and personal security. Visit [1800RESPECT.org.au](https://www.1800respect.org.au/help-and-support/safety-planning/about), [DVRCV.org.au](https://www.dvrcv.org.au/sites/default/files/DVRCV-Gathering-Support.pdf) or [Service name] intranet for more information on planning for your safety.​How [Service name] can support staff experiencing family violence

[Service name] has implemented a staff family violence program to support staff and volunteers experiencing family violence. These supports include access to special family violence leave, assisting staff to develop a tailored workplace safety plan, flexible change of work arrangements, referral to support services and family violence intranet information. For more information, contact [People, Culture & Wellbeing] on 8345 2080

Family violence leave

Paid family violence leave is available to any full time or part time employee who is experiencing family violence. Family violence leave is in addition to personal leave and is capped at 20 days per year (pro rata for part time staff). If additional leave is required, this should be discussed with the [Director, People, Culture & Wellbeing]. Casual staff may access unpaid leave.

How do I apply for family violence leave?

[For confidentiality reasons, employees will be asked to apply for [type of leave] using their usual process (eg RosterOn or via timesheet) in the first instance.

Your Manager, Director or [People & Culture] Consultant will then advise the Payroll Manager of the details of the leave to ensure it is processed correctly. The [Payroll Manager] will process the leave as “[type of Leave Other”]. This is just a different description we have assigned to what is really family violence leave so that family violence leave is not printed on your pay slip. This leave type is NOT deducted from your sick leave credits. If an absence recorded on your pay slip compromises your safety or presents other issues, please let your manager or [People & Culture] Consultant and the Payroll Manager know as we can discuss additional measures to address this.

Who should I talk to about family violence at [Service name]?

You can have a conversation with a nominated person of your choice at [Service name] about your family violence situation and the type of support that you require. You can choose to talk to your direct manager or team leader about your situation if you feel comfortable to do so, or a higher-level manager such as your Director or the Executive Director. Alternatively, you can choose to disclose to a family violence trained [People & Culture] Consultant who can be contacted on [XXXX XXXX]. The information you disclose will be kept confidential and with your consent, your direct Manager will be informed on an ‘as needed’ basis.

One of my colleagues has disclosed to me. What do I do?

It’s not easy for someone to make the decision to disclose family violence and a disclosure can be a scary and emotional process. If one of your colleagues has disclosed to you that they are experiencing family violence you should respect their confidentiality by not discussing the information they share with anyone else unless they give you permission to do so. You are supporting your colleague first and foremost simply by listening to them, believing them, allowing them to disclose their situation and to remain in control. For more information on family violence and accessing support through [Service name], visit [Service name] intranet.

Identifying and responding to staff experiencing family violence: Quick Reference for Managers

A detailed Workplace Support procedure can be found at [insert link]. If possible, refresh yourself with the procedure in advance, particularly, [Appendix B: Sensitive Practice: Identifying and Responding to Family Violence]. You can also watch a video on managers’ response: [How to effectively support a staff member experiencing family violence](https://youtu.be/HdNbnUAVFT4).

**Step 1. Notice the signs.** These indicators – what you may see, observe or hear may indicate someone is experiencing family violence. (see [insert link] for a list of signs and indicators and risk factors].

**Step 2. Ask sensitively.** Find a safe and private time and place for the discussion. If family violence is disclosed or if indicators of family violence are observed, your role is to sensitively and respectfully open up a conversation. Let them know the limits of your confidentiality, particularly with regards to children’s safety. Listen to the person closely with empathy and without judging. Remember that there are many barriers to disclosure and that the staff member may chose not to disclose. You need to respect this Let the employee guide the process as they are the best person to advise on what they need to remain safe and be supported.

**Step 3. Respond respectfully.** An initial helpful response is crucial to validating the person, enabling them to engage with you and seek support. Show that you understand and believe the person. Assure them that they are not to blame and that that have your support.

**Step 4. Respond to risk.** Complete a basic risk assessment as outlined in the procedure. If family violence is identified, manage the risk in accordance with the guidelines: [Response Options Following Identification of Family Violence Risk] (see over page). Remember that the response should be guided by the victim survivor and actions taken with their consent unless there is immediate threat to safety, or you are legally obliged to breach their confidentiality. If you are unsure, you should consult with a senior staff member.

If an immediate risk management response is required (that is, the person has said that they or another person is experiencing an immediate threat to their life, health, safety or welfare, or you have determined this based on their answers to your questions), contact the police by calling 000, consult with a specialist family violence service and consider any child safety or wellbeing needs in line with legislative requirements.

**Step 5. Provide options and referral pathways.** If there is no immediate risk, or at an appropriate time after immediate risk has been managed, support them by helping them connect to information and support services:

* provide and support access to specialist family violence services, including services for staff members from Aboriginal, LGBTI, immigrant and refugee communities as well as information regarding elder abuse and support for people with a disability (see [staff intranet page] )
* support a referral to a specialist family violence service, if the person is willing to accept a referral
* provide information about family violence leave and how to access this leave
* provide information about other workplace supports including the EAP and options for changes to working arrangements
* inquire about safety at work and contact the [person/s responsible for development of a Workplace Safety Plan] if a plan is required.

**Step 6. Document.** Document relevant information as per [name procedure], maintaining confidentiality and safety of the staff member.

**If you need any further information or support, please contact Ph. XXXX XXXX**

Response Options Following Identification of Family Violence Risk OR [Service name Staff referral pathways document to respond to risk]

**Signs and indicators of family violence are present**

Make a **sensitive enquiry**, e.g., **“I noticed you seem …. a bit distracted/ upset, etc. I wanted to check with you to see if everything is OK?”**

**“No, things are not OK”**

**“Yes, everything is OK”**

Let them know that you are there to support them. Let them know the limits of your confidentiality, particularly with regards to children’s safety. Listen to the person closely with empathy and without judging. Ask the following questions to identify whether family violence is occurring:

**1. “Has anyone in your family done something to make 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?”**

If they have indicated that family violence is not occurring, respect their answer and let them know about EAP and other internal health and well-being supports for staff and where to seek external support if they ever find themselves in a family violence situation.

*If you strongly suspect and/or have serious concerns for the staff member’s safety or the safety of their children, it is suggested that you consult a senior staff member about these concerns.*

**“No, family violence is not occurring”**

**“Yes””**

Family violence is occurring, ask about immediate safety, e.g.,

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

**“No, not in immediate danger” (adult &/or child)**

Whilst it is indicated there is no immediate threat, there may still be a serious risk.

* **If they are willing to receive assistance**, refer them to a specialist family violence service to make plans for their safety and well-being.
* Provide them with information about internal & external help & support that is available, including support to contact police and Workplace Support.
* Refer to [appropriate person] for workplace safety planning, if appropriate**.**
* **If they are not willing to receive assistance,** consider child wellbeing and safety and consult your manager to share information if needed.
* Provide them with information about internal & external help & support that is available, including emergency numbers and Workplace Support available.
* Let them know that they can get help if things change.

**“Yes, in immediate danger” (adult &/or child)**

* Ask if they require police (000) assistance and ask their views on calling the police, as it may not be safe to call the police.
* If they wish, provide them with the numbers and details of specialist family violence services to assist with safety planning and support.
* **If they are not willing to receive assistance**, and particularly if children are at risk, discuss with your manager possible notification to child protection/police (000).
* You can call a family violence service with de-identified information for advice as well. ​
* Consult with your manger, HR and/or a specialist family violence service.
* When safe to do so, advice of other internal and external services.

**Safe Steps [Local Family violence service] 1800RESPECT InTouch Djirra With Respect Mensline**

**24-hour crisis service Local family violence service 24-hour counseling Multicultural service Aboriginal service LGBTI service Counseling**

**1800 015 188 XXXXXXXX 1800 737 732 1800 755 988 1800 105 303 1800 542 847 1300 789 978**

1. Direction has not been provided by The Victorian Government about the application of the Multi-Agency Risk Assessment and Management Framework (MARAM), the Family Violence Information Sharing Scheme (FVISS) or the Child Information Sharing Scheme (CISS) to staff, or whether these laws are intended to apply only to clients and patients of hospitals.

   However, the MARAM Framework is best practice for family violence risk assessment and management, based on current evidence and research. These documents cannot provide specific guidance relating to responsibilities under MARAM, FVISS or CISS for clinical and non-clinical Managers, Human Resources consultants and others in positions of leadership responsible for responding to staff experiencing family violence until further advice is received. They are, however, informed by the practice expectations under MARAM relating to working with victim survivors. This updated suite of policies, procedures and guidance reflects changes in practice outlined in the MARAM Victim Survivor Practice Guides; [Responsibility 1: Respectful, sensitive and safe engagement](https://www.vic.gov.au/sites/default/files/2019-07/Responsibility-1-Respectful-Sensitive-and-Safe-Engagement.pdf), and [Responsibility 2: Identification of family violence](https://www.vic.gov.au/sites/default/files/2019-07/Responsibility-2-Identification-of-Family-Violence-Risk.pdf). These do not contain information relating to Information Sharing obligations under FVISS and CISS. When there is further direction about the application of MARAM, FVISS and CISS to staff, as opposed to service users/patients, these resources will be updated if required. [↑](#footnote-ref-1)
2. A package of resources to support hospitals to respond to staff who perpetrate family violence, including a template policy, clause and guidance documents are available as part of the Workplace Support toolkit available on the Women’s website at <https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/shrfv-resource-centre> [↑](#footnote-ref-2)
3. See *Workplace Support: Responding to staff who perpetrate family violence Policy (Template)[link]* [↑](#footnote-ref-3)
4. Whilst it is unclear whether staff are in scope for MARAM, it is recommended hospitals align their practice related to staff who are victim survivors of family violence to the evidence based MARAM best practice, including; that all staff are required to respond respectfully, sensitively and safely to a colleague who disclosures or where there are observable signs of family violence. it is recommended that staff know who to refer to ensure a victim survivor is provided with the appropriate support.

   To facilitate this, workplace support programs should ensure relevant staff and management are trained, supported and resourced to undertake sensitive practice in line with the key capabilities outlined in MARAM Practice Guides for Responsibilities 1 & 2. These practices are outlined in the accompanying Workplace Support Family Violence procedure. [↑](#footnote-ref-4)
5. A package of resources to support hospitals to respond to staff who perpetrate family violence, including a template policy, clause and guidance documents are available as part of the Workplace Support toolkit available on the Women’s website at <https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/shrfv-resource-centre> [↑](#footnote-ref-5)
6. Each hospital / health service will need to determine which staff will have responsibility for 1) Workplace Safety planning and 2) supporting Managers who receive disclosures from staff. Staff with these additional responsibilities should be provided with additional family violence training. These responsibilities could be given to HR consultants /FVCOs undertake or managers with HR responsibilities. They should be provided with training consistent with or above MARAM Identification and Screening level (referred to as Sensitive Practice in the SHRFV toolkit) to enhance family violence literacy and their understanding of risk assessment and risk management practice under MARAM. However, it is not recommended that these staff members will manage a risk outside of the workplace, family violence risk should be managed by a specialist family violence service (unless the hospital has in house family violence specialists). [↑](#footnote-ref-6)
7. HR Consultantsmay go by other titles such as People, Culture & Wellbeing Consultants. In many instances the Family Violence Contact Officers are located within Human Resources, however this is not always the case due to the structure and size of the hospital. The roles and responsibilities of staff need to be determined by the workplace and clearly documented. [↑](#footnote-ref-7)
8. As noted above, it is up to each hospital to determine who is responsible for risk assessment and safety planning and ensure that they have appropriate training and supervision to undertake this work. [↑](#footnote-ref-8)
9. Hospitals are encouraged as part of Workplace Support to have referral protocols with specialist family violence services. Referral processes for staff should be outlined in [Appendix D](#apd) [↑](#footnote-ref-9)
10. Some services require documentation/evidence for all leave and other services do not require documentation. [↑](#footnote-ref-10)
11. A package of resources to support hospitals to respond to staff who perpetrate family violence, including a template policy, clause and guidance documents are available as part of the Workplace Support toolkit available on the Women’s website at <https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/shrfv-resource-centre> [↑](#footnote-ref-11)
12. This guidance is for use by Human Resource /People, Culture and Wellbeing teams. Each workplace is different and will require a tailored process. This document provides a guide and examples, but each workplace needs to finds the right fit for them based on their size, workplace context, Payroll and HR systems. In most hospitals, some of the Family Violence Contact Officers (FVCOs) are HR consultants. However, some hospitals contract in HR services rather than have this service in-house and so use non-HR admin/clinical staff as Family Violence Contact Officers. Some regional services also work together with other health services to share the FVCO role so that victim/survivors can talk to someone outside their service if they wish. Sharing the FVCO roles requires an MOU regarding communication and information storage protocols between the services. [↑](#footnote-ref-12)
13. The Victorian Gender Equality Act specifies that workplaces report on the ‘availability and utilisation of terms, conditions and practices relating to family violence leave.’ This exact reporting requirements have not yet been provided. [↑](#footnote-ref-13)