

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Domestic and Family Violence – Identifying and Responding: Mental Health Service
<b>TYPE OF DOCUMENT</b>	Procedure
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<b>FUNCTIONAL GROUP</b>	Mental Health
<b>KEY TERMS</b>	Perpetrator, Domestic Violence, Family Violence, Reporting, SESLHDPR/491
<b>SUMMARY</b>	This procedure has been developed to inform SESLHD Mental Health Service practice in effectively identifying and responding to domestic violence where this is encountered.

## COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

This Procedure is intellectual property of South Eastern Sydney Local Health District.  
Procedure content cannot be duplicated.

Feedback about this document can be sent to [SESLHD-Policy@health.nsw.gov.au](mailto:SESLHD-Policy@health.nsw.gov.au)

# SESLHD PROCEDURE

## Domestic Violence – Identifying and Responding: Mental Health Service

**SESLHDPR/491**

### 1. POLICY STATEMENT

This procedure aims to provide guidance to SESLHD Mental Health Service (MHS) staff in the implementation of the [NSW Ministry of Health Policy Directive PD2006\\_084 - Domestic Violence – Identifying and Responding](#).

### 2. BACKGROUND

Domestic and Family Violence (DFV) includes any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling and causes a person to live in fear for their own, or someone else's, safety. It includes physical, emotional, psychological, financial, sexual or other types of abuse. It can affect anyone in the community, regardless of gender, sexual identity, race, age, culture, ethnicity, religion, disability, economic status or location.

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

Domestic violence is the leading cause of homelessness, death, disability and ill health in Australian women aged 15-44<sup>1</sup>.

Domestic violence affects all people and communities. There is sufficient evidence to suggest that particular groups of people experience multiple, overlapping challenges, including discrimination, and disadvantage related to their identity or situation. This may heighten the likelihood, impact or severity of violence, as well as creating additional barriers to seeking support and securing safety.

Many victims can be more disadvantaged and experience greater vulnerability. These groups may include but aren't limited to women, older people, children and adolescents, consumers with intellectual disability, consumers with mental health diagnosis/condition, consumers experiencing homelessness, the LGBTIQ+ Community, the Aboriginal community, the Torres Strait Islander community, and Culturally and Linguistically Diverse consumers. In the implementation of this procedure, health workers need to understand the impact of these vulnerabilities and the ensuing complexity that consumers face.

To be trauma-informed and apply intersectionality in practice, requires recognising and addressing discrimination, disadvantage and other contextual factors that can make some people more vulnerable to violence and its impacts, such as experiences of racism, homophobia, ableism or sexism.

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<sup>1</sup> [World Health Organisation Report – Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013](#)

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### 3. DEFINITIONS

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

**Domestic violence** generally refers to violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control or dominate that person.

**Domestic and Family Violence (DFV)** includes any behaviour in an intimate or family relationship, which is violent, threatening, coercive or controlling and causing a person to live in fear for their own or someone else's safety.

**Domestic Violence or intimate partner violence** generally describes violence perpetrated by people who are (or have been) in an intimate partnership whether or not the relationship involves or has involved a sexual relationship, for example, married or engaged to be married, separated, divorced, de-facto partners (whether of the same or different sex), couples promised to each other under cultural or religious tradition, or who are dating.

**Sexual violence** can occur in the context of DFV (up to 40%) and is often part of a larger pattern of coercive control in a relationship. Intimate partner sexual violence should be considered a tactic of DFV, and not a separate phenomenon. Victims of intimate partner sexual violence are less likely to seek help than victims of other forms of DFV.

**Family Violence** includes violence between people who are related to one another through blood, marriage or de-facto partnerships, adoptions and fostering relationships, sibling and extended family relationships. It includes the full range of kinship ties in Aboriginal communities, extended family relationships, and family within lesbian, gay, bisexual, transgender, intersex or queer communities. People living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship if their relationship exhibit family like dynamics.

Throughout this document, the terms patient, client and consumer may be used interchangeably to acknowledge the varying preferences of people who give and receive services in the SESLHD MHS.

The SESLHD MHS acknowledges that the use of the word "victim" may cause feelings of disempowerment and be re-traumatising. However as "victim" is the word used within [PD2006\\_084 -Domestic Violence – Identifying and Responding](#) to describe the person who has experienced violence, there are instances within this document where the word "victim" remains.

**SESLHD PROCEDURE****Domestic Violence – Identifying and Responding: Mental Health Service****SESLHDPR/491****4. RESPONSIBILITIES****4.1 Employees will:**

- NSW Health workers should respond to DFV when a disclosure is made, or DFV is suspected. Where indicators or inconsistent histories are present staff should ask direct questions about the cause of injury, or the dynamics within the relationship. All NSW Health Workers are required to ask direct questions about DFV where it is suspected (and it is safe to do so). Research clearly indicates that women in particular, are more likely to make disclosures of DFV if they are asked a direct question about it.
- Mental Health staff are required to routinely screen for Domestic Violence using the NSW Health Domestic Violence Routine Screening Tool located within the Mental Health eMR catalogue.
- Mental Health staff must Attend 'Routine Screening for Domestic Violence' mandatory training
- Mental Health staff must complete mandatory routine screening, using the relevant electronic Medical Record (eMR) module, with all females aged 16 years or above who present to the Mental Health Service. (While routine screening is mandatory for female consumers aged 16 years or older, SESLHD MHS recognises that men may also experience domestic violence and questions for all consumers are included in the mandatory eMR Mental Health Current Assessment Form)
- Mandatory screening should be completed as part of the initial mental health assessment, however a screening tool is also available via ADHOC in eMR for when screening occurs outside of the completion of the mental health assessment module
- Offer support and appropriate referrals if domestic violence is identified
- Add an alert to eMR if domestic violence is identified, if the patient is the primary carer of children and/or if there is an Apprehended Domestic Violence Order (ADVO) in place [SESLHDPD/309 - Apprehended Violence Orders \(AVOs\): Health staff responsibilities](#)
- Engage clients in a supportive manner. Please refer to Appendix A.
- Identify and address relevant safety concerns
- Consult with and/or refer to other clinicians, support services as required and the Emergency Department Social Worker where relevant.

**4.2 Line Managers will:**

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

**4.3 District Managers/Service Managers will:**

- Ensure this procedure is circulated and implemented within their mental health service
- Ensure that adequate training is available to staff.

NB: Medical staff are employees and should not be commented on separately.

## 5. PROCEDURE

### 5.1 Identification and routine screening

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

- Routine screening is mandatory for staff to complete with women aged 16 years old and over attending a mental health service in accordance with NSW Ministry of Health [PD2006\\_084 Domestic Violence - Identifying and Responding](#).
- Routine screening is not to be carried out in the presence of a partner or other family members, friends or children over the age of three years.
- For many clients, English is a second language. When consumers who are not fluent in English and/or are deaf, access health care services, they must be provided with a health care interpreter. Family or carers should not interpret for clients when DFV is being discussed. Having the assistance of a professionally trained interpreter is critical to help the person who has experienced violence make first contact with front line services, feel safe to disclose any abuse, and access help for themselves and their children. An accredited health care interpreter should be used, as per NSW Ministry of Health Policy Directive [PD2017\\_044 - Interpreters - Standard Procedures for Working with Health Care Interpreters](#).
- Routine screening is to be undertaken at the first practical opportunity, when the person is coherent enough to participate in relation to their mental state, any substance intoxication and/or trauma. Ideally, domestic violence screening will be completed as part of the initial comprehensive mental health assessment
- If a domestic violence risk is identified via screening, further assessment should be carried out to ascertain the nature of the domestic violence, and any concerns for the safety of the person who has experienced violence, their children or others
- Mandatory screening should be completed as part of the initial mental health assessment; however a screening tool is also available via ADHOC in eMR for when screening occurs outside of the completion of the mental health assessment module.

### 5.2 Support

All staff have the responsibility to provide safe and supportive responses when indicators of DFV are identified, or a disclosure is made by the person accessing health services. Once a person has disclosed experiencing, or being exposed to, DFV NSW Health staff must provide a comprehensive response that includes consideration of safety, protection and support for the person, and any children living with DFV. NSW Health staff should adopt a non-judgemental, trauma informed approach, emphasis that DFV is not the fault of the person who has experienced violence, and ensure that safety and other issues are followed up after domestic violence is identified.

#### 5.2.1 Response Checklist

- **Step 1. Acknowledge disclosure**
  - Engage clients in a supportive manner.
  - Provide information about DFV

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- Name the violence and validate that it is not the fault of the person who has experienced the violence
- Use language that is easily understood when providing information to clients
- Offer written information on DFV, such as the pocket sized z-card, where safe to do so (ie not in the presence of the partner or other family members, friends or children over the age of three years)
- Ask the client what other information they want and need
- **Step 2: Assess and Plan for Safety**
  - Determine the immediate safety of the client
  - Call the NSW Police if there is an immediate threat
  - Assess the risk of harm to children and family and, where necessary, a reports should be made to the Child Protection Helpline (NSW Department of Family and Community Services) and to NSW Police (see Section 4.4 – Legal Obligations of Staff)
  - Assess the need for immediate medical attention and ensure the consumer's physical and medical needs are addressed
  - Assess mental health risk in relation to suicide or self-harm and develop an immediate risk management plan based on the findings of the assessment
  - Identify any legal orders, including ADVOs and Family Law Court Custody Orders which may be in place, or any Family Law Court action occurring, and incorporate these into the safety plan
  - Assess safety and risk factors in relation to the person who has experienced violence and any children in a comprehensive way:
    - eg, what has been happening? Has there been threatened violence? Perpetrator threatening suicide? Damage to property? Harm to pets? Verbal/emotional abuse? Sexual Abuse? Financial abuse? Isolation from family/friends? Recent incident of physical violence, \*especially strangulation, the violence is escalating: weapons have been used, threats/acts of violence towards children/others/pets, The perpetrator is in the home or close-by
  - Assess the need for emergency accommodation
  - Ask the client about their support network e.g. family friends and contacts, if any.
- **Step 3: Offer referrals**
  - After the initial Mental Health Intervention seek secondary consultation from internal social work team or local domestic violence service
  - Respond to issues of safety (this is usually undertaken by a social worker or trained DFV health worker)
  - Offer to make warm referrals for clients to NSW Health and Domestic Violence Support Services
  - Assist the client to contact relevant legal and other services if needed
  - The following should be offered:
    - Information about counselling offered by NSW Health services and other services that may be required
    - The pocket-sized 'Z' card, which provides information and contact numbers for assistance. This is to be offered to every person who identifies as a woman

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subsequent to screening, whether domestic violence is identified or not. This should only be given where it is safe to do so.

- The number for the Domestic Violence Line (NSW Department of Family and Community Services), which provides 24-hour support and assistance (Phone: 1800 65 64 63).
- Consumers who have experienced DFV should be informed of their rights to make a statement to NSW Police with a view to NSW Police charging the offender and/ or apply for an ADVO.

- **Step 4: Document in file**

- Record the disclosure in the medical record
- Use the clients own words to record the disclosure
- Document any injuries you observe
- Document referrals and actions made

#### 5.3 Safety of Staff

- Safety of staff is a priority when responding to domestic violence. If at any time, MHS staff feel unsafe or threatened, they should remove themselves from the situation
- If a staff member is threatened or fears personal violence they should inform their line manager who will report the matter to the Site/Service Executive. The staff member may also report this to NSW Police.
- Treatment options for clients should be reviewed with the team, eg, contact at the Community Mental Health Centre rather than at home. Changes to the management plan should be clearly documented in the clinical file.
- Complete risk assessment tool prior to conducting a home visit as per [SESLHDHB/016 Work Health and Safety – Safety When Working Off Site Handbook](#)

#### 5.4 Legal Obligations of Staff

When the safety of others is involved, confidentiality cannot be offered unconditionally.

##### 5.4.1 Reporting to NSW Police

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

There are situations where staff are able to override a victim's request to not report to NSW Police as per NSW Ministry of Health Policy [PD2006 084 -Domestic Violence – Identifying and Responding](#). In these situations victims should, wherever possible, have information provided to them regarding the process and reasons for reporting against their wishes. Given the serious implications of a report to NSW Police without consent of the victim, staff must consult with senior clinical staff and the local Police Domestic Violence Liaison Officer in making this decision. DFV poses such as significant risk to individuals that in some cases reports to NSW Police must be made, even where this is against the wishes of the victim. Health workers must report to NSW Police regardless of the victim's views where:

- Serious injuries have been inflicted such as broken bones, stab and gunshot wounds
- The perpetrator has access to a gun and is threatening to cause physical injury to any person [SESLHDPR/318 - Firearms and/or Prohibited Weapons: Notification to Police](#)

[of Consumers Suspected of having Access to a Firearm and/or Prohibited Weapon](#)

- The perpetrator is using or carrying a weapon (including guns, knives or any other weapon capable on injuring a person) in a manner likely to cause physical injury to any person or likely to cause a reasonable person to fear for their personal safety
- An immediate serious risk to individual/s or public safety exists
- An offence has occurred on NSW Health premises, or in circumstances in which health workers are threatened because of their professional role.

**NB: Non-fatal strangulation / choking / smothering are serious offences and can be indicators of lethality. These instances should be reported to NSW Police.**

**5.4.2 Child Protection**

- Staff are required to assess whether children and young people are at risk of harm in the context of domestic violence. For indicators of abuse and neglect, refer to the [NSW Ministry of Health Policy Directive PD2013\\_007 - Child Wellbeing and Child Protection Policies and Procedures for NSW](#)
- Staff should complete the [Mandatory Reporter Guide](#)
- Staff should follow the directions indicated in the [Mandatory Reporter Guide](#) decision report. This may include contacting a NSW Health Child Wellbeing Unit (Phone: 1300 480 420) or the NSW Department of Family and Community Services Child Protection Helpline (Phone: 132 111) or considering referral to other support services for the child or young person
- All NSW Health staff are mandated to report to the Child Protection Helpline when children are at risk of significant harm (ROSH) as a result of domestic violence.

**5.5 For victims of domestic violence identified as being at serious threat through Safer Pathway (NSW Domestic and Family Violence Reforms)**

Recent inter-governmental reforms in NSW have been implemented to identify victims of domestic violence who are at serious threat, and to ensure that information is shared and actions are taken to increase safety for these victims and their children. SESLHD MHS staff will ensure that when a serious threat is identified, they act to increase immediate safety for the person who has experienced violence and their children. SESLHD MHS staff will comply with any SESLHD policies and procedures that are implemented in association with these reforms.

Staff may consult with the Safety Action Meeting mental health site representatives regarding a possible referral to the local Domestic Violence Safety Action Meeting.

**5.6 Interventions with Perpetrators**

Mental health staff have a responsibility and duty of care to provide assessment, treatment and mental health related services to clients who may be identified as actual or suspected perpetrators of domestic violence. It is not the role of mental health staff, however, to provide treatment focusing on clients' perpetration of domestic violence.

Direct intervention with perpetrators is limited to:

- Naming and identifying behaviours as domestic violence



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- Providing information regarding the nature and effects of domestic violence
- Providing options for the safety and protection of the person who has experienced violence and any children.

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

As stated in section 5.10 “Relationship counselling” of the NSW Health [Policy and Procedures for identifying and responding to domestic violence](#), **relationship counselling or family therapy/counselling will not be provided to couples when domestic violence is identified.**

**5.6.1 Referrals for Perpetrators**

As directed in the [NSW Ministry of Health Information Bulletin IB2014\\_003 - Domestic Violence: Men’s Behaviour Change Programs](#), NSW Health staff should only refer to programs which comply with the minimum standards for men’s domestic and family violence behaviour change programs. The programs that comply are listed on the [NSW Department of Communities and Justice](#) website.

The programs geographically accessible to SESLHD are:

- Relationships Australia (Phone: 1300 364 277 – Sydney City and Wollongong)
- BaptistCare Relationship Services at Bankstown (Phone: 1300 130 225).

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

**5.7 Mental Health Setting – Inpatient**

- Mandatory routine screening should be conducted as part of the comprehensive mental health assessment, if the patient is adequately coherent. If screening is not possible as part of the initial assessment, staff must document on the screening tool the reasons for non-completion. A clinical team member should complete the screening as soon as practicable, using the screening tool available on eMR
- If the patient discloses that they are experiencing domestic violence, staff should check if there is an ADVO and, if so, what are the conditions. If there is an ADVO with conditions that prevent contact there should be measures in place to ensure there is no breach of the ADVO. Additionally, if there is no ADVO staff should check if the patient wishes to refuse visits to a particular person or persons. Staff should include this information at points of verbal clinical handover as well as documenting this clearly in the patient’s medical record
- If domestic violence is suspected, or the patient has disclosed domestic violence, a referral should be made to the team social worker as an immediate priority. The social worker should interview the patient as soon as possible (to be classified as a high priority) and provide counselling and referral as required - recommend same day response from Social Worker

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- Where staff are aware that an ADVO has been breached on NSW Health premises staff must inform NSW Police
- Should the patient wish to formally change the terms of the ADVO, staff should provide information and appropriate assistance
- Staff should enquire about any Family Law Court orders in place, or action that is occurring
- For consumers who have experienced violence, every effort should be made for discharge into a safe environment
- Staff should identify if there are any dependent children in the situation, as admission could leave the children vulnerable. See Appendix A.
- In cases where the perpetrator is the patient, staff should make contact with the person who has experienced violence to assess safety and provide support and referrals as necessary
- Referral to domestic violence services, where indicated, should be part of routine discharge planning. Information regarding domestic violence should be communicated to the community mental health service or responsible clinician.

**5.8 Mental Health Setting – Community**

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

**5.9 Consultation Options in relation to Domestic Violence**

- Senior Social Worker at the relevant site/service
- Managers, Team Leaders, Senior Clinicians at the relevant site/service
- The Domestic Violence Counselling Service at the relevant site (where applicable)
- NSW Police including Domestic Violence Liaison Officers (DVLO), Gay and Lesbian Officers (GLO), Multicultural Liaison Officers (MCLO), Aboriginal Community Liaison officer (ACLO) Call your local police station for contact details.
- SESLHD Safer Pathways Senior Clinician (02) 9382 8692
- SESLHD Violence, Abuse & Neglect Coordinator (02) 9382 8697
- SESLHD Child Wellbeing & Child Protection Coordinator 0439 593 868

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- Mental Health Service Family and Carer Clinicians / Program Manager.

#### Children

- NSW Health Child Wellbeing Unit (Phone: 1300 480 420) or Child Protection Helpline (Phone: 132 111)
- Child Protection Unit, Sydney Children’s Hospital (Phone: 9382 1412/3)
- Children of Parents with Mental Illness worker, SESLHD MHS
- SESLHD Child Wellbeing & Child Protection Coordinator 0439 593 868
- Child Abuse & Sexual Assault Clinical Advice Line 1800 244 531

For contact and referral services, please see Appendix B: Contacts and Referrals for Domestic and Family Violence

#### **5.9.1 After Hours Contacts:**

- 1800 Respect (1800 737 732) 24 hour counselling service
- Domestic Violence Helpline (Phone: 1800 65 64 63) run by FACS
- Child Protection Unit, Sydney Children’s Hospital (Phone: 9382 1111)
- Child Protection Helpline (Phone: 132 111)

## **6. DOCUMENTATION**

- Documentation of domestic violence screening is to be completed in eMR:
  - As part of the comprehensive Mental Health Assessment in module ‘MH Current History’ or
  - Via ‘AD-HOC’
  - If Domestic Violence is identified add an alert into eMR
  - In cases where there is domestic violence and the patient is the primary carer for children this should be added as an alert.
  - Where there is an ADVO in place this should be added as an alert.
- A progress note is to be completed to document the actions of staff, including any referrals to other services and child protection notifications.
  - All services delivered to any patient or client of a NSW Health service must be fully documented, including mandatory reports to Child Protection Services and NSW Police. This includes services delivered to victims of DFV. Case notes should be accurate and clearly separate presentations and observations (e.g. injuries) from professional opinion. Wording such as ‘the client/ patient states...’, ‘injuries are consistent with...’ should be used when describing the situation. It is also important to document concerns about possible DFV, including the indicators that lead workers to suspect this may be the case.

## **7. AUDIT**

As outlined in NSW Ministry of Health [PD2006\\_084 Domestic Violence - Identifying and Responding](#), Mental Health Services across the SESLHD are to participate in data collection processes, which document the level and outcomes of domestic violence screening. This takes the form of an annual snapshot over a one month period.

**8. REFERENCES****NSW Ministry of Health**

- [PD2006\\_084 - Domestic Violence – Identifying and Responding](#)
- [PD2017\\_044 - Interpreters - Standard Procedures for Working with Health Care Interpreters](#)
- [PD2013\\_007 - Child Wellbeing and Child Protection Policies and Procedures for NSW](#)
- [Policy and Procedures for identifying and responding to domestic violence](#)
- [IB2014\\_003 - Domestic Violence: Men's Behaviour Change Programs](#)

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- [SESLHDHB/016 - Work Health and Safety – Safety When Working Off Site Handbook](#)
- [SESLHDPR/318 - Firearms and/or Prohibited Weapons: Notification to Police of Consumers Suspected of having Access to a Firearm and/or Prohibited Weapon](#)
- [SESLHDPR/309 - Apprehended Violence Orders \(AVO\): Health Staff's Responsibilities in Protecting Patients](#)
- [SESLHDPR/598 - Recognising and responding to abuse and violence of older people](#)

**Other**

- [Mandatory Reporter Guide](#)
- [NSW Department of Communities and Justice](#)
- [World Health Organisation Report - Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013](#)
- [Australian Bureau of Statistics, Personal Safety Survey, 2016](#)
- [National Safety and Quality Health Service \(NSQHS\): Standard 1. Governance for Safety and Quality in Health Service Organisations \(1.1, 1.3, 1.7, 1.10, 1.11\)](#)
- [National Standards for Mental Health Services 2010: Standard 2. Safety \(2.1\); Standard 10. Delivery of care \(10.1.9\)](#)

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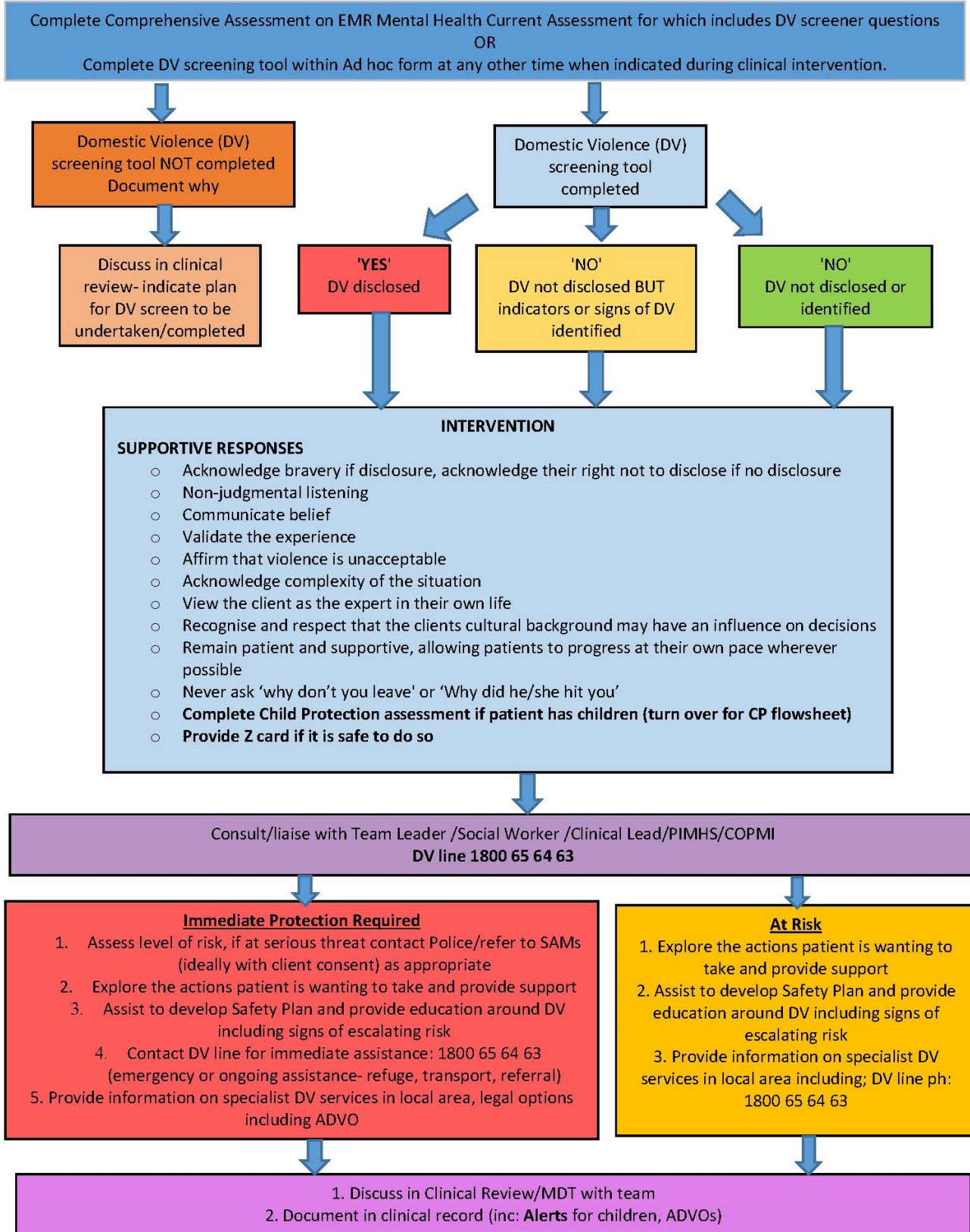
### 9. REVISION AND APPROVAL HISTORY

Date	Revision No	Author and Approval
Nov 2015	0v3	Endorsed by SESLHD MHS Clinical Council.
Nov 2016	1v1	Initial review undertaken by Danni Birchall, ESMHS Quality Manager, and Jeanette Walsh, SESLHD Violence Abuse Program Coordinator.
Feb 2017	1v2	Reviewed by Angela Karooz, SESLHD District Clinical Nurse Manager. Endorsed by District Document Development and Control Committee. Endorsed by SESLHD MHS Clinical Council.
May 2017	1	Executive Services processed for publishing
October 2018	1	Executive Services updated the Child Protection Helpline phone number throughout document.
May 2019	2	Working party formed: Melissa Coates, Victor Syquia, Max Simensen, Linda Green, Lisa Michelle, Fiona l'Anson, Felicity Cox, Nefeli Pnevmatikos  Confirmed correct template. Document reviewed for gender diversity, links checked and updated, Standards aligned to NSHQS Second Edition
June 2019	2.1	Feedback from working party incorporated Second round of feedback requested from working party
July 2019	2.2	Second round of feedback incorporated Feedback requested from DDCC
August 2019	2.3	DDCC feedback incorporated Appendix A amended and page order swapped Reference to the NSW Health Policy and Procedures for identifying and responding to domestic violence added
August 2019	2.4	Further feedback from SESLHD MHS DDCC requested and incorporated into document.
September 2019	2.4	Document endorsed by SESLHD MHS DDCC Document endorsed by SESLHD MHS Clinical Council
October 2019	2.4	Minor Review approved by Executive Sponsor. Document amended to be gender neutral. Aligned to NSHQS Second edition. Additional at risk communities resources included. Appendix A updated. Formatted by Executive Services prior to tabling at November 2019 Clinical Quality Council for approval to publish.
June 2021	3.0	Routine Review Commenced. Feedback provided by A/Violence, Abuse and Neglect Coordinator, Child Youth and Family Services, PaCH. Circulated to DDCC for review and comment.
November 2021	3.1	Amended to incorporate feedback received from DDCC. Reworded to reduce the occurrence of the word "victim". Endorsed by MHS DDCC. Endorsed by MHS Clinical Council and Executive Sponsor.
December 2021	3.2	Appendix B NSW Elder Abuse Helpline updated to the Ageing and Disability Commission Abuse Helpline. Cross referenced with SESLHDPR/598 Recognising and responding to abuse and violence of older people.

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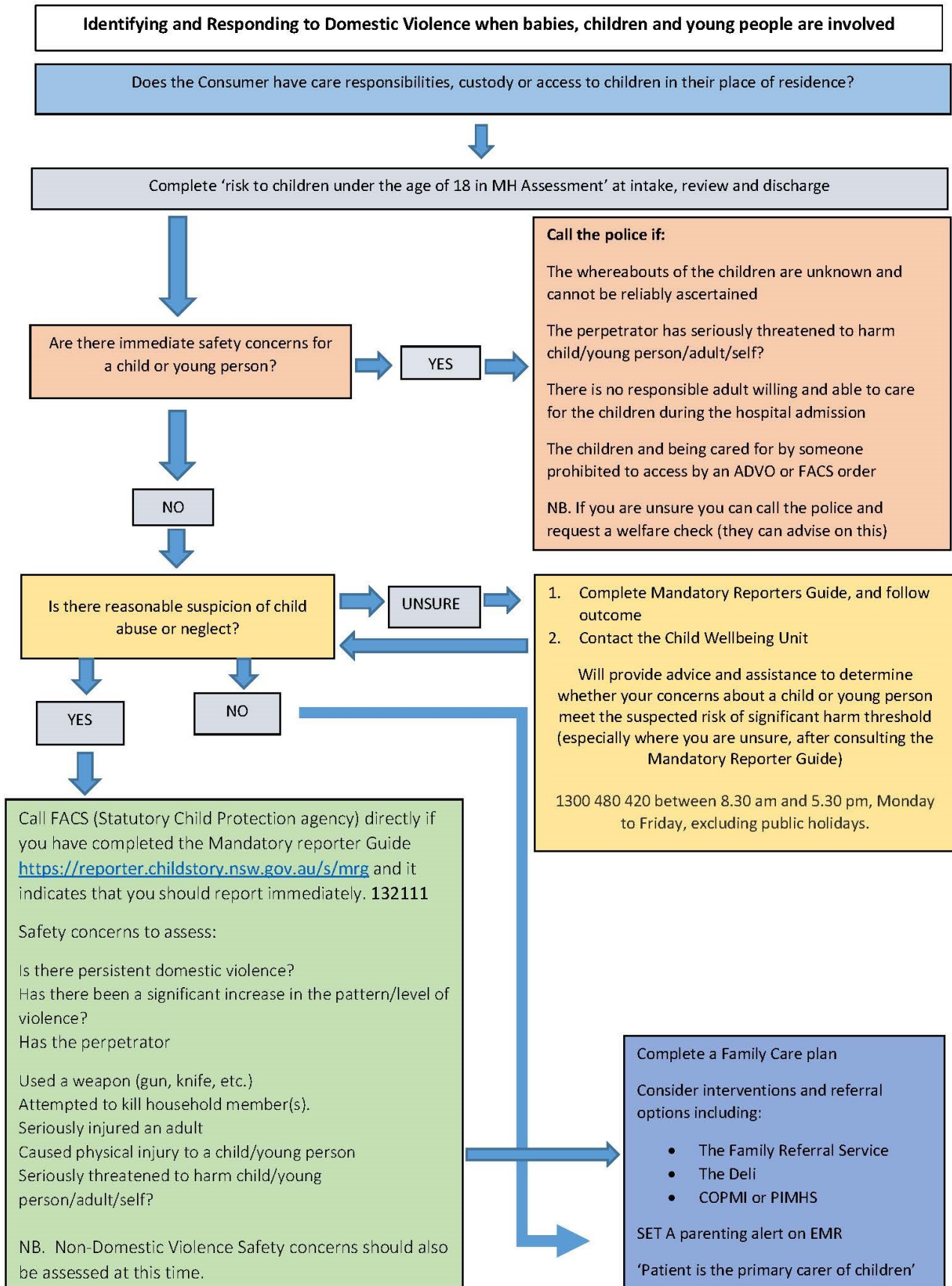
**Appendix A**



Flowchart: T19/45088

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Flowchart: T19/45088

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### APPENDIX B. CONTACTS AND REFERRALS FOR DOMESTIC AND FAMILY VIOLENCE

SERVICE	DESCRIPTION	WEB	PHONE
<b>STATE-WIDE COUNSELLING, INFORMATION AND SUPPORT SERVICES</b>			
1800RESPECT National Sexual Assault, DFV Counselling Service	24/7 telephone or online crisis counselling	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>	1800 737 732 (24/7)
NSW Rape Crisis Centre	24/7 telephone or online counselling, information and referral for victims of sexual assault their supporters	<a href="http://www.nswrapecrisis.com.au">www.nswrapecrisis.com.au</a>	1800 424 017 (24/7)
NSW Domestic Violence Line	Telephone counselling, information and referral for women and same sex partners	<a href="http://www.community.nsw.gov.au/parents-carers-and-families/domestic-and-faimly-violence/domestic-violence-line">www.community.nsw.gov.au/parents-carers-and-families/domestic-and-faimly-violence/domestic-violence-line</a>	1800 656 463 (24/7)
Victim Services	Support services, including free counselling and financial assistance to victims of crime	<a href="http://www.victimsservices.justice.nsw.gov.au">www.victimsservices.justice.nsw.gov.au</a>	1800 633 063
Telephone Interpreter Service (TIS)	Phone and onsite interpreting	<a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a>	13 14 50
Health Care Interpreting Service (HCIS)	24/7 onsite and phone interpreting services	<a href="http://www.health.nsw.gov.au/multicultural/pages/health-care-interpreting-and-translating-services.aspx">www.health.nsw.gov.au/multicultural/pages/health-care-interpreting-and-translating-services.aspx</a>	Log in for relevant phone numbers for your district
<b>NSW HEALTH SEXUAL ASSAULT SERVICES</b>			
Southern Sydney- St George Hospital	Kogarah		9113 2494 9113 1111 (After Hours)



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Eastern and Central Sydney-Royal Prince Alfred	Camperdown		9515 9040 9515 6111 (After Hours)
<b>WOMEN'S HEALTH AND RESOURCE CENTRES</b>			
Orana Women's Health	Gymea		9525 2058
The Deli Women and Children's Centre-counselling and support	Botany and Randwick Areas		9667 4664 <a href="http://www.thedeli.org.au">www.thedeli.org.au</a>
<b>ABORIGINAL MATERNAL INFANT HEALTH SERVICES</b>			
Royal Hospital for Women, Malabar Community Midwifery Link Services	Randwick		9382 6783
<b>COUNSELLING</b>			
St Vincent's Domestic Violence Counselling Service	Trauma informed social work service, working with men and women who have experienced DFV	City and Eastern Suburbs of Sydney	8382 1450 (referrals)
St George Domestic Violence Service	Counselling, advocacy and support	St George	9087 8300 (information) 9113 2495 (intake)
<b>COMMUNITY HEALTH CENTRES</b>			
Child and family Counselling Service	Includes DFV Counselling	Caringbah (The Sutherland Hospital), Engadine, Menai outreach in other locations	9522 1000
<b>SOCIAL WORK HOSPITAL SERVICES</b>			
<ul style="list-style-type: none"> <li>St George Hospital (SGH) 9113 2494</li> <li>The Sutherland Hospital (TSH) 9540 8300</li> <li>Prince of Wales Hospital (POWH) 9382 2375</li> <li>Sydney/ Sydney Eye Hospital (SSEH) 9382 7118</li> <li>Royal Hospital for Women (RHW) 9382 6670</li> </ul>			
<p><b>NOTE:</b> SGH, TSH, POWH, SSEH, RWH all provide a 24/7 On Call Crisis Social Work Service. You can contact the Afterhours On Call Social Worker via the respective site's hospital switchboard.</p>			

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<b>FAMILY SUPPORT AND DFV CASE MANAGEMENT SERVICES</b>			
Family Connect and Support	Referral to a wide range of local support services for children, young people and their families including family support, counselling and post-separation services	South Eastern and Northern Sydney	1800 066 757
Bondi Beach Cottage Integrated DFV Service		Bondi	9365 1607
Sutherland Shire Family Services		Sutherland Area	9528 2933
Crossroads Community Care Services	<a href="http://www.crossroadscommunitycare.org.au">www.crossroadscommunitycare.org.au</a>	Miranda	9525 3790
Bay City Domestic Violence Service	Crisis Support, counselling, groups, referral, Youth Domestic Violence Early Intervention Programs <a href="http://www.baycitycare.com.au">www.baycitycare.com.au</a>	Rockdale	8094 1354
Sydney Health Care Interpreter Service	<a href="http://www.slhd.nsw.gov.au/interpreter">www.slhd.nsw.gov.au/interpreter</a>		9515 0030
<b>STATEWIDE LEGAL SUPPORT SERVICES</b>			
Domestic Violence Legal Advice Line	Information, advice and referrals for DFV and ADVO's	<a href="http://www.wlsnsw.org.au/legal-services/domestic-violence-legal-service/">www.wlsnsw.org.au/legal-services/domestic-violence-legal-service/</a>	1800 810 784
Women's Legal Advice line	Advice & referrals	<a href="http://www.wlsnsw.org.au">www.wlsnsw.org.au</a>	1800 801 501
Legal Aid NSW	Call your local Legal Aid Officer or Law Access NSW	<a href="http://www.legalaid.nsw.gov.au">www.legalaid.nsw.gov.au</a>	1300 888 529
Law Access NSW	DFV information and brochures online	<a href="http://www.lawaccess.nsw.gov.au">www.lawaccess.nsw.gov.au</a>	1300 888 529
Victims of Crime Assistance League	Victim support, emotional and practical support	<a href="http://www.vocal.org.au">www.vocal.org.au</a>	4926 2711
<b>STATEWIDE ABORIGINAL LEGAL SERVICES</b>			
Indigenous Women's Legal	Legal Advice	<a href="http://www.wlsnsw.org.au">www.wlsnsw.org.au</a>	1800 639 784

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Contact Line			
Wirringa Baiya Aboriginal Women's Legal Centre	Legal advice, court support	<a href="http://www.wirringabaiya.org.au">www.wirringabaiya.org.au</a>	1800 686 587
Aboriginal Victims of Crime Contact Line	Victims of violent crime counselling/ compensation	<a href="http://www.victimservices.justice.nsw.gov.au">www.victimservices.justice.nsw.gov.au</a>	1800 019 123
<b>WOMEN'S DOMESTIC VIOLENCE COURT ADVOCACY SERVICE</b>			
Southern Sydney	St George, Sutherland & Miranda		8508 4300
Sydney	Waverley, Downing Centre, Newtown, Balmain		9287 7505
<b>LOCAL LEGAL SUPPORT SERVICES</b>			
Legal Aid	Sutherland		9521 3733
Community Legal Centre	Kingsford, Randwick		9385 9566
<b>HOUSING AND ACCOMMODATION</b>			
NSW Domestic Violence Helpline	For emergency accommodation in a refuge or motel		800 656 463 (24/7)
Link2Home	Homelessness and Referral		1800 152 152 (24/7)
Housing NSW	Assists with affordable housing, emergency accommodation, and assistances with bond		1800 422 322
Staying Home Leaving Violence	Specialised DFV program aimed at preventing clients from becoming homeless (Eastern Sydney)		0439 414 673
<b>CHILDREN/ YOUNG PEOPLE</b>			
DCJ Child Protection Helpline	To report suspected risk of significant harm after completing the MRG		132 111 (24/7)
NSW Health Child Wellbeing Unit	For assistance in determining what actions to take to address safety, welfare or wellbeing concerns		1300 480 420 (Monday to Friday 8.30am-5pm)
Kids Helpline	Free, private and confidential phone counselling service for young people ages 5-25		1800 551 800
The Line	Counselling, Information, and referrals 24/7 for young people <a href="http://www.theline.org.au">www.theline.org.au</a>		

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Bursting the Bubble	Information for children and young people who are experiencing DFV <a href="http://www.burstingthebubble.com">http://www.burstingthebubble.com</a>	
<b>LGBTIQ SPECIFIC SERVICES</b>		
ACON	For information, support, referrals, advice and advocacy for victims of DFV. <a href="http://www.acon.org.au/what-we-are-here-for/domestic-family-violence/">www.acon.org.au/what-we-are-here-for/domestic-family-violence/</a>	1800 063 060
Inner City Legal Centre	Free LGBTIQ legal advice state-wide <a href="http://www.iclc.org.au/srp/">http://www.iclc.org.au/srp/</a>	9332 1966
QLife	LGBTIQ counselling, support and webchat. Phone support 3pm-12am/7 days <a href="http://www qlife.org.au/support">www qlife.org.au/support</a>	1800 184 527
Safe Relationships Project	Court assistance, practical assistance with ADVO's and support, advocacy <a href="https://youthpoint.com.au/inner-city-legal-centre-safe-relationships-project-2/">https://youthpoint.com.au/inner-city-legal-centre-safe-relationships-project-2/</a>	1800 244 481
Say it out LOUD	Abuse in LGBTIQ relationships-getting help <a href="http://saitoutloud.org.au/relationships/abusive-relationships/getting-help/">http://saitoutloud.org.au/relationships/abusive-relationships/getting-help/</a>	
<b>PEOPLE WITH DISABILITIES SPECIFIC SERVICES</b>		
Intellectual Disability Rights Service	Legal advice, court support, support with police <a href="http://www.idrs.org.au">www.idrs.org.au</a>	1800 666 611
Multicultural Disability Advocacy Association	Advocacy; Safer Lives, Respectful Relationships peer education project <a href="http://www.mdaa.org.au">www.mdaa.org.au</a>	1800 629 072
People with Disability Australia	Advocacy and representation for Disability Rights <a href="https://pwd.org.au">https://pwd.org.au</a>	1800 422 015
Ageing and Disability Commissioner	Investigate concerns and allegations of abuse, neglect and exploitation <a href="https://ageingdisabilitycommission.nsw.gov.au/">https://ageingdisabilitycommission.nsw.gov.au/</a>	1800 628 221
<b>OLDER PEOPLE SPECIFIC SERVICES</b>		
Ageing and Disability Commission Abuse Helpline	Previously known as "NSW Elder Abuse Helpline and Resource Unit". Information for clients and workers <a href="http://www.ageingdisabilitycommission.nsw.gov.au">www.ageingdisabilitycommission.nsw.gov.au</a>	1800 628 221

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<b>SERVICES FOR MEN WHO ARE VICTIMS OF DOMESTIC AND FAMILY VIOLENCE</b>			
Men's Referral Service	Telephone counselling, information and referral service	<a href="http://www.mrs.org.au">www.mrs.org.au</a>	1300 766 491 (24/7)
Mensline Australia	Telephone and Online Support	<a href="http://www.mensline.org.au">www.mensline.org.au</a>	1300 78 99 78 (24/7)
1800RESPECT National Sexual Assault, DFV Counselling Service	24/7 telephone or online crisis counselling	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>	1800 737 732 (24/7)
<b>SERVICES FOR PERPETRATORS OF DOMESTIC AND FAMILY VIOLENCE</b>			
Mens Referral Service (state wide service)	Telephone Counselling, information and referral		1300 766 491 (24/7)
Men's Domestic Violence Behaviour Change Program	Sydney City		8632 2888 1300 364 277
<b>SAFE BEDS FOR PETS</b>			
Temporary housing for pets of people who are seeking refuge from domestic violence	<a href="http://www.rspcansw.org.au/our-work/programs-community-services/safe-beds-for-pets">www.rspcansw.org.au/our-work/programs-community-services/safe-beds-for-pets</a>		9782 4408 9770 7555 (after hours)
<b>INTERPRETERS</b>			
Telephone Interpreter Service (TIS)	Phone and onsite interpreting	<a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a>	13 14 50
Health Care Interpreting Services (HCIS)	24/7 onsite and phone interpreting services	<a href="http://www.health.nsw.gov.au/multicultural/pages/health-care-interpreting-and-translating-services.aspx">http://www.health.nsw.gov.au/multicultural/pages/health-care-interpreting-and-translating-services.aspx</a>	Log in for relevant phone numbers for your district
Immigration Rights and Advice Centre	Legal Advice	<a href="http://www.iarc.asn.au">www.iarc.asn.au</a>	8234 0799
Legal Aid Immigration Service	Advice and representation for visa's, migration agents	<a href="http://www.legalaid.nsw.gov.au/what-we-do/civil-law/immigration-service">http://www.legalaid.nsw.gov.au/what-we-do/civil-law/immigration-service</a>	9219 5790