



**SYDNEY NORTH**  
Health Network

# WELCOME

## Domestic Violence: The implications of COVID-19 for survivors and perpetrators

Wednesday 6 May 2020

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### Acknowledgement of Country



The Sydney North Health Network wishes to acknowledge Australia's Aboriginal people as the custodians of this land.

We pay our respect and recognise their unique cultures and customs and honour their Elders past, present and future.



[www.snhn.org.au](http://www.snhn.org.au)

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## Housekeeping



- ◆ **Questions during the presentations:** If you have a question for the panel please use the Chat or Q&A feature found at the bottom of your screen.
- ◆ **Evaluation reminder:** Please complete the short 'Survey Monkey' evaluation form at the end of the webinar to ensure that we can adhere to our RACGP reporting requirements.



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## Presenters and Program



**Vicki Laing | 7.05pm**

*Domestic Violence and Children, HealthPathways, and My Health Record.*

**Dr Ellie Freedman | 7.10pm**

*Keynote | Domestic Violence: The implications of COVID-19 for survivors and perpetrators.*

**Kim Du Ross | 7.35pm**

*NSW Domestic Violence Line*

**Ella Jakeman | 7.40pm**

*Domestic Violence Response Enhancement (DVRE) program*

**Brooke Du Ross | 7.45pm**

*Northern Sydney Local Health District Q&A*

**Close | 8.00pm**



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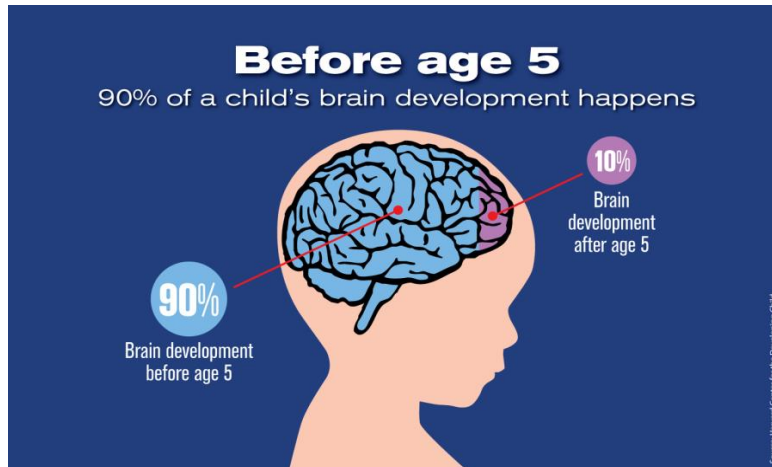
Vicki Laing  
GP Community Liaison Nurse Child and Family  
Health Service

- The critical First 2000 Days for children
- HealthPathways
- My Health Record



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Average lifespan = 30,000 days  
**First 2000 Days are critical**  
from conception to 5 years



<https://speechtherapyworks.ca/news/education-and-the-brain/>

# Antenatal – in utero experiences matter

Physical health  
+ Psychosocial  
health  
=  
Future health



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## Pregnancy and Domestic Violence

- Poor antenatal care
- ↑ antenatal complications e.g miscarriage, prematurity, neonatal death, placenta abruption, etc.
- ↑ risk substance use
- ↑ maternal mental health issue
- Low birth weight

### ↑ risk child abuse:

- Physical abuse
- Neglect
- Emotional abuse



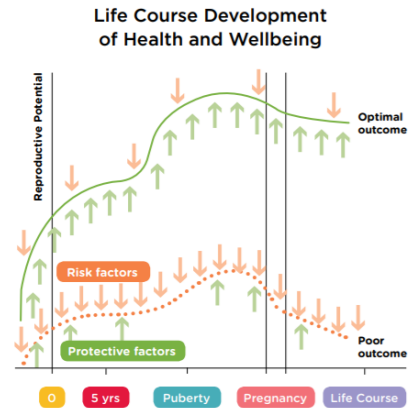
## Domestic Violence = Child abuse

The Barker Hypothesis and the Developmental Origins of Health and Disease Available: [betterfuture.org](http://betterfuture.org) Accessed: 19 March 2020 © <http://barkerthefuture.org/now-we-get-here-the-barker/>

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# Child development never pauses!

Child's brain is the master structure - Everything that impacts on it is critical



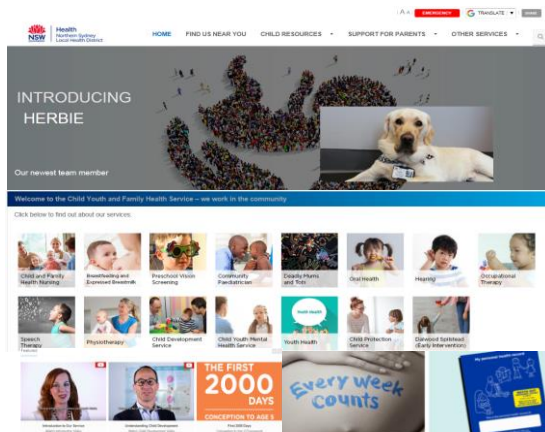
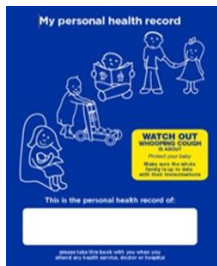
Available: [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf) Retrieved 1/5/2020

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## Concerned about a child's development or a family's adjustment to parenting? Contact NSLHD Child and Family Health Service

Service delivery modes include  
face to face, telehealth video and phone consultations

[www.nslhd.health.nsw.gov.au/CYFH](http://www.nslhd.health.nsw.gov.au/CYFH)



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# HEALTHPATHWAYS - [HTTPS://SYDNEYNORTH.COMMUNITYHEALTHPATHWAYS.ORG](https://sydneynorth.communityhealthpathways.org)



## HealthPathways supports:

- ✓ Condition management
- ✓ Service navigation
- ✓ Referral to specialists, facilities, public and private services
- ✓ Access to reference materials
- ✓ Access to patient educational resources

May 2020  
 370  
 live  
 pathways

Primary care username: **healthpathways**

Primary care password: **gateway**



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## Most frequently accessed pathways March 2020:

### # 7 and 9 Domestic Violence

#### MOST FREQUENTLY ACCESSED PATHWAYS

##### Clinical

- 1 COVID-19 Assessment and Management
- 2 Influenza Immunisation
- 3 Antenatal - First Consult
- 4 Cervical Screening
- 5 Perinatal Depression and Anxiety
- 6 Vaccine Storage & Cold Chain Mgmt
- 7 Domestic Violence
- 8 End of Life
- 9 GP Shared Antenatal Care Protocol
- 10 Hospital in the Home /APAC

##### Non-Clinical

- 1 COVID-19 Information
- 2 COVID-19 Requests
- 3 Coronavirus Disease (COVID-19) Info
- 4 Novel Coronavirus (COVID-19) Info
- 5 Summary of Request Pages
- 6 COVID-19 Recent Changes
- 7 Outpatient Clinics/ RNSH ACC
- 8 About HealthPathways
- 9 Domestic and Family Violence Support
- 10 Daily Updates

Sydney North

Medical / Domestic Violence / Domestic and Family Violence Support

### Domestic and Family Violence Support

#### Request

NSW Police

1. If urgent assistance is required or immediate fear of violence, phone 000.
2. If non-urgent assistance is required:
  - Find a police station by going online to NSW Police – Regions / Local Area Commands by typing in a postcode.
  - Phone the relevant station and ask to speak to the Domestic Violence Liaison Officer (DVLO).
3. Consider advising patient of Aurora Domestic Violence App.

Telephone-based services

- 1800 RESPECT 1800-737-732
- Domestic Violence Line 1800-656-463

Primary care username: **healthpathways**

Primary care password: **gateway**

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## SYDNEY NORTH HEALTHPATHWAYS



### Domestic Violence Associated Clinical Pathways

- ◆ Domestic and Family Violence Support
- ◆ Safety Planning for Domestic and Family Violence
- ◆ Managing Perpetrators of Domestic Violence
- ◆ Child at Risk
- ◆ Out of Home Care for Children and Young People
- ◆ Developmental Milestones for Children
- ◆ Developmental Concerns in Children
- ◆ Vulnerable Adult
- ◆ GP Mental Health Treatment Plan
- ◆ Physical Health and Mental Illness
- ◆ Alcohol

- ◆ Methamphetamine (Ice)
- ◆ COVID-19 Practice Management
- ◆ COVID-19 Assessment Management

### Associated Service Pages

- ◆ Summary of Requests Pages
- ◆ Family and Community Support
- ◆ Child and Youth at Risk Support
- ◆ Community Paediatric Review
- ◆ My Health Record



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# Child protection

☰ Sydney North

[Home](#) / ... / [Paediatric Health Requests](#) / [Child and Youth at Risk Support](#)

## Child and Youth at Risk Support

Use the [NSW Online Mandatory Reporter Guide](#) to determine if a child, young person, or unborn child is at risk of significant harm, and what action to take.

### Child Protection Helpline (Family and Community Services)

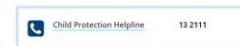
- Service is available 24 hours per day, 7 days per week.
- When significant risk is imminent: phone Child Protection Helpline (CPH) on 132-111.
- When significant risk is identified, but not imminent:
  - phone CPH on 132-111, or
  - eReport at [ChildStory Reporter](#).
    - Mandatory reporters must first [pre-register in order to eReport](#).
    - The eReporting portal is only available via a link at completion of the MRG.
- [Website](#)

### NSW Health Child Wellbeing Unit (CWU)

- The phone line is open between 8.30am and 5.00pm, Monday to Friday.
- Phone: 1300-480-420.

### Protecting our kids

Reporting a child at risk, signs of child abuse and neglect, child protection laws, family preservation, FACS services that keep kids safe, Mandatory reporters



### Quick access

[The Mandatory Reporter Guide \(MRG\)](#)

### Keeping children safe

Child protection laws in NSW, FACS services that keep children safe, keeping families together through preservation, preferred order of permanent placement.

### Reporting a child at risk

The signs of abuse and neglect, Should I call the Child Protection Helpline? What happens after I make a report? What if someone reports my child?

### Mandatory reporters

What is a mandatory reporter? What needs to be reported? Mandatory Reporter Guide (MRG), using ChildStory and the Child Protection Helpline.

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# My Health Record

## Family and domestic violence



**Call 000** if you are in danger.  
To access 24/7 counselling and support call 1800RESPECT on 1800 737 732.  
Department of Human Services Support Line.

### Access your health information

My Health Record is Australia's national digital health record system. It gives you access to a secure online summary of your and/or your children's health information, including medical conditions, medicines, and treatments. By the end of 2018, you will have a My Health Record created unless you choose not to have one.

### Through My Health Record you can access your:

- shared health summaries including your medical history, immunisations, medicines, allergies and adverse drug reactions,
- discharge summaries for care in public and private hospitals,
- medication prescription and dispense records from your doctor or pharmacy,
- medicines information view - a collated view of medications,
- pathology reports and diagnostic imaging reports, and
- advance care planning documents, emergency contacts and custodian information, and your Personal Health Summary detailing medications and allergies.

When you have a My Health Record, only healthcare providers, authorised and nominated representatives will be able to view your information.

### TIPS:

- If you have concerns about your privacy or security, or that of your children, you can contact the My Health Record help line on 1800 723 471 for advice.
  - If you would like to restrict access to your My Health Record you can do this at [myhealthrecord.gov.au](https://myhealthrecord.gov.au) or by calling the My Health Record helpline on 1800 723 471
  - If you don't speak English well or are assisting a non-English speaker, call us via the Translating and Interpreting Service on 13 14 50.
  - If you need to change your personal information with Medicare you can call Medicare on 132 011 or online at [my.gov.au](https://my.gov.au).
  - You can register for a My Health Record using a pseudonym.
- Note:** making changes to the authorised representation on your children's My Health Record will notify them.
- You may wish to review any nominated representatives you have previously added to your My Health Record.
  - You can choose not to have a My Health Record created for you or your children. If you do have a My Health Record, or one is created for you, you can cancel it at any time online or calling the My Health Record help line on 1800 723 471.
  - Once the opt out period begins you can opt out online at [myhealthrecord.gov.au](https://myhealthrecord.gov.au) or by calling the My Health Record help line on 1800 723 471.

# My Health Record - Family and Domestic Violence

### Access by authorised representatives

An authorised representative is a person who is authorised to act on behalf of another individual, for example someone with parental responsibility or legal authority. There can be more than one authorised representative with access to a My Health Record.

If you believe an authorised representative, such as another parent, should not have access to a My Health Record, call our Help line.

Authorised representatives have access to a record and the documents within it even when access codes are set. If you think this could put you or your children at risk, call our Help line.



### To suspend or cancel a My Health Record

call our Help line on 1800 723 471

CALL 000 IF YOU ARE IN DANGER

For more information go to:

[MyHealthRecord.gov.au](https://myhealthrecord.gov.au)  
Help line 1800 723 471

If you have hearing or speech impairment, go to [relayservice.gov.au](https://relayservice.gov.au)

If you need assistance in another language, call 131 480

### My Health Record: family safety information

If you have concerns about your privacy or safety due to information in your or your child's My Health Record, call the 24/7 Help line immediately





Australian Government  
Australian Digital Health Agency



# Domestic Violence and Covid-19

Dr Ellie Freedman

MB BS BSc FACHSHM



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**Mascarilla-19**

**'Covid-19 will slam the door shut': Australia's family services brace for domestic violence spike**

Vulnerable women and children in self-isolation are facing the prospect of being forced to stay inside with an abusive partner

**Family violence increasing during Covid-19 lockdown**

**WHY QUARANTINE ISN'T SAFE: HELPING VICTIMS OF DOMESTIC ABUSE DURING COVID-19**

**LOCKDOWNS AROUND THE WORLD BRING RISE IN DOMESTIC VIOLENCE**

Activists say pattern of increasing abuse is repeated in countries from Brazil to Germany, China to Greece

Coronavirus - latest updates

**SERVICE UPDATE: COVID 19**  
As a result of the COVID 19 Pandemic, DVPC has made the decision to suspend its delivery of face to face services from 20th March 2020 and further notice.  
If you need support or to contact us, you can do so by phoning us on 1532 9000 or via email: info@domesticviolence.com.au  
Our phone lines and emails remain active and open, and our staff are available during our normal office hours, Monday to Friday 9 am to 4.30 pm.  
We will continue to monitor the situation and advise of any changes to those arrangements.

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### Definition of domestic and family violence

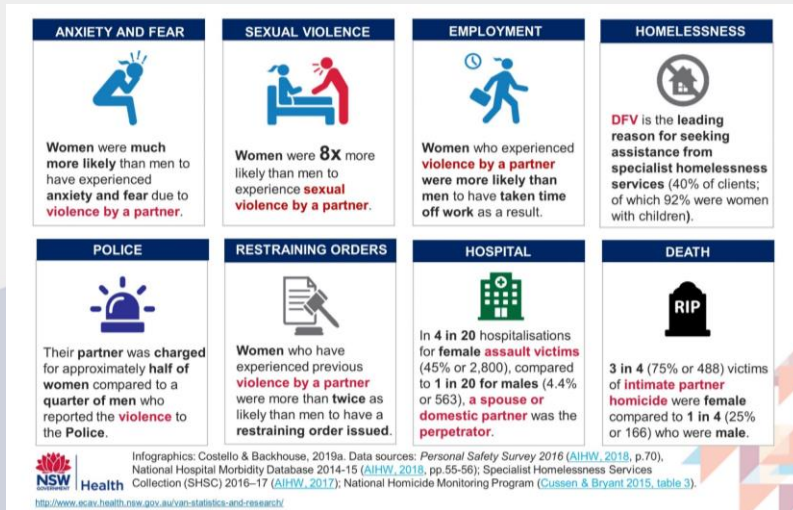
- ▶ The term “domestic violence” usually refers to violence against an intimate partner or ex-partner, while “family violence” may include violence perpetrated against children, older people, against parents by children, and other kin or family members. Many Aboriginal and Torres Strait Islander communities prefer the use of the term “family violence” to reflect broader family and kin relationships involved in violence.
- ▶ While there is no single definition, the central element of domestic and family violence is an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal (COAG, 2011).

NSW Health  
<http://www.ecav.health.nsw.gov.au/van-statistics-and-research/>

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## Impacts and Characteristics of Domestic and Family Violence



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## Clinical Indicators of DFV in Primary Care

- Physical **and** psychological indicators
- Mismatch between physical presentation and emotional response
  - Eg
    - minimising an injury
    - Overly anxious about a symptom (or a child's symptoms)
- Emotional distress in response to questions about home or about presentation
- Inability/reluctance to follow advice

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## Other indicators.....

- Missed appointments
- Multiple presentations
- Partner always present
- Decision making deferred to partner

- Strangulation
- Sexual assault
- Abuse during pregnancy or early motherhood

ct

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### High-risk factors for domestic and family violence

Many factors contribute to risk and no one factor is singularly causal. However, the presence of certain evidence-based risk factors can indicate **severe or lethal violence** by men against their female intimate partners:



Data sources and references: Australian and international domestic violence death reviews and lethality studies, Coroners' Courts reports, empirical research and practice-based literature.



Infographics: Costello & Backhouse, 2019a. Data source: [Costello & Backhouse, 2019b](http://www.ecay.health.nsw.gov.au/en-statistics-and-research/)

<http://www.ecay.health.nsw.gov.au/en-statistics-and-research/>



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## Impact of Covid-19

Since 30<sup>th</sup> March stringent isolation legislation, schools closures, unemployment, global pandemic.

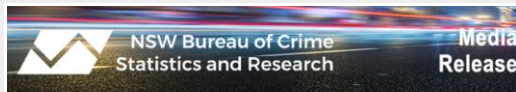
### Victims

- Isolation
- Loss of usual routine/supports
- Drug and alcohol
- Impact of legislation
- Fear of police
- Schools closures

### Perpetrators

- Financial Stress
- Loss of usual routine/supports
- Drug and alcohol
- Technology

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**Media Release**

### Domestic Violence in the wake of COVID-19

**Full report:** [Monitoring changes in domestic violence in the wake of COVID-19 social isolation measures](#) (pdf 556Kb)

**Release date:** Embargo: 10:30am, Thursday 23 April 2020

Domestic violence assaults recorded by police did not increase in March 2020. This is despite social distancing measures commencing halfway through that month.

Concerns have been raised that social isolation strategies implemented to address the COVID-19 pandemic may inadvertently increase the incidence of domestic violence. The Bureau of Crime Statistics and Research have compiled preliminary statistics to monitor any early signs of increase in domestic violence.

Domestic violence assaults reported to or detected by NSW Police in March 2020 were consistent with those from same period in 2019 (2,678 in March 2020 versus 2,632 in March 2019).



NEW SOUTH WALES  
CHIEF MAGISTRATE'S MEMORANDUM

31 March 2020

**MEMORANDUM – COVID-19 ARRANGEMENTS (NO. 7)  
MANAGEMENT OF DOMESTIC AND PERSONAL VIOLENCE PROCEEDINGS  
DURING PANDEMIC PERIOD**

1. This memorandum outlines arrangements applicable to the management of applications for Apprehended Violence Orders (AVOs) in the Local Court during the pandemic period, including:
    - The management of existing AVO hearings and mentions
    - Changes to the listing of provisional orders
    - Management of urgent AVO applications
    - Arrangements for private AVO applications
  2. The arrangements outlined below apply from **Wednesday, 1 April 2020** and will remain in place until magistrates are advised otherwise by the Chief Magistrate's Office.
- AVO hearings and upcoming mentions in period to 1 May 2020**
3. Consistent with Memorandum No.6 dated 24 March 2020, AVO hearings listed to 1 May 2020 will not proceed (per [1]), nor will any new AVO hearings be listed (per [23]).

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## What's new and what isn't!

Changes in service delivery

Use of Covid-19 and social isolation legislation as a weapon

Increased dependence on technology

Isolation

Coercive control  
Secrecy and fear  
Isolation  
Use of technology

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## Safety and Covid-19

- self-isolating or quarantine rules still permit people to leave their house in emergencies or to access medical care.
- where the patient is not in self-isolation or quarantine they are still able to leave the home to access other essential services such as supermarkets, health care services, pharmacies, support services including domestic violence support services.

**There are services available to provide support, including accommodation, financial support and technology.**

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## Telehealth and DV

- Reduction in face to face services
- Consider safety and privacy
- Loss of “safe spaces”
- Increased risk of technology mediated abuse – “tracking and hacking”



Guidelines around safe telehealth

No DVRS by phone



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## Health Response

### Decrease isolation and increase support

What could that look like in your work?

- Safe places
- Novel service provision
- Online support
- Messaging – “virtual wait room”:
  - e-mail signatures, social media



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## How to ask ...and document

- Direct questioning
- Refer to presentation/symptoms
- Discuss DV

### Do:

- Record your questions and the patient's answers clearly in verbatim language where appropriate
- Record advice given

### Don't:

- Put an "alert" on notes – if you are concerned follow up with patient and other HCW
- Name perpetrator



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## Documentation

- Disclosure
- Response
- Reporting

Seen for follow up.  
Ix of headaches - no abnormalities found

Disclosed history suggestive of DV - "scared of husband", "moody"

ODQ - no physical violence  
shouting and swearing  
threatens to "show you a lesson"  
slams doors  
has kicked dog and locked dog out of house  
has shouted at children - no physical harm  
no weapons in house  
no sexual assault

I have told patient that i think she is expereicing DV, discussed risk and escalation

Plan - given support numbers including emergency numbers  
safety planning discussed - staying safe at home, own money, phone.  
Discussed supports and planning to leave if needed.

offered referral to RA or FRS  
see 2/52



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## Principles of responding to DV

1. Establish immediate safety
2. Risk assessment
3. Safety planning
4. Reporting

*Assume telehealth model*



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Where patient discloses domestic violence either directly, or by describing abusive behaviours

- Acknowledge the disclosure and check that it is safe to talk further
- Some things to say include:

***“Is it safe for you to talk about this now?”***

***“I want to talk more with you about what you have just told me but before we do I just need to check whether you think it is safe to talk now, or whether it might be possible for others in your house to hear our conversation?”***

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## Immediate Safety advice...

- Advise the patient that services are still available to provide support, and if at any point, they feel that they or someone else in their household is in immediate danger they should call 000.
- Where the patient indicates or the practitioner otherwise identifies, that there is a serious and imminent risk to the patient or other people's safety, call 000 or the local Police station



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## Where patient indicates it is NOT safe to talk further



- **Do not continue to ask questions about the violence.**
- Continue to talk with the patient about other health matters. Check in with the patient about whether they would like to continue with the consult.
- Where it is possible to establish a face to face consultation with the patient this will provide an opportunity to talk in a safer environment.



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## Where a patient indicates that it is safe to talk

### Check on the patient, and others immediate safety.

- Some things practitioners may say include:
  - ***“Your safety is our priority, so I need to ask whether you have any immediate safety concerns for yourself or anyone you are caring for?”***
  - ***“What you are telling me sounds like domestic violence, so I want to check whether you or anyone else in the home are in immediate danger?”***



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## Work with the patient to plan for safety *during* the telehealth consultation

The conversation may be overheard or monitored which may place them at risk and advise them:

- *that if at any point they feel unsafe they can end the call, or change the subject. If this occurs that they can contact 000 in an emergency and they can also contact 1800 RESPECT on 1800 737 732 or online.*

*continue to check in throughout the consult.*

- Reassure patients they can still call Police.

Explain to the victim that:

- ***Health prioritises the safety of its patients and that everyone has the right to be safe and to seek support where their or their children’s safety is at risk.***
- ***We know that talking about these experiences can be very difficult, so you don’t have to answer the questions if you don’t want to.***
- ***What you say will remain confidential to the Health Service except where you tell me something that indicates that there are serious safety concerns for you or your children. If this happens we will make every effort to tell you and provide you with support.***



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## Immediate Risk

Assess current risk:

- Is the patient still living with the person using violence, or has the person been returning to the home?
- Do you have children, or are there other children in your care?
- Are the children with you now or somewhere else?
- Is there an Apprehended Domestic Violence Order in place and have there been breaches of the order?



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## Risk Assessment

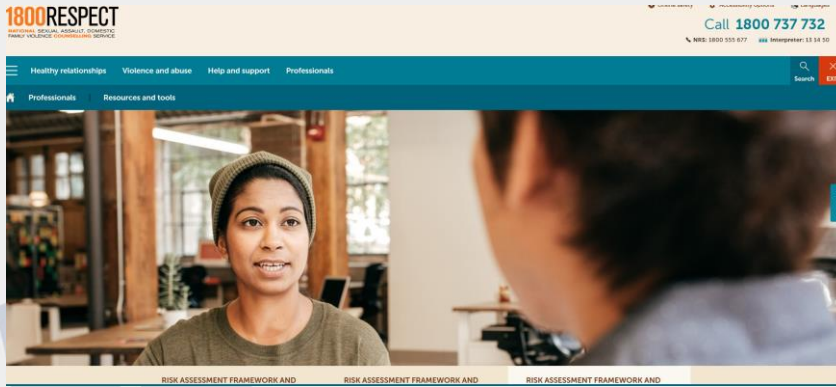
- Have they physically harmed you or anyone else in your care such as children, elderly parents?
- Have they threatened to hurt you, children or pets (including threats to cause you or your children to contract COVID-19)
- Are they controlling of your communications and activities, access to money, essential items?
- Have they threatened to harm themselves or suicide?
- Have any of these behaviours been increasing in frequency and/ or severity?
- Have they done anything else to hurt you or make you feel unsafe?
- What is the patient's own assessment of risk?



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<https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/>



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## Safety Planning

### Planning to leave:

- Is it safe to prepare a bag, where can they store it?
- Second phone/money/documents
- Where could they go? Has this been impacted by covid-19

### Planning to stay:

- Technology
- Are they able to get out and who are they in contact with?
- “lower risk room” – exits/weapons/seen or heard from outside
- Position “between trouble and the door”
- Emergency numbers – children as well

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<https://www.1800respect.org.au/resources-and-tools/risk-assessment-frameworks-and-tools/>

#### Understanding safety planning

A service might be making a safety plan with a client who is experiencing domestic or family violence.

When making a safety plan with someone experiencing violence, it's important to start by listening. People living with domestic and family violence know their situation best. First listen for, and ask questions about, what has been happening. This will be helpful in understanding the risks. Find out what they already do to increase safety and use this as a basis for helping them to think about what else might increase their safety. The **Safety planning checklist** can provide ideas about how to develop a plan but not all of the ideas will be relevant.

Keep in mind that there may be multiple perpetrators and other individual needs that influence the plan. Read about **Inclusive practice** to better understand some of the factors that may be a barrier to safety for people experiencing violence.

It is important not to judge or make decisions for the person being supported. 'Just leaving' is not always a safe option. Keep in mind that leaving is the time of greatest risk to life and safety. It is important to work with a client to build a plan that works for them.

There are some important things to remember when making a safety plan:

- A safety plan can be part of building a trust relationship. This relationship may be one of the most valuable resources for a person experiencing domestic or family violence.
- There may be mandatory reporting responsibilities, particularly if children are at risk of harm
- Specialist services may be required for additional support. It may be necessary to refer a client to legal, counselling, crisis accommodation and other services. Use our **Service directory** or contact 1800RESPECT on 1800 737 732 for advice on local services.

#### Safety planning checklists

These checklists should be used as a general guide to things that can be done to increase a client's safety. Keep in mind that safety planning needs to be tailored to each person's individual needs and circumstances.

- [Safety planning checklist](#)
- [Family violence safety planning checklist](#)
- [Disability safety planning checklist](#)

1800RESPECT provides information for workers from all sectors who support people impacted by domestic and family violence. Professionals can use the phone line or web chat to access information on a range of topics, including supporting clients, finding a training organisation or discussing workplace stress.



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## Referrals and Services

- Is the patient wanting to access further support services?
- Are they happy for you to make referrals to local support services and what is the safest way to communicate with them?
- Explore with patient whether it is possible to leave the home to attend face to face services, or if there is a safe time to call and what the preferred method might be, and can they call support services from somewhere else?



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## Reporting and information sharing

### Child or young person

- suspected to be at risk of significant harm as a result of exposure to domestic violence.
- Use the online NSW [Mandatory Reporter Guide](#)

### DV Reporting

Where the patient has indicated that they do not want to access other services or to contact Police, but have disclosed information that indicates there is a serious threat to the patient or other victims including children, the Health worker may need to consider reporting to Police regardless of the victims wishes. Consistent with *Domestic Violence: Identifying and Responding* (PD2006\_084) practitioners should seek to advise the patient that this will occur, unless there is reasonable belief that providing that information will place the patient or others at increased risk.



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## Referrals

### Legal advice:

- LawAccess NSW 1300 888 529 - [www.lawaccess.nsw.gov.au](http://www.lawaccess.nsw.gov.au)
- Domestic Violence Unit 02 9219 6300 - [www.legalaid.nsw.gov.au/what-we-do/family-law/domestic-violence-unit](http://www.legalaid.nsw.gov.au/what-we-do/family-law/domestic-violence-unit)

### Helplines:

- [1800RESPECT](#): 1800 737 732
- [Child Protection Helpline](#): 132 111
- [Domestic Violence Line](#): 1800 65 64 63
- [Kids Helpline](#): 1800 55 18 00
- [Lifeline Australia](#): 13 11 14
- [MensLine Australia](#): 1300 78 99 78
- [NSW Elder Abuse Helpline](#): 1800 628 221
- [NSW Mental Health Line](#): 1800 011 511

### After Hours Crisis Support

- [Domestic Violence Response Enhancement Program \(DVRE\)](#)



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## Resources for Practitioners

[The GP's role in assisting victims of family violence](#) Aus Doc.Plus

[Starting the Conversation](#) - Safer Families video

[Its time to talk about Domestic Violence: A toolkit for General Practitioners](#)

[RACGP Webinars on Domestic Violence and GP Self Care](#)

[Domestic Violence: Supporting Patients and Staff](#) – Practice That! Podcast



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A graphic for the NSW Domestic Violence Line. It features four stylized circular icons in the top left corner: a green one with a white center, a blue one with a white center, an orange one with a white center, and a brown one with a white center. Each icon has a dotted border. The background is black. The text "NSW Domestic Violence Line" is written in large purple font, and "Kim Du Ross" is written in smaller purple font below it.

# NSW Domestic Violence Line

Kim Du Ross

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## NSW Domestic Violence Line

# 1800 656 463

The domestic violence line dedicates its services to women who are living in violent relationships past or present. The line promotes the ideology that all women have a right to live free from violence.

**We believe it is everyone's responsibility to stand against violence**

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## Domestic Violence Line Overview

- ❖ The NSW Domestic Violence Line is a free, statewide 24 hour telephone crisis counselling and referral service.
- ❖ The line is staffed by female counsellors.
- ❖ Domestic Violence line can arrange interpreters.
- ❖ We work with women (with or without children) who are or have experienced intimate partner violence.
- ❖ We can provide emergency crisis transport and Woolworths Vouchers.
- ❖ Interstate referrals.


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## How we support women in Domestic Violence

- ❖ Dynamics of domestic violence and abuse
- ❖ Impact of the violence, including the impact on children
- ❖ Strategies and tactic used by perpetrator's
- ❖ Safety planning
- ❖ Information on available services for example WDVCS
- ❖ Assist the client to explore their options which promotes the clients self- determination and empowerment.
- ❖ Provide information on domestic violence services such as role of police, immigration, housing.

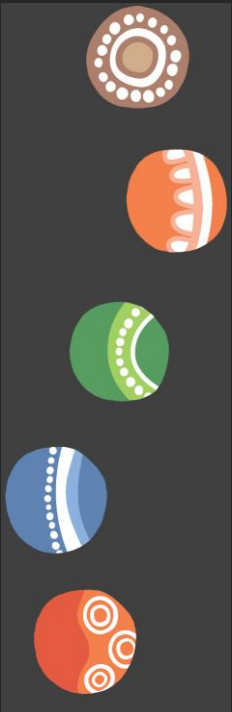
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## Help with accommodation and support

- ❖ Women's refuge
- ❖ Temporary Accommodation L2H
- ❖ DV line Brokerage
- ❖ Housing NSW, start safely, staying home leaving violence
- ❖ DVRE – Domestic Violence Response Enhancement

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## Resources

- ❖ Download NSW DV line poster to display
  - ❖ <https://www.facs.nsw.gov.au/domestic-violence/helpline>
- ❖ Cyber safety
  - ❖ <https://www.esafety.gov.au/>
- ❖ General information
  - ❖ <https://publications.legalaid.nsw.gov.au/PublicationsResourcesService/PublicationImprints/Files/754.pdf>

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## Questions



There's no excuse for domestic violence.

Call the NSW Domestic Violence Line on

**1800 65 64 63**

(free call) 24/7

NSW

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## DVRE Domestic Violence Response Enhancement

Waitara Family Centre

02 9488 2400

DVRE After-Hours 5pm-10pm

02 9488 2580

Email

[DVRE@catholicaredbb.org.au](mailto:DVRE@catholicaredbb.org.au)

Ella Jakeman

*CatholicCare*  
Diocese of Broken Bay

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## What is DVRE Northern Sydney?

- DVRE programs enhance existing service responses for women and children who are homeless or at risk of homelessness as a result of domestic or family violence
- DVRE Northern Sydney works with women who are currently in a domestic violence relationship and those who have left the relationship
- DVRE Northern Sydney covers the Hornsby, Ku-ring-gai, Warringah, Ryde, North Sydney, Pittwater, Manly, Willoughby, Mosman, Lane Cove and Hunters Hill Local Government Areas

[www.catholicaredbb.org.au](http://www.catholicaredbb.org.au)

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## What phone support is available?



- Safety planning
- Support in documenting evidence and assessing injuries that may need medical treatment
- Psychoeducation
- Assistance to access accommodation
- Crisis emotional support and referrals to counselling
- Victims Services support
- Advocacy and liaising with other services
- Advice and information
- Online vouchers and brokerage assistance

[www.catholiccareddb.org.au](http://www.catholiccareddb.org.au)

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## What outreach support is available?



In addition to the supports provided over the phone, outreach support is available three nights a week where it is safe to do so in the community. Outreach support enables our team to offer:

- Face-to-face interaction
- Practical items such as food, toiletries, formula, nappies and clothing
- Physical vouchers
- A safe phone
- Face-to-face support at a police station when applying for an AVO, in hospital before a client returns home, or in temporary accommodation

[www.catholiccareddb.org.au](http://www.catholiccareddb.org.au)

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## How long do we work with clients?

- DVRE are a crisis team and support clients for approximately two weeks
- DVRE will work with the client to meet goals and refer appropriately for longer-term supports if needed before closing
- DVRE will predominantly support clients between 5pm-10pm however have some capacity to support clients during business hours

[www.catholiccareddb.org.au](http://www.catholiccareddb.org.au)

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## How can you make a referral to DVRE Northern Sydney?



During business hours:

- Email us at [DVRE@catholiccareddb.org.au](mailto:DVRE@catholiccareddb.org.au)
- Phone us at 02 9488 2400 Monday to Friday 9am-5pm

After-hours (5pm-10pm):

- Email us at [DVRE@catholiccareddb.org.au](mailto:DVRE@catholiccareddb.org.au)
- Phone us on 02 9488 2580 every night of the year

What we need:

- Client consent, name and client contact number
- *If the client is residing with the perpetrator, the client will need to call us when it is safe for them to do so*

[www.catholiccareddb.org.au](http://www.catholiccareddb.org.au)

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# Family Referral Service

For more information call

**1800 066 757**

Or go to

<https://www.catholiccareddb.org.au/family-youth-children/child-family-support/>



**Finding it difficult to cope but don't know where to turn?**

Call the South Eastern and Northern Sydney Family Referral Service on 1800 066 757.



- We can help you find useful services in your local area
- You can speak to us by telephone, you can visit our offices, we can meet you in your home or somewhere convenient for you
- We link young people, children and families to culturally sensitive services wherever possible
- We provide free interpreters

**Your link to support**

**Tel: 1800 066 757**

Email: [sensfamilyreferral@barnardos.org.au](mailto:sensfamilyreferral@barnardos.org.au)

Web: [www.barnardos.org.au](http://www.barnardos.org.au)

Hours: 8am-6pm Monday to Friday (excluding public holidays)

**We can link you with services to help with:**

- Domestic violence
- Migrant and Settlement
- Financial assistance
- Counselling and mediation
- Child and Parenting programs
- Youth support
- Housing and accommodation
- Mental health support and any other services you may need

## NSLHD Domestic Violence/Child Protection Service

Brooke Du Ross

Ph: 9462 9266

# Q&A



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# LIVE - 5 easy steps to respond to DV

## Listen, Inquire, Validate, Enhance safety, Support

1. **L**ISTEN - listen closely, with empathy, and without judgment
2. **I**NQUIRE ABOUT NEEDS AND CONCERNS - assess and respond
3. **V**ALIDATE - understand and believe
4. **E**NHANCE SAFETY – safety plan
5. **S**UPPORT - information, services, and social support, etc

Ref: World Health Organization. (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. World Health Organization; p 14. <https://apps> Accessed: 4 May 2020

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## Thank you to our speakers



- ◆ Dr Ellie Freedman
- ◆ Vicki Laing
- ◆ Kim Du Ross
- ◆ Ella Jakeman
- ◆ Brooke Du Ross
  
- ◆ Evaluation – click Survey Monkey link to start



[www.snhn.org.au](http://www.snhn.org.au)

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