



***Ngadlurlu tampinhi, yalarra ngadlu Kurna yartangka inparrinhi.
Ngadlurlu parnuku tuwila yartangka tampinhi. Ngadlurlu Kurna
Miyurna yaitya yarta-mathanya Kurna yarta tampinhi. Yalarra
parnuku yailtya, parnuku tapa purruna puru purruna***

Domestic & Family Violence and Pregnancy



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West Medical Consultant

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Service (MAPS) & Strategic
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Team Lead

Intentional Self-Care





1800 RESPECT

Counselling and Support Service.
1800 737 732



Lifeline

Crisis Support. Suicide Prevention.
13 11 14



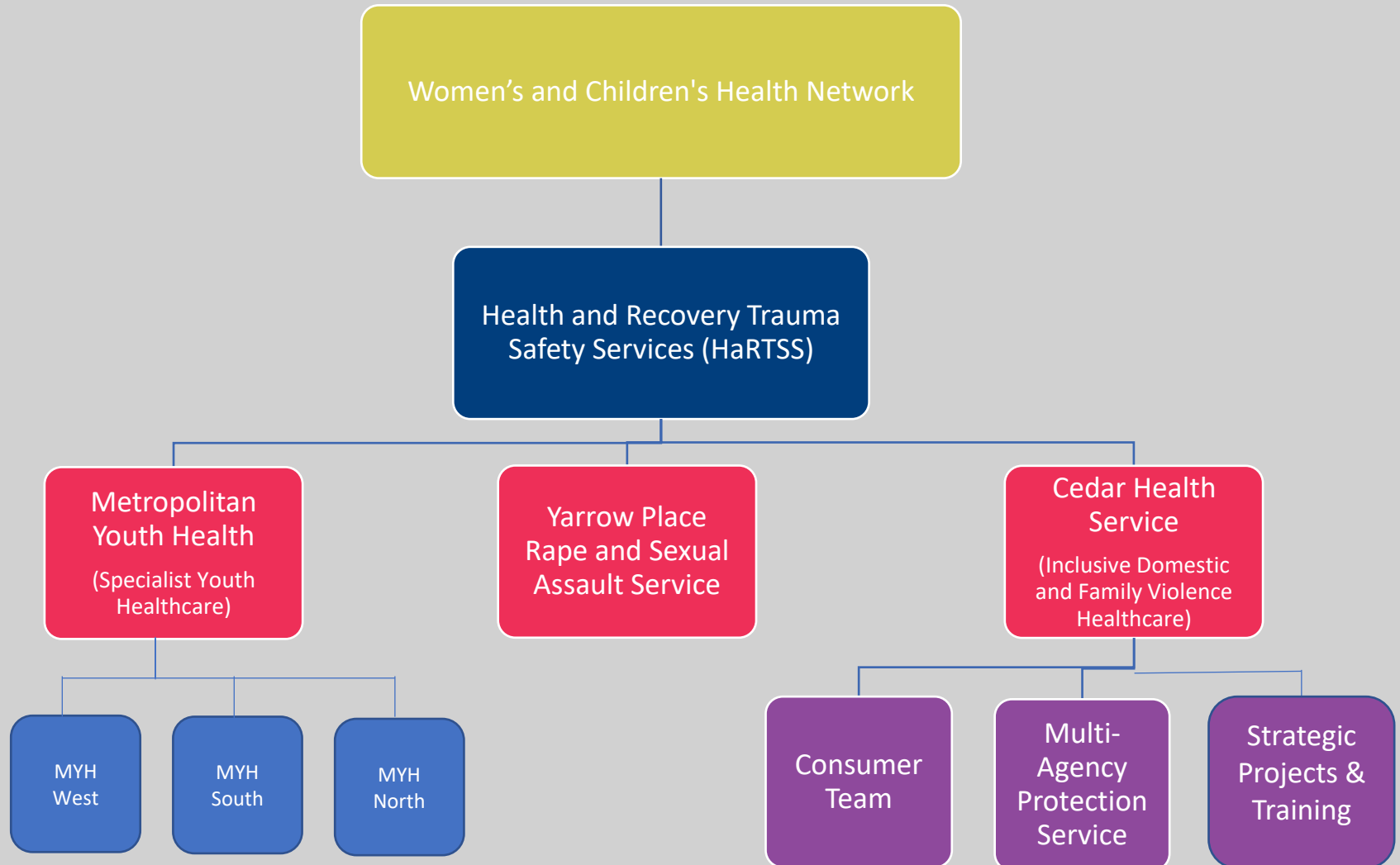
Beyond Blue

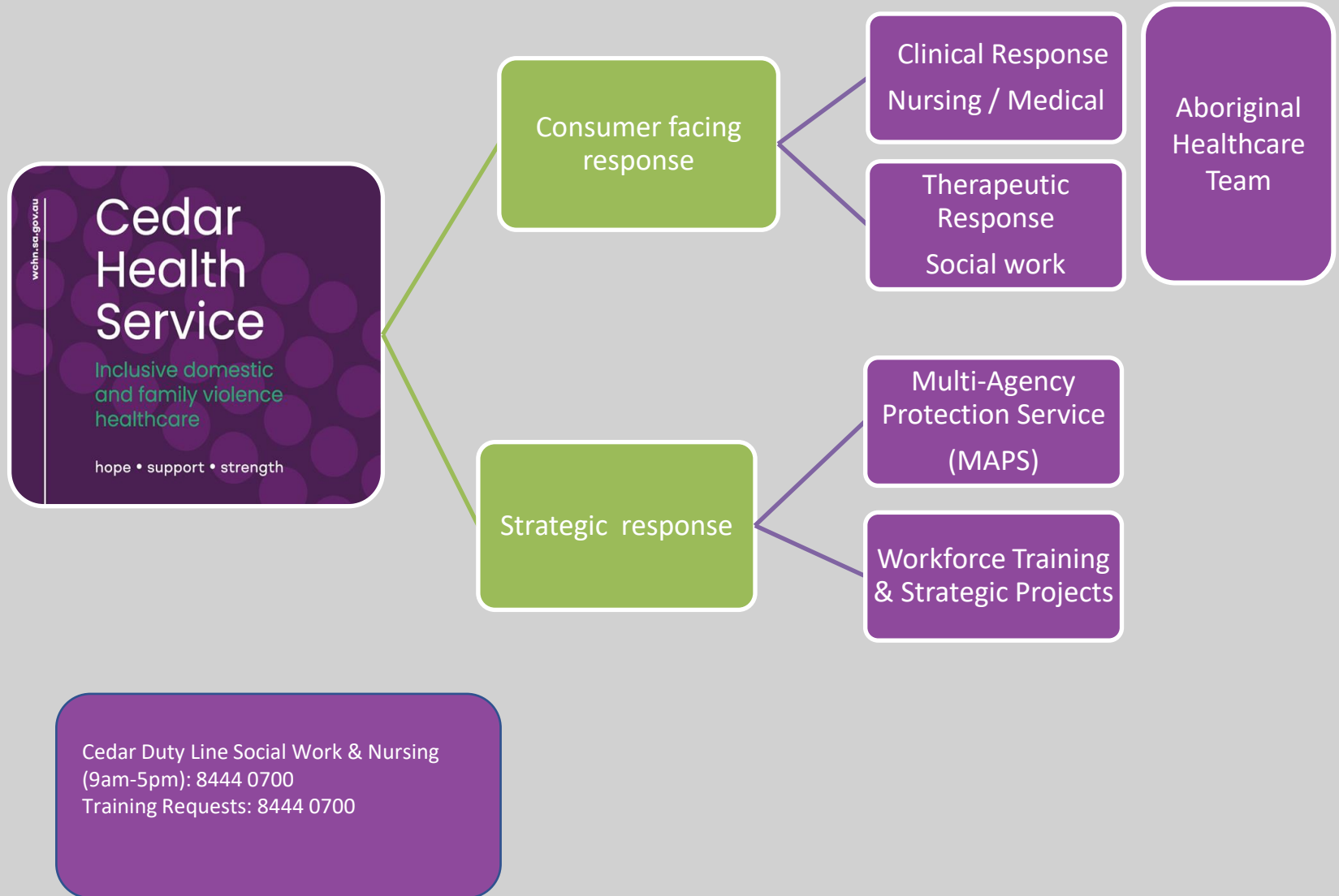
Mental Health and Wellbeing Support.
1300 22 4636

Overview

- Who we are
- Domestic & Family Violence - Foundational Knowledge
- Health Impacts of DFV
 - DFV and Pregnancy
 - DFV and Impact on Children
- Non-Fatal Strangulation
- Ask, Assess & Respond
- Safety Planning

Who are we?



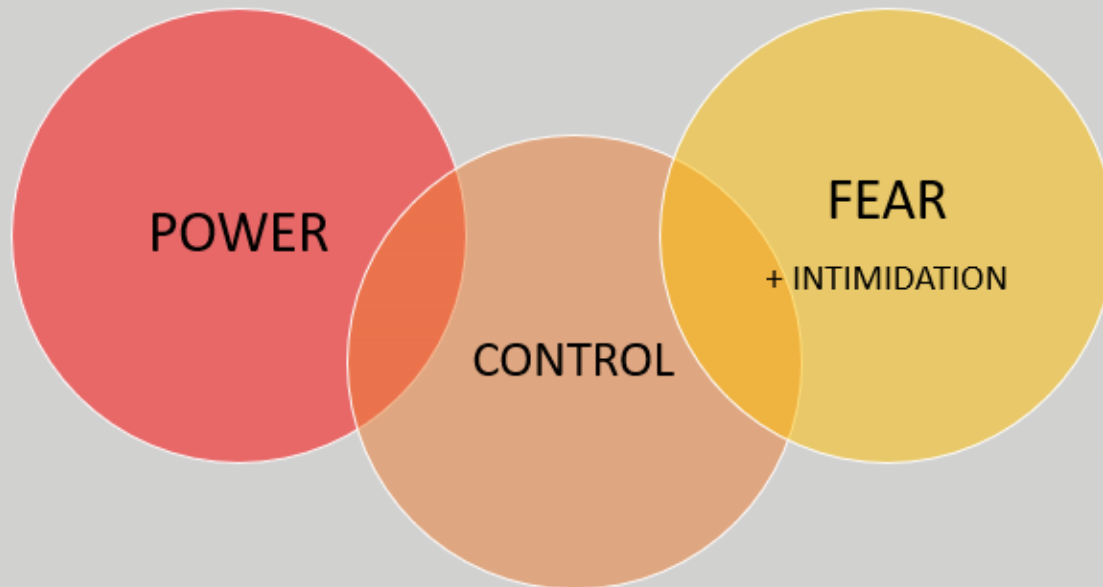


Definition

Domestic violence' refers to any behavior within an intimate relationship (including current or past marriages, domestic partnerships or dates) that causes physical, sexual or psychological harm. This can occur outside of a domestic setting, such as in public and between two people who do not live together.

(The National Plan to End Violence against Women and Children 2022-2032)

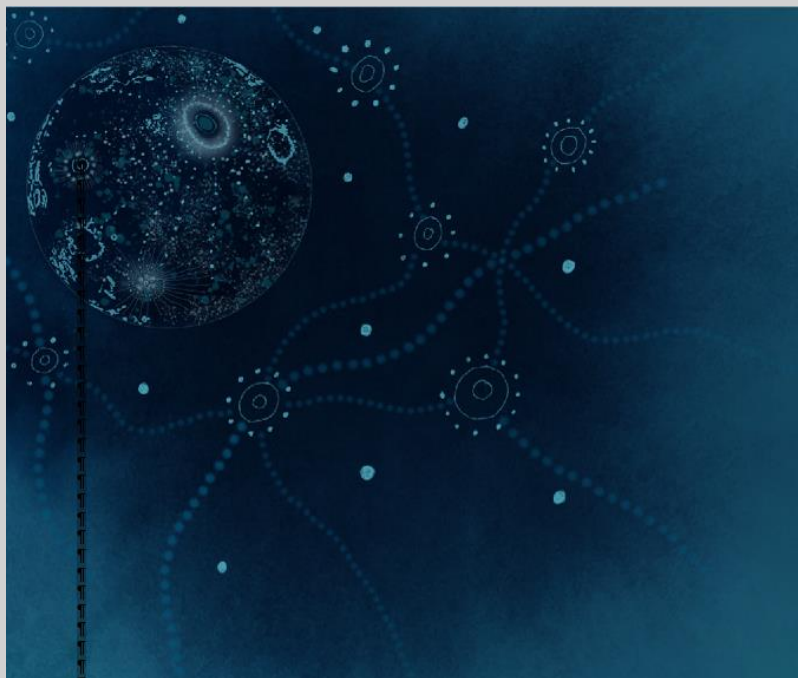
It includes behaviours/tactics/attitudes within an intimate partner relationship, occurring over time, aiming to exert:



Family Violence

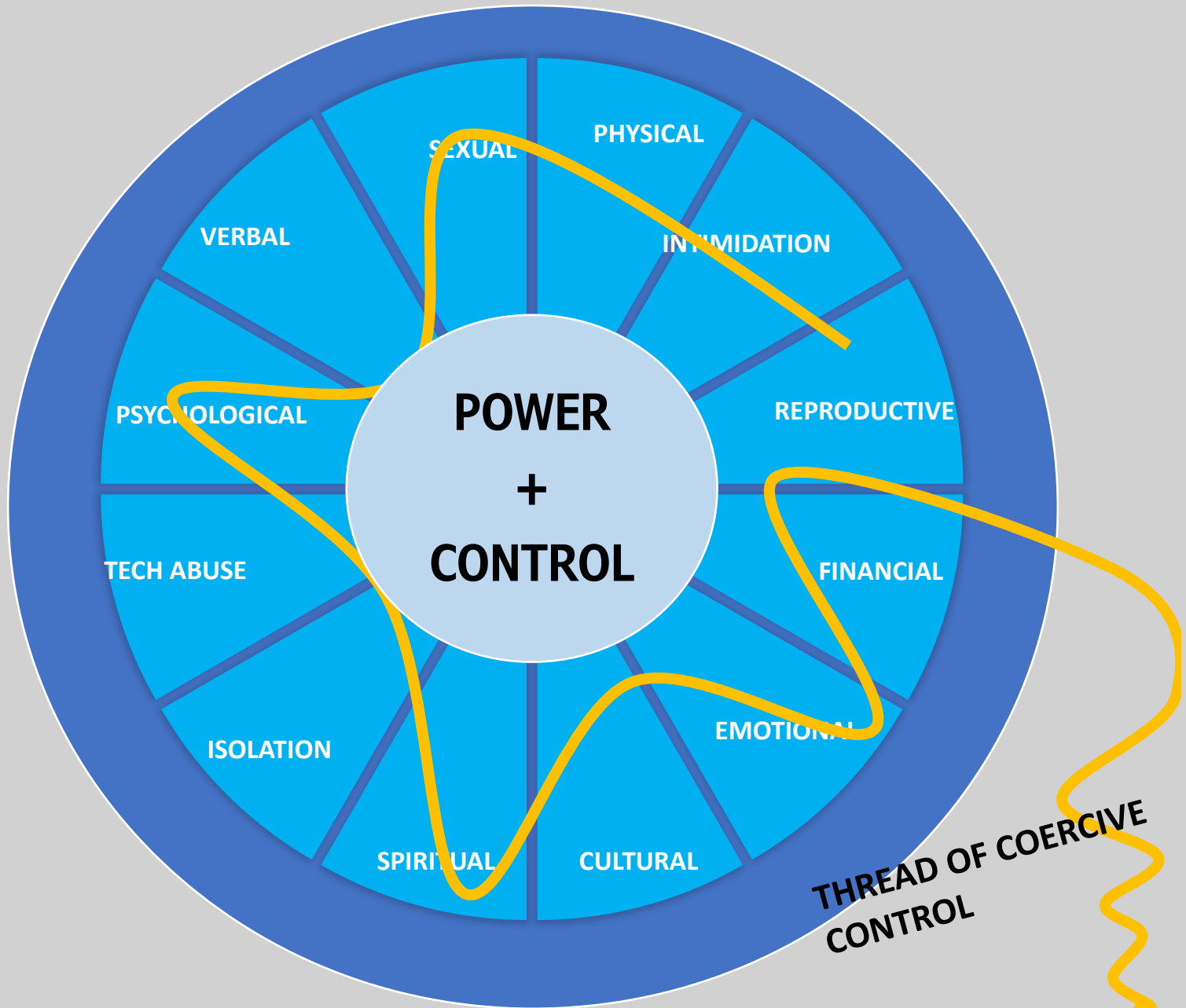
Family Violence is also the term Aboriginal and Torres Strait Islander peoples prefer because of the ways violence occurs across extended family networks.

(The National Plan to End Violence against Women and Children 2022-2032)



This considers the:

- Extended nature of Aboriginal families
 - Need to be attentive to diversity
 - Complexity of kinship ties
- (NSW Aboriginal Family Health Strategy 2011–2016)



Biderman Chart of Coercion

Relevance to prisoners of war + coercive tactics used in DFV

METHOD	EFFECT / PURPOSE	IMPACTS IN DFV CONTEXT
ISOLATION	Deprives contact with social support Increases dependency	Perpetrator hinders contact with family / friends Survivor less influenced by outsiders Leads to Increased dependence on partner
MONOPOLISATION OF PERCEPTION	Fixes attention upon immediate predicament	Perpetrator aims to control social perceptions of survivor Survivor hyper-vigilant to partners behaviour / anger Focused on day-to-day survival "Walking on eggshells"
HUMILIATION / DEGRADATION	Makes resistance more costly than compliance	Perpetrator insults / taunts/ hinders privacy Survivor – Shame / Self Blame
EXHAUSTION	Weakens mental / physical capacity to resist	Perpetrator interrupts access to sleep / nourishment Perpetrator enforces unrealistic expectations Survivor lacks energy to think/plan for a different life
THREATS (overt / covert)	Anxiety / Despair Outlines consequences of non-compliance	Perpetrator gains CONTROL via threats / intimidation / fear Survivor in constant state of terror /uncertainty about safety of self/ kids/ pets/ family
OCCASIONAL INDULGENCES	Positive motivation for compliance	Perpetrator allows certain rewards for compliance / behaviour fluctuates Survivor questions own judgements "maybe it's not so bad / he can be nice sometimes" Survivor has false sense of hope for change
DEMONSTRATING OMNIPOTENCE	Suggests futility of resistance	Perpetrator continually demonstrates Power / control Survivor feels resistance is futile
FORCING TRIVIAL DEMANDS	Forms Habit of compliance	Perpetrator sets "the rules" but changes these frequently Survivor subjected to consequences for not complying with "the rules"

Serious Risk Factors

Adult or child victim-survivors experiencing the following may be at increased risk of being killed or almost killed.

Controlling behaviours

Where are you?
Answer me
Who are you with?!!
What are you doing?

Escalation
in frequency or severity
of **violence**

Planning to **leave**
or recent
separation



Stalking



Obsessive, jealous behaviour



Threats to kill victim

Strangulation or attempts to strangle/choke



Access to weapons, or recent use of weapons

Perpetrator threatens or attempts to self-harm or suicide



Perpetrator drug or alcohol misuse

Sexual assault



Harms or kills pets/animals, or threatens to

Perpetrator unemployed or disengaged from education



Pregnancy/new birth

Source: Family Safety Victoria (2018), Family Violence Multi-Agency Risk Assessment and Management Framework, Melbourne, Vic: State of Victoria.

For information and training,
visit [The Lookout.org.au](https://www.thelookout.org.au)

THE LOOKOUT
Your place for family violence information

Domestic Violence Resource Centre Victoria

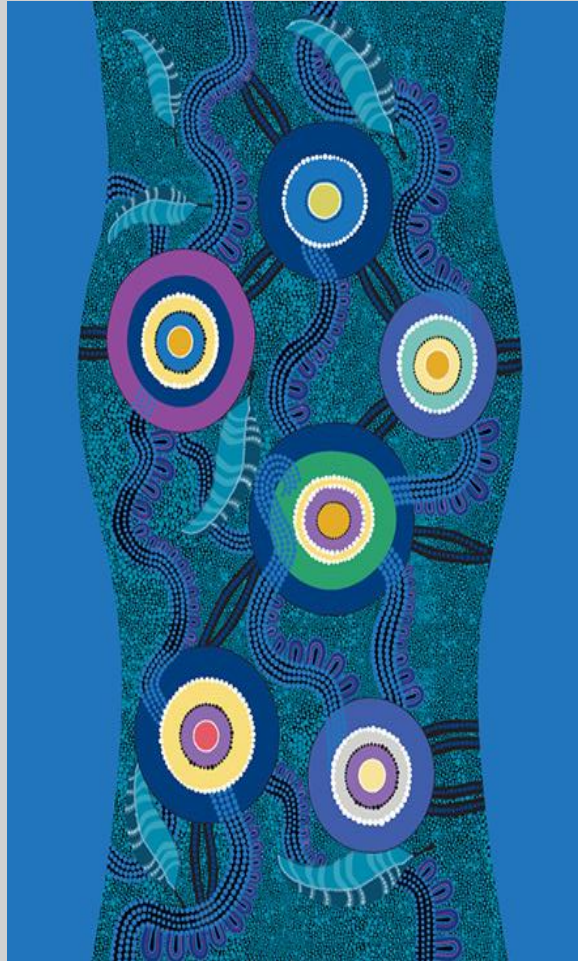
www.dvrcv.org.au



Communities at Higher Risk

- Children
- Young women
- Aboriginal and Torres Strait Islander women
- **Pregnant women**
- Culturally and Linguistically Diverse women
- LGBTQIA+ people
- Older persons
- Residents of rural and remote areas
- Differing abilities / disabilities

Aboriginal and Torres Strait Islander women



Higher burden for Aboriginal and Torres Strait Islander women.

Report at **3.1** times the rate of non-indigenous women

3 women in 5 experience physical or sexual violence

11 times more likely to die due to assault

32 times the rate of hospitalisation from injuries as a result of violence

The top 3
health risk
factors for
women aged
25 – 44 are:

- Abuse and neglect during childhood
- Illicit drug use
- Partner violence

6 diseases
are causally
linked to
partner
violence:

- Depressive disorders
- Anxiety disorders
- Early pregnancy loss
- Homicide and injuries
- Suicide and self-inflicted injuries
- Alcohol use disorders

(AIHW 2019)

HOSPITALISATION

On average,

8 women a day

are hospitalised
after being assaulted
by their
spouse or partner



(AIHW, 2018)

In 2014-15



1 in 12 women

hospitalised
for partner
violence
were
pregnant.

(AIHW, 2018)

Health Impacts of DFV

Physical Health	Sexual and Reproductive Health	Mental Health
<ul style="list-style-type: none">• Acute injuries• Injuries leading to disability• Chronic health condition / pain• Drug and alcohol use• Traumatic Brain Injury	<ul style="list-style-type: none">• Unintended / unwanted pregnancy / termination• STIs• Pregnancy complications/mis carriage• Vaginal bleeding• Chronic pelvic / urinary infections• Painful sexual intercourse• Contraception choices	<ul style="list-style-type: none">• Depression• Sleeping and eating disorders• Stress and anxiety disorders (e.g. PTSD)• Self-harm and suicide attempts / suicide• Poor self-esteem

Pregnancy & Perinatal Impacts

Maternal Outcomes

- ↑ *pregnancy symptoms*
- ↑ *hypertension, pre-eclampsia*
- ↑ *in behaviours that impact health of mother/baby e.g. smoking, D&A use, avoidance of antenatal care*
- ↑ *in MH concerns e.g. antenatal depression & anxiety, PND, thoughts of self-harm, PTSD*

Birth Outcomes

- *Preterm labour*
- *Preterm rupture of membranes*
- *Antepartum haemorrhage*
- *Caesarean section*



Outcomes for Baby

- *IUGR*
- *Low birth weight*
- *Preterm birth*
- ↓ *APGAR Scores*
- ↑ *NICU Admissions*
- *Miscarriage, Stillbirth, Neonatal mortality*

Breastfeeding

- ↓ *breastfeeding initiation post birth*
- ↓ *breastfeeding duration*
- ↓ *exclusive breastfeeding in first 6 months*
- *Impact on Attachment*

Impacts of DFV on Children

When responding to disclosures of DFV, it is important to consider the safety and wellbeing of children, including those still in utero.

Exposure to DFV is the most widely experienced type of child maltreatment (Australian Child Maltreatment Study, 2023)



**Child Protection concerns should be reported to
Child Abuse Report Line 13 14 78**

Strangulation & Acquired Brain Injury

- Multiple strangulations - ↑ risk for ABI
- Health Impacts – Short and long-term
- Requires urgent medical assessment (first 72 hours)
- Strangulation legislation now in place in SA
- Importance of screening with appropriate language
- Strangulation Assessment Link: [Strangulation Assessment](#)
- Choking in sex as a kink – experts warn there is no safe way

(Ayton, Pritchard & Tsindos, 2021; Gabbe et al, 2018) / (Monahan et al, 2020) / (Smith & Holmes, 2018) / (Brain Injury Australia, 2018)

Ask, Assess & Respond to DFV

Informed by: Australian National Plans:

National Plan to End Violence Against Women and Children (2022-2032)

Safe and Supported: The National Framework for Protecting Australia's Children (2021-2031)

National Principles to Address Coercive Control in Family and Domestic Violence (2023)

South Australia – State Plans / Initiatives:

Women's Safety Strategy (currently in development)

Family Safety Framework – Office for Women

Information Sharing Guidelines

SA Health staff have obligations under Policy

However, AAR is also:

- Best Practice
 - Informed by Lived Experience
-

***"If you don't have the
courage to ask, I
won't have the
courage to tell"***

(Lily, WCHN consumer)

Ask, Assess & Respond

Clinicians are encouraged to make a general universal statement (within limits of confidentiality).

ASK:

- **Always ask alone**
- Consider age & developmental age of children present
- Keep asking during continuum of care

Has a partner or significant other person ever done any of the following:

- Made you feel afraid?*
- Hurt you physically or thrown objects?*
- Constantly humiliated or put you down?*

(Acknowledgement to Flinders Medical Centre)

ASSESS

- Immediate safety and consider safety post appointment

RESPOND

- Listen & believe
- No judgement
- Acknowledge courage
- Respect choice to stay or not report
- Offer information / Refer to specialist DFV services
- Offer 'choice'
- Statement emphasising that violence is not okay
- *Refer to FSF (where risk is high/imminent)

DOCUMENT your positive action

Safety Planning Example

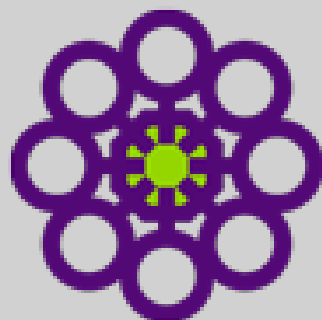
Immediate Safety	Protective Factors	Other Considerations
<ul style="list-style-type: none"> • Will the consumer (and any children) be safe after the health appointment? • What is the plan leaving your care? • Are there supportive family or friends? 	<ul style="list-style-type: none"> • What's the plan if the violence escalates? • Are there links with other services? • Engaged in work or study? • Access to a vehicle / financial resources /other protective factors 	<ul style="list-style-type: none"> • Plan for leaving unexpectedly and rehearse it – or planned exit • Who to call if threatened / in danger? (emergency numbers) • Where to go if needing a safe place • Emergency bag somewhere safe • Closest exits • Phone charged / keys close

Safety Planning Resources

Considerations regardless of whether staying or leaving relationship

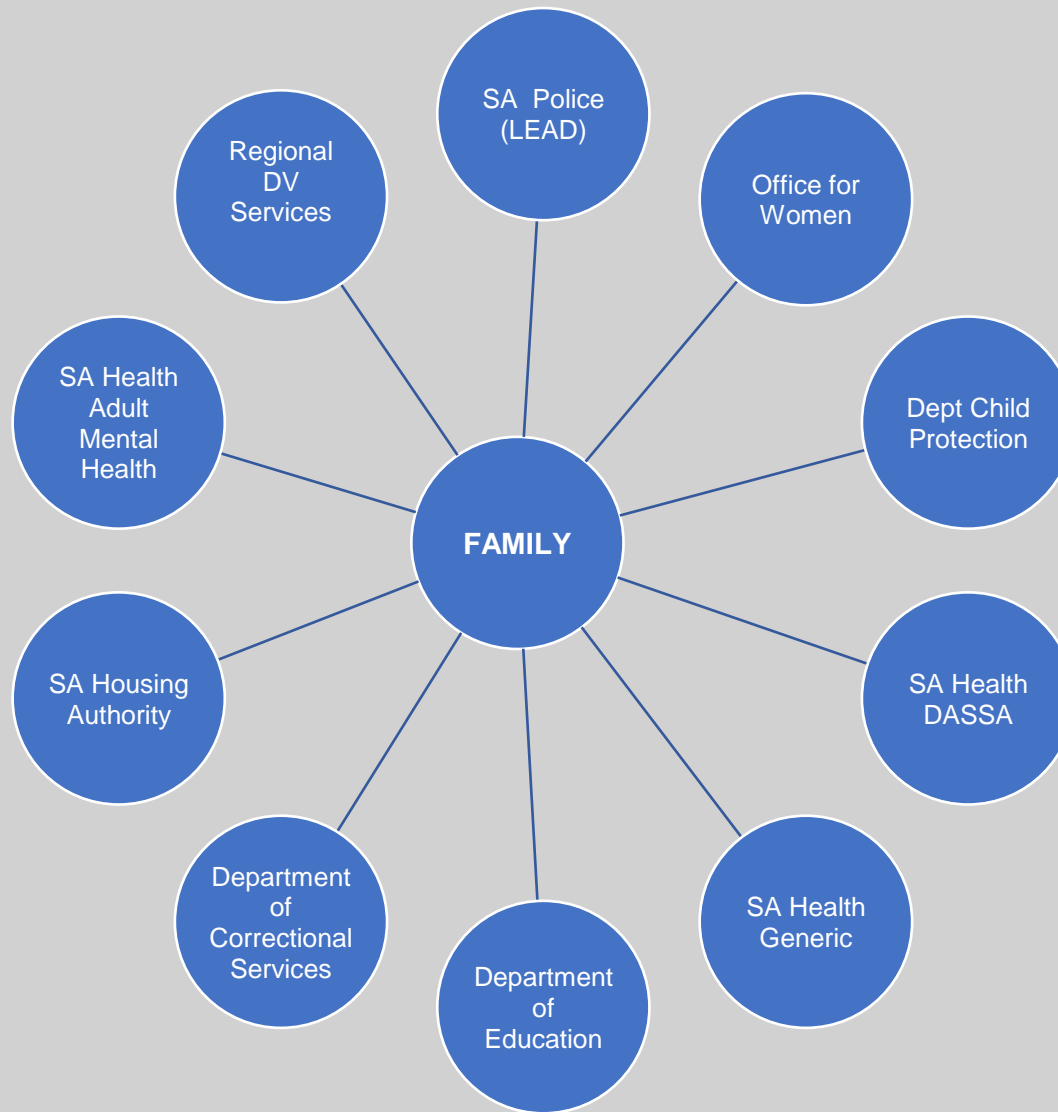
1800RESPECT

NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE **COUNSELLING** SERVICE



**WOMEN'S SAFETY
SERVICES SA**

Family Safety Framework





Assessing Risk – DVRA



Government of South Australia

DOMESTIC VIOLENCE RISK ASSESSMENT

An assessment of risk to victims of domestic/family violence must include consideration of:

- the victim's own assessment of their safety and risk levels
- identification of factors which indicate an increased likelihood of recurrence of violence
- the professional judgement of the assessor

Victim:

Agency / File No.:

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

	Presence of factor		
	Yes/No (Y/N)	In past 14 days	> 14 days
SECTION A - OFFENDER			
Behaviour:			
Has threatened to assault/harm the victim	2		
Has threatened to use a weapon (including firearm) against the victim	2		
Has threatened to kill the victim	5		
Has physically assaulted the victim	4		
Has physically used a weapon (including firearm) against the victim during an assault	4		
Has assaulted the victim outside of the home environment	4		
Has breached an intervention/restraining order	2		
Has held a victim against their will in a location or otherwise impeded their freedom	4		
Has used violence/threats of violence against other family members	3		
Has used violence/threats of violence against non-family members	3		
Has harmed or threatened to harm family pets/other animals	3		
Has threatened or attempted suicide	4		
Has a prior arrest for murder/maulder/rape or sexual assault	4		
Has a history of domestic violence against a previous partner(s)	4		
Personality Characteristics:			
Is highly controlling/manipulative	3		
Attitude and/or cultural beliefs support violence towards women/children/elderly	3		
Has demonstrated a sudden change in personality or behaviour	2		
Situational Factors:			
Has access to firearms	3		
Is unemployed	1		
Drug and/or alcohol misuse/dependency present	4		
Experiences depression or has other mental health issues	2		
Is not taking prescribed medication	2		
Is experiencing financial problems, not normal to the offender	1		
Has witnessed or experienced violence in their 'family of origin' (as a child during upbringing)	2		
			Subtotal (A)
SECTION B - VICTIM			
Perceptions / Beliefs:			
Expresses/indicates through actions that they are afraid of the offender	2		
Expresses/indicates through actions that their level of fear of the offender is extreme (feels terror)	4		
Believes the offender is capable of killing victim/children	5		
Vulnerability Factors:			
Victim reports an escalation in the seriousness and/or frequency of the violence	5		
Victim's injuries are not consistent with the explanation/account of the incident	3		
Is isolated (geographic reasons) actions of offender to restrict contact with family or friends	5		
Is isolated for cultural reasons (lack of support from cultural community)	4		
Experiences depression or has other mental health issues	1		
Verbalised or had suicidal ideas, or tried to commit suicide	2		
Drug and/or alcohol misuse/dependency present	1		
Has a disability or frailty which impairs physical activity/mobility	2		
Has a disability or frailty which impairs cognitive/sensory functioning (deaf, intellectual, dementia)	2		
Is financially dependent on the offender	1		
Is dependent on the offender for their physical care (illness/infirmity/age/dementia/disability)	2		
Is dependent on the offender for their residential status in this country	2		
			Subtotal (B)
SECTION C - CHILDREN			
Vulnerability Factors:			
Present at, or witness to, incidents of violence	1		
Under school age (not yet commenced primary school)	2		
Subject to threats of harm from the offender	2		
Subject to actual harm/assault from the offender	4		
Subject of threats to kill from the offender	5		
Offender has access to children (is aware of where they live/attend school/shared care/contact)	1		
Child from another relationship in the home	1		
Perceptions / Beliefs:			
Expresses/indicates through actions that they are afraid of the offender	2		
Refusing or stating unwillingness to have contact with the offender	2		
			Subtotal (C)

DOMESTIC VIOLENCE RISK ASSESSMENT

Victim:

Agency / File No.:

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

SECTION D - INTIMATE PARTNERS	Presence of factor		
	Yes/No (Y/N)	In past 14 days	> 14 days
Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5		
There has been a recent separation or the victim wishes to separate	5		
There is an actual or perceived new partner in the victim's life	4		
Offender has strangled or choked the victim during an assault	5		
Offender has used sexual violence or coerced victim into unwanted sexual practices	4		
Offender has stalked the victim	4		
Offender appears obsessed with the victim and/or children	5		
Offender appears jealous, bitter or hostile towards the victim and/or children	2		
Offender has recently been denied or restricted access or contact with children	4		
			Subtotal (D)
(Add the scores of the 'In past 14 days' column to determine current risk level)			Risk Score Total:

VICTIM'S OWN ASSESSMENT OF THEIR SAFETY AND RISK LEVELS

1. How frequently and seriously does the offender intimidate, threaten or injure you and/or your children?

2. Describe the most frightening event/worst incident of violence suffered at the hands of the offender?

3. How has the offender's behaviour impacted on your safety and the safety of your children?

Worker's comments as to any other factors / circumstances which may affect the level of risk

OVERALL ASSESSED RISK - PAST 14 DAYS

Standard 0 - 23



A score of standard or medium risk may be overridden through the exercise of professional judgement, if you believe a victim to be at a higher level of risk. In these instances, provide a brief explanation in the Worker's comments above.

Medium 24 - 44



High 45 +



If you select this box, please consider the QUESTION OF IMMINENCY required for referring to a Family Safety Meeting. Take all immediate steps to mitigate the high risk.

<Agency specific instructions can be added here>

Worker Name:

Agency:

Email:

Phone:

Signature:

Date:

Supervisor's Signature:

Date:

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Who are you with?!!
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Obsessive, jealous behaviour



Threats to kill victim

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Access to weapons, or recent use of weapons

Perpetrator threatens or attempts to self-harm or suicide



Perpetrator drug or alcohol misuse

Sexual assault



Harms or kills pets/animals, or threatens to

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THE LOOKOUT
Your place for family violence information

Domestic Violence Resource Centre Victoria

www.dvrcv.org.au



FSF Portal

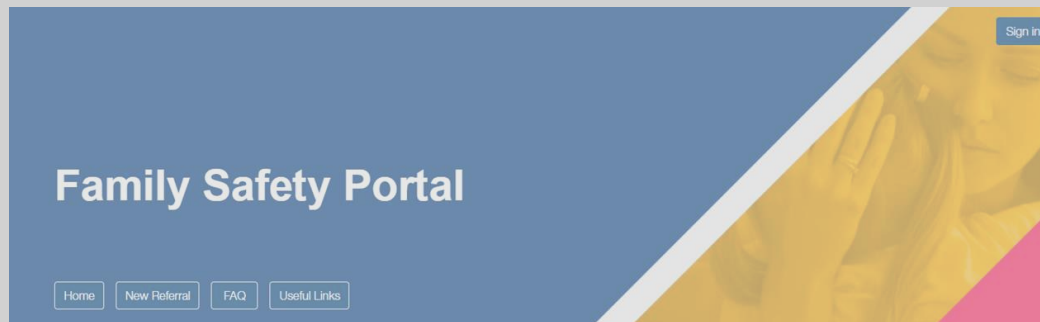
www.familysafetyportal.sa.gov.au



Make a Referral as a Guest

You can submit a referral without creating an account.


- Discuss referral
- Register as a guest
- Complete DVRA online
- Email notification + outcome of referral



Family Safety Portal


Home New Referral FAQ Useful Links

Sign in




Log In or Register for an Account

Make a referral, access past referrals or drafts.



Make a Referral as a Guest

You can submit a referral without creating an account.



Need advice or other information?

Check out our FAQ section.

MAPS Agencies

Partnership Agencies:

- Lead Agency – SA Police (**SAPOL**)
- SA Health
- Department for Human Services (DHS) / Education
- SA Housing Authority (SAHA)
- Department for Child Protection (DCP)
- Department for Correctional Services (DCS)
- Women's Safety Services SA (joined 2017)

Key: Highest DFV Risk / Confidentiality (unknown to patients)

Contact with GP's (Health providers outside SA Health)

- External Information Sharing Process:
- GP only known healthcare provider
- GP considered best option for sharing information
- Particular process – verbal information sharing only

Intentional Self-Care



Consultation Support

Cedar Health Service

- Inclusive Domestic and Family Violence Service
- Clinical & Social Work Support available
Health.CedarHealthService@sa.gov.au
- Strategic Training and Projects Team
Health.CedarHSStrategicProjectsAndTraining@sa.gov.au
- Phone: 8444 0700

Yarrow Place

- Rape and Sexual Assault Service
- Phone: 1800 817 421

Metropolitan Youth Health

- Young people aged 12-25 years who are vulnerable or at-risk
- North, South and West sites
- Phone: 1800 716 881

Referral Pathways & Resources

- Police 131 444
- Child Abuse Report Line 13 14 78

Domestic Violence and Sexual Assault Services

- 1800RESPECT – 1800 737 732 / www.1800respect.org.au
- Daisy Phone App (1800RESPECT)
- Full Stop Australia – 1800 385 578 / www.fullstop.org.au
- Well Mob – Aboriginal and Torres Strait Islander Wellbeing Resources – www.wellmob.org.au
- Women's Safety Services SA – 1800 800 098
- Domestic Violence Crisis Line – 1800 800 098
- Yarrow Place Rape and Sexual Assault Service – 1800 817 421
- DV Connect: LGBTQ+ and DV – 1800 811 811 (individuals identifying as a female), 1800 600 636 (individuals identifying as male)
- Rainbow Sexual, Domestic and Family Violence Helpline – 1800 497 212
- Domestic Violence Legal Service – 1300 366 424
- My Blue Sky (Free legal and migration support) – www.myblueesky.org.au
- Office For Women – www.officeforwomen.sa.gov.au
- Women's Legal Service - www.wlssa.org.au
- Say it Out Loud - LGBTQ+ Community DV Service – www.sayitoutloud.org.au
- Migrant Women's Support Program - 8152 9260

Aboriginal and Torres Strait Islander Services

- Domestic Violence and Aboriginal Family Violence Gateway Service – 1800 800 098
- Nunga Mi:Minar (Northern) – 8367 6474
- Ninko Kurtangga Patpangga (Southern) – 8297 9644
- 13 YARN – 13 92 76

Youth Services

- Metropolitan Youth Health - 1800 716 881
- Child and Adolescent Mental Health Service (CAMHS) Connect – 1300 222 647
- Child and Family Health Centres (CAFHS) – 8303 1522
- Youth Gateway Service – 1800 807 364

Crisis Support

- Lifeline 13 11 14
- Mental Health Triage 13 14 65
- Suicide Call Back Service – 1300 659 467

Referrals for Men

- Mensline Australia – 1300 789 978
- No to Violence / Men's Referral Service – 1300 766 491
- Uniting Communities – 8202 5190
- Kornar Winmal Yunti – 8377 7822