



OBSTETRICS AND GYNAECOLOGY  
CLINICAL PRACTICE GUIDELINE

# Family and domestic violence: Screening

<b>Scope (Staff):</b>	WNHS Obstetrics and Gynaecology Directorate staff
<b>Scope (Area):</b>	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program and Midwifery Group Practice)
<b>This document should be read in conjunction with this <a href="#">Disclaimer</a></b>	

**Note [Oct 2023]-** Upcoming relocation of content: In late 2023 / early 2024 this guideline is planned to merge into the WNHS Guideline for Responding to FDV [under review].

## Key points

1. This guideline is to be read in conjunction with the information and guidelines on the [WNHS Family and Domestic Violence \(FDV\) website](#). See also relevant forms:
  - Screen (all): [Screening for Family and Domestic Violence \(FDV 950\)](#)
  - If required:
    - Any clinician may assess a client's risk level, however utilise support of a Social Worker (if available) or Aboriginal Liaison Officer (if appropriate) for [Assessment Family and Domestic Violence \(FDV 951\)](#). If after hours- Seriousness of risk can be assessed by using professional judgement and referring to guidance within the WNHS Guideline for Responding to FDV and /or using the FDV951 as a guide (optional).
    - Refer: WNHS (KEMH and OPH) patients via eReferral to Social Work

### Notes:

- Women who have identified with FDV and decline Social Work assistance still require referral to Social Work.
- Multiple 'did not attend' (DNA's) to clinic appointments are a potential flag for FDV and may require a referral to social work. Discuss with Clinic Manager or Clinical Midwifery Consultant.



- [Supporting documents](#)
  - [Guideline for Responding to FDV](#) (incl. support services in appendix)
  - [FDV Flowchart](#)
  - [A guide for health practitioners: Working with women from CaLD backgrounds who have experienced family and domestic violence'](#)
- 2. Screening is to take place when the woman is alone in a private area
  - Her partner, family or friends should not be present
    - Children under 24 months may be present unless verbally communicative
- 3. Documentation of FDV must be recorded in the hospital medical record, **NOT** in the MR220 National Woman-Held Pregnancy Health Record or Child Health Record (Purple book).
- 4. Offer screening (use the FDV950) for:
  - **Obstetric patients:**
    - At initial visit
    - In the third trimester
    - Postnatal- prior to going home from hospital (Birth Suite, Ward, Family Birth Centre)
    - Unbooked women at their first contact with the hospital (e.g. Emergency Centre (EC), Maternal Fetal Assessment Unit KEMH, Assessment Unit OPH)
    - There may be opportunities to screen in the Breastfeeding Centre and Visiting Midwifery Service, where staff are concerned
  - **Non-obstetric patients** (screen at each presentation and once per admission)
    - On every presentation to:
      - EC
      - Day Surgery Unit
      - Outpatient Clinics (including Preadmission Clinic, Infusion Unit)
    - Inpatient: On admission (Adult Special Care Unit, Ward)

## References

### Bibliography

Department of Health and Social Care. [Responding to domestic abuse: A resource for health professionals](#). United Kingdom. 2017.

World Health Organization (WHO). [Responding to intimate partner violence and sexual violence against women](#). WHO, 2013.

## Related policies

Legislation: [Restraining Orders Act 1997](#) (external website)

Department of Health WA Policies:

- Mandatory Policy: [MP 0015/16 Information Access, Use and Disclosure Policy](#) (2021)
- [Guidelines for Protecting Children](#) (2020)

NMHS Policies (WA Health employees access via HealthPoint):

- [Family Domestic Violence Leave Procedure](#) (staff)
- [OSH Working Alone Policy](#) (staff)
- [Restraining Orders](#) (Fact Sheet)

## Related WNHS policies, procedures and guidelines

WNHS Policies (WA Health employees access via HealthPoint):

- [Family Conflict Management](#)
- [Language Services](#)

WNHS Clinical Guideline: [Obstetrics and Gynaecology](#): Antenatal Care Schedule

WNHS Women's Health Strategy and Programs: [Family and Domestic Violence](#) (WA Health employees access via HealthPoint); [Responding to Family and Domestic Violence](#) guideline

## Useful resources (including related forms)

WNHS- Women's Health [Family and Domestic Violence Toolbox](#) and [FDV Training](#)

### Forms:

- FDV 950: [Screening for Family and Domestic Violence \(FDV 950\)](#)
- FDV 951: [Assessment Family and Domestic Violence \(FDV 951\)](#)
- FDV 952: [Referral for Family and Domestic Violence \(FDV952\)](#) (Note- WNHS- KEMH and OPH use eReferral)

Keywords:	FDV, domestic violence, interpersonal violence, intimate partner violence, violence screening tool, family violence		
Document owner:	Obstetrics and Gynaecology Directorate		
Author / Reviewer:	Women's Health Coordinator of FDV Screening / Coordinators of Midwifery		
Date first issued:	October 2004(v1)		
Reviewed dates:	Nov 2007(v2); Oct 2010(v3); Sept 2014(v4); Feb 2018(v5); Feb 2020(v6); 18.6.2020 (v7-amended- fixed links); Sept 2020(v8); Oct 2023(v9)	Next review date:	Oct 2026

Endorsed by:	Obstetrics and Gynaecology Directorate Management Committee	Date:	04/10/2023
NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input checked="" type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  5: Comprehensive Care <input checked="" type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
<b>Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from WNHS HealthPoint.</b>			

## Version history

Version number	Date	Summary
1	Oct 2004	First version. Original titled as B.1.1.7: 'Screening for Family Domestic Violence'
2-4	Prior to Feb 2018	Archived- contact OGD Guideline Coordinator for previous versions.
5	Feb 2018	Screen women at first contact (any area- no longer limited to EC or LBS)
6	Feb 2020	<ul style="list-style-type: none"> <li>New screening forms are available. Refer to FDV 950 for screening information</li> <li>Now includes offering FDV screening opportunities for non-obstetric patients</li> </ul>
7	Jun 2020	Minor amendment- hyperlinks fixed only
8	Sept 2020	Re-included statement from previous guideline: Women who have identified with FDV and decline social work assistance still require referral to social work
9	Oct 2023	<ul style="list-style-type: none"> <li>Hyperlinks updated</li> <li>Multiple DNA's to clinic appointments are a potential flag for FDV and require a referral to social work. Discuss with Manager/CMC</li> <li>Utilise support of a Social Worker (if available) or ALO (if appropriate) for further assessment on FDV951</li> </ul>

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

[www.nmhs.health.wa.gov.au](http://www.nmhs.health.wa.gov.au)