



Government of **Western Australia**
Department of **Health**

Health Service: _____

SCREENING FOR FAMILY AND DOMESTIC VIOLENCE (FDV 950)

SURNAME		UMRN / MRN	
GIVEN NAMES		DOB	GENDER
ADDRESS			POSTCODE
TELEPHONE			

Purpose of this tool:

To guide discussion and provide a supportive response to those who may be at risk of family and domestic violence (FDV) in intimate partner relationships, by a current or former partner, or within family and extended family.

Points for the use of this tool:

- Check for previous FDV screening in file. If previously screened positive for FDV, modify questions accordingly e.g. is this still occurring?
- Interview the client **alone** – see FDV Guideline for how to achieve this if others are in attendance.
- Offer the use of a trained interpreter when the need is identified. Do not use relatives as interpreters.

Step 1: Introduce Screening

Before screening the client, explain that:

- In this health service we are concerned about everyone's health and safety so we ask about their relationships.
- This information is confidential unless we are concerned that you or your children may be at risk of harm.
- This form will be filed in their hospital **medical record and not recorded in their personal held record.**

Step 2: Questions (structured to capture a range of FDV related behaviours)

	Yes	No
Do you ever feel afraid of somebody in your home, an ex-partner or family member?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family, household, or from a previous relationship, ever hurt or threatened to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>
Are you worried about any of these? <ul style="list-style-type: none"> - your safety - the safety of your children* - the safety of someone else in your family or household 	<input type="checkbox"/>	<input type="checkbox"/>
If yes, would you like help with this now?	<input type="checkbox"/>	<input type="checkbox"/>

Other questions that may be useful:

How are things at home / in your relationship? Do you feel safe with your partner?
 Has someone in your family or household ever tried to control what you can or cannot do?
 Do you feel safe to go home when you leave here?

Step 3: Outcome

FDV disclosed FDV suspected but not disclosed FDV not disclosed

Step 4: Action Taken

If FDV is disclosed or suspected, with consent of the client refer to Social Work (if available). Individual risk should be assessed (FDV Assessment form FDV951 recommended). Any health professional can complete an assessment however Social Work support is recommended and consider support of Aboriginal Liaison Officer (ALO) and/or DV Helplines. If no Social Worker available, refer to an external FDV service.

* If there is a reasonable belief of significant risk of harm to the client or their children, then client consent to referral is not required but is preferred (See Section 28A, relevant information, (a) (ii), Children and Community Services Act 2004)

Action Taken	Yes	No	Details
Completed FDV Assessment (FDV951)	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to Social Worker and/or Aboriginal Liaison Officer	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
Information provided for external FDV support agencies (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
No further action required (specify reason)	<input type="checkbox"/>	<input type="checkbox"/>	

Consultation with:

Form completed by:

Name (please print) _____ Designation _____ Signature _____ Date / Time _____

Women's Domestic Violence Helpline 1800 007 339

Men's Domestic Violence Helpline 1800 000 599



XY318420

DO NOT WRITE IN BINDING MARGIN

HCCZZFMRV950