



Family violence – Tasmanian HealthPathways

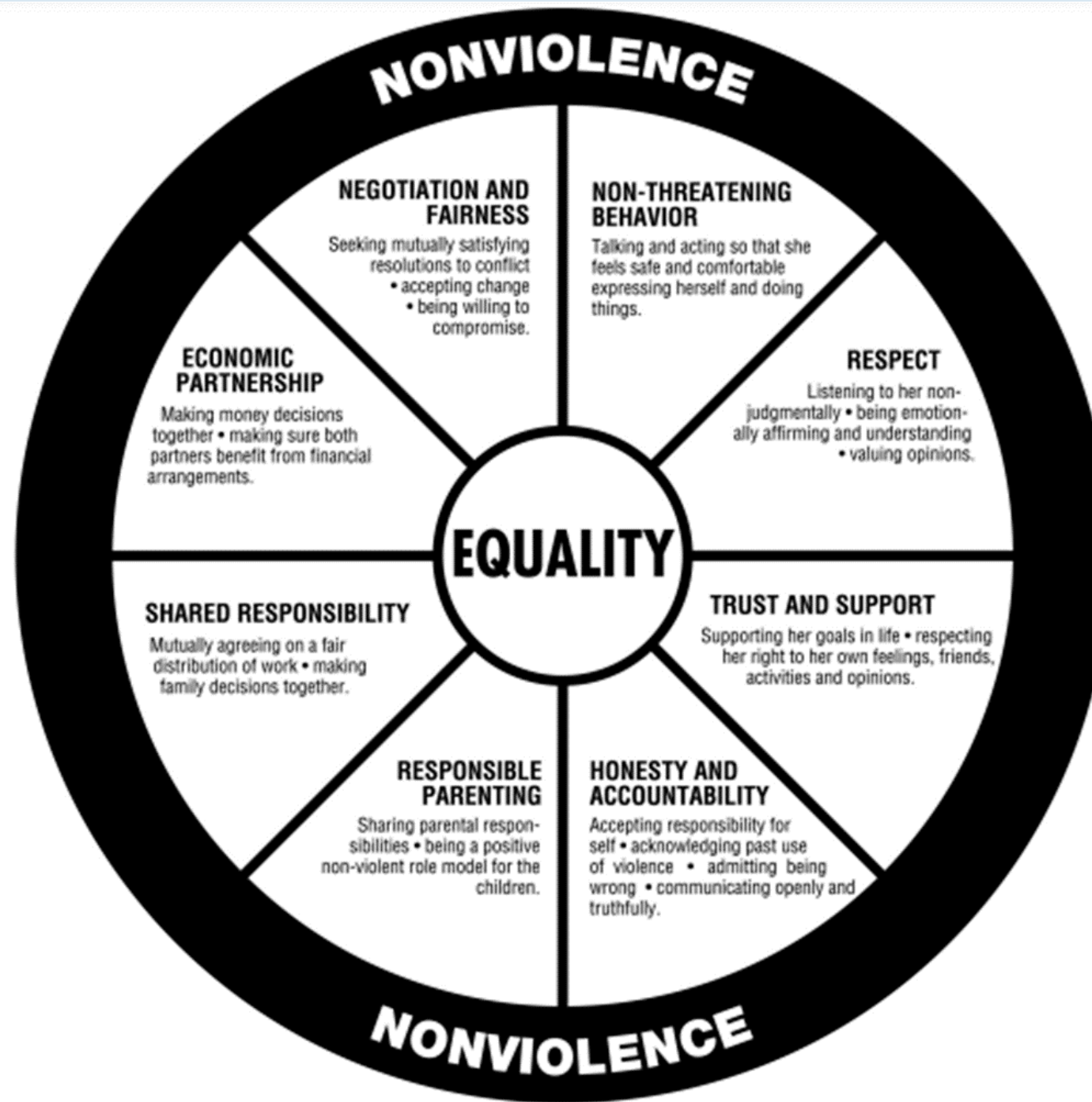
Dr Juliana “Julz” Ahmad

Presenting on behalf of Dr Sue Shearman

Objectives

- Overview of Family Violence in primary care
- Explore the newly developed Tasmanian HealthPathways on Family violence
- Learn how to access and utilize HealthPathways in a clinical setting
- Explore useful resources

Duluth Model –
Equality Wheel



How healthy is your relationship?

Sometimes, it can be difficult to tell whether a relationship is healthy or unhealthy because we don't have anything to compare it to.

Generally, a healthy relationship involves:

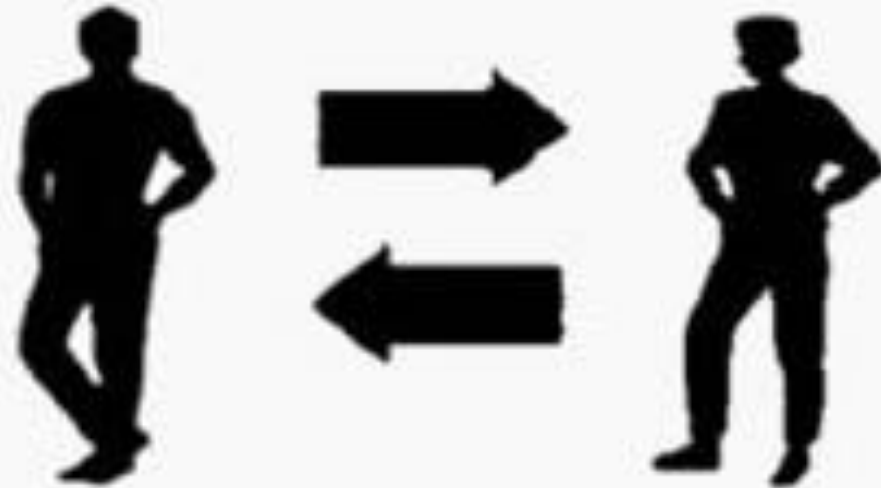
- Mutual trust and shared power
- Support and open communication
- Commitment and honesty

An unhealthy relationship involves:

- Unsupportive behaviour
- Misuse of power and authority
- Pain, fear or harm

Most couples have arguments, but this does not necessarily mean your relationship is unhealthy. However, when one person is feeling unsafe or afraid in the relationship, this is usually a sign that there are serious problems. It is a good idea to regularly assess your relationship using the scale below.

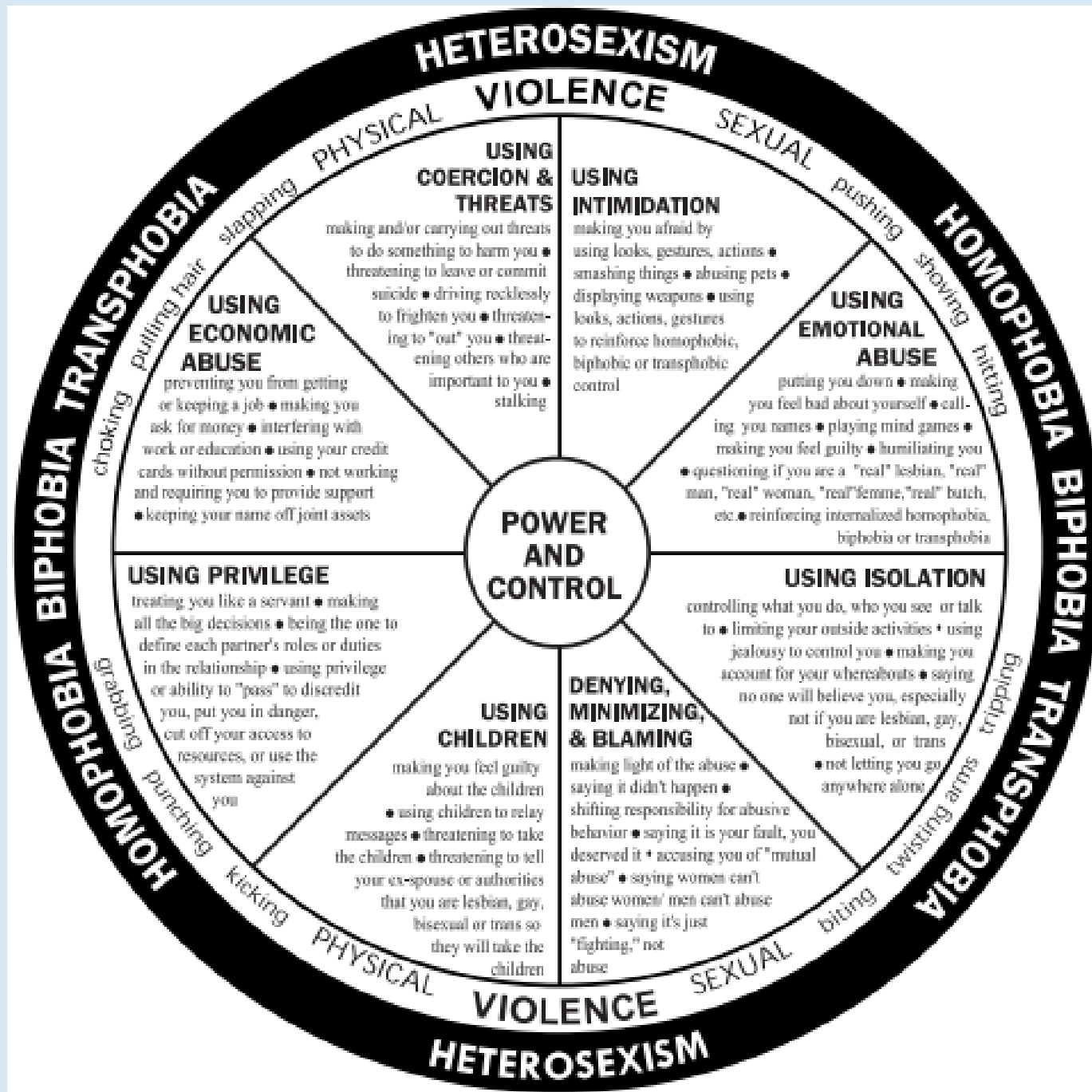
ARGUMENT



Family Violence



Duluth Wheel –
LGBTQIA + model



Threats and Intimidation are key elements in domestic violence and are powerful ways to control you and make you feel powerless and afraid. This can include smashing things, destroying possessions, putting a fist through the wall, handling of guns, knives or other weapons, using intimidating body language (angry looks, raised voice), hostile questioning of, reckless driving of vehicle. They may also threaten to commit suicide or harm or take the children. It may also include harassing you at your workplace, persistent phone calls or sending text messages or emails, following you to and from work, or loitering near your workplace or home.

Verbal abuse: Includes screaming, swearing, shouting, put-downs, name-calling, and using sarcasm, ridiculing your beliefs, opinions or cultural background. It is aimed at destroying your sense of self.

Physical abuse: Includes pushing, shoving, hitting, slapping, strangulation, hair-pulling, punching etc. and can involve the use of weapons including guns, knives or other objects.

Emotional abuse: Behaviour that deliberately undermines your self-esteem and confidence, leading you to believe you are stupid, or 'a bad mother', useless going crazy or are insane. Threats may include harm to you, self, children or others or silence and withdrawal as a means to abuse. This type of abuse humiliates, degrades and demeans.

Social abuse: Includes isolating you from your social networks and supports either by preventing you from having contact with family or friends or by verbally or physically abusing you in public or in front of others. It may be continually putting friends and family down so you slowly disconnect from your support network.

Economic abuse: Results in you being financially dependent. It includes being denied access to money, including your own, demanding that you and the children live on inadequate resources. It can also include being forced to sign loans and being responsible for debts that you have not incurred.

Sexual abuse: Includes a range of unwanted sexual behaviours including forced sexual contact, rape, forcing you to perform sexual acts that cause pain or humiliation, forcing you to have sex with others, or causing injury to your sexual organs.

Cultural and Spiritual abuse: Includes ridiculing or putting down your beliefs and culture, preventing you from belonging to, or taking part in a group that is important to your spiritual beliefs, or practising your religion.

Other forms of abuse may include:

Controlling behaviours: Includes dictating what you do, not allowing you to express your feelings or thoughts, not allowing you any privacy, forcing you to go without food or water.

Separation violence: Often after the relationship has ended violence may continue, this can be a very dangerous time for you because the perpetrator may perceive a loss of control and may become more unpredictable. During and after separation is often a time when violence will escalate leaving you more unsafe than previously.

Stalking: Stalking includes loitering around places you are known to frequent, watching you, following you, making persistent telephone calls, emails, texts and sending mail including unwanted love letters, cards and gifts.

CyberAbuse: The use of social media, emails or technology to stalk abuse or intimidate you. It might include posting pictures, videos or information about you.

Spousal homicide: The death of the victim directly attributed to domestic violence. 7 to 10 women murdered in Australia are victims of family violence. (Chan and Payne 2013)

The Role of GPs

The role of GPs includes all of the following to address family violence across the lifecycle:

- identifying predisposing risk factors
- noting early signs and symptoms
- assessing for violence and safety within families
- managing consequences of abuse to minimise morbidity and mortality
- knowing and using referral and community resources
- advocating for changes that promote a violence-free society.

How many patients... are we missing?

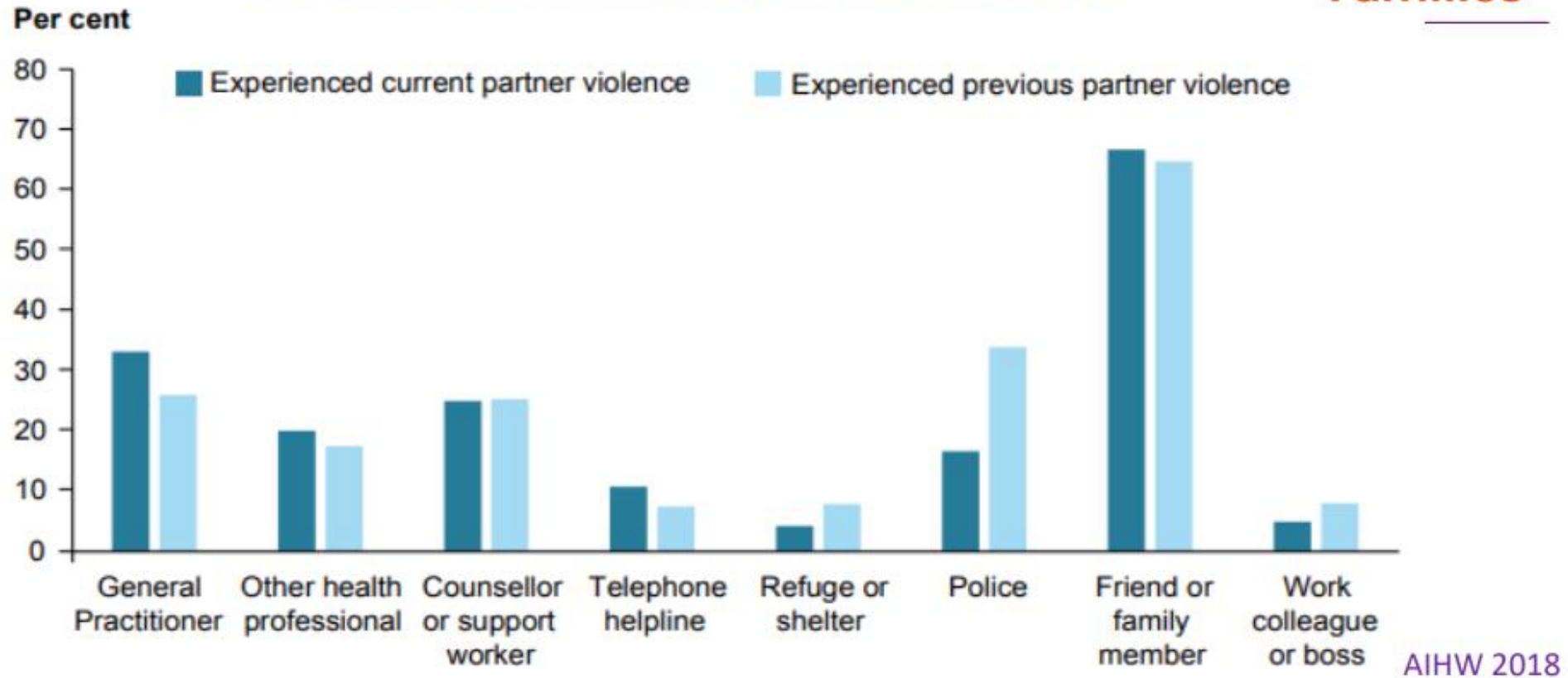
1 in 10 women attending general practice, experienced DV in last 12 months- for a full-time GP, that is around 5 women/week

BUT most not identified, as 9 in 10 women have never been asked by a GP

Hegarty K, O'Doherty L, Astbury J, Gunn J. Identifying intimate partner violence when screening for health and lifestyle issues among women attending general practice. *Aust J Prim Health* 2012;18(4):327–31.

Pathways to Safety training

Sources of advice and support sought by women who experienced intimate partner violence



HealthPathways in setting of Family violence (Tasmania)

- HealthPathways can help any practitioner at any stage and location in Tasmania
 - Resources to support in referral processes - legal, social, electronic, police
- Help GPs realize they are just a part of a larger system - a multi-disciplinary team
 - Specialist Family and sexual violence services
 - Specialist services for at-risk groups
 - Tasmania Police
 - Strong Families, Safe Kids
 - Other mainstream services

Utility and goals of Tasmanian HealthPathways in a clinical setting

Timely - Within consult time frame

Easy and clear to navigate

Clear and concise information

Tasmanian referral pathways

Ability to provide feedback

Free and no paywall to the local resources

It's not Google

Newly developed Family Violence Pathways

June 2021

- Family Violence
- Managing perpetrators of FV
- Physical Assault
 - Allocate injury type
 - Physical assault and injury recording
 - Strangulation
- Assault or Abuse Crisis intervention
- Family Violence Support and Referral

Clinical Working Group

HealthPathways Team

- Catherine Spiller – Lead – Integrated HealthCare
- Dr Sue Shearman – GP Clinical Editor
- Leigh Hutchinson – Primary Health Consultant

Specialist Medical Experts (SMEs)

- Engender Equality
- Women's Health Tasmania
- Uniting
- Family Violence Counselling and Support Service
- THS Women's, Adolescent and Children's Services

- Home
- COVID-19
- About HealthPathways
- Aboriginal and Torres Strait Islander Health
- Acute Services
- Allied Health
- Child Health
- Investigations
- Legal and Ethical
- Lifestyle & Preventive Care
- Medical
- Mental Health and Addiction
- Older Persons' Health
- Medicines Management
- Public Health
- Specific Populations
- Surgical
- Women's Health
- Our Health System



Tasmania HEALTHPATHWAYS

Health Alert

Follow the new [Novel Coronavirus \(COVID-19\)](#) pathway for up to date information on the assessment and management of suspected cases.

[Primary Health Tasmania – Coronavirus \(COVID-19\) response](#)

Department of Health:

- [Coronavirus](#)
- [Notifiable disease info](#)
- [Public Health Emergency Declaration](#)

Latest News

18 August

[DHHS Tasmania - Public Health Alerts](#)

[See all public health alerts](#)

16 August

Pathway Updates

NEW – 18 August
[Nausea and Vomiting in Pregnancy](#)

NEW – 18 August
[Anaemia in Pregnancy](#)

NEW – 18 August
[Recurrent Pregnancy Loss](#)

NEW – 18 August
[Antenatal - Second and Third Trimester Care](#)


NEW – 18 August
[Antenatal - First Consult](#)

[VIEW MORE UPDATES...](#)

 [DIGITAL HEALTH GUIDE](#)

 [PRIMARY HEALTH TASMANIA](#)

 [RACGP RED BOOK](#)

 [FINDHELPTAS](#)

 [MBS ONLINE](#)

 [NPS MEDICINEWISE](#)

 [PBS](#)

 [TASMANIAN HEALTH DIRECTORY](#)

[About HealthPathways](#)



Through Table of contents



Tasmania

Emergency & Revenue Care

Medical

Advance Care Planning

Assault or Abuse

Child or Young Person at Risk

Child or Young Person Sexual Abuse

Elder Abuse and Neglect

Family Violence

Managing Perpetrators of Family Violence

Physical Assault

Sexual Assault or Abuse

Assault or Abuse Intervention Requests

[Home](#) / [Medical](#) / [Assault or Abuse](#)

Assault or Abuse

In This Section

[Child or Young Person at Risk](#)

[Child or Young Person Sexual Abuse](#)

[Elder Abuse and Neglect](#)

[Family Violence](#)

[Physical Assault](#)

[Sexual Assault or Abuse](#)

[Assault or Abuse Intervention Requests](#)

- Child or Young Person at Risk
- Child or Young Person Sexual Abuse ▾
- Elder Abuse and Neglect
- Family Violence** ▲
- Managing Perpetrators of Family Violence
- Physical Assault** ▲
- Allocate Injury Type
- Physical Assault and Injury Recording
- Strangulation
- Sexual Assault or Abuse ▾
- Assault or Abuse Intervention Requests** ▲
- Assault or Abuse Crisis Intervention
- Assault or Abuse Support
- Family Violence Support and Referral
- Recent Sexual Assault Assessment
- Sexual Assault Support Services
- Cardiology ▾
- Dermatology ▾
- Diabetes ▾
- Diving and Hyperbaric Medicine



Family Violence

See also [Managing Perpetrators of Family Violence](#).

Red flags



- ▶ Patient is concerned for their immediate safety and afraid to go home
- ▶ Suspected child abuse or neglect
- ▶ Non-fatal strangulation

Background

[About family violence](#) ▾

Assessment

1. Consider [higher risk groups for family violence](#) ▾, but do not exclude family violence in low risk groups.
2. Consider [population-specific factors](#) ▾.
3. If it is safe to do so, ask about family violence:
 - Always ask when the patient is [alone](#) ▾. There are many [reasons patients may not disclose family violence](#) ▾.
 - Ensure [culturally sensitive care](#) ▾.
 - Use [recommended questions or statements](#) ▾ as part of a routine consultation.
 - Consider the [types of abuse](#) ▾ they may have experienced.
4. Observe for any signs or symptoms suggestive of abuse in:
 - [Adults](#) ▾
 - [Children and young people](#) ▾
5. [Assess, record, and treat any physical injuries](#). It is important to accurately record history and injuries in case the information is



Case Study

- 44 yo cisfemale patient. Whole family comes to your practice for several years. Patient was treated for postnatal depression but otherwise well.
- Presents with her 10 year old child but you notice marks around her neck.

Assessment

1. Consider [higher risk groups for family violence](#) ▼, but do not exclude family violence in low risk groups.
2. Consider [population-specific factors](#) ▼.
3. If it is safe to do so, ask about family violence:
 - Always ask when the patient is [alone](#) ▲. There are many [reasons patients may not disclose family violence](#) ▼.

Alone

- A patient presenting with a small child may be considered to be 'alone'. Ideally, do not initiate conversations regarding family violence if a child older than 2 years is present, due to the potential of information being repeated to the perpetrator.
 - Consider a strategy to speak to the patient alone:
 - Arrange for the patient to visit you alone at another time.
 - Ask the front desk to care for the children in the waiting room.
 - Ask the accompanying person to leave.
 - Make an excuse to take the patient to the treatment room on their own.
4. Observe for any signs or symptoms suggestive of abuse in:
 - [Adults](#) ▼
 - [Children and young people](#) ▼
 5. [Assess, record, and treat any physical injuries](#). It is important to accurately record history and injuries in case the information is required for medico legal reasons.
 6. Assess patient safety:
 - Assess [immediate safety](#) ▼.
 - Ask [risk assessment questions](#) ▼.
 - Identify [risk indicators](#) ▼.
 - Use a [safety assessment tool](#) such as [Domestic Violence Safety Assessment Tool \(DVSAT\)](#) ▼ or [Danger Assessment](#) [?] to



Physical Assault and Injury Recording

Background

[About physical assault and injury recording](#) ▼

Assessment

1. Take a full [patient history](#) ▼.
2. Consider if [family violence](#) or [elder abuse](#) is a factor.
3. [Examine](#) ▼ the patient thoroughly from head-to-toe. If strangulation has occurred, follow the [Strangulation](#) pathway to assess specifically.
4. Document any physical injuries and specific descriptions of violence.
 - [Determine injury type](#).
 - Classify each injury and document individually, including location and size.
 - Use the [body diagram](#) [↗](#).
 - Write clearly and in detail. See [example scenario](#) ▼.
 - Do not attempt to interpret physical and other observations, this should be left to a suitably qualified expert.
 - Consider photographing injuries before initiating treatment. Patient consent is required to photograph injuries. The photographs become part of the medical record. Do not photograph genitals.
5. If assault occurs in the setting of family violence, perform a [risk assessment](#) to assess safety of any children.

Management

1. Provide medical treatment for current injuries. If indicated, arrange [emergency assessment](#) for management of injuries.
2. If strangulation occurred, manage as per the [Strangulation](#) pathway.
3. If [family violence](#) or [sexual assault](#) is suspected or disclosed, manage as per pathways.
4. Encourage the patient to contact [support services](#) and report to the police. But if there are [serious safety concerns](#) ▼, make a mandatory [Police report as the treating doctor](#) ▼. Where ever possible, inform the patient that a decision was made to not

Allocate Injury Type

Blunt force injuries

- Caused by impact, traction, or shearing forces, e.g. fists, boots, hard surfaces, or baton
- Injuries sustained can vary between minimal redness to abrasions or broken bones depending on the force used
- Blunt force injuries include:
 - [bruise](#) ▼
 - [abrasion](#) ▼
 - [laceration](#) ▼
 - [transient lesions](#) ▼

Sharp force injuries

- Caused by objects with a cutting edge, e.g. knives, scissors, or glass.
- Injuries vary depending on the force used, the sharpness of the object, and the presence of clothing
- Sharp force injuries include:
 - [incision](#) ▼
 - [stab](#) ▼
 - [bite mark](#) ▼.

Strangulation

- Sometimes incorrectly called "choking".
- Strangulation is a common form of intimidation, particularly in family violence.
- Police recognise the potential lethal outcome and are charging offenders with more serious offences
- Supporting medical evidence, such as notes or diagrams about impaired breathing, can be important in these circumstances.
- See also [Strangulation](#) pathway.

Burn injuries

- Burn injuries may be thermal, electrical or chemical.
- Severe burns may be among the most severe injuries encountered and require appropriate

- If patient has [strangulation injuries requiring transfer](#) ^, phone 000 for ambulance transfer to the [emergency department](#).

Strangulation injuries requiring transfer

Check if history was positive for:

- difficulty swallowing or breathing
- history of loss of consciousness
- history of incontinence.

Examine for:

- petechiae of face and oral cavity
- significant external bruising and/or tenderness of the neck
- signs of hypoxic brain injury, e.g. restlessness, confusion, or irritation
- subcutaneous emphysema
- dyspnoea
- any voice changes, e.g. stridor
- loss of normal laryngeal crepitus.


Be aware that a patient's condition can deteriorate unexpectedly and ensure the patient understands and accepts transfer to the hospital.

See also The Royal College of Pathologists of Australia – [Guideline: Clinical Forensic Assessment and Management of Non-Fatal Strangulation](#) ☑.

- If pregnant:
 - < 20 weeks, discuss with the [emergency department](#).
 - > 20 weeks, request [acute obstetric assessment](#).
- Phone the Family Violence Counselling and Support Service on 1800-608-122 if:
 - you need clinical advice.
 - your patient needs counselling, support, or advice.
- If cognitive symptoms continue and other causes have been excluded, especially a mood disorder, consider arranging a [non-a neurological assessment](#).
- If there are [serious safety concerns](#) v, make a mandatory [Police report as the treating doctor](#) v.

Family Violence - Management

High risk management





1. Be aware that [strangulation](#) injuries may be an indication of attempted murder, or that the violence is at a high level and may escalate further.
2. Seek the patient's consent to report the matter to the [police](#). If the patient is not capable of giving consent for any reason, including intimidation, the general practitioner is relieved of any obligation to adhere to privacy principles to the extent that disclosure is necessary to safeguard the patient's immediate well-being.
3. Notify the police if the survivor has [serious safety concerns](#) . Wherever possible, tell the survivor when a decision is made to notify the police.

Serious safety concerns







- A serious safety concern means:
 - there is evidence of a serious threat to a victim's life, health or safety due to family violence.
 - urgent action is necessary to prevent or lessen this threat.
- A threat does not have to be imminent to be considered serious, as it is often hard to determine whether something is going to happen within a certain timeframe.
- Serious and/or imminent threats may include:
 - 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.
 - The perpetrator is using or carrying a weapon (gun, knife or other) in a manner likely to cause physical injury, or reasonable fear for safety.
 - An immediate serious risk to individual or public safety.

4. If the patient says it is not safe to go home, offer to call the Family Violence Response and Referral Line on **1800-633-937** for information about crisis services and refuges and/or phone **1800 RESPECT (1800-737-732)** to have the counsellor talk directly to the patient.
5. Ensure that appropriate [child protection requirements](#) have been completed.
6. If the patient chooses to stay in the relationship, help the patient develop a safety plan if violence escalates, e.g. who they might call, where they might go, and if they are aware of [emergency accommodation options](#).
7. If patient expresses intent to suicide or self-harm, manage as per [Suicide Risk](#) and [Deliberate Self-harm](#) pathways.

3. If the patient and children are safe to go home, discuss safety planning:

- [Escape plan](#) 
- [Internet safety](#) 
- [Child safety](#) 
- [Safety planning resources](#) 

Safety planning resources

- Advise the patient to review 1800RESPECT – [About Safety Planning](#) 
- If the perpetrator does not have access to the person's smart phone, account details or messages, these apps may be of assistance:
 - [Ask Izzy](#)  – free on Telstra mobile network
 - Domestic Violence Resource Centre Victoria – [Arc App](#)  (enables women experiencing family violence to track details of abusive behaviour by uploading photos, videos, audio and diary entries to create a record of what has happened, when it happened, and how it made them feel)
 - 1800RESPECT:
 - [Daisy App](#)  (provides information and connects to local services)
 - [Sunny App](#)  (for women with disability)
 - [Emergency+ App](#)  – helps a triple zero caller provide critical location details required to mobilise emergency services





Case 1 continuation

- Patient states that her husband is away for work for a month and he has sent her flowers to apologize.
- She agrees to call the family violence hotline and to put a safety plan in place and to see you in a week.

Case 2

- The husband of your patient presents to your colleague with an “anger” problem.

Assessment

1. Have a high level of concern about family violence. Be willing to ask about violence, especially if [risk factors for perpetration of family violence and abuse](#)  are present.
2. Overcome barriers to asking about violence and address the issue with perpetrators to reduce risk for other members of the family.
3. Consider the need for an [interpreter](#), by phone or in person, instead of using a friend or relative.
4. Ask questions as part of a routine consultation using [structured questioning](#) .



Structured questioning

Commence the conversation with a neutral stance using open-ended non-judgemental questions, e.g.:

- How are things at home?
- How is your relationship? What are the hardest things for you?

Once rapport has been established, move onto more specific questions, e.g.:





- When you feel angry, what do you do?
- How do your children react when you get angry?
- Do you think that your partner ever feels scared of you?
- Do you engage in behaviour at home with your partner or children that you regret later?

5. If there is disclosure of current or past abuse, [respond appropriately](#)  and assess the safety of the patient and others, including the victim:
 - Ask [safety assessment questions](#) .

Safety assessment questions

- Has the violence and/or threats escalated in frequency or severity?
- Have you ever threatened your partner with a weapon?
- Do you have access to weapons (in the house or elsewhere) and if yes, what type of weapons? Note that the Tasmanian Police have the power to remove weapons from a household where there is family violence.
- Has your partner ever required medical attention because of your violence and did they receive it?

Request

- If urgent assistance is required, or there are serious safety concerns, phone **000** and make a mandatory report to the police.
- If a patient with high risk of family violence consents, request immediate [assault or abuse crisis intervention](#).
- If there are reasonable grounds to suspect that a child is at risk of harm, make a mandatory report to the [Child Safety Service](#). See [Child or Young Person at Risk](#) pathway.
- If the patient discloses abuse, offer the victim [family violence assistance](#) and advise the patient to:
 - contact a telephone counselling service to access support for behaviour change:
 - [Men's Referral Service](#) , phone **1300-766-491** (24 hours, 7 days)
 - [MensLine Australia](#) , phone **1300-78-99-78** (24 hours, 7 days)
 - [1800 RESPECT](#) , phone **1800-737-732** (counselling available for both female and male perpetrators, 24 hours, 7 days)
 - join a behaviour change or counselling program for male perpetrators of family violence. See Relationships Australia Tasmania – [Men Engaging New Strategies Program](#) , or phone **1300-364-277**.
- If the patient consents, make appropriate health referrals, e.g. [non-acute adult mental health assessment](#) (especially if the patient expresses intent to suicide or self-harm), or [alcohol and drug requests](#).
- If both, partners and/or their children, are being seen by the same health professional, refer one or all of the others to separate general practitioners.

Other ways to use Healthpathways

- Use [recommended questions or statements](#) ^ as part of a routine consultation.


Recommended questions and statements

Broad questions about well-being:

- How are things at home?
- How are you and your partner getting on?
- Is anything else happening which might be affecting your health?

Direct questions about violence:

- Has your partner ever physically threatened or hurt you?
- Does the way your partner treats you make you feel unhappy or depressed?
- Is there a lot of tension in your relationship? How do you resolve arguments?
- Sometimes partners react strongly in arguments and use physical force. Is this happening to you?
- Are you afraid of your partner? Have you ever been afraid of any partner?
- Are you concerned about your safety or the safety of your children?
- Have you ever felt unsafe in the past?
- Violence is very common in the home. I ask a lot of my patients about abuse because no-one should have to live in fear of their partners.

Adapted with permission from The Royal Australian College of General Practitioners from: Abuse and violence: Working with our patients in general practice, 4th edition. Melbourne: RACGP, 2014. Available [here](#) .

Consider adding as an autofill



RESPONDING TO FAMILY AND SEXUAL VIOLENCE

A guide for service providers
and practitioners in Tasmania

January 2021



Responding to Family Violence - A guide for service providers and practitioners in Tasmania - Jan 2021

SERVICES DIRECTORY

- 24 Hour helplines
- Family violence counselling and support services
- Sexual violence counselling and support services
- Behaviour change and perpetrator support services
- Housing and emergency accommodation services
- Legal advice and support services
- Further information and resources

https://www.communities.tas.gov.au/__data/assets/pdf_file/0019/133921/DoCT-RESPONDING-TO-FAMILY-AND-SEXUAL-VIOLENCE_WCAG.pdf

Responding to Family Violence - A guide for service providers and practitioners in Tasmania - Jan 2021

Figure 3: Referring clients impacted by family and/or sexual violence

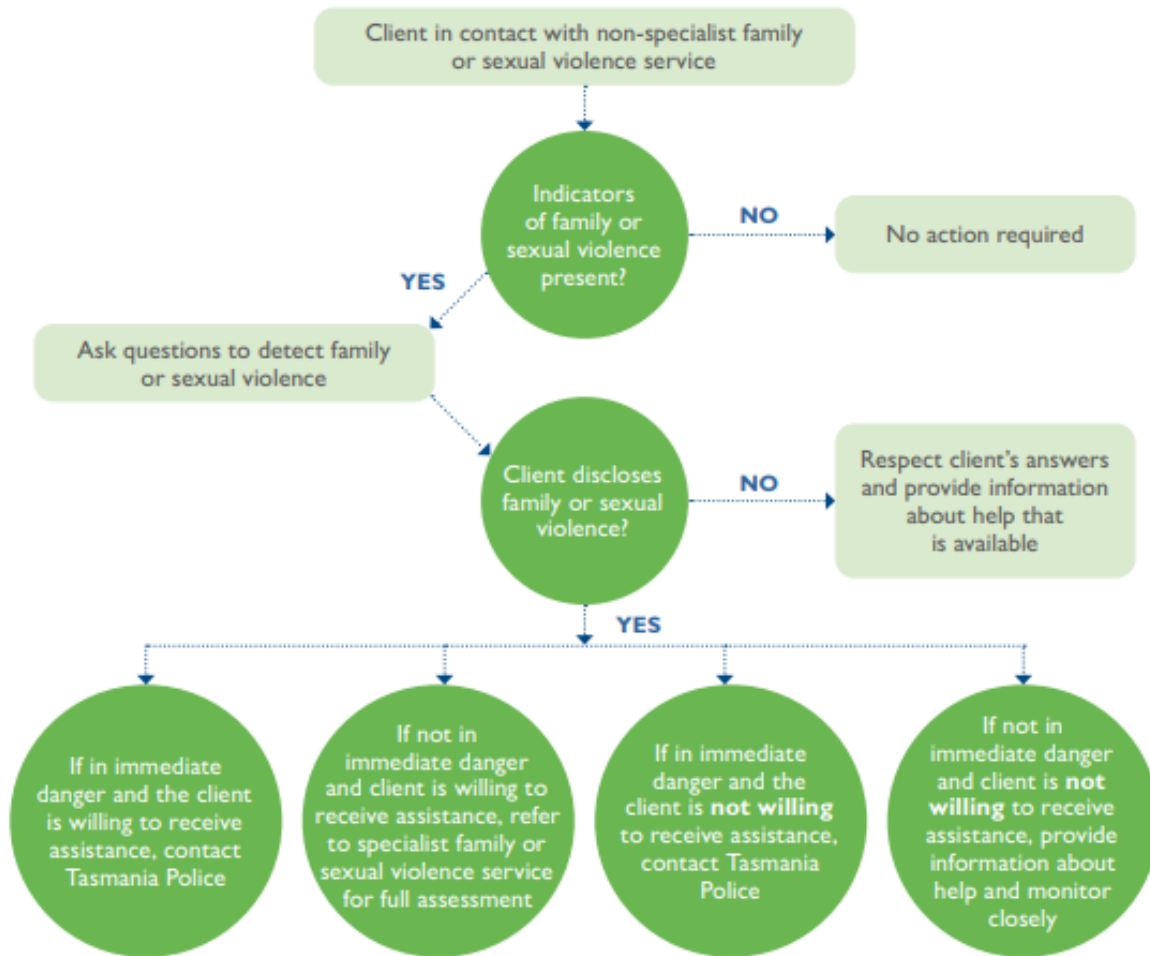
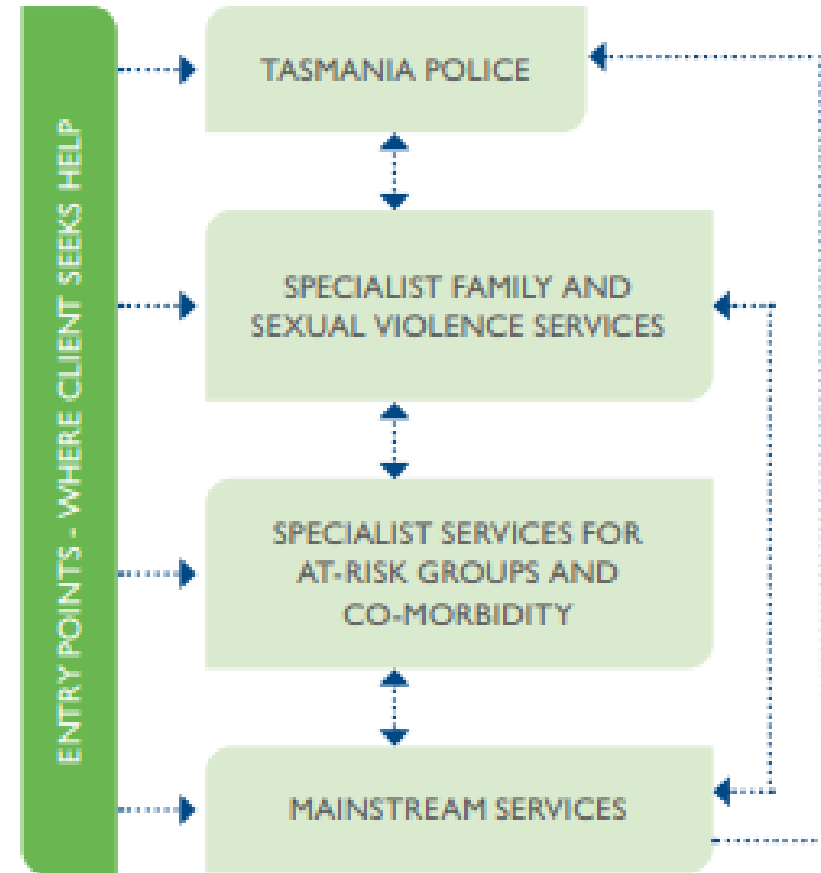


Figure 4: Entry points and service pathways



Responding to Family Violence - A guide for service providers and practitioners in Tasmania - Jan 2021

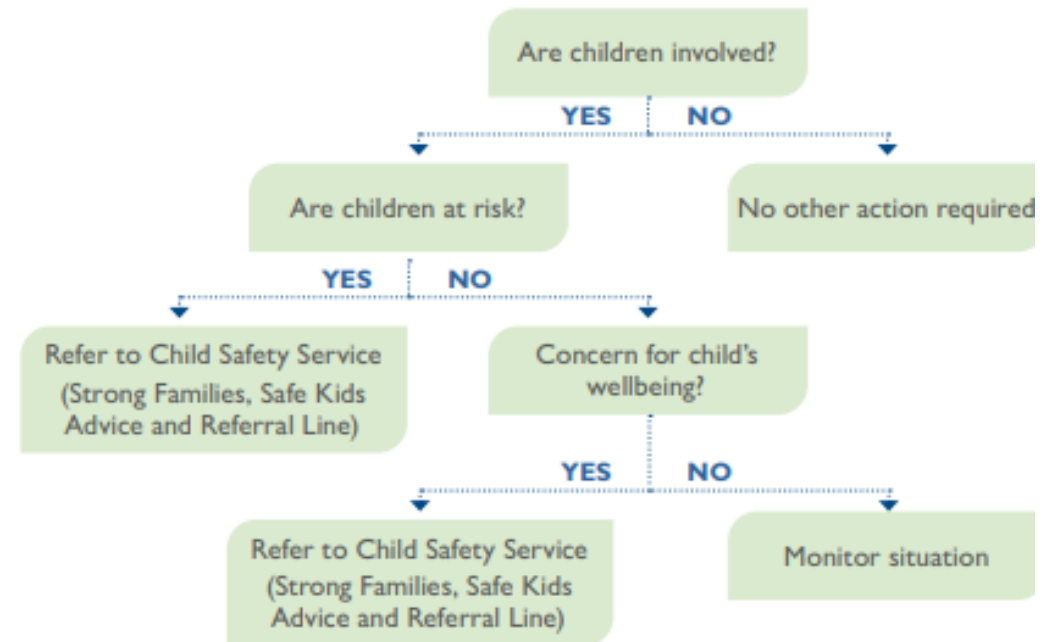
Integrated Case Coordination

A key feature of the Safe at Home service response is integrated case coordination (ICC). ICC was introduced in recognition of the fact that no one service can manage all of the risk and safety issues associated with a Safe at Home case. ICC is a systematic and holistic approach to coordinating interventions to address the risk and safety needs of Safe at Home clients across professional and agency boundaries. It aims to maximise the efficient use of available resources in order to produce better outcomes for clients through 'seamless' service delivery.

ICC Process

Each week, ICC meetings are held in all four police districts (north, south, east and west) to review all family violence incidents (cases) in the region over the past week.

Case coordinators are appointed for each case, based on the needs of the victim-survivors and perpetrators involved. A review process is established to ensure efficient ongoing management of the case.



3. If the patient and children are safe to go home, discuss safety planning:

- [Escape plan](#) ▼
- [Internet safety](#) ▼
- [Child safety](#) ▼
- [Safety planning resources](#) ▲

Safety planning resources

- Advise the patient to review 1800RESPECT – [About Safety Planning](#) [↗].
- If the perpetrator does not have access to the person's smart phone, account details or messages, these apps may be of assistance:
 - [Ask Izzy](#) [↗] – free on Telstra mobile network
 - Domestic Violence Resource Centre Victoria – [Arc App](#) [↗] (enables women experiencing family violence to track details of abusive behaviour by uploading photos, videos, audio and diary entries to create a record of what has happened, when it happened, and how it made them feel)
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Daisy 12+

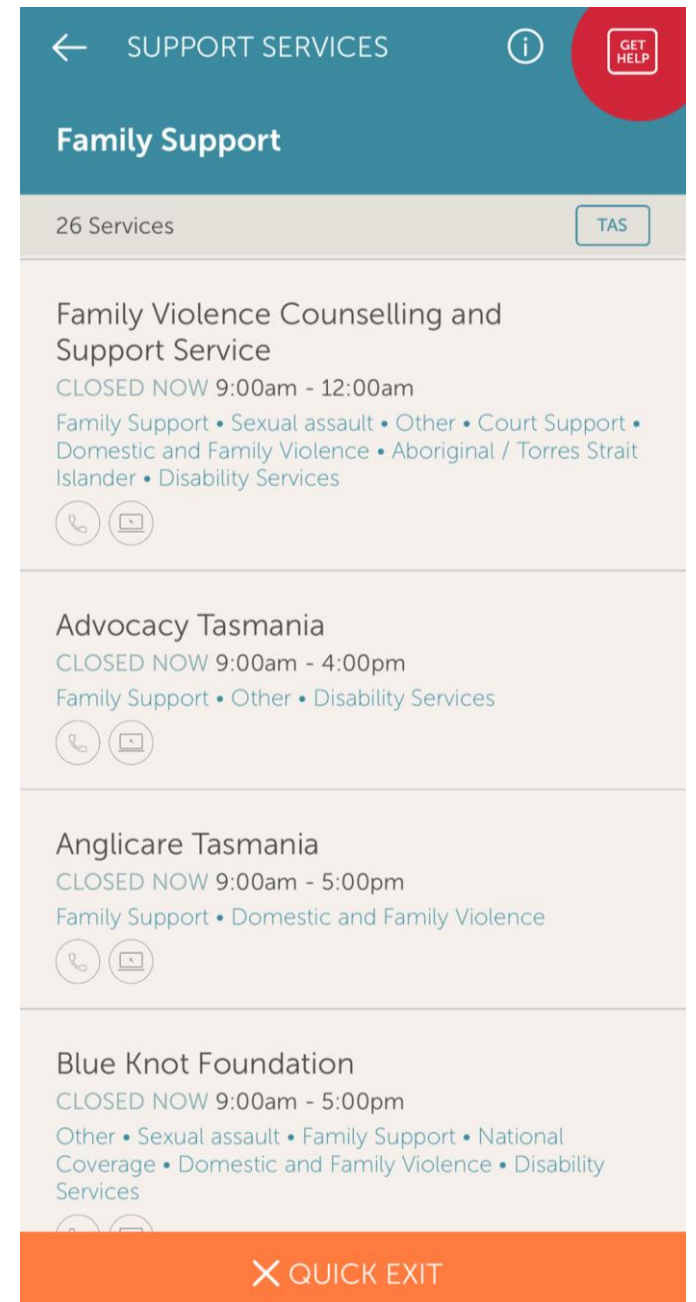
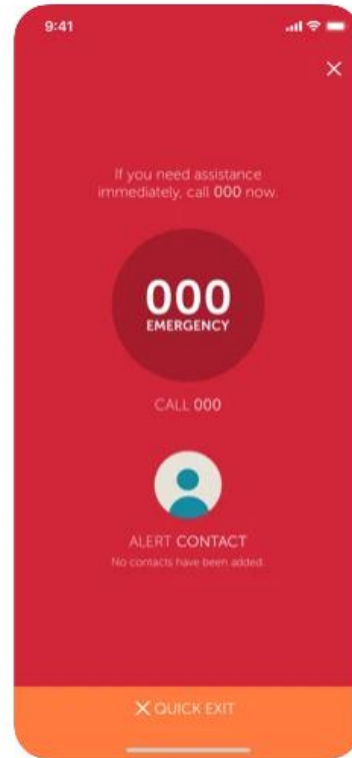
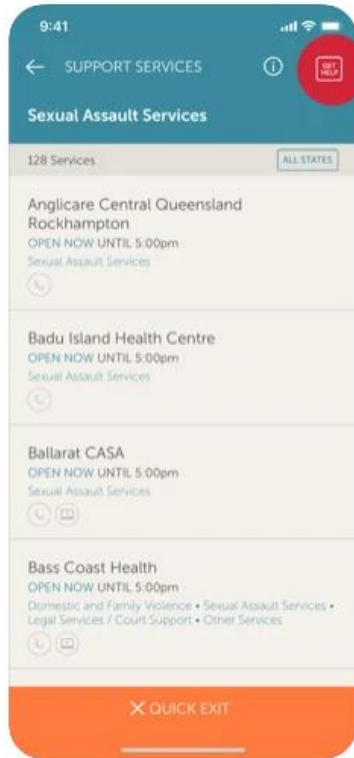
Medibank Private Limited

Designed for iPhone

★★★★☆ 3.1 • 11 Ratings

Free

iPhone Screenshots





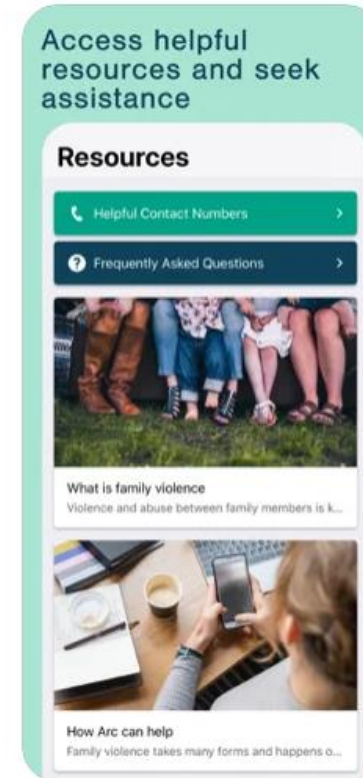
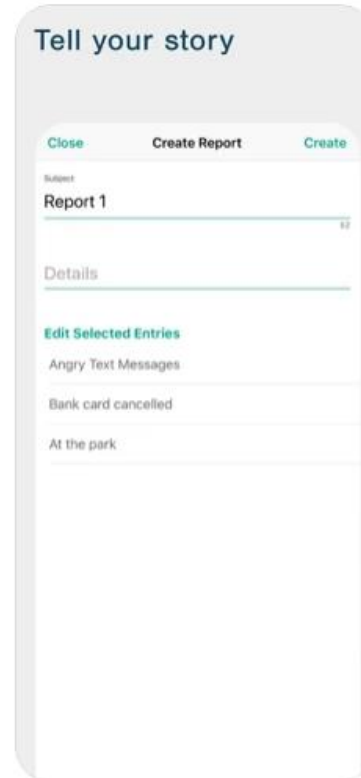
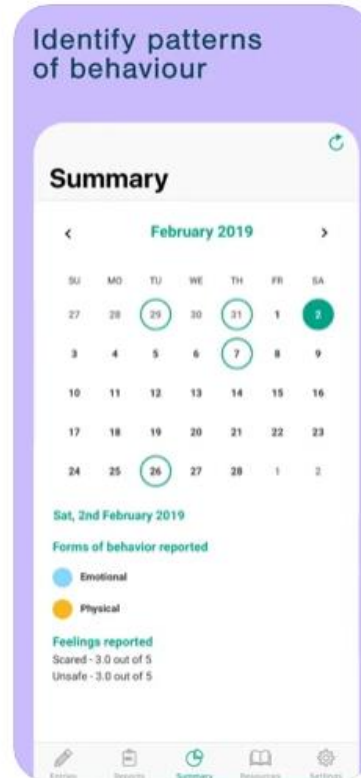
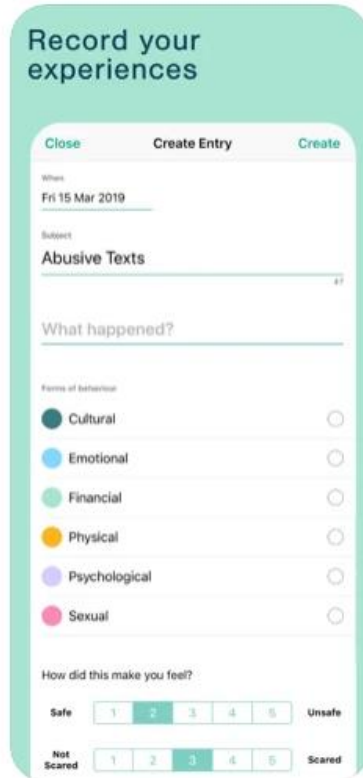
Arc App 12+

Domestic Violence Resource
Domestic Violence Resource Centre Victoria
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★★★★☆ 4.2 • 10 Ratings

Free

iPhone Screenshots



Family Violence Support and Referral

If urgent assistance required or immediate fear of violence – phone 000 and ask for the police.

See also:

- [Perinatal Emotional Health and Well-being](#)
- [Alcohol and Drug Requests](#)
- [Mental Health Requests](#)
- [Sexual Assault Support Services](#)

State-wide [^]

[Police and legal support services](#) ^v

[Aboriginal and Torres Strait Islander resources](#) ^v

[Accommodation](#) ^v

[Child Protection](#) ^v

[Counselling and support services](#) ^v

[Culturally and linguistically diverse community support](#) ^v

[E-help and technology](#) ^v

[Elder abuse](#) ^v

[Emergency boarding for pets](#) ^v

[Phoneline support services](#) ^v

[Services for men concerned with their behaviour](#) ^v

[Specialised LGBTIQ abuse services](#) ^v

North [^]

[Accommodation](#) ^v

[Community Legal Services](#) ^v

[Counselling and support services](#) ^v

North West [^]

[Accommodation](#) ^v

[Community Legal Services](#) ^v

[Counselling and support services](#) ^v

South [^]

[Accommodation](#) ^v

[Community Legal Services](#) ^v

[Emergency boarding for pets](#) ^v

[Services for men concerned with their behaviour](#) ^v

North [^]

Accommodation [^]

Karinya Young Women's Refuge

For young women aged 13 to 20 years.

- Phone (03) 6331-1774, Monday to Friday, 9 am to 5 pm
- After hours, phone 1800-800-588
- [Website](#) ^v

Launceston Women's Shelter (Magnolia Place)

For women and women with children.

- Phone (03) 6334-5322
- [Website](#) ^v

Orana House

For men aged \geq 21 years.

- Phone (03) 6335-3000
- Location: George Town Road, Newnham
- [Website](#) ^v

Youth Futures

For young men aged 13 to 20 years.

- Phone (03) 6331-6622
- [Website](#) ^v

Local resources

- Family Violence Counselling and Support Service -9 am to midnight phone 1800-608-122 – Integrated Case Co-ordination
- 1800 RESPECT (24/7) non-government national counselling service funded by the Commonwealth government that provides professional telephone and online assistance to people who have been or who are affected by sexual assault, domestic, or family violence. Phone 1800-737-732.

Other resources

- Pathways to Safety training – includes eLearning module
- Responding to Family and Sexual Violence – A guide for service providers and practitioners in Tasmania
- Engender Equality – open communication with GPs
- RACGP white book
- Purple book pdf

Thank you

