

# Domestic Violence and complexities in documentation

Elizabeth Whitney

Social Worker  
Women & Child Health Team  
Liverpool Hospital



Look after yourself.....



I wish I never said anything.....



# Documentation

Why do we document?

Who's wellbeing does it serve?

Who is the audience?

Who's file are you documenting in?



# WHY do we document??????

- **According to NSW policy ( Policy and Procedures for indentifying and Responding to Domestic Violence):**

*“where any person is receiving a NSW health service and indicates that they are currently experiencing or have committed acts of domestic violence, this information should be documented using the patient’s own words in the patient record”( p.28).*

- **Rationale:** *“ Accurate documentation of presentations to NSW health services is a fundamental responsibility for all health workers. Health workers should be aware that disclosures of domestic violence and documentation of injuries can constitute medico-legal evidence, which may be required in a range of legal proceedings” (p.28).*



# Why do we document?

- **Accountability:** *of the professionals/staff of NSW health/perpetrators/survivor of intimate partner violence, particularly if she has children.*
- **Legal requirements:** *victim compensation, child protection.*
- **Continuity of care.** *Handover across wards and hospitals, continuity of the same professionals being delegated to client in the next presentation.*



What about :  
Validate her narrative  
by  
bearing witness.



# Complexities in documenting domestic violence

## **Case example 1: Who's file are you documenting in?**

*Social work is working with a family in New Born Care and mother discloses intimate partner violence with her current partner of whom is father of baby.*

## **What are the things I need to consider here?**

- Is it appropriate to document disclosure in baby's file? should the baby have access to this information in their future?
- Who has access to baby's file? Does the baby's father?



## Case example 2. Domestic violence and sexual assault

*A woman 35 weeks pregnant reported ongoing sexual assault in the context of intimate partner violence.*

### What are the issues to consider?

- child protection responsibilities.
- Confidentiality
- validating/providing evidence of this woman's experience in the event of future legal proceedings.
- Safety of the unborn in the pregnancy.



# Confidentiality weighed with Safety



# Capturing the woman's experience within the health framework.

*Example of my documentation structure:*

- Safety Ax: The presenting issue and getting the information you need to assess safety and risk for woman and children. I do this first, in case she needs to leave suddenly.
- Psychosocial Ax: Background info, housing, legal's, supports, finance.
- Exploration of the relationship dynamics: examples of power/control tactics used by the perpetrator
- Exploration of the Impact of domestic violence: emotional, lifestyle, children's development, isolation.
- Child at risk Concerns: Risks, protective factors, strengths.
- Presentation: What you observed/engagement.
- Clinical Impression: your clinical findings on risk to the woman and children. The woman's level of insight of the level of risk and understanding of the impact and potential impact on the children.
- Intervention:
- Plan:



## Example. Not capturing the experience

Referral received from n/staff due to woman disclosing Hx of D.V. S/work seen woman in ANC today, provided psychosocial Ax and support around D.V. Woman stated that partner “pushed her over” and that she hit her head on the wall. S/worker asked woman if her partner is often violent towards her? Women stated that it is not “too often only every few months”. Woman also stated that she has 2 children aged 6 and 8 whom were at school at time of incident and did not witness D.V.

### **Intervention:**

1. Counselling the woman around the impact of D.V. on children. Discussed the child protection concerns with woman-however woman tendered to minimise the impact of DV on children.
2. Discussed with woman what social supports are in place for her. Woman stated she has good family support.
3. Discussed the option of self-referral to GVDVT. Woman stated she would take service information and contact if she feels the need to do so.

### **Plan:**

woman to self-refer to GVDVT  
report DV incident.

Woman to contact s/work if she requires further assistance.

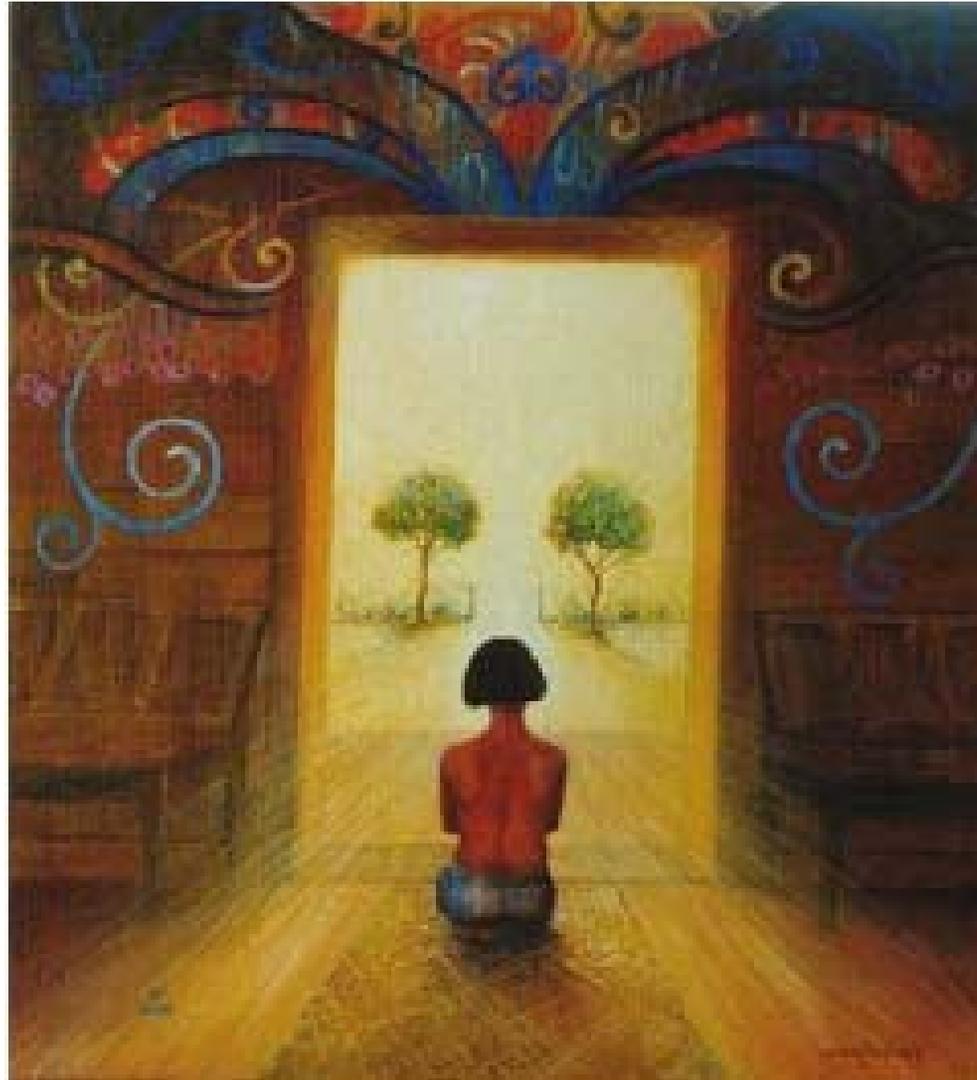


# What's wrong with it?

- D.V. not domestic violence/intimate partner violence.
- NO time of event.
- Where are the children now?
- No name of partner or children. What school do the children attend? DOB information.
- How was the woman minimising impact of violence on children? Quote her.
- No legal information.
- No housing information.
- What services were offered to the woman? More detail needed.
- No safety plan discussion documented.
- Devoid of exploration of emotional impact or invitation to the woman to explore dynamic of power and control.
- No observations made by s/worker. Was there any bruising or markings on the woman to indicate recent physical abuse? What was her behaviour/body language during conversation. Did she engaged, if so why?



# Capturing the experience



The parallel process

Information gathering

AND

Therapeutic intervention



# My guiding principles

- Capture the woman's story to the best of our ability.
- Inviting the woman into the documentation process can be a therapeutic intervention.
- Nothing can replace you using your clinical skills.
- If what you are doing is not reducing risk, then why are you doing it?
- Domestic violence and child protection are a shared responsibility. Seek consult when in doubt.
- We are only bearing witness to a flash of this woman's life. You are capturing this woman's perception of her experience on this day.



# References

- *Australian Domestic and Family Violence Clearinghouse (2003): Australian Statistics on Domestic Violence.*
- NSW Health. Policy and Procedures In Identifying and Responding to Domestic Violence (2006).
- NSW Health (2005) Privacy Manual (Version 2).

