

Family Violence Implementation Monitor (Victoria)

Legislative Review of Family Violence Information Sharing and Risk Management Provisions

August 2022

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP Victorian Branch (the Branch) has over 1800 members including around 1300 qualified psychiatrists and more than 500 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery. The RANZCP partners with people with lived experience, through the Community Collaboration Committee and our Branch community member on the RANZCP Victorian Branch Committee. Carer and consumer representation is valued within the work of the RANZCP and helps to ensure consideration of the needs, values, and views of the community.

Introduction

The RANZCP is committed to reducing Family Violence (FV) through prevention, early intervention, response and recovery. The Branch therefore welcomes the opportunity to contribute to the Family Violence Reform Implementation Monitor's review of the legal provisions supporting the [Family Violence Information Sharing Scheme](#) (FVISS) and [Multi-Agency Risk Assessment and Risk Management Framework](#) (MARAM).

Informed by consultation with RANZCP members from a range of expert Committees, the submission reviews the efficacy of Part 5A and 11 of the [Family Violence Protection Act 2008 \(Vic\)](#), in regard to:

- facilitating information sharing and enabling certain organisations to obtain consolidated and up-to-date information from a Central Information Point (CIP), for the purposes of establishing, assessing and managing risks of family violence.
- promoting service coordination to maximise the safety of people who have experienced FV, prevent and reduce FV to the extent possible, and promote the accountability of perpetrators of FV for their actions.
- providing a framework for achieving consistency in FV risk identification, assessment, and management.

Discussion Questions

To what extent has Part 5A been effective in facilitating the sharing of confidential information for the purposes of establishing, assessing and managing risks of family violence?

The Branch agrees that information sharing is key to FV prevention, early intervention, response, and recovery. The Branch recognises the role of Part 5A in facilitating the sharing of confidential information for the purposes of identifying, establishing, assessing, and managing risks of FV.

The Branch recognises there may be some instances that would benefit from further attention to efficiency of communication, especially for high-risk presentations after hours and in busy emergency departments. The Branch therefore recommends a database for the development of automated requests of information.

The Branch notes that whilst increased awareness of FV information sharing has improved for clinical staff, its effectiveness may not be fully realised in practice by psychiatrist's and other FV practitioner's. This may be related to a gap between sharing information along the instructions of an Act and the existing processes for information sharing in services, where decisions are also based on a clinician's own risk assessment. Hesitation in seeking or sharing information may delay or hinder the prevention of FV thus putting survivors at risk. The Branch therefore recommends a review of education that facilitates understanding of the specifics of the Act. In addition, a review of the translation of the Act for delegated instruments (such as regulations, policies, and procedures) surrounding sharing of confidential information.

To what extent has Part 5A promoted the coordination of services to maximise the safety of people who have experienced family violence, prevent and reduce family violence to the extent possible, and promote the accountability of perpetrators of family violence for their actions?

The Branch notes that information sharing has been paramount to strengthening how mental health services have interacted with others, creating a more holistic approach to the prevention and early intervention of FV, and subsequent recovery. The Branch submits Part 5A has sufficiently improved the coordination of services to prevent and reduce FV by improving the response from other services when information is requested.

To what extent has Part 5A enabled certain information sharing entities to obtain consolidated and up-to date information from a central information point for the purposes of establishing, assessing and managing risks of family violence?

The Branch acknowledges Part 5A for enabling certain information sharing entities to obtain consolidated and up-to date information from a CIP for the purposes of establishing, assessing, and managing risks of FV. The Branch would stress that this is dependent on an ongoing ease of access.

To what extent has Part 11 been effective in providing a framework for achieving consistency in family violence risk identification, assessment, and management?

The Branch acknowledges the necessity of a robust framework for achieving consistency in the areas of FV risk identification, assessment, and management and appreciates the opportunity for review. The Branch recommends investigation into the processes associated with legal proceedings noting there are gaps that frequently occur following the identification of FV. For example, a notable number of clients are currently limited in their responses outside of an intervention order (IVO), which itself can be ineffectual. The Branch suggests that FV assessment, and management are supported with equitable access to a robust legal response with assurance for the safety of FV survivors.

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Have there been any adverse effects associated with the provisions in Part 5A or Part 11?

The Branch further acknowledges the complexity of the Act has raised areas of concern for clinicians from a range of specialties.

The Branch acknowledges clinician concern that any disclosing of information invites potential harm to the those experiencing FV. The Branch recommends this should be accompanied with equitable access to a robust legal response (see above question) to minimise this harm. Further, consideration for monitoring instances.

As referred to by the Branch in the questions above, the probable gap between the Act's formalised process of information sharing and delegated instruments has caused some increased anxiety surrounding proper procedure. This has in some instances lead to a hesitancy for sharing information and places focus on the required process of the Act rather than the specific circumstances of FV survivors and their best interests. The Branch additionally recommends consideration for further consultation with frontline clinicians.

The Branch recommends consideration for the intersection of information sharing requirements with other systems, such as the hospital or mental health system and their unique electronic medical records.

As there is no standard way across health sectors of storing sensitive information so that it is both secure and accessible to clinicians, the Act must account for these variations and assist clinicians to operate across services.

Are there any legislative amendments that would improve the operation of Part 5A or Part 11 of the Act?

The Branch recommends improvements to legislation that support better uptake of police approval of IVOs, particularly through the improved acceptance of subjective evidence which includes clients in coercive control.

The Branch supports the formalised information sharing practices of the FVISS and MARAM and notes caution that due consideration is applied to balance any unintended consequence that puts survivors of FV at risk avoid adverse effects. The Branch recommends that regarding future legislative reform, any amendments to the provision of information should consider the following:

Data Security

The Branch asserts that, to maintain the effectiveness of the FVISS and MARAM, it is critical that safeguards are in place to protect privacy, confidentiality, and ultimately safety. Fear of losing control of personal information contributes to women avoiding seeking help from the FV system or disclosing FV. The Branch notes this is a barrier for some Aboriginal and Torres Strait Islander women, who have strong reason to distrust authorities with their familial information. Any survivor should stay in control of their information through a dynamic, culturally and diverse sensitive, needs based process.

Adhering to guidelines and protocols such as the [Victorian Protective Data Security Framework](#), professional training should be in place to ensure that those engaged in information sharing fully understand their legal obligations and responsibilities, as well as those of other organisations. Clarity over comprehensive practice fosters an improved culture of information sharing, increasing the protections for, and recovery of survivors of FV.

The Branch suggests amendments to support better uptake of secure information sharing practice give due consideration to the varying IT capabilities of organisations and users. Any amendments must coincide with

improved IT infrastructure that integrates all necessary health information and enables an equitable level of real-time access.

The Role of the Carer

The Branch acknowledges and supports the role of carers, often family members or friends, have a [crucial role in supporting and impacting the physical and emotional wellbeing](#) of those affected by FV. Information from and for carers can be critical to risk assessment and safety planning, whilst enhancing the carer's role in the FV recovery process. This is pertinent considering the prevalence of mental illness in survivors of FV.

In the current legislative framework related to carers, obtaining information from third parties such as carers can be time consuming and resource intensive, putting FV survivors at risk. The Branch therefore recommends legislative amendments related to carers and that this supports access to information within the information sharing model. The Branch further recommends that matters concerning third parties should be clearly articulated within any legislative amendment (informed consent, administrative thresholds etc.), as the concept of third parties in the FV context is complex.