

No Hidden Door: NSW Health

Audit and guidelines for enhancing websites that respond to domestic, family and sexualised violence.



INSIGHT EXCHANGE

Insight Exchange centres on the expertise of people with lived experience of domestic and family violence and gives voice to these experiences. It is designed to inform and strengthen social, service and systemic responses to domestic and family violence.

Launched in Australia in November 2017, Insight Exchange was established and developed by [Domestic Violence Service Management](#) in collaboration with Dr Linda Coates and Dr Allan Wade from the [Centre for Response-Based Practice](#), Canada.

Insight Exchange is governed by Domestic Violence Service Management, a registered Australian charity (ABN 26 165 400 635).

For more information visit www.insightexchange.net

Insight Exchange is sustained by generous donations from individuals and a silent donor, for the benefit of many.

Cover art: Red Door by Louise Whelan.

“Red alert. Anyone, anywhere anytime. Hovering near the access of a hidden door, layered with dominating sharp-edged shadows. Will I be heard amongst the noise?”

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Scan the static QR code to open the No Hidden Door landing page on Insight Exchange www.insightexchange.net/no-hidden-door/ (includes quick-exit button).



Project acknowledgements

We would like to thank:

The **individuals with lived experience** of domestic, family and sexualised violence for their involvement to shape and refine the checklist criteria used in the website audit.

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Artist **Louise Whelan** for the original artworks developed for the Arts Lab No Hidden Door collection.

No Hidden Door: NSW Health

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We acknowledge the Traditional Custodians of the land on which our work and services operate and pay our respects to Elders past and present. We extend this respect to all First Nations peoples across the country and the world.

We acknowledge that the sovereignty of this land was never ceded. Always was, always will be Aboriginal land.



Insight Exchange is for all people. Insight Exchange respects the diversity of all sexualities and gender identities including but not limited to lesbian, gay, bisexual, transgender, queer, intersex and asexual.

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No Hidden Door: NSW Health

Executive summary

- Every sector is a *possible* door to information and support for victim-survivors of domestic, sexualised and family violence. Because safety and communication are inextricably linked, victim-survivors rely on the quality of public-facing communication, and this includes website content and user experience. They rely on websites to be informing, affirming and safe to browse. Victim-survivors may only browse the website but never contact or use the organisation directly, however we cannot underestimate the immediate and enduring value of communication.
- This audit report on **NSW Health websites** is one of four reports commissioned as part of Insight Exchange's No Hidden Door initiative. Each audit report focuses on a sample of industry-specific websites and is designed to inform and support an uplift in communication.
- Between October and December 2021, Insight Exchange **audited 28 NSW Health websites**.
- Insight Exchange established the audit criteria based on its work with victim-survivors and the ecosystem of 'connection points' or 'doors' to information that are currently available to victim-survivors of [domestic, family and sexualised violence](#). This includes drawing from the qualitative data collected through the following:
 - De-identified Insight Exchange interviews (in person, virtual or a hybrid) using structured questions based on the principles of Response-Based Practice. Participants have shared lived experiences that occurred in the ACT, NSW, NT, Qld, SA, Vic, WA and NZ. Participants have participated from NSW, NT and Vic. The Victim-survivors came from a broad spectrum of situations having lived in cities and towns, held leadership and executive roles, worked various sectors, roles and levels, accessed welfare, were prohibited from working by their partner, or couldn't work because the person using abuse was not safe with the kids, told their workplace, changed workplaces, lost their job, role, rank or reputation, told no-one until this narrative, did or didn't involve the police, or the police became involved through others.
 - De-identified Insight Exchange survey responses to inform the [Insights Paper](#): Experiences and perceptions of workplace responses to domestic and family violence¹ as well as responses to our resource development and review practices, and to a draft of the website audit criteria for the No Hidden Door project.

The audit asked questions important to victim-survivors however we acknowledge that the importance of any, each or all of the criteria may vary vastly between victim-survivors, and that their needs may change rapidly.

- Overall, the audit results reveal that the opportunity to uplift communication across multiple aspects of the ecosystem is vast and urgent. Clearer communication from the existing response system will support informed choice, safer passage and visibility for support-seekers. This uplift will also support responding friends and family, and responders who make referrals.

¹ Insight Exchange, 2020, [Insights Paper - Experiences and perceptions of workplace responses to domestic and family violence](#)

Introduction

Auditing the effectiveness of websites ('doors') to information and support to gauge their effectiveness against insights provided by victim-survivors with lived experience.

The No Hidden Door initiative is one of Insight Exchange's FY2021–22 key projects.

The name 'No Hidden Door' highlights the importance of auditing the 'doors' to information that are currently available to victim-survivors of domestic, family and sexualised violence (DFSV). People experiencing DFSV rely on multiple parts of a complex information and support ecosystem for their safety and wellbeing. The more disparity there is between different parts of the ecosystem, the tougher and more compromising it is for victim-survivors to access information and to navigate support.

People using violence and abuse are more able to extend their use of abuse and control when information and communication about DFSV and supports are opaque, unclear or unsafe to access.

What we did

Between October and December 2021, Insight Exchange audited 200 websites from five industries as sample doors in the information and support ecosystem. The selection of industries is not exclusive or exhaustive.

Health (NSW)	Employee Assistance Programs (EAPs) (Australasia)	Support services (Australia & New Zealand)	Police (Australia & New Zealand)	Associations (Corporate) (Australia)
28 NSW Health websites (16 Local Health Districts, 1 specialty Network, 10 Primary Health Networks, 1 Ministry of Health)	77 EAPs (76 of the 77 EAPs oversee over 11,500 organisations covering 9.4 million direct employees)	77 support services websites linked to in Insight Exchange's key resources (Follow My Lead, My Safety Kit and My Dignity)	9 police websites (Australian states and territories and New Zealand)	9 clubs' associations, 2 hotel / accommodation associations and 1 retail association.

Why we conducted these audits

Insight Exchange conducted these five industry audits to determine whether or not the content on websites – which we refer to as ‘doors’ to information – meet the needs of victim-survivors as assessed against their lived experiences.

The social and economic costs of violence

Globally, an estimated 736 million women – almost one in three – have been subjected to intimate partner violence, non-partner sexual violence, or both at least once in their life.² Every day around the world, 137 women are killed by a member of their family.³

DFSV can happen to anyone and impacts on the health, wellbeing and safety of millions of Australians and New Zealanders. It places an enormous burden on each nation’s economy. From an economic perspective, in Australia, violence against women is estimated to cost A\$26 billion each year.⁴ The Victorian Royal Commission into Family Violence recommended ensuring the centrality of victim-survivor voices in responding to domestic and family violence.⁵ In New Zealand, family violence has a significant human and social cost for many individuals, whānau and communities. In 2014, the cost of pain and suffering for victims of intimate partner violence was estimated at NZ\$2.98 billion.⁶ The Backbone Collective Report recommends listening to the voice of experience, as this is the key to ensuring New Zealand’s response to family violence is safe and effective.⁷

Seeing possibilities: why every door matters

What we understand about DFSV informs how we respond. It influences how we design and communicate products, services and systems. We need to build our collective understanding of where victim-survivors may have connection points – places where they may seek information and support.

For more information, view this 6-minute animation [Seeing possibilities](#).⁸



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Imagine the difference it would make for victim-survivors if all ‘connection points’ – workplaces, businesses, families, friends, and specialist and statutory services – were informed and ready to respond. Imagine the difference it would make for victim-survivors if all of these ‘connection points’ clearly communicated to victim-survivors with information and support options.

² World Health Organization, 2018. on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (2021). [Violence against women prevalence estimates](#). United Nations

³ United Nations Office on Drugs and Crime (2019). [Global Study on Homicide 2019](#), p. 10, 19.

⁴ Parliament of the Commonwealth of Australia. (2021). [Inquiry into family, domestic and sexual violence](#).

⁵ Victorian Government, [Royal Commission into Family Violence: Summary and recommendations](#), March 2016. Recommendation 201, page 100.

⁶ Kahui, S. and Snively, S., 2014. *Measuring the economic costs of child abuse and intimate partner violence to New Zealand*. Wellington: MoreMedia Enterprises.

⁷ The Backbone Collective. (2020). [The Victim-Survivor Perspectives on Longer-Term Support After Experiencing Violence and Abuse](#).

⁸ <https://vimeo.com/684039585>

How the No Hidden Door initiative relates to the NSW Health Strategy

The NSW public health system is the largest public health system in Australia, providing healthcare to the 8.1M citizens of NSW. The NSW Health 2019-2020 Annual Report indicated 122,538FTE staff, \$26.7B spent on Health Care services in 2019-2020, 2.9M Emergency Department Attendances, 1.8M Inpatient episodes, 1,217,657 ambulance emergency responses, 303,557 surgeries performed. NSW Health features 228 public hospitals and 17 local health district and specialty health networks.⁹

The NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026 has 6 strategic directions, each with priority areas and actions.¹⁰

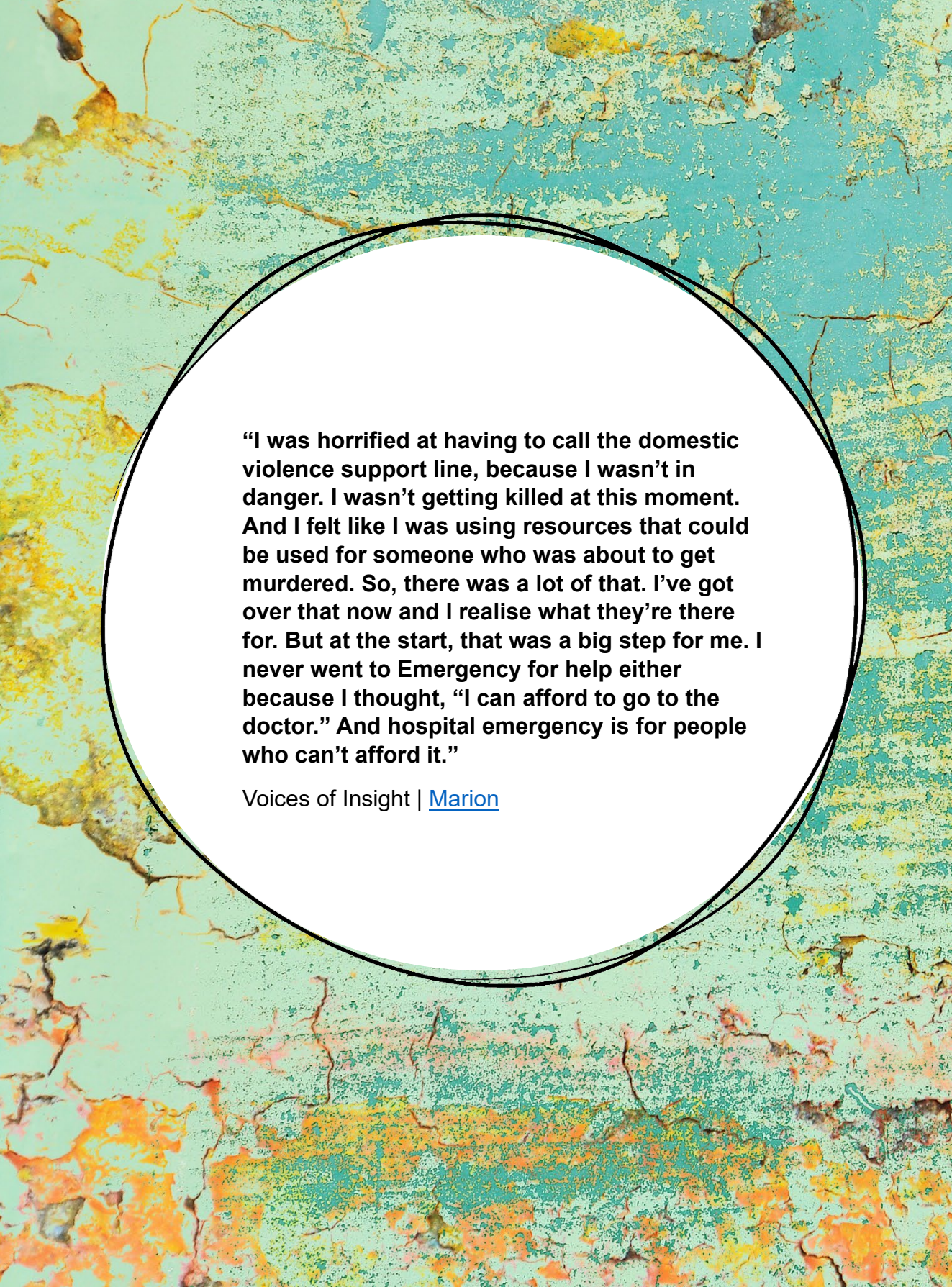
The table below presents specific extracted examples from the strategy. These examples highlight the interdependency on public facing communication about Health Service responses to domestic, family and sexualised violence.

Strategic Direction	Priority	Action
1 Prevent domestic and family violence by challenging gender inequality and promoting healthy, safe relationships	1.1 Adopt a life course approach to primary prevention	1.1.1 Identify opportunities for health services to contribute to primary prevention initiatives
2 Increase identification and improve early intervention, with a focus on priority populations	2.2 Identify and address the barriers to accessing support for priority populations	2.2.2 Facilitate ready access to trained interpreters (in community languages and Auslan) 2.2.3 Consider opportunities to extend the Education Centre Against Violence Domestic and Family Violence Bilingual Community Education Program statewide 2.2.4 Ensure people from priority populations can access targeted information 2.2.5 Establish advisory groups with representation from priority populations within districts and networks to co-design and reduce barriers to access
	2.3 Promote Aboriginal family wellbeing and violence prevention	2.3.4 Build the cultural capability of Districts and Networks by: <ul style="list-style-type: none"> • Developing Sexual Assault Service Aboriginal Action Plans to strengthen community engagement and service accessibility • Delivering cultural competency training for violence, abuse and neglect services Senior Executives and practitioners

⁹ NSW Health Annual Report 2019-20 (pIV) health.nsw.gov.au/AnnualReport

¹⁰ NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026, p10-13.

3	Provide trauma-informed, culturally safe, and integrated responses to victims of domestic and family violence	3.2 Promote comprehensive health service responses to domestic and family violence that incorporate risk assessment, safety planning, referral, and integrated support	3.2.2 Develop and promote domestic and family violence referral pathways across government and non-government sectors
		3.3 Support the workforce and build resilience	3.4.2 Promote provisions and supports available for NSW Health workers who may be experiencing domestic and family violence
4	Increase visibility and accountability of perpetrators while keeping victims safe	4.1 Support the workforce to prioritise victim safety by keeping perpetrator tactics in view in all health interventions	4.1.1 Support identified workers to develop skills, knowledge, attitudes, and values that centralise adult and child victim safety and perpetrator accountability
5	Harness evidence and promote quality and safety in responding to domestic and family violence	5.1 Implement evidence-informed policies and clinical interventions	5.1.3 Develop and promote the evidence base around lesser known forms of domestic and family violence including non-fatal strangulation and reproductive coercion, and their health impacts, in collaboration with expert clinicians and partner agencies. 5.1.4 Develop clinical guidelines for non-fatal strangulation
6	Enhance the public health system's response to domestic and family violence	6.1 Strengthen leadership, governance, and accountability	6.1.1 Develop and implement updated NSW Health policy and procedures for identifying and responding to domestic and family violence
		6.2 Integrate health responses for victims of domestic and family violence	6.2.1 Progress responses to the recommendation of the Domestic Violence Death Review Team on the intersection of mental health, alcohol and other drugs and domestic and family violence in collaboration with our interagency partners
		6.3 Align NSW Health systems to national and state reforms	6.3.2 Work with primary health networks to strengthen the capacity and capability of general practice doctors and nurses to identify and respond to domestic and family violence
		6.4 Expand policies, guidance and workforce development to address all forms of domestic and family violence	6.4.1 Develop and implement a NSW Health Competency and Training Framework for Preventing and Responding to Violence, Abuse and Neglect 6.4.2 Collaborate with agency partners to broaden responses to all forms of domestic and family violence

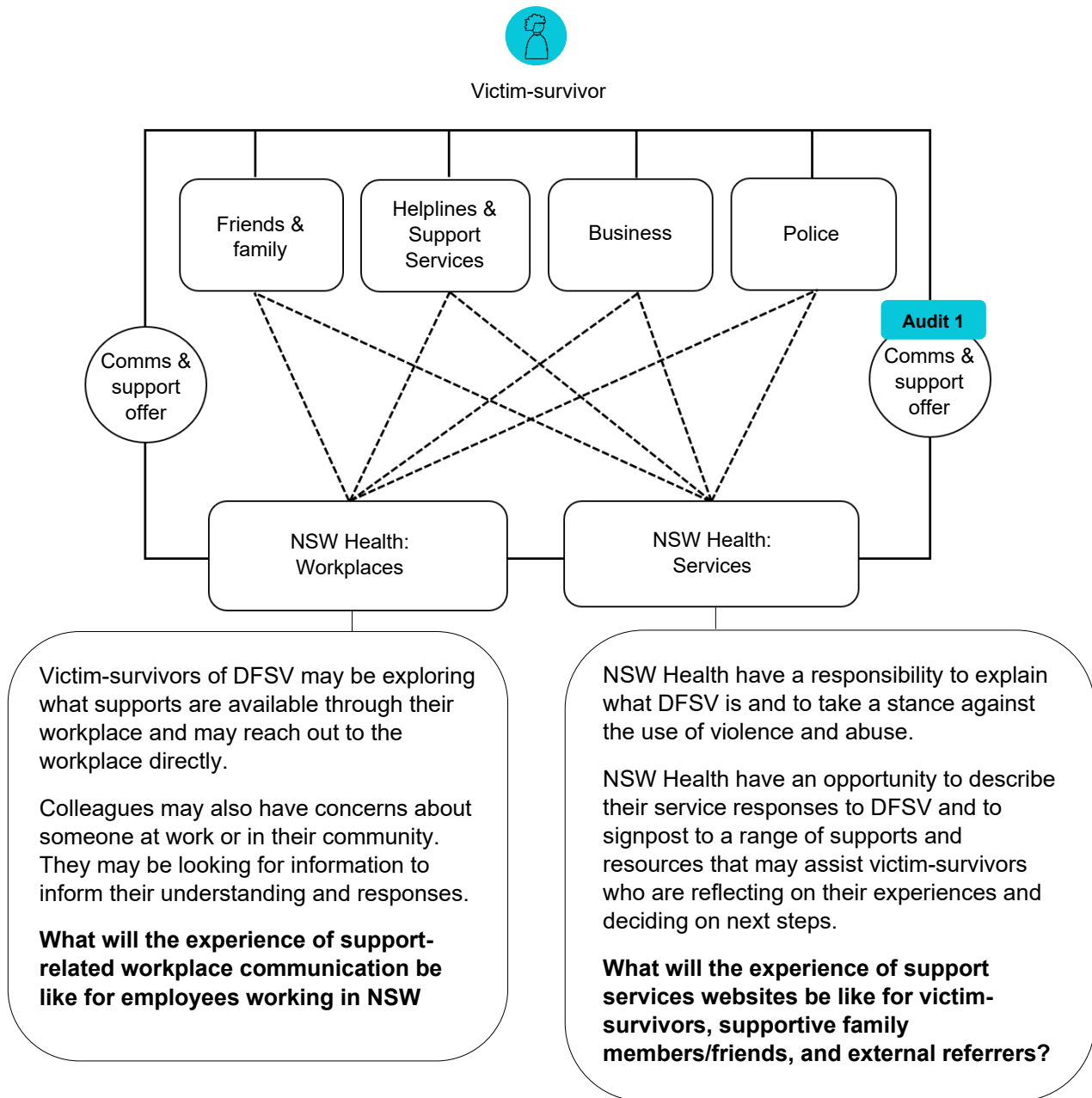


“I was horrified at having to call the domestic violence support line, because I wasn’t in danger. I wasn’t getting killed at this moment. And I felt like I was using resources that could be used for someone who was about to get murdered. So, there was a lot of that. I’ve got over that now and I realise what they’re there for. But at the start, that was a big step for me. I never went to Emergency for help either because I thought, “I can afford to go to the doctor.” And hospital emergency is for people who can’t afford it.”

Voices of Insight | [Marion](#)

Audit design

Victim-survivors may explore public-facing websites to make sense of their experiences of violence and abuse. They may also browse public-facing websites to explore their options for support and to discern their safest options. The map below illustrates various 'doors' to support upon which a victim-survivor may consider and rely.



The audit:

- Looked at NSW Health services websites to understand the possible user experience for a victim-survivor, a supportive family member or friend, and for an external referrer.
- Asked questions important to victim-survivors (the importance and consequences may vary vastly between victim-survivors).
- Assumed no reliance on prior knowledge or contact with the service system when seeking information and support for DFSV.

Insight Exchange audited 28 NSW Health websites.

The audit included the following districts and networks.¹¹

15 x Local Health Districts (LHD)

Organisations which manage public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

9 x Primary Health Networks (PHN)

Primary Health Networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

3 x Specialty Health Networks

Two specialist networks operate across NSW with a focus on children's and paediatric services, and forensic mental health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health Australia.

NSW Health

Within the No Hidden Door audit of NSW Health Services websites there are questions asked about information regarding Violence Abuse and Neglect (VAN) services. NSW Health Integrated Prevention and Responses to Violence, Abuse and Neglect Framework describes 'violence abuse and neglect' and 'VAN response' and 'VAN services' in the following way.

Violence, abuse and neglect

An umbrella term used to describe three primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault and all forms of child abuse and neglect. It also refers to children and young people displaying problematic sexual behaviour or engaging in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect.

Violence, abuse and neglect response

A violence, abuse and neglect response is one that provides specialised support to people and families who have experienced violence, abuse and neglect. It responds either directly to the issues or to their impacts. It includes trauma-informed specialist responses to children and young people with harmful sexual behaviours.

Violence, abuse and neglect (VAN) services

NSW Health services that provide dedicated responses to violence, abuse and neglect generally or a specific form (e.g. sexual assault). Violence, abuse and neglect responses may also be provided by other health services, but this is not their primary responsibility.¹²

¹¹ NSW Health Annual Report 2019-20 [health.nsw.gov.au/AnnualReport](https://www.health.nsw.gov.au/AnnualReport)

¹² Integrated Prevention and Response to Violence, Abuse and Neglect Framework **NSW Health**

Figure 16: NSW Health’s current responses (services and programs) to violence, abuse and neglect.¹³

VAN Services	Secondary responses	Primary responses
<ul style="list-style-type: none"> • Aboriginal Family Wellbeing and Violence Prevention Program (AFWVP) • Child Protection Counselling Services (CPCS) • Child Protection Units/Teams (CPUs) • Child Wellbeing Units (CWUs) • Domestic violence services • Education Centre Against Violence (ECAV) • Joint Child Protection Response Program (previously the Joint Investigative Response Teams or JIRTs) • Responses to children under 10 displaying problematic or harmful sexual behaviours (e.g. Kaleidoscope Sparks Clinic) • New Street Services (for children and young people aged 10-17 years and engaging in harmful sexual behaviours) • Sexual Assault Services (SASs) • Specialist Services for Children and Young People in Out-Of-Home Care (OOHC) • Whole Family Teams (WFTs) 	<ul style="list-style-type: none"> • Aboriginal health services • Adult mental health Services • Alcohol and other drug services • Aged care services • Child and Adolescent Mental Health Service (CAMHS) • Domestic Violence Routine Screening (DVRS) • Emergency departments • Family Care Centres and residential family care services • Family Referral Services (FRS) • Forensic Mental Health Services • Local Coordinated Multi-agency offender management (LCM) • Paediatric services • SAFE START (specialist perinatal support for families with complex needs) • Safety Action Meetings (SAMs) • Service for the Treatment and Rehabilitation of Torture and Trauma Services • Social workers: community and hospital • Sustaining NSW Families • Youth alcohol and other drug services • Youth mental health services 	<ul style="list-style-type: none"> • Aboriginal Maternal and Infant Health Service (AMIHS) • Bilingual Community Education Program • Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) • Child and Family Health Services • Community Health Centres • Early Childhood Health Service • Maternity Services • Mums and Kids Matter (MaKM) Program • Perinatal and Infant Mental Health Service (PIMHS) • Pregnancy Advice Line • Refugee Health Service • Sustained Health Home Visiting • Universal Health Home Visiting (UHHV) • Women’s Health Centres • Youth health services

¹³ Integrated Prevention and Response to Violence, Abuse and Neglect Framework NSW Health

Audit results

Overall, the audit results reveal that the opportunity to uplift communication across multiple aspects of the ecosystem is vast and urgent. Clearer communication from the existing response system will support informed choice, safer passage and visibility for support-seekers. This uplift will also support responding friends and family as well as responders making referrals.

Recommendations and guidance

This section contains guidance for health service employees responsible for designing, developing and delivering communications relating to DFSV, with a particular focus on digital platforms (websites).

NSW Health services can use this guidance to inform and influence the design of content and functions on their website to communicate directly with DFSV victim-survivors.

This guidance is designed specifically for support services entities to encourage reflection, validate the lived experiences of victim-survivors, provide access to information, and raise awareness of victim-survivors' available options. While we acknowledge that the circumstances of victim-survivors may vary greatly, this guidance can still help inform website design by responding to the possible needs faced by:

- victim-survivors of DFSV who may be considering reaching out to health services entities via digital platforms
- friends and family of victim-survivors who are looking to help by researching support services entities on digital platforms.

The guidance is structured in a six-part format. Each part includes:

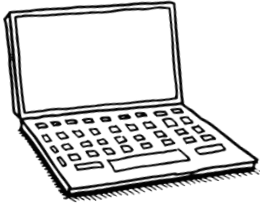
- Possible need/context of the victim-survivor
- Industry audit results
- Guided checklist
- Example for use.

Scope and Limitations:

The guidance focuses on content and function, not on software, aesthetic design or user navigation. Identifying and addressing gaps in website content and function is vital. Victim-survivors of DFSV also rely on the organisations' broader commitment to cultural safety, accessibility, diversity and inclusion.

<p style="text-align: center;">01</p> <p style="text-align: center;">About domestic, family and sexualised violence</p> <p style="text-align: center;">(Page 16-21)</p>	<p style="text-align: center;">02</p> <p style="text-align: center;">Provide information and signposting</p> <p style="text-align: center;">(Page 22-25)</p>	<p style="text-align: center;">03</p> <p style="text-align: center;">Support informed choice</p> <p style="text-align: center;">(Page 26-29)</p>
<p>1.1 Acknowledge that violence and abuse can be perpetrated by and experienced by anyone.</p> <p>1.2 Acknowledge definitions vary across locations, however violence is never ok.</p> <p>1.3 Acknowledge and explain</p> <ul style="list-style-type: none"> - there are many forms of violence and abuse - domestic and family violence is often a pattern of controlling or coercive behaviour - whenever people are subjected to abuse, coercive control, and violence, they resist 	<p>2.1 Provide links to more information about each form of violence</p> <p>2.2 Provide links to information about supports</p> <p>2.3 Provide access to information and reflection resources that don't require making contact</p>	<p>3.1 Clarify information about what is offered, who is eligible, what the options are</p> <p>3.2 Clarify rights, responsibilities, channels for feedback and complaints</p>

<p style="text-align: center;">04</p> <p style="text-align: center;">Make the process visible</p> <p style="text-align: center;">(Page 30-33)</p>	<p style="text-align: center;">05</p> <p style="text-align: center;">Include features & functions to support safety</p> <p style="text-align: center;">(Page 34-40)</p>	<p style="text-align: center;">06</p> <p style="text-align: center;">Communicate options and support control</p> <p style="text-align: center;">(Page 41-44)</p>
<p>4.1 Describe the process of what will happen after making contact</p> <p>4.2 Display the process and steps visually so that people can see their steps and see ahead</p>	<p>5.1 Include features that support safer access, use and exit from the website</p> <p>5.2 Clarify practices that support privacy and reduce digital footprint or exposure</p>	<p>6.1 Create different channels for making contact and clarify when these are available</p> <p>6.2 Communicate what digital footprint each channel might create if used.</p>



“I don’t like what I am experiencing in this relationship. When I turned to see if what was being done to me was ‘wrong’ I found very little information, and my experiences just didn’t ‘fit’ or ‘count’. I figured I mustn’t be experiencing ‘abuse’ or it’s not ‘abusive enough’ for me to be eligible to receive support.”



Who is benefiting from the status quo?

Perpetrators of violence and abuse are more able to undermine the victim-survivors perception of whether services are available to support if services are silent or hard to find. Perpetrators of violence and abuse can conceal their responsibility for violence and abuse when definitions and descriptions of forms of violence are inconsistent or inaccurate.



What I might need as the person who is experiencing violence and abuse

From **outside NSW Health** (as a member of the public)

- I am noticing how violence and abuse is described by others around me including friends, family, colleagues, businesses, services and institutions. Where there is silence I am left to make conclusions alone.
- Where there is only descriptions of some forms of violence I am left to work out if the violence and abuse used against me is considered to be abuse and if my experiences will be taken seriously.
- A skewed representation of forms of violence can unintentionally signal to me that ‘only these kinds of actions constitute abuse’ and/or ‘only these types of abuse matter’.

From **inside NSW Health** (as an employee)

- I may want to know what supports are made available to employees, to casual staff and contractors.
- I may not be clear on my options or the consequences of reaching out. I may hold concerns about whether support seeking from my employer will have consequences for my role because my role involves responding to people experiencing DFSV.
- If my workplace is silent, or there is uncertainty about how it supports employees who are experiencing DFSV, I may only be safe enough to seek support elsewhere.

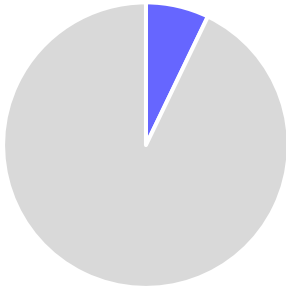
Colleagues may also have concerns about someone at work or in their community and be looking for information to inform their understanding and responses.

INDUSTRY AUDIT RESULTS: NSW Health websites

Information about DFSV

Graph 1 | ● Yes ● No

2 of 28 websites had information about domestic, family and sexualised violence (DFSV) on the home page



Graph 2 | ● Yes ● No

13 of 28 websites had information about DFSV on the website

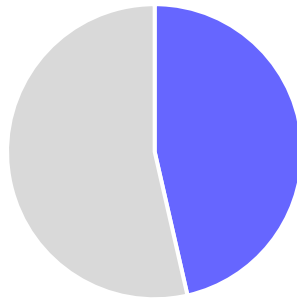


Table A

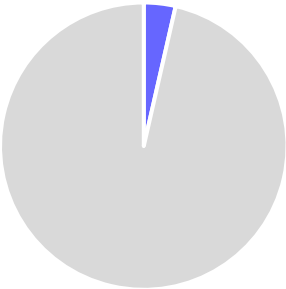
User experience of finding information about DFSV on the website (28 websites)

Easy to find	7
A struggle to find	4
Hard to find	3
Impossible to find	14

Information about other DFSV services

Graph 3 | ● Yes ● No

1 of 28 websites had information about other domestic, family and sexualised violence (DFSV) services on the home page



Graph 4 | ● Yes ● No

19 of 28 websites had information about other DFSV services on the website

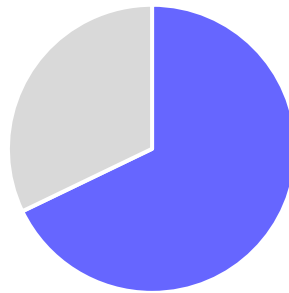


Table B

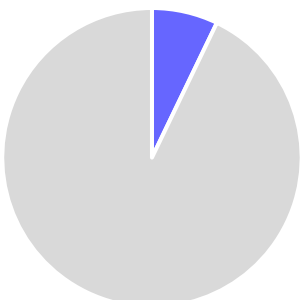
User experience of finding information about other DFSV services on the website (28 websites)

Easy to find	9
A struggle to find	4
Hard to find	7
Impossible to find	8

Information about VANS services

Graph 5 | ● Yes ● No

2 of 28 websites had information about Violence Abuse and Neglect Services (VANS) on the home page



Graph 6 | ● Yes ● No

12 of 28 websites had information about VAN Services on the website

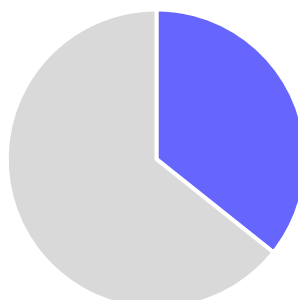


Table C

User experience of finding information about VAN Services on the website (28 websites)

Easy to find	6
A struggle to find	4
Hard to find	3
Impossible to find	15

Statement/stance about DFSV and description of how the service responds to DFSV

Less than 30% of NSW Health Services Websites describe their stance (or a statement) against domestic, family and sexualised violence (see graph 7 below). Less than of 20% of NSW Health Services Websites describe how they respond to domestic, family and sexualised violence (see graph 8 below).

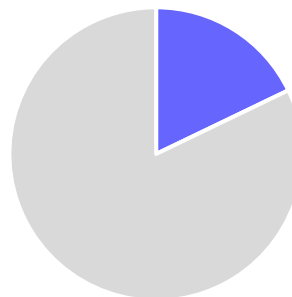
Graph 7 | ● Yes ● No

8 of 28 of NSW Health Services Websites describe a statement/stance about domestic and family violence.



Graph 8 | ● Yes ● No

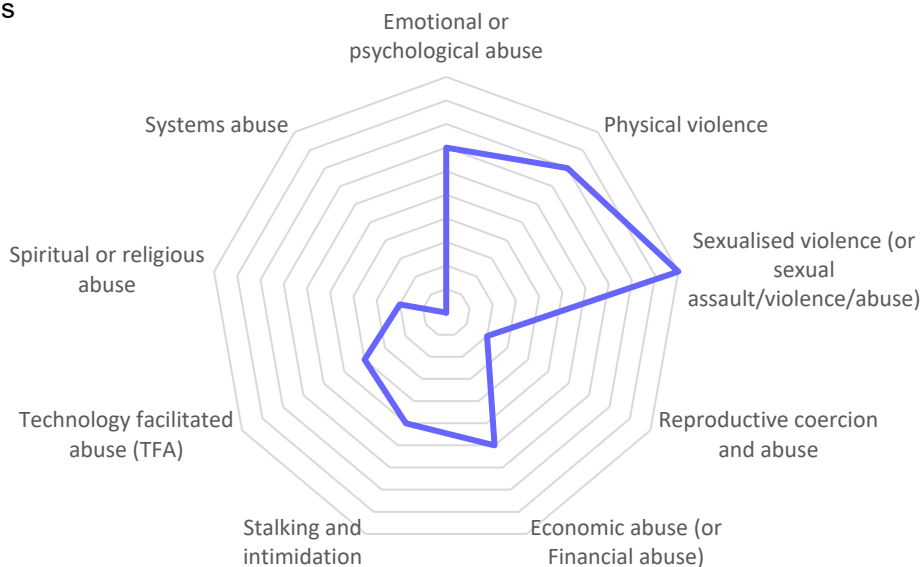
5 of 28 of NSW Health Services Websites describe how the service responds to domestic and family violence.



Victim-Survivors have limited visibility of NSW Health being an informed and ready responder to domestic family and sexualised violence, yet NSW Health has planned work in place to uplift health responses to DFSV. For example, the NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026, and the NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework.

Of the proportion of NSW Health websites that described DFSV, the following forms of violence were used (see graph 9). This data reveals how the emphasis on some forms of violence and abuse is skewed.

Graph 9 | ● Yes



Victim-survivors have limited visibility of descriptions of forms of domestic and family violence against which to understand and validate their lived experiences.

This incomplete communication can undermine and invalidate the lived experiences of victim-survivors and deter them from seeking support via the named service or elsewhere.

GUIDED CHECKLIST: Understand the part you play

The table below displays:

- the results of the NSW Health websites audit (sample size 28)
- a placeholder of where audit results of a specific service will be inserted and sent to the service directly. (The specific service audit answers will be populated with audit results being yes (1) unclear (-) no (0) or not applicable (n/a)). This column includes checkboxes where the provider can record closing the identified gaps.
- a self-audit checklist for the specific service to self-audit what is internally communicated to employees who may be experiencing DFSV. This column includes checkboxes where the service can record closing the identified gaps.

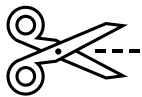
About domestic, family and sexualised violence	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)	GUIDED CHECKLIST NSW Health Website From the inside (an employee)		
Information about Domestic, Family and Sexualised Violence	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
Can I find information about Domestic, Family and Sexualised Violence on the <u>front page</u> (home page) of your website?	2	7.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Can I find information about Domestic, Family and Sexualised Violence on your website?	13	46.43%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
If yes, how accessible is this information?	See Table A (p17)		<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Information about other Domestic, Family and Sexualised Violence Services	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
Can I find information about other Domestic, Family and Sexualised Violence services on the front page (home page) of your website?	1	3.57%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Can I find information about other Domestic, Family and Sexualised Violence services on your website?	19	67.86%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
If yes, how accessible is this information?	See Table B (p17)		<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Information about the Violence, Abuse and Neglect Health services	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
Can I find information about the Violence, Abuse and Neglect Health services on the front page (home page) of your website?	2	7.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Can I find information about the Violence, Abuse and Neglect Health services on your website?	10	35.71%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
If yes, how accessible is this information?	See Table C (p17)		<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>

About domestic, family and sexualised violence	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)	GUIDED CHECKLIST NSW Health Website From the inside (an employee)		
Statement/Stance against DFSV	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
Describes a statement/stance about domestic and family violence?	8	28.57%	●	□	●	□
Describes how the service responds to domestic and family violence?	5	17.86%	●	□	●	□
Forms of violence and abuse used in description	#	%	Audit Result:	Gap Closed:	Audit Result:	Gap Closed:
Emotional or psychological abuse	7	25%	●	□	●	□
Physical violence	8	28.57%	●	□	●	□
Sexualised violence (or sexual assault/violence/abuse)	10	35.71%	●	□	●	□
Reproductive coercion and abuse	2	7.14%	●	□	●	□
Economic abuse or financial abuse	6	21.43%	●	□	●	□
Stalking and intimidation	5	17.86%	●	□	●	□
Technology facilitated abuse (TFA)	4	14.29%	●	□	●	□
Spiritual or religious abuse	2	7.14%	●	□	●	□
Systems abuse	0	0.00%	●	□	●	□



Act today. Close each gap.

EXAMPLE About domestic, family and sexualised violence



Businesses/services/institutions/systems may wish to draw from the generic example below to refine/enhance the description you already use.

Domestic, family and sexualised violence can happen to anyone. Gendered violence affects every Australian.

About domestic and family violence

Domestic and family violence refers to behaviour that occurs in a current or former intimate partner relationship, a domestic or family relationship, or in an extended family or kinship group. It can be perpetrated by a partner, spouse, family member, carer, housemate, boyfriend or girlfriend.

Domestic and family violence is behaviour in one of these relationships which is threatening, abusive, violent, coercive or controlling; causing a person to live in fear and to be made to do things against their will.

Forms of violence/abuse might include one or more of the behaviours listed below:

- *Emotional or psychological abuse*
- *Physical violence*
- *Sexualised violence (or sexual assault/violence/abuse)*
- *Reproductive coercion and abuse*
- *Economic abuse (or financial abuse)*
- *Stalking and intimidation*
- *Technology-facilitated abuse (TFA)*
- *Spiritual or religious abuse*
- *Systems abuse.*



View the Insight Exchange (4min) animation [What is domestic and family violence?](#)

National, state and territory definitions of domestic and family violence and criminal codes vary; however, violence and abuse is never acceptable in any community, family, institution, place or context.

Domestic and family violence is often a pattern of controlling or coercive behaviour. But whenever people are subjected to abuse, coercive control, and violence, they resist.

Resistance is any act that:

- opposes the violence and abuse
- attempts to limit its affects
- attempts to uphold dignity and/or build on safety for one's self or others

Resistance to violence can be verbal, physical, mental, emotional, spiritual, financial, practical and more.

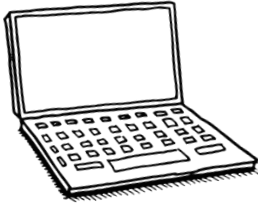
Perpetrators of violence and abuse anticipate and work to suppress and overpower victims' resistance. Because of this, acts of resistance must often be hidden. But whether resistance to violence is hidden or visible – it is always there.

About our response to domestic and family violence:

[Insert service/organisation response here]

Notes for editor/copy:

- Terms such as 'domestic violence', 'domestic and family violence', 'family violence', 'domestic abuse' may vary in sate and territory. You may wish to use the above example or a more localise term for where your service operates. Your descriptions of the behaviours that constitute these terms will assist readers to understand what is included.
- [Based in New Zealand? [Follow My Lead Aotearoa](#) features a broader set of forms of violence.]
- Looking for fact sheets? Download the PDF [What is domestic and family violence? \(PDF\)](#)
- Wanting to embed the animation? Copy the embed code by opening the animation and toggling through the 'share' button options.



“One website was offering some words for what I was experiencing. But the words just weren't enough. They didn't provide much information or signposting on where I could find out more. This left me to search from scratch, and to second guess myself. I didn't know where to start searching.”



Who is benefiting from the status quo?

Perpetrators of violence and abuse may monitor the time and activities (including online activity) of victim-survivors, making it impossible or unsafe to source information in limited time or at all.



What I might need as the person who is experiencing violence and abuse

- I may not know what I need next, and information about options might be the most helpful assistance before I take any steps.
- The person abusing me may have said their actions are not violent or abusive, so I'm not sure if my experiences are valid, and I want to understand this more before I contact anyone.

From **outside NSW Health** (as a member of the public)

- I want to know what Health Services offer, and if they can guide and support me to know about and/or access other services.
- I might want to access one or many types of support at the same time.
- I might not be able to access support services until some of the other supports are in place. Can Health Services help me identify other supports?

From **inside NSW Health** (as an employee)

- Does the workplace outline a range of supports inside and outside of the organisation?
- Does the workplace explain what the organisation as my employer can and can't support with so that I don't have to guess or experience a false start?
- I may hold concerns about whether seeking support from internal and external services will have consequences for my professional reputation amongst stakeholders and referrers. I may want to find as much information as possible before making that step.

INDUSTRY AUDIT RESULTS: NSW Health websites

Responding services have a responsibility and opportunity to provide information about other forms of support. This may typically be provided after a victim-survivor has made direct contact with a service (receiving a ‘No Wrong Door’ response) however if the person is using the external facing website to make sense of what is available to them they won’t know that information about other services will be provided on contact. Further, the burden of effort and risk (visibility and disclosure) is placed on the victim-survivor to make contact in order to access information, or to search more broadly without guidance. They may not have this knowledge of the system or the safety and privacy to navigate websites for an extensive period.

Some victim-survivors may feel conflicted about accessing a service due to concerns that they may be using the resource needed by another victim-survivor. Services could address these concerns by making a clear statement for example “We welcome anyone who has concerns about domestic, family or sexualised violence”.

The greatest proportion of information and signposting is featured around *counselling*, followed by responses to *sexualised violence/assault* however minimal content on consent and non-fatal strangulation. Visibility of broader support options may also be important to a victim-survivor of domestic, family and sexualised violence (see graph 10 below).

NSW Health responsibility and opportunity to provide information about other forms of support is vital.

Graph 10 | ● Yes



Victim-Survivors may be experiencing a range of challenges and need a range of supports. Where a provider offers one type or support or a specific range only, it is vital that they make visible that there are other options and additional supports available.



The responding service is also better placed to assist and signpost to other relevant supports when these are carefully and clearly set out for the victim-survivor and responders who may make referrals or signpost.

GUIDED CHECKLIST: Understand the part you play

The table below displays:

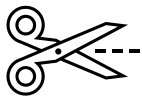
- the results of the NSW Health websites audit (sample size 28)
- a placeholder of where audit results of a specific service will be inserted and sent to the service directly. (The specific service audit answers will be populated with audit results being yes (1) unclear (-) no (0) or not applicable (n/a)). This column includes checkboxes where the provider can record closing the identified gaps.
- a self-audit checklist for the specific service to self-audit what is internally communicated to employees who may be experiencing DFSV. This column includes checkboxes where the service can record closing the identified gaps.

Provide information and signposting	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)		GUIDED CHECKLIST NSW Health Website From the inside (an employee)	
	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
What information and signposting do you make available about specific forms of violence and abuse?						
What is economic abuse?	6	21.43%	●	☐	●	☐
What supports are available for economic abuse?	2	7.14%	●	☐	●	☐
What housing options and supports are available?	3	10.71%	●	☐	●	☐
Who can help me to access these?	3	10.71%	●	☐	●	☐
What to do if unable to find accommodation, where else can I turn?	0	0.00%				
Where can I find guidance on eSafety?	1	3.57%	●	☐	●	☐
Service signposts to the eSafety Commission	0	0.00%	●	☐	●	☐
Where can I obtain a safe mobile phone?	1	3.57%	●	☐	●	☐
What supports for sexualised assault/violence from police?	4	14.29%	●	☐	●	☐
What supports for sexualised assault/violence from health?	10	35.71%	●	☐	●	☐
What supports for sexualised assault/violence from legal?	5	17.86%	●	☐	●	☐
Do you provide information about consent?	1	3.57%	●	☐	●	☐
Do you provide information about strangulation/choking?	1	3.57%	●	☐	●	☐
Do you offer counselling?	10	35.71%	●	☐	●	☐
Do you signpost to counselling?	12	42.86%	●	☐	●	☐



Act today. Close each gap.

EXAMPLE Provide information and signposting



Businesses/services/institutions/systems may wish to draw from the generic example below to refine/enhance the links you already use.

What information and signposting do you make available about specific forms of violence and abuse?

Possible links are included below as examples and are not exhaustive.

What is economic abuse?

What supports are available for economic abuse?

<https://www.economicsafety.org.au/>

What housing options and supports are available? Who can help me to access these?

Insert information for your state/territory

e.g., <https://askizzy.org.au/>

Where can I find guidance on eSafety?

eSafety Commission

<https://www.esafety.gov.au/women/domestic-family-violence>

WESNET

<https://techsafety.org.au/>

Where can I obtain a safe mobile phone?

Could your organisation become a WESNET member providing safe phones?

<https://wesnet.org.au/ourwork/telstra/>

What supports are available for sexualised assault/violence from police? health? legal?

Specialist responses vary across state and territories. Insight Exchange's My Dignity landing page has small directories for each state and territory in Australia, and a directory for New Zealand.

<https://www.insightexchange.net/my-dignity/>

Do you provide information about consent?

[My Dignity](#): pages 17-18 provides a description of consent and page 53 hosts two short animations about consent.

Do you provide information about strangulation/choking?

[My Dignity](#): page 22 provides information about non-fatal strangulation and choking

Do you offer counselling?

[Insert response]

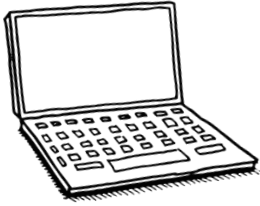
Do you signpost to counselling?

[Guide to selecting a counsellor](#): provides information about selecting a violence-informed counsellor and information about different counselling service types, and more.

Notes for editor/copy

The information above can be useful for responding family, friends and colleagues. Other resources to support responders may include:

Information for responders about signs and symptoms of strangulation/choking is presented in [My Dignity](#): page 55 Symptoms of Strangulation (SOS) cards have been developed by the Western NSW Local Health District Prevention and Response to Violence Abuse and Neglect (PARVAN) team.



“It’s a big decision to reach out. With everything going it is a real risk to reach out if it goes wrong. Knowing more before I make any contact can inform my choice about if and how I take my next step. Everywhere there is this general ‘number’ to call but it is unclear about what is on the other side.”

Who is benefiting from the status quo?

Perpetrators of violence and abuse are more able to isolate victim-survivors from supports when the support offer is hidden or unclear.

What I might need as the person who is experiencing violence and abuse

- I might be reaching out for the first, only or last time.
- I might not want to talk about the violence and abuse that’s going on, or I may say something after I have tested the waters a little.
- I have such limited time to fit this in without the person abusing me knowing about it, so I want to get all the information I can before I take this step.

From **outside NSW Health** (as a member of the public)

- I may not have enough safety to access supports but can say I am getting support for ‘something else’ or for ‘someone else’. The more I can access with discretion the more chance I get to talk to someone.
- The more I can find out without making a lot of contact or leaving a trace the more I will know about my options even if I can’t access them straight away.
- If the service is silent or there is uncertainty I may only be safe enough to seek support elsewhere.

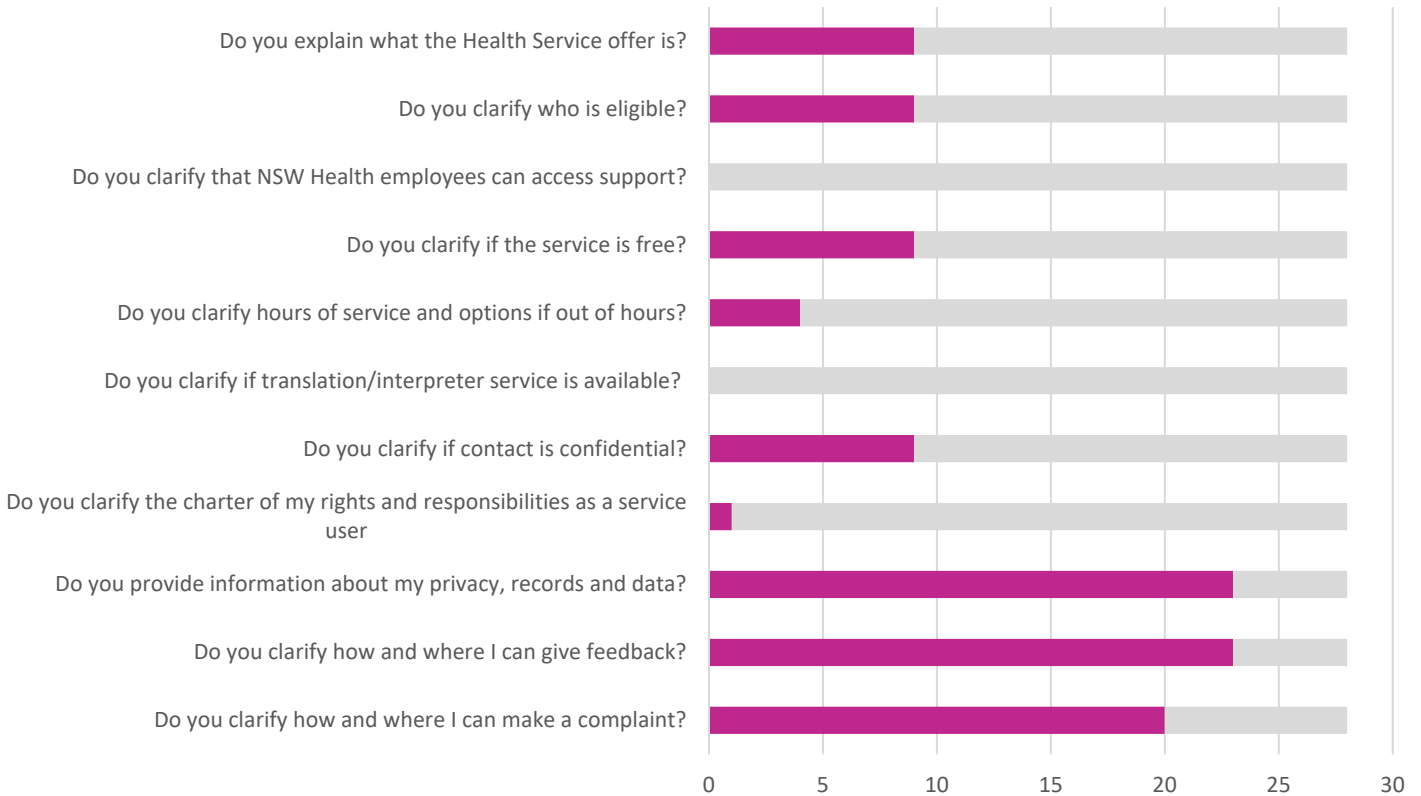
From **inside NSW Health** (as an employee)


- I may not have enough safety in my workplace to ask about my options, so I want to find out via the website before I take any steps to talk to someone.
- I might have heard positive, mixed or negative examples from colleagues who have reached out at work. I might be looking for testimonials/reviews from our workplace.
- I might want to access support services outside my district/network, so I am reliant on what they communicate.
- I know what happens in the service I work in and wonder what my options are as a ‘client’ to protect my privacy as an employee if I am also a client.


INDUSTRY AUDIT RESULTS: NSW Health websites

Overall, communication about privacy, records, data, feedback and complaints is disproportionately higher than rights, access and information about the service (service offer, eligibility, fees, hours, confidentiality and charter of rights and responsibilities of service users) which is low. No NSW Health Services websites clarified if translation/interpreter services are available or what supports are available to NSW Health employees (see graph 11 below).

Graph 11 | ● Yes ● No



 This missing information can be essential to informing steps and safety decisions made by a victim-survivor when deciding if and where to seek support.

 The information may also be important to all people using the service. It may also be important to building trust with people who may be signposting and referring victim-survivors of DFSV to Health Services.

GUIDED CHECKLIST: Understand the part you play

The table below displays:

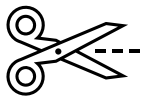
- the results of the NSW Health websites audit (sample size 28)
- a placeholder of where audit results of a specific service will be inserted and sent to the service directly. (The specific service audit answers will be populated with audit results being yes (1) unclear (-) no (0) or not applicable (n/a)). This column includes checkboxes where the provider can record closing the identified gaps.
- a self-audit checklist for the specific service to self-audit what is internally communicated to employees who may be experiencing DFSV. This column includes checkboxes where the service can record closing the identified gaps.

Supporting informed choice	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)		GUIDED CHECKLIST NSW Health Website From the inside (an employee)	
	What information do you provide to support informed choice and avoid false starts?	#	%	Audit Result:	Gap Closed:	Self-Audit Result:
Do you explain what the Health Service offer is?	9	32.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify who is eligible?	9	32.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify that NSW Health employees can access support?	0	0.00%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify if the service is free?	9	32.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify hours of service and options if out of hours?	4	14.29%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify if translation/interpreter service is available?	0	0.00%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify if contact is confidential?	9	32.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify the charter of my rights and responsibilities as a service user	1	3.57%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you provide information about my privacy, records and data?	23	82.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify how and where I can give feedback?	23	82.14%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
Do you clarify how and where I can make a complaint?	20	71.43%	<input checked="" type="radio"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="checkbox"/>



Act today. Close each gap.

EXAMPLE Support informed choice



Businesses/services/institutions/systems may wish to draw from the generic example of headers below to inform and refine FAQs that may be asked by victim-survivors of DFSV.

Possible questions are included below as examples and are not exhaustive.

Support offer and eligibility

What types of support does the service offer?

Who is eligible?

Contact

Can contact be made directly?

If yes – what are the contact details?

If no – where do I need to make contact?

Do you clarify if translation/interpreter service is available?

Hours

What are the hours of service?

What are the options if out of hours?

Fees

What (if any) is the personal financial cost to use the service?

What are the indicative fees?

Who can support with fees?

Rights and access

Is contact with this service confidential?

What are my rights and responsibilities as a service user?

How do you manage my privacy, records and data?

How and where I can give feedback?

How and where I can make a complaint?

Other supports

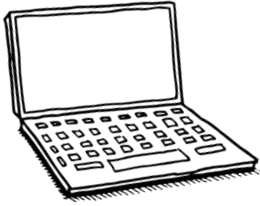
What information or links to other services do you provide?

Notes for editor/copy:

Only your service can answer these questions.

They may take up less room in a FAQ format or in collapsible menus.

Make the process visible



“I’m always aware of the possible threats and consequences of changing something or seeking support. If I don’t know the process of what happens when I make contact, how can I know if this is safe enough for me? And how can I plan my steps if I can’t see ahead?”

Who is benefiting from the status quo?

Perpetrators of violence and abuse are more able to undermine the certainty of victim-survivors plans by weaponising gaps in the service or making false threats about what the service will or won’t do if the victim-survivor reaches out.

If a victim-survivor cannot see ahead, they carry the burden of risk and effort to know if the service option will build on or undermine their safety.

What I might need as the person who is experiencing violence and abuse

From **outside NSW Health**
(as a member of the public)

- I may face danger if the person abusing me finds out I talked to someone. The last time I reached out for help it was too late because of the waiting times.
- When I spoke to someone at the other service they didn’t explain what would happen and I ended up really ‘paying for it’ because the person abusing me managed to get hold of the notes.
- I don’t want the step to seek help to become something that risks my job or limits my career. I only have the personal safety to call in my work break so I need to know how long the call/contact will take and what the process is.

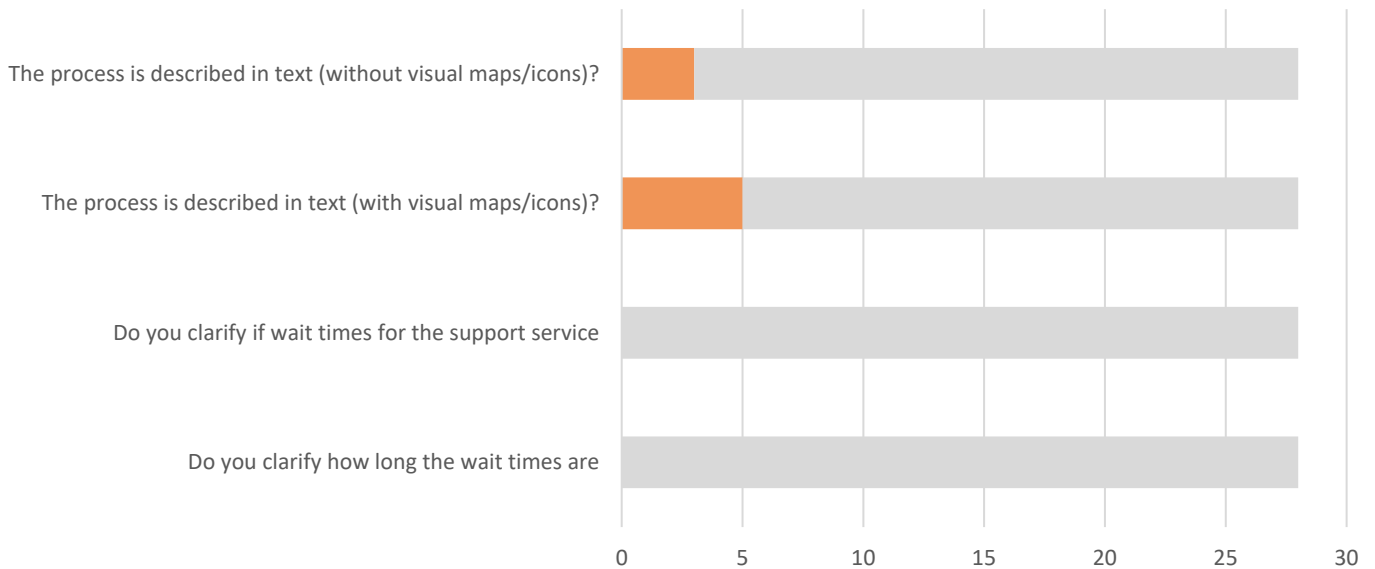
From **inside NSW Health**
(as an employee)

- I may want to know how my employer maintains privacy and confidentiality within the workplace if I reach out to access and use the service that I work in.
- I may need to know the specific details about what the service does and doesn’t make known to my employer.
- If there is any uncertainty about privacy and confidentiality with the service, I may only be safe enough to seek support elsewhere, or not reach out at all.

INDUSTRY AUDIT RESULTS: NSW Health websites

Of the 28 NSW Health Services websites few clarified what will happen and no websites clarified what (if any) the wait times might be (graph 12).

Graph 12 | ● Yes ● No



This missing information can determine if the victim-survivor can discern if reaching out will increase the risks they face, and whether they might be safer to choose an option (if any) with clearer processes and wait times.



The information may also be important for informing people who may be signposting or referring victim-survivors of DFSV to Health Services.

GUIDED CHECKLIST: Understand the part you play

The table below displays:

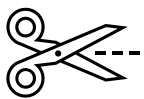
- the results of the NSW Health websites audit (sample size 28)
- a placeholder of where audit results of a specific service will be inserted and sent to the service directly. (The specific service audit answers will be populated with audit results being yes (1) unclear (-) no (0) or not applicable (n/a)). This column includes checkboxes where the provider can record closing the identified gaps.
- a self-audit checklist for the specific service to self-audit what is internally communicated to employees who may be experiencing DFSV. This column includes checkboxes where the service can record closing the identified gaps.

Make the process visible	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)		GUIDED CHECKLIST NSW Health Website From the inside (an employee)	
	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
What process visibility do you share without me having to make contact to find this out? What will/might happen if I make contact?						
The process is described in text (without visual maps/icons)?	3	10.71%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
The process is described in text (with visual maps/icons)?	5	17.86%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Do you clarify if wait times for the support service	0	0.00%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Do you clarify how long the wait times are	0	0.00%	●	<input type="checkbox"/>	●	<input type="checkbox"/>



Act today. Close each gap.

EXAMPLE **Make the process visible**



Businesses/services/institutions/systems may wish to draw from the generic example below to inform how you describe the process of what happens when a victim-survivors of DFSV makes contact. Keep, replace or delete all that applies to the commitment of your service.

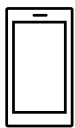
The content in the example below is not exhaustive.

We welcome anyone who has concerns about domestic, family or sexualised violence.

What happens when I make contact?

The process

A step-by-step guide



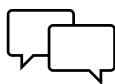
Browse and download any information or resources from our website.

Get in touch via phone, email, webform, chat or app to suit your needs.

Phone calls are free and do not show in your phone bill.

We like to follow your lead on how often and when to make contact. We know this can change as your situation changes.

We will not contact you unless you ask us to or for an emergency or legal reason.



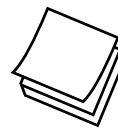
We will ask you about your situation and what support you are looking for.

If you don't know what options are available, that's okay.

We will explain what we provide.

You don't have to make all your decisions at once and we can make a time to talk again.

If you need something different to what we provide (or additional options) we will give you information about other supports and services.



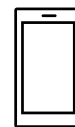
Our first conversation is usually (insert timeframe e.g., 45mins).

We can speak for less time and make a time to speak again.

You can see here (insert link) the kinds of questions we ask about. You can choose not to answer, or you may have other things you want us to know about.

We will record some details about you so that you don't have to start again if you contact us again.

At the end of the conversation if you are wanting to speak to other services, we can make introductions for you if you would like us to, or we can give you information so that you can make steps at your own pace.



Before the end of the call, we will ask if you want us to contact you, or if you want to contact us.

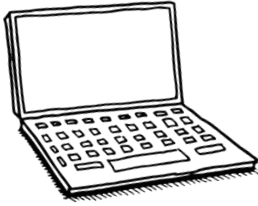
If you want us to contact you, we will ask you what the safest way is for you.

You can get back any time if your needs change.

If you get back in contact, you can ask for the same person you first spoke with or someone new. Sometimes the same person is not working that day or available so we will ask if you are willing to speak to another team member.

If you or the person you care about is in immediate danger, please contact emergency services on Triple Zero 000 (Australia) or Triple One 111 (New Zealand).

Include features & functions to support safety



“I’m sometimes monitored by the person abusing me – in-person, on my phone and online. I may have limited time and safety to search for information about what support is available. I may have to close the website in a hurry. I may need to hide that I have searched at all. What functions and features do you have in place to make my access to information safer?”



Who is benefiting from the status quo?

Perpetrators of violence and abuse are more able to extend their control and evade consequences when victim-survivors cannot safely source or seek support.



What I might need as the person who is experiencing violence and abuse

- No matter which door I use, I need to be able to access information safely.

From **outside NSW Health** (as a member of the public)

- If the person abusing me learns I am looking for support, they may tighten their control further stopping me from getting the information I need.
- When the person controlling me looks at my bills I know that are not just looking at spending but where I have been and who I have been in contact with. They are suspicious of things that are unknown, different or may reveal that I am talking to other people or services.
- If you call back I might be put in more danger or need to describe my needs as different from what they really are.

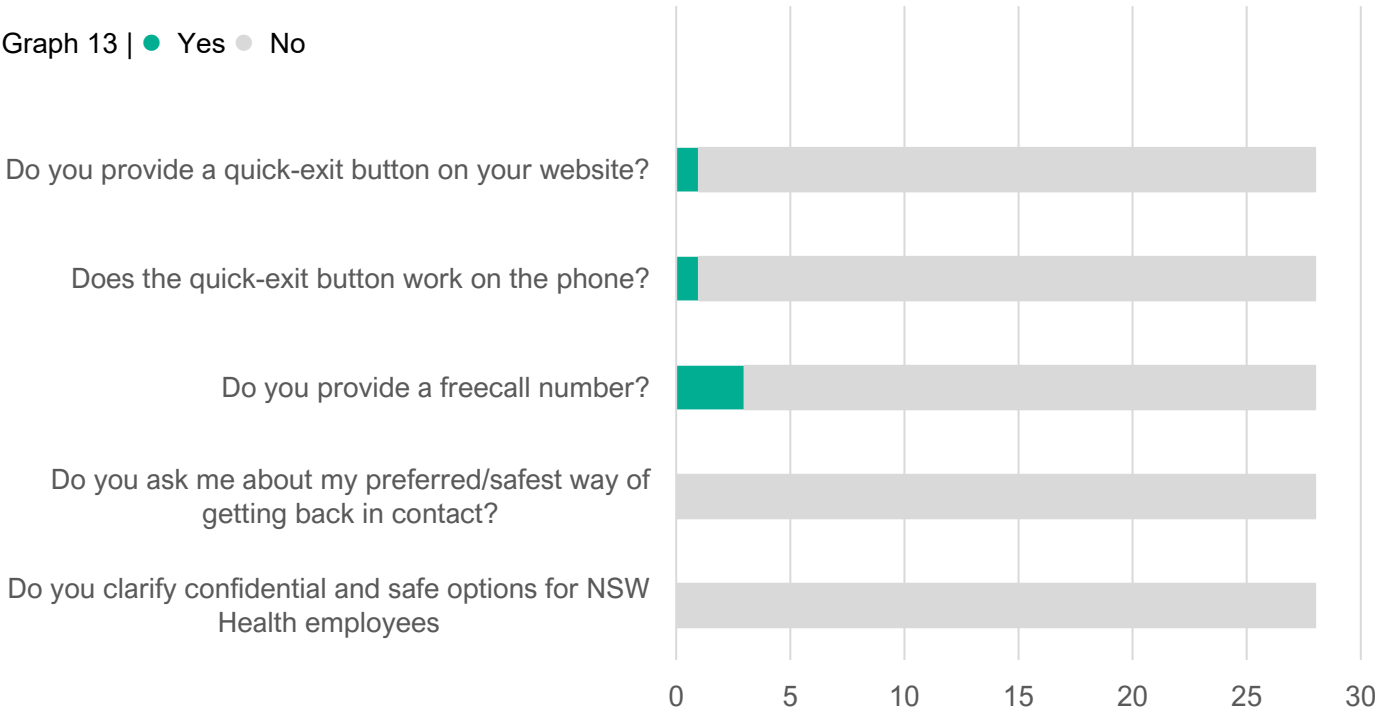
From **inside NSW Health** (as an employee)

- My workplace might be a better place to call from but even if I can get the privacy of a meeting room to make the call, the number on the workplace phone logs exposes my situation to my employer.
- The person abusing me may not suspect that I am seeking support directly from colleagues within my workplace. This may be useful for creating the safety to talk but might involve other threats to my privacy and safety in the workplace. The smaller number of people who know my situation, the less I have to manage about the abusive partner finding out, or the abusive partner influencing how my colleagues perceive them.

INDUSTRY AUDIT RESULTS: NSW Health websites

1 of the 28 NSW Health service websites included a quick-exit button, and 3 of 28 included a freecall number. No NSW Health service websites clarify whether they ask about a persons preferred/safest way of getting back in contact.

Graph 13 | ● Yes ● No



These missing features and functions can deter contact at all, or place the burden of risk and exposure on the victim-survivor who is seeking support or information about support.



These features and functions may also be important to the people who are signposting and referring victim-survivors of DFSV to Health Services.

GUIDED CHECKLIST: Understand the part you play

The table below displays:

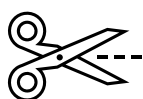
- the results of the NSW Health websites audit (sample size 28)
- a placeholder of where audit results of a specific service will be inserted and sent to the service directly. (The specific service audit answers will be populated with audit results being yes (1) unclear (-) no (0) or not applicable (n/a)). This column includes checkboxes where the provider can record closing the identified gaps.
- a self-audit checklist for the specific service to self-audit what is internally communicated to employees who may be experiencing DFSV. This column includes checkboxes where the service can record closing the identified gaps.

Include features & functions to support safety	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)		GUIDED CHECKLIST NSW Health Website From the inside (an employee)	
	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
What features and functions do you have in place to make my experience of contact safer?						
Do you provide a quick-exit button on your website?	1	3.57%	●	☐	●	☐
Does the quick-exit button work on the phone?	1	3.57%	●	☐	●	☐
Do you provide a freecall number?	3	10.71%	●	☐	●	☐
Do you ask me about my preferred/safest way of getting back in contact?	0	0.00%	●	☐	●	☐
Do you clarify confidential and safe options for NSW Health employees	0	0.00%	●	☐	●	☐



Act today. Close each gap.

EXAMPLE Include features & functions to support safety



Businesses/services/institutions/systems may wish to draw from the generic example below to inform how you describe the feature and functions of communication channels for victim-survivors of DFSV making contact. Keep, replace or delete all that applies to the commitment of your service.

The headers and descriptions below are included as examples and are not exhaustive.

Quick-exit button

Examples (Keep, replace or delete all that applies):

- A quick-exit button is on all pages of our website

Freecall

Examples (Keep, replace or delete all that applies):

- We provide a freecall number.

Phone call not shown in billing

Examples (Keep, replace or delete all that applies):

- We offer a WhatsApp number so you can call without it appearing on phone bills.
- You can also call us via WhatsApp, Skype, or another provider which uses data to make calls, to hide history from your regular telephone company's phone bill. After the call, manually remove it from the call log within the app.
- You can manually remove phone calls and conversations on mobile call logs and text history using 'Edit' > 'Delete'.

Call back

Examples (Keep, replace or delete all that applies):

- We will not assume to call back your number.
- We offer a call-back form online, so that you can express how and when you wish to be contacted.
- We use a 'silent' unlisted number, so that any outgoing calls we make are blocked/private.
- You can block your phone number to stop your number being displayed when you call others, which is useful if you do not want the person you are calling to be able to call you back.

QR Codes

Examples (Keep, replace or delete all that applies):

- We use QR codes in our brochures, fact sheets, posters etc.
- We clarify where the QR code goes (putting URL in description).
- We clarify if data is collected via QR code.

The following guides 5.1A, 5.1B and 5.1C were developed for non-government organisations/services that are likely to outsource development of these three features. Larger businesses and institutions may find the guidance useful for informing the internal resource/team responsible for these features.

- See Guide 5.1A Asking for a quick-exit button from website developer.
- See Guide 5.1B How to secure a freecall number.
- See Guide 5.1C How to hide call logs on a phone bill.

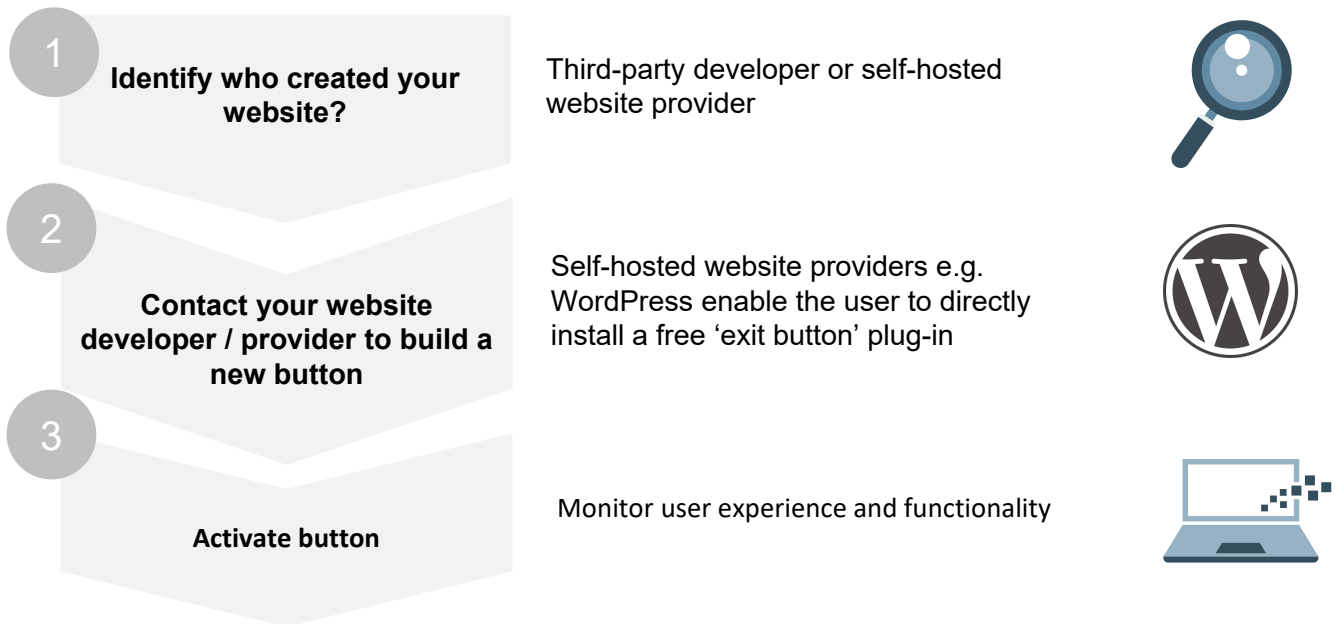
GUIDE 5.1 A

Asking for a quick-exit button from web developer

What is a safe-exit or quick-exit button?

The quick-exit button allows users to close the site quickly if they are concerned about somebody looking over their shoulder, reducing suspicion and protecting users. It works by immediately closing the current browser and opening a new tab with a predefined site. Quick-exit buttons are an extremely important element of websites that include sensitive information such as material related to domestic and family violence.

Process



Features to request

- **Consistent, obvious positioning** across entire website so it is easy to find.
- **Always visible**, even as the user scrolls up and down the page and travels between pages.
- **Immediately available** from any site landing page.
- **Adaptive to device**, across desktop, mobile and tablet.
- **Bright colour** so the button is visible.
- **Loads a preselected site in a new tab** concurrently with closing the current browser, e.g., news, weather.

Additional considerations

- **Features are continuously updated** and users can request additional features from the plug-in provider.
- **Will not delete browser history** due to website security measures. Ensure resources are available to encourage safe browsing.

Quick-exit button example: <https://www.doingnothingdoesharm.org.au/>

For more context: <https://www.infoxchange.org/au/news/2018/04/quick-exit-button-now-crucial-part-ask-izzy>

GUIDE 5.1 B

How to secure a freecall number

Why should you consider a freecall number?

Freecall numbers enable access for people anywhere in Australia to seek support from your organisation. It is especially valuable for those who do not have access to a paid phone plan or cannot pay for calls.

How do I get a freecall number?

1

2

3

Choose 1800 or 1300 number provider	Choose your plan	Publish freecall number on website landing pages
1800 numbers calls are entirely funded by the organisation, while 1300 numbers are a co-pay arrangement.	Pricing for these tends to include an upfront component and a use-based monthly charge.	Ensure people know about your freecall number and can find it easily on your website.
Reliable providers include: <ul style="list-style-type: none">• 1800NumbersAustralia• 1300Australia• Avoxi	Costs for these services include: <ul style="list-style-type: none">• one time set-up fees: \$50 - \$100• fixed monthly charges: \$20 - \$100• variable charges: \$0.05 - \$0.15 per minute.	Cost may vary depending on your web developer.

What else should you know?

- TPG and Dodo still charge for 1800 toll-free numbers on smaller or legacy plans.
- Consider adding your number to a do-not-call register to minimise spam calls.
- Many phone plans also allow for the customisation of phone numbers to support marketing.

GUIDE 5.1 C

How to hide call logs on a phone bill

Why would someone want to hide call logs on a phone bill?

For victim-survivors of domestic and family violence, calling helplines, police, social services, friends and family can provide meaningful support. However, if the perpetrator of abuse can access the victim-survivor's phone call records, they can discern who the victim-survivor has contacted. This may place the victim-survivor in danger and create further isolation from these sources of support.

What can organisations do?		What can victim-survivors do?*
Organisations can ask for a 'silent' unlisted number, so that any outgoing calls they make are blocked/private. Telephone companies should be able to set this up for any organisation.		Manually remove phone calls and conversations on mobile call logs and text history using 'Edit' > 'Delete'.
Offer a WhatsApp number, so victim-survivors can call without it appearing on phone bills. This is a free and quick option for any organisation.		Blocking your phone number stops your number being displayed when you call others, which is useful if you do not want the person you are calling to be able to call you back.
Organisations can offer a call-back form online, so that victim-survivors can express how and when they wish to be contacted.		Call via WhatsApp, Skype, or another provider that uses data to make calls, to hide history from your regular telephone company's phone bill. After the call, manually remove it from the call log within the app.

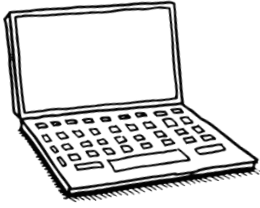
Other resources

Example of a call-back form: <https://wesnet.org.au/about/contact/>

Helpful resource: <https://www.telstra.com.au/content/dam/tcom/about-us/community-environment/pdf/telstra-safe-connections.pdf>

*Note: The victim-survivor options presented in this guide cannot be assumed to be the right fit for everyone. For example, one option that builds safety for one victim-survivor might create danger for another because their situation and the abuse used against them differs. The options in this guide need to be considered by the victim-survivor, following their lead.

Communicate options and support control



“I am really aware of which communication options work best for me and when I can browse or make contact. Using email, chat functions or making call might be safe one day and dangerous the next. When I am not leading which choice of communication to use, or when that changes, I can be exposed to more danger and consequences for reaching out at all. What choice and control do you give me about being in contact?”



Who is benefiting from the status quo?

Perpetrators of violence and abuse may undermine the options and choices of victim-survivors through coercive control. Designing for choice and control of the victim-survivor in the support-seeking process is vital for dignity and safety.



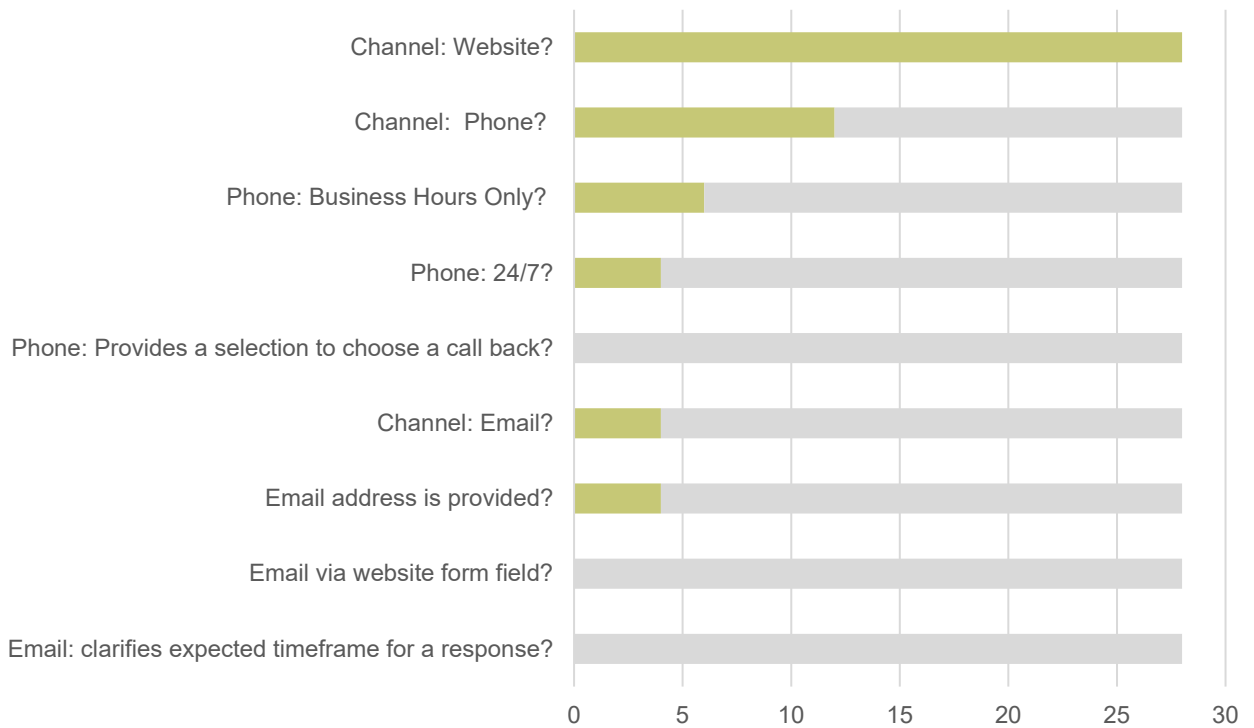
What I might need as the person who is experiencing violence and abuse


- Every mode of communication I use matters. Sometimes I can email in the day from one device, and later on text or chat from another.
- I might be able to be more detailed in some channels than others and may need to remove the record (if I can) with little to no notice if the person abusing me becomes suspicious or my colleagues/manager don't let me use the work device for personal calls etc
- Sometimes my only time to be able to talk to someone is at work, away from work, or in the night when everyone else is asleep or on the weekend when I am 'appearing to be doing something else'.
- As my circumstances change my safety can change and vice-versa. Knowing the options before I need them may be useful when I have to adjust under pressure or rapid changes.


INDUSTRY AUDIT RESULTS: NSW Health websites

The dominant channels made available by NSW Health Services were websites, phone contact, and a small number with email. For services where phone contact is a channel there was no selection, few clarified if there was business hours only or a 24/7 response. No NSW Health services with phonecall options clarified if there was a selection to choose a call back.

Graph 14 | ● Yes ● No



- 

Diversifying channels for communication (where continuity of service can be provided) may widen the option for seeking support from the Health Service, particularly where victim-survivors have limited windows of time or devices to make contact.
- 

Not all organisations and services can provide a broad range of channels or contact. Where the range is limited there is even more reliance on what those channels can provide.

GUIDED CHECKLIST: Understand the part you play

The table below displays:

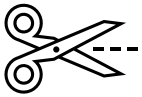
- the results of the NSW Health websites audit (sample size 28)
- a placeholder of where audit results of a specific service will be inserted and sent to the service directly. (The specific service audit answers will be populated with audit results being yes (1) unclear (-) no (0) or not applicable (n/a)). This column includes checkboxes where the provider can record closing the identified gaps.
- a self-audit checklist for the specific service to self-audit what is internally communicated to employees who may be experiencing DFSV. This column includes checkboxes where the service can record closing the identified gaps.

Communicate options and support control	NSW Health INDUSTRY AUDIT RESULT N = 28		GUIDED CHECKLIST NSW Health Website From the outside (the public)		GUIDED CHECKLIST NSW Health Website From the inside (an employee)	
	#	%	Audit Result:	Gap Closed:	Self-Audit Result:	Gap Closed:
Channel: Phone?	12	42.86%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Phone: Business Hours Only?	6	21.43%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Phone: 24/7?	4	14.29%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Phone: Provides a selection to choose a call back?	0	0.00%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Channel: Email?	4	14.29%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Email address is provided?	4	14.29%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Email via website form field?	0	0.00%	●	<input type="checkbox"/>	●	<input type="checkbox"/>
Email: clarifies expected timeframe for a response?	0	0.00%	●	<input type="checkbox"/>	●	<input type="checkbox"/>



Act today. Close each gap.

EXAMPLE **Communicate options and support control**



Businesses/services/institutions/systems may wish to draw from the generic example below to inform how you describe the commitments of your service. Keep, replace or delete all that applies to the commitment of your service.

The channels included below are examples and are not exhaustive.

‘We know that you know which options work best for you to make contact, and that this may change at different times of the day and as your situation changes. The options we provide are:’

Phone

(Keep, replace or delete all that applies)

This phone number is managed:

- During business hours
- out of hours (specify)
- 24/7

Email

(Keep, replace or delete all that applies)

This email is managed:

- During business hours
- out of hours (specify)
- 24/7

You can expect a response within (insert) hours.

Web form (acts as a way to make contact via the website)

(Keep, replace or delete all that applies)

This web form is managed:

- During business hours
- out of hours (specify)
- 24/7

You can expect a response within (insert) hours.

Chat Function

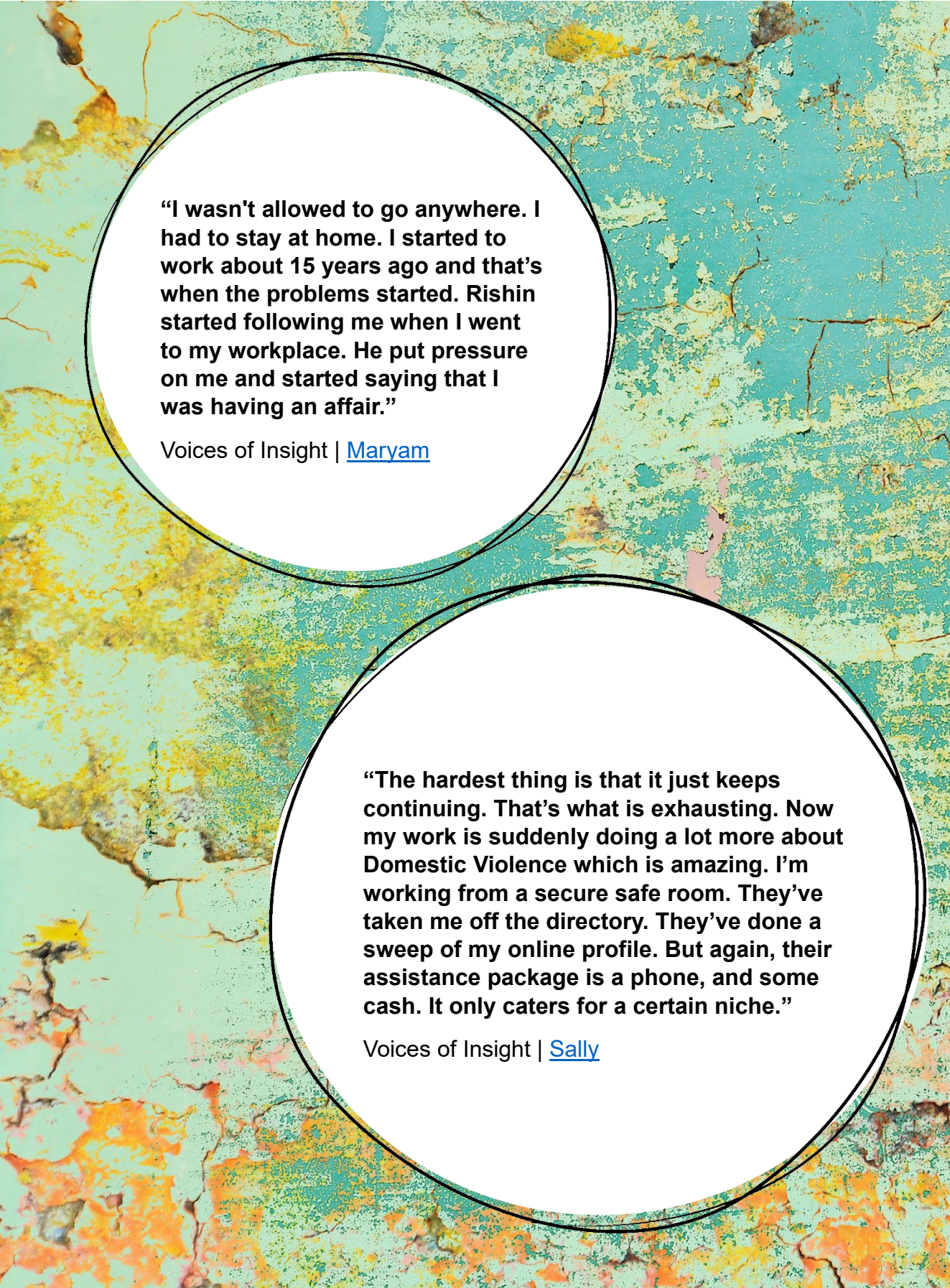
Insert description of how the chat function works and what records are retained/deleted.

App Function

Insert description of how the app works and what records are retained/deleted.

Notes for editor/copy

Populate and edit to match channels you provide.



“I wasn't allowed to go anywhere. I had to stay at home. I started to work about 15 years ago and that's when the problems started. Rishin started following me when I went to my workplace. He put pressure on me and started saying that I was having an affair.”

Voices of Insight | [Maryam](#)

“The hardest thing is that it just keeps continuing. That's what is exhausting. Now my work is suddenly doing a lot more about Domestic Violence which is amazing. I'm working from a secure safe room. They've taken me off the directory. They've done a sweep of my online profile. But again, their assistance package is a phone, and some cash. It only caters for a certain niche.”

Voices of Insight | [Sally](#)

About Insight Exchange

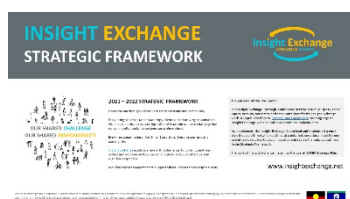
The **Insight** component invites people with lived experiences of DFSV to share their experience through a safe and ethical process that affirms agency and upholds dignity. The process and publication of insights focus on highlighting responses and resistance to violence and where ‘social responses’ were helpful, unhelpful or harmful.

The **Exchange** component shares lived experience insights in a de-identified way, without cost barriers, to inform our collective awareness, responsibility, and responses. All of us as individuals, communities and organisations can reflect on the role we play and can become more insight-informed in how we strengthen social, service and system responses.

It is an initiative for everyone because everyone’s response to violence matters.

We support social responders across the response continuum from universal services, businesses, organisations and communities through to specialised and statutory services.

Strategic Framework



Read the [Strategic Framework](#) (2021–22)

Engagement Report



Read the [Engagement Report](#) (2021)

Understanding and responding to DFSV

Every organisation varies in its leadership, self-awareness, culture and commitments. Your organisation might be starting today, restarting differently, or looking to broaden and deepen the path you are on in understanding and responding to DFSV. The following documents are designed to support your work.

Futures Framework

The *Futures Framework* supports organisations and institutions in developing a strategic and holistic response to DFSV. It can be used to scope, guide and plan short and long-term commitments to prevent and respond to DFSV.



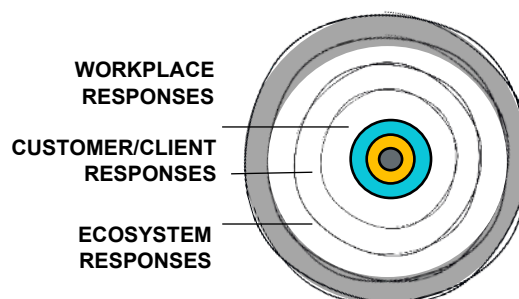
[Futures Framework](#)



[Leadership Roadmap](#)



[Support Menu](#)

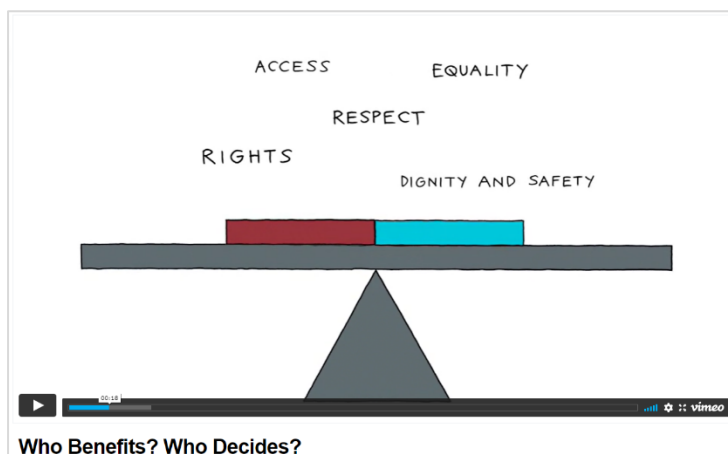


These documents are available via the Insight Exchange webpage:
www.insightexchange.net/futures-framework

Explore our resources

Who benefits from the status quo? Who decides to keep things the same?

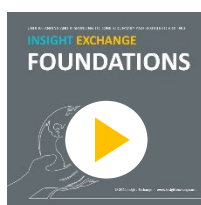
Violence and abuse costs us all. Lives are lost. Homicide. Femicide. Filicide. Suicide. Indignity, injury, suffering, grief, and loss extends within families, across communities and throughout our country. Poverty endures. Children's hopes and futures are sabotaged. View the animation [Who Benefits? Who Decides?](https://vimeo.com/638450609)¹⁴ (4 minutes)



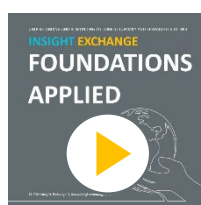
© 2021 Insight Exchange in development with Guy Downes

Foundations and Foundations Applied

View Insight Exchange's Foundations and Foundations Applied video resources to build on your understanding of DFSV. [Contact Insight Exchange](#) for permission to use embed codes.



View and reflect on Insight Exchange's [Foundations](#) (45 minutes). Includes Auslan sign language.



View and reflect on Insight Exchange's [Foundations Applied](#) (40 minutes). Includes Auslan sign language.



The [Reflections Kit](#) collates Insight Exchange's resources featured in the *Futures Framework* suite, *Foundations* and *Foundations Applied* videos.

***We can all stand against violence and abuse
from wherever we are in society.***

¹⁴ <https://vimeo.com/638450609>

No Hidden Door Collection

The No Hidden Door Collection was commissioned in 2022 by Insight Exchange. This collection of original artworks was created by collaborating artist Louise Whelan.

The artworks are designed to illuminate the importance of making the 'door' of responding services/organisations more visible to the public, and valued ongoingly by industry as a social response to victim-survivors of domestic, family and sexualised violence. Each artwork amplifies the unique and changing needs of victim-survivors who may be reaching out for the first, only or last time to find information and/or to seek support.

The collection amplifies how the burden of effort to find, ask and communicate often rests on the victim-survivor. This is contrasted with the lack of communication from the service/institutional 'door' which is shown to be obscure, unclear or unkept. The burden of effort must shift from the victim-survivor to the service and institution. Each 'door' needs to be made more visible and the human experience offered to victim-survivors more 'discreet, dignified and supportive'.

Artist Statement



In collaboration with Insight Exchange and The No Hidden Doors Project these artworks aim to use the power of collective action to create an environment that evokes a response.

The No Hidden Doors Collection was created with the purpose of using art and image making as a way of critiquing the system. Of bearing witness to the current status quo from a lived experience-centric-approach. An approach from the outside - in. Stages of provocation have been imagined with doorway tableaux for viewers to decode and in turn respond to the many layers of interactions, intentions and experiences otherwise not seen. Where the experience takes the leading role in the work.

“The painter constructs, the photographer discloses.” | Susan Sontag, On Photography

A myriad of encounters in the portal. Unseen bodies with whispering tones, forceful actioned blurred movements, seizing, grasping, dodging, camouflaging. Weighty encounters pushing against gravity and oscillating between the known and unknown. Unsigned, unposted re-worked, outdated entries and mirrored mazes where reclamation of access is a sort-after-state. The fulfilment of a response is not yet achieved.

Scale, transparency, colour and art direction play out in the images not just as a tools of photographic image making, but as signals and visual cues for meaning making. Creating an emergent awareness that transcribes to fragments of experiences.

The gaze transfers from the subject to the viewer in the hope for shifting insights and actionable outcomes.

INSIGHT EXCHANGE

Other examples of information and reflection resources

Insight Exchange does not provide services. These resources are developed involving people with lived experience of domestic, family and sexualised violence and provide support contacts for Australia and New Zealand support services.

www.insightexchange.net

Notes for editor/copy:

Wanting to embed any of the listed animations? Copy the embed code by opening the animation and toggling through the 'share' button options.

My Safety Kit

My Safety Kit is a reflection resource for people who may be reflecting on their own relationships and (possible) experiences of domestic and family violence.

To read My Safety Kit and view the short My Safety Kit animations open the link www.insightexchange.net/my-safety-kit/

[My Safety Kit](#)

(Australian contacts)

[My Safety Kit Aotearoa](#)

(New Zealand contacts)

My Dignity – My body is mine

My Dignity is an information and reflection resource about sexualised violence. This resource is for any person who may be experiencing, or has experienced, sexualised violence, and for anyone who may be responding.

To read more about My Dignity open the link www.insightexchange.net/my-dignity

Follow My Lead

Follow My Lead is an awareness raising resource about domestic and family violence for responders.

Follow My Lead is for any person who at some point may be listening to and responding to their friends, family members, colleagues, peers or to the people who use their service, who are experiencing domestic and family violence.

To read more about Follow My Lead and to view the short animation open the link www.insightexchange.net/follow-my-lead/

[Follow My Lead](#)

(Australian support contacts)

[Follow My Lead Aotearoa](#)

(New Zealand support contacts)

Guide to Selecting a Counsellor

Talking with someone about your experiences of violence and abuse is a personal decision. It can be valuable but is worth thinking carefully about. One of the people you may choose to talk to is a counsellor or therapist.

This [Guide to selecting a counsellor](#) may help you select a counsellor who is the right fit for you.

I am I can

'I am. I can' was created to invite reflection about the use of violence (in any form) being a 'choice'.

We can each choose non-violence in all relationships. We invite people who are using control, abuse and violence to view this animation and to seek support.

<https://www.insightexchange.net/i-am-i-can/>

INSIGHT EXCHANGE

www.insightexchange.net

Using this resource: The information contained within this resource is for general information purposes only. Insight Exchange assumes no responsibility for how the information in this resource is used. Read more about using our resources:

www.insightexchange.net/guide-using/

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