

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Apprehended Violence Orders (AVOs): Health Staff Responsibilities
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<b>EXECUTIVE SPONSOR</b>	Director, Population and Community Health
<b>AUTHOR</b>	Violence, Abuse and Neglect Coordinator
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Manager Counselling Violence Prevention and Response <a href="mailto:katrina.hurley@health.nsw.gov.au">katrina.hurley@health.nsw.gov.au</a>
<b>FUNCTIONAL GROUP(S)</b>	Emergency Departments Maternity Services Child, Youth & Family Services Mental Health Services Drug and Alcohol Services Social Work Services
<b>KEY TERMS</b>	Domestic violence, apprehended violence order, legal, reporting, coercive control
<b>SUMMARY</b>	This policy outlines the responsibilities of SESLHD staff in situations where there is an Apprehended Violence Order in place for patients, either the protected person or the defendant.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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**Apprehended Violence Orders (AVOs): Health  
Staff Responsibilities****SESLHDPD/309****1. POLICY STATEMENT**

This procedure outlines the roles and responsibilities of South Eastern Local Health District (SESLHD) staff where there is an Apprehended Violence Order (AVO) in place, whether the protected person or the defendant is a patient/client.

**2. BACKGROUND**

An AVO is a court order that aims to protect a person from another person who is causing them harm or to fear for their safety. An AVO can protect a person from violence, or threats of violence, stalking, intimidation and harassment. It can also protect the property of the “protected person” and can include children as protected people.

There are two types of AVOs:

1. Apprehended Domestic Violence Order (ADVO) – An ADVO protects a person from violence committed by the person they are, or were, in a domestic relationship with. A domestic relationship includes a relationship between people who:

- were or are married, in a de facto relationship, or in an intimate personal relationship are living together or have lived together
- are or have been living in the same residential facility (with some exceptions) or a detention centre
- are or have been relatives have or had a relationship where one person provides unpaid care for the other person
- in the case of an Aboriginal person or a Torres Strait Islander, have been part of each other's extended family or kin (according to the Indigenous kinship system of the person's culture).

Domestic relationship also covers the relationship between someone's current partner and their former partner.

All ADVOs are nationally recognised and enforceable. This means NSW Police can enforce ADVOs made on or after this date in other Australian States and Territories and other States and Territories can enforce ADVOs made in NSW.

2. Apprehended Personal Violence Order (APVO) – is made where the people involved do not have, and have not had, a domestic relationship, e.g. they are neighbours, friends or work together.

APVOs are not nationally recognised and enforceable. You must register an APVO interstate to have it recognised.

**Temporary Apprehended Violence Order (AVO)**

A temporary AVO may be issued to protect a person until an AVO application can be finalised. A temporary AVO may be either a Provisional AVO or an Interim AVO. If the

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**Apprehended Violence Orders (AVOs): Health  
Staff Responsibilities**

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**SESLHDPD/309**

matter is urgent the police can apply for a provisional AVO to protect a person until the case goes to court. The conditions listed on a temporary AVO remain in place until the matter is heard in court where the temporary AVO can be applied to be revoked, dismissed or changed.

**Conditions of an Apprehended Violence Order (AVO):**

All AVO's contain three mandatory orders. These are often referred to as 'standard conditions' or orders 1a, b & c. The orders state:

1. You must not do any of the following to the protected person or anyone the protected person has a domestic relationship with:
  - a) assault or threaten them
  - b) stalk, harass or intimidate them, and
  - c) intentionally or recklessly destroy or damage any property that belongs to or is in the possession of them.

There are a number of additional orders that a court can include in an AVO. Additional orders are listed under the headings:

- Orders about contact
- Orders about family law and parenting
- Orders about where the defendant cannot go
- Orders about weapons.

An AVO is not a criminal charge and will not appear on a defendant's criminal record. However, breaching a condition of an AVO is a criminal offence, the breach may be listed on the defendant's criminal record.

**Coercive Control:**

In November 2022, the NSW Parliament passed the *Crimes Legislation Amendment (Coercive Control) Act 2022* (the Act). The Act makes coercive control in current and former intimate partner relationships a criminal offence. The Act also provides for a definition of domestic abuse in the *Crimes (Domestic and Personal Violence) Act 2007* which commenced on 1 February 2024. For more information see appendix 1.

For more information about coercive control for health practitioners see appendix 2.

**3. AIMS**

This Policy aims to inform SESLHD staff about their roles and responsibilities regarding AVOs, guide staff in understanding the legal implications of AVOs, promote safety and enhance service delivery for patients/clients where an AVO is in place.

**4. TARGET AUDIENCE**

SESLHD staff who become aware there is an AVO in place whether the protected person or the defendant is a patient.

**Apprehended Violence Orders (AVOs): Health Staff Responsibilities**

**SESLHDPD/309**

**5. DEFINITIONS**

<b>Breach</b>	When the <b>defendant</b> acts in a way that is not allowed under the orders in the AVO or contravenes the conditions of the AVO
<b>Coercive Control</b>	When someone repeatedly hurts, scares or isolates another person to control them. Coercive control is a form of domestic abuse and is considered a criminal offence in intimate partner relationships under NSW law.
<b>Defendant</b>	The person against whom an AVO is made.
<b>Domestic and family violence</b>	Any behaviour in a domestic relationship, which is violent, threatening, coercive or controlling and causing a person to live in fear for their own or someone else's safety. It is usually manifested as part of a pattern of ongoing controlling or coercive behaviour. It may involve physical and sexual assault, emotional abuse or financial exploitation. For further information <i>Domestic and Family Violence Plan 2022 2027</i> .
<b>Partner</b>	The person's spouse or domestic partner irrespective of gender.
<b>Protected Person or person in need of protection (PINOP)</b>	The person for whose protection an AVO is made (including associated people such as children)
<b>Violence, abuse and neglect (VAN) services</b>	Specialist NSW Health services that have a principal responsibility for responding to violence, abuse and neglect generally or a specific form (such as sexual assault). Responses to violence, abuse and neglect are also be provided by other health services, including screening services, but this is not their principal responsibility

Throughout this document, the terms patient, client and consumer may be used interchangeably to acknowledge the varying preferences of people who give and receive services.

**6. RESPONSIBILITIES**

Prevention and response to violence, abuse and neglect (VAN) is a central role of SESLHD staff and minimising the impact of trauma and supporting recovery from trauma are recognised and valued as primary outcomes of responses. For more information, refer to the [IPARVAN summary](#).

**6.1 Employees will:**

- Where staff become aware an AVO is in place, they will clarify the conditions of the AVO and confirm if the patient is the protected person or defendant. Staff will

**Apprehended Violence Orders (AVOs): Health Staff Responsibilities**

**SESLHDPD/309**

document known details of the AVO clearly in the clinical record of both the person in need of protection and the defendant.

- Not knowingly facilitate a breach of an AVO.
- Ensure their service is aware by reporting information to their line manager/supervisor and seek further guidance on the matter if needed. This could include further consultation with appropriate VAN health staff, services and relevant authorities.
- If access to a copy of the AVO is available, save a copy of this document on the client’s file.
- Where patients are identified as being defendants in an AVO, there is a duty of care towards the protected person to promote safety for them and any associated people (including children).
- Where patients are identified as being defendants in an AVO, protect the confidentiality of the protected person and not compromise their safety. This may include further risk assessment/safety planning by appropriate staff to ensure the patient’s safety upon discharge/departure from the service.
- Provide support, resources and referrals for a person in need of protection to ensure their safety and facilitate their healing and recovery.

**6.2 Line Managers will:**

- Support staff in identifying and managing any issues in relation to AVOs, for example making contact arrangements that are not in breach of the orders.

**6.3 District Managers/ Service Managers will:**

- Ensure this procedure is circulated and implemented.

**6.4 Engagement with Aboriginal people:**

Aboriginal family violence occurs in the context of the ongoing effects of past and current colonial violence, dispossession, devastation of families through the removal of children and other intersecting oppressions such as living with a disability or chronic health problem. These profound injustices are known to create significant health inequalities and intersect with family violence for Aboriginal families and communities.

As a result of intergenerational trauma and cumulative harm from institutional violence, Aboriginal women experience domestic and family violence at significant rates and experience greater health impacts. An appreciation of these factors is critical to closing the health gap between Aboriginal and non-Aboriginal people and achieving a significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero ([NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026](#)).

Health services are to:

- Ask all patients: ‘Are you of Aboriginal or Torres Strait Islander origins? [NSW Health Policy PD2012\\_042 Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients](#).

**Apprehended Violence Orders (AVOs): Health Staff Responsibilities****SESLHDPD/309**

- Ensure they are providing culturally respectful and secure health service provision.
- Ask all patients if they have any cultural needs Health staff need to incorporate.
- Be aware of the impact of fears the client may have about police, government agencies and/or the legal system.
- Cultural safety has been found to be central to Aboriginal women's decision to disclose or not disclose intimate partner violence [3].
- Establish and promote consultation and referral pathways to the Aboriginal Health Liaison Officer and/or other relevant Aboriginal Health Services [seslhd-aboriginalworkforce@health.nsw.gov.au](mailto:seslhd-aboriginalworkforce@health.nsw.gov.au)
- Support families and carers. Provide flexible visiting arrangements, accommodation, transport, social support. Social Work can assist.
- Use appropriate Aboriginal terminology [NSW Health Guideline GL2019\\_008 Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)
- Ensure they are demonstrating principles in line with the [SESLHD Aboriginal Health Plan 2024-2026](#).
- Explain to patients how to provide feedback on their care.

**7. PROCEDURE**

- 7.1** If an AVO is identified, ask the patient (both protected persons and defendants) about the conditions of the AVO. Patients may wish to provide a copy of the order to staff. Details of the AVO must be recorded in the clinical record and any copies of AVO's obtained must also be held in the clinical record.
- 7.2** Where an AVO is in place, risk assessment of the current situation should be undertaken and safety planning completed to reduce this risk to the victim/s and plan for safety. Details of this intervention should be recorded on the patient's file for whom this intervention is being provided.
- 7.3** Where the AVO is in place due to domestic violence, or domestic violence has been disclosed, risk assessment and safety planning should be completed **as guided by policy** [NSW Health Policy PD2006\\_84 - Domestic Violence - Identifying and Responding](#) Risk assessment using a structured professional judgement approach (risk assessment tool + professional judgement + woman's own assessment) by a trained health worker, for example a violence, abuse and neglect health worker or social worker, is preferred. Ensure all health workers assessing for risk understand evidence-based domestic violence high risk and lethality (see appendix 3).
- 7.4** Where risk assessment and/or professional judgement identifies a serious threat, workers must take action to reduce the threat. Depending on the circumstance and the views of the patient, this may include:
- referral to a Safer Pathway Safety Action Meeting
  - referral to specialist domestic and family violence services or NSW Health violence, abuse and neglect services for ongoing risk assessment, safety planning and support

- reporting to NSW Police

- 7.5** [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding \(Section 4.2 Reporting to police\)](#) identifies SESLHD staff's requirements around reporting to police. Staff are encouraged to discuss with the patient (if they are the protected person) whether they would like support in notifying the police. Consent should be sought where possible unless the risk assessment indicates consent should be overridden. For example, if there is an immediate and serious threat to the protected person, their children, members of the public and/or staff. Reporting to Police should be considered on a case-by-case basis following a thorough risk assessment, and in consultation with management.
- 7.6** All risk assessments need to consider the safety and wellbeing of children and young people as outlined in [NSW Health Policy PD2006 84 Domestic Violence - Identifying and Responding \(Section 4.5 Children and Domestic Violence\)](#). Health staff must consult the Mandatory Reporters Guide (MRG), the Child Wellbeing Unit (CWU) 1300 480 420 or make a report to the Department of Communities and Justice (DCJ) 132 111, where staff have reasonable grounds to suspect a child or young person is at risk of harm and document in the clinical file of the person disclosing domestic violence. For more information (see appendix 4).
- 7.7** For any patient where domestic violence has been identified or disclosed, safety planning should be completed prior to exit or discharge from the service. For additional support (see appendix 3).
- 7.8** **For a defendant of an AVO**, it is the responsibility of staff to not knowingly assist a defendant to breach an AVO, and a breach of AVO conditions should not knowingly be facilitated on a NSW Health premises.
- 8. DOCUMENTATION**
- A progress note is to be completed to document any relevant AVO conditions, risk assessment, safety planning and actions of staff.
- 9. AUDIT**
- As part of standard practice, regular audits and reporting of IMS+ notifications are conducted to identify and address any breaches of this process.
- 10. REFERENCES**
1. [NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework Summary](#)
  2. [NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026](#)
  3. [NSW Health Policy Directive PD2012 042 - Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients](#)

4. Spangaro, J., Herring., S, Koziol-Mclain., Rutherford., A., & Frail. M. (2016). ‘They aren’t really black fellas but they are easy to talk to’: Factors which influence Australian Aboriginal women's decision to disclose intimate partner violence during pregnancy, *Midwifery*: Vol. 40, pp.79-88.
5. [Aboriginal Health Worker Contacts South Eastern Sydney Local Health District \(SESLHD\)](#)
6. [NSW Health Guideline GL2019\\_008 - Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)
7. [SESLHD Aboriginal Health Plan 2024-2026](#)
8. [NSW Health Policy Directive PD2006\\_84 - Domestic Violence - Identifying and Responding](#)
9. [NSW Health Policy Directive PD2013\\_007 - Child Wellbeing and Child Protection Policies and Procedures for NSW Health](#)
10. [Crimes \(Domestic and Personal Violence\) Act 2007 \(NSW\)](#)
11. [Just a Piece of Paper: Making your AVO work for you](#)
12. [NSW Charter of Victims’ Rights](#)
13. [NSW Health Policy Directive PD2023\\_009 - Domestic Violence Routine Screening](#)
14. [Crimes Legislation Amendment \(Coercive Control\) Act 2022 \(NSW\)](#)

**Appendix**

1. [NSW Department of Communities and Justice \(DCJ\) - Legal definition of 'domestic abuse' Factsheet](#)
2. [Attorney-General's Department - Coercive Control: Quick reference guide for healthcare practitioners.](#)
3. Page 37, Appendix 2. Risk Assessment, Safety Planning and Information sharing: [NSW Health Policy Directive PD2023\\_009 - Domestic Violence Routine Screening](#)

**9. VERSION AND APPROVAL HISTORY**

Date	Version	Version and approval notes
August 2018	1	Minor review undertaken (updated with new number to align with SESLHD policy numbering – former reference PD 206)
August 2018	1	Endorsed by Executive Sponsor
August 2020	2	Updated Executive Sponsor from Director, Primary Integrated Community Health to Director, Population and Community Health. Approved by Executive Sponsor. Published by Executive Services.
January 2022	3	Minor review undertaken by Violence, Abuse and Neglect Coordinator (updated Child Protection Agency name to Department of Communities and Justice from Family and Community Services, inclusion of reference to NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026)

**Apprehended Violence Orders (AVOs): Health  
Staff Responsibilities****SESLHDPD/309**

<b>Date</b>	<b>Version</b>	<b>Version and approval notes</b>
March 2022	3	Endorsed by Executive Sponsor. Processed and published by SESLHD Policy.
4 April 2025	3.1	Minor Review undertaken by Violence, Abuse and Neglect Coordinator (inclusion of legislative changes around coercive control, updated Policy/strategy information, inclusion of additional appendixes). Approved by Executive Sponsor.
4 April 2025	3.2	Header updated: from SESLHD Procedure to SESLHD Policy in line with document type.