

# INFORMATION SHARING for Domestic and Family Violence

## FACTSHEET

### Background

On the 30 May 2017 amendments to the *Domestic and Family Violence Protection Act 2012* (the Act) took effect, changing how agencies may share otherwise confidential information in the interests of undertaking domestic and family violence (DFV) risk assessments, and to manage serious DFV threats. Australia's National Research Organisation for Women's Safety (ANROWS) has released comprehensive [Domestic and Family Violence Information Sharing Guidelines](#) that are consistent with the amendments to Part 5A of the Act, and that support practitioners across all agencies that provide services to people who may experience or commit DFV to share information in an appropriate and safe manner. This fact sheet and flow chart are intended as easy-to-access resources that synthesize the relevant information for busy health clinicians.

### What you need to know about the new legislation and guidelines

- The new DFV information sharing provisions in the Act operate as **an exception to the duty of confidentiality** in section 142 of the *Hospital and Health Boards Act 2011* (Qld) (HHB Act).
- The new legislation and guidelines provide guidance and support to health workers (and workers in a range of other agencies) in sharing information relating to a client appropriately with one another, in order to **assess, respond to and manage DFV risk and/or to lessening or preventing a serious DFV threat**.
- The intention of the new legislation and guidelines is to better enable service providers to act to **ensure the safety of at risk DFV victims and their children**. Before disclosing personal information without consent, including in the course of making referrals on behalf of the client or another person such as a child, consideration must be given to their safety, protection and wellbeing as a paramount consideration.
- The new legislation **does not constitute mandatory reporting**. The sharing of information is discretionary. Staff cannot be held liable for disclosing information for purposes outlined in the Act.

### What has not changed

- **Information sharing with client/client consent.** Obtaining client consent to release information is preferable where safe, possible, and practical. Where you have client consent the process for information sharing has not changed. For more information regarding making referrals in situations of DFV go to: [https://www.health.qld.gov.au/data/assets/pdf\\_file/0021/465132/dv-referral-model.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0021/465132/dv-referral-model.pdf)
- **Duty of Care.** All Queensland Health staff members have a duty of care to disclose any relevant information about a client to avert a serious risk to the life, health or safety of the client or another person or to public safety. Under the HHB Act, disclosure in these situations can be made by a designated person with the written authority of the Hospital and Health Service Chief Executive or delegate. Staff should be aware of which positions have this delegation within their local service.
- **Information that may NOT be shared.** You may not share criminal history for convictions other than domestic violence offences, or the identities of persons notifying the likelihood of harm to a child, or sensitive evidence as defined in the Criminal Code (e.g. obscene or indecent imagery without consent), or recordings of a special witness's evidence or an affected child's evidence.

**Please refer to the flowchart *Information sharing in situations of domestic and family violence in health care settings*.**