

identifying and responding to family violence:

a guide for **general practitioners** in the Barwon Southwest Region of Victoria

What is Family Violence?

Family violence is coercive and controlling behaviour by a family member that causes physical, sexual and/or emotional damage to others in the family, including causing them to live in fear and threatening to harm people, pets or property. Family violence is most commonly perpetrated by one partner towards another (when it is sometimes called 'domestic violence' or 'intimate partner abuse') and/or by an adult towards a child or children. Other forms include elder abuse or sibling abuse. Whether the violence is physical, sexual or emotional, it may have long term detrimental effects.

Working with families experiencing family violence can be difficult work for general practitioners. This guide has been developed to provide general practitioners with information to assist them to identify and respond to family violence. General practitioners may see all members of families and family violence may affect all members of families. It is important to know what the effects of family violence might be.

While some men experience violent relationships, women and children are most likely to be the victims of family violence and this guide focuses on responding to these groups. The guide also provides information about responding appropriately to men who are those most likely to perpetrate family violence.

The incidence of family violence is high. A full-time GP is likely to be seeing one to two female patients each week who have experienced family violence¹. The Women's Safety Survey, conducted by the Australian Bureau of Statistics in 1996, found that nearly a quarter of all women who have ever been married or in a de facto relationship experienced violence by a partner at some time during the relationship².

*'The medical profession has key roles to play in early detection, intervention and provision of specialised treatment of those who suffer the consequences of domestic violence, whether it be physical, sexual or emotional.'*³

General practitioners are the major professional group to whom women experiencing family violence turn.⁴ Responding effectively to family violence in a medical setting requires non-judgemental, supportive attitudes, a knowledge of the physical and emotional sequelae of the violence, an understanding of appropriate and inappropriate responses, and on having good networks with local family violence services.

Assessing women

Some signs of physical injuries may include:

- bruising in chest and abdomen
- multiple injuries
- minor laceration
- injuries during pregnancy
- ruptured eardrums
- delay in seeking medical attention
- patterns of repeated injury.

Women do not generally present with obvious physical injury⁵. Violence can include threats, coercion and insults, as well as social and economic control. She may not recognise this is abuse. Women are often reluctant to disclose abuse because of fear or shame, or because they think that they won't be believed. More commonly, victims of family violence present with a broad range of symptoms such as:

- anxiety, panic attacks, stress and/or depression
- stress related illness
- drug abuse, including dependency on tranquilisers and alcohol
- chronic headaches, asthma, vague aches and pains
- abdominal pain, chronic diarrhoea
- complaints of sexual dysfunction, vaginal discharge

- joint pain, muscle pain
- sleeping and eating disorders
- suicide attempts, psychiatric illness
- gynaecological problems, miscarriages, chronic pelvic pain.

Other indicators

The woman may:

- appear nervous, ashamed or evasive
- describe her partner as controlling or prone to anger
- seem uncomfortable or anxious in the presence of her partner
- be accompanied by her partner, who does most of the talking
- give an unconvincing explanation of the injuries
- have recently been separated or divorced
- be reluctant to follow your advice
- present with children, though little seems to be wrong with them.

Assessing children and young people

Children can be exposed to and affected by family violence; these experiences are harmful and may have long term physical, psychological and emotional effects. A general practitioner can assist by supporting the woman in providing protection to her children and ensuring that responsibility for the violence remains with the perpetrator.⁶

Family violence and child abuse frequently co-exist. General practitioners are mandated to report child abuse.

Ask about the impact of family violence on children because the realisation of harm to children can be a catalyst for both men and women to make beneficial change. Refer children to services to assist them.

Indicators in children may include:

- aggressive behaviour and language
- anxiety, appearing nervous and withdrawn
- difficulty adjusting to change
- psychosomatic illness
- restlessness
- bedwetting and sleeping disorders
- 'acting out', such as cruelty to animals.

Asking women about violence

The detail of your questions will depend on how well you know the patient and what indicators you have observed.

Broad questions might include:

- 'How are things at home?'
- 'How are you and your partner relating?'
- 'Is there anything else happening that might be affecting your health?'

Examples of specific questions linked to clinical observations include:

- 'You seem very anxious and nervous. Is everything all right at home?'
- 'When I see injuries like this I wonder if someone could have hurt you?'
- 'Is there anything else that we haven't talked about that might be contributing to this condition?'

Some more direct questions include:

- 'Are there ever times when you are frightened of your partner?'
- 'Are you concerned about your safety or the safety of your children?'
- 'Does the way your partner treats you make you feel unhappy or depressed?'
- 'I think that there's a link between your (insert illness) and the way your partner treats you. What do you think?'

When English is not the woman's first language, use a qualified interpreter. Do not use her partner or a child as the interpreter. Be aware that both men and women tend to minimise the violence, particularly when seen together.

Responding to disclosures by women of violence against them

Listen

Being listened to can be an empowering experience for a woman who has been abused.

Communicate belief

'That must have been very frightening for you.'

Validate the decision to disclose

'It must have been difficult for you to talk about this.'

'I am glad you were able to tell me about this today.'

Emphasise the unacceptability of violence

'You do not deserve to be treated this way.'

What not to say (avoid suggesting that the woman is responsible for the violence)

'Why do you stay with a person like that?'

'What could you have done to avoid the situation?'

'Why did he hit you?'

Assisting the woman to assess her and her children's safety

- Speak to the woman alone.
- Does she feel safe going home after the appointment?
- Are her children safe?
- Does she need an immediate place of safety?
- Does she need to consider an alternative exit from your building?
- If immediate safety is not an issue, what about her future safety? Does she have a future plan of action if she is at risk?
- Does he have weapons?
- Does she need to seek an intervention order?
- Does she have emergency telephone numbers? (police, women's refuges)
- Help make an emergency plan. (Where would she go if she had to leave? How would she get there? What would she take with her? Who are the people she could contact for support?)

Document these plans for future reference.

Responding to disclosures by men that they are violent towards family members⁷

Consider the safety of female victims and their children as foremost. Acknowledge the existence of violence by statements such as:

'That was brave of you to tell me. Violent behaviour towards your partner and other family members is not acceptable. It not only affects your partner but your children as well. Did you know that there are services that may be able to assist you?'

If you are seeing both partners, do not ask a man about suspected family violence unless you have checked with his partner first to get her consent.

If violence is suspected and further information is needed, start with broad questions such as:

- 'How are things at home?'

Then, if there is a disclosure of violence, more specific questions such as:

'Some men who are stressed like you are, hurt the people they love. Is this how you are feeling? Is this happening to you? Did you know that there are services from which you can get assistance?'

Couples or marital counselling is not recommended while physical violence is currently present in a relationship because of the threat to the woman's safety.

Working with family violence when both partners are your patients or within the same practice⁸

- The needs of female and male patients should be addressed independently.
- When abuse is suspected or confirmed, a woman should be interviewed without the male partner being present.
- Affirm to the woman that her health and safety are important and that her confidentiality will be protected, unless disclosure is required by law.
- There should be no discussion about the suspected or confirmed abuse with the male partner unless the woman consents to it.
- If a woman agrees to the general practitioner contacting the male partner it is important that a safety plan is in place.
- It is not a conflict of interest to ask a woman about the possibility of abuse or to have an active management plan when it is suspected or confirmed if the male partner is also a patient.
- Have in place staff protocols that ensure confidentiality of records.

Documentation

- Describe physical injuries. This includes the type, extent, age and location of any physical injuries sustained. If you suspect violence is a cause, but your patient has not confirmed this, it may be relevant to include in your comments as to whether her explanation accurately explains the injuries.
- Consider taking photographs of injuries.
- Record what the patient has said (using quotation marks) and any relevant behaviour you have observed.

This information may be required as evidence, should charges be laid against the perpetrator.

Guidelines for continuing care

- Consider your patient's safety as a paramount issue.
- Monitor the woman and her children's safety by asking about any escalation of violence.
- Empower her to take control of decision making; ask what she needs and present her with choices.
- Respect the knowledge and coping skills she has developed. You can help build on her emotional strengths, for example, by asking 'How have you dealt with this situation before?'
- Provide emotional support.
- Be familiar with appropriate referral services and their processes. Patients may need your help to seek assistance.

To indicate your awareness of family violence and willingness to assist

- Display posters in the waiting area.
- Have pamphlets available in the surgery (where women can take them without being seen by other patients).
- Put a folder of health articles, including some on family violence, in the waiting room.
- Have your appointment cards printed with the phone numbers of domestic violence and sexual assault services on the reverse side.

All women, regardless of race, age, ability or sexual preference, are entitled to live in a safe environment. If you live in an area where services are not readily available, or the woman does not feel comfortable accessing specialist services, you can still let her know you are concerned for her safety and assist her to consider her options.

References

- ¹ Hegarty, K.L. & Bush, R., 'Prevalence and associations of partner abuse in women attending general practice: A cross-sectional survey', *Australian and New Zealand Journal of Public Health*, vol. 26, no. 5, 2002, pp. 437-442. K Hegarty, unpublished doctoral thesis, Department of Social and Preventative Medicine, University of Queensland 1998.
- ² Australian Bureau of Statistics, *Women's Safety Australia*, Catalogue No. 4128.0, 1996, p. 50.
- ³ Australian Medical Association, *AMA Position Statement on Domestic Violence*, Canberra, AMA, 1998.
- ⁴ Hegarty, K. & Taft, A., 'Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice', *Australian and New Zealand Journal of Public Health*, vol. 25, no. 5, 2001, pp. 433-437.
- ⁵ Campbell, J.C., 'Health consequences of intimate partner violence', *The Lancet*, vol. 359, 2002, pp. 1331-1336.
- ⁶ Laing, L., 'Children, young people and domestic violence', *Australian Domestic and Family Violence Clearinghouse Issues Paper 2*, 2000, pp. 15-17.
- ⁷ Adams, D., 'Guidelines for doctors on identifying and helping their patients who batter', *JAMWA*, vol. 51, no. 3, 1996, pp.123-126; Hamberger, L.K., Feuerbach, S.P. and Borman, R.J., 'Detecting the wife batterer', *Medical Aspects of Human Sexuality*, September 1990, pp.32-39; Mintz, H.A. & Cornett, F.W., 'When your patient is a batterer: What you need to know before treating perpetrators of domestic violence', *Postgraduate Medicine*, vol. 101, no. 4, 1997, pp. 219-228.
- ⁸ Ferris, L.E., Norton, P.G., Dunn, E.V., Gort, E.H. & Degani, N., 'Guidelines for managing domestic abuse when male and female partners are patients of the same physician', *Journal of the American Medical Association*, vol. 278, no. 10, 1997, pp. 851-857.

Acknowledgment

This guide is substantially based on Domestic Violence and Incest Resource Centre and Women's Health West, 'Identifying Family Violence: A Resource Kit for General Practitioners in the Western Suburbs of Melbourne', 1999, part of a project funded through Partnerships Against Domestic Violence.

The information contained in this publication is intended as a guide only, and is not intended to cover all aspects of the issues dealt with herein. Practitioners are advised to contact the relevant services and agencies for more detailed information and advice about responding to those who are experiencing or are at risk of experiencing, family violence. Information about services was correct at the time of going to print.

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Referrals

State-wide services

Victoria Police 000

24 hours, 7 days

Women's Domestic Violence Crisis Service of Victoria 9373 0123 (crisis) and 9377 9600 (admin)

- 24 hour, 7 days state-wide confidential crisis response service
- assists women to understand their rights and their options
- provides referral to local services
- provides counselling to women about their situation
- provides advocacy on women's behalf to other services
- helps women to develop a safety plan
- assists women to remain in their own home safely and securely
- assists women to arrange alternate accommodation; where this is not possible provides referral to high security refuge

Immigrant Women's Domestic Violence Service

9898 3145 (crisis)

8415 1712 (admin 9.30 am - 5.30 pm, Mon - Fri)

- cultural and linguistic support and advocacy to women from non-English speaking backgrounds experiencing family violence
- crisis intervention support
- advice to general practitioners and other professionals

Telephone Interpreter Service 131 450

- 24 hours, 7 days
- interpreting for people whose first language is not English
- on site interpreters can be arranged
- translating service

Sexual Assault Service (after hours) 1800 806 292

Lifeline 13 11 14

WIRE 1300 134 130

Domestic Violence Services

Barwon Domestic Violence Outreach Service

5224 2903 Hours: Monday to Friday 9:00am – 5:00pm
After hours service: 1800 806 292

- Crisis and ongoing support
- Direct referral to women's refuge
- Advocacy
- Information and assistance with housing, safety, legal and financial issues.
- Domestic violence support groups

Emma House Domestic Violence Service

Provides services to women and their children who are experiencing or have experienced domestic violence. Services include: advocacy, referral, housing options, court support, outreach and a children's counselling service.

Warrnambool 5561 1934 Mon – Fri 9:00am – 5:00pm

Terang 5561 1934 Monday

Portland 5521 7937 Monday and Wednesday

Hamilton 5571 1778 Tuesday and Thursday

Casterton 5581 2109 (as needed)

South East Regional Domestic Violence Service (08) 8723 1385 Mount Gambier, SA

Provides services to women and their children who are experiencing or have experienced domestic violence. Services include: advocacy, referral, housing options, court support, outreach. Accepts clients from south west Victoria.

Women's Domestic Violence Service Crisis Service

1800 015 188

A 24 hour, 7 day crisis line which provides information, support and access to refuge for women and their children.

DV Helpline

1800 200 526

A national 24 hour crisis helpline which provides telephone counselling, information and referral.

Sexual Assault Services

Barwon Centre Against Sexual Assault (CASA)

Geelong 5222 4318 (Mon – Fri, 9:00am – 5:30pm)

Outreach office in Colac 5222 4318
(Mon 10:00am – 4:00pm)

After hours service: 1800 806 292

Free and confidential services to women, men and children who are victims of past or recent sexual assault and their significant others.

South Western Centre Against Sexual Assault (CASA) 5564 4144 Warrnambool

Outreach office in Camperdown
(Tues 10:00 am – 4:00 pm) 5564 4144

Portland (Thurs 10:00 am–4:00 pm)

Hamilton (Wed 10:00 am– 4:00 pm)

Provides counselling and advocacy service to victims/survivors of sexual assault and their families.

Legal Services

Geelong Community Legal Centre 5221 4744

Free information, advice and assistance for people who may not be able to afford a private solicitor or do not qualify for assistance from Legal Aid.

Geelong Legal Aid 5229 2211

Covers all Barwon South West Region.

Community Connections 1300 361 680

Legal advice and referral service covering all south west Victoria.

Women's Legal Service Victoria 1800 133 402

Free telephone advice and referral service.

Mon & Fri 10:00am – 1:00pm, Tues & Thurs 6:30pm – 8:30pm, Wed 2:00pm – 5:00pm.

Aboriginal Legal Information and Advocacy

Heywood 5527 2281 or 1800 064 865

24 hour service – 0417 284 499

Court Intervention Order Support Service,

Colac Court on Mondays 5232 5180

Victim's Assistance Services**Geelong Crime Victim Services 5278 8122**

A response service for victims of crime against the person through information, understanding and support.

Warrnambool Crime Victim Referral Service

5561 8818

A response service for victims of crime against the person through information, understanding and support.

Victims of Crime Helpline

1300 659 419 or 1800 105 303

Provides victims of crime with access to counselling, referrals to support services and information about legal and financial assistance.

Support and Counselling**Colac Area Health 5232 5140 or 5232 5180**

Offers the following services:

- **Family Support.** Support service for families with children aged 0–18 years. The service provides support, case management, counselling and linking to other services for families that may be experiencing difficulties coping.
- **Financial Counselling.** (Outreach service also available at Winchelsea and Apollo Bay). Provides a specialist paralegal service that assists low income and vulnerable people in financial difficulty.
- **Housing Support Service.** Available for people over the age of 25 years who are homeless or at risk of becoming homeless.
- **Social Work Program.** Provides counselling, information, referral and advocacy to individuals and families experiencing any issue relating to physical, emotional, mental and social health and wellbeing.
- **Women's Counsellor.** Provides therapeutic counselling and support in the areas of family violence, women's health and alcohol and other drug issues.

Western District Health Service

5551 8450 Hamilton

General counselling for adults, children, young people and families.

Bethany Community Support 5278 8122**Kardinia Women's Service 5241 9149****Barwon Health 5226 7111 Portland District Health 5522 1180**

Provides counselling, support and referral for individuals and families.

South West Healthcare 5563 1532

Warrnambool with regional service to several locations

Counselling and support for individuals and families.

Community Connections 1300 361 680

Family counselling and support across south west Victoria.

Lifeline 13 11 14

24/7 Telephone counselling, support and referral.

5561 3098 Warrnambool. Information, referral and in person short term counselling.

Centacare 5561 5922

Warrnambool with outreach across south west.

Counselling and family mediation.

Portcare 5521 1170 (Portland)

Individual and family counselling.

Community Health Centres**Barwon Health**

Anglesea 5263 1952

Corio 5273 2200

Newcomb 5260 3333

Torquay 5261 1100

Ballarine Community Health Service

Ocean Grove 5256 1311

Drysdale 5251 2291

Western District Health Services

Hamilton 555 18450

South West Health Care

Warrnambool 5564 4190

Portland District Health Services

5522 1180

Otway Health and Community Services

Apollo Bay 5237 8500

Glastonbury Child and Family Services 5222 6911**Men's behaviour change program****Bethany Community Support (Geelong) 5278 8122**

Services for Indigenous Families

Gunditjmara Aboriginal Co-operative

5564 3320 Warrnambool Family Violence Worker

Provides resources and support for Koori individuals and families affected by domestic violence or sexual assault.

South West Healthcare, Warrnambool

5563 1409 Aboriginal Liaison Officer

Barwon Health Geelong

5226 7669 Aboriginal Liaison Officer

Victoria Family Violence Prevention and Legal Service 9654 3111 or 1800 105 303

Winda Mara Aboriginal Corporation 5527 2051

Provides resources and support for Koori individuals and families affected by domestic violence.

Wathaurong Aboriginal Co-operative

Geelong 5226 7669

Accommodation

Salvation Army Family Support Services

5561 6844 Warrnambool Mon – Fri 9:00am - 5:00pm

Salvation Army Social Housing Service (SASHS)

5231 6961 Colac

5521 8134 Portland

5572 5822 Hamilton

Portland Housing Programme 5523 2217

Housing assistance, information, referral and support, family counselling.

Bethany Community Support

5278 8122 Nth Geelong

Case management and housing support for single women over 20 years, families, couples and survivors of domestic violence.

Mental Health Services

Crisis Assessment and Treatment Services (CATS)

CATS provide urgent assessment and short term intensive treatment to people in crisis due to a mental illness. They also respond to people presenting an immediate risk of suicide. CATS operate 24 hours, 7 days a week.

Barwon Health Mental Health Service

5226 7410 24 hours

Geelong West Community Mental Health Team

5260 3700 (after hours 5226 7410)

Bellarine Community Mental Health Team

5226 7481 (after hours 5226 7410)

Colac Community Mental Health Service

5232 1550 (after hours 5226 7410)

Corio Community Mental Health Service

5273 2255 (after hours 5226 7410)

Surfcoast Community Mental Health Service

5261 1128 (after hours 5226 7410)

Camperdown Community Psychiatric Service

5593 6000 (after hours 1800 808 284 or 5563 1222)

Hamilton Community Psychiatric Service

5551 8418 (after hours 1800 808 284 or 5563 1222)

Portland Community Psychiatric Service

5523 5481 (after hours 1800 808 284 or 5563 1222)

South West Healthcare Psychiatric Service – Warrnambool

5561 9100 (after hours 1800 808 284 or 5563 1222)

Training and Resource

Domestic Violence and Incest Resource Centre

9486 9866 or 9417 1255 (TTY)

<http://www.dvirc.org.au>

- Telephone consultations for those working with victims of family violence
- Specialist library of written and video resources relating to violence in the home including books, kits, articles, manuals and protocols, studies and research
- Professional education and training for those working with people affected by family violence
- Publications including quarterly newsletter, information sheets, discussion papers and a range of pamphlets on family violence and sexual abuse.

Barwon-South West Family Violence Prevention Networker 5232 5278

www.wholewoman.org.au also provides a comprehensive guide for professionals in the Barwon Southwest region on responding to family violence.

All referral details are correct at time of printing, but may be subject to change. Check on www.serviceseeker.com.au or www.connectingcare.com for up-to-date details.