

identifying and responding to family violence:

a guide for
general practitioners
in the
Eastern 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 violence.¹ 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 relationship.²

*'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 injury.⁵ 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. The longer family violence is experienced, the more harmful it is.

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.

Family violence and child abuse frequently co-exist. Remember that general practitioners are mandated to report child abuse. A general practitioner can assist in caring for children affected by family violence by supporting the woman in providing protection to her children and ensuring that responsibility for the violence remains with the perpetrator.⁶

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, ask 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

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- 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

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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

Sexual Assault Services

South Eastern Centre Against Sexual Assault (SECASA)

Clayton 9594 2289

After hours 1800 806 292

A twenty-four-hour crisis line for male and female children, young people and adults who are victims or survivors of sexual assault and for non-offending members of their families, their partners and friends.

Follow-up counselling is provided through SECASA Bentleigh East, Dandenong, Cranbourne, Rosebud and Frankston.

Eastern CASA.

Ringwood East 9870 7330 or 1800 806 292

Counselling, assistance, information, referral, advocacy, group work and support for men, women, young people and children who are victims of sexual assault and for non-offending members of their families, partners and friends.

Local Children's Services

Australian Childhood Foundation 9874 3922

Provides counselling, advocacy, education, child abuse prevention programs and research.

Child Protection Unit 9594 2289 or 1800 806 292 (SECASA) Clayton

A twenty-four-hour crisis service for male and female infants, children and young people up to 17 years old who are suspected of being physically or sexually abused or for infants or children requiring a full paediatric assessment for suspected neglect or failure to thrive.

The Unit is staffed by paediatricians, forensic medical officers and social workers.

Children's Protection Society 9458 3566

Provides a counselling program for adolescents who perpetrate sexual abuse.

Sexual Assault Counselling and Support Wantirna Sth 9298 8469 or 24 hour Kids Help line 1800 551 800 Knox City Youth Information Centre

Eastern Centre Against Sexual Assault (ECASA) provides outreach services in counselling and support, including telephone and personal counselling, for male and female children, young people and adults who are victims or survivors of sexual assault.

Victorian Police Sexual Offences and Child Abuse Unit (SOCA) Knox 9881 7939 and Box Hill 9890 4977

The primary responsibility of the Unit is to investigate offences relating to the physical and sexual abuse of children and young people under 18 years old.

The Unit coordinates the involvement of relevant agencies and police services, and provides the child and family with assistance in subsequent court appearances and with applications for Intervention Orders.

Domestic violence services

Eastern Domestic Violence Outreach Service Ringwood 9870 5939

Provides outreach, assistance, information, referral and support for women and children who have experienced or are experiencing domestic violence.

**Family Violence Prevention Program 9885 9401 or
1300 130 381**

Domestic violence support groups

Mulgrave Neighbourhood House 9548 3311

Mitcham Community House 9873 4587

Amaroo Neighbourhood Centre Chadstone 9807 0570

Chirnside Park Community Centre 9727 2243

Support and Counselling Services

Knox City Council – Wantirna South 9298 8343

Family support and community education service. The service includes crisis and short term counselling for a range of issues including, domestic violence and family conflict, relationships & separation, crisis intervention, and assessment & referral.

MonashLink Community Health Service

Glen Waverley and Hughsdale 9568 2599

Provides counselling for individuals, families, adolescents, homeless youth and the elderly. Counselling is also available on specific issues including eating, bereavement, child abuse and domestic violence and for perpetrators of violence and sexual abuse. A specific youth counsellor is available. An interpreter service is available.

Yarra Valley Community Health Service

1300 130 381

Healesville campus and Yarra Junction campus. Provides family violence prevention information, referral, community education and group programs for women and men.

Victorian Multi-Ethnic Slavic Welfare Association

Forest Hill 9878 9199

Provides case work, counselling and support to women and children who are from a Slavic ethnic background and are victims of family violence. Community languages spoken include the following: Bosnian, Croatian, Macedonian, Serbian and Slovene.

Eastern Access Community Health (EACH)

Primary Health Care

Ringwood East 9879 3933

Provides individual relationship and family counselling in the areas of crisis support, family violence and child & family support.

Accommodation

Wesley Eastern Homeless Crisis Service

Ringwood 1300 558 484

Emergency housing for women and children escaping domestic violence.

Women's Liberation Halfway House Domestic

Violence Service 1800 811 565 or 0417 343 575

Women's refuge and outreach service.

Maroondah Halfway House Domestic Violence

Service 9845 2773

Elizabeth Hoffman House. Aboriginal Women's Refuge Melbourne

1800 015 188 (24 hour referral service)

Legal Services

Victoria Legal Aid Ringwood 9879 5500

Aboriginal Family Violence Prevention and Legal service 9654 3111 or 1800 105 303

Provides legal advice, information and referrals to assist members of the Aboriginal community experiencing family violence.

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.

Belgrave Community Information and Support Centre 9754 7777

Eastern Community Legal Centre 9877 5777

Knox Infolink 9761 1325 (for Knox residents only)

Local Men's Services

Domestic violence – Men's Responsibility Group Hughesdale 9568 2599

A self help and support group to assist men with anger management and strategies to stop other behaviour that leads to domestic violence

Anglicare Victoria. Yarra Ranges Family Services Lilydale 9735 4188

Violence Program for men. 10 week course for men dealing with anger management.

Relationships Australia Croydon 9725 9964

An anger management group for men.

Mental Health Services

Crisis Assessment and Treatment (CAT) Clayton 1300 369 012 (24 hour service)

Crisis Assessment and Treatment (CAT) Hawthorn East 1300 558 862 or 9882 9299

Crisis Assessment and Treatment (CAT) Box Hill 9843 5888

Victim's Assistance Program

Hawthorn 1300 884 284

Practical support, referrals, information on legal rights and telephone and personal counselling for victims of crime.

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.

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.