

identifying and responding to family violence:

a guide for
general practitioners
in the
Loddon Mallee 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.

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

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, 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

- 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

Statewide

Victims Support Agency Freecall (Country) 1800 819 817

Women's Health Victoria / Information Line
1800 133 321

Women's Information & Referral Exchange (WIRE)
1300 134 130

Alcohol & Drugs (Direct Line) – 24 hr 1800 888 236

Gambling (G – Line) – 24 hr 1800 622 112

Lifeline – 24 hr 131 114

Child Protection Services (notification of child abuse) 1800 675 598

Child Protection Services (After Hrs) 131 278

Men's Referral Service 1800 065 973

Telephone Service Against Sexual Assault
1800 806 292 (After Hours)

Women's Domestic Violence Crisis Service 24 hrs
1800 015 188

Women's Legal Service (legal advice line)
1800 133 302

Centrelink

Families 13 61 50

Appointments 13 10 21

Domestic Violence Services

Mallee Domestic Violence Service

Mildura 5021 2130
Robinvale 5026 1651
Swan Hill 5033 1899

- 24 hour Crisis Care Service
- Crisis Refuge & Medium security Accommodation
- **Counselling** – short term and long term counselling offered
- **Advocacy** – willing to talk to other services for and on behalf of the client
- **Outreach Services** – support even if the client is not wanting to leave their situation.
- **Follow-up support** - for women and women with children that have left the refuge
- **Free and Confidential Service**

EASE Domestic Violence Services

Bendigo 5443 4945

- Information about domestic violence and related issues
- Emergency accommodation for up to 2 weeks
- Assistance with accessing refuge
- Domestic Violence support groups
- Assistance with house hunting
- Assistance with public housing applications
- Emotional and personal support
- Limited assistance with financial issues

- Assistance with obtaining intervention orders and legal advice
- Links with solicitors, police, youth workers, parenting groups, counsellors, housing services and other support services
- Community education and consultation throughout the Loddon Campaspe region

Annie North Domestic Violence Service

Bendigo 0418 562 083

Services providing Family Violence support programs for women

Mallee Domestic Violence Services

Mildura 5021 2130
Swan Hill 5033 1899
Robinvale 5026 1651

EASE Domestic Violence Service

Bendigo 5443 4945

Annie North Domestic Violence Service

Bendigo 0418 562 083

Men's Services

Individual counselling, support & men's groups

Mallee Family Care

Mildura 5023 5966

Robinvale District Health Services

Robinvale 5051 8160

Salvation Army

Swan Hill 5033 1718

Sunraysia Community Health Services Inc.

Mildura 5023 7511

Male Assistance Network Against Violence

Bendigo 5442 7699

Centacare

Bendigo 5443 9577

Bendigo Community Health Services Inc.

Bendigo 5430 0500

Children's Services

Child & Adolescent Mental Health Service (CAMHS)

Mildura 5018 7900
Swan Hill 5032 9704
Bendigo 5440 6500

Sexual Assault Services

Mallee Sexual Assault Unit

Mildura 5025 5400
Swan Hill 5033 1786

24 hour Crisis Care

- **Medical** – care, in addition to the examination facility / medical / legal requirements necessary to the victim exercising their rights under law
- **Support** – and information regarding the medical and legal process
- **Free** – confidential crisis counselling service.

Loddon Campaspe Centre Against Sexual Assault
Bendigo 5441 0430

General support and counselling

Centacare
Mildura 5021 2475
Bendigo 5443 9577

Echuca Regional Health Primary Care Unit
Echuca 5480 6111

Maryborough Community Health Service
Maryborough 5461 3222

Kyabram District Health Service Community Health
Kyabram 5852 0045

Castlemaine & District Community Health Centre
Castlemaine 5479 1000

Inglewood & District Health Service
Inglewood 5438 3000
Wedderburn 5494 3099

Family Counselling Services Sea Lake 5070 1283

Loddon Mallee Women's Health
Ouyen 5092 1754
Bendigo 5443 0233

Mallee Family Care
Mildura 5023 5966
Dareton 5027 7600
Kerang 5452 2863
Swan Hill 5032 4479

Mallee Track Health & Community Service
Murrayville 5095 2205
Ouyen 5092 1111
Underbool 5094 6272

Murray Valley Aboriginal Co-op – Family Support
Robinvale 5026 3353

Northern District Community Health
Kerang 5452 2700

Robinvale District Health Services
Robinvale 5018 111

Salvation Army
Swan Hill 5033 1718
Bendigo 5442 7699

Sunraysia Community Health Services Inc.
Mildura 50237511

**Swan Hill Hospital Counselling services
(Primary Care) Swan Hill 5033 1450**

St. Luke's
Mildura 5021 4353
Swan Hill 5032 1205
Bendigo 5440 1100
Echuca 5480 1120

Sunraysia Community Health Mildura 50237511

Bendigo Community Health Services Inc.
Bendigo 5430 0500

COBAW Community Health Service Inc.
Kyneton 5421 1666

Mental Health Services

Mildura Base Hospital Mental Health Service
Mildura 5022 3500

Robinvale District Health Services
Robinvale 5051 8160

Swan Hill Community Health Services
Swan Hill 5032 9704

Triage
Regional 1300 363 788

Child & Adolescent Mental Health Service
Bendigo 5440 6500

Women's Mental Health Service
Bendigo 5454 7753

Alexander Bayne Centre
Bendigo 5454 7643

John Bomford Centre
Bendigo 5440 6500

Dual Diagnosis Service (Olinda St)
Bendigo 5441 7831

Community Legal Services

Murray Mallee Community Legal Service
1800 243 002

**Victorian Legal Aid – Outreach to Swan Hill
monthly 5032 4479**

Information and Referral

Loddon Mallee Women's Health
Ouyen 5092 1754
Bendigo 5443 0233

Mallee Domestic Violence Services
Mildura 5021 2130
Swan Hill 5033 1899
Robinvale 5026 1651

Mallee Sexual Assault Unit
Mildura 5025 5400
Swan Hill 5033 1786

Mallee Track Health & Community Service
Murrayville 5095 2205
Ouyen 5092 1111
Underbool 5094 6272

Training and Resources

Mallee Domestic Violence Services
Mildura 5021 2130
Swan Hill 5033 1899
Robinvale 5026 1651

Mallee Sexual Assault Unit
Mildura 5025 5400
Swan Hill 5033 1786

Accommodation support

Advocacy & Rights Centre Limited

Mildura 5023 5966
Bendigo 5444 4364

Loddon Mallee Housing Services (Mildura)

Mildura 5023 7243
Swan Hill 5032 3099

Mallee Accommodation & Support Program

Mildura 5023 3744

Mallee Family Care Swan Hill 5032 4479

Murray Valley Aboriginal Co-op – SAAP Services

Robinvale 5026 3353

Northern District Community Health Services

Kerang 5452 2700

Office of Housing

Mildura 5022 3111
Bendigo 5444 9999

Swan Hill Indigenous Services

Swan Hill 5033 2154

Castlemaine & District Accommodation & Resource Group

Castlemaine 5472 4299

Maryborough & District Accommodation Service

Maryborough 5461 1975

Loddon Mallee Housing Services – Kyabram

Kyabram 5851 3427

Echuca Accommodation Group

Echuca 5482 0907

Services for Indigenous families

Coomealla Health Aboriginal Corporation

Dareton 5027 4824

Mildura Aboriginal Corporation Mildura 5022 1852

Murray Valley Aboriginal Co-op Robinvale 5026 3353

Swan Hill Indigenous Services Swan Hill 5033 2154

Njernda Aboriginal Corporation Health Clinic

Echuca 5480 6252

Aboriginal Health Liaison Worker

Bendigo 5441 0209

Victim's Assistance Program

Victims of Crime Helpline

1300 659 419 or 1800 105 303

Other Services

Family Violence Prevention Networker Mallee sub-region Mildura 5025 5400

Loddon Campaspe sub-region Bendigo 5443 4945

Community Health – Bendigo 5441 9800

Cobaw Community Health Service - Kyneton 5421 1666

Castlemaine District Community Health Centre (C.H.I.R.P) 5479 1000

Maryborough Community Health Service 5461 3222

Inglewood & Districts Health Service – Inglewood 5438 3100

Northern District Community Health Service - Boort 5455 2503

Echuca Regional Health 5482 2800

Northern District Community Health Service - Pyramid Hill 5455 7065

Kyabram & District Health Services 5857 0200

Sexual Offences and Child Abuse Unit – Bendigo 5440 2530

Victoria Legal Aid / Law Advice 5441 1155 or 1800 677 402

Bendigo Uniting Care Outreach (Food Relief) 5443 4972

Salvation Army - Bendigo 5442 7699

St. Vincent de Paul - Bendigo 5443 5688

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.