

# identifying and responding to family violence:

## a guide for **general practitioners** in the northern suburbs of Melbourne

### 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.<sup>1</sup> 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.<sup>2</sup>

*'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.'*<sup>3</sup>

General practitioners are the major professional group to whom women experiencing family violence turn.<sup>4</sup> 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.<sup>5</sup> 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 tranquillisers 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.<sup>6</sup>

Family violence and child abuse frequently co-exist. Remember that 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 members<sup>7</sup>

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?'

Couple or marital counselling may not be 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 practice<sup>8</sup>

- 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 your comments as to whether her explanation accurately explaining 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 of 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

- <sup>1</sup> 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.
- <sup>2</sup> Australian Bureau of Statistics, *Women's Safety Australia*, Catalogue No. 4128.0, 1996, p. 50.
- <sup>3</sup> Australian Medical Association, *AMA Position Statement on Domestic Violence*, Canberra, AMA, 1998.
- <sup>4</sup> 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.
- <sup>5</sup> Campbell, J.C., 'Health consequences of intimate partner violence', *The Lancet*, vol. 359, 2002, pp. 1331-1336.
- <sup>6</sup> Laing, L., 'Children, young people and domestic violence', *Australian Domestic and Family Violence Clearinghouse Issues Paper 2*, 2000, pp. 15-17.
- <sup>7</sup> 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.
- <sup>8</sup> 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)

1800 015 188

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 a.m. - 5.30 p.m., 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

**WIRE 1300 134 130**

#### **Sexual Assault service**

(after hours) 1800 806 292

**Lifeline 131 114**

### State-wide Children's services

#### **Child Protection Crisis Line 131 278**

- Receives notifications and investigates allegations of child abuse

#### **Kid's Help Line 1800 551 800**

- Counselling line for children and young people aged 5 to 18 years. E-mail and web counselling  
[www.kidshelp.com.au](http://www.kidshelp.com.au)

### State-wide Men's service

#### **Men's Referral Service 9428 2899**

1800 065 973 (12 noon - 9 p.m., Mon – Fri)

- anonymous and confidential counselling, information and referral for men who use violence for abuse in the home
- central point of contact for men who are making their first moves towards taking responsibility for their violence or abusive behaviour, but who do not know how or where to go for help
- women are welcome to call the service to find out what help may be available for their partner
- information for general practitioners on the nearest available programs for men

### Domestic Violence Services

#### **Northern Domestic Violence Outreach Service**

9458 5788 (admin 10 a.m. - 4 p.m., Mon - Fri)

Free and confidential service that provides support, information, referrals and advocacy to women who are either in or who have left a violent relationship. Types of support include assistance with refuge referrals, legal support, information on accommodation options, children's support, counselling and income support.

#### **Women's Domestic Violence Support Groups**

9458 5788

The Northern Family Violence Networker has updated information on support groups in the northern region. Groups are run at services including Nillumbik Community Health Centre and Plenty Valley Anglicare (see below in Support and Counselling for contact details)

### Men's programs

#### **Preston Creative Living Centre 9471 0108**

- Works with men to end their violence through a group work program.

## Children's Services

### **Northern Domestic Violence Outreach Service Children's Support Worker 9458 5788**

- Provides support for children aged 0 to 18 years accompanying women who utilise the domestic violence outreach service.

### **Alys Key (Children's Protection Society) 9458 3566**

- Provides counselling, group work for children, young people and families

### **Child and Adolescent Mental Health Service (CAMHS)**

**9496 3620**

Provides services for children, adolescents and their families including support groups and individual and family counselling

## Sexual Assault Services

### **Northern CASA**

9497 1768 (Admin)

9496 2240 (Counselling line 9.30 am - 5.00 pm)

9349 1766 (After hours crisis line 5.00 pm - 9.00 am)

### **Gatehouse**

9345 6800 (Counselling)

9345 5522 (After hours)

- For children under 12 years

## Support and counselling agencies

**Plenty Valley Anglicare (Lalor) 9465 0322**

**La Trobe University Psychology Clinic  
(Bundoora) 9479 2150**

**Relationships Australia (Kew) 9261 8700**

**Victims Assistance Program (Coburg) 9355 9900**

**Berry Street Family Violence Financial Counsellor  
(Heidelberg) 9458 5788**

**Women's Information, Support and Housing  
in the North (Northcote, only services City  
of Darebin) 9482 4976**

**Victorian Aboriginal Health Service, Family  
Counselling Team (Northcote) 9403 3300**

**Aboriginal Family Violence Prevention and Legal  
Service 9654 3111**

Community health centres provide low cost counselling. Generally appointments are made with a duty worker; there may be waiting periods to see a counsellor.

**Banyule Community Health Centre  
(Greensborough) 9433 5111**

**West Heidelberg Community Health  
Centre 9450 2000**

**Darebin Community Health Centre  
(East Preston) 9478 5711**

**Darebin Community Health Centre  
(Northcote) 9489 1388**

**Nilumbik Community Health Service 9431 1333**

**Plenty Valley Community Health Centre  
(Epping) 9716 2846**

**North Yarra Community Health Centre  
(Collingwood) 9419 6155**

## Private Counsellors and Psychologists

- Fees are charged, however, if a woman applies for an Intervention Order she will be eligible for up to five free counselling sessions from a private psychologist. Counselling vouchers are available from the Victims Referral and Assistance Service (see below)
- Community Health Centres can provide details of local practitioners.

**Victims of Crime Helpline 1300 659 419**

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

## Mental Health Services

**Austin Health Mental Health Clinical Services Unit  
North East Community Mental Health Services**

**9450 9000 (Duty intake)**

CATS provide urgent assessment and short term intensive treatment to people in crisis due to a mental illness. This includes assessing the most effective and least restrictive client service options and screening all inpatient bed admissions. CATS provide treatment and support for people whose acute mental illness can be managed in the community with intensive outreach support as an alternative to hospitalisation. They also respond to people presenting an immediate risk of suicide. CATS operate 24 hours, 7 days a week.

**9496 5000 Crisis Assessment and Treatment  
Services (after hours)**

## Community Legal Services

### Women's Legal Service Victoria

9642 0343

1800 133 302

- free telephone advice and referral service - Monday & Friday 10 am - 1 pm, Tuesday & Thursday 6.30 pm - 8.30 pm, Wednesday 2 pm- 5 pm

### Victorian Aboriginal Legal Service Coop 9419 3888

Provides support with civil, family and criminal law matters, to people with an Aboriginal heritage.

### Aboriginal Family Violence Prevention and Legal Service 9654 3111

### Darebin Community Legal Service 9489 6321

## Victoria Legal Aid

### Preston Branch 9478 8844

### Melbourne 9429 0234

## Court (Intervention Order) Support

Support workers are present at the following courts to assist women who are taking out intervention orders.

### Heidelberg Court

Thursdays 9am – 1pm (see Darebin Community Legal Service for information)

### Melbourne Magistrates' Court

Monday and Thursday 9.30am – 12.00  
(see Women's Legal Service for information)

### Court Network

9603 7433

1800 681 614

Provide support and information about going to court, will support client in person on the day in court, explain how the courts and legal system operate, provide a safe place in court and referral to other services

## Information and referral

### Women's Health in the North 9484 1666

## Training and Resources

### Domestic Violence and Incest Resource Centre

9486 9866

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.

### Family violence prevention networker 9458 5788

## Additional resources

General Practice Education Australia, CheckUp 2 CD Rom, Women's Health no. 2: Domestic Violence.

Women and Violence Project of the Royal Australian College of General Practitioners, Women and Violence Manual, (2nd ed.) RACGP, 1998.

Websites that include resources and research concerning family violence

- Australian Domestic and Family Violence Clearinghouse: [www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au)
- Partnerships Against Domestic Violence: <http://www.padv.dpvc.gov.au>