

identifying ^{and} responding to family violence:

a guide for
general practitioners
in the
Southern 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 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.⁶

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 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 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 and documentation section, 'include your comments'

'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 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 woman 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 views expressed in this report are those of the author and do not necessarily represent the views of the Commonwealth of Australia, the Victorian Government or the Partnerships Against Domestic Violence Taskforce.

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.

This work is copyright. Apart from any use permitted under the *Copyright Act 1968*, no part may be reproduced by any process without permission in writing from the Victorian Government.

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 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.

Sexual Assault Service

(after hours) 1800 806 292

Drug and Alcohol Directline

1800 888 236

Lifeline 13 11 14

WIRE 1300 134 130

State-wide Children's services

Child Protection Crisis Line 13 12 78

- Receives notifications and investigates allegations of child abuse

Kid's Help Line 1800 55 1800

- Counselling line for children and young people aged 5 to 18 years. E-mail and web counselling www.kidshelp.com.au

State-wide Men's service

Men's Referral Service

9428 2899 (12 noon - 9 p.m., Mon – Fri)

1800 065 973

- 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.

Mensline 1300 789 978

Domestic Violence Services

Inner South Domestic Violence Outreach Service

(03) 9536 7720 (St. Kilda Office)

(03) 8567 3010 (Moorabbin Office)

1800 627 727

Mon to Fri 9am-5pm

- Information and Referral on housing, legal and financial options for women and children experiencing domestic violence
- Personal support for women and children experiencing domestic violence.
- Practical help in contacting police, courts, government departments and other community services
- Emotional support for women and children and assistance with developing a safety plan
- Referral to support groups and other services for medium and long term support
- Referral to women's refuges
- Telephone advice/Secondary consultation on family violence from general practitioners and other professions.

Valerie House

(03) 5971 9454 Mon- Fri 9am to 5pm

Offers free and confidential support to women and women with children experiencing Domestic Violence and who live or work on the Mornington Peninsula.

WAYSS Family Violence Outreach Services

Frankston 03 9781 4658

Dandenong 03 9791 6111

Narre Warren 03 9703 0044

Cranbourne 03 5990 6789

WAYSS Family Violence Crisis Service

03 9791 6111 Weekdays 8am – 5pm

1800 357 397 Weekdays 5pm – 10pm or

0400 503 338 Weekends

Support and Counselling Agencies

Cardinia-Casey Community Health Service

Individual counselling and support for those who are living in or have experienced family violence.

Cranbourne 5990 6789

Doveton 9791 5700

Pakenham and Cockatoo 5941 0500

Berwick 9704 9811

Inner South Community Health Centre

Prahran Centre 9525 1300

SouthPort Centre 9690 9144

St Kilda Centre 9534 0981

Central Bayside Community Health Services

Parkdale 8587 0200

Greater Dandenong Community Health Service

Springvale 8558 9000

Mornington Community Contact Centre 5975 4772

Orwill Street Community House Frankston 9783 5073

Dromana Community House 5987 2631

Connections Family Resource Centre 9521 5666

Anglicare 9783 4888

Sexual Assault Service

South East Centre Against Sexual Assault

(SECASA) 9594 2289 (9am to 5.30pm)

Information and referral for adults, children and non-offending family members. This service provides information, support, advocacy, referral, and emergency accommodation.

Crisis Care Enhanced After Hours Family Violence Service 03 9349 1212

5.30pm-9.00am, Weekdays, weekends and public holidays.

Cardinia Casey Community Health Service

Cranbourne Office 5990 6789

Local Men's Services

Peninsular Community Health Service

Hastings/Mornington/Rosebud 5979 2894

Inner South Community Health Service 9534 0981

Anglicare Frankston 9783 4888

Relationships Australia Narre Warren 9704 7788

Southern Family Life Sandringham 9598 2133

Children's Services

The following services provide general counselling and support for children:

Anglicare 9783 4888

Connections Family Resource Centre 9521 5666

Southern Family Life 9598 2133

Greater Dandenong Community Health Service

Springvale 8588 9000

Windermere Child and Family Services Narre Warren 9705 3200

SECASA 9594 2289 provides counselling for victims and adolescent perpetrators of sibling abuse and their family members.

Mental Health Services

Inner South East:

Prahran all hours 1300 363 746

St Kilda 9529 2366 (1300 363 746 after hours)

Armadale 9576 2677 (1300 363 746 after hours)

Middle South:

Clayton 8541 633 (1300 369 012 after hours)

Moorabbin 9556 5200 (1300 369 012 after hours)

Peninsula Mental Health Services 9784 6999

Dandenong Area Mental Health Service 9767 8222

**Alfred Child and Adolescent Mental Health
Service Moorabbin 8552 0555**

Victim's Support Services

Victims Support Agency 9705 3200

Victims Assistance Program 9705 3200

Victims of Crime Helpline 1300 659 419 or 1800 819 817

Services for Indigenous Families

Bunurong Health Service 9794 5933

Ngwala Willumbong Cooperative 9510 3233

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

Legal Services

Women's Legal Service Victoria

9642 0343 or 1800 133 302

Free telephone advice and referral service - Mon & Fri
10.00am - 1.00pm,

Tues & Thurs 6.30pm - 8.30pm, Wed 2.00pm- 5.00pm

Victoria Legal Aid Dandenong

97915522

Victoria Legal Aid Frankston

9784 5222 or 1800 677402 (country callers)

Monash Legal Service Inc Springvale 9562 3144

Peninsula Community Legal Centre Frankston

9783 3600, 9570 8455 or 1800 069784

St Kilda Community Legal Service

9534 0777

Court Network

9603 7433 or 1800 681 614

Information and further resources.

Family Violence Prevention Networker

9783 3211

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.