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 in addition to a mental health issue can be difficult for clinicians. This guide has been developed to provide clinicians with information to assist them to identify and respond to family violence. Clinicians 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.
Mental health affects of family violence

The incidence of family violence in the community is high. 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. Evidence about a link between family violence and mental illness is growing. A report commissioned by VicHealth found that mental health consequences of family violence account for 80% of the burden of disease for Victorian women. It has been estimated that up to one third of psychiatric diagnoses in a sample of patients in a hospital Emergency Department are attributable to family violence (Roberts, Lawrence, Williams and Raphael 1988). Women who experience partner violence are nearly five times more likely to report depression, post natal depression, and to have suicidal thoughts (Australian Longitudinal Women’s Health Study). Therefore, a large number of women who have a diagnosis of mental illness, such as psychotic disorders, have also experienced family violence. This is damaging to women’s mental health can often be severe and victims have argued that the psychological effects of the abuse can be damaging than the physical injuries.

Mental health services have a unique role in responding to families facing distress. The mental health system sees women, men and children who are experiencing a range of emotional problems. It is important to recognise that the family context plays a role in how these emotional problems are managed and progress over time. Family violence may be an issue which triggers a mental illness, it may be more difficult for a woman with a mental illness to leave her violent partner due to these social and economic disadvantages. A large number of women seeking professional help may turn to their familiar mental health clinician with on-going severe stress and anxiety. The violence may be taken place currently or may have taken place in the past. Responding effectively to family violence in any 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 having good networks with local family violence services.

Assessing Women

It can be difficult for clinicians to identify family violence. Women do not generally present with obvious physical injury. They are often reluctant to disclose abuse because of fear or shame, or because they think that they won’t be believed. Sometimes clinicians may face difficulties in recognising that violence is a factor contributing to the emotional state of their client, because they are accustomed to dealing with people with on-going distress who endure many unsatisfactory circumstances. This makes it even more difficult for the woman to feel she can disclose violence as she may think the issue will not be addressed, or that it is a topic that her clinician is not interested in hearing about.

More commonly, victims of family violence present with a broad range of symptoms such as:
- anxiety, panic attacks, stress and/or depression
- drug abuse
- 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.

Because of such presentations, women may be referred to a mental health clinician by their treating GP, without the GP’s knowledge of any family violence issues.

Some signs of physical injuries may include:
- bruising in chest and abdomen
- multiple injuries
- minor lacerations
- injuries during pregnancy
- ruptured eardrums
- delay in seeking medical attention
- patterns of repeated injury.

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 any injuries
- have recently been separated or divorced
- be reluctant to follow your advice

It is very important for clinicians to listen carefully to any particular concerns expressed about her partner and to encourage the woman to be specific about any violence which she says has happened.

Asking women about violence

Often asking direct questions about violence at home can be difficult for clinicians. The detail of your questions will depend on how well you know the client 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/mental health?”

Examples of specific questions linked to clinical observations include:
- “You seem more anxious and nervous today. 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?”

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.”
“l 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?”
“Why did you do to avoid the situation?”
“Why did he hit you?”

Some 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?”
- “Is it possible that there’s a link between your (insert illness/presenting feature) 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.

- ‘Is there anything else that we haven’t talked about that might be contributing to this condition?’

Some more direct questions include:

- “What could you have done to avoid the situation?”
- “Why do you stay with a person like that?”
- “Why did you do 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 she 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.

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 the realisation of harm to children can be a catalyst for both men and women to make beneficial change. Refer children to

Working with family violence when both partners are your patients or within the same mental health practice

- 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 mental health clinician contacting the male partner it is important that a safety plan is in place.

Guidelines for continuing care

- Discuss your role with any other agencies involved (consistent with the confidentiality provision of the Mental Health Act and the Information Privacy Provision of the Health Records Act).
- Consider your client’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. Clients may need your help to seek assistance.
- Be aware of how on-going violence may contribute to the presenting mental health symptoms and continue to address the violence as a separate issue which affects the whole life of the client.
- Remember that violence may escalate when a woman leaves her partner and make sure she has a safety plan and access to support her during that period.

References


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.

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Child Protection Crisis Line 131 278
- Receives notifications and investigates allegations of child abuse

Lifeline 131 114

Women's Information and Referral Exchange (WIRE) 1300 551 800

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

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 mental health professionals on the nearest available programs for men

Immigrant Women’s Domestic Violence Service
9896 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.

Victims of Crime Helpline
1300 659 419
1800 819 817

Victims of crime can call a helpline staffed by trained Victims Support Officers. The Helpline staff offer information, advice and referrals to assist victims to manage and recover from the effects of crime.
Victims Assistance and Counselling Program

These programs provide immediate crisis response to victims of crime both in person and by telephone, practical assistance and in some cases counselling.

**Metropolitan**

- **Eastern** 1300 884 284
- **Northern** 9355 9900
- **Southern** 9705 3200
- **Western** 8398 4178

**Regional**

- **Barwon South West** Geelong 5278 8122
  - Warrnambool 5581 8818
- **Gippsland** 1800 777 423
  - **Barwon South West** Geelong 5278 8122
  - Warrnambool 5561 8818
  - **Gippsland** 5333 3201
- **Northern** Family Violence Prevention Networker 5143 1000
- **Western** Family Violence Prevention Networker 5232 5278
  - **Gippsland** 5143 1000
  - **Northern** Family Violence Prevention Networker 5143 1000
  - **Western** Family Violence Prevention Networker 5232 5278

**Men’s Programs**

Contact Men’s Referral Service for current details of local Men’s Behaviour Change Programs.

**Training and Resources**

- **Domestic Violence and Incest Resource Centre** 9486 9866
- **Metropolitan**
  - **Eastern Family Violence Prevention Networker** 9899 7925
  - **Northern Family Violence Prevention Networker** 9458 5788
  - **Southern Family Violence Prevention Networker** 9783 3211
  - **Western Family Violence Prevention Networker** Footscray 9689 9586
  - **Brimbank & Melton** 9363 1811
- **Regional**
  - **Barwon South West Family Violence Prevention Networker** 5143 1000
  - **Gippsland** 5143 1000
  - **Grampians** 5337 3333
  - **Hume** 5722 3009
  - **Loddon Mallee** 5445 5400
  - **Mildura** 5442 5400
- **Additional resources**

  1. Australian Domestic and Family Violence Clearinghouse: www.austdvclearinghouse.unsw.edu.au

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