identifying and responding to family violence:

a guide for mental health clinicians in 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 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.

Council against violence

Victorian Community Council Against Violence
Level 4/456 Lonsdale St, Melbourne 3000,
Phone: 9603 8280
Website: vccav.vic.gov.au

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.[1] 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 60% of the burden of disease for Victorian women.[2] 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 1998).[3] 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. The damage to women's mental health can often be severe and victims have argued that the psychological effects of the abuse can be more damaging than the physical injuries.[4]

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, and it may also contribute to the difficulties women and children face in recovering from a mental illness.

Clinicians work in a variety of settings where contact with clients may vary from short-term management in an acute hospital to on-going therapeutic treatment and community-based care. Family violence may be disclosed to any clinician and in any setting. It is not always recognised as a contributing factor to the illness, but requires careful care and management and a co-ordinated response from the mental health team involved.

Other forms of violence that clinicians may encounter are threats or actual violence by the person with mental illness towards their carer or other family members. This requires sensitive negotiation by clinicians. Women with mental illness may also be more at risk of family violence due to their high levels of vulnerability in the community, lack of self-esteem, poor life skills, and higher levels of dependency on their partners. Whilst this does not apply to all women with 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 taking 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.[5] 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
- 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.

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?'

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?'
- 'Is it possible that there's a link between your (insert illness/presenting features) 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.

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. Mental health professionals have a responsibility to report child abuse and some are mandated by law to do so. A mental health clinician 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.[5]

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.

Responding to disclosures by men that they are violent towards family members[7]

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 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 mental health practice[8]

- 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.
- 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 explains the injuries.
- Record what the patient has said (using quotation marks) and any relevant behaviour you have observed.
- In some cases, your notes may be required as evidence if charges are laid against the perpetrator.

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.

To indicate your awareness of family violence and willingness to assist

- Display posters in the waiting area.
- Have pamphlets available in discrete locations (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.

References

1. Australian Bureau of Statistics, Women's Safety Australia, Catalogue No. 4128.0, 1996, p. 50.
2. Victorian Health Promotion Foundation, The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence, 2004.
3. Roberts, Lawrence, Williams and Raphael, 'The Impact of Domestic Violence on Women's Mental Health', Australian and New Zealand Journal of Public Health, 1998, vol 22, no. 7, p. 800.
4. Taft,Angel, 'Promoting Women's Mental Health: The Challenges of Intimate/Domestic Violence Against Women', Australian Domestic and Family Violence Clearinghouse Issues Paper 8, 2003.
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.

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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.

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.

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

Legal Services

Women's Legal Service Victoria
9642 0877
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 Legal Aid 9269 0120

Mental Health Legal Centre 9629 4422

This service runs a telephone advice line
Monday - Wednesday - Friday 3 pm-5 pm

Law Institute Referral Service
www.liv.asn.au/directory/firmsref

Federation of Community Legal Centres
9654 2204
www.communitylaw.org.au

Domestic Violence Services

Metropolitan

Eastern Domestic Violence Outreach Service
9870 5939

Northern Domestic Violence Outreach Service
9458 5788 (10 am - 4 pm, Mon - Fri)

Inner South Domestic Violence Outreach Service

(03) 9536 7720 (St. Kilda Office)
(03) 9567 3010 (Moorabbin Office)
1800 627 727
(9 am - 5 pm, Mon - Fri)

Women's Health West Domestic Violence Outreach
9689 9588 (9 am - 5 pm, Mon - Fri)

Regional

Barwon South West

Barwon Domestic Violence Outreach Service
5224 2903
(9 am - 5 pm, Mon - Fri)
After hours service 1800 806 292

Gippsland

Quantam Support Service
Morwell 5134 8555
Sale 5143 2294
Warragul 5623 4168

Grampians

Domestic Violence Support Service
Central Highlands WRISC
5333 3666

Hume

Central Hume Support Services
Wangaratta, Myrtelford and Bright 5721 8277
Cooronya 5722 1100

Loddon Mallee

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

EASE Domestic Violence Services
Bendigo 5443 4945

Sexual Assault Services

State-wide referral number 1800 806 292
(24 hour, 7 day crisis line)

Metropolitan

Eastern Centre Against Sexual Assault
Ringwood East 9870 7330

Northern Centre Against Sexual Assault
9497 1768 (Admin)
9496 2240 (Counselling line 9.30 am - 5 pm)
9349 1766 (After hours crisis line 5 pm - 9 am)

South East Centre Against Sexual Assault
9594 2289 (9 am - 5.30 pm)

Western Centre Against Sexual Assault
9687 5811

Regional

Barwon South West

Barwon Centre Against Sexual Assault
Geelong 5222 4318, 1800 806 292

Warrnambool Centre Against Sexual Assault
5564 4144

Gippsland

Gippsland Centre Against Sexual Assault
Morwell 5134 3922
Bairnsdale 5153 1629

Grampians

Ballarat Centre Against Sexual Assault
5320 3933
Wimmera Centre Against Sexual Assault
5381 9272

Hume

Goulburn Valley Centre Against Sexual Assault
5831 2342 or 1800 112 343

Upper Murray Centre Against Sexual Assault
5722 2203 or 1800 622 016

Loddon Mallee

Mallee Sexual Assault Unit
Mildura 5025 5400
Swan Hill 5033 1786

Loddon Campaspe Centre Against Sexual Assault
Bendigo 5441 0430

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 5561 8818

Gippsland 1800 777 423

Grampians
Ballarat 5333 1351
Stawell 5358 3922

Hume
Shepparton 5831 6967
Wodonga 02 6056 6282
Wangaratta 5722 2355

Loddon Mallee
Bendigo 1800 620 542 or 5441 9800
Mildura 5022 1475

Mens 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 9588
Brimbank & Melton 9363 1811

Regional

Barwon-South West Family Violence Prevention Networker 5232 5278

Gippsland Family Violence Networker 5143 1600

Grampians Family Violence Prevention Networker 5337 3333

Hume Family Violence Prevention Networker 5722 3009

Loddon Mallee Family Violence Prevention Networker
Mildura 5025 5400
Loddon Campaspe 5443 4945

Additional resources

1. Australian Domestic and Family Violence Clearinghouse: www.austdvclearinghouse.unsw.edu.au
2. Partnerships Against Domestic Violence: http://ofw.facs.gov.au/padv
3. Victorian Health Promotion Foundation (VicHealth), 'The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence' (2004), www.vichealth.vic.gov.au
4. New South Wales Health, 'Policy for Identifying and Responding to Domestic Violence' (2003)
5. Women's Aid UK, 'Principles of Good Practice for Working with Women Experiencing Domestic Violence: Guidance for Mental Health Professionals, (2005) www.womensaid.org.uk
6. American Medical Association 'Diagnostic and Treatment Guidelines on Mental Health Effects of Family Violence', and 'Case Studies in Disease Prevention and Health Promotion: Intimate Partner Violence', www.amaasn.org/ama/pub/category/3548
7. Governor's Office of Child Abuse and Domestic Violence Services, State of Kentucky, 'Mental Health Intervention in Cases of Domestic Violence', http://gov.state.ky.us/domviol/mhcurri1
8. 'Mental health and Domestic Violence: Collaborative Initiative, Service Models and Curricula', www.dvmhpi/org
9. Office for the Prevention of Domestic Violence, New York State,'Guidelines for Mental Health Professionals' www.opdv.state.ny.us/health_humsvc/mental_health/guidelines
10. Journal of Family Violence Prevention and Health Practice www.jfvphp.org

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.

Council against violence

2005

Crime Prevention Victoria CPV

Victoria The Place To Be