

# Identifying <sup>and</sup> Responding to Family Violence

A GUIDE FOR GENERAL PRACTITIONERS

## *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 (often referred to as child abuse). Other forms include elder abuse or sibling abuse. Whether the violence is physical, sexual or emotional, it may have long term detrimental effects.”*

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.

**All people, regardless of race, age, ability or sexual preference are entitled to live in a safe environment.**



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## Identifying and Responding to

# Family Violence

The incidence of family violence 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.<sup>1</sup> A full-time GP is likely to be seeing one to two female patients each week who have experienced family violence.<sup>2</sup>

***The medical profession has a key role 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-judgmental, 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 service providers.

### Assessing women

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. This may not be recognised as abuse.

Some signs of physical violence may include:

- Bruising in chest and abdomen;
- Multiple injuries;
- Minor laceration;
- Injuries during pregnancy;
- Ruptured eardrums;
- Delay in seeking medical attention; and
- Patterns of repeated injury.

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 and panic attacks;
- 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; and
- Gynaecological problems, miscarriage, 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; and
- 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>

It is widely recognised that family violence and child abuse frequently co-exist. Family violence is considered abusive to a child when it is clear that the child's physical, emotional and psychological development is being affected. Evidence is emerging that cases where both family violence and child abuse occur represent the greatest risk to children's safety. <sup>7</sup>

**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.

Effects of violence on children may include:

- Aggressive behaviour and language (at home and/or school);
- Anxiety, appearing nervous and withdrawn;
- Difficulty adjusting to change;
- Regressed behaviour;
- Psychosomatic illness;
- Restlessness, problems with concentration;
- Bedwetting and sleeping disorders;
- 'Acting out' such as cruelty to animals;
- Glue sniffing, substance abuse;
- Compulsive lying/theft; and
- Noticeable drop in school performance.

Children react in different ways to trauma. Variables such as age, gender, proximity to the violence and the frequency and severity of the violence affect children's responses.

## Asking women about violence

The detail of your questions will depend on how well you know the patient and what indicators you have observed. The following are examples only.

**Broad questions might include:**

- How are things at home?
- How are you and your partner getting on?
- 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 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 treat you make you feel overwhelmingly unhappy or depressed?
- I think that there may be 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 very difficult for you to talk about this."*

*"I'm glad you were able to tell me about this today."*

### Emphasise the unacceptability of violence

*"Violence is unacceptable. You do not deserve to be treated this way."*

### What not to say (avoid suggesting that the woman is responsible for the violence)

### Do not ask –

*"Why do you stay with a person like that?"*

*"What could you have done to avoid this 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 a violence restraining order?
- Does she have emergency telephone numbers? (Police, Women's Domestic Violence Helpline, Crisis Care)
- 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 perpetrators who are violent towards family members <sup>8</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. Sometimes people who are stressed hurt the people they love. However, 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 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 (to ensure her safety).**

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?"*

**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 Practice <sup>9</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.
- 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 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 the 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 regarding actions she may take and services available.
- 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. Have information available for the patient to take with her if appropriate.

## Criminal offences, police orders and restraining orders

Many forms of family violence, such as assaults, sexual assaults, stalking and threats are also criminal offences. A person in family violence can report the matter to Police. Police have a legal duty to investigate family violence and to take action if there is a criminal offence involved or if someone's safety is at risk. Police can charge the violent person with a criminal offence and/or issue an on-the-spot immediate restraining order called a 'police order'. Police orders can be made for 24 hours, or up to 72 hours if the person being protected agrees.

Police orders and restraining orders are designed to help keep people safe by ordering that the other person not come near them or communicate with them. If a person doesn't obey a police order or restraining order, they are committing a criminal offence and can be arrested and charged by the Police. A person in family violence (or the Police on their behalf) can also apply to the Magistrate's Court for a longer term violence restraining order (2 years or longer if appropriate). If someone needs or is considering a restraining order, especially where children are involved, you should refer them to the Police or a legal service for legal advice.

## To indicate your awareness of family violence and willingness to assist

- Display posters in the waiting room.
- Have pamphlets available in the Practice (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 card printed with the telephone numbers of domestic violence and sexual assault services on the reverse side.

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. Ensure she knows there are services providing 24 hour telephone assistance.

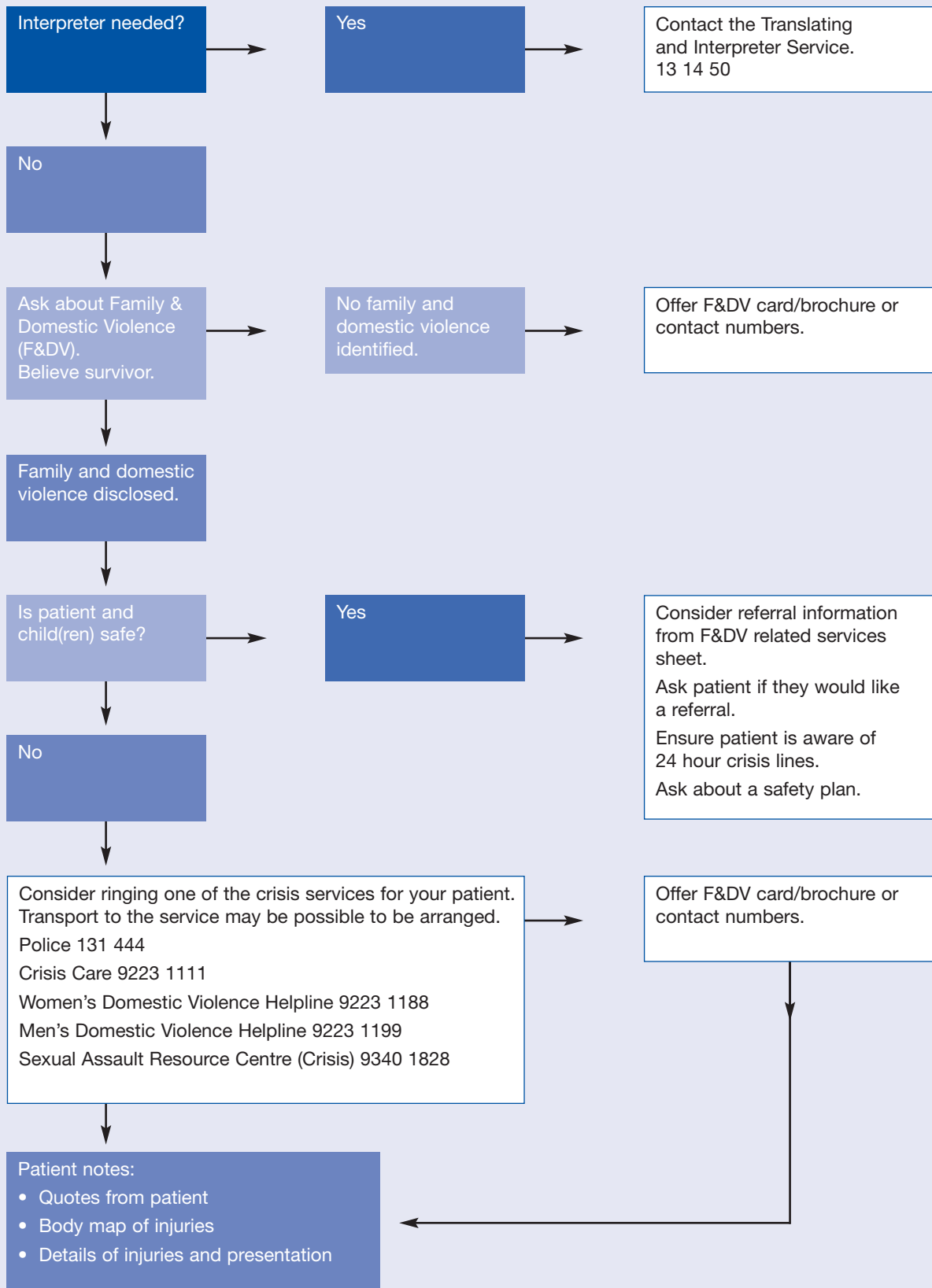
***"(The general practitioner) gave me a lot of time. He just would listen to me ... He believed me ... He said ... it was domestic violence, what he was doing to me ... He wouldn't tell me what to do but he would advise me."***

(Helena, 43)

Quote from 'Pathways: How women leave violent men' Tas, 2003.

## IDENTIFYING FAMILY AND DOMESTIC VIOLENCE

**Ensure the patient is on their own**



## Acknowledgement

This guide is substantially based on the Victorian Community Council Against Domestic Violence 'Identifying and Responding to Family Violence: A guide for general practitioners in the Southern Region of Victoria' and the 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 flow chart is adapted from 'Identifying Domestic & Family Violence: A resource kit for health professionals in the NT'.

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, the Partnerships Against Domestic Violence Taskforce, the Family and Domestic Violence Unit or Lotterywest.

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.

## Additional Resources

Australian Domestic and Family Violence Clearinghouse:  
[www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au)

Partnerships Against Domestic Violence:  
[www.ofw.facs.gov.au/womens\\_safety\\_agenda/index.htm](http://www.ofw.facs.gov.au/womens_safety_agenda/index.htm)

Domestic Violence Online Resource Guide:  
[www.familyanddomesticviolence.communitydevelopment.wa.gov.au/dvservicesdirectory/search.aspx](http://www.familyanddomesticviolence.communitydevelopment.wa.gov.au/dvservicesdirectory/search.aspx)

Mensline Australia:  
[www.menslineaus.org.au](http://www.menslineaus.org.au)

Women's Council for Domestic and Family Violence Services (WA):  
[www.womenscouncil.com.au](http://www.womenscouncil.com.au)

Freedom from Fear:  
[www.freedomfromfear.wa.gov.au](http://www.freedomfromfear.wa.gov.au)

Yorgum Aboriginal Family Counselling Service:  
[www.yorgum.com.au](http://www.yorgum.com.au)

Violence Against Women – Australia Says No:  
[www.australiasaysno.gov.au](http://www.australiasaysno.gov.au)

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  - 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.
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  - 8 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.
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