

Supporting Individuals Experiencing

# Family Violence

A Guide for Mental Health Professionals

This unique resource has been designed to assist mental health professionals to effectively support those they work with who are or have been impacted by family violence.

Recognising and responding effectively to people who have experienced family violence requires nuanced knowledge of the dynamics and impact they have experienced.

This resource can assist mental health professionals to identify, understand and respond appropriately to family violence and contains guidelines for long term care and recovery, as well as legal information relevant to your role.

This guide is suitable for all mental health professionals, including mental health support workers, peer specialists, mental health nurses, counsellors, psychologists, psychiatrists, social workers, occupational therapists, carers and advocates. It is hoped that this resource will improve outcomes and recovery for individuals with co-occurring mental health and family violence experiences.

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## How to use this manual

- ▶ Arrows summarise the significant points from each section.
- ✓ Ticks indicate the things you can do to apply a family violence framework to your service interventions.

## A note on terminology

This resource refers to people who have or still are experiencing family violence as “people experiencing” or “people impacted by family violence” to acknowledge the many, varied and resilient individuals who have been subjected to violence and abuse and who are so much more than victims or survivors.

This resource will refer to “people who use family violence” in the recognition that perpetrators of family violence are more than people who abuse. People who use family violence can take responsibility and seek and accept help to explore, understand and attempt to change their behaviours, values and beliefs.

# Part One: Understanding family violence

“Learning about abuse can help clinicians to better understand a client’s mental health symptoms and structure an appropriate treatment plan.”<sup>4</sup>

## 1.1 What is family violence?

Family violence, also called domestic violence or intimate partner violence (IPV), is an abuse of power and control within family or intimate relationships, during or after separation. Family violence is characterised by the use of controlling and often frightening behaviour to attain power over another person or people within a family, domestic or intimate environment.

Family violence is most commonly experienced and perpetrated as a pattern of abuse that escalates over time and can cause significant and persistent mental health issues.

Family violence is never acceptable; it is a violation of human rights. It is also a pervasive health problem across Australia and is now the leading cause of morbidity and death amongst Australian women under the age of 45.<sup>1</sup>

There are various contributing factors which influence who, how, when, where, and why people experience or use family violence. The prevalence of family violence within some cohorts of people should not be minimised. Gender, socio-economic status, geography and mental health status does impact people’s experiences of family violence.

Gender roles, norms, values and expectations have a significant influence within experiences of family violence. Statistically, the vast majority of family violence is perpetrated within intimate relationships by men against women and children. Therefore, family violence is a gendered social problem and an understanding of gender is essential to understanding why and how people experience violence.

Tactics used by abusers of family violence to gain and maintain power and control can involve:

- ▶ Physical abuse
- ▶ Emotional or psychological abuse
- ▶ Gas lighting
- ▶ Sexual abuse
- ▶ Social abuse and isolation
- ▶ Verbal abuse
- ▶ Financial or economic abuse
- ▶ Stalking and intimidation
- ▶ Threats, manipulation and control
- ▶ Damage to property or possessions
- ▶ Abuse of children
- ▶ Cyber or E-abuse
- ▶ Abuse of pets
- ▶ Cultural or spiritual abuse

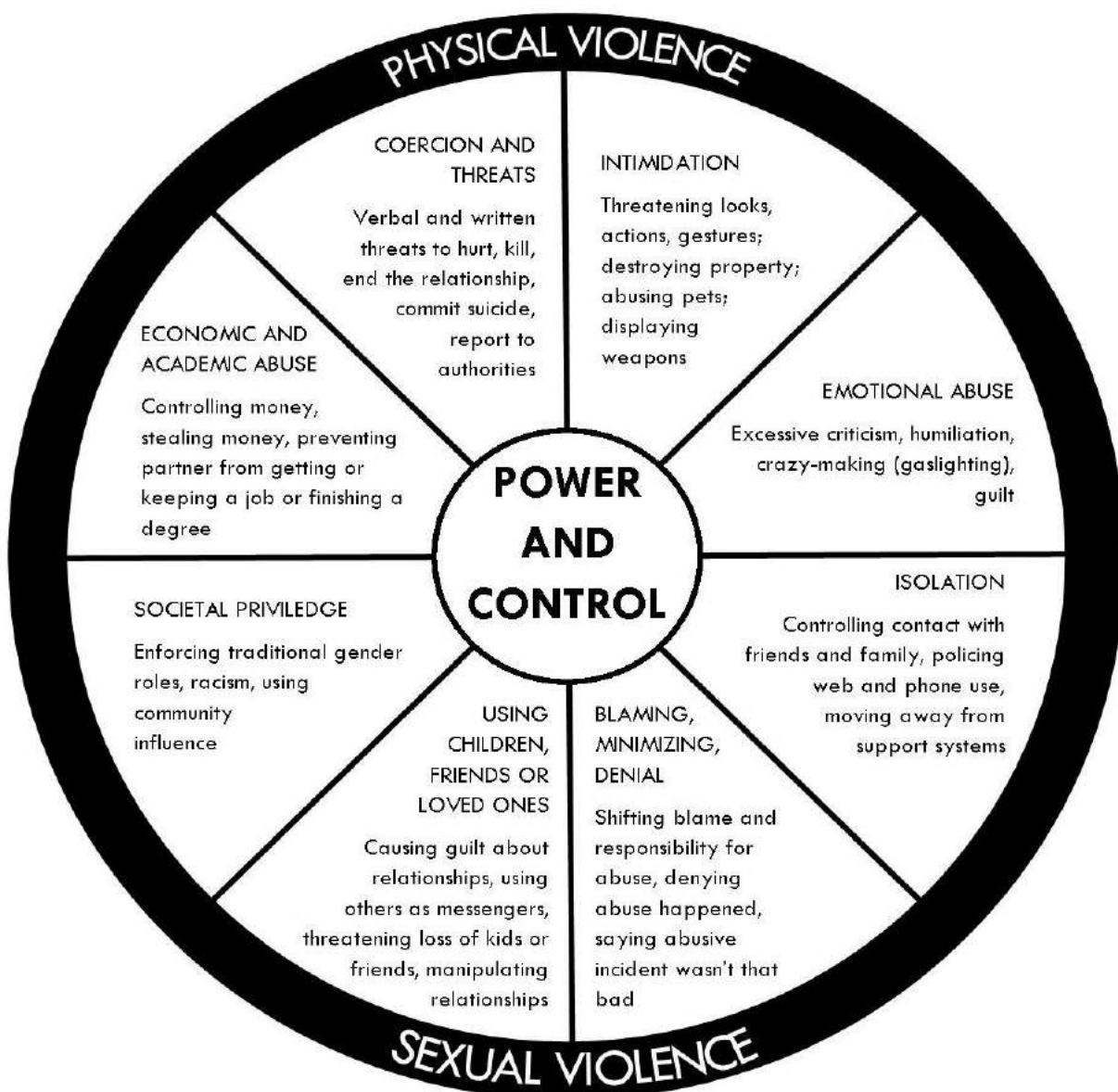
## 1.2 Dynamics of family violence

Family violence is a complex field and service provision to those impacted requires a nuanced and considered approach. It will be easier to respond to people who disclose their experiences of family violence if you have a basic understanding of the dynamics of family violence first.

Family violence often emerges as a pattern of abusive and or violent behaviours and experiences that most commonly escalate over time. Each situation is unique, but there are dynamics you can recognise, that will help you respond to your clients more effectively.

### Power and Control Wheel, Duluth Model

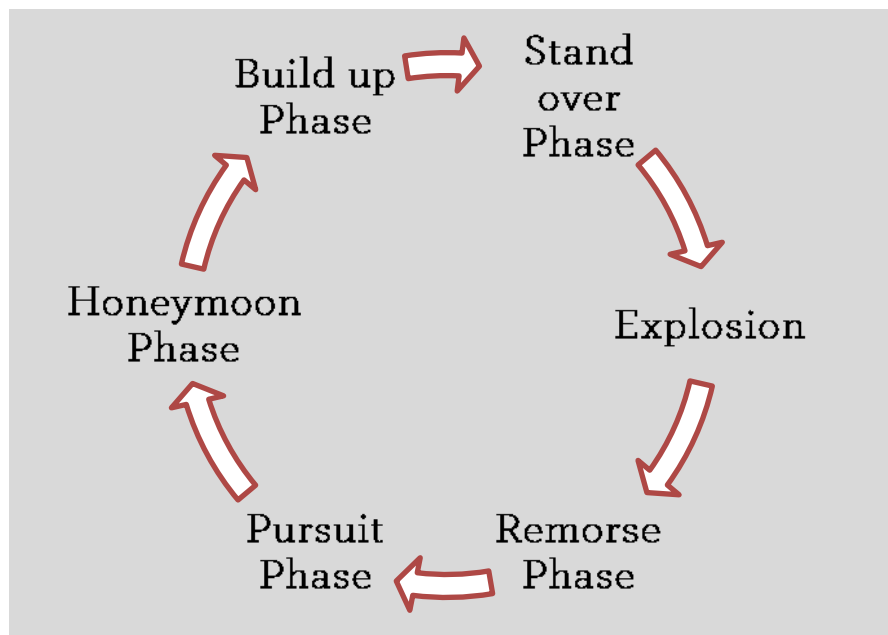
The Duluth Wheel<sup>2</sup> demonstrates how power and control is at the core of abusive behaviours and describe some of the different dimensions and tactics of abuse. Threats of or actual acts of sexual or physical violence are ever present within a situation of family violence and are often the most visible tactics or experiences. The dynamics described in the inner circle can assist you to recognise the ongoing experiences that are more covert.



## Cycles of Violence, Leonore Walker's Model

For many people experiencing family violence seeing this model can be an empowering, affirming & validating experience because they are able to recognise and label their experience as family violence and know that their experience is shared by others.

- ▶ This model allows practitioners to recognise the behaviour patterns of people who use family violence.
- ▶ It can help people impacted by the violence understand what they are experiencing.
- ▶ It can be helpful to understand why some people remain in abusive relationships.



- ▶ Not everyone will experience all of these phases or experience them in this particular order. Many people may never experience a 'honey moon' or 'remorse phase' but live under ongoing coercive control and in constant fear. Phases such as *remorse*, *pursuit* and *honeymoon* can be tactics of control to keep the person being abused in the relationship.

## What you really need to know about family violence

- ▶ **Power and control:** Tactics used by people who perpetrate family violence are used to establish and maintain power in their relationships.
- ▶ **Escalates:** Family violence is rarely a once off incident. It most often emerges as patterns of behaviours which will escalate in severity and become a continuous or ever-present experience.
- ▶ **Covert:** Due to the dynamics of violence and abuse and the loss of control and autonomy cast over the people impacted, family violence is often hidden and difficult to recognise.
- ▶ **Complex:** Every experience will be unique with different characteristics and dynamics pertaining to the situation and people involved.
- ▶ **Specialist Family Violence Services:** Specialist services play a critical role in family violence intervention and prevention. Seek assistance whenever you need to. Specialist services will support you and your client.

## 1.3 Family violence and mental health

The relationship between family violence and mental health are complex and multi-directional, requiring a nuanced approach to service delivery. “Current and or past abuse can play a significant role in the development and exacerbation of mental health problems, increase the risk for re-victimisation, and influence the course of recovery from psychiatric illness”.<sup>3</sup>

Family violence is often a hidden problem among people seeking support at a service for their mental health issues. The experience of family violence, especially when it is severe and recurrent, significantly increases someone’s risk of developing or exacerbating psychiatric disorders and mental ill-health. Therefore, with people presenting with symptoms of mental illness it can be very likely that family violence may be an underlying issue.<sup>4</sup>

There is a significant body of research that links a bi-directional causal relationship between exposure to family violence and persistent mental health challenges. Research demonstrates that both men and women who experience mental illness are at a greater risk of being subjected to family violence.<sup>5</sup> A similar pattern has been found with people who have experienced family violence reporting higher levels of severity and co-morbidity of mental health issues than those who have not experienced family violence.<sup>6</sup>

The harmful effects of family violence on mental health include:

- ▶ Post-traumatic stress disorder (PTSD)
- ▶ Depression
- ▶ Anxiety
- ▶ Dissociation
- ▶ Self-harm and suicide
- ▶ Self-esteem issues
- ▶ Drug and alcohol misuse
- ▶ Eating and sleeping issues

Did you know that?

- ▶ Recent exposure to intimate partner violence has stronger associations with negative mental health outcomes than any other known predictor, such as; childhood abuse, drug abuse and a prior history of poor mental health.<sup>7</sup>
- ▶ The frequency and severity of family violence exacerbates mental health problems, the most common being PTSD and depression.<sup>3</sup>  
Consistent with other findings, it has been found that “the risk of PTSD is higher among women exposed to IPV than any other mental health condition.”<sup>7</sup>

“Whilst the [causal link] may appear to be obvious to those working in domestic violence intervention services, women often find it is the first connection to be lost once they become involved in a mental health service.”<sup>8</sup>

A fundamental philosophy of working in family violence is that the people who use violence are always responsible for their behaviour and the person experiencing their violence is never to blame. Whilst this holds true, there are specific nuances in the dynamics of violence you need to be aware of to properly support your clients that may have co-occurring issues with mental illness and family violence.

For some people their symptoms of mental ill-health will improve if they receive appropriate support, such as advocacy from family violence services that can assist them to achieve empowerment and safety. For others, the complexity of co-occurring problems may present greater interpersonal challenges and barriers to appropriate service provision and recovery.

**To properly support your clients it is important that you can identify:**

- ✓ The difference between family violence and other forms of violence
- ✓ Whether a person is experiencing or perpetrating family violence, or both
- ✓ The bidirectional links between family violence and emerging or persisting mental health issues
- ✓ Past and current experiences of abuse and trauma

Psychiatric diagnosis can create specific risks for people who have experienced family violence and abuse, such as:

- ▶ Mental illness may be used against individuals in legal proceedings – especially in retaining care for children.
- ▶ Mental illness diagnosis may be victimising or re-traumatising, in that it is confirming what the abuser has been telling them - they are ‘crazy’ or ‘inadequate’.
- ▶ Self-blame may be exacerbated and the person impacted may feel their mental health has played a role in, or caused the violence against them.
- ▶ Mental illness diagnosis may limit access to certain services or impact on the quality of individualised service delivery.

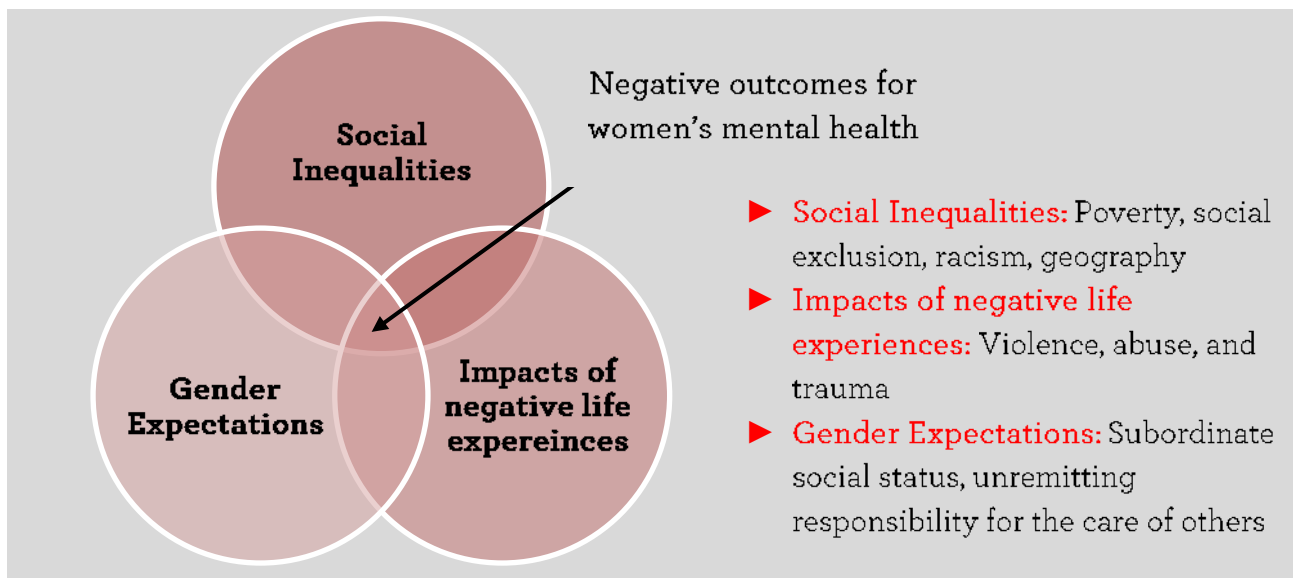
Challenges and risks surrounding experiences of family violence that are specific to people with a pre-existing mental illness include:

- ▶ Their abuser is likely to also be their carer.
- ▶ Increased stigma and distrust from service providers.
- ▶ Tactics used by abusers are enacted to gain power and control. Many abusers of family violence will therefore take advantage of their partner’s mental health, using fear tactics and intimidation to erode or undermine their sense of self and safety.
- ▶ People who use family violence may undermine the mental health of their partners or family by controlling their medications and health care plans.

## 1.4 Women, mental health and family violence

Compounding the prevalence of family violence experiences amongst Australian women is the fact that they also experience mental illness and mental health services differently to men. Understanding the gendered nature of family violence and mental health problems is therefore vital, so that you can respond appropriately and develop suitable care plans for clients.

Social inequalities, gender expectations and experiences of violence and abuse impose “stringent limitations on women's ability to exercise control over the determinants of their mental health.”<sup>3</sup> As such, gender based roles and negative life experiences linked to gender become significant risk factors for depression, anxiety, somatic symptoms and high rates of co-occurring disorders amongst women.



This diagram is adapted from *Women and Girls at Risk: Evidence Across the Life Course*, represents the gender-specific determinants that result in poor mental health outcomes for women.<sup>10</sup>

### Did you know that?

- ▶ Mental disorders represent the leading cause of disability and the highest burden of non-fatal illnesses for women in Australia.<sup>11</sup>
- ▶ More women than men globally are diagnosed with PTSD.<sup>12</sup>
- ▶ Depression and anxiety are the most common comorbid disorders, affecting women at far greater rates than men.<sup>13</sup> This gender difference has been stated as one of the most robust findings in psychiatric epidemiology.<sup>12</sup>
- ▶ Women with co-occurring disorders are more likely than men, or women without co-occurring disorders, to have experienced sexual, physical, or emotional abuse as children and family violence as adults.<sup>3</sup>
- ▶ Women who have experienced family violence are significantly more likely to meet the criteria for psychiatric diagnosis than those who have not.<sup>3</sup>
- ▶ Women generally present with a more severe clinical profile than men when entering treatment, with more problems related to mental health, family and interpersonal relationships, employment, and physical health.<sup>11</sup>



Gender sensitive services are essential as there are gendered differences in the way that men and women:

- ▶ Experience and respond to violence and abuse
- ▶ Seek help for their experiences of violence, abuse and mental health issues
- ▶ Receive help/treatment from professionals for their mental health
- ▶ Women generally present with a more severe clinical profile than men when entering treatment, with more problems related to mental health, family and interpersonal relationships, employment, and physical health<sup>11</sup>

#### To be gender responsive in your workplace:

- ✓ Recognise the links between gender inequalities and women's specific mental health challenges.
- ✓ Work through a trauma informed lens.
- ✓ Listen to women, ask them what is important to them and provide individualised advocacy to empower women to live the lives that they want for themselves and their children.
- ✓ Challenge attitudes and norms that cause and perpetuate violence against women and stigmatise women's mental health status.

## 1.5 Trauma and trauma informed care

“Traumatic experiences may play a significant role in clients’ current mental health symptoms, increase their risk for re-victimisation and affect how they experience current abuse. Over time, understanding and demystifying the long term effects of prior abuse can both relieve and empower clients.”<sup>4</sup>

### Trauma

The Australian Psychology Society defines trauma as, ‘very frightening or distressing events [that] may result in a psychological wound or injury [and] a difficulty in coping or functioning normally following a particular event or experience.’ Family violence is a complex trauma and is associated with a range of mental health impacts.<sup>4</sup>

#### There are two major differences between most traumatic experiences and family violence:

##### 1. Family violence is, by nature, chronic

There are no discreet episodes of trauma; rather, family violence is an ongoing traumatic experience for all members of the family. While the physical violence may be episodic and/or infrequent, the other forms of abuse are ongoing and complicate the survivor's experience of trauma.

##### 2. The perpetrator of the traumatic experience is a loved one

Most survivors will be interacting with their perpetrator on a regular basis. The violation of trust and disruption to interpersonal connections is more severe due to trauma occurring in context of an intimate relationship. Like other chronically traumatised people, family violence survivors may experience prolonged feelings of anxiety or hypervigilance.<sup>14</sup>

Not all people will have a trauma reaction or develop PTSD after experiencing family violence. But we do know that the rates of trauma among people impacted by family violence are significant. Research has found that there are significantly higher rates of PTSD amongst women who have experienced family violence compared with any other population group – in other words women who have experienced IPV are the largest cohort of people diagnosed with PTSD globally.<sup>12</sup>

### Trauma informed care

It is considered best practice in the family violence field that all interventions be informed by a thorough understanding of trauma. A trauma informed approach is based on the recognition that many behaviours and responses expressed by your clients are directly related to traumatic experiences.

Any or all of the varied symptoms of complex trauma may be associated with experiences of family violence. Family violence will have often occurred in a client's early family environment, contributed to their poor self-worth and confidence as an adolescent and led to tolerance of abusive behaviours and violence within their relationships as an adult.<sup>15</sup>

**Trauma informed care asks *what has happened to a person,*  
*not what is wrong with this person.***

#### To be trauma informed is to:

- ✓ Understand how violence and victimisation has figured in the lives of most consumers of mental health and alcohol and other drug services.
- ✓ Apply that understanding when providing services and designing service systems so that they accommodate the needs and vulnerabilities of trauma survivors and facilitate the client participation in treatment.<sup>16</sup>

### Trauma informed services:

- ▶ Focus on understanding the whole individual and context of their life experience, infused with knowledge about the dynamics that violence and victimisation can play in the lives of your clients
- ▶ Are designed to minimise the possibilities of victimisation and re-victimisation
- ▶ Are hospitable and engaging for survivors
- ▶ Facilitate recovery
- ▶ Facilitate growth, resilience and healing and emphasise client's strengths
- ▶ Respect the individual's choices and control over their recovery
- ▶ Form a relationship based in partnership with the client, minimising the power imbalance between advocate and client
- ▶ Focus on trust and safety
- ▶ Collaborate with other services and community interventions
- ▶ Provide culturally competent and sensitive services

## Part 2: Recognise & respond to family violence

The aim is to address the complex needs of those impacted by family violence, their co-existing mental health issues and or history of trauma, in a way that is truly empowering. Your responses must not replicate hierarchies of power and control nor undermine the agency of those you work with. The people you work with are the experts of their own lives. You may be the first person they tell and your response is critical.

### 2.1 Working in a family violence framework

It is critical that you work within a family violence framework employing values and attitudes that empower those that have been impacted by family violence. Your response and attitude will make all the difference.

The opportunities for people to engage with formal services most often occur at a crisis or pivotal changing point in abusive relationships. These events create important moments in time when people can begin to develop autonomy and reach out for help. This can create challenges for service delivery, as people will present with varied needs, with unique life experiences and ideologies influencing their help seeking behaviour and service expectations.<sup>17</sup>

#### Working within a family violence framework means:

- ✓ Prioritising the safety of those impacted by violence.
- ✓ Respecting the right of people impacted by family violence to be agents of their own life choices.
- ✓ Supporting everyone's human right to be free from violence and abuse.
- ✓ Recognising that all forms of family violence are unacceptable and that people who use family violence and abuse are always responsible for their actions – but can change.
- ✓ Viewing symptoms in the context of ongoing trauma, entrapment and danger
- ✓ Recognising that family violence is a gendered issue, rooted in gender and social inequalities.
- ✓ Advocating where possible for people who have experienced violence and fostering their empowerment.
- ✓ Promoting social change to challenge the beliefs and norms that cause and perpetuate family violence.

## 2.2 Indicators of family violence

When an individual presents with composite mental health issues such as depression, anxiety, insomnia, suicidal ideation or PTSD there is a high likelihood that they will have an underlying experience of abuse and or violence.<sup>18</sup> People who have experienced family violence may present with varied psychiatric symptoms, but these may in fact be a natural and very appropriate response to ongoing risk and danger caused by the violence and abuse.

- ▶ Be aware not to mistakenly interpret survival strategies or coping mechanisms as psychiatric disorders.

**Be alert to the signs. Indicators of family violence you may recognise are:**

### Physical

- ▶ Bruises, cuts, burns or other visible injuries
- ▶ ‘Accidents’ occurring, especially during pregnancy
- ▶ Miscarriage and other pregnancy related complications
- ▶ Injuries that do not match the story given
- ▶ Ulcers
- ▶ Dizziness
- ▶ Chronic pains such as headaches, neck ache or other pains and aches in muscles and joints

### Psychological / Behavioural

- ▶ Emotional distress such as anxiety, confusion or hostility
- ▶ Sleeping and/or eating disorders
- ▶ Anxiety
- ▶ Depression, pre-natal depression
- ▶ Psychosomatic complaints and emotional complaints
- ▶ Misusing drugs or alcohol
- ▶ Evidence of self-harm or a risk of suicide
- ▶ Diagnosis of post-traumatic stress disorder
- ▶ Evasive or ashamed about injuries
- ▶ Appearing anxious in the presence of or when talking about their partner
- ▶ Reluctant to follow your advice
- ▶ Barriers to accessing appointments, such as limited access to transport
- ▶ Irregular attendance at appointments
- ▶ Frequent absence from work or study
- ▶ Low self-esteem
- ▶ Problems with housing/accommodation
- ▶ Partner insists on remaining with you both during your consultations

## 2.3 How to ask your client about violence

“Inquiry is essential to avoid misdiagnosis and misinterpretation of symptoms, provide appropriate interventions, and reduce isolation that abusers use to establish control over their victims”<sup>3</sup>

By not asking about family violence, your silence can add to the stigma surrounding family violence and act to re-traumatise and re-victimise. Asking about violence and abuse is part of your role.

Routine inquiry is believed to:

- ▶ Increase professional awareness of abuse
- ▶ Facilitate disclosure of family violence
- ▶ Assist professionals in identifying causes of illness
- ▶ Support professionals' identification of vulnerabilities to violence<sup>19</sup>

Many people will face significant barriers to disclosure, such as:

- ▶ Fear of consequences or further violence within the relationship
- ▶ Fear of involvement from child protection or the police and a lack of understanding of their legal rights
- ▶ Shame and stigma
- ▶ Concern that they won't be believed
- ▶ Fear that their mental health will be used in a punitive way against them, especially if children are involved
- ▶ Lack of knowledge of the services available to them

If you have concerns that someone you are working with is experiencing family violence:

- ✓ Always raise the issue whilst they are alone, separate from their partner, carer and other family members.
- ✓ Accept it may take time for a client to open up about violence and abuse. Privacy and confidentiality is important, so create a space of trust and understanding.
- ✓ If language is a barrier to conversation, always use a qualified interpreter; never involve a partner, carer or other family member.

You may choose to ask general indirect questions, such as:

- ✓ How are things going at home?
- ✓ How is your relationship going?

You may ask more direct questions to ascertain more information about their situation, such as:

- ✓ Is there anything else you would like to talk about that is affecting your mental health?
- ✓ Are you afraid
- ✓ Do you feel unhappy or depressed about your relationship?

If you notice specific indicators of violence you may ask about them directly, such as:

- ✓ You seem anxious is everything all right at home?
- ✓ I can see a bruise on your arm and I wonder if someone might have hurt you?
- ✓ You haven't been turning up to our appointments lately, I am wondering if there is anything making it more difficult for you?

Your role is to empower people who have experienced violence to overcome these barriers with appropriate information. It may help if you use empowering language within your questions, such as:

- ✓ Experiencing violence and abuse is never ok and never your fault, is everything all right at home?
- ✓ Violence in the home is common: I ask a lot of the people that I work with about violence because no one should live in fear at home.
- ✓ A lot of couples have problems. There are many things you can do to keep you and your kids safe, would you like to discuss these options further?
- ✓ If you are unsure about your relationship there are services and people that can help, would you like me to tell you about them?

You may also ask your client direct questions about their mental health, such as:

- ✓ Has your partner ever used issues related to your mental health against you?
- ✓ Has your partner ever tried to control your medication, or access to treatment? Do they ever actively undermine your recovery?
- ✓ Has your partner threatened to take your children away because you are receiving mental health treatment?
- ✓ Has your partner blamed you for their abusive behaviour by saying you're the one who is "crazy"?
- ✓ Has your partner deliberately done things to make you feel like you are "going crazy" or "losing your mind"?

## 2.4 Responding to disclosure

For people impacted by family violence who may first seek help at a mental health service, it is important that you are able to respond appropriately to the nuanced needs of this diverse cohort. Your immediate response will make a real difference.

### To respond appropriately:

- ✓ Use empathetic listening
- ✓ Validate their disclosure and communicate belief
- ✓ Name it as family violence
- ✓ Emphasise the unacceptability of violence
- ✓ Be clear they are not to blame
- ✓ Use empowering language

### Don't ever:

- ✗ Talk over the top of them or use victim blaming language
- ✗ Ask why they don't leave
- ✗ Ask what they could do to avoid the violence or how they could change their behaviour
- ✗ Ask what they have done to make their partner hurt them
- ✗ Say you don't believe them
- ✗ Tell them you are uncomfortable

## Consider your responses

- ▶ **Use empowering language:** The people that you work with are the experts in their own lives and have strategies to respond to violence. They will know what actions will keep them and their children safe. Remember it is not always safe for women to leave a relationship; separation is often the most dangerous time.
- ▶ **Do not place too much focus on a psychiatric diagnosis:** This may obscure underlying abuse or coping mechanisms - this can lead to an oversight of advocacy needs and can place people at greater risk.
- ▶ **No one deserves violence:** This message is especially important when individuals are using drugs or alcohol, or experiencing psychiatric symptoms or episodes when the violence happened. "Self-blame is exacerbated when the [person impacted] has a mental health problem and [they] may see this as a part of her own involvement in provoking the abuse".<sup>20</sup>
- ▶ **Do not re-victimise or re-traumatise:** Avoid replicating hierarchies of power and control over the people that you are working with.

## 2.5 Risk Assessment and safety planning

For people experiencing family violence, psychiatric symptoms and diagnosis can have a significant impact on their safety. Risk and safety issues should be explored using your professional judgment, evidence and the clients own perceptions of the situation to establish an appropriate long-term course of care.

Recognising the likely risks in family violence situations and the resilience of those impacted will influence service interventions and safety planning. Protective factors are the resilience and resources of the person experiencing violence and the tools and networks they have to keep them safe from violence and abuse. Risk is about recognising the likelihood of family violence occurring and situations that can impact on how and when violence may occur. There are various factors that can lead to an increased risk of family violence occurring.

### Protective factors

- ▶ Supportive network of family & friends
- ▶ Strong social skills, beliefs and values
- ▶ Access to social services & health care
- ▶ Participation in community/cultural groups
- ▶ Positive school/work environment
- ▶ Safe housing and neighbourhood
- ▶ Access to transport and communication

### Risk factors

- ▶ Pregnancy and early parenting
- ▶ Separation or post separation
- ▶ Isolation and limited access to resources
- ▶ Mental health issues/diagnosis
- ▶ Immediately after a partner has been discharged from psychiatric hospitalisation. Family violence is "a prevalent concern among discharged psychiatric patients... coordinated risk management efforts should focus on the time immediately following hospital discharge".<sup>21</sup>

### To undertake a risk assessment:

- ✓ Apply your own professional judgement and assessment tools
- ✓ Assess the evidence
- ✓ Apply the client's own perceptions of risk and their situation

### For initial risk assessment & safety planning you will need to:

- ✓ **Speak with the person alone**
- ✓ **Check for immediate concerns**
  - ▶ Are they safe to go home after the appointment?
  - ▶ Are the children safe?
  - ▶ When was the last violent incident?
  - ▶ Are the police involved?
  - ▶ Are there concerns for self-harm or suicide?
- ✓ **Check for future safety**
  - ▶ Has the violence been escalating and does the abuser have weapons?
  - ▶ Has the client or their children been threatened with violence?
  - ▶ Are they able to maintain their mental health plan and medications?
  - ▶ What are their support networks?
  - ▶ What are their personal resources, coping strategies and resilience?
- ✓ **Make an appropriate and clear safety plan**
  - ▶ Ask what they need and want
  - ▶ Do they have emergency contact numbers?
  - ▶ Is an alternative place of safety needed?
  - ▶ Do they have access to transport and communication?
  - ▶ What do they need to care for their mental health (e.g. medication), who will support these needs and who has control of treatment decisions if they are unable?
  - ▶ Consider how their mental health issues may be used as a tactic of violence or to discredit them by their abusers
  - ▶ Are they aware of Family Violence Orders? Do they need a referral to police, legal or advocacy service that can support them to get one?
- ✓ **Implement clear referral pathways where necessary**
  - ▶ Specialist family violence services for risk assessment safety planning, support and advocacy
  - ▶ Legal services for legal advice, support and representation
  - ▶ GP or health clinic for support with their health care needs
  - ▶ Women's shelter or housing service for accommodation needs
  - ▶ Specialist sexual assault services where sexual assault has been disclosed
  - ▶ 1800RESPECT, 24/7 national family violence telephone service

✓ **Risk assessment must be an ongoing process. You will need to continually check in with your client and follow up on the initial safety plan.**

▶ **A comprehensive long term safety plan for people at imminent risk of family violence should always be made with a specialist family violence service.**



## 2.6 Working with people who use violence

We know little about the links between mental illness and family violence perpetration. Therefore, working with people with mental health issues who you either know or suspect may be perpetrating family violence is a complex issue. It is important to distinguish between violent behaviours caused or influenced by a mental health issue and the perpetration of family violence. Go back to the definitions of family violence – are they using coercion and abuse in the relationship to gain power and control?

People who perpetrate family violence have a tendency to:

- ▶ Minimise or deny the violence
- ▶ Excuse their violent behaviour and or have a sense of entitlement
- ▶ Shift the blame onto someone else
- ▶ Claim they are the ones experiencing the violence and abuse

### Working with people who use family violence:

- ✓ Always make the safety of the person impacted by the violence and abuse your priority.
- ✓ If you suspect someone you are working with may be using family violence you can ask them how things are going at home.
- ✓ Familiarise yourself with local men's service and programs.
- ✓ Make a referral to specialist men's or perpetrator family violence services and programs.
- ✓ If the use of violence is disclosed you may say something like:  
*That was brave of you to tell me. Sometimes people hurt the people they love. However, abuse towards your partner or other family members is never acceptable. It not only affects your partner negatively but also your children. Did you know that there are services that are able to help you? Would you like me to tell you about them?*

## 2.7 Working with both partners

You will need to take special care if you work closely with both partners or the broader family group where family violence is occurring or has occurred. If you work with a client subjected to the violence your main duty of care is to them and their children. It is best practice to refer the perpetrator onto another worker within your service, or onto another service if appropriate.

### If both partners are using your service you will need to:

- ✓ Ensure there is protocol in place to ensure the confidentiality of each client's information.
- ✓ Ensure there is no discussion surrounding the violence/abuse with the person using violence without consent from the person impacted.
- ✓ Ensure adequate safety plans are in place if the two are to access the service simultaneously.

- ▶ Due to the dynamics of power and control in abusive relationships, couples counselling is never appropriate where there is family violence.

## 2.8 Referral, ongoing care and working collaboratively

Specialist services are an essential part of support provided to people affected by abuse and are shown to be the intervention with the best outcomes for clients.<sup>24</sup>

Support, advocacy and counselling from specialist family violence services have proven to be extremely effective for people living in or leaving violent relationships. Staff at specialist services are trained and qualified to be managing on-going risk assessments and safety planning. They offer skilled and expert knowledge on the complex conditions that surround family violence as well as the most appropriate trauma informed care responses.

### Referral

Making effective referrals is about knowing what other services are available and when they will be relevant for someone you are working with. It is also about being aware of your own limitations and identifying when people may need alternative supports.

#### When making a referral always:

- ✓ Consult with the client first to ascertain their needs and gain their consent to make the referral.
- ✓ Make sure the client is aware of the referral process, informed about what the other service provider can offer them and why you are making the referral.
- ✓ Support the client where necessary through the referral process.
- ✓ Follow the referral through – find out if it was useful to the person you are working with.

### Ongoing care

The various family violence services within a community have their own objectives and roles to respond to family violence and provide a range of resources for people to transition and recover out of violent relationships. Service provisions and interventions for people impacted by family violence include, but are not limited to:

- ▶ Housing and shelters
- ▶ Counselling and psychological therapies
- ▶ Advocacy and case work
- ▶ Legal services
- ▶ Health care
- ▶ Financial and Vocational supports
- ▶ Group therapy
- ▶ Behavioural change programs
- ▶ Children's services

### Empowerment

Empowerment has been identified as the most important priority for people impacted by family violence who seek interventions<sup>20</sup>. Empowerment is about being heard and believed, regaining autonomy and agency of one's own life, realising choices and recognising and defining abuse and control.<sup>17</sup> It has been found that the effects of empowerment on the symptom of PTSD amongst women who had experienced intimate partner violence, has greater relative importance over resource acquisition and other service interventions.

## Working collaboratively

As service providers we must recognise that people with mental health issues who may have also experienced family violence face tremendous barriers to accessing appropriate services and support. To improve service outcomes for clients accessing either mental health or family violence services it is important that all workers are aware of the service landscape and who can best support clients with their specific needs. Research tells us that where there are robust and clear working relationships between agencies, staff feel more confident in dealing with complex issues involving mental health issues and family violence.<sup>22</sup>

## 2.9 Legal matters

Your duty of care is always for the safety and wellbeing of people experiencing violence and abuse – your advocacy in difficult times can make all the difference.

There are special family law provisions and reporting requirements across Australia as part of the justice system's response to family violence. These interventions vary state to state and there will also be varying circumstances in which a client may be interacting with either police, legal system or courts. Therefore, it is best practice to seek legal advice regarding mandatory reporting, police and court interventions where necessary.

- ✓ Familiarise yourself with the Family Violence Laws and interventions of your state at: [www.familycourt.gov.au](http://www.familycourt.gov.au)

## Children and mandatory reporting

Familiarise yourself with the reporting obligations in your state or territory. There are certain forms of family violence that if exposed to or experienced by children you will be required to report on. All states and territories have different mandatory reporting requirements. Your organisation may also have a policy and procedure to follow regarding mandatory reporting for children identified at risk of harm – familiarise yourself with these.

Exposing children to family violence is likely to have serious and long term psychological impacts. Children may be at significant harm even if it seems unlikely that the violent person in their home would physically hurt them.

- ▶ Research indicates there are higher rates of family violence in households where children reside and that between 36-59 per cent of family violence incidents are directly witnessed by children.<sup>23</sup>
- ▶ The presence of family violence can be a risk factor for children to experience further abuse and the presence of child abuse can also be a risk factor for family violence occurring.<sup>23</sup>
- ▶ Special consideration needs to be given to mothers who may be penalised in a family law court by their mental health status. Many women will resist a mental health diagnosis because it may be used against them in a punitive way in child custody/caring arrangements.

### If you have reasonable grounds to believe a child is being exposed to family violence:

- ✓ Use your professional judgment concerning the circumstances and potential risks.
- ✓ Communicate your concerns with the non-violent parent or carer, discuss options and safety planning and what happens if a report must be made.
- ✓ Consult with the relevant Child Protection Services in your area to gain advice
- ✓ Seek legal advice and follow workplace procedure.

The Australian Institute of Family Studies has more information regarding mandatory reporting of children at risk of abuse and neglect at: [aifs.gov.au](http://aifs.gov.au)

## Police

If the police are contacted by anyone regarding a family violence incident it is likely that they will take action as each Australian state and Territory has pro-intervention responses to family violence.

- ▶ If your client seeks police intervention they will have to make a formal statement (either in person or over the phone), which the police will then investigate.
- ▶ Police may question their partner or even make an arrest. They may also issue a Family Violence Order (which differs state to state) or apply to the courts for an intervention.
- ▶ Always seek legal advice from your local women's legal service or legal aid office when assisting clients/peers with legal matters. Your advocacy and support can make all the difference in navigating legal options.
- ▶ Make your client aware of the support services available to them.

## Note taking

### If family violence is a concern, keep detailed notes that:

- ✓ Describe any physical injuries – the type, extent, age and location. If you suspect violence is the cause of these injuries, but your client does not confirm this, include this in your comments and whether their explanation matches up with the injuries.
- ✓ Record what the client said using quotation marks.
- ✓ Record any relevant behaviour observed using detailed and factual language rather than stating general opinions. For example; *the client cried through-out our time together and shook visibly.*
- ✓ Include date and time and clearly identify the client.
- ✓ Clearly identify yourself as the author and sign the notes.
- ✓ Do not include generalisations or unsubstantiated opinions.
- ✓ Set out notes sequentially and use only approved symbols and abbreviations.

## Subpoenas

As a mental health practitioner you can be served with a subpoena relating to a patient. Where family violence is present, responding to a subpoena requires great care and attention to detail. It is important that you treat subpoenas with caution, especially when the person seeking the information is not your patient or is a perpetrator of violence.

- ▶ A subpoena is a stamped court order to hand over documents (a subpoena to produce), to attend court as a witness (a subpoena to give evidence), or both (subpoena to produce or give evidence). Subpoenas are issued as part of a court case at the request of one of the parties.
- ▶ To ensure a subpoena is valid first check that: It has a court stamp, it has been served before the stated deadline, conduct money (money that meets the court expenses) has been provided.

### If served with a valid subpoena:

- ✓ You must respond – either to obey the order or to object. There are various grounds for objecting to a subpoena, for example, asserting that the request is too onerous, or the information is ‘privileged’ (protected by law).
- ✓ Contact your client to let them know you have been served with a subpoena and ask them how they would like you to respond. Note that you may be legally required to go against their wishes and explain this carefully to them.
- ✓ Never hand over more than what is being asked for.
- ✓ Seek legal advice where necessary.

## Immigration family violence provisions

There are special family violence provisions in immigration law that are intended to relieve the fear of losing a ‘partner visa’. These provisions protect visa applicants who may believe that they need to stay in an abusive relationship in order to remain in Australia. They allow certain applicants to obtain permanent residence even if the relationship with their Australian partner/sponsor has broken down or where there is evidence of family violence against the applicant or their dependent child or children.

- ✓ If your client is concerned about their visa status, seek legal advice.

A report or statutory declaration from a mental health professional detailing physical injuries and or mental health issues that are consistent with family violence can be used as part of the evidence given to the Department of Immigration and Border Protection to access the provisions.

### If providing a Statutory Declaration on your client’s behalf it will need to include:

- ✓ Details of the circumstances relevant family violence.
- ✓ The name of the person who allegedly committed the relevant family violence.
- ✓ The name of the alleged person impacted by the family violence.
- ✓ Evidence or reasons that have informed this opinion or assessment.
- ✓ Details about your professional relationship and services or support you have offered in relation to the family violence.

## Part Three: Referrals, resources and links to

### Enhance your workplace's response to family violence

#### National referrals

**1800Respect (24/7):** 1800 737 732 or [1800respect.org.au](http://1800respect.org.au)

National sexual assault, domestic family violence counselling service

**Australian Childhood Foundation:** 1800 176 453 or [childhood.org.au](http://childhood.org.au)

Counselling for children and young people affected by abuse

**Mensline Australia (24/7):** 1300 78 99 78 or [mensline.org.au](http://mensline.org.au)

Supports men and boys who are dealing with family and relationship difficulties

- ✓ Check your local referral pathways to specialist family violence, sexual assault, accommodation, legal, women health and men's services.

#### Learn more and get involved

**ANROWS** Australian National Research Organisation for Women's Safety. Keep up to date on all the current research, publication and resources at: [anrows.org.au](http://anrows.org.au)

**Our Watch** Get involved and help Change the Story around violence against women and their children in Australia at: [ourwatch.org.au](http://ourwatch.org.au)

**No To Violence**

Male Family Violence Prevention Association: [ntv.org.au](http://ntv.org.au)

**White Ribbon**

The world's largest movement of men and boys working to end men's violence against women and girls, promote gender equality, healthy relationships and a new vision of masculinity: [whiteribbon.org.au](http://whiteribbon.org.au)

#### Seek training

**DV-ALERT** Lifeline's Domestic violence response training, at: [dvalert.org.au](http://dvalert.org.au)

**AVERT** Family Violence Training with a basics course available free online, at: [avertfamilyviolence.com.au](http://avertfamilyviolence.com.au)

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## About SHE - Support, Help and Empowerment

Established in 1989, SHE is the leading non-government agency in Tasmania supporting people who have experienced family violence. SHE advocates for an end to all men's violence against women. SHE is a dynamic and evolving professional feminist organisation founding our philosophies, practice and resources on current research. SHE has a high level of skill, knowledge and experience working with women, children and families impacted by violence, delivering community education, producing resources and advocating for systemic change to gender inequity and violence against women.

## Publication Information

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This resource is a guide only and is not intended to cover the full spectrum of content and skills needed to work long-term with people who have experienced family violence. Please contact SHE or another relevant family violence service provider for more detail and information on working with people impacted by family violence. In addition, any information about the law is presented in summary form and should not be relied upon as a substitute for professional legal advice.

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