When your patient talks to you about the violence or abuse

A toolkit for medical practitioners in Tasmania

You may be the only person they will tell. Your skills and sensitivity are essential.

This resource has been developed to assist you in identifying and responding to patients who have experienced or are experiencing family violence (also known as 'domestic violence' or 'intimate partner violence'.)

After family and friends, victims are most likely to tell health professionals about violence.[1]

This toolkit contains guidelines for patient care, from a range of sources, as well as some legal information relevant to your role as a Medical Practitioner.

The Medical Profession has key roles to play in early detection, intervention and provision of specialised treatment of those who suffer the consequences of domestic violence, whether it be physical, sexual or emotional.[2]

Responding effectively to family violence requires knowledge of the physical and emotional consequences of the violence, an understanding of appropriate and inappropriate responses, as well as having good networks with local family violence services.

"It has been estimated that full time GPs are seeing up to five women per week who have experienced some form of intimate partner abuse (physical, emotional or sexual) in the past 12 months."[3]

Acknowledgements & Disclaimer

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Family violence is predominantly a crime against women. However, this document uses the pronouns "they" and "them" to be inclusive of all genders.

1. What is family violence?

Family or domestic violence is an abuse of power within an intimate relationship, or after separation. It involves a person dominating and controlling another, causing intimidation and fear.

It is not necessarily physical and can include:

- sexual abuse,
- emotional or psychological abuse,
- verbal abuse,
- spiritual abuse,
- stalking and intimidation,
- social and geographic isolation,
- financial abuse,
- threats, manipulation and control,
- cruelty to pets or children and
- damage to property.

The Tasmanian Family Violence Act 2004, defines Family Violence as:

a. any of the following types of conduct committed by a person, directly or indirectly, against that person's spouse or partner (includes former partner):
   i. assault, including sexual assault;
   ii. threats, coercion, intimidation or verbal abuse;
   iii. abduction;
   iv. stalking under section 192 of the Criminal Code;
   v. attempting or threatening to commit conduct referred to above, or

b. any of the following:
   i. economic abuse;
   ii. emotional abuse or intimidation;
   iii. contravening an external Family Violence Order (FVO), an interim FVO, an FVO or a PFVO (Police Family Violence Order).

Family violence is often experienced as a pattern of abuse that escalates over time.

Most domestic violence is perpetrated by men, against women and children.[4] However, women can also be perpetrators of violence, and domestic violence also happens in same-sex relationships.

Women are at greater risk of violence from intimate partners during pregnancy, or after separation. A safety survey conducted by the Australian Bureau of Statistics in 2005 found that 17% of women who had experienced violence from a partner during a relationship, experienced it for the first time during pregnancy.

2. Indicators

'When assessing your patient... remember that most presentations of family violence are probably hidden and not the obvious black eye.'[5]

Frequently there are no visible signs of assault or rape in domestic violence presentations. This does not mean that the emotional or psychological effects of the assault are... any less devastating to the victim.[6]

Indicators in adults

Physical

- Unexplained bruising and other injuries
- Bruises of various ages
- Head, neck and facial injuries
- Injuries on parts of the body hidden from view (including breasts, abdomen and/or genitals), especially if pregnant
- 'Accidents' occurring during pregnancy
- Miscarriages and other pregnancy complications
- Injuries to bone or soft tissues
- Injuries sustained do not fit the history given
- Bite marks, unusual burns
- Chronic conditions including headaches, pain and aches in muscles, joints & back
- Ulcers
- Dizziness
- Sexually transmitted infections
- Other gynaecological problems

Psychological/behavioural

- Emotional distress e.g. anxiety, indecisiveness, confusion, and hostility
- Sleeping and eating disorders
- Anxiety/depression/pre-natal depression
- Psychosomatic and emotional complaints
- Misusing drugs or alcohol
- Self-harm or suicide attempts
- Evasive or ashamed about injuries
- Multiple presentations at the surgery/ client appears after hours
- Partner does most of the talking and insists on remaining with the patient.
- Seeming anxious in the presence of the partner.
- Reluctance to follow advice
- Social isolation/no access to transport
- Frequent absences from work or studies
- Submissive behaviour/low self esteem

Indicators in children

Physical

- Difficulty eating/sleeping
- Slow weight gain (in infants)
- Physical complaints
- Eating disorders

Psychological/behavioural

- Aggressive behaviour and language
- Depression, anxiety and/or suicide attempts
- Appearing nervous and withdrawn
- Difficulty adjusting to change
- Regressive behaviour in toddlers
- Delays or problems with language development
- Psychosomatic illness
- Restlessness and problems with concentration
- Dependent, sad or secretive behaviours
- Bedwetting
- 'Acting out', for example cruelty to animals
- Noticeable decline in school performance
- Fighting with peers
- Over protective or afraid to leave mother
- Stealing and social isolation
- Abuse of siblings or parents
- Alcohol and other drug use
- Psychosomatic and emotional complaints
- Exhibiting sexually abusive behaviour
- Feelings of worthlessness

Figure 1: Indicators associated with victims of family violence

3. When you encounter family violence

Speak to patient alone

Family violence is disclosed

Listen, validate and support. Ensure confidentiality (within statutory limits)

Emphasise the unacceptability of violence

Make initial patient and child safety assessment

Patient or child in immediate danger

In collaboration with the patient **call 000** or **Child Protection Service 1300 737 639** (24/7)

No immediate danger

Check future safety

Discuss/create safety plan

Provide information regarding options & services available, provide contact details and referrals as required

Provide suggestions on ways for the patient to look after themself, to promote mental & physical health and parenting capacity

Provide ongoing support, follow up as appropriate

Document clearly presenting symptoms, disclosure or rationale for suspecting family violence & steps taken

Family violence not disclosed but symptoms identified (patient or child)

Ensure confidentiality, (within statutory limits). Seek trust, provide time, be supportive and empathic

Routinely ask about home

Make practical suggestions to increase safety of patient and child

Provide suggestions on ways for the patient to look after themself, to promote mental & physical health and parenting capacity

Reiterate general concerns for child safety[7]

Provide routine information regarding options & services (including information in waiting/ general areas)

4. How to ask your patient

In any situation that you suspect underlying psychosocial problems you can ask indirectly and then directly about partner abuse.[8]

If you have concerns that your patient is experiencing family violence, you should ask to speak with them alone, separate from their partner or any other family members.

You can always ask broad questions about whether your patient's relationships are affecting their health and wellbeing. For example:

- *'How are things at home?'*
- *'How are you and your partner getting on?'*
- *'Is anything else happening which might be affecting your health?'*

It is important to realise that people who have been abused want to be asked about domestic violence and are more likely to disclose if asked.[9]

If appropriate, you can ask direct questions about any violence. For example:

- *'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?'*
- *'Has your partner ever physically threatened or hurt you or your children?'*[10]
- *'Violence is very common in the home. I ask a lot of my patients about abuse because no one should have to live in fear of their partners.'* [11]

If you see specific clinical symptoms, you can ask specific questions about these (e.g. bruising). These could include:

- *'You seem very anxious and nervous. Is everything alright 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?'*

If your patient's fluency in English is a barrier to discussing these issues, you should work with a qualified interpreter. Don't use their partner, other family members or a child as an interpreter, this could compromise their safety, or make them uncomfortable to talk with you about their situation. The Doctors' Priority Line, phone 1300 575 847, is a 24/7 free telephone interpreting service to assist GPs to communicate with patients from non-English speaking backgrounds.

5. Responding to a disclosure

Your immediate response and attitude when a patient discloses family violence can make a difference.

Patients... value emotional support from healthcare professionals, careful & non-judgmental listening, and reassurance that the abuse is not their fault and that negative feelings are understandable.[12]

Listen:
Being listened to and believed can be an empowering experience for a person who has been abused. Make eye contact and nod so they know you are hearing them.

Communicate belief:
'That must have been frightening for you.'

Validate the decision to disclose:
'I understand it could be very difficult for you to talk about this.'

Emphasise the unacceptability of violence:
'Violence or abuse is unacceptable; you do not deserve to be treated this way.'

Be clear that she is not to blame. Avoid suggesting that the patient is responsible for the violence or abuse, or that they are able to control the violence by changing their behaviour.

Do not ask:
- *'Why don't you leave?'*
- *'What could you have done to avoid this situation?'*
- *'Why did your partner hit you?'*

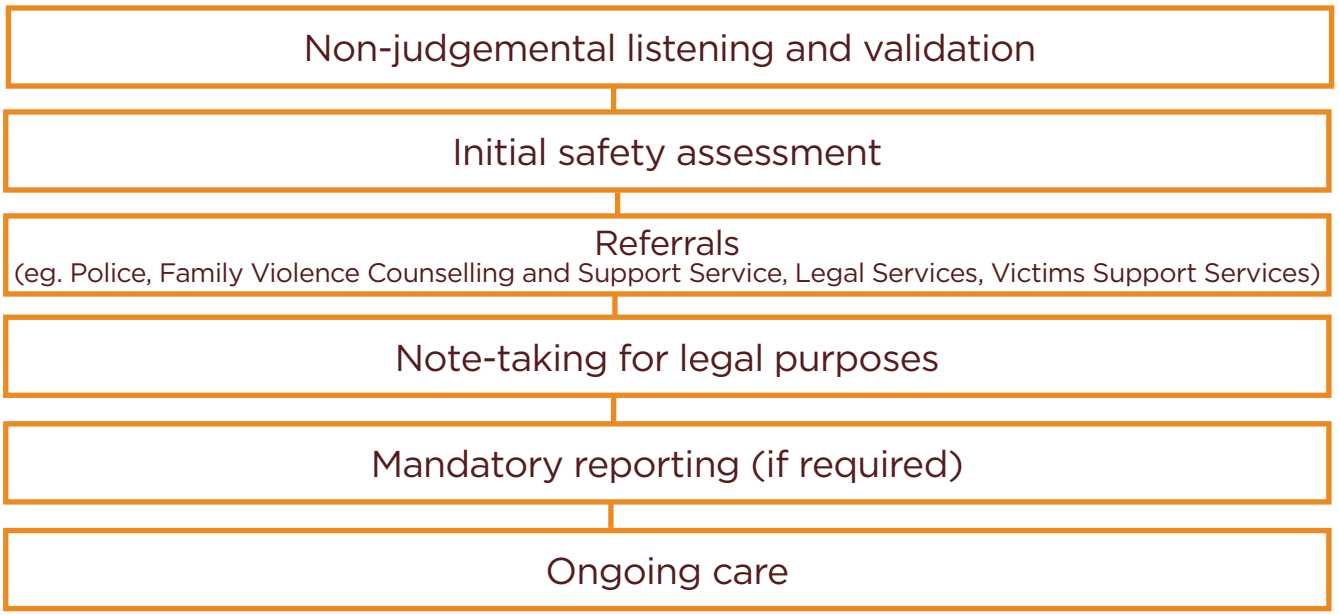

Figure 2: Key steps after a disclosure of family violence

6. Risk assessment & initial safety planning

Assist your patient to evaluate their immediate and future safety, and that of their children. Best-practice risk assessment involves seeking relevant facts about their particular situation, asking them about their own perception of risk, and using professional judgment. You may need to refer your patient to a specialised domestic violence service such as the Family Violence Counselling and Support Service. See 'Abuse and violence: Working with our patients in general practice' (White Book) for detailed guidance.

For initial safety planning, you will at least need to:

- Speak to the patient alone
  - You may need to create a reason to get the patient alone if they are with a companion or partner, for example requesting a urine sample, or discussion with another allied professional at the surgery.
- Check for immediate concerns
  - Does the patient feel safe going home after the appointment?
  - When was the last incident?
  - If violence is present, has it been escalating?
  - Have the police been involved?
  - Are the patient's children safe?
  - Does the patient need an immediate place of safety?
  - Does the patient need to consider an alternative exit from your building?
- If immediate safety is not an issue, check the patient's future safety
  - Does the perpetrator have weapons?
  - Has the patient been threatened with a weapon?
  - Does the patient need a referral to police, counselling, information or a legal service to apply for a FVO?
  - Does the patient have emergency telephone numbers?
    - Tas Police: 000 or non-emergency police: 131 444
    - Family Violence Counselling and Support Service - support information and counselling line for people experiencing domestic violence. Can explain basic information about FVOs and assist with risk assessment: 1800 608 122
  - Is the patient aware of the availability of Family Violence Order (FVO)? Explain that can range from a basic order where the offender doesn't threaten harass abuse or assault to a full order that disallows any contact with the victim at all.
  - A referral to a domestic violence service can help the patient make a safety plan covering:
    - Where would they go if they had to leave?
    - How would they get there?
    - What would they take with them?
    - Who are the people they could contact for support?
  - Consider how you will respond if the patient says they are to go home.
- Document any plans made, for future reference.

Risk assessment is an ongoing process. You may need to discreetly check in with your patient to follow up on this initial safety plan.

It is important to remember that the true goal... is to prevent violence, not predict it.[13]

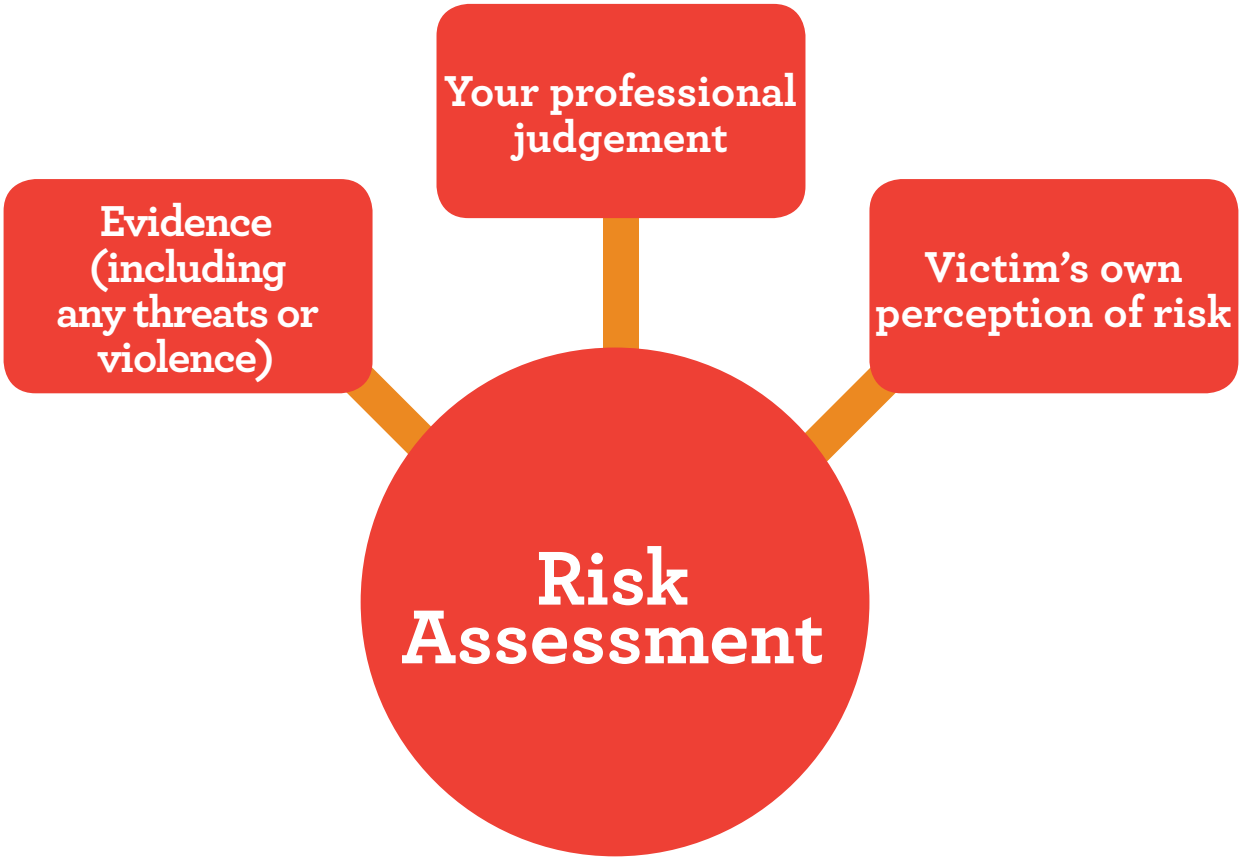

Figure 3: Aspects of best-practice risk assessment

7. Risks

There is an increasing understanding of the factors that lead to a higher level of risk of being subjected to family violence. These include[14]:

- Pregnancy and early year parenting are a period of risk escalation for abuse and violence.
- Separation or post separation is often when violence peaks and peoples' lives are most at risk.
- People with disabilities experience violence at a significantly higher rate than people without disabilities.
- Aboriginal and Torres Strait Islander people also experience higher rates of family violence.
- People in regional areas have less options for services including GPs and allied professionals. Referrals to regional centres or cities may be necessary.
- Family violence is prevalent in same sex relationships. Specialised services should be sought as appropriate.
- Socio economic background is NOT an indicator of risk. Family violence and abuse occurs across the whole spectrum of the community.

8. Police

If you or your patient contacts the police, it is likely that the police will take actions as Tasmanian Police have a pro-intervention response to family violence.

If your patient seeks police support, they will have to make a formal statement (either by going into a police station or by calling the police), which the police will then investigate.

Police may question their partner or even make an arrest. They may also issue a Police Family Violence Order or apply to the courts for a Family Violence Order.

9. Victims Support Services

Victims of crime that occur in Tasmania may be entitled to various forms of support through the Victims Support Services, administered by the Department of Justice.

Most types of support require victims to apply within set time frames (usually within 2 years from the incident). Your patient may need you to write a medical report or provide evidence of injuries suffered.

Refer your patient to Victims Support Services on 1300 663 773 for more information.

10. Note-taking for legal purposes

Your notes may be required as evidence, if charges are laid against the perpetrator.

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

- Describe any physical injuries (including the type, extent, age and location). If you suspect violence is a cause, but your patient has not confirmed this, include your comment as to whether their explanation accurately explains the injury.
- Record what the patient said (using quotation marks).
- Record any relevant behaviour observed, being detailed and factual rather than stating a general opinion, e.g. rather than 'the patient was distressed', write 'the patient cried throughout the appointment, shook visibly and had to stop several times to collect themself before answering a question'.
- Consider taking photographs of injuries, or certifying photographs taken of the injuries presented at the time of consultation. Time stamps on these photos increase the quality of the evidence.

To be good evidence in court, file notes must include date and time, and clearly identify the client. You must clearly identify yourself as the author and sign the file note. Do not include generalisations or unsubstantiated opinions. Correct and initial any errors, set out your report sequentially, and use only approved symbols and abbreviations.

11. Mandatory reporting

You have an obligation to make a formal report if you have reasonable grounds to suspect that a child is at risk of abuse or neglect. In Tasmania, exposure to family violence is considered child abuse.[15]

Exposing children to family violence can have serious psychological impacts. Children may be at risk of significant harm even if it seems unlikely that the violent or abusive person in their home would physically hurt them. Use your professional judgment about the individual circumstances and the nature of the violence. Be clear with the patient about your reporting obligations, and whenever possible, notify her of any plans to make a report or contact other services prior to doing so.

If you have reason to believe that a child is being exposed to family violence, you may consult with Gateway Services or Child Protection Intake Services. Gateway Services are able to connect vulnerable children, young people, and families to voluntary services to alleviate the need for statutory intervention. Gateway Services operate state-wide and can be reached on 1800 171 233. Child Protection Intake is the entry point for statutory child protection service in Tasmania, and phone enquiries or reports can be made by calling 1800 737 639.

More information about mandatory reporting can be accessed through the Department of Health and Human Services.

12. Immigration family violence provisions

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

A report or statutory declaration from a GP detailing physical injuries and/or treatment for 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 your patient has concerns about their visa to stay in Australia, you may wish to refer them to the Migrant Resource Centre (Southern Tasmania: 6231 1264, Northern Tasmania: 6332 2211) or Women's Legal Service Tasmania (state-wide: 1800 682 468).

13. Continuing care

- Consider your patient's safety as a paramount issue. A person affected by violence is usually a good judge of their own safety but should not be relied on alone. You can help to monitor the safety of the patient & their children by asking about any escalation of violence.
- Empower the patient to take control of decision-making; ask what they need and present choices of actions they may take and services available.
- Respect the knowledge and coping skills the patient has developed. You can help build on their emotional strengths, for example, by asking 'How have you dealt with this situation before?'
- Provide emotional support.
- Ensure confidentiality – the patient may suffer additional abuse if their partner suspects they have disclosed, or that they are seeking help.
- 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 them if appropriate.

'I dropped some hints to test the water. [The GP] was supportive without being interfering and because of this I made the decision to tell her. She was fantastic and told me about the [Domestic Violence Line] who I called and put me into contact with a women's refuge. I am rebuilding my life, and looking forward to a happy future'.[16]

14. When your patient is the perpetrator

Consider the safety of victims and their children as the highest priority. Note that perpetrators of violence have a tendency to deny or minimise the violence, or shift blame.

If violence or abuse is suspected and further information is needed, start with broad questions such as:

- *'How are things at home?'*

Then if violence is disclosed, ask more specific questions such as:

- *'Some men who are stressed like you hurt or control the people they love. Is this how you are feeling? Did you know that there are services that can help you?'*

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 never acceptable. It not only affects your partner but your children as well. Did you know there are services which may be able to assist you?'*

15. When both partners are your patients

Special care is required if a patient discloses family violence, and the violent person is also your patient or is a patient within the same service. If you have seen the victim or their children, your primary duty is to them. If the perpetrator is also your patient, you should refer them to another practitioner or another practice, if possible.

If both partners remain within your practice, you will need to take extra caution, for example[17]:

- Establish staff protocols that ensure confidentiality of records.
- There should be no discussion about suspected or confirmed abuse with the violent partner unless the victim consents to it.
- If a person affected by violence agrees that you can talk with their partner about the violence, it is important that a safety plan is in place.

Couple or marital counselling is not appropriate in circumstances where there has been domestic violence, due to the power imbalance in the relationship and the threat to the patient's safety.

16. Subpoenas

As a medical practioner, you could be served with a subpoena relating to a patient. Where family violence is present, dealing with a subpoena requires even more care than usual.

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 (a subpoena to produce and give evidence). Subpoenas are issued as part of a court case such as a criminal law proceeding or a family law dispute, at the request of one of the parties.

It is important to treat subpoenas with caution, especially when the person seeking the information is not your patient, e.g. is their ex-partner. First, check that the subpoena is valid: It must have a court stamp, be served on you before the stated deadline and ensure that conduct money (money that meets the court expenses) has been provided.

You must respond to a valid subpoena – either to obey the orders, or to object. There are various grounds for objecting to a subpoena, for example: the request is too onerous, or the information is 'privileged' (protected by law).

Always contact your patient to let them know that you have been served with a subpoena, and to ask them how they would like you to respond. Note that you may be legally required to go against their wishes.

Subpoenas requesting documents will have a schedule of what material is being sought. Never hand over more than what is listed in this schedule.

In some cases, you or your patient may need legal advice. You could seek guidance from the AMA, the RACGP, your insurer, or a private lawyer. Your patient could get legal advice from their own lawyer, Women's Legal Service Tasmania or Legal Aid Commission Tasmania.

17. Training and resources

RACGP
Abuse & violence: Working with our patients in general practice (white book)
http://www.racgp.org.au/your-practice/guidelines/abuse-and-violence/

AFP
Intimate partner violence: Identification & response in general practice
http://www.racgp.org.au/afp/2011/november/intimate-partner-violence/

1800 RESPECT
National counselling helpline, information & support 24/7, also provides advice and support to professionals.
https://www.1800respect.org.au/

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18. Referrals

Police	000 (emergency) or 131 444 (non-emergency)	Each of the four police geographical districts in Tasmania has a dedicated Victim Safety Response Team. Members of these teams are able to provide a range of services to support victims in crisis situations and improve their safety.
DHHS Family Violence Counselling and Support Service	1800 608 122 (state wide) 9am to midnight weekdays 4pm to midnight weekends www.dhhs.tas.gov.au/service_information/children_and_families/family_violence_counselling_and_support_service	Counselling information and Support service for anyone who needs information about violent or abusive relationships.
Mens Line Australia	1300 78 99 78 www.mensline.org.au	24/7 support, information and referral service, helping men deal with relationship problems.
Victims Support Service	1300 663 773	Victim support service dedicated to victims of crime.
Women's Legal Service Tasmania	1800 682 368 (Free call, will not appear on telephone bills) www.womenslegaltas.org.au	Free legal advice for women in Tasmania, including family violence.
Legal Aid Commission Tasmania	1300 366 611 www.legalaid.tas.gov.au	Free legal advice
Regional Domestic Violence Specialised Services	SOUTH: SHE 6278 9090 www.she.org.au Huon Domestic Violence Service 6264 2222 NORTH: Yemaya 6334 0305 NORTH WEST: RAIN 6424 8581	Specialised domestic violence counselling and other services for women experiencing relationship difficulties and abuse.
Sexual Assault Services	Southern Sexual Assault Service (SASS) 6231 1817 – 24/7 Crisis line Laurel House Launceston 0409 800 394 – 24/7 Crisis line North West Centre Against Sexual Assault (CASA) 6431 9711	Community based services that provide support and information to survivors of sexual assault and abuse.

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