

# Specialist family violence services

## Domestic Violence Victoria outlines what they are and how they can work with medical practitioners

Recently I answered a distraught call from a woman experiencing family violence. Christine (not her real name) had been physically and psychologically abused by her brothers for 30 years. Her elderly father, living with one of her brothers, was now also being abused. Christine was palpably terrified for her own and her father's safety and she urgently needed a service to help her. She had just disclosed her experience of family violence to her GP, who referred her to Domestic Violence Victoria (DV Vic) for help.

DV Vic is the peak body for women and children's services in Victoria. We do not provide specialist family violence services. We could only refer her on to a service in her area. Christine will have to tell her painful story over again

for the third time. She may decide that it's too hard; she may feel that there is no one who can help her; she may feel let down by the system that is there to protect her. And that is before she has even made contact with a specialist family violence service.

I tell this story to highlight the critical role of medical practitioners in the early detection and response to family violence. It is well established that women often (around one in five according to NSW research<sup>1</sup>) first disclose family violence to their doctor. Recognised as a trusted source of information and confidante, general practitioners are in the front line in responding to family violence, making it absolutely critical that their responses are appropriate and effective. We know

that best practice in responding to disclosures of family violence includes non-judgemental listening and validation, an initial safety assessment, appropriate referrals and continuing care. In some cases, mandatory reporting may be required if child abuse is suspected. In Christine's case, the doctor in question didn't have the necessary information at hand to refer her directly to specialist services in her area, resulting in a circuitous and more stressful process which may or may not have led to appropriate support.

As a community we are increasingly aware of the prevalence and impact of family violence. Consequently, general practitioners will see more and more patients who are affected by it. The Victorian Royal Commission is



focusing much needed attention on family violence and systemic responses in this state. There is now a real opportunity for medical practitioners and specialist family violence services to work together to ensure that women and children affected by family violence receive the best response and support possible.

### General Practice and specialist family violence service: partnerships for early intervention

Effective responses to family violence must include a comprehensive and consistent approach to early intervention – capitalising on the opportunities to engage women and children experiencing family violence before their situation reaches crisis point. This is the point where specialist family violence services can develop responsive partnerships with doctors to build capacity, strengthen referral pathways and develop more effective interventions for women and children.

The primary healthcare setting is recognised as an invaluable site for opportunistic interventions with both women and children experiencing family violence. General practitioners are commonly the first point of disclosure because of the trust relationship women have with their doctors and also because, for many women, a visit to the doctor may be one of few permissible external contacts. Research shows that women in this situation visit their doctors more frequently than other women, and children experiencing family violence also present more often to health services.<sup>2</sup> So much depends on the response women receive when they first disclose or seek support to leave a violent relationship. Evidence shows that if a woman's first contact, whether it is with friends or family or services, is met by an uninformed response, they can be reluctant to seek support again, significantly increasing their risk of harm.<sup>3</sup>

First responses to women and children should ensure that:

- she will be believed and her experiences taken seriously;
- her rights will be upheld and her safety protected;
- she will not be judged or experience any disadvantage if she chooses to



return to her violent relationship; and

- she will have accessible options and will be supported to make safe changes for herself and her children.

The critical role that the medical profession plays in the early detection, intervention and treatment of women and children is highlighted in the resource *Supporting patients experiencing family violence*, recently developed by the AMA and the Law Council of Australia. In setting out some general information about family violence, the resource acknowledges the complexity of family violence and appropriate responses to it. This important work can be enhanced and supported by partnering with specialist family violence services in developing effective interventions with women and children.

### What is specialist family violence practice?

Collaborative partnerships are built on a shared understanding of respective skills and practice bases. Family violence services provide a specialist response to women and children experiencing family violence in two core areas: comprehensive risk assessment and safety planning; and advocacy and support for women as they traverse the complex legal and social support systems required for separation. The risk of harm to the woman and her children escalates following separation, making specialist support and safety planning critical at this time.<sup>4</sup>

The specialised skills, knowledge and practice of family violence work has developed over time in response to evidence-based practice and emerging theoretical models within a framework

of broad principles.<sup>5</sup> Understanding the nature and dynamics of family violence and the lived experience of the women and children who suffer it is the underpinning of effective responses. This knowledge informs the specialist practice of family violence workers, as well as the variety of abusive behaviours that constitute family violence – physical, psychological, emotional, financial and sexual abuse. Importantly it includes an understanding that intimate partner violence is overwhelmingly perpetrated by men against women and provides a gendered analysis of the impact of overt and coercive power and control within abusive relationships. This helps to explain the complex dynamic that makes it difficult for women to leave violent relationships, and why women often return multiple times before they finally leave.

### Risk assessment and safety planning

Specialist family violence services are underpinned at every point of contact with a client by ongoing risk assessment and risk management processes. In a family violence context, risk management is a dynamic process. Risks change over time, can shift suddenly and are usually outside the woman's control. This means that her journey throughout the service system is unlikely to be linear. Specialist family violence services provide a continuous response of ongoing risk assessment, safety planning and risk management so that services are responsive to the woman's and her children's safety needs at any point in the process.

Specialist family violence practitioners are uniquely trained to undertake

this sophisticated risk assessment and management. This approach is embedded in the Family Violence Risk Assessment and Risk Management Framework (known as CRAF) which is based on three pillars:

1. evidence based individual risk factors;
2. the victim's own assessment of the level of risk to herself and other family members; and
3. the practitioner's judgement based on a sophisticated understanding of the context and dynamics of family violence.

This process involves a conversation through which an individualised safety plan is developed that integrates police and other services as required. The woman's assessment of her own risk and that of her children is pivotal to this process and it is adaptive to the woman's needs at the time. For example, if she wants to stay or to leave the relationship. As the woman is most at risk of harm when she leaves or is planning to leave a relationship, these conversations must be nuanced and skilfully conducted.

Specialist family violence service delivery is based on a trauma-informed approach. This is a strengths-based approach to understanding and responding to the impact of trauma on women and children. It draws on an understanding of the neurological effects of trauma and the range of adaptive responses and patterns, conscious and unconscious, developed to cope. The need for physical, psychological and emotional safety of women and children is prioritised along with their need to establish a sense of control in their lives.

In summary, the key elements of trauma-informed specialist family violence practice are:

- a safe environment;
- a strengths-based framework that

creates opportunities to rebuild a sense of power and control;

- taking time to build trust through information sharing and mutually agreed boundaries; and
- an understanding of the impact and responsiveness to the impact of family violence-related trauma, which means that women and children who have experienced violence are not blamed or pathologised for the ways that they manage their traumatic stress. It supports women and children to understand why they feel and behave in certain ways.

### Advocacy and support

Specialist family violence services provide women with a range of support options appropriate to their needs at the time, wherever they are on the journey away from family violence. They work on the principle that no contact with women is wasted; that every opportunity to talk about their experience breaks down the process of denial or minimisation that is inherent in the family violence dynamic. Specialist family violence services work with women to facilitate access to various options that may increase their level of safety, and provide information and support that allows women to make decisions about their future. Most women require information and time spent discussing their situation to understand how the dynamics of family violence impacts on their options. Some women have multiple and complex needs such as mental health or substance abuse issues and family violence services will work with them to manage these, sometimes with the assistance of other specialist services.

Additionally, family violence specialists' comprehensive knowledge of the system enables them to support and advocate for women and children as they navigate the complexities of child

protection, liaison with police, courts, and immigration issues. Often women face practical barriers to finding safety and require assistance with income support, financial advice, education, housing or employment. As the only professionals within the family violence system focusing exclusively on women and children and their experience of violence, family violence workers can provide assertive advocacy throughout the process.

### Conclusion

The complexity and time demands involved in responding to family violence necessarily require a specialist practice. While medical practitioners have a key role to play, particularly in facilitating early detection and interventions, they do not have the time, resources or specialised skills to support women and children through the journey of leaving family violence. Family violence specialists can work collaboratively with medical professionals to increase their knowledge and understanding of family violence and to inform their knowledge of referral pathways and appropriate services. They are a valuable resource for the medical profession – doctors cannot be the experts on every presenting issue that presents, but specialist family violence workers can support them to ensure that the first response women and children receive from a trusted source, their doctor, is informed and sensitive. The journey out of family violence is always hard and can be slow, but every supportive and informed contact along the way means that women and children are a step closer to safety.



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5. For a comprehensive overview, see *DV Vic 2015 Specialist Family Violence Services: The heart of an effective system*. Submission to the Victorian Royal Commission into Family Violence [dvvic.org.au/images/DV%20Vic%20Submission%20to%20the%20Royal%20Commission%20-%20Specialisation.pdf](http://dvvic.org.au/images/DV%20Vic%20Submission%20to%20the%20Royal%20Commission%20-%20Specialisation.pdf)
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