DOMESTIC VIOLENCE PROTOCOL:
Responding to Victims of Domestic Violence

Mary Swaffer
Department Of Community And Health Services, Tasmania

FOREWORD

This protocol aims to assist Department of Community and Health Services staff, and workers in community organisations, in responding to victims of domestic violence.

It provides an outline for action, within the framework of the Tasmanian Government Domestic Violence Policy Statement.

This protocol combines the efforts of the Tasmanian Domestic Violence Advisory Committee, the regional Domestic Violence Crisis Services, the Northern Regional Executive, the Northern Regional Health Board and the Northern Region's Women's Health Issues Committee.

The protocol has been endorsed by the Department's Corporate Executive.

I hope that this document will provide a useful framework for staff who are dealing with these very sensitive issues.

Gillian Biscoe
Secretary, Department of Community and Health Services

December 1995
The Tasmanian Government affirms the right of everyone to be safe within their homes and their families.

**DEFINITION**

Domestic violence is a prevalent and serious form of violence. It comprises:

"...behaviour by a person adopted to control their victim, which results in physical, sexual, and/or psychological damage, forced social isolation, or economic deprivation, or behaviour which leaves victims living in fear". (1)

Domestic violence covers a range of criminal offences, including murder, physical assault and sexual assault, as well as psychological, emotional, financial and social abuse. The criminal justice system makes no distinction between crimes of violence in public or private.

**DOMESTIC VIOLENCE PRINCIPLES (2)**

- Domestic assault is a crime.
- The safety and ongoing protection of women and children who have experienced or are experiencing domestic violence are paramount.
- Women and children have a right to live in safety and free of fear within their own homes. The ultimate objective is prevention of domestic violence.
- Effective service responses to domestic violence require a consistent planned approach across all sectors of the community and at all levels of Government.
- Early identification, appropriate intervention and long-term solutions are essential to improve the well-being and life chances of women and children who have experienced domestic violence.
- Education and programs to promote gender equality are necessary to redress community apathy about tolerance of domestic violence.
- Language and the cultural needs of women of non-English speaking background and Aboriginal women must be considered.
- Domestic violence damages the well-being and future life chances of women and children. Domestic violence occurs across all cultural and socio-economic groups.
- Domestic violence is rooted in and perpetuated by existing societal conditions and social relations which reflect gender inequality and promote male power.
- Domestic violence is perpetrated by men in an overwhelming majority of cases (95% of reported cases).
- Acts of domestic violence and its consequences are the sole responsibility of the perpetrator. All services which respond to domestic violence will adopt policies, procedures, programs and training in accordance with these principles.

**Note:** It is important to recognise that domestic violence can occur within a range of relationships. However as violence by men against women is the most common, the language of this protocol is couched in those terms.
1. Definition adapted from the National Committee in Violence Against Women Position Paper.
2. Principles adapted from the NSW Domestic Violence Committee's Statement of Principles.
When to Suspect Domestic Violence

1. Injuries are difficult to account for as being accidental.

2. Client is evasive, embarrassed or ashamed of the injuries.

3. Injuries are on an area of the body usually covered by clothing.

4. There was a substantial or unexplainable delay between the time of injury and presentation for treatment.

5. An accompanying partner wants to speak for the client or insists on staying close to the client.

6. There has been repeated use of accident and emergency services.

7. Medical history reveals many ‘accidents’ and injuries of suspicious origin.

8. The client has vague complaints or pain without a physiological cause.

9. There are suicide gestures or attempts.

10. There is alcohol or drug use.
**ASK ALONE**

It is important that the client is interviewed in private, and never in front of the alleged offender.

Ask alone to:

- respect the client’s right to privacy and confidentiality;
- to ensure the client’s safety;
- enable the client to speak and disclose her experiences without fear of reprisals.

**BELIEVE THE STORY**

The story you hear may be so horrendous that it can seem hard to believe, but that does not mean that it has not happened. A woman is unlikely to make up an allegation of domestic violence.

Victims of domestic violence want to hold their family together, and they can find it difficult to disclose violence for a variety of reasons including:
- Fear of not being believed;
- Shame attached to violence being committed by someone you love;
- Judgement attitudes displayed by workers;
- Threats from the alleged offender to the woman and/or children; and
- Concern for the future, especially for pregnant women.

It is important to indicate to the victims that you believe the story. **Staff should adopt a non-judgemental attitude and provide empathy and support.** Do not blame the victim or absolve the perpetrator from responsibility.

**CALL**

Referral to support services is an important component of care, but obtain the client’s consent first.

- Provide or assist the client to receive medical treatment if required.
- Refer to a social worker or to the Domestic Violence Crisis Service
  (Freecall 1800 633 937 Statewide)
- Refer to sexual assault services if sexual assault is suspected.
- Refer to Police as appropriate. Explain that domestic violence is a crime and advise the client of her legal rights, namely to charge the offender with assault or to obtain a restraint order. The Domestic Violence Crisis Service can assist in obtaining legal advice.
- Be aware of and liaise with other support workers who may be involved, for example refuge workers, Aboriginal or ethnic health workers, disability workers etc. Be sensitive to the needs of disabled women, Aboriginal women and women from a non-English speaking background.
- Clients from a non-English speaking background shall be informed of their right to an interpreter. Contact the Translation and Interpreter Service on 131450. (National, 24 hours).
  - When children are subject to, or at risk of, physical violence it is mandatory for certain professions to notify the Child Protection Service on 008 001 219 (24 hours). [This applies to professionals such as doctors, social workers, child and school health nurses, psychologists and welfare workers.]
Even if not directly abused, children can traumatised by witnessing abuse. Refer to appropriate counselling services if this may be the case.

Regional Contact numbers for these services are attached.

**DOCUMENT HISTORY**

Accurate, detailed records are essential whether or not the woman intends to take legal action at this time. Be aware that the documentation of injuries may provide medico-legal evidence in court.

Record details of:

- Time of arrival.
- Language and dialect spoken, and need for interpreter.
- Physical and emotional behavioural manifestations.
- History given by the client regarding the assault or abuse.
- Own observations and whether this is consistent with the history given by the client.
- Any treatments and referrals given.
- Any partner behaviour which may indicate domestic violence, such as threats or always being present.
- Any involvement by Police, Domestic Violence Crisis Service, Sexual Assault Support Service or other, and the name of the contact officer.
- The names and involvement of family and any other persons in attendance.

**ENSURE SAFETY**

The safety of the client is crucial. Staff should ask the client if she fears for her safety or for the safety of her children. Take all threats seriously. Respect any requests by the client not to see the abusive partner. If the woman or her children are in danger or feel unsafe, contact relevant emergency accommodation services to ensure that they have a safe place to stay. Contact the Police if appropriate.

Staff should also consider their own safety. Internal security or Police may be called to assist if necessary.

Staff should avoid attempts to mediate or explain the violence. In domestic violence the power between the parties is not equal and cannot be negotiated.

**NOTIFICATION REQUIREMENTS FOR HEALTH WORKERS AND OTHER PROFESSIONALS**

Assault, whether it be associated with domestic violence or not, is a serious criminal offence.

Information relating to a serious criminal offence should be reported to the police for further action.

Notification to Police is to be made by the practitioner in charge of the client's care, and wherever possible with the client's agreement.
The Police should be notified, with or without the client's consent, when:

- Serious injuries have been inflicted;
- A weapon has been used; or
- The alleged perpetrator has access to a gun or similar, particularly if threats have been made; or
- There is a reasonable expectation that the client is at risk of further abuse. (Note: This is often the case with domestic violence.)

In all other cases, the victim's right to pursue or not pursue the matter should be respected.

If you have concerns about an individual situation, contact your immediate senior.

The Domestic Violence Crisis Service can also be contacted for advice and information for staff, on 1800 633 937.

ACKNOWLEDGMENTS

1. South Western Sydney Area Health Service
2. Department of Psychiatry, University of Queensland
3. Northern Regional Domestic Violence Protocol Assessment Process, May 1995
## Appendix 1: Northern Region Domestic Violence Contact Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Police Emergency and Ambulance</strong></td>
<td>000</td>
</tr>
<tr>
<td><strong>Police</strong></td>
<td>6336 3701</td>
</tr>
<tr>
<td><strong>Counselling Services</strong></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Crisis Service (DCHC)</td>
<td>Freecall 1800 633 937</td>
</tr>
<tr>
<td>Immediate support, information and referral to accommodation, financial and legal advice.</td>
<td></td>
</tr>
<tr>
<td>Survivors</td>
<td>6334 0305</td>
</tr>
<tr>
<td>Medium to long-term post crisis support for victims of domestic violence.</td>
<td></td>
</tr>
<tr>
<td>Laurel House Sexual Assault Support Service</td>
<td>6334 2740</td>
</tr>
<tr>
<td>A 24 hour crisis service for victims of rape, sexual assault or incest.</td>
<td></td>
</tr>
<tr>
<td><strong>Accommodation Services</strong></td>
<td></td>
</tr>
<tr>
<td>Launceston Women's Shelter</td>
<td>6334 3161</td>
</tr>
<tr>
<td>Short-medium term accommodation, information &amp; support for women</td>
<td></td>
</tr>
<tr>
<td>&amp; children escaping domestic violence. 24 hours. Can arrange transport.</td>
<td></td>
</tr>
<tr>
<td>Karinya Young Women's Shelter</td>
<td>6344 9520</td>
</tr>
<tr>
<td>Short term emergency accommodation for women up to 25 years of age.</td>
<td></td>
</tr>
<tr>
<td>24 hour service. Includes information and support. Can arrange transport.</td>
<td></td>
</tr>
<tr>
<td>Barton Lodge</td>
<td>6326 7711</td>
</tr>
<tr>
<td>Crisis accommodation for women and children escaping domestic violence.</td>
<td></td>
</tr>
<tr>
<td><strong>Children's Services</strong></td>
<td></td>
</tr>
<tr>
<td>Family Services (DCHS)</td>
<td>6336 2376</td>
</tr>
<tr>
<td>Provides assessment, intervention and counselling for children at risk of or experiencing abuse.</td>
<td></td>
</tr>
<tr>
<td>Oakrise Child and Adolescent Centre</td>
<td>6336 2867</td>
</tr>
<tr>
<td><strong>Migrant and Aboriginal Services</strong></td>
<td></td>
</tr>
<tr>
<td>Translating and interpreting Service (National/24 hours)</td>
<td>13 1450</td>
</tr>
<tr>
<td>Migrant Resource Centre</td>
<td>6331 2300</td>
</tr>
<tr>
<td>Tasmanian Aboriginal Centre</td>
<td>6331 6966</td>
</tr>
<tr>
<td>(inc. Aboriginal Legal Service and Aboriginal Health Service)</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Services</strong></td>
<td></td>
</tr>
<tr>
<td>Legal Aid Commission</td>
<td>Freecall 1300 366 611</td>
</tr>
<tr>
<td>Launceston Community Legal Centre</td>
<td>Freecall 1800 066 019</td>
</tr>
<tr>
<td><strong>Other Information Services</strong></td>
<td></td>
</tr>
<tr>
<td>St Helens Domestic Violence Information Service</td>
<td>6376 1134</td>
</tr>
<tr>
<td>Victims of Crime (Response and Referral Service)</td>
<td>6334 1665</td>
</tr>
<tr>
<td>Women’s Information Service (OSW)</td>
<td>Freecall 1800 001377</td>
</tr>
<tr>
<td>Alcohol and Drug Information Service</td>
<td>Freecall 1800 811994</td>
</tr>
<tr>
<td>Aged and Disability Care Information Service</td>
<td>Freecall 1800 806 656</td>
</tr>
</tbody>
</table>
APPENDIX 2  Identifying Domestic Violence

Women may find it difficult to escape a violent relationship because of:
- financial dependence on the alleged offender and fear of having no income;
- violent repercussions and threats (including murder) from the alleged perpetrator, which may also include children, family and friends;
- isolation and/or condemnation from family and community;
- concern about the break up of a family and the effect on children;
- belief that what happens in their partnerships and homes is their responsibility and is a private matter;
- religious and/or cultural beliefs which preclude divorce or separation
- desire for the violence to end but not the relationship;
- hope that the partner will change (she loves him but not the abuse);
- ignorance of community resources and legal rights; and
- concern about custody and safety of children

Questions That You May Find Useful
Where domestic violence appears to be occurring and has not been disclosed, take the initiative to uncover domestic violence. Engage the client in direct questioning about domestic violence, especially if there are any physical and emotional/behavioural manifestations.

Ask open ended questions concerning emotional and physical safety, relationship and finance; such as:
- Do you have any say into how money is spent in the family
- Do you have any money of your own?
- If you work, where does your money go (ie all on housekeeping and maintaining yourself and the children)
- Do you know how much your partner earns?
- Does he keep his money separate and not allow you any access to it?
- Do you have to use a credit card for shopping so he knows what you’ve spent

Relationships
- How are things with your partner? How do you get on?
- How do you resolve differences between you, for example, differences in child rearing practice? (ie is it always his decision or does he expect you to make all the decision regarding the children?)
- What are his expectations of a women’s role as housekeeper, mother, sexual partner?
- Does he get angry about small things, (ie the house being untidy, dinner not being ready exactly on time, or children speaking when he wishes silence)?
- What interests do you have apart from your home and relationships? (ie do you have freedom to see your own friends and family, have your own activities and go out without him).

Finances
Questions about how money is handled can be extremely revealing.
- Has he behaved in an aggressive way, smashing his fist on the table, into walls, standing over you demanding you sit still, be quiet?
- Are you scared at home’?
• Do you get enough (or any) house-keeping money?

• Has he threatened to harm you?
• Has he threatened to kill you?
• Is there a gun or ammunition in the house?

• Are you able to say no to sex if you don’t feel like it?
• Has he forced you to have sex?

• Has he emotionally blackmailed you into having sex, (eg it’s your duty and his right, using church dogma to reinforce this)?
• Have you had sex in ways that you don’t wish to, performing acts that you did not wish to participate in?
**Signs to Look For**

Domestic violence should be suspected when the injuries or the emotional/behavioural manifestations do not match the explanation given by the victim or alleged offender.

**Physical Signs:**
- Injuries will often be minimised by the woman and/or her husband or partner.
- Serious bleeding injuries are common, especially to the face, head and internal organs.
- Breast, chest, genitals and abdomen are often specific target areas, especially if the woman is pregnant. Violence often escalates during pregnancy.
- Single or multiple bruising to any or all parts of the body is common, often where it can be hidden by clothes or hair.
- Burns - appliance, stove and cigarette burns are common.
- Dental problems - soft tissue injuries to the mouth area, fractured teeth or damaged facial features.
- Perforated ear drums.
- Injuries that appear untended such as old untreated fractures.

Other complaints include headache, chest or back pain, hyperventilation, insomnia, choking, gastrointestinal pain. Violence often increases or starts for the first time during pregnancy and that may be when domestic violence victims come to the attention of health workers.

**Emotional and Behavioural Signs:**
Domestic violence may result in health problems not easily linked to violence, particularly if the client does not disclose that she is being abused.

She may be suffering depression or state that she is unable to cope. Signs may include:
- Panic attacks;
- Heart palpitations;
- Severe crying spells;
- Signs of depression, including tiredness, lethargy, lack of motivation, pessimism, poor sleep patterns;
- Low self esteem;
- Suicidal behaviour;
- Drug abuse or non-compliance with medication;
- Difficulty concentrating/limited attention span; and

- Constant presentations to health services without detection of a cause for the signs.

**Children**
Children may be either victims or traumatised observers. Often a child is the identified client, presenting with nightmares, bed wetting, being withdrawn or acting out behaviour.