

When She Talks To You about the Violence

A toolkit for health practitioners in Victoria

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In Victoria, family violence is the leading contributor to morbidity and mortality in women aged less than 45.¹

Over 1 in 5 women make their first disclosure of domestic violence to their health practitioner.²

You may be the only person she will tell.

Your skills and sensitivity are essential.



Preamble

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

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.³

This toolkit contains guidelines for patient/client care, from a range of sources, as well as some legal information relevant to your role as her health practitioner.

The medical profession [and other allied health and community service providers] have 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.⁴

Responding effectively to family violence requires knowledge of the physical and emotional consequences of the violence, an understanding of appropriate and inappropriate responses, and a sound awareness of the family violence and related services.

After family and friends, victims are most likely to tell health professionals about violence.⁵

¹ K Hegarty (2009). How to treat: Domestic violence. Available at www.australiandoctor.com.au

² ‘22.5% of women make their first disclosure of domestic violence to their GP’. Routine Screening Impact Evaluation Study (2008).

³ G Roberts et al ‘Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence’ London: Churchill Livingstone Elsevier, 2006, 19-40 in *Abuse and Violence: Working with Our Patients in General Practice* (3rd ed), The Royal Australian College of General Practitioners, Victoria, 11.

⁴ Australian Medical Association (1998) *AMA Position Statement*, 1.

⁵ Keys Young ‘Against the Odds: How Women Survive Domestic Violence’ Office of the Status of Women, 1998.

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The materials presented in this document are for information purposes only. Information about the law is presented in summary form and should not be relied upon as a substitute for professional legal advice.

1. What is family violence?

Family or domestic violence is **an abuse of power** within a close relationship, or after separation. It involves one 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 (i.e. use of faith/belief to control or damage another)
- stalking and intimidation
- social and geographic isolation
- financial abuse (e.g. limiting access to assets and/or finances to gain power and control in the relationship)
- cruelty to pets
- damage to property

Family violence usually involves a **cyclic or sustained pattern of abusive behaviours and attitudes that may escalate over time**.

Most domestic violence is perpetrated by men, against women and children⁶. However, women can also be perpetrators of violence, and domestic violence also happens in same-sex relationships. In some cases, the violence might be by a young person against a parent or relative.

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.

A person who **causes a child to hear or witness**, or otherwise be exposed to the effects of an incident, is also committing family violence.

Family violence occurs in all areas of society, and affects the entire community.

⁶ '87% of victims of intimate partner violence are women'. Access Economics (2004). The cost of Domestic Violence to the Australian economy (Part 2), Office for the Status of Women.

2. Indicators

‘When assessing your patient... remember that most presentations of family violence are probably hidden and not the obvious black eye.’⁷

The following are indicators associated with **female** victims of family violence.

General indicators
<ul style="list-style-type: none"> Delay in seeking treatment or inconsistent explanation of injuries Non-compliance with treatment or attendance Accompanying partner who is overattentive, or who does most of the talking Multiple presentations at your practice / may appear after hours Recent separation or divorce Abused as a child Abuse of a child in the family
Physical indicators
<ul style="list-style-type: none"> Obvious injuries, especially to the head, neck or multiple areas Bruises in various stages of healing Injuries on the body hidden from view Sexual assault Injuries to bone or soft tissue, which do not fit the history given Bite marks, unusual burns Chronic conditions (e.g. headaches, muscle/joint aches, back pain) Chronic pelvic or abdominal pain Numbness and tingling from injuries Sexually transmitted disease Gynaecological problems
Psychological / behavioural indicators
<ul style="list-style-type: none"> Depression Self-harm or suicide ideation Emotional distress (e.g. anxiety, panic, indecisiveness, confusion, hostility) Sleeping and eating disorders Somatoform disorder Post-traumatic stress disorder Evasive or ashamed about injuries Identifiable social isolation / no access to transport Appearing anxious in the presence of the partner Frequent absences from work or studies Submissive behaviour / low self esteem Alcohol or drug abuse
Indicators in pregnancy
<ul style="list-style-type: none"> Injuries on the body hidden from view (e.g. breasts, abdomen, genitals) Accidents occurring during pregnancy Miscarriages and other pregnancy complications Unwanted pregnancy Antepartum haemorrhage Lack of antenatal care Low birth weight of infant

⁷ K Hegarty (2001). 25th Congress Medical Women’s International Association, Sydney, www.regional.org.au/au/mwia

3. When you encounter family violence

The following flowchart can be used as a guide for how to respond when you identify family violence through your work with patients/clients:

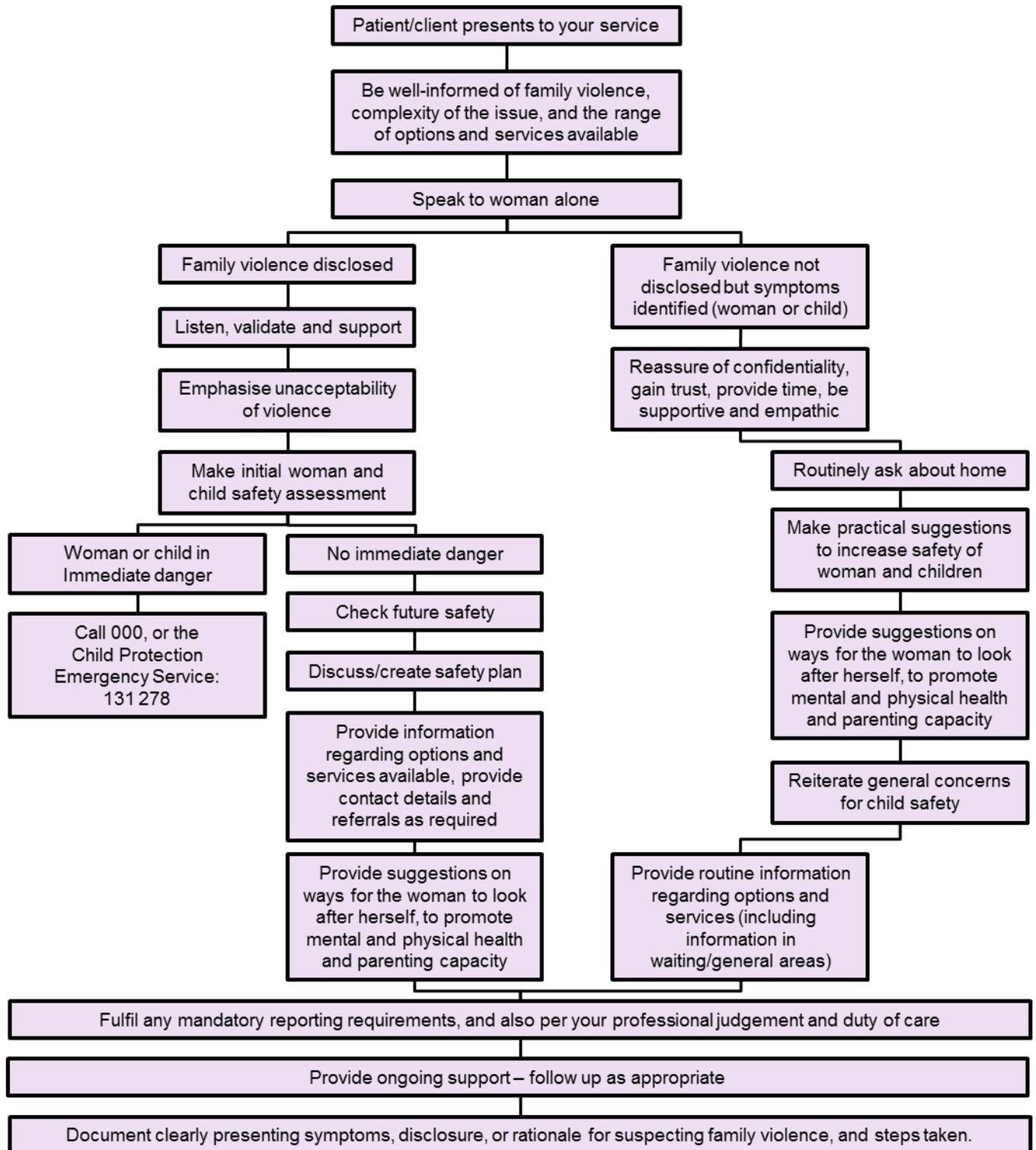


Figure 1: Response to family violence flowchart

4. How to ask your patient

Health practitioners may fail to enquire about family violence due to a number of barriers:

- Fear of offending the woman
- Lack of training/knowledge about what to do
- Lack of confidence – ‘how do I respond?’
- Perceived lack of time
- Lack of resources
- Belief that the woman will not leave the relationship

*In any situation that you suspect 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 her alone, separate from her partner or any other family members.

You can always ask **broad questions** about whether your patient’s relationships are affecting her 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 women 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?’⁹
- ‘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’⁹

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?’

⁸ K Hegarty (2001). 25th Congress Medical Women’s International Association, Sydney. www.regional.org.au/au/mwia

⁹ K Hegarty et al. (2000) ‘Domestic Violence in Australia: Definition, Prevalence and Nature of Presentation in Clinical Practice’. 173 *MJA* 363-367.

5. Responding to a disclosure

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

*Patients... value emotional support from healthcare professionals, careful and non-judgmental listening, and reassurance that the abuse is not their fault and that negative feelings are understandable.*¹⁰

Listen – Being listened to can be an empowering experience for a woman who has been abused.

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 is unacceptable; you do not deserve to be treated this way.’

Be clear that she is not to blame – Reiterate that the woman is not responsible for the violence, and that she is not able to control the violence by changing her behaviour.

Do not ask

- ‘Why don’t you leave?’
- ‘What could you have done to avoid this situation?’
- ‘Why did he hit you?’

When your patient does not speak fluent English

If your patient’s fluency in English is a barrier to discussing these issues, you should work with a qualified interpreter. Don’t use her partner, other family members or a child as an interpreter. It could compromise her safety, or make her uncomfortable to talk with you about her situation. You can contact the following service for professional assistance:

Doctors’ Priority Line	1300 131 450 (24 hours)	A free telephone interpreting service to assist health practitioners to communicate with patients from non-English speaking backgrounds.
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¹⁰ C George et al, *Domestic Violence: A Report from the BMA Board of Science*, 2007. British Medical Association.

6. Initial safety planning

Assist your patient to evaluate her immediate and future safety, and that of her children.

Best-practice risk assessment involves:

- 1) Seeking the facts about her particular situation
- 2) Asking her about her own perception of risk
- 3) Using professional judgment.

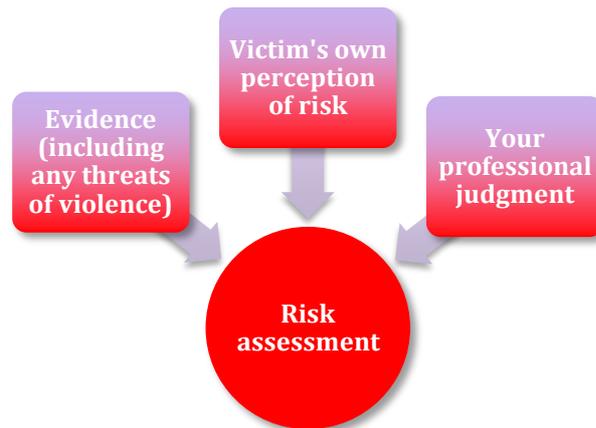


Figure 2: Aspects of best-practice risk assessment

The **continuum of aggression** can be a useful tool for identifying your patient's perception of **past** and **current** levels of her partner's aggression. Using this tool with your patient to identify level of current aggression can indicate the need for immediate action, as well as assist in safety planning.



Figure 3: Continuum of aggression

*'Listen to your patient about how safe she feels - she knows'*¹¹

¹¹ Warren L (2014). *Stalking and Threat Management in Family Violence*. Invited presentation at Mind Your Family Conference, Melbourne

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

- **Speak to the woman alone**
 - If this proves difficult, achieve privacy by stating you will be performing a test or examination that will necessitate her partner to leave the room.
- Check for **immediate concerns**
 - Does she feel safe going home after the appointment?
 - Are her children safe?
 - Does she need an immediate place of safety?
 - Does she need to consider an alternative exit from your building?

If your patient is in **immediate danger**, she (or you) should call triple zero:

Emergency Line	000	Anyone in immediate danger should call the police
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- If immediate safety is not an issue, check her **future safety**
 - Does he have weapons?
 - Does she need a referral to police or a legal service to apply for an Apprehended Violence Order?
 - Does she have **emergency telephone numbers**?
 - Does she need a referral to a domestic violence service to help make **an emergency plan**:
 - Where would she go if she had to leave?
 - How would she get there?
 - What would she take with her?
 - Who are the people she could contact for support?
- Document any plans made, for future reference.

*It is important to remember that the true goal... is to prevent violence, not predict it.*¹²

If your patient is **not in immediate danger**, you can utilise the following referral information:

Safe Steps (formerly known as the Women's Domestic Violence Crisis Service of Victoria - WDVCS)	1800 015 188 or (03) 9322 3555 (24 hours)	State-wide service offering confidential information, support and access to safe accommodation or refuges for women and their children fleeing domestic violence.
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¹² D Dutton. & R Kropp (2000), 'A review of domestic violence risk instruments', Trauma, Violence and Abuse, vol. 1, no. 2, pp.171-181, at 179.

Victoria Police Centre Switchboard	(03) 9247 6666 (8am-4pm Mon-Fri) Or contact your local police station via phone or in person.	Reporting a non-emergency family violence incident.
InTouch – Multicultural Centre Against Family Violence	1800 755 988 or (03) 9413 6500 (10am-4pm Mon-Fri)	Provides services, programs and responses to issues of family violence in culturally and linguistically diverse communities.
1800 RESPECT - National Sexual Assault, Family & Domestic Violence Counselling Line	1800 737 732 (24 hours)	For any Australian who has experienced, or is at risk of, family and domestic violence and/or sexual assault.

You can provide your patient with the more extensive *Contact Information for Women and Children* referral list (please see end of document), comprising regional, state and national family violence and related services.

Risk assessment is an ongoing process. You may need to check in on your patient to follow up on any initial safety plan, to enquire about the services she may have contacted, and to see how she is coping. See section 18 – ‘Providing ongoing support’.

7. When she stays with him

When a woman chooses to remain in, or return to, a violent relationship:

- Discuss with your patient the range of options available to her available now or in the future, without judgement
- Advise that family violence impacts children, and reinforce the importance of her children's safety and well-being.
- The woman is not responsible for the violence, and you must be sensitive to ensure that you provide support rather than blame.

Recognise and validate a woman's strength and right to choose:

- Validate the experience of the woman
- Acknowledge her demonstrated survival skills
- Identify good parenting practices that support children's safety and wellbeing, which she can build on.

Provide women with ways to look after themselves¹³:

- Access to social supports
- Taking time out for themselves
- Nurturing activities will help with stress, have a positive effect on mental and physical health and help to counter the effects of isolation that often characterise family violence.

Assist the woman to develop an emergency safety plan for the family:

- This is an individual plan that provides an escape avenue for the woman and children.
- Provide and talk through the list of emergency contact numbers and relevant services (see end of document)
- Ensure that all essential items will be available when needed (e.g. items such as identification, medical documents and bank details). These items could be left with a friend or a neighbour in case the woman has to leave the home suddenly with the children.
- Where needed, and especially when requested by the woman, provide information about and assistance in obtaining AVOs or other legal support to enhance safety.

Although published as a guide for GPs, '*Abuse and violence: Working with our patients in general practice*' (the white book) is a useful and relevant resource for many professionals who encounter family violence through their work with people, and is available free online:

<http://www.racgp.org.au/your-practice/guidelines/whitebook/>

¹³ NSW Department of Community Services (2008). Brighter futures practice resource: Domestic and family violence vulnerability. Available: www.community.nsw.gov.au

8. When she has not disclosed

Family members often don't disclose domestic violence for a range of reasons:

Women may not disclose due to:

- Fear of children being removed from their care
- Fear of increase in violence
- Emotional bond to partner

Children may not disclose due to:

- Loyalty
- Protection of both parents

Don't expect immediate disclosure of family violence¹⁴. What you can do when there has been no disclosure:

- Build trust
- Reassure privacy and confidentiality
- Be supportive and compassionate
- Provide time
- Routinely ask about home, family and partner (the woman may disclose at a later date)
- Determine if presenting 'problems' indicate family violence
- Provide support through practical suggestions to increase the safety and wellbeing of children and to enhance parenting capacity
- Provide women with ways to look after themselves, to promote mental and health effects that can counter the violence, and to enhance parenting capacity
- Reiterate general concerns for the children's safety
- Be empathic to the complexity of the issue, and of barriers to disclosure
- Be well aware of, and inform the woman about, the range of options and services including emergency support. This includes placing brochures and posters in your place of business
- **Do not pressure the woman to disclose.**

Abuse doesn't get better if you don't do anything; it just keeps getting worse. You can help the women be her own friend, and help her find compassion for herself.

¹⁴ NSW Department of Community Services (2008). Brighter futures practice resource: Domestic and family violence vulnerability. Available: www.community.nsw.gov.au

9. Helping children to stay safe

Extensive research confirms the devastating impact of family violence on children's lives. In utero and as an infant, the developing brain organises itself in response to family violence events. Stress responses associated with family violence, whether the child is the **primary** or **secondary victim**, can affect physical and emotional development resulting in long-term maladaptive outcomes.

If the abused woman fears for her safety, or for the safety of her children, it is important to take the children away from the situation as soon as possible. Practitioners need to work closely with mothers to ensure the safety of their children.

Practitioners and mothers need to be able to identify victims of family violence early on. While children will react in unique ways to family violence, some indicators that may identify the need for intervention are:

Indicators at younger ages
<ul style="list-style-type: none"> Difficulty eating / sleeping Slow weight gain Appearing nervous and withdrawn Delays or problems with language development Physical complaints Regressive behaviour to an earlier developmental stage (e.g. thumb sucking/bedwetting) Restlessness and problems with concentration Difficulty adjusting to change Becoming a victim or perpetrator of bullying Aggressive behaviour and language Noticeable decline in school performance Overprotective or afraid to leave mother
Indicators at older ages
<ul style="list-style-type: none"> Difficulty eating / sleeping Depression, anxiety and/or suicide attempts Appearing nervous and withdrawn Difficulty adjusting to change Aggressive behaviour and language Psychosomatic illness / physical complaints Restlessness and problems with concentration Dependent, sad or secretive behaviours Becoming a victim or perpetrator of bullying Starting to show cruelty to animals Noticeable decline in school performance Impulsivity Hyperactivity Fighting with peers Eating disorders Stealing and social isolation Abuse of siblings or parents Alcohol and other drug use Exhibiting sexually abusive behaviour Feelings of worthlessness Transience

A child exposed to family violence may learn that it is acceptable to behave in a degrading way to other people, copy their parental role models, and behave in similarly destructive ways in their adult relationships. **Early identification and intervention can greatly impact the child's life.**

What can you do?

You can provide women with suggestions about how to support their children, and also model this behaviour:

- Reassure the child that the violence is not their fault
- Give the child an opportunity to talk about the violence and their feelings and worries
- Let the child know that you want to know how they feel
- Help the child to identify people that they can trust
- Let the child know that others have had similar experiences
- Let the child know that it is not their role to protect a parent or other family member.

Be familiar with the following services, which you can utilise to help children to stay safe:

Child Protection Emergency Service (DHS)	131 278 (24 hours)	To report concerns of physical injury and/or sexual abuse of a child after hours, where the matter is urgent and cannot safely be left until the next working day
Sexual Offences and Child Abuse Investigation Teams (SOCIT)	<p><u>North-West Metropolitan:</u> Brimbank: (03) 9313 3460 Diamond Creek: (03) 9438 8320 Epping: (03) 9409 8174 Fawkner: (03) 9355 6100 Footscray: (03) 8398 9860 Melbourne: (03) 8690 4056</p> <p><u>Southern Metropolitan:</u> Dandenong: (03) 8769 2200 Frankston: (03) 8770 1000 Moorabbin: (03) 9556 6124</p> <p><u>Western Victoria:</u> Ballarat: (03) 5336 6055 Bendigo: (03) 5444 6752 Colac: (03) 5230 0043 Geelong: (03) 5246 8111 Horsham: (03) 5382 9241 Ararat: (03) 5355 1500 Mildura: (03) 5023 5980 Swan Hill: (03) 5036 1600 Warrnambool: (03) 5560 1333</p> <p><u>Eastern Victoria:</u> Bairnsdale: (03) 5150 2677 Benalla: (03) 5760 0230</p>	SOCITs are teams of specialist detectives who investigate complex crimes of sexual assault and child abuse. SOCITs deal with the case from disclosure through the investigation process and during court. They work in partnership with other services to ensure an empathic and comprehensive response to victims of sexual assault and child abuse.

	<p>Box Hill: (03) 8892 3292 Knox: (03) 9881 7939 Morwell: (03) 5131 7014 Wonthaggi: (03) 5671 4100 Sale: (03) 5142 2200 Seymour: (03) 5735 0208 Shepparton: (03) 5820 5878 Wangaratta: (03) 5560 0895 Wodonga: (02) 6049 2671</p>	
Multidisciplinary Centres (MDCs)	<p>Currently there are four MDCs at the following locations:</p> <p>Dandenong: (03) 8769 2200 Seaford: (03) 8770 1000 Geelong: (03) 5223 7222 Mildura: (03) 5025 5400</p> <p>Further MDCs are planned for Bendigo, Latrobe Valley and Metropolitan Melbourne.</p>	<p>MDCs involve multiple agencies working collaboratively to provide an integrated and comprehensive response to victims of sexual assault and child abuse. MDCs improve and integrate the investigation, quality of evidence, and support for victims. They aim to increase reporting and reduce attrition, and improve the capacity of agencies to work collaboratively to achieve best outcomes for the victim.</p>
Child Protection (DHS) - Business Hours	<p>For a list of regional contacts:</p> <p>http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/child-protection-contacts</p>	<p>To report, or to make a mandatory report, where a child or young person has suffered, or is at risk of, significant harm.</p>
Child FIRST	<p>For a list of regional contacts:</p> <p>http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams</p>	<p>There are 24 Child and Family Information, Referral and Support Teams (Child FIRSTs) across the state. Each Child FIRST provides a central referral point to a range of community-based family services and other supports within each of the Child FIRST catchment areas.</p> <p>To make a referral where there are significant concerns for the wellbeing of a child, including before the birth of the child.</p>
Kids Helpline	<p>1800 551 800 (24 hours)</p>	<p>A free counselling service for children and young people (age 5-25 years)</p>

10. Is prevention possible?

In Australia, the extent of family violence – and its accompanying significant health and economic burden – has become strikingly evident and, as such, has had a major impact on policy development. Prevention is a key priority in the *National Plan to Reduce Violence against Women and Their Children 2010-2022*¹⁵. As the first point of contact for many victims, **primary care practitioners play a critical role** in the prevention and early detection of family violence.

In working with your patient, family violence prevention can involve the implementation of strategies that are aimed at **stopping the violence before it occurs**, detecting risk and targeting the **early signs of violence**, and **reducing the consequences** and impacts of violence – including preventing recurrence.¹⁶

As a primary care practitioner, it is timely and important to critically reflect on your current state of knowledge and practice regarding family violence.

In your practice, how do you...

- **Educate yourself** on the resources and services available in the community?
- Promote **equal and respectful relationships** between men and women?
- Promote **non-violent social norms**?
- Identify patients who may be at **particular risk** of developing violent behaviours?
- Identify the **early signs** of violent behaviour?
- Reduce the effects of patients' **prior exposure to violence**?
- Provide **access to resources** and **refer to systems of support**?
- Reduce the **overall impact** of family violence on women and children?

The goal of prevention is a relatively new approach to addressing the issue of family violence. Specific strategies (e.g. campaigns, use of social media, community education programs, school-based prevention education, and policy reform) are currently being developed and tested for efficacy – however health practitioners also play an important role in achieving family violence prevention.

11. Mandatory reporting

Victoria Police regard family violence as extremely serious, often resulting in criminal behaviour. The nature of violence in family relationships is seen as particularly insidious because it is an abuse of trust. There is often a continuing threat to the victim, or their children and extended family members.

If a patient talks about experiencing or perpetrating violence, you may need to report this. Depending on your profession, you may be legally required to report if you suspect that a child is at risk of significant harm (reporters do not need to prove the need for protection or that abuse has taken place).

¹⁵ Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (2013). *National Plan to Reduce Violence against Women and Their Children 2010-2022* (The National Plan).

¹⁶ I Walden & L Wall (2014) *Reflecting on Primary Prevention of Violence Against Women: The Public Health Approach*. Australian Centre for the Study of Sexual Assault (ACSSA) Issues, No. 19

Exposure to domestic violence, even if not the primary victim, can have a serious psychological impact on children. Use your professional judgment about the individual circumstances and the nature of the violence. Beyond current mandatory reporting requirements, from an ethical standpoint, all professionals have a duty of care to the children whom they encounter through their work.

Further, a report made in good faith does not constitute a breach of professional ethics, and does not constitute a contravention of the Health Services Act 1988 or the Mental Health Act 2014.

The Victoria Police Code of Practice for the Investigation of Family Violence (2014) encourages reporting of incidents of family violence, and supports an integrated response to family violence.

Victoria Police Centre Switchboard	(03) 9247 6666 (8am-4pm Mon-Fri) Or contact your local police station via phone or in person.	Reporting a non-emergency family violence incident.
Child Protection (DHS) – Business Hours	For a list of regional contacts: http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/child-protection-contacts	To report, or to make a mandatory report, where a child or young person has suffered, or is at risk of, significant harm.

12. Financial assistance

Victims of violent crime that occurred in Victoria may be entitled to various forms of support through the State Government of Victoria’s Department of Justice Victims of Crime Assistance Tribunal (VOCAT).

If your patient has experienced family violence, she may be eligible to receive financial assistance for:

- Counselling
- Medical expenses
- Immediate safety-related needs (e.g. relocation costs, security expenses, window/lock repairs)
- Loss of earnings

Some victims may also be granted a recognition payment depending on the nature of violence that occurred. Most types of support require victims to apply within set time frames.

Your patient may need to provide documentation that supports their application, such as evidence that she has experienced or is experiencing a significant adverse effect (e.g. a medical/psychological report).

Victorian law now make it easier for your patient to remain in her home while the abusive family member is removed.

You can refer your patient to VOCAT and/or the Victims of Crime Helpline to seek financial assistance as required.

Victims of Crime Assistance Tribunal (VOCAT)	1800 882 752 vocat.vic.gov.au	Refer your patient to VOCAT for advice about applying for financial assistance, including Special Financial Assistance
Victims of Crime Helpline	1800 819 817 (phone) 0427 767 891 (text) Open 8am-11pm, 7 days victimsofcrime.vic.gov.au	Your patient can call or text this helpline for advice and support: <ul style="list-style-type: none"> - reporting a crime - victims' rights - how courts work - how to apply for compensation and financial assistance - finding other useful services

13. Immigration law and family violence

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 she needs 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 her dependent child.

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 Citizenship to access the provisions.

If your patient has concerns about her visa to stay in Australia, you can refer her to the following:

Immigrant Women's Domestic Violence Service (IWDVS)	1800 755 988 (03) 8413 6800	Funded by DHS Victoria, IWDVS provides culturally sensitive services, state-wide, to meet the needs of women and children from diverse backgrounds, who are affected by family violence.
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Victorian Immigrant & Refugee Women's Coalition (VIRWC)	(03) 9654 1243	VIRWC is a peak body representing immigrant refugee women's organisations across Victoria. The coalition provides representation, capacity building support and advice for a range of organisations whose priority is the development and support of refugee women
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14. The impact of drugs and alcohol

Family violence has long been associated with alcohol and drug abuse. While the causes of family violence are complex, substance abuse makes behavior less predictable and family violence more severe. The increasing use and abuse of the drug, ice, in our society is a significant contributor to family violence and family breakdown.

If your patient discloses her own or her partner's alcohol or drug abuse, or if you suspect substance abuse, you can assist by providing access to treatment and services. **Being drug or alcohol affected is not an excuse for family violence.**

If children are involved, you can facilitate by providing an increased awareness of the impact of substance abuse and related violence on parenting capacity and child safety and wellbeing, and support your patient to engage the relevant services.

Counselling Online	1800 888 236 (24 hours)	A free drug and alcohol confidential counselling and referral service, for people wanting to discuss any alcohol or other drug related problems
Drug Information in Other Languages	1800 123 234	Fact sheets in a number of languages providing information about drugs, including prevention and services
Lifeline	13 11 14	Counselling for anyone who requires help to cope with life.

15. When your patient is the perpetrator

‘Our most important research finding is that most who threaten to kill will not, but many who do kill threaten first...if you talk about violence you become more likely to commit violence’¹⁷

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

The following are indicators associated with **male perpetrators** of family violence¹⁸:

Perpetrator risk factors
History of violence in past relationships
History of antisocial conduct in other contexts
Attitudes that support violence
History of explicit threats
History of stalking
Substance abuse
Personality disorder (especially psychopathy)
Seeing partners as sexual property
Homicidal and/or suicidal ideation
History of maladaptation to situational stress
Minimisation or denial of aggression

If violence 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, when they are stressed, hurt 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?’*

¹⁷ Warren L (2015) in R Spooner’s The Age Victoria article: Forensic Psychologist Dr Lisa Warren Evaluates Threat of Patients who Promise to Kill.

¹⁸ Warren L (2014). *Stalking and Threat Management in Family Violence*. Invited presentation at Mind Your Family Conference, Melbourne

Where possible, engage with men around¹⁹:

- Raising their awareness of the effects of their violence on their children
- Taking responsibility for their violence (and where this succeeds refer to an appropriate service)
- Encourage the development of motivation to address, and change, violent behaviour
- Identifying the ways the man can better promote the safety and wellbeing of his children. This can be achieved by focusing on the man’s parenting responsibilities, and developing a safety/responsibility plan.
- Focus on and validate the man’s parenting strengths to encourage positive interactions and strengthen the parent-child relationship.

Change requires effectively challenging the **distorted attitudes that have served to justify, minimise or deny their violence.**²⁰

In addition to the two telephone services listed on the next page, you can provide your patient with the *Contact Information for Men* referral list (please see end of document), comprising state and national services that are available to help male perpetrators of family violence.

When working with a male patient who is violent toward their family, you can access the following (free) helpful resource, titled ‘*Guidelines for Working with Perpetrators of Domestic and Family Violence in Brighter Futures*’:

http://www.community.nsw.gov.au/docs/wr/_assets/main/lib100044/brighter_futures_domestic_violence_guidelines.pdf

Men’s Referral Service	1800 065 973 (9am-9pm, Mon-Fri) (03) 9428 2899 1300 766 491	The Men’s Referral Service provides anonymous and confidential telephone counselling, information and referrals to men to help them take action to stop using violent and controlling behaviour.
MensLine Australia	1300 789 978 (24 hours)	MensLine Australia is the national telephone and online support, information and referral service for men with family and relationship concerns. The service is available from anywhere in Australia and is staffed by professional counsellors, experienced in men’s issues.

¹⁹ NSW Department of Community Services. Guidelines for Working with Perpetrators of Domestic and Family Violence in Brighter Futures. Available: www.community.nsw.gov.au

²⁰ Warren L, Ogloff J & Mullen P (2012). The Psychological Basis of Threatening Behaviour. *Psychiatry, Psychology & Law*, 20(3) 329-343

16. When both partners are your patients/clients

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 her 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 both partners remain within your practice, you will need to take extra caution, for example²¹:

- Ensure confidentiality of records.
- There should be no discussion about suspected or confirmed abuse with the violent partner unless the woman consents to it.
- If a woman agrees that you can talk with her partner about the violence, it is important that a safety plan is in place.

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

17. Subpoenas

As a health practitioner, when family violence has occurred, you could be served with a subpoena relating to a patient.

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 her ex-partner). First, check that the subpoena is valid: has a court stamp, has been served on you before the stated deadline and that conduct money 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).

²¹ Based on Ferris, L.E., Norton, P.G., Dunn, E.V., Gort, E.H. & Degani, N., 'Guidelines for managing domestic abuse when male and female partners are patients of the same physician', *Journal of the American Medical Association*, vol. 278, no. 10, 1997, pp. 851-857.

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

Make sure that the documents are **delivered to the court** and not to the party who requested the subpoena.

In some cases, you or your patient may need legal advice. You can seek guidance from the AMA, the RACGP, your insurer, or a private lawyer. Your patient could get legal advice from her own lawyer, or a community legal centre.

Women's Legal Service Victoria	1800 133 302 (03) 8622 0600	For free and confidential legal information, advice, referrals and representation for women in Victoria, specialising in issues arising from relationship breakdown and violence against women.
Victoria Legal Aid	Mon-Fri 8:45am - 5:15pm 1300 792 387 (03) 9269 0120	For free information about family violence intervention orders and how we can help you with your legal problem

18. 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 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 her 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 – for example, rather than ‘the patient was distressed’, write a description such as ‘the patient cried throughout the appointment, shook visibly and had to stop several times to collect herself before answering a question’.

Consider taking photographs of injuries, and include at least one face shot for proof of identification. Certify any photographs taken of the injuries presented at the time of consultation. Make sure you date all photographs.

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.

19. Providing ongoing support

Consider your patient's safety as the primary issue:

- A woman is usually a good judge of her own safety
- You can help to monitor the safety of her and her children by asking about any escalation of violence

Empower the woman to take control of decision-making:

- Ask what her immediate and longer-term needs are
- Present the multiple choices of action she may take
- Inform her of services available to aid specific choices

Respect the knowledge and coping skills she has developed:

- You can help her to build on her emotional strengths, e.g. by asking *'How have you dealt with this situation before?'*

Provide ongoing support:

- Ongoing healthcare
- Emotional support
- Ensure confidentiality – the woman may suffer additional abuse if her partner suspects she has disclosed the abuse.

Be familiar with appropriate referral services and their processes:

- Patients may need your help to seek assistance
- Have information available for the patient to take with her if appropriate (See attached the list of key contacts)

'I dropped some hints to test the water. [My practitioner] 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 service] 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'²²

²² C George et al, *Domestic Violence: A Report from the BMA Board of Science*, 2007. British Medical Association.

20. Managing your own safety and well-being

While it is rare for ‘witnesses’ of family violence to be targeted by a perpetrator²³, be aware of your own safety when dealing with family violence matters:

- Know about and comply with your practice/organisation’s safety protocols
- Discuss issues with your colleagues
- Trust your own instincts about your safety
- Offer support to colleagues when necessary, and generally contribute to a workplace ethos of support and staff care
- Seek police support if you feel your safety is being threatened.

Your personal safety is paramount. If your own safety is ever threatened when assisting a victim of family violence, it is imperative to seek police support. Also, your report will often add weight to any case being made against the perpetrator.

Maintain your own well-being:

- Recognise and manage your own stress when dealing with complex and seemingly hopeless family violence cases
- Maintain clear boundaries
- Debrief with colleagues
- If you need to, ask for help.

21. Conclusion

When you are the person she talks to about the violence, your response influences her decision-making in addressing the problem. It is important for you to have a sound and current understanding of the complexity of family violence, of the relevant legal frameworks, and the local and state-wide services that are available to help her and her children. Her safety, and that of her children, should be the primary goal of any management plan. Further, know that the impact of the violence on her children will usually be a key motivator for her instigating change.

The challenge for you, as her health practitioner, is to overcome any avoidant or quick-fix impulses you might have. Seek professional advice from the relevant services/resources on a case-by-case basis as you require. Be confident in your role to support and empower her without being directive. Be able to provide her with accurate information so that she can make informed choices. Irrespective of the decisions she makes, do not judge her but rather provide her with ongoing support. Finally, make sure she knows that the violence is not her fault, that it is not acceptable, that she is not alone, and that has options, now and in the future.

²³ N Svarnias, Sexual & Family Violence Unit, Victoria Police. Personal Communication 19th September 2014.

22. Further resources

The Royal Australian College of General Practitioners (RACGP) – Abuse and Violence: Working with our Patients in General Practice (white book)

<http://www.racgp.org.au/your-practice/guidelines/whitebook/>

Australian Family Physician (AFP) – Intimate Partner Violence: Identification and Response in General Practice

<http://www.racgp.org.au/afp/2011/november/intimate-partner-violence/>

Domestic Violence Resource Centre Victoria (DVRCV) – A statewide service providing training, publications, research and other resources to practitioners and service organisations who work with victims of family violence.

<http://www.dvrcv.org.au/>

23. Key contacts for victims and perpetrators

The pages that follow contain some key contacts for victims and also perpetrators of family violence in Victoria.

Family Violence in Victoria – Contact Information for Women and Children

The following list provides contact information for services that are available to women and children who have experienced, or who are experiencing, family violence (local agencies that provide a similar service may also exist).

STATEWIDE CRISIS SERVICES

If you are in **immediate** danger:

Emergency Line	000	Anyone in immediate danger should call the police
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If you are not in immediate danger but would like to receive help and support, or report a non-emergency incident:

Safe Steps (formerly known as the Women's Domestic Violence Crisis Service of Victoria - WDVCS)	9322 3555 (24-hrs) 1800 015 188 (toll free for country callers only)	Crisis support, information, and referral to safe accommodation (refuge) for women
Victoria Police Centre Switchboard	9247 6666 (8am-4pm Mon-Fri) Or contact your local police station via phone or in person.	Reporting a non-emergency family violence incident

DOMESTIC VIOLENCE OUTREACH SERVICES

These services can help when you and your children are enduring, or escaping from, family violence. These services offer practical support and information about:

- Safe accommodation options
- Obtaining legal advice
- Accessing financial entitlements
- Referrals to counselling and other services.

Melbourne Metropolitan Outreach Services

Eastern Metropolitan	9259 4200 (Ringwood)
Northern Metropolitan	9450 4700 (Eaglemont)
Western Metropolitan	9689 9588 (Footscray)
Southern Metropolitan	9781 4658 (Frankston) 9791 6111 (Dandenong) 9703 0044 (Narre Warren-Berwick) 5945 3200 (Pakenham)
Inner South/Middle	9536 7797 (St Kilda)
Mornington Peninsula	5971 9454 (Mornington Peninsula)

Rural Outreach Services

Barwon South West

Geelong	5224 2903
Warrnambool	5561 1934
Hamilton	5561 1934
Portland	5561 1934

Grampians

Horsham	5362 1200
Ballarat	5333 3666
Ararat	5352 6200
Stawell	5358 7400

Loddon Mallee

Mildura	5021 2130 (24 hours)
Bendigo	1800 844 038
Swan Hill	5033 1899 (24 hours)

Gippsland

Warragul	5622 7000
Morwell	5120 2000
Leongatha	5662 6400 or 5662 5150
Bairnsdale	5152 0052
Lakes Entrance	5155 8300

Hume

Wodonga	(02) 6022 8888
Shepparton	5821 9458
Broadford	1300 773 352
Wangaratta	5722 2203

NATIONAL TELEPHONE AND ONLINE SERVICES

These helplines put you in touch with qualified and experienced counsellors who can provide you with information, counselling, support, safety planning and referral to appropriate services.

1800 RESPECT	1800 737 732 (24 hours) Online counselling https://www.1800respect.org.au/get-help/	Commonwealth government-funded counselling helpline, online counselling and information and support for people experiencing sexual assault or family violence. Also provides advice for families & friends.
Safe Steps (formerly known as the Women's Domestic Violence Crisis Service of Victoria - WDVCS)	9322 3555 (24-hrs) 1800 015 188 (toll free for country callers only)	Crisis support, information, and referral to safe accommodation (refuge) for women
Women's Information and Referral Exchange Service (WIRE)	1300 134 130 Email your queries: inforequests@wire.org.au Live chat support: www.wire.org.au	A telephone support service that provides Victorian women with free and confidential support, information and referrals, for any issue, state wide. Incorporates the Women's Information Centre, an online 'live chat' support and email support service.
Lifeline	13 11 14 (24 hours)	A confidential service that provides all Australians experiencing a personal crisis with access to online, phone or face-to-face crisis support.
Family Relationship Advice Line	1800 050 321 International +61 734 236 878 8am-8pm, Monday to Friday 10am-4pm Saturday (local time, except national public holidays)	The Family Relationship Advice Line is a national telephone service established to assist families affected by relationship or separation issues. The Advice Line provides information on family relationship issues and advice on parenting arrangements after separation. It can also refer callers to local services that can provide assistance.

CULTURE SPECIFIC SERVICES

These services provide assistance to women and children from culturally and linguistically diverse backgrounds, including Indigenous Australians.

In Touch Multicultural Centre Against Family Violence	9413 6500 (9am–5pm, Mon-Fri) Free call 1800 755 988	Services, programs and responses to issues of family violence in CALD (Culturally And Linguistically Diverse) communities, developing and implementing a number of culturally sensitive and holistic models for the provision of services to both victims and perpetrators of family violence.
Aboriginal Family Violence Prevention and Legal Service Victoria (FVPLS)	1800 105 303 Melbourne: 9244 3333 Barwon South West: 5562 5755 Gippsland: 5153 2322 Mildura: 5021 3200	FVPLS Victoria provides assistance to Aboriginal and Torres Strait Islander victims/survivors of family violence and sexual assault and works with families and communities affected by violence.
Elizabeth Hoffman House Aboriginal Women’s Family Violence Services	9482 5744 1800 796 112 (9am-5pm, Mon-Fri)	Crisis accommodation and support for Aboriginal women and spouses of Aboriginal men.
Victorian Aboriginal Child Care Agency Co-Operative Limited (VACCA)	(03) 8388 1855	VACCA provide assistance and support to Aboriginal children and families who are experiencing social and economic problems which may contribute to a breakdown in the family structure.
Telephone Interpreter Service (TIS) National	131 450	The Translating and Interpreting Service (TIS National) is provided by the Department of Immigration and Border Protection, to assist people who do not speak English to communicate with services/organisations as required.

CHILDREN AFFECTED BY FAMILY VIOLENCE

The following services are to be contacted when there is concern for the safety of a child – reports can be made by anyone in the community. Also included here are services that children and parents can contact in order to seek information, counselling and referrals specific to child welfare.

After Hours Child Protection Emergency Service (DHS)	131 278 (toll free)	To report concerns of physical injury and/or sexual abuse of a child after hours, where the matter is urgent and cannot safely be left until the next working day.
Child Protection (DHS) - Business Hours	For a list of regional contacts: http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/child-protection-contacts	There are 24 Child and Family Information, Referral and Support Teams (Child FIRSts) across the state. Each Child FIRSt provides a central referral point to a range of community-based family services and other supports within each of the Child FIRSt catchment areas. To make a referral where there are significant concerns for the wellbeing of a child, including before the birth of the child.
Child FIRSt	For a list of regional contacts: http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams	There are 24 Child and Family Information, Referral and Support Teams (Child FIRSts) across the state. Each Child FIRSt provides a central referral point to a range of community-based family services and other supports within each of the Child FIRSt catchment areas. To make a referral where there are significant concerns for the wellbeing of a child, including before the birth of the child.
Kids Helpline	1800 551 800 (24 hours)	A free counselling service for children and young people (age 5-25 years).
Parentline	13 22 89 8am-midnight every day	Parentline provides a state wide telephone service to parents and carers of children, that provides counselling on a variety of issues that impact on parenting and relationships

SEXUAL ASSAULT AND CHILD ABUSE

If you, or your child, are a victim or survivor of sexual assault, you can contact the Victorian Centres against Sexual Assault (CASA).

CASA is the peak body of 15 specialised sexual assault centres and also comprises the Victorian Sexual Assault Crisis Line. CASA assists women and children to access comprehensive and timely support and intervention. Alternatively, 1800RESPECT is a good starting point that can provide counselling and support for victims of sexual assault.

<p>Sexual Offences and Child Abuse Investigation Teams (SOCIT)</p>	<p><u>North-West Metropolitan:</u> Brimbank: (03) 9313 3460 Diamond Creek: (03) 9438 8320 Epping: (03) 9409 8174 Fawkner: (03) 9355 6100 Footscray: (03) 8398 9860 Melbourne: (03) 8690 4056 <u>Southern Metropolitan:</u> Dandenong: (03) 8769 2200 Frankston: (03) 8770 1000 Moorabbin: (03) 9556 6124 <u>Western Victoria:</u> Ballarat: (03) 5336 6055 Bendigo: (03) 5444 6752 Colac: (03) 5230 0043 Geelong: (03) 5246 8111 Horsham: (03) 5382 9241 Ararat: (03) 5355 1500 Mildura: (03) 5023 5980 Swan Hill: (03) 5036 1600 Warrnambool: (03) 5560 1333 <u>Eastern Victoria:</u> Bairnsdale: (03) 5150 2677 Benalla: (03) 5760 0230 Box Hill: (03) 8892 3292 Knox: (03) 9881 7939 Morwell: (03) 5131 7014 Wonthaggi: (03) 5671 4100 Sale: (03) 5142 2200 Seymour: (03) 5735 0208 Shepparton: (03) 5820 5878 Wangaratta: (03) 5560 0895 Wodonga: (02) 6049 2671</p>	<p>SOCITs are teams of specialist detectives who investigate complex crimes of sexual assault and child abuse. SOCITs deal with the case from disclosure through the investigation process and during court. They work in partnership with other services to ensure an empathic and comprehensive response to victims of sexual assault and child abuse.</p>
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Multidisciplinary Centres (MDCs)	<p>Currently there are four MDCs at the following locations:</p> <p>Dandenong: (03) 8769 2200</p> <p>Seaford: (03) 8770 1000</p> <p>Geelong: (03) 5223 7222</p> <p>Mildura: (03) 5025 5400</p> <p>Further MDCs are planned for Bendigo, Latrobe Valley and Metropolitan Melbourne.</p>	MDCs involve multiple agencies working collaboratively to provide an integrated and comprehensive response to victims of sexual assault and child abuse. MDCs improve and integrate the investigation, quality of evidence, and support for victims. They aim to increase reporting and reduce attrition, and improve the capacity of agencies to work collaboratively to achieve best outcomes for the victim.
Victorian Sexual Assault Crisis Line (SACL)	<p>1800 806 292 – after hours</p> <p>For a list of individual CASAs: https://www.casa.org.au/contact-us/</p> <p>Email: ahcasa@thewomens.org.au</p>	Crisis support, counselling and information for people who have been sexually assaulted. Also referral to local services.
1800 RESPECT	<p>1800 737 732 (24 hours)</p> <p>Online counselling: https://www.1800respect.org.au/get-help/</p>	Commonwealth government-funded counselling helpline, online counselling and information and support for people experiencing sexual assault or family violence. Also provides advice for families & friends.

FINANCIAL ASSISTANCE FOR WOMEN

You may be eligible for financial assistance to help you recover from incidents of family violence, or to assist you in improving your safety.

Victims of Crime Assistance Tribunal (VOCAT)	<p>1800 882 752</p> <p>vocat.vic.gov.au</p>	You can contact VOCAT for advice about applying for financial assistance, including Special Financial Assistance
Victims of Crime Helpline	<p>1800 819 817 (phone)</p> <p>0427 767 891 (text)</p> <p>Open 8am-11pm, 7 days</p> <p>victimsofcrime.vic.gov.au</p>	<p>You can call or text this helpline for advice and support:</p> <ul style="list-style-type: none"> - reporting a crime - victims' rights - how courts work - how to apply for compensation and financial assistance - finding other useful services

LEGAL SERVICES FOR WOMEN (INCLUDING IMMIGRATION LEGAL SERVICES)

When legal issues arise from relationship breakdown or family violence, you can contact the following services to obtain legal information, referrals, assistance, and even representation.

Women's Legal Service Victoria	1800 133 302 (03) 8622 0600	For free and confidential legal information, advice, referrals and representation for women in Victoria, specialising in issues arising from relationship breakdown and violence against women.
Victoria Legal Aid	1300 792 387 (03) 9269 0120 Mon-Fri 8:15am - 5:15pm	For free information about family violence intervention orders and how we can help you with your legal problem
Victims Support Agency (VSA)	8684 6700	A Victims of Crime Initiative, VSA is responsible for coordinating a whole of government approach to services for victims of crime and for representing the voice of victims within the Justice system. It provides practical assistance to help victims recover from the effects of crime and is pivotal in linking the service system so victims don't need to continuously repeat their story to a range of services.
Immigrant Women's Domestic Violence Service (IWDVS)	1800 755 988 (03) 8413 6800	Funded by DHS Victoria, IWDVS provides culturally sensitive services, state-wide, to meet the needs of women and children from diverse backgrounds, who are affected by family violence.
Victorian Immigrant & Refugee Women's Coalition (VIRWC)	(03) 9654 1243	VIRWC is a peak body representing immigrant refugee women's organisations across Victoria. The coalition provides representation, capacity building support and advice for a range of organisations whose priority is the development and support of refugee women

Victorian Aboriginal Legal Service	1800 064 865	A service providing specialised legal advice and representation to the Aboriginal community.
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ASSISTANCE FOR WOMEN EXPERIENCING DRUG OR ALCOHOL PROBLEMS

If you are experiencing drug or alcohol problems, the following services can provide you with support and counselling.

Counselling Online	1800 888 236 (24 hours)	A free drug and alcohol confidential counselling and referral service, for people wanting to discuss any alcohol or other drug related problems
Maya Living Free Healing Association (for Indigenous women)	9480 1111	Empowering, motivating and assisting Aboriginal men and women to live a life free of drug and alcohol addiction and its associated problems, through a process of cultural recovery, mutual support and spiritual healing
Drug Information in Other Languages	1800 123 234	Fact sheets in a number of languages providing information about drugs, including prevention and services
Lifeline	13 11 14	Counselling for anyone who requires help to cope with life.

GENERAL RESOURCES ON FAMILY VIOLENCE

This is a non-exhaustive list of other potentially valuable resources on family violence.

Domestic Violence Resource Centre Victoria (DVRCV)	9486 9866 (9am-5pm, Mon-Fri) Email: dvrcv@dvrcv.org.au www.dvrcv.org.au (central information point)	Publications, training, resources and referral to local and national services, and to Victorian Family Violence Networks.
Love: Good, Bad, Ugly	www.lovegoodbadugly.com	Information for young people about respectful relationships
Bursting the Bubble	www.burstingthebubble.com	Information for teenagers living with family violence or abuse

Family Violence in Victoria – Contact Information for Men

The following list provides contact information for services that are available to men who use violence toward their family (local agencies that provide a similar service may also exist).

Men's Referral Service	1800 065 973 or 1300 766 491 or (03) 9428 2899 (9am-9pm, Mon-Fri)	The Men's Referral Service provides anonymous and confidential telephone counselling, information and referrals to men to help them take action to stop using violent and controlling behaviour.
MensLine Australia	1300 789 978 (24 hours)	MensLine Australia is the national telephone and online support, information and referral service for men with family and relationship concerns. The service is available from anywhere in Australia and is staffed by professional counsellors, experienced in men's issues.
Family Relationship Advice Line	1800 050 321 International +61 734 236 878 8am-8pm, Monday to Friday 10am-4pm Saturday (local time, except national public holidays)	A national telephone service established to assist families affected by relationship or separation issues. The Advice Line provides information on family relationship issues and advice on parenting arrangements after separation. It can also refer callers to local services that can provide assistance.
Men and Family Relationships Service (MFR)	Melbourne: 8650 6200 Hoppers Crossing: 9974 3200 Frankston: 9783 7611	An Australian Government initiative, MFR works alongside men to assist them to manage a range of relationship issues with partners, ex-partners and children.
Relationships Australia Family Violence Programs	See website: http://www.relationshipsvictoria.com.au/services/family-violence-prevention/	Group programs are available to assist people who commit family violence to take responsibility for their violent and abusive behaviour, and to encourage respectful ways of relating.

Parentline	13 22 89 8am-midnight every day	Parentline provides a state wide telephone service to parents and carers of children, that provides counselling on a variety of issues that impact on parenting and relationships
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INTERPRETING SERVICE

The following service can provide assistance to men from culturally and linguistically diverse backgrounds to communicate with relevant services/organisations.

Telephone Interpreter Service (TIS) National	131 450	The Translating and Interpreting Service (TIS National) is provided by the Department of Immigration and Border Protection, to assist people who do not speak English to communicate with services/organisations as required
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ASSISTANCE FOR MEN EXPERIENCING ALCOHOL OR DRUG PROBLEMS

If you are experiencing drug or alcohol problems, and if you find that this is compounding your problems at home, the following services can provide you with support and counselling.

Counselling Online	1800 888 236 (24 hours)	A free drug and alcohol confidential counselling and referral service, for people wanting to discuss any alcohol or other drug related problems
Maya Living Free Healing Association (for Indigenous men)	9480 1111	Empowering, motivating and assisting Aboriginal men and women to live a life free of drug and alcohol addiction and its associated problems, through a process of cultural recovery, mutual support and spiritual healing
Drug Information in Other Languages	1800 123 234	Fact sheets in a number of languages providing information about drugs, including prevention and services
Lifeline	13 11 14	Counselling for anyone who requires help to cope with life.