



IMPRODOVA

Factsheet

Social Services as frontline responder in cases of domestic violence

Definition of domestic violence

Domestic violence is an abuse of power within a domestic relationship, between relatives, partners or ex-partners. It involves one person dominating or controlling another, causing intimidation or fear, or both. Domestic violence is often experienced as a pattern of abuse that escalates over time. It is not necessarily physical and can include:

- sexual abuse
- emotional or psychological abuse
- verbal abuse
- threatening with violence
- controlling and regulating victim's everyday behaviour
- negligence (especially for child or elderly abuse)
- spiritual abuse
- stalking and intimidation, including using technology
- social and geographic isolation
- financial abuse
- cruelty to pets
- damage to property

Forms of violence

Physical violence is any use of physical force or threat which compels the victim to do or to abandon or to suffer or restrict or move her/him or to cause her/him pain, fear or humiliation, whether personal injury has occurred.

Psychological violence is the conduct and dissemination of information by which the perpetrator of violence causes fear, humiliation, feelings of inferiority, danger and other psychological distress in the victim, even

when committed using information and communication technology.

Sexual violence is the conduct of sexual content that the victim does not consent to, is coerced into, or because of their level of development, does not understand their meaning, the threat of sexual violence, and the public disclosure of sexual content about the victim.

Verbal violence is part of psychological violence. Everything said by the perpetrator to or about the victim in order to harm him or her.

Economic violence is the unjustified control or restriction of a victim in disposing of income or property with which the victim independently disposes or manages or unjustifiably restricting the disposition or management of joint property of family members, unjustified failure to fulfil financial or property obligations to a family member or unjustified shifting financial or property liabilities to a family member.

Neglect is a form of violence where the perpetrator abandons the due care of the victim, which is needed due to illness, disability, age, developmental or other personal circumstances.

Stalking is a wilful repeated unwanted contact, pursuit, physical intrusion, observation, restraint in places where the victim moves or other form of unwanted intrusion into the victim's life.

Power and Control Wheel



The Power and Control Wheel illustrates the most common abusive behaviours and tactics.

Detailed information on the forms and dynamics of domestic violence is provided in [module 1](#).

Cautionary signs of violence that might refer to violence in a family

The Client

- is restless, distracted, confused
- forgets or postpones appointments
- is isolated, does not have a wide social network
- is permanently tired or depressed
- is angry, impatient
- is consuming more drugs (alcohol, drug, pills) than previously,
- reports symptoms that can be related to PTSD (e.g. insomnia, pain, nightmares)

Indicators of domestic violence are dealt with in more detail in [module 2](#).

How to talk to your client about domestic violence

In any situation that you suspect underlying psychosocial problems you can ask indirectly or directly about domestic violence. If you have concerns that your client is experiencing domestic violence, you should ask to speak

with them alone, separate from their partner or any other family members. It is important to understand that very often the victim blames herself/himself or tries to protect the perpetrator. At the beginning of a situation that makes you suspicious, you can always ask broad questions about whether your client's relationships are affecting their health and wellbeing. Listen to them non-judgmental and validate them.

For example:

'How are things at home?'

'How are you and your partner (or other family members) getting on?'

'How do you argue when you are at home?'/ 'Can you disagree with your partner?'

'Is anything else happening which might be affecting your health?'

It is important to realize that some victims who have been abused want to be asked about domestic violence directly, give hints and are more likely to disclose if they are being asked in a safe environment. If appropriate, you can ask direct questions about any violence.

For example:

'Are you afraid when you are at home?'/ 'Are there ever times when you are frightened of your partner (or other family members)?'

'Are you concerned about your safety or the safety of your children?'

'Does the way your partner (or other family members) treats you make you feel unhappy or depressed?'

'Has your partner ever (or other family members) verbally intimidated or hurt you?'

'Has your partner (or other family members) ever physically threatened or hurt you?'

'Has your partner (or other family members) forced you to have sex when you didn't want it?'

'Violence at home is very common. I ask a lot of my clients about abuse because no one should have to live in fear of their partners.'

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

'You seem very anxious and nervous. Is everything alright at home?'

'When I see injuries like this, I wonder if someone could have hurt you?'

'Is there anything else that we haven't talked about that might be contributing to this condition?'

If the victim's fluency in your mother tongue is a barrier to discussing these issues, you should work with a qualified interpreter. Don't use your patient's partner, other family members or a child as an interpreter. It could compromise their safety or make them uncomfortable to talk with you about their situation. Furthermore, using an interpreter from the same ethnic group may be questionable. Ask the victim if she/he prefers another language.

How to talk to victims of domestic violence is the subject of [module 3](#). For more information, please visit this module.

Responding to a disclosure

Your immediate response and attitude when your client discloses domestic violence can make a difference. Victims require an initial response to disclosure, where they are listened to, validated and their own and their children's safety is assessed. They also need to be assisted on a pathway to safety.

- believe the client, do not question the narrative
- do not give direct advice or orders what to do
- do not make decisions instead of your client, but always with her or him

- do not try to mediate between the parties or solve the situation in any other ways
- encourage the victim and raise him or her a perspective beyond the present conditions

- Listen
- Validate the decision to disclose
- Emphasize the unacceptability of violence but do not judge the perpetrator
- Be clear that the victim is not to blame
- Do not ask questions that could cause stress and a feeling of powerlessness in the victim

Aspects that should be considered after the disclosure of domestic violence such as support services of the social sector are addressed in [module 4](#). Find more information on risk assessment and safety planning in [module 5](#). International standards and legal frameworks in Europe are discussed in more detail in [module 6](#). In [module 7](#) you will find more information on inter-organisational cooperation and risk assessment in cases of domestic violence in multi-professional teams.

Sources

Hegarty (2011): Intimate partner violence – Identification and response in general practice: <https://www.racgp.org.au/download/documents/AFP/2011/November/201111hegarty.pdf>

Women's Legal Service NSW (2019): When she talks to you about the violence – A toolkit for GPs in NSW: <https://www.wlsnsw.org.au/wp-content/uploads/GP-toolkit-updated-Oct2019.pdf>