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# A matter of life and death: The need for a specialist response to domestic violence

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Domestic violence is just another one of many personal problems experienced by many people, and is often intertwined with other problems such as depression, mental illness, alcohol and drug addictions, poverty etc.

Why then does domestic violence need a specialist response? The answer is simple – because it may be a matter of life and death.

The other very important reason is that, without specialist training and experience, most people – including those with professional qualifications in counselling and social work – do not respond appropriately to domestic violence and may even increase the risks to victims by an approach that seems to them straightforward and logical. This is because:

- Even qualified professionals, without specialist training, are susceptible to the myths and stereotypes about victims and perpetrators of domestic violence.
- People without specialist training are generally not able to accurately assess risk to victims.
- Most social work and counselling programmes in New Zealand still do not offer adequate training on understanding and responding to domestic violence.

Some of the commonly held beliefs that hinder a safe and appropriate response are:

- Victims would be safer if they left an abusive relationship.
- Victims choose to stay in an abusive relationship, often because of 'battered women's syndrome', i.e. because the abuse has left them emotionally vulnerable and weak.
- Domestic violence is primarily a breakdown in communication.
- Domestic violence is often a 'two-way street'.
- Couples counselling is a good way to sort out communication problems that lead to the violence.
- It's not sensitive or appropriate to ask a victim direct questions about the abuse she is or may be suffering, e.g. 'Has he ever hit you?'.
- Children are not really affected unless they are physically abused.

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In fact, we know that victims of domestic violence are most at risk of being killed or severely injured by a partner around the time of leaving. Hence, leaving must be carefully planned and victims must have as much practical support as possible to be able to leave safely.

We also know that most domestic violence is a result of an imbalance of power within a relationship. That is, the use of power and control by one person and the relationship over the other, nearly always by the man over the woman. Women who are victims of domestic violence find many ways to cope with abuse that may be physical, emotional, sexual, and/or spiritual.

The abuse almost never starts until the relationship is well under way and the victim's life is intimately intertwined with that of the perpetrator, giving him more power over her and making it less likely that she will be able to quickly and easily leave the relationship. For example, often the abuse starts when the couple move in together, or when the woman becomes pregnant. There are many practical reasons why women choose to stay in an abusive relationship, including finances, joint property, childcare, etc. Women may also choose to stay because they hope the situation will improve, they believe that they are responsible for the abuse, they love their partner and have a long history with their partner but simply want the abuse to stop, and perhaps most importantly because they believe that their children are better off.

So for example, general services and helplines might respond to a victim of domestic violence with a client-centred approach. This would generally mean that the call taker asks the victim about her feelings, reflecting these back to her, and perhaps about what she would like to do about the situation she is in. What we know about domestic violence is that victims will usually minimise their risk, blame themselves for the violence, make excuses for their partner's violence and underestimate the impact on their children.

Abused women do not need to discuss their feelings, and do not need any beliefs they have about their responsibility for the abuse reinforced by client-centred practice. What they need is to hear, often over and over again before they can accept it, that they are not to blame, that nothing they do makes them deserving of abuse, and that there is no excuse for abusive behaviour.

They need someone to ask specific, direct questions to make a good assessment of their risk of lethality or severe injury, and to be honest with them about this risk in order to help them make the best decisions to protect themselves and their children.

They need someone who can offer accurate and up-to-date information about options for them to obtain protection and support.

And finally, they need someone who will assist them with safety planning and advocate for them with other agencies that may be a barrier to safety or may be able to provide assistance in achieving safety. It is also important that their advocate has established links with criminal justice agencies (particularly the Police) and ideally with Child Youth and Family Services, as well as other specialist domestic violence providers such as refuge and domestic violence programme providers. This may help to ensure that dangerous perpetrators are responded to appropriately by the police, the courts, probation, etc. It may also help

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to ensure that children who are affected by witnessing the violence are provided with the appropriate support and response by community and government agencies.

Having established the importance of a specialist response to domestic violence, it is also important to note that other agencies have a key role to play in identifying domestic violence as an issue and referring victims and perpetrators on to specialist providers. It is key that general community support services such as family support agencies and general helplines, train their workers to have a basic understanding of domestic violence so that they are able to:

- Recognise the issue,
- Respond to any disclosure in a supportive and appropriate way, and
- Refer on to specialist providers.

It is encouraging that a number of agencies have developed protocols and trained their workers to follow this approach. Ministry of Health Family Violence Intervention Guidelines, published in 2002, outline this approach, which is to be implemented by all District Health Boards. Plunket has a national screening policy. And, of course, Work and Income has also undertaken a national programme to train all of their workers in screening for domestic violence and referring on to specialist providers.

In the long term, it is vital that New Zealand's social work and counselling programmes teach a basic level of understanding of, and response to, domestic violence, and that tertiary programmes are developed to provide training for a more specialised response. And, of course, an understanding of domestic violence must incorporate an understanding of child abuse, as these are not mutually exclusive issues.

Again, it is encouraging to see that steps are being taken, but we as a country certainly have a long, long way to go before victims of domestic violence can be assured of an appropriate response to any disclosure from professionals and helping agencies in their community.

Preventing Violence in the Home National Helpline:  
09-303-3939 or 0508 DVHELP (0508-384-357)  
Website: [www.preventingviolence.org.nz](http://www.preventingviolence.org.nz)

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