APS Australian Psychological Society

Guidelines for psychologists working with clients who have experienced intimate partner abuse or violence

Practice guide

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Women
and Psychology
Interest Group

APS Australian Psychological Society

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Women and Psychology Interest Group (APS WAP IG)

Acknowledgements

These guidelines have been prepared by the Women and Psychology Interest Group of the Australian Psychological Society to assist psychologists who provide psychological support to clients who have experienced, or are currently experiencing intimate partner abuse or violence. They have been prepared through the collaboration of psychologists experienced in understanding and working with family violence across Australia.

These guidelines have been prepared as an independent document pending the development of more comprehensive APS practice guidelines for this area of work.

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Table of Contents

Scope of the guidelines

1. These guidelines are based upon the principle that violence and abuse are never acceptable in any relationship in any circumstances, and on a commitment to safety and accountability.
2. These guidelines cover intimate partner abuse and violence, but will also assist in responding effectively to other forms of family violence.
3. They are provided to assist psychologists to identify and understand intimate partner abuse and violence and to respond to people who have experienced such abuse in an appropriate and effective way.
4. The guidelines are intended to assist practitioners and program managers whose clients include:
   a. People who are currently experiencing abuse at home from an intimate partner
   b. People who are experiencing contact with an abusive current or former intimate partner
   c. People who are seeking support to recover from experiences of intimate partner abuse and violence.
   d. Adults who use violence and abuse towards their family members.
5. These guidelines are applicable to all intimate partner relationships.
6. These guidelines do not directly address work done with clients who are child or adult survivors of sexual abuse outside an intimate partner relationship.
7. These guidelines do not encompass case management or crisis responses. They do cover aspects of risk assessment within a counselling environment.

A definition of intimate partner abuse and violence

Intimate partner abuse and violence is the use of violent, threatening, intimidating, coercive or controlling behaviour by an individual against a current, former, or intended intimate partner that causes them to live in fear. This can include threats or violence towards children in the family.

The term 'family violence' also encompasses other abusive behaviours in interpersonal settings, including, for example, sibling abuse, elder abuse and abuse of parents by adult or adolescent children.

Understanding intimate partner abuse and violence

Intimate partner abuse is a crime and a violation of human rights, unacceptable in any form.

Intimate partner abuse is preventable.

People who use abusive or violent behaviours are responsible for that behaviour and for seeking help to change in order to protect others from their behaviour.

Conversely, victims of intimate partner abuse are not responsible for the violence inflicted upon them, nor for 'making it stop'. They have a right to safety and support.

Intimate partner abuse is expressed in varied forms, including:

- physical assault
- emotional or abuse, such a frequent disparagement, bullying or intimidation
- verbal abuse, such as shouting and name-calling
- financial or economic abuse
- questioning a victim's reality, such as 'gaslighting' or manipulation.
- sexual assault and abuse
- social abuse and isolation
- spiritual abuse
- image (technology)-based violence
- property damage
- abuse of children, including direct physical, emotional or sexual abuse and neglect
- undermining parenting and attachment between the victim/survivor and a child
- abuse of pets
- systemic abuse – the use of external systems, such as Centrelink, legal services, immigration authorities, child protective services or counselling services, to further control the victim/survivor or to deny or perpetuate the abuse.

All forms of abuse or violence are likely to be psychologically harmful. All are psychologically abusive. Extremely damaging abuse can occur without physical assault.

Research indicates that:

- intimate partner abuse and violence is widespread in the community and is also frequently under-reported.
- women and children are more likely than men to experience violence in the home and to seek medical attention because of intimate partner and family abuse
- the majority of perpetrators of intimate partner abuse are men.

(https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-and-their-children-in-australia/)

Research further suggests that the following cohorts may disproportionately experience all forms of family violence, and may need specialist support services in addition to psychological support.

- Aboriginal and Torres Strait Islander peoples
- People with disabilities
- People from CALD backgrounds
- People from LBGTIQ+ communities
- People with mental health issues
- People with substance abuse issues
- People living in rural and remote areas

Note about unhelpful approaches

The social context in which intimate partner violence occurs is central to intervention. Approaches which focus on the individual characteristics of victim/survivors and pathologise victims, for example as having a lack of assertiveness, poor attachment, or any kind of predisposition to victimhood, are unhelpful and may cause harm.

Recognition of the social and interpersonal context necessarily involves recognising the responsibility and accountability of the perpetrator of the abuse and the wider psycho-social context of women in society.

Some historical approaches to intimate partner and/or family violence in psychological practice have been unhelpful. This has included attitudes and approaches that pathologise, minimise and invalidate, or promote blame and shame in clients. For example, approaches that consider the abusive behaviour of one partner to be partly the responsibility of the other are victim-blaming.

Some survivors have experienced re-traumatisation, or felt at increased risk, or felt misjudged or misdiagnosed.

Some women report unsupportive approaches that encouraged them to take responsibility for changing their situation and protecting themselves rather than encouraging those harming them to take responsibility for their behaviour. This has meant that in many situations women and children have not been given the protection and assistance they needed.

It is important for psychologists to be aware of the risks of harm that can follow from taking a directive role, such as encouraging clients to attempt to stop or to tolerate abuse, or to leave the relationship without an appropriate risk and safety assessment, and/or not at a time of the survivor's choosing.

The role of psychologists

Psychologists have a duty of care to work towards ensuring the safety and protection of clients at risk of harm.

It is therefore important that psychologists understand and know how to respond to intimate partner abuse and violence, and other forms of family violence, as they are more likely than not to meet clients impacted by family violence across all areas of practice and service delivery contexts.

All psychologists have a responsibility to their clients to be aware of issues relating to family violence and to know how to respond sensitively and effectively, commensurate with their role.

It is recommended that psychologists practise from a trauma-informed framework, and understand the nuance and complexity of risks faced by clients who experience intimate partner abuse and violence. However, many different approaches to intervention can be helpful.

APS Ethical Guidelines for working with women and girls state that '*Psychologists* examine their own values when providing *psychological services* to female clients, including assessment and research activities. They are also aware of any limitations they may have when working with such *clients*, seeking supervision or making an appropriate referral where necessary.'

Psychologists should therefore be sufficiently self-aware to recognise any lack of understanding of the dynamics involved in interpersonal violence, for example gendered contexts and power imbalances, or any conscious or unconscious bias. Where a psychologist does not have sufficient expertise, knowledge or experience, they should refer the client to a service or a practitioner who has the training and experience to meet the needs of the client.

Outcomes from psychological intervention for survivors of violence

Effective interventions are directed towards the following outcomes:

- Improved safety
- Access to relevant support services
- Decrease in symptoms associated with the traumatic impact of the abuse
- Improved emotional regulation and health, enhanced sense of safety and confidence, ability to express feelings constructively
- Better understanding of the dynamics of the abuse and how they have been affected
- Sense of empowerment for positive change and self-efficacy
- Stronger social networks and reduced isolation
- Improved safety and mental health of children in the client's care

Outcomes from psychological intervention for perpetrators of abuse

Effective interventions are directed towards the following perpetrator outcomes:

- Improved safety of past, current or potential victim(s)
- Better understanding of the dynamics of the abuse
- Greater understanding of gender inequities and power imbalances
- Improved emotional regulation and health, ability to

express feelings constructively
- Being held accountable for abusive behaviours and the harm caused
- Acceptance of the challenge and the responsibility to behave in ways that are safe and positive
- Sense of empowerment for positive change and self-efficacy
- Stronger social networks and reduced isolation
- Improved ability to identify and respond to warning signs of emotional escalation
- Improved likelihood of seeking help in the future
- Improved safety and mental health of children in the client's care
- Access to services

Working with survivors

Some victims may have beliefs learned through families of origin or through popular culture.

- Some beliefs may be barriers that prevent identification of abuse (e.g., beliefs that controlling, jealous behaviors are indices of love or manliness).
- Some beliefs may be barriers to access to help (e.g., that victims in general, or they themselves in particular, are unworthy of help).
- Some beliefs may be barriers to leaving the relationship (e.g., that they themselves cannot function independently).

Conversations about these beliefs can be useful in therapy.

Identifying the presence of intimate partner violence/family violence is a diagnostic issue. Case conceptualisation and diagnosis based on symptom presentation, without considering the experience of family violence, risks pathologising victim/survivors.

Where a diagnosis is appropriate, it will relate to symptomatology, and not in any way that describes the client as responsible for experiencing abuse.

When risk is identified, this will be both assessed and addressed in collaboration with the client. Monitoring client safety is an ongoing assessment throughout the provision of psychological services.

Documentation of the pattern and history of family violence can have important implications for future legal proceedings regarding assault charges, protective orders, divorce, child custody matters, and victims of crime compensation claims etc.

Should a survivor choose to remain in the relationship, this decision will be respected. There are many valid factors that lead to such a decision and the psychologist should convey to the client that they trust her judgement and will continue to support her. Psychologists will help survivors identify their needs and rights, and support their efforts to achieve safety and security.

Clients should know who could have access to any information recorded, and permission must be sought before disclosure. It is sometimes necessary to share information as a result of a subpoena, or in discussions with other agency staff or third parties (for example, child protective services). The limits of confidentiality must be explained to clients at the commencement of therapy and at regular intervals as needed.

Psychologists working with survivors should

- be aware that adult and child clients with a wide range of presenting issues may also be living with abuse and violence.
- operate in a way that empowers survivors and recognises they are the experts in their own lives. This means that their decisions about their own next steps will be respected and supported.
- be able to raise concerns in a respectful, non-judgemental and clear manner, and provide information as necessary. Some clients may not be aware that what they are experiencing constitutes abuse, or is a crime. It will be more helpful to use the terminology of the client in these discussions.
- be clear that using abuse and violence is a choice made by the perpetrator. Some clients may hold beliefs, supported by the abuser's narrative, that they bear some responsibility for their partner's abusive behaviour. Where abusive and violent behaviours are noted, the responsibility for the abuse will be solely located with the person using those behaviours.
- provide clients with information about intimate partner abuse and family violence, and about services that can support them. Clients should be referred to appropriate services as required.
- gather and share information using a fully transparent process.

Where safety planning is indicated, and the psychologist is not trained or experienced to do this, a referral to a family violence agency is crucial.

Assessment of risk

Note: In this section, the wider context of 'family violence' is considered.

1. It is vital to address issues of safety with the client whilst conducting any assessment. All clients should be screened for family violence as it will not always be disclosed or evident at referral. Practitioners need to safely ask about family violence (past and present), and need to be aware of and alert to indicators of abuse.
2. Risk level and safety issues may need to be reassessed each session to be sure the assessment of risk is up to date.
3. Survivors are usually the best judges of their level of risk, and of likely situations of harm.
4. Disclosures of violence or abuse are attended to, and more information about context is sought.
5. Psychologists will be aware of the impact of emotional or psychological abuse, and will understand that psychological abuse is also an inevitable part of any physical, sexual or social abuse.
6. Psychologists will be aware of and informed about evidence-based risk factors
7. Psychologists will be aware that family violence risk frequently escalates at the point of separation, and victim/survivors require support to ensure there is adequate safety planning in place.
8. Psychologists will be aware that the violence and abuse does not necessarily stop at the point of separation, but post-separation violence and abuse can continue for years.
9. Psychologists will refer clients to specialist family violence services as appropriate; such as for case management, legal advice, support groups and children's services.
10. If children are present in the lives of victim/survivors and/or the perpetrators, psychologists need to consider risk to the children's safety and their emotional and physical well-being, and be aware of and discharge mandatory reporting obligations in their state/territory of practice as required.

NOTE: Risk assessment models differ slightly in each state, but cover the same essential principles. One example can be found here: https://www.vic.gov.au/maram-practice-guides-and-resources

Working with perpetrators

Successful interventions require an understanding of the broader psychosocial context of women in society. Psychologists who work with perpetrators of violence (including those who present in couples counselling) should be skilled at working with clients who may have a vested interest in presenting distorted versions of the truth and who may attempt to collude with or manipulate the therapist to avoid responsibility for their violent behaviour.

Additional assessment and therapeutic techniques are essential for this client group to ensure that the psychologist is not used to legitimate fictitious accounts or excuse violent behaviour. A web of accountability needs to be constructed to stop further violent behaviour. This can include legal, therapeutic, workplace and social constraints.

Psychologists working with perpetrators of family violence should:

- always consider the impact of this work on the safety of the survivors of the violence and other people who may be at risk
- take steps to minimise risks to others (e.g., arrange for another professional to work with the survivor; develop safe plans to 'hand over' children as they move from one parent's house to another)
- understand the full spectrum of violent and abusive behaviours and have a range of interventions to address them all
- establish accountability systems with the client and other agencies when appropriate (e.g., police, workplace, other professionals)
- develop assessment practices that use triangulation to gain information from multiple sources
- understand the key role that gender and power play in the perpetration of family violence
- protect their work from the prospects of manipulation and collusion (which may further endanger other people)
- address violence-supportive attitudes and cultures
- assist clients to
  - Identify and respond to early warning signs of emotional escalation
  - Understand patterns and drivers of abusive or violent behaviour
  - Resist the impulse to react aggressively to triggers
  - Practice respectful interactions with others, especially their partner

  - Understand and practice gender quality
  - Identify language and actions that glorify, excuse or justify violent behaviour
  - Take full responsibility for their behaviour and any harm it causes
  - Seek help in the future
- develop and support accountability systems that help clients monitor and adjust behaviour
- be clear with clients about the limits of confidentiality and be prepared to act on behaviours that warrant breaches of confidentiality

Working with couples

Psychologists who work with couples should have a thorough and up to date understanding of the dynamics of intimate partner abuse and violence, and how to assess for safety. For counselling to be effective, a client must be able to say whatever they need to say in an open, safe and non-judgemental environment. This is not possible in relationship counselling where one partner uses coercive and/or controlling behaviours.

Counselling couples when controlling behaviour is present can be ineffective, victim-blaming and even dangerous. Abuse and violence happen within the context of relationships where there is unequal power and lack of equity in resources. Therefore conducting couple counselling in this situation can perpetuate the abuse at a psychological level.

Psychologists who work with couples should conduct a thorough assessment interview separately with each partner as part of the assessment process, before agreeing to provide couples counselling.

It is important that psychologists know how to distinguish between normal conflict in an equal relationship, and the power differential between partners within intimate partner abuse and violence.

Survivors should not be interviewed about abuse in the proximity of an abusive partner.

Where intimate partner abuse or violence is suspected or disclosed, couple counselling is usually contra-indicated.

If intimate partner abuse or violence becomes evident after couple therapy has commenced, a separate assessment with each partner should be conducted before continuing.

There are many documented risks to couples therapy with IPV in relation to the silencing of the woman in the session, and the likelihood of abuse occurring afterwards. There are some studies showing couples therapy can be beneficial for some couples with IPV, but there is not enough evidence at this point about how therapists can consistently avoid the documented risks of increasing IPV in couples where IPV is present in delivering this therapy form.

Victims of intimate partner abuse and violence tend to minimise the violence they experience. https://www.womenssafetynsw.org.au/impact/campaigns/stop-endangering-domestic-violence-victims-through-couples-counselling/

Perpetrators of intimate partner abuse are controlling, and usually engage in manipulative and coercive behaviours, but can often present as polite and emotionally stable. They also frequently deny or minimise their abusive behaviour, or attribute blame to the victim. https://www.researchgate.net/publication/38030529_Rethinking_Coercive_Control

Individual therapy with the victim is more protective for the victim, and a men's behaviour change program may be more appropriate for a man who uses abuse and violence in the relationship. Couples therapy can create a higher risk of harm, particularly with therapists who lack IPV expertise. Thus individual therapy should be the standard treatment.

Working with children and adolescents

Note: The term 'family violence' is used in the following section, as these guidelines in relation to working with children are not confined to intimate partner abuse and violence.

Psychologists can help to identify children and young people who are experiencing family violence. Psychologists also play an important role in helping children and young people to recover from family violence trauma.

Family violence is a repetitive pattern of abusive behaviour and is in itself child abuse.

Abuse of a parent by their intimate partner is also

inherently abuse of children in the household. Children can still suffer harm even if they do not directly witness violence, and this applies whether the violence emotional, physical, social or sexual, or a situation of neglect. Children can also suffer all forms of family violence experienced by adults.

Attachment and parenting are compromised by intimate partner and other family violence. An abusive, controlling parent or step-parent can negatively impact the bond of attachment bond between the non-offending parent and a child. They may do this by direct and indirect menas, such as sabotage, modelling, denigration or by instruction.

If the child continues to have contact with the offending parent, the risk to the child is ongoing. Children are often the final link through which perpetrators can exert power and control over the victim/survivor in the context of post-separation violence.

The harm caused to children is cumulative and directly impacts on outcomes in adulthood.

It is traumatising for a child to experience fear and anxiety about their safety, or the safety of a parent or sibling, particularly if this occurs without comfort and reassurance.

Children who grow up with family violence may experience a range of issues common in complex trauma presentations such as: attention and learning problems, developmental delays and regressions, poor sensory integration, somatic complaints and problematic self-soothing strategies.

Not all children in a family will be affected in the same way, or have the same type of attachment and relationship with each parent. For example, a child may feel genuine closeness, or may align with an abusive parent in order to keep themselves safe, or may have learned to demean or even abuse a non-offending parent.

Psychologists working with children and young people are aware of the following

- The developmental context of a child's experience and responses.
- The fear a child/young person may have towards an abusive parent/carer
- The attachment a child may feel towards an abusive parent/carer
- The alignment, protectiveness and loyalty a child/young person may demonstrate towards a non-offending parent and against the offending parent.
- The alignment a child/young person may demonstrate towards an offending parent and against the non-offending parent as a means of securing personal safety.
- How to respond well to disclosures of family violence and risk to a child, including mandatory reporting requirements in the respective State/ Territory
- Before a therapeutic response, an explicit assessment about whether a child has sufficient safety from the range of abuses that can occur in family violence is essential. Without physical and psychological safety therapeutic outcomes will be limited.
- Children and young people live within a context and it is important we understand, engage with, and provide intervention in conjunction with the other systems that support the child too (e.g., school, pediatrician etc.).

Practice considerations

Intimate partner abuse and violence is complex and there can be many barriers to treatment. These barriers can include, but are not limited to:

- further exposure to abuse or other retraumatising experiences – will impact on therapeutic progress and outcomes.
- victim/survivor functioning – will likely fluctuate depending on their experience of family violence (including post-separation family violence), trauma presentation and recovery, housing issues, financial constraints, immigration status/proceedings, and ongoing legal proceedings regarding protective orders, assault charges, property settlement and child custody matters, that are all likely to involve the perpetrator of family violence. Ensure the victim/survivor has adequate support networks to address practical and emotional support needs as required.
- practitioner expertise – do you have sufficient expertise in working with family violence? This is a complex field and the power and controlling dynamics can easily invade or impact the therapeutic setting with an inexperienced practitioner. Psychologists should continue to develop their professional knowledge and skills, and

consultat with a practitioner with tamily violence expertise.
- Service delivery context – is the practice context appropriate for the intervention required? e.g., session limits, capacity to do therapy required, safety issues and any conflicts of interest.

Working with the wider service system:

1. Psychologists will be mindful of client safety and seek appropriate consent for sharing of information. Note that this can vary from state to state.
2. Psychologists will be able to provide clients with or direct clients to local resources they cannot themselves provide.
3. Such resources include
   a. specialist family violence services, which can usually assist with
      i. case support
      ii. referral to housing services
      iii. referral to financial support and Centrelink
      iv. referral to legal assistance
      v. referral to victim support services
      vi. court support
   b. children's and family support services
   c. men's Behaviour Change programs
   d. group support programs
   e. specialist counselling services

(This website can be a good starting point for this information. https://www.1800respect.org.au/)

Working in the court system:

- Report writing
- Supporting clients through court system
- Appearing in court

Psychologists have a duty to assess risk when clients raise allegations of abuse and violence, and to act to try to ensure the safety of victims of abuse and violence.

Psychologists have a duty of care to the wider community as well as other people who live with the client or have contact with them on a regular basis.

When providing reports for any court or tribunal psychologists need to be aware that they have a duty to the community to not withhold any information that they think may be relevant to the decision that court or tribunal has to make even if the information included in the report may not be in their client's stated interests.

Self-care and role of supervision

Psychologists' own safety and well-being are important. Psychologists will be aware that they need to consider their own safety and to protect themselves, both physically and psychologically.

Psychologists who work with IPV should take measures to ensure their own safety at work and home, such as attending to workplace safety, not working alone or disclosing personal information.

Regular supervision with a professional who has expertise in family violence and management of vicarious trauma is considered essential.

Disclaimer

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Further reading

Statistics

https://www.ourwatch.org.au/quick-facts/

https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/summary

https://www.thelookout.org.au/fact-sheet-7-family-violence-statistics

Related Guidelines - Ethical and Legal requirements

https://psychology.org.au/About-Us/What-we-do/ethics-and-practice-standards/APS-Ethical-Guidelines (APS Member access only)

- APS Code of Ethics – covers principles, scope of practice, risk of harm, role of advocacy, competence and confidentiality.
- APS Ethical guidelines for working with women and girls
- APS Ethical guidelines for working with men and boys
- APS Ethical guidelines for working with clients when there is a risk of serious harm to others
- APS Ethical guidelines on reporting abuse and neglect, and criminal activity
- State-based mandatory reporting requirements, duty of care. Note that mandatory reporting requirements differ from state to state. They are available online.

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https://www.psychology.org.au/inpsych/2015/october/obrien
This edition has many excellent articles related to this topic

Further state/territory-based resources

AUSTRALIA

www.1800respect.org.au

AUSTRALIAN CAPITAL TERRITORY

www.communityservices.act.gov.au/women/womens_directory/domestic__and__family_violence

NEW SOUTH WALES

www.safensw.org.au/help

NORTHERN TERRITORY

https://nt.gov.au/law/crime/domestic-family-and-sexual-violence/get-help-for-domestic-family-and-sexual-violence

QUEENSLAND

www.dvconnect.org

SOUTH AUSTRALIA

www.sa.gov.au/topics/family-and-community/safety-and-health/domestic-violence-and-sexual-assault/support-services

TASMANIA

www.safefromviolence.tas.gov.au

VICTORIA

www.safesteps.org.au

WESTERN AUSTRALIA

www.wa.gov.au/service/community-services/counselling-services/domestic-violence-support-and-advice

For more information about the APS please visit **psychology.org.au** or contact:

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