

A pocket guide for general practice to -

Recognise, Respond, Refer and Record Domestic Family Violence.

PATIENTS MAY NOT RECOGNISE THEY ARE EXPERIENCING ABUSE AS THERE MAY NOT BE PHYSICAL VIOLENCE.

PREVALENCE OF DFV IN GENERAL PRACTICE

A full time GP will see 5 patients experiencing DFV per week.

9 Out of 10 GPs don't ask patients about domestic family violence.

Domestic and family violence occurs throughout all ages, socio economic and demographic groups.



START THE CONVERSATION

WATCH



Research tells us that women want to be asked about violence from their GP or Nurse.

Listening and validation is incredibly important intervention.

"I am concerned about your safety and wellbeing".

"What do you want to do next?"

"Everyone deserves to feel safe at home".

"It was very courageous of you to talk about this with me, I know it's not easy".

"You don't deserve to be hit or hurt, and it is not your fault".

RECOGNISE, RESPOND, REFER AND RECORD

RECOGNISE

PHYSICAL:

- ✓ Black Eyes and bruises
- ✓ Sprained wrists
- ✓ Chronic pain
- ✓ Unwanted pregnancy and/or STIs
- ✓ Eating disorders
- ✓ Patient might be wearing sunglasses inside or longer clothes to cover up

EMOTIONAL:

- ✓ Agitation and anxiety
- ✓ Developing a drug or alcohol problem
- ✓ Extremely apologetic or meek
- ✓ Low self esteem
- ✓ Seeming fearful
- ✓ Symptoms of depression

Depression is the biggest clinical indicator. [One in four women](#) presenting for depression will be experiencing domestic family violence.

RESPOND

- L Listen** to the victim closely, with empathy, and without judging.
- I Inquire** Respond to needs and concerns – emotional, physical, social and practical.
- V Validate** – Show the victim that you understand and believe them. Assure them that they are not to blame.
- E Enhance Safety** – Discuss a plan to protect themselves from further harm if violence occurs again.
- S Support** by helping them connect to information, services and social support.

[LIVES MODEL - WORLD HEALTH ORGANISATION](#)

REFER

Refer patients to the Local Coordination Point, a one stop referral pathway for general practice for patient triage and specialist support

1. Use the Domestic Family Abuse Violence GP Action Plan to assess risk and safety plan
2. Send via Medical Objects to the Local Coordination Point
3. If a patient is at immediate risk, phone the Local Coordination Point on 1800 WDV CAS or Police on 000.



watch

RECORD

Entering a code, such as **DSWB** (Domestic Safety and Well-Being) in your clinical software allows for a whole of practice care coordination:

- ✓ Support trauma informed care
- ✓ Alert practitioners and administration staff to the presence of DFAV
- ✓ Review a patient history of DFAV including changes in risk over time
- ✓ Provide evidence of abuse in case of a court appearance
- ✓ Track the number of patients impacted by DFAV at a practice level

DOMESTIC FAMILY ABUSE AND VIOLENCE GP ACTION PLAN

A GP Action Plan has been designed specifically for general practice to:

1. Identify patients who require an immediate crisis response
2. Create a safety plan
3. Securely refer for triage and support
4. Record
5. Review

TIP: Most patients are safe to return home that day with a risk assessment and safety plan completed. Schedule a follow up appointment before the patient leaves.

The DFAV GP Action Plan can be imported [here](#) from The PHN website.

