

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

*<https://link.springer.com/article/10.1186/1471-2458-10-2>



Listening and validation is an incredibly important intervention.

Domestic Family and Sexual Violence is:



Emotional

Gaslighting /making people feel confused, manipulating emotions, encouraging self-doubt and making people feel like going crazy.



Technological Abuse

Viewing text messages, emails and social media without consent. Checking phones and controlling the use of technology.



Threatening

Threats to kill, hurt, suicide or ruin the life of themselves, friends, family or pets.



Financial Abuse

Limiting access and controlling how money is spent.



Isolating

Isolating from family or friends through force or coercion.



Spiritual

Using religious or spiritual beliefs to manipulate or shame. Using religious texts or beliefs to minimize or rationalize abusive behaviours. feel confused, manipulating emotions, encouraging self-doubt and making people feel like going crazy.



Degrading

Put downs, public humiliation and disrespect.



Physical

Hitting, kicking, slapping and/or strangling

Patients may not recognise they are experiencing abuse as there may not be physical violence.

Safe and Healthy

Domestic Family and Sexual Violence is a health issue.

**Spot the signs.
Start the conversation.
Link for support.**

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1. Spot the signs.

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.

[^]<https://pubmed.ncbi.nlm.nih.gov/15016694/>



2. Start the conversation.

1. Ask the questions:

- ✓ "How are things at home?"
- ✓ "What happens when your partner gets angry?"
- ✓ "Sometimes partners use physical force. Is this happening to you?"

2. Listen without judgement:

- ✓ "I hear you. I believe you. I care and I am here for you."

3. Validate their feelings:

- ✓ "I'm so sorry this has happened to you."
- ✓ "Everybody deserves to be **safe and healthy**."

4. Encourage action:

- ✓ "Can I ask you some more questions to help keep you safe?"
- ✓ "Can we develop a safety plan to help keep you **safe and healthy**?"
- ✓ "I would like to LINK you to a specialist support service. Is that okay?"



► Video resource

Scan the QR code for more information on how to talk to victim-survivors.

3. Link for support.

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

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



► Video resource

Scan the QR code for information on finding links and how to refer a patient.

4. Record for safety.

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 DFSV
- ✓ Review a patient history of DFSV including changes in risk over time
- ✓ Track the number of patients impacted by DFSV at a practice level

When recording, please remember:

- ✓ Record what the patient said using quotation marks and note any behaviour you observed
- ✓ Photographs of the injuries before treatment can be helpful as a record of appearance and a visual reminder
- ✓ Only send relevant patient information pertaining to the DFSV if medical records are subpoenaed

For more information visit: <https://www1.racgp.org.au/ajgp/2022/november/recognising-and-responding-to-domestic-and-family>

5. Domestic Family and Sexual Violence 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

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.



Web resource

Scan the QR code to access the DFSV Primary Care Action Plan. This can be imported directly from the PHN website.