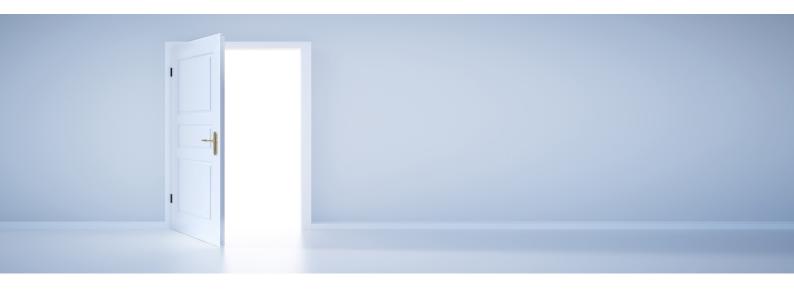


COVID-19 and family violence support



The impacts of COVID-19 and self-isolation on stress, job losses, financial strain and health concerns will increase the cases of family violence. General practitioners (GPs) play an important role in being the first point of contact for people who are experiencing family abuse or violence.

What are the indicators of family violence?

In addition to the usual indicators of family violence such as mental health presentations, chronic physical symptoms (chronic pain and medically unexplained symptoms), poor reproductive outcomes and injuries, some specific indicators during this time of social isolation might prompt you to ask about family violence. These include:

- behavioural indicators such as short or one-word answers, and frequently missed appointments and check-ins
- indicators of control, such as a partner or family member repeatedly answering the phone, being in the background during the phone call or the patient saying that they are unable to take daily exercise, go shopping, pick up medication or have phone/social media contact with friends or family.

What can you do?

- Ask patients who are showing clinical indicators about their experiences of abuse.
- Ask about abuse or violence only when the patient is alone.
- Identify risks early routinely ask about the home environment, including family relationships and support.
- Talk to the affected person about safety and what that looks like for them.
- Ask about children in the house and their safety. Report children at risk.
- Check if there is anyone in the person's life who would be supportive. If there is someone, encourage the patient to work out a safety plan that could involve using a code word or phrase to signal that there is a high risk.



- Use the World Health Organization mnemonic LIVES:
 - Listen closely, with empathy and no judgement
 - Inquire about their needs and concerns
 - Validate their experiences. Show you believe and understand
 - Enhance their safety
 - Support them to connect with additional services
- Keep an electronic log of all key referral information on your computer.
- Refer patients to relevant local support services, including state-based sexual assault, domestic and family violence services, which are still open during the pandemic.
- Refer to 1800RESPECT (1800 737 732) or www.1800respect.org.au for professional support, counselling for patients, information and referrals. The RACGP has negotiated this service for health professionals to be able to ring and discuss the situation with a counsellor trained in managing family abuse and violence, without naming the patient. The service is available 24 hours a day, seven days a week. The service may need to ring you back if they are experiencing a very busy period. Other services, local and national, are listed below.
- Encourage those impacted by domestic and family violence to download safety apps such as Daisy, Sunny or BETTER MAN.

The RACGP's Abuse and violence: Working with our patients in general practice (White Book) provides you with evidence-based guidance on how you can support patients who have experienced or are experiencing family abuse or violence.

How can you manage consultations on the phone or by video in ways that keep your patients safe?

For phone or video consultations, you should check who else is in the house before asking the patient how they are and assessing if there are signs of physical or emotional harm from family abuse and violence. For example:

I want to ask you some questions about your safety. It's really important that you're alone and not overheard. Answering yes or no, is it safe to continue this conversation?

 If the patient is not alone, do not enquire but let the patient know you will call them at a later date.

- If the patient is alone, consider establishing a code word or sentence that they can say to indicate that it is no longer safe to talk, and you can end the call. For example:
 - If your situation changes and it's no longer safe to talk, please say, 'Thanks but I'm not interested' and I'll know you have to go. I'll then try calling back another time.
- It is important to ask yes/no questions. Ask directly, 'Are you feeling unsafe or afraid of anyone close to you?' Provide a first-line response of listening, inquiring about needs, validating experience, enhancing safety and ensuring ongoing support (LIVES, RACGP White Book). Remember to check about children in the house.
- It is a good idea to ask how you can safely phone the patient next time. For example: 'Are there reliable times when [the perpetrator] isn't there? Can I safely phone when you're out exercising?'

Professional development

The RACGP has a professional development program that you can complete at your own pace. It provides effective resources for you to access when supporting families where violence is occurring.

Resources and services

Resources

- Royal Australian College of General Practitioners, *Abuse and violence: Working with our patients in general practice* (White Book)
- World Health Organization, LIVES

In an emergency, patients should call 000.

Services - National

- COVID-19 eSafety, Online safety help for domestic and family violence workers
- COVID-19 eSafety, Advice for women experiencing domestic violence
- 1800RESPECT 1800 737 732
- Lifeline 13 11 14
- Relationships Australia 1300 364 277
- Men's Referral Service 1300 766 491
- WithRespect (specialist LGBTIQ family violence service) – 1800 542 847





Services - State and territory

- safe steps 24-hour response line (Vic) 1800 015 188
- Domestic Violence Line (NSW) 1800 656 463
- 24/7 Crisis Line (ACT) 02 6280 0900
- DVConnect (Qld) Women's Line 1800 811 811, Men's Line 1800 600 636
- Department of Health and Human Services (Tas),
 Family Violence Counselling and Support Service –
 1800 608 122
- Women's Safety Services (SA), Domestic Violence Crisis Line – 1800 800 098
- Department of Communities Child Protection and Family Support (WA), Women's Domestic Violence Helpline – 1800 007 339

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

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