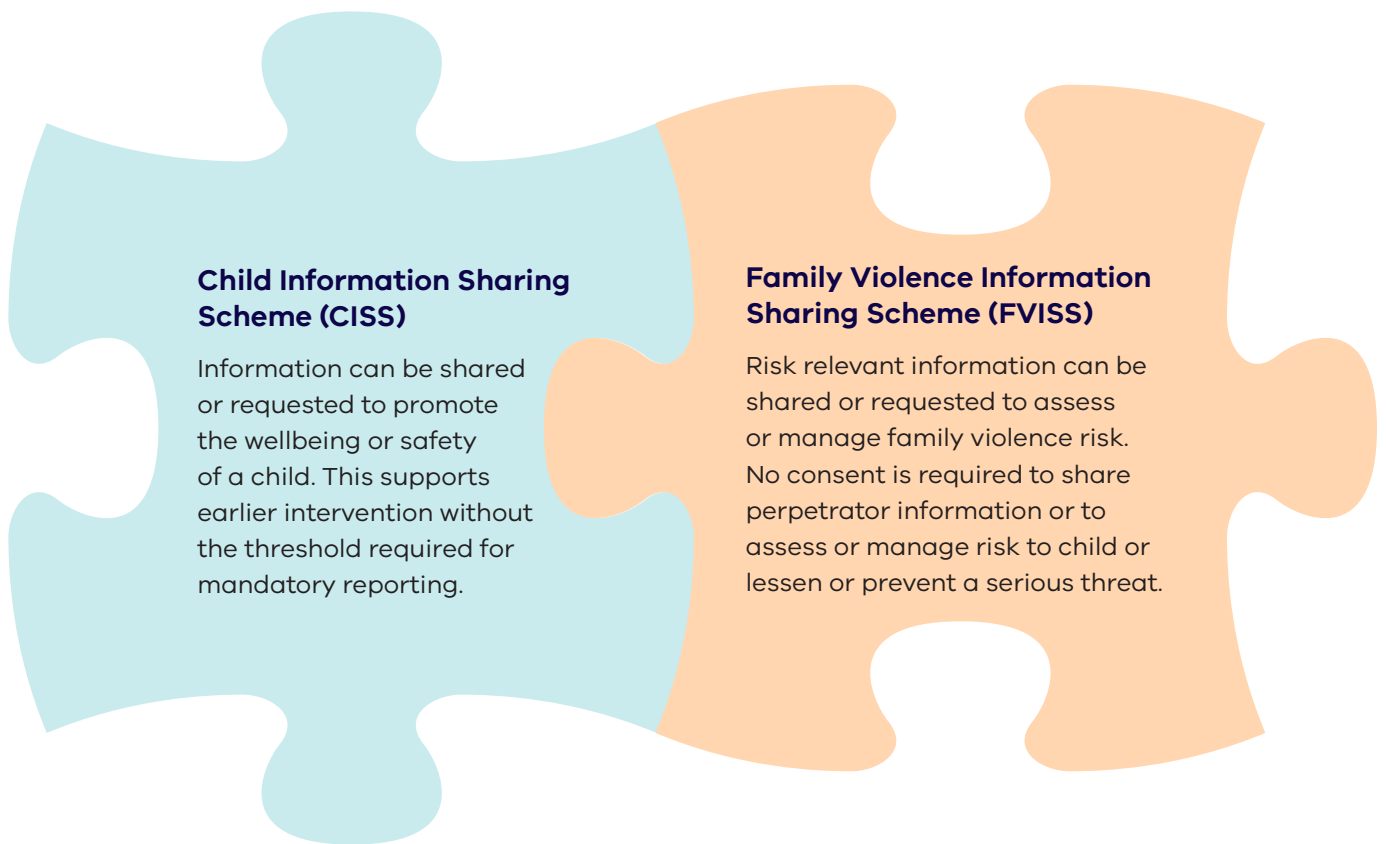


Sharing information to support patients' health and wellbeing

What are the information sharing schemes?

New information sharing schemes add to ways that GPs can share information to support patients who are experiencing family violence, wellbeing issues or other safety risks.



GPs can already share information under the **Victorian privacy laws**, with a patient's consent or to lessen or prevent a serious threat to life, health, safety or welfare.

As **mandatory reporters**, GPs are already required to report a reasonable belief of child physical or sexual abuse to Victorian Child Protection Services (child protection).

What is the issue?

Family violence is a serious health issue.



Leading health risk factor for women aged 25-44¹

1 in 10

women attending GPs has experienced combined physical, sexual or emotional abuse by a partner or ex-partner. For full-time GPs this is **5 women a week²**



Women are the main victims of patterns of abuse by a partner that cause **fear, injury and death³**



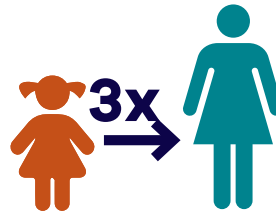
Increased risk of anxiety, depression, panic disorders, suicidal thoughts, cardiovascular conditions in women⁴



Young children exposed to **5 or more** significant adverse experiences in the first three years of childhood are likely to experience **delays** in brain, language and/or emotional development⁵



Promoting child wellbeing includes prevention and early intervention to avoid escalation of wellbeing issues into safety concerns.¹³



Children abused before 15 are **3 x as likely** to be victims of domestic violence as adults⁶



70% of Victorian child protection substantiations were for emotional abuse⁷

Why GPs?

"An empathetic response from a trusted doctor can be LIFESAVING"⁴



80% of victim survivors seek help from health services, mainly GPs⁴

1 in 3 family violence victim survivors disclosed to a GP⁴

Children at risk come into contact with health services and child protection at the same time⁸

Holistic, effective early response



#1 point of family violence disclosure (after friends & family)⁹

Victim survivors have a **high level of trust** in GPs and their advice⁴

Victim survivors often see GPs in relation to health effects of violence⁴

Benefits to patients and practice

GPs are a vital part of a system working together to keep victim survivors safe and promote child wellbeing and safety.

GPs can provide an effective and early response to people experiencing family violence. GPs can identify and assist children who experience wellbeing issues or safety risks.



Benefits to patients

- ✓ Reduce risk of child suicide & long-term toxic stress⁹
- ✓ Increase quality of life and mental health⁴
- ✓ Increase patient safety⁴
- ✓ Improve long-term health outcomes



Benefits to practice

- ✓ More effective referrals for patients to support services
- ✓ Responsibility to manage risk of family violence is shared across services
- ✓ Respond to patients in coordination with services
- ✓ Reduce intergenerational health impacts
- ✓ Minimise burden of disease

When would I use these schemes?

I think my patient is experiencing family violence or

I think my patient is perpetrating family violence

I can use the FVISS

I'm worried about a child patient's wellbeing or safety, but this hasn't met the threshold to make a report to child protection

I can use the CISS







GPs can use these schemes if they have concerns about a patient.

The schemes complement each other and can be used together.

- L**isten closely with empathy, without judgement
- I**nquire about needs and concerns
- V**alidate experience and assure them they are not to blame
- E**nhance safety
- S**upport by connecting to information and social support¹⁰

How does this work in practice?

GPs will be able to use these schemes to share information with other services to support their patients.¹¹

-  Family violence
-  Child and family
-  Justice
-  AOD
-  Housing

What services can I share information with to help support my patient?



Who can I consult with or refer to?



GPs can seek secondary consultation or referral to services such as:

- Specialist family violence services
- Men's Referral Service
- Aboriginal Community Controlled Health Organisations
- Child FIRST
- Maternal and Child Health Services
- Services providing support to people from diverse communities
- 1800RESPECT



Resources to assist

- MARAM practice guides
- The Lookout
- RACGP's resources such as 'The White Book'
- Children at Risk Learning portal



For immediate help

- Victoria Police – **000**
- Safe Steps Family Violence Response Centre – **1800 015 188**
- After Hours Child Protection – **13 12 78**

Definitions

Family violence

Behaviour by a family member that controls you or makes you afraid. It includes if a child hears, sees or is aware of this behaviour.¹²

Family member

A partner, ex-partner, parent or child, another relative or anyone else who you think of as part of your family.¹²

Child wellbeing

Supporting good health, positive relationships with adults, children and community, and age-appropriate learning and development.¹³

Child safety

Risk of harm or incidents of harm, such as bullying, self-harm, sexual abuse, family violence.¹³

More information

Short video on the reforms:

www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management

Victorian Government Information Sharing enquiry line: 1800 549 646

[Information Sharing Schemes GP FAQs](#)

elearn modules: elearn.childlink.com.au/login/index.php

Visit <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework> for further resources on family violence, child wellbeing and safety.

Sources:

- 1 AIHW (2019) *Family, domestic and sexual violence in Australia: continuing the national story 2019*.
- 2 DN: Hegarty K. What is intimate partner abuse and how common is it? In: Roberts G, Hegarty K, Feder G, editors. *Intimate partner abuse and health professionals: new approaches to domestic violence*. London: Elsevier, 2006. p. 19–40.
- 3 DN: Royal College of General Practitioners (RACGP) (2014) *Abuse and violence: Working with our patients in general practice (4th edition)*, p. 82.
- 4 State of Victoria (2016) *Royal Commission into Family Violence, Vol. IV*, pg 3.
- 5 Centers for Disease Control and Prevention (2019) *Preventing child abuse and neglect*.
- 6 Australian Institute of Health and Welfare [AIHW] (2018) *Family, domestic and sexual violence in Australia*.
- 7 Australian Institute of Family Studies [AIFS] (2017) *Child Family Community Australia Resource Sheet: Child Abuse and Neglect Statistics*.
- 8 State of Victoria (2019) Commissioner for Children and Young People, Unpublished.
- 9 AIHW 2018. *Family, domestic and sexual violence in Australia 2018*. p. 47.
- 10 Adapted from World Health Organisation (2014) *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*.
- 11 For a full list of prescribed entities visit: <https://www.vic.gov.au/guides-templates-tools-for-information-sharing>
- 12 Adapted from the definitions in sections 5-10, Part 1 of the *Family Violence Protection Act 2008 (Vic)*.
- 13 Adapted from the *Ministerial Guidelines for the Child Information Sharing Scheme*.

To receive this document in another format, email Partnerships.Primary@health.vic.gov.au <Partnerships.Primary@health.vic.gov.au>.

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