



RACGP Submission to Royal Commission into Family Violence

29 May 2015

The Royal Australian College of General Practitioners

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The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation representing over 29,500 members working in or towards a career in general practice. The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting and maintaining high standards of quality clinical practice, education and training and research in Australian general practice. The RACGP also supports general practitioners in their pursuit of clinical excellence and community service.

The RACGP is committed to ensuring GPs are equipped with the resources and know-how for preventing, identifying and managing those affected by all forms of abuse and violence. We understand the extent to which family and domestic violence requires significant interdisciplinary and community collaboration to prevent and ameliorate its devastating impact. The World Health Organisation and Australian Government highlight primary care as a suitable setting for early intervention in family violence.^{1,2} Evidence shows that victims disclose abuse to their GPs in significant numbers, particularly if asked directly.^{3,4} GPs are often the only clinicians seeing both victim and perpetrator.

In section 1 of this submission, we outline how the RACGP has responded to these issues and in section 2, we identify a number of areas where we believe action is needed, namely:

- **More education and training for all health professionals**
- **More tailored assessment, response and referral**
- **Introduction of Medicare patient rebates in this area**
- **Increased awareness of resources.**

1. The role of RACGP in addressing family violence

The RACGP places a priority on tackling the issues of abuse and violence facing general practice teams and their patients. We encourage GPs and their teams to increase their understanding of family violence issues and their awareness of resources that are available locally and nationally.

Through offering general practice guidelines and resources as well as training and education in the area of family and domestic violence, we aim to provide the support and strategy needed to help to curb this epidemic. The following provides a summary of how we support general practice in this way.

1.1 RACGP Curriculum for Australian General Practice

The RACGP sets the Curriculum for Australian General Practice. This forms the basis for assessment of competence to practice in the Australian community. The knowledge, skills and attributes of GPs recognized by the RACGP as fundamental to responding to and managing family and domestic violence are reflected throughout the Curriculum and are summarized below:

- The impacts of family and domestic violence are pervasive, severe and serious. The necessary attributes required of a general practitioner to effectively deal with these issues are many and varied. These include sensitivity in communication, awareness and respect of the patient as well as cultural sensitivities, managing the physical and emotional consequences of family and domestic violence and key issues around privacy, confidentiality and legal issues.
- Family and domestic violence, including intimate partner abuse, are often hidden and taboo problems. GPs need to be able to carefully identify symptoms and signs that may indicate the presence of violence in order to be able to intervene and assist patients.
- While a GP can provide options and suggestions for a patient, respecting a patient's choices is key to maintaining the therapeutic relationship with those affected by domestic and family violence.

Respecting a patient's privacy is especially critical, as a patient's identity and privacy are often key protective measures for avoiding and preventing further family and domestic violence.

- Domestic and family violence can test a GP's professional skills to the limit, as there are often life threatening, physical, emotional and complex family and legal issues that require a high level of professionalism in order to successfully assist patients. GPs are expected to reflect on their own attitudes towards family and domestic violence in their training, and how these might impact and influence their management strategies.

In conjunction with the Curriculum, the RACGP refers educators to the principal guide in this area, "The White book": *Abuse and violence: Working with our patients in general practice* for incorporating into teaching.

1.2 RACGP Abuse and violence resources and guidelines

The RACGP's key manual for the general practice team and other health professionals in the sphere of abuse and violence is the "White book" – *Abuse and Violence: Working with our patients in general practice* 2014, 4th edition.

The White book offers a set of accessible, evidence-based recommendations and strategies ranging from how to respond to patients presenting with signs of abuse or violence through to legal options to consider with their patients. The latest edition offers new insight into Aboriginal and Torres Strait Islander people as well as migrant, refugee and rural communities. The White book also links to helpful resources available locally and nationally.

Embedded within the White book are the nine steps to abuse and violence intervention – The '9Rs':

- Role with patients who are experiencing abuse and violence
- Readiness to be open to
- Recognise symptoms of abuse and violence, ask directly and sensitively and
- Respond to disclosures of violence with empathic listening and explore
- Risk and safety issues
- Review the patient for follow-up and support
- Refer appropriately and also
- Reflect on our own attitudes and management of abuse and violence
- Respect for our patients, our colleagues and ourselves is an overarching principle of this sensitive work.

We are also currently working with stakeholders to develop adjunct resources, particularly a decision-making pathway for working with perpetrators, an area recognised as needing more attention across the sector.

1.3 Education

To support GPs in developing their knowledge and skills in the area of family and domestic violence, the RACGP has developed an online Active Learning Module (ALM), updated in 2014. This is a comprehensive six-hour education module.

The RACGP has also delivered a number of webinars on topics such as the impact of family violence in Aboriginal and Torres Strait Islander communities and on how the general practice or aboriginal medical service can work with both women and children experiencing family violence. Later this year we will run webinars on topics including elder abuse and perpetrators.

2. *Recommended areas for action*

The RACGP would be happy to assist and engage in collaborative state or commonwealth initiatives that aim to support the role of the GP in dealing with family violence issues. The following areas are those we recommend as key areas for action.

2.1 More education and training for all health professionals

There is a severe lack of funding to meet the training needs of those in the frontline across the sector. Although GPs and other health professionals often treat abused patients, in cases where a patient does not disclose, it can be extremely difficult for any practitioner to identify that abuse is occurring, especially if they lack the skill and confidence to approach this situation. Even if family violence is suspected or identified, there can be a resistance to discuss, document, refer, and follow up with victims due to an array of reasons.⁵ This means the opportunity to act will often be missed. We recommend:

- Increased funding to enable more accessible training for GPs in identifying and managing family violence. This would include training that focuses on helping GPs be more adept at recognising signs and symptoms of abuse. A shift towards greater GP responsiveness could in turn nurture a cultural shift in society's reticence to bring issues of family violence out into the open.
- A greater emphasis on training opportunities for psychologists, social workers and psychiatrists, particularly in family violence counselling. For example, funding to expand our Active Learning Module on domestic and family violence to meet the needs of the wider health professional community would maximise the value of existing resources and enable greater sector access to education and training.
- The Active Learning Module on family violence that the RACGP currently provides focuses on women and children. We recognise the need to expand the training by developing additional modules that have a focus on men. This would include intervention strategies for working with men, including boys and male teenagers who have been exposed to family violence as well as strategies for working with perpetrators. Although we have identified this as a gap area, we have limited resources to enable us to undertake this work.
- Training in child safeguarding is also needed for those health professionals at the forefront of dealing with family violence. The impact for children experiencing family violence is very serious and delicate; training on how best to protect children would go a long way not only to help prevent and reduce the impact but to also break the intergenerational cycle that can occur across many cultural and socio-economic groups.

2.2 More tailored assessment, response and referral

Currently there is a single approach to initially responding to women experiencing and disclosing family violence, which does not take into account the type and severity of the abuse and most importantly, whether the woman is ready or able to address violence. We recommend:

- Funding to develop education on more tailored first line responses to women that better assess their readiness for action.
- Correspondingly, the development of *any* training and guidelines in family violence across the sector needs to include a model for tailored responses that take into account the context for individual women.
- Increased access to affordable mother-child group work and individual services through community health and women's health services. This model is shown to be an effective strategy in alleviating the impact of family violence.
- Equipping support services in the community to effectively liaise with both primary and mental health care. This is greatly needed and will result in GPs being able to refer more efficiently and

appropriately to community and specialist services, facilitating a smoother transition between service providers for those experiencing family violence.

- Improving GP awareness of and access to psychologists and psychiatrists and other practitioners who are trained in family violence, and in particular intimate partner violence. We suggest easier access could be achieved if health professional search databases, such as those provided by Australian Psychological Society (APS) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) were expanded to include a specialist search on psychologists and psychiatrists specially trained in areas of abuse and violence. This could also include practitioners who are prepared to do court reports at reasonable rates for women and children in the court system. More efficient access would enable GPs and their teams to more successfully coordinate the medical care of women.

2.3 Introduction of Medicare patient rebates in this area

Some women experiencing family violence may meet criteria for a General Practice Mental Health Treatment Plan (through Medicare), but some may not. We would support Medicare patient rebates that support the development of “Family Health Treatment Plans”, supporting a national approach to healthcare delivery for women and children experiencing family violence. We recommend:

- A Family Health Treatment Plan (similar to, but more simplified than the Mental Health plan requirements) that could help provide both a framework and much needed support for GPs to implement an action plan with their patient. Through these Family Health Treatment Plans, patients would have access to mother and child and group services.
- Family Health Treatment Plans would also facilitate patient's access to identified and accredited specialised services (e.g. social workers and family violence psychologists who have had extra training) for counselling for up to 10 sessions annually.
- Family violence workers should also be included as part of a Team Care Arrangement and General Practice Management Plan to enable GPs to include them in coordinated care and elect them as an allied health clinician, as part of Medicare's five rebatable sessions.
- A Medicare item number for GPs to liaise with social services. This would recognise the considerable amount of time GPs can and need to spend on the phone in conducting patient follow up and referral.

2.4 Increased awareness of resources

The RACGP's White book is available on our website www.racgp.org.au/whitebook. Whilst web analytics indicate it is being regularly accessed, the numbers accessing it are relatively low.

Coroner inquests and state initiatives into family violence, such as the Taskforce on Domestic and Family Violence in Queensland have made recommendations to the RACGP “to ensure that all General Practitioners...have access to, are familiar with and are utilising the White Book” (www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf).

We recommend:

- Funding to enable the RACGP to build more opportunities for developing implementation strategies that encourage GPs to refer to the White book and integrate its recommendations and utilise its practice tips in their everyday practice.
- Funding would also support work in developing adjunct toolkits and decision-making resources to give GPs and other practitioners even more prescriptive and practical tools for their use.

References

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