

14 December 2015

Department of Health  
Assistant Secretary  
Primary Healthcare Branch

Email: [Samantha.diplock@health.gov.au](mailto:Samantha.diplock@health.gov.au)

Dear Ms Diplock,

Thank you for the opportunity to review the Clinical Practice Guidelines – Antenatal Care – Modules 1 & 2. The Royal Australian College of General Practitioners (RACGP) provides a response to the Domestic Violence topics and questions posed for inclusion in the review (as per Attachment B) as well as general comments below.

### **Domestic violence (Module 1)**

#### **Original Research Question**

#### **1. What do health professionals need to do to identify women at risk from domestic violence (Intimate partner violence/abuse)?**

A healthcare provider needs to ask about intimate partner violence/abuse. They are likely to be the first professional contact for survivors of intimate partner violence or sexual assault. Evidence suggests that women who have been subjected to violence seek healthcare more often than non-abused women, even if they do not disclose the associated violence. They also identify healthcare providers as the professionals they would most trust with disclosure of abuse.

In 2013, the WHO released clinical and policy guidelines for GPs responding to intimate partner violence and sexual violence.<sup>1</sup> The guidelines recommend that GPs ask women about intimate partner abuse as a part of assessing the conditions that may be caused or complicated by intimate partner abuse. These include mental health symptoms, alcohol and other substance use, chronic pain or chronic digestive or reproductive symptoms.

The RACGP's *Abuse and violence: Working with our patients in general practice* (the White Book) is an unprecedented effort to equip healthcare providers with evidence-based guidance on how to respond to intimate partner violence and sexual violence against women.<sup>2</sup>

Chapter 2 provides key information on intimate partner abuse: identification and initial validation at [www.racgp.org.au/your-practice/guidelines/whitebook/chapter-2-intimate-partner-abuse-identification-and-initial-validation/](http://www.racgp.org.au/your-practice/guidelines/whitebook/chapter-2-intimate-partner-abuse-identification-and-initial-validation/)

#### **2. Is routine enquiry about domestic violence acceptable to women?**

Yes, women will accept being asked in a sensitive and empathic way. Although the majority of female patients attending general practices state that they would not object to being asked about abuse, it is only a minority who are asked.<sup>3</sup>

**3. Is routine enquiry about domestic violence acceptable to clinicians?**

Only a minority of clinicians ask about domestic violence. To address this, further promotion and training is needed.

**4. What interventions in a health care setting are effective for assisting women affected by domestic violence?**

The RACGP's White Book provides a detailed explanation of the step to interventions which include:

- Recognising the symptoms of abuse and violence and ask directly and sensitively
- Responding to disclosures of violence with empathic listening
- Exploring patient risk and safety issues
- Reviewing the patient for follow-up and support
- Referring appropriately when the patient is ready.

For more information, refer to [www.racgp.org.au/your-practice/guidelines/whitebook/tools-and-resources/1-nine-steps-to-intervention-%E2%80%93-the-9-rs/](http://www.racgp.org.au/your-practice/guidelines/whitebook/tools-and-resources/1-nine-steps-to-intervention-%E2%80%93-the-9-rs/)

**5. What do health professionals need to do to identify Aboriginal and Torres Strait Islander women?**

Health services need to be asking all patients whether they identify as Aboriginal or Torres Strait Islander when they come to the service. To be culturally appropriate, health professionals should undertake cultural training. For more information, refer to [www.racgp.org.au/your-practice/guidelines/whitebook/chapter-11-aboriginal-and-torres-strait-islander-violence/](http://www.racgp.org.au/your-practice/guidelines/whitebook/chapter-11-aboriginal-and-torres-strait-islander-violence/)

**6. Is routine enquiry about domestic violence acceptable to Aboriginal and Torres Strait Islander women?**

The rate of domestic abuse is much higher for Aboriginal and Torres Strait Islander women (up to x 34 times higher). Anecdotally, our GPs report no difficulties experienced in making such enquiries. However, in more traditional communities where there is clear women's business/ men's business, then the questions would best be asked by a female health practitioner.

**7. Is routine enquiry about domestic violence acceptable to clinicians caring for Aboriginal and Torres Strait Islander women?**

Health practitioners should raise the issue with any Aboriginal or Torres Strait Islander patient, no matter where they live, or who is presenting with indications of being a victim of violence.<sup>1</sup> There is compelling evidence that it needs to be addressed as women in the child bearing age in Australia are most likely to suffer disability or death from domestic violence and these women are even more at risk.<sup>4</sup>

**8. What interventions in a health care setting are effective for assisting Aboriginal and Torres Strait Islander women affected by DV?**

Asking about and developing a safety plan is important. It is also important to follow up women in a culturally appropriate way. The RACGP White Book includes a risk assessment flow chart to assist GPs. This can be found at [www.racgp.org.au/your-practice/guidelines/whitebook/tools-and-resources/2-risk-assessment-flow-chart/](http://www.racgp.org.au/your-practice/guidelines/whitebook/tools-and-resources/2-risk-assessment-flow-chart/)

**New Research Questions****1. Should specific questions be asked as part of the process of routine enquiry?**

As explained above, health professionals are likely to be the first professional contact for survivors of intimate partner violence or sexual assault. Health practitioners should ask patients who are showing clinical indicators of the mental and physical effects of intimate partner abuse about their experiences of abuse. The RACGP White book lists a set of questions and statements if intimate partner abuse is suspected. This information can be found in Table 3 at [www.racgp.org.au/your-practice/guidelines/whitebook/chapter-2-intimate-partner-abuse-identification-and-initial-validation/](http://www.racgp.org.au/your-practice/guidelines/whitebook/chapter-2-intimate-partner-abuse-identification-and-initial-validation/)

**2. Are there validating screening tests for DV that would be applicable to Australian maternity practice?**

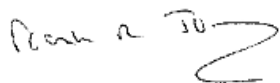
Screening is not recommended in general practice as there is no evidence to support it. GPs are encouraged to case find and to ask women the questions as above when they have the slightest suspicion that it may be occurring or they are at risk.

**Other comments**

Specific content regarding Aboriginal and Torres Strait Islander women is welcome. Research in this area shows that the problem is not so much about what needs to be done clinically, but about having health services that are accessible, culturally safe and includes Aboriginal Health Workers and Elders.

If GPs are a target audience for these modules and guides, GPs should be represented on the advisory group. In particular the views of GPs offering obstetrics in rural/remote areas should be taken into consideration. In addition, if the Department is seeking genuine consultation on these modules, adequate time should be provided to organisations invited to provide feedback. Two weeks is not sufficient.

Yours sincerely



Dr Frank R Jones  
President

## References

1. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: WHO, 2013.
2. Abuse and violence: Working with our patients in general practice, 4th edn. Melbourne: The Royal Australian College of General Practitioners, 2014.
3. Feder G, Ramsay J, Dunne D, et al. How far does screening women for domestic (partner) violence in different healthcare settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technology Assessment* 2009;13:iii–iv, xi–xiii, 1–113, 37–347.
4. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Social Survey 2008. Canberra: AGPS, 2010.