

Safety and support

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GPs can take advantage of new tools designed to help identify and support patients who have experienced abuse and violence.

Given general practice is such a broad specialty in which primary healthcare professionals are the first point of medical contact for so many, it is important for GPs to feel confident in their ability to treat or manage whatever illnesses are presented. However, there will always be areas in which GPs do not feel as certain of their abilities, or even their obligations.

Abuse and violence – including domestic violence, physical abuse, emotional abuse, child and adult sexual abuse, economic abuse, social abuse, elder abuse and neglect – is an area in which GPs can feel less comfortable treating people, particularly in light of the sensitivity of the issue.

'[GPs] often feel a bit overwhelmed when they ask because they have never had any training in the area,' Professor Kelsey Hegarty, a GP academic with a background in domestic violence and co-Chair of the RACGP's National Faculty of Specific Interests (NFSI) Abuse and Violence network, told *Good Practice*.

'They have very limited exposure to the issue in undergraduate degrees in medicine, and even in our continuing medical education there has not been a lot of [training].'

While abuse and violence training has increased and is now part of the general practice curriculum, it remains a delicate subject for GPs and patients. But, regardless of the difficulty of raising and managing such a sensitive issue, general practice's continuity of care means it presents what many consider a very good first step in the identification of abuse and violence.

'That's what makes GPs ... important in this work, because you can go on seeing the patient, supporting them through the process,' Dr Elizabeth Hindmarsh, long-time GP and Hegarty's co-Chair of the NFSI Abuse and Violence network, told *Good Practice*.

Abuse and violence, particularly family and intimate-partner violence, has been especially topical in Australia in 2014, with a number of high-profile cases in which women and children have been seriously injured and even killed.

'We've had a cluster of deaths, particularly in Victoria and New South Wales, where women have been killed, and some children, unfortunately,' Hegarty said.

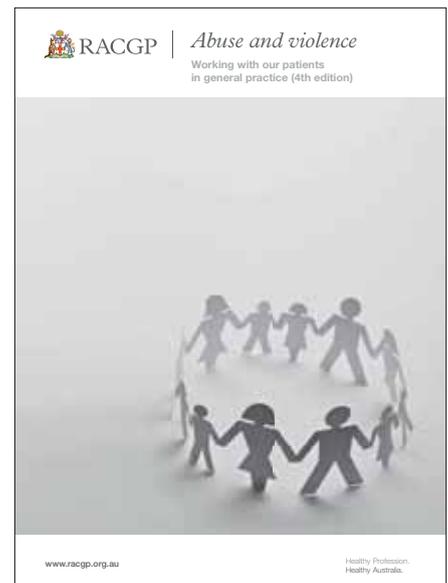
'That is the experience. The worst impact of this is death.'

RACGP resource

The fourth edition of the RACGP's *Abuse and violence: Working with our patients in general practice* (the White book) has been developed by GPs and healthcare experts.

The White book offers health practitioners evidence-based guidance to appropriately identify and respond to patients experiencing abuse and violence.

The White book is now available in its fourth edition at www.racgp.org.au/your-practice/guidelines/abuse-and-violence/





The World Health Organization's (WHO) 2013 report, *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, found 35% of women around the world will experience either intimate or non-partner violence in their lifetime. The report also emphasises the need for the healthcare sector to be aware of abuse and violence and play a larger and more active role in its treatment.

'The report findings show that violence greatly increases women's vulnerability to a range of short- and long-term health problems. It highlights the need for the health sector to take violence against women more seriously,' the WHO's Dr Claudia Garcia-Moreno said. 'In many cases, this is because health workers simply do not know how to respond.'

The White book

First published in 1992, the RACGP's *Abuse and violence: Working with our patients in general practice* (the White book) has recently been released in its fourth edition. Using the latest available evidence, the book is

designed to make GPs and other healthcare professionals more aware of abuse and violence and help provide them with the tools necessary to identify and respond to people who have experienced it.¹

“Patients are not expecting GPs to solve the problem. They want to be listened to and believed and validated”

'The key objective of the White book is to make general practitioners and other health practitioners aware that domestic violence and other sorts of abuse and violence are common, that they cause a lot of health effects and their patients are presenting with those,' Hegarty, a co-editor of the White book, said. 'And yet this is a hidden, underlying condition.'

'The main way that people present ... is with psychological effects – depression, anxiety, post-traumatic stress. And that presents as

either sleeplessness or other presentations of psychological symptoms,' she said. 'It's also associated with a lot of other chronic pain syndromes. So people have chronic headaches or chronic back pain or chronic pelvic pain.'

Hindmarsh, also an editor of the White book, said people rarely present to general practice as a direct or immediate result of abuse and violence, but rather due to these longer-term chronic issues that have stemmed from their previous experiences.

'Not a lot of physical violence arrives at the GP,' she said.

'[A patient] doesn't often walk through the door and say, "I'm here because of domestic violence", "I'm here because I was abused as a child" or "I was sexually assaulted".'

'It often comes in much more subtle ways, and that's partly because the patients don't always recognise that the symptoms they are having are related to the abuse and violence.'

Hindmarsh believes GPs always need to be mindful of the fact abuse and violence has far-reaching effects that go beyond the physical, which is where a publication like the White book is vital. >>

>> '[The White book] is to help GPs to realise that, as people come to see us, these abuse and violence issues may be part of their background or part of their current experience and it's having a huge impact upon their health and wellbeing,' she said.

While GPs are trained in looking for and treating physical conditions in their patients, whether those ailments are part of a larger psychological issue is often unclear and it can be difficult to make the leap to potential abuse and violence.

'That's a lot of the presentation to general practice, where often the GP might be worried that there is something psychological underlying it and they may think they're depressed or anxious,' Hegarty said.

'But often they don't go the step further and ask about abuse and violence.'

One of the key areas of the White book involves helping GPs to identify cases of abuse and violence and, in turn, sensitively raise the issue with their patient. According to a study on partner violence published in *Australian and New Zealand Journal of Public Health*, while one-third of women had told their GP about abuse, only 13.2% had ever been asked by a doctor.²

Hegarty believes some of the reasons for the disparity include the fact GPs believe there is little they can do to help, they believe it is none of their business, or they are worried about bringing it up in the first instance.

'GPs feel uncomfortable, they fear offending the patient, they also worry because the [perpetrator] is often a patient of the practice as well,' Hegarty said.

'The White book has questions about how women want GPs to respond and also evidence for what the World Health Organization suggests a first-line response should be.'

Patient needs

Even after a GP believes they have identified a case of abuse and violence, the situation requires high-quality communication skills for a number of reasons, not least because the patients themselves may not be willing or even ready to discuss the problem. To talk about the issue is to admit to its existence, which can be a very difficult initial step.

'To go to a shelter or to call the police or to go to a domestic violence service or take an intervention order out, you have to actually name it as domestic violence.'

The '9 Rs'

The RACGP's White Book recommends healthcare practitioners understand the '9 Rs' – nine steps to abuse and violence intervention.

- **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.¹

You have to actually say to yourself, "I'm a domestic violence victim",' Hegarty said. 'It takes a long time for a person to do that.'

Once the issue has been raised and acknowledged, however, a GP's role is not necessarily to offer an immediate solution, but rather to offer the patient a safe and protected environment in which they can be believed and understood.

'[Patients] are not expecting GPs to solve the problem or be able to extensively spend a lot of time with them,' Hegarty explained. 'They really just want to be listened to and believed and validated. And that's all within the skills of a general practitioner.'

Hindmarsh agrees the initial role of the GP is to provide a safe environment.

'The first thing you've got to do is believe them and talk to them about safety,' she said. 'That's the crucial part: listening, believing and talking about safety.'

'That may be all some GPs do and that person really needs to be more supported by a specific service, a domestic violence service or something similar.'



Elizabeth Hindmarsh says GPs are well placed to provide first-line healthcare for abuse and violence.



Kelsey Hegarty believes abuse and violence is a healthcare issue that falls within the domain of general practice.

Beyond general practice

Hegarty and Hindmarsh agree that while GPs are ideally placed to provide a first-line healthcare response for people who have experienced abuse and violence, services beyond general practice are vital in ongoing care.

'I like to say to the GPs, this issue belongs to the whole community,' Hindmarsh said. 'It's involving GPs, police, and it's involving the courts. It's involving specialist services.'

'But we want the GPs to be doing their part of it well.'

Hegarty believes the purpose of publications like the White book is to make abuse and violence a healthcare issue that falls squarely within the realm of general practice and to provide GPs with the abilities to treat it as such.

'We think GPs can assist and they need to learn some risk-assessment skills and some safety-planning skills,' she said. 'The responses the World Health Organization is suggesting ... are really within the realm of the GP's skills, and they are optimally placed because they see [patients] in an ongoing way.'

'They don't have to cover everything at one visit. They can see them in a follow-up and provide first-line response and ongoing support.'

References

1. RACGP. Abuse and violence: Working with our patients in general practice (4th edition). Available at www.racgp.org.au/download/Documents/Guidelines/Whitebook/whitebook-4thedn.pdf [Accessed June 2014].
2. Hegarty K, Taft A. Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice. *Aust NZ J Public Health* 2001;25:433-7.