RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Abuse and violence

RACGP Curriculum and syllabus for Australian general practice (7th edition): Abuse and violence.

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Recommended citation

The Royal Australian College of General Practitioners. Curriculum and syllabus for Australian general practice (7th edition). Abuse and violence. East Melbourne, Vic: RACGP, 2026.

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Published September 2026

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Abuse and violence

Context

Abuse and violence from a partner, family member, friend or stranger, can occur in many forms including physical, psychological, financial, sexual, and coercive control. It can occur in person and online via technology. In Australia, after the age of 15 years, one in four women and 1 in 14 men have experienced intimate partner violence.[1] For child-bearing women, intimate partner violence is a leading contributor to death and disability.[2]

Child maltreatment which includes physical, sexual, psychological, neglect, and exposure to intimate partner violence is common.[3,4] Child abuse and neglect contributes 2.4% of the total disease burden during childhood.[5] Bullying is very common with 70% of children aged 12–13 having experienced at least one bullying behaviour in the last 12 months, with 42% over the last month.[6] It is reported that 44% of young people had a negative online experience in the last six months, including 15% who received threats or abuse online.[7] Abuse of older people is also common in Australia, with estimates of nearly 40% in residential aged care and about 15% in the broader community.[8,9]

Due to this prevalence, GPs play an important role in recognising red flags that may indicate experiences of abuse or violence and asking about abuse and violence. All pregnant women should be screened for intimate partner violence. Mental health conditions including depression, somatic complaints, including chronic pain, and gynaecological and reproductive issues are the most common presentations for victims of domestic, family, and sexual violence in Australian general practice.[10] According to the World Health Organization guidelines, it is imperative that GPs understand abuse and violence-related presentations across the lifespan, are able to sensitively ask those with clinical indicators, and can provide a first line response. This includes the LIVES approach (Listening, Inquiring about needs, Validating experiences, Enhancing safety and ensuring Support)[11] and the CARE approach (Choice and control, Action and advocacy, Recognition and understanding and Emotional connection) preferred by victim-survivors.[12] GPs are the highest group told about domestic, family, and sexual violence after family and friends. Trauma and violence-informed care promotes safety, empowerment, and healing, and supports individuals to exercise choice, control, and self-determination.[12] GPs recognise and build on the strengths, resilience, and coping strategies of individuals, families, and communities when supporting those affected by abuse and violence.

GPs need to be aware of their medico-legal requirements and mandatory reporting laws in their state. In rural and remote settings, a GP may at times be involved in the care of both the victim and the perpetrator of abuse or violence. This dual role can create complex professional and ethical challenges, including maintaining confidentiality and safety, managing therapeutic neutrality, and balancing support for the victim while professionally managing a perpetrator seeking care. This requires reflection and consideration on practice.

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Learning outcomes

The GP is able to:

- empathically and sensitively ask patients of all ages about exposure to abuse and violence
- clearly and respectfully communicate with family members and carers where abuse of children or older people is suspected
- establish a therapeutic relationship with patients who have experienced abuse and violence that is based on respect and trust and has clearly defined boundaries
- identify red flags that may indicate abuse or violence and respond appropriately, especially where there is an immediate risk to health and safety
- assess safety collaboratively and support the individual to develop a personalised safety plan aligned with their priorities and circumstances
- provide trauma-informed and culturally appropriate care to an individual who has experienced abuse or violence
- refer patients who have experienced abuse or violence to appropriate support and specialised services
- identify and promote ways to contribute to positive messaging and changes to reduce risk of abuse and violence for individuals and communities
- explore and identify personal beliefs and views on abuse and violence that might impact on interactions with patients
- document evidence of abuse and violence in a manner that is appropriate to the medico-legal context and jurisdiction
- discuss duty-of-care obligations in regard to mandatory reporting.

Key areas of learning

Communication and identification

- Identify those at risk of abuse, violence and trauma, including by age, gender, and situation
- Identify and respond to trauma, including intimate partner violence, victims of violent crime, exposure to torture and trauma, occupational trauma, bullying and harassment, and vicarious trauma (in those who support victims of trauma)
- Manage distress
- Apply appropriate de-escalation techniques to support the person in crisis and reduce immediate distress
- Apply appropriate counselling techniques for patients with post-traumatic stress disorder (PTSD) or complex PTSD (CPTSD)

Abuse and violence in children and adolescents

- Recognise symptoms and signs of abuse and violence in children and adolescents
- Identify the red flags for exposure to abuse and / or violence in children and adolescents
- Engage with the child or adolescent in an age and developmentally appropriate respectful manner, recognising their voice and perspective as central to care
- Conduct physical examination in a trauma-informed manner, ensuring the child feels safe, respected, and in control as much as possible and document findings
- Sensitively assess for potential exposure to abuse and violence in routine clinical encounters such as health checks, developmental assessments or vaccination appointments
- Understand the impact of adverse childhood experiences and the importance of early intervention responses and the role of this in minimising the perpetuation of intergenerational trauma
- Formulate a management plan including a safety plan for a child with suspected or confirmed exposure to violence and abuse
- Understand mandatory reporting requirements
- Understand the essential elements of informed consent, particularly with respect to sexual activity
- Refer appropriately to culturally safe, specialist services, community support services and child focused services.

Abuse and violence in adults

- Ask about exposure to abuse and violence in patients who present with clinical indicators
- Screen for exposure to abuse and violence in pregnant women
- Identify the red flags that may indicate exposure to abuse and / or violence
- Take a history and conduct an examination, and appropriately document the findings, for an adult who has been abused or assaulted
- Practise in a trauma-informed manner offering choice and control, action and advocacy, recognition and understanding, and emotional connection
- Provide a first line response (listening, inquiring about needs, validating, enhance safety, ensure support)
- Conduct an initial assessment after a sexual assault and refer appropriately for further assessment
- Consider the need for post-exposure prophylaxis, emergency contraception and testing for sexually transmissible infections for a patient who has been sexually assaulted
- Recognise the impacts of adverse childhood events on adulthood and manage / address those impacts
- Recognise and manage PTSD and CPTSD
- Engage with, assess and develop a management plan for a person who identifies that they are a perpetrator of violence and / or abuse

- Refer appropriately to specialist services and community support services
- Understand the different roles of providing independent medico-legal assessments compared to being an advocate
- Understand the legal requirements of a request for information or report versus a subpoena
- Understand the application of relevant health records and privacy legislation
- Prepare a medico-legal report using correct terminology that relates to mechanism of injury using non-emotive language

Abuse and violence in the elderly

- Identify the red flags for abuse of older people
- Ask about exposure to abuse and violence in a culturally appropriate and sensitive manner and provide a first line response

Vicarious trauma and self-care

- Recognise that all healthcare workers are susceptible to vicarious trauma and may experience occupational trauma
- Recognise the signs and symptoms of vicarious trauma within self and colleagues
- Identify adaptive coping strategies and strategies to relieve stress
- Practise self-care and encourage colleagues to practise self-care
- Engage in self-reflection
- Seek culturally appropriate supports and supervision where working in communities with shared or collective trauma.

Opportunities for learning

Words of wisdom

- If you are finding a consultation or interactions with a patient challenging (eg missed appointments, late arrivals, or recurrent somatic presentations), consider whether current or historical experiences of trauma, abuse, or violence may be contributing. Reframing our judgement and adopting a patient-centred approach, rather than dismissing the individual as challenging, can be life-saving for that patient.

- Recognise that people experiencing violence may not yet be able to name it or leave. Your role is to listen without judgement and hold a safe, supportive space until they are ready.

- Regression of development in young children can be a sign of abuse or violence.

- Working with people who have suffered abuse or violence can be challenging and affect your own health and wellbeing. Acknowledge that this is difficult work, and that the suffering of others does not lessen the intensity of your suffering. Remember to look after yourself.

- Keep, or know where to access, an up-to-date resource and referral options list as being able to offer options and information to a patient when they disclose being subject to abuse or violence.

- Abuse of older people is common and often insidious. A good understanding of the patient's social relationships and resources is invaluable when assisting an older patient who is subjected to abuse.

Learning strategies

On your own

Identify 10 patients from your practice software who are currently or were recently pregnant and audit the notes to check for screening for abuse and violence.

- *Have these patients been screened for exposure to abuse and violence? Do any of the patients have documented higher risk? For those who have disclosed abuse or violence, is there a safety assessment and safety plan documented?*

- *Can you sensitively present the results of this audit to your practice? What changes could you suggest to help ensure improved screening?*

Using the Emerging Minds Pathways of care template, map the services available in your area for children, parents and families dealing with stressors, including abuse and violence. Extend the map to include services for sexual abuse / assault and abuse of older people.

- *Are there local services for children, adults and older people for physical, sexual and emotional abuse / trauma? For family violence? For victims of crime? For those experiencing vicarious trauma? For those subjected to bullying and / or harassment? Are there services for people who identify as Aboriginal and/or Torres Strait Islander?*

Using a recent consultation in relation to abuse, harassment, or assault, write a medico-legal report for submission as evidence in court. Ask your supervisor to review it with you.

- *Have you used the correct terminology in the correct context; for example, laceration, incision, and abrasion?*

With a supervisor

Ask your supervisor to identify a consultation with a patient who has been subjected to abuse or violence and discuss the case.

- *How did your supervisor identify the abuse or violence? How did they feel during the consultation(s)? How did they manage the case? What advice do they have for you when you encounter similar situations?*
- *What strategies did your supervisor use to debrief after the consultation?*

Discuss vicarious trauma and self-care strategies to prevent and address it.

- *How does your supervisor prevent vicarious trauma?*
- *What strategies could you use and how will you incorporate them into practice?*

Review a recent ‘difficult’ consultation or patient.

- *Why was the consultation difficult?*
- *What are common presentations for survivors of childhood trauma? Could childhood trauma or other trauma be a contributing factor as to why consultations with this patient are challenging?*
- *How does your supervisor approach 'difficult’ consultations? Consider role-playing different approaches.*

In a small group

Role-play a consultation with a patient who is exposed to abuse or violence; for example, a child with unexplained bruising, a patient with a controlling partner, an adolescent experiencing bullying at school / on social media, or an elderly person with an abusive carer.

- *How would you ask a patient about exposure to abuse or violence? What are the red flags that may alert you to abuse or violence?*
- *What emotions did you note during this role play? What emotions did the role-player experience? How could you deal with these emotions?*

Role-play a consultation with a very distressed patient.

- *What communication strategies did you use to de-escalate the situation, and how successful were they?*
- *How did you feel during the consultation? How did the 'patient' feel?*

As a group, create a fictional medico-legal report for a patient who presented with injuries from an alleged assault.

- *What details were needed? Were you surprised at how much detail was needed?*

With a friend or family member

Ask a friend or family member if they are aware of abuse of older people and what it is. Educate them about it.

- *Ask your friend or family member for feedback on your explanation. Did they understand what you were saying? Did you use any emotive or confrontational language? If so, how could you change your explanation to exclude any emotive or confrontational language?*

Ask a friend or family member about how they would respond if someone disclosed to them that they were being subjected to abuse or violence.

- *What resources can you find in this situation?*
- *How can this information help you in your practice?*

Case example

Eva, a 23-year-old woman, presents with her four-year-old son, Tye. Tye had been dry at night for the past six months but has been wetting the bed almost every night for the past two weeks. Eva tells you she is in a new relationship that started six months ago, and she is 14 weeks pregnant.

In a case-based discussion, questions relating to each role could be:

Communicator

- What techniques would you use to engage both Eva and Tye in the consultation?
- What communication strategies would you use to sensitively ask Eva about exposure to abuse and violence?
- How would you ensure your approach is culturally safe and responsive for Eva and Tye, including if they identify as Aboriginal or Torres Strait Islander? Which specific services and resources are available?

Clinician

- What red flags may indicate abuse or violence?
- How would you assess Eva and Tye's safety?
- Describe the elements of an appropriate physical examination.
- What findings on history or examination would indicate that urgent referral to hospital is needed?
- How would you assess whether Eva and Tye have PTSD or CPTSD? What are the diagnostic criteria? Are these criteria different in childhood and adulthood?
- Would you consider any investigations in light of Tye's recent bedwetting?
- What is a safety plan? What essential components of a safety plan would you discuss with Eva for her and Tye?

- What strengths, supports, or protective factors might be present for Eva and Tye that could be incorporated into the management plan?
- Which counselling techniques could you use to help Eva? What about for Tye?
- If Eva or Tye has PTSD or CPTSD, how would you adjust your counselling?
- If Eva had been sexually assaulted, what physical examination and specimen collection would you carry out if you were the only doctor working in a remote area? Where would you call for assistance to ensure that the correct protocol is followed?
- What if Eva identifies as Aboriginal or Torres Strait Islander, would that change your approach? What resources could you use to assist?
- How might family, kinship, or community influence care planning and safety considerations?

Health advocate and leader

- What are the local referral options for Eva and Tye?
- In what areas may a GP need to advocate for Eva and Tye?
- In a rural or remote setting, when would you evacuate Eva and / or Tye to a larger centre?

Professional

- How would you ensure that any personal biases don't influence the consultation?
- How do you practise self-care? What are the signs of vicarious trauma?
- How would you manage Eva and Tye if you suspected abuse, but Eva was unwilling or not ready to disclose? How would you manage the situation if your suspicions were incorrect?
- If either Tye or Eva has injuries on examination, do you know the medico-legal terms that describe specific injuries?
- What is the legal difference between a request for information and a subpoena? How do patient confidentiality and the Privacy Act 1988 apply in each of these situations?
- What is mandatory reporting?

Scientist, educator and researcher

- Based on research evidence, which groups of patients are at higher risk of intimate partner or family violence? At which stages of life are they more at risk?
- What guidelines may be used to assist your first line response?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise

RCA – Random case analysis

MSF – Multi source feedback

CBD – Case-based discussion

AKT – Applied knowledge test

KFP – Key feature problem

CCE – Clinical competency exam