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FAQ

FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

Domestic Violence in a Pandemic – a Primary Care Response

Domestic or "family" violence takes many forms: Intimate Partner Violence ("IVP"), Child Abuse, Elder Abuse and Sibling Abuse.

This FAQ gives its primary focus to IVP, and – while acknowledging that DV is complicated, intensely personal, and definitely not confined to specified gender roles – purely for the sake of convenience, this document uses the gendered language of male perpetrators/female survivors.

World Health Organisation definition of Intimate Partner Violence

BEHAVIOR WITHIN AN INTIMATE RELATIONSHIP THAT CAUSES HARM.

CAN BE USED BY BOTH CURRENT AND FORMER SPOUSES AND PARTNERS.

INCLUDES MARRIAGE, COHABITATION, DATING OR WITHIN THE FAMILY.

It is in this context that we note the different types of domestic violence ("DV") from which – in ordinary circumstances - as many as 37% of all Australian women will suffer in their lifetime:

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What is the effect of COVID on domestic violence (DV) rates and management?

DV ESCALATION DURING AND AFTER LARGE-SCALE DISASTERS

History has proven a solid correlation between an escalation of DV and large-scale disasters or crises. It thus follows that the prevailing fear and uncertainty caused by COVID-19 has created what is now being termed a "Shadow Pandemic".

THE SHADOW PANDEMIC

The universal 'catch cry' of "Stay Home, Save Lives" is a DV paradox. For many survivors, staying home may not be the safest option. Abuse is about power and control, and a DV survivor forced to stay home because of COVID ultimately gives their abuser increased levels of control.

STATISTICS SO FAR

Marked increases in DV have been recorded in many countries since the start of 2020 including China, Brazil, Cyprus, Spain, France, and the UK. In Australia, despite a 40% drop in overall crime, police report a 5% rise in the incidences of DV call-outs. There is of course no data available for the plethora cases of DV that have gone, and continue to go, unreported.

What the available data does show, however, is more than worrying:

- Internet searches relating to DV support have risen by 75%
- DV organisations are seeing almost 100% increase in weekly services
- Of 400 frontline healthcare workers, 40% reported an increase in pleas for help and 70% reported an increase in complexity of cases
- Compared to 2019, the 1800 RESPECT helpline reported an 11% increase in calls; and Mensline has seen a 26% increase in calls.

In a recent nationwide survey by the Monash Gender and Family Violence Prevention Centre Network, the following has been revealed:

- 59% respondents reported COVID-19 increased frequency of Violence Against Women ("VAW")
- 50% respondents reported COVID-19 has increased the severity of VAW
- 86% respondents noted an increase in complexity regarding women's needs;
- 42% respondents noted an increase in first-time FV reporting
- New forms of intimate partner VAW are emerging, including enhanced tactics to achieve social isolation and forms of violence specifically relating to the threat and risk of COVID-19 infection
- For many women experiencing violence during the lockdown period, the ability to seek help has been negatively impacted.

A new form of psychological abuse

When seeing our patients through the pandemic, we need to be mindful of the fact that COVID-19 has given rise to a new form of psychological abuse for those already in situations of DV. Some perpetrators have been reported telling their partners they have the virus and therefore cannot leave the house under the law, and use of the pandemic as an excuse to increase surveillance and control has seen such situations as the woman not being allowed to be on her own, even in the bathroom of her own home.

There have been reports of abusers inviting people into the house where the woman is self-isolating and saying that the visitor is going to infect her with COVID-19; of abusers withholding essential items such as cleaning equipment and hand sanitizer, and sharing misinformation about the pandemic and/or preventing their partner from seeking appropriate medical attention if they have symptoms.

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What are the best ways to ask patients about DV?

How are things at home?

How are things going with your partner?

Do you feel safe at home?

Does he control your movements or who you are allowed to see?

Has he ever been violent toward you?

Do you argue much? What happens when you argue?

Many women experience problems with their partner, is this happening to you?

Asking about DV during lockdown

If you notice decreased contact from a survivor, don't assume that this is their own choice. If women or children miss appointments, consider the possibility of DV.

Telehealth comes with positives and negatives for patients suffering many different conditions, DV prominent amongst these. While on one hand it may increase access to care, on the other the use of technology to carry out consultations remotely might in fact increase risk for IPV survivors. For this reason, it is crucial to determine who you are actually talking to in a telehealth consultation and their freedom to communicate openly with you.

During your teleconsults with potential survivors, it serves to remember:

- She may not be alone – Ask: '*Are you alone?*'
- Use closed yes/no questions to indicate safety of conversation – Ask: *'Is it safe for me to ask you how you are going?'*

TIP: ask your patient to use code words or establish code colours so she can communicate her situation simply by wearing a noticeable item of clothing in an agreed-upon colour.

Barriers to disclosure

- Shame
- Belief it's her fault/she deserves it
- Fear for her safety
- Confidentiality
- Belief that abuse is normal
- Hope that he'll change
- Fear that you won't protect her
- Fear that you'll be judgmental
- Nobody asks.

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How should we respond to a disclosure of DV?

Listen	Reflect, respect her rights, don't rush
Inquire	Clarify, help her identify needs and concerns
Validate	It's not your fault, everyone deserves to feel safe
Enhance safety	Safety assessment
Support	Help her consider her options, discuss social supports

Why don't doctors ask?

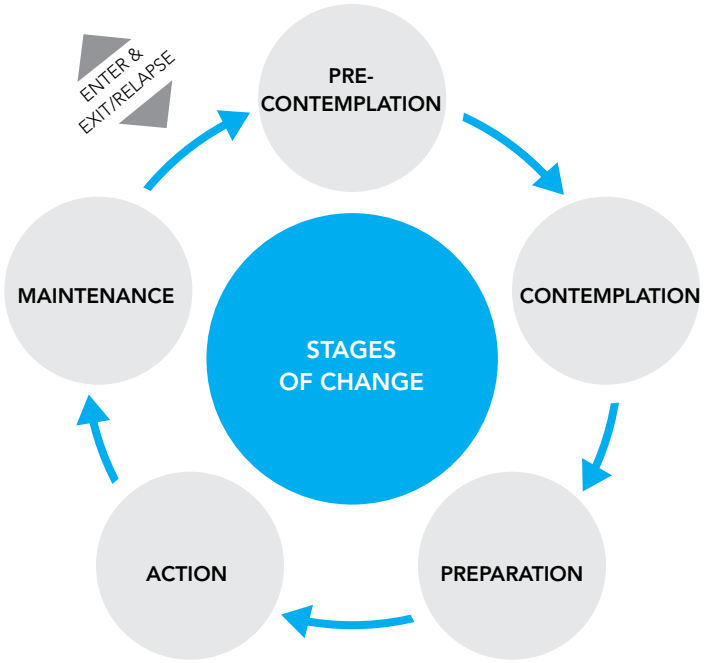
In general, women WANT to be asked. As few as 1 in 10 doctors ask survivors about DV.

The reasons for this include but are not limited to:

- Not enough time
- Fear of the abuser
- Belief it's a private matter
- Not sure what to do if she discloses / lack of education.

DV is a confronting topic for GPs, if for no other reason than the helplessness and frustration it can trigger in the medical professional. You need to remind yourself **it is not your job to solve the violence**. Chronic issues require long-term treatment, and it is often enough that you are providing a safe place for them to open up and create perspective.

Don't feel overwhelmed. There is only so much you can do to help. You can't suddenly change her circumstances. But, by employing the Stages of Change model and motivational interviewing, you can provide the tools to help her see her way to safety.



Assessing safety

- Is the violence escalating?
- Does he have a weapon/has he ever used a weapon?
- Has he threatened to kill her?
- Most dangerous time for being killed: woman leaving.
- Most dangerous times for violence escalating: woman is pregnant or in process of leaving.
- Does she feel safe to go home today?
- Has strangulation occurred?

NOTE: previous instances of non-fatal strangulation are associated with at least 50% of IPV deaths

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Safety planning

Safety planning should occur for **ALL survivors, EVERY time**.

- If being threatened, call the police
- Ensure she has access to some money, puts some money in a safe place
- Bag of clothes
- Important documents
- Ensure she tells at least 2 other people (friends/family/neighbours) what is happening
- Get her to use codewords with friends/family/neighbours
- Spare set of keys
- Decide now where she would go in a crisis
- What will she do with the children in a crisis?
- Make plans.

Safety planning during pandemic - current barriers

- Current safety plans may no longer be viable
- Possible limited shelter availability due to social distancing
- Decreased social supports
- May be unable to leave home to enact plans or seek help
- Consider using code words or code colours as a means of communicating danger.

Referral

- Preferably provide 'warm referral'
- Give phone numbers/brochure of DV org's in your area
- Invite her back for follow up
- You are creating a safe space for her
- What can services do for your patient?

TIP: instead of displaying info brochures in waiting areas or consultation rooms, post these in women's toilets

What to look for:

Safety planning	• acute injuries • chronic pain / headaches • unplanned pregnancy • miscarriage • STIs / vaginal discharge
Emotional symptoms	• anxiety / depression • PTSD • suicide attempts • drug & alcohol problems
Accompanying Partners	• patient may only attend clinic accompanied by partner, who tyically insists on answering on her behalf and/or guide the topics covered during consultation

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How do we support registrars in managing DV?

- Encourage them to ask about DV
- Ensure DV cases are always discussed with supervisor given involved risks
- Ensure they know local referral pathways
- Ensure they know their legal obligations surrounding mandatory reporting of children (and DV if living in NT).

DV numbers:

- National, 24/7: 1800 RESPECT
- Men's referral service: 1300 766 491.

EVERY STATE ALSO HAS SPECIFIC NUMBERS:

NSW	NSW Domestic Violence Helpline 1800 656 463
QLD	DVConnect 1800 811 811
VIC	Safesteps 1800 015 188
SA	Domestic Violence Crisis Line 1800 800 098
WA	Domestic Violence Helpline 1800 007 339
TAS	Safe at Home FV Response and Referral Line 1800 633 937
ACT	Domestic Violence Crisis service 6280 0900

What should be done to manage the whole family in domestic violence?

MEN WHO ARE VIOLENT TOWARDS WOMEN

- How do they present?
- What kind of men are perpetrators?
- Do you have a list of men's behavioural change groups?
- What's the likelihood of change occurring?
- Can I manage both the woman and her partner as a GP?

CHILDREN AS VICTIMS OF DV

- Make violence a part of every assessment
- Inquire about family stress levels
- Inquire about co-parenting arrangements
- Inquire about social supports
- Inquire about substance use and possible increases
- Look for signs of stress, irritability, and depression in parents
- Look for signs of fearfulness or dysregulation in children
- Look for indicators of controlling behaviours by one partner
- Identify families who are known to be at increased risk and conduct check-ins if there are no scheduled appointments to reduce likelihood of high-risk situations being undetected
- Remember your mandatory reporting requirements.

CHILD ABUSE AND COVID

There has been a very concerning decrease in reports of child abuse during the pandemic in spite of the increased risk due to the substantial increase in household stress:

- Likely due to missed reporting opportunities
- Attributed to school closures, replacement of face-to-face consultations with telehealth, decreased services, closure of community organisations
- IPV and child abuse often co-occur.

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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