

Intimate partner violence

Intimate partner violence (IPV) is violence perpetrated by a current or former partner. It is a major national health and welfare issue that can have lifelong impacts for victims and perpetrators. It is also a highly gendered issue with many more women being victims than men. Globally, one third of all women are a victim of IPV at some point in their lives, and, in Australia, on average one woman is killed by her partner every week. GPs play a critical role in the identification, management and referral of patients affected by intimate partner violence, and it is an important topic for supervisors to discuss with registrars.

TEACHING AND LEARNING AREAS

- · Epidemiology of, and high-risk groups for, domestic and family violence
- Signs and symptoms of IPV in general practice
- · How to opportunistically ask about IPV in routine consultations and other appropriate clinical scenarios
- · How to respond to a disclosure of IPV
- The 5 R's recognize, respond, risk assess, review, refer
- · Safety and risk assessment
- · Safety planning immediate and future
- Mandatory reporting
- · Managing patients who are perpetrators of IPV
- Appropriate documentation
- Local support and referral sources

PRE- SESSION ACTIVITIES

- Read the 2014 AFP article Family violence across the life cycle
- Read the 2022 AJGP article Recognising and responding to domestic and family violence in general practice

TEACHING TIPS AND TRAPS



- It is essential to opportunistically raise the issue of IPV to increase rates of identification on average, a full-time GP sees around 5 patients a week who have been subjected to IPV in the past 12 months
- In general, women are open to being asked about IPV
- Appropriate times to ask about IPV include antenatal visits, mental health consultations and health checks
- Ask accompanying partners to wait in the waiting room before asking about IPV
- · Always respect a patient's wishes and never pressure them to leave their partner
- · Leaving and planning to leave is the riskiest time for being harmed
- Violence often starts or escalates during pregnancy
- Assess whether the perpetrator has has access to a weapon
- The patient is the expert in their own safety and their assessment of the situation should be taken into account when making a professional judgement about risk
- · The safety of children should always be carefully assessed
- Apart from the Northern Territory there is no mandatory reporting of IPV. If a patient is in imminent danger and declines a referral to the police, legal advice should be sought from your MDO and they should be referred to the police to safeguard their wellbeing

RESOURCES



- Read WHO resource <u>Understanding and addressing violence against women</u>
 - RACGP Family Violence Toolkit
 - Chapter 2 & 3 RACGP White Book
 - It's time to talk GP toolkit
 - AJGP Article 2022 'I thought I was about to die': Management of non-fatal strangulation in general
 practice

Watch

• Dr Jennifer Neil GPSA webinar 2020

FOLLOW UP/ EXTENSION ACTIVITIES



- The PACTS package has 6 learning modules available
- Undertake a role play with the registrar so they can practice asking using the LIVES approach to a disclosure of IPV:
 Listen listen to their story, don't rush or pressure them to disclose

Inquire - about needs and concerns; remain patient-centred

Validate – assure them that it is not their fault and that violence is never ok

Enhance safety – Assess their safety and safety plan with them

Support - Connect them to information and local services



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Clinical Reasoning Challenge

Melissa is a 34-year-old female who presents with chronic headaches to your practice. You have seen her numerous times and have fully investigated her headaches. Despite your best efforts she isn't getting better so you wonder if there is something else going on. She does not have any children.

QUESTION 1.	What are some questions that you might use to determine if her symptoms are due to intimate partner violence? List as many as appropriate.
QUESTION 2.	Melissa admits that things have been very difficult with her husband. What are FOUR types of abuse that you should ask her about?
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QUESTION 3.	What are the MOST IMPORTANT questions to ask to assess her safety? List as many as appropriate.
QUESTION 4.	You decide to safety plan with Melissa. What are FIVE things that you should discuss with Melissa to enhance her safety?
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ANSWERS

OUESTION 1

What are some questions that you might use to determine if her symptoms are due to intimate partner violence? List as many as appropriate.

- · How are things are home?
- Do you feel safe at home?
- How are things with you partner?
- What happens when you argue?
- Are you afraid of your partner?
- In my practice I see a lot of women you are subjected to violence at home, is this happening to you?

OUESTION 2

Melissa admits that things have been very difficult with her husband. What are FOUR types of abuse that you should ask her about?

- · Physical abuse
- Emotional/psychological abuse
- Sexual abuse
- Technology abuse
- Financial abuse
- Coercive control

QUESTION 3

What are the MOST IMPORTANT questions to ask to assess her safety? List as many as appropriate.

- · Has he ever strangled you?
- Has he ever used a weapon? Is there a weapon in the house?
- Are you pregnant?
- Have you left him or are planning to leave?
- Is the violence escalating?

QUESTION 4

You decide to safety plan with Melissa. What are FIVE things that you should discuss with Melissa to enhance her safety?

- · Safe location and method or travel if needing to urgently leave
- Bag of clothes kept somewhere safe
- Money and important documents or copies kept somewhere safe
- · Access to a spare set of car keys
- · Let friend or family member know what is happening and make code word with them
- Call 000 in an emergency
- Phone numbers for domestic violence support services