Domestic Violence is Everyone's Business

Considering Doctors' Roles

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The high level of media coverage on Domestic Violence (DV) has prompted major initiatives from governments around Australia. There is a concerted effort to close the gaps in the present response, which for victims can be quite fragmented.

"Domestic Violence is Everyone’s Business” and this includes the medical profession.

Doctors are frequently involved with the immediate consequences of DV. An estimated 80% of women who suffer DV, present to a doctor even if there is no disclosure of associated abuse and violence. As trusted professionals we manage the immediate consequences of bruises, cuts, and fractures. Sometimes we refer the victims on to the police or another agency.

Can we do more? Are we interested? Or are we wary of opening a Pandora’s box? The attitudinal change to Child Abuse took education, effort and time. This effort unequivocally proves that deep-seated societal problems including domestic violence can be tackled.

I wish to add my voice to the discussions. I believe that as medical professionals we are in a unique position to contribute in the shift towards intolerance of domestic violence. Like most of my medical colleagues I find it difficult to imagine the devastating fear, desperation, and overwhelming helplessness, which victims of domestic violence endure. I dread thinking about the sadness and pain suffered by children living in households where fear, shouting, and beatings occur.

As background, let us look at the problem of domestic violence.

Definition

‘Family Violence’, as it is referred to by Australian Law, is defined as ”violent, threatening behaviour by a person that coerces or controls a member of the person’s family...or causes the family member to be fearful”. The ‘physical violence’ follows a cycle and may not occur every day. However ‘psychological violence’ such as controlling behaviour or intimidation, is usually continuous and unrelenting on a daily basis. The result is physical and psychological suffering, contributing to the lifelong poor mental and physical health outcomes of victims and children, families and society. This suggests that there is a considerable need for doctors to be fully informed about domestic violence.

While DV can be intergenerational, same sex or female-male, it is predominantly gender based, where a male exerts control over a female partner.

Prevalence

The United Nations identifies violence against women and girls as epidemic. Domestic violence continues to be one of the most pervasive human rights violations in the world, affecting as many as one in three women and girls during their lifetime. Local statistics give a chilling indictment of the enormity of DV in Queensland. Last year Queensland Police responded to 66,000 incidents of DV and there were 55,000 calls to DV Connect, mostly in the South-East corner. In Australia 2 women on average are murdered by their present or former partner every week. Worse still, most cases of violence are not reported!
Guidance for doctors

Some of our medical organisations have issued helpful guidelines and resources for the profession. The colleges of General Practice, Emergency Medicine and the AMA have followed the World Health Organisation in providing evidence-based best practice guidelines on the recognition and management of intimate partner violence. The Gold Coast local GP division, GCPHN, is active in alerting general practices to this problem. At the Gold Coast University Hospital there is a “Routine Enquiry” question at every first antenatal visit.

My college, the RANZCOG, has no guidelines at this stage even though it is known that about 36% of women who experienced domestic or intimate partner violence were pregnant at the time of the violence. For 18% of those women the violence first started during pregnancy. In addition, many witnesses of DV are the beautiful children that we have delivered.

What more can doctors do?

During Consultations

Being well informed about domestic violence will facilitate more confident management of potential or disclosed domestic violence cases. This may be the victim/patient’s only opportunity to disclose and seek support.

The AMA/Law Council of Australia Family Violence Resource (see below for reference) is an excellent summary of their comprehensive ‘White Book’. It gives clear directions on recognising possible DV, responding to disclosure of DV and guidance on referrals for specialised support.

RECOGNISE:

The resource describes physical and psychological indicators that may suggest DV. These may alert clinicians who can then gently probe with further questions, at the patient’s pace. Increased alertness may disclose underlying family tensions when patients present frequently, have recurring headaches, or mental health issues like anxiety or depression. Even miscarriage can be indicative of domestic violence.

RESPOND:

Disclosures of DV should be listened to non-judgementally and validated. However the unacceptability of violence should be emphasised. Importantly the patient’s safety (including any children) should be enquired after. On-going care may be offered through follow-up appointments. Suggestions to attend marriage or couples counselling should be avoided. Empathetic listening by the doctor may be helpful to a degree. This may be the only opportunity you have to help this individual.

REFER:

This has to be done delicately and with consent. Queensland Law does not require mandatory reporting relating to violence between adults. (Mandatory reporting is required for violence or sexual abuse of children). The resource lists agencies that deal with family violence. Please see below for contact numbers for DV Connect, 1800 RESPECT (1800 737 732) and Domestic Violence Prevention Centre Gold Coast. In our hospitals, referral to a social worker may be arranged.
**My Referral Suggestions:**

### DVPC - Domestic Violence Prevention Centre Gold Coast - 5532 9000

This is a ‘not-for-profit’, government funded, highly professional organisation that is available 9am-5pm.

They provide counselling, support, and placement as necessary. They and the Queensland Police Service offer a DV Integrated Response Pathway. They provide telephone or one-on-one counselling and support. They can facilitate involvement of other agencies that deal with housing, legal aid, financial support, court appearances. They will offer advice and training to doctors and other groups. They have excellent resources including their comprehensive ‘Purple Book’. They managed 6000 domestic violence cases last year. They may be contacted directly by doctor or client.

### DV Connect - 1800 811 811

DV Connect is a government and privately sponsored organisation offering a 24 hr telephone crisis support service with operators well trained for the purpose. **They can connect the victim with refuges.**

### Queensland Police Gold Coast - Emergency 000 / Policelink 131 444

Queensland Police Service Domestic Violence Unit have direct access to Gold Coast Domestic Violence Prevention Centre and the DV Integrated Response Pathway. Doctors may, with patient’s consent, contact this service to set up support. Often victims are reluctant to involve the police for fear of inciting further violence. However a “warm referral” may be helpful (the doctor making the referral makes first contact on behalf of the client).

**In the Community**

Outside the consultation arena, doctors have enormous potential to influence schools and universities, sporting, religious, political and other community groups that we belong to.

I believe doctors should be vocal in campaigns to improve our community’s health, in this case the prevention of DV. Think about protecting and empowering our children and grandchildren. Think about supporting Queensland’s "Not Now, Not Ever" recommendations on “how to bring about cultural and attitudinal change” to DV by “increasing awareness and reinforcing intolerance of DV”, “teaching and promoting respectful relationships”, “encouraging reform in the legal and judicial management of domestic violence”, and “holding perpetrators to account”.

These ideals can only be achieved by everyone becoming involved, doctors included. We need to do more than just think about Domestic Violence.
RESOURCES

DV Connect
Support and Accommodation, Queensland 1800 811 811
dvconnect.org

DVPC
Domestic Violence Prevention Centre Gold Coast 5532 9000
domesticviolence.com.au
The Purple Book – an informative resource guide for victims of DV

1800 RESPECT
National Counselling Hotline 24/7 1800 737 732
1800respect.org.au

AMA/Law Society of Australia
"Supporting Patients Experiencing Family Violence. A Resource for Medical Practitioners"
amacom.au/article/ama-family-violence-resource

RACGP
"Abuse and Violence" The White Book – working with our patients in general practice
racgp.org.au/your-practice/guidelines/whitebook/

WHO
"Healthcare for Women subjected to Intimate Partner Violence or Sexual Violence – A Clinical Handbook"
who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/

QLD Government
"Support for victims of abuse"

QLD Government
"Domestic and Family Violence Prevention Strategy"

RizeUp Australia
RizeUp Australia is a non-profit organisation that assists the families affected by Domestic and Family Violence with their various programs, as a conduit between the community (who respond to call-outs for goods/services via Facebook), the DV services and the victims they support. Programs include "Rapid Response", meeting the immediate needs of families as they arrive at refuge, "At Home", as a family leaves refuge and enters a barren property, the team transforms it into a comfortable, uplifting home, "Rize4Liam", enabling the children living in refuge to attend school by providing anything they need to raise their self-esteem and help them fit in.
Support RizeUp by following them on social media, sharing to grow awareness and community support, hold independent fundraising events on their behalf, participate in their campaigns, or become a supporter or sponsor.
RizeUp.com.au
Contact: i@rizeup.com.au
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