

Responding to Domestic & Family Violence / Abuse (Referral Pathway)

Recognise

- Clinical indicators of possible abuse / violence**
 - Requesting mental health care plan
 - Pregnancy or new baby
 - Neck or head injuries
 - Chronic pain with unidentifiable cause
 - Repeated STIs
 - Psychological signs e.g. hyperalert, overwhelmed
 - Children have behavioural issues
- Create safe environment for disclosure**
 - Private - no one else present e.g. use translating service rather than friend or family member.
- Asking if a patient has experienced domestic or family abuse / violence**
 - Start with general questions, for example:
How are things at home?
 - Then ask direct questions, for example:
Are there ever times you are scared or frightened of your partner or a family member?
 - (Research supports asking direct questions)

Respond

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graph TD
    Disclosure[Disclosure] --> Validate[Validate]
    Validate --> Q1{Are you safe to go home after this appointment?}
    Q1 -- No --> S1[Severe physical injuries]
    S1 --> A1[Call ambulance]
    Q1 -- No --> S2[No severe physical injuries]
    S2 --> A2["Business hours: call DVCS link worker on 02 7256 4512  
Afterhours: call the 24/7 DVCS crisis line on 02 62 800 900"]
    Q1 -- Yes --> Q2{Safety planning}
    Q2 --> A3["What would you do if things suddenly got worse?  
What do you normally do during an incident?  
Who are your supports?"]
    A3 --> Refer[Refer]
    NonDisclosure[Non-disclosure] --> A4["You can always come speak to me if anything changes,  
and there are supports available if you or someone close to you is experiencing domestic or family abuse / violence."]
  
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Refer

- Referral**
 - Fill out referral form with patient. If patient declines referral, you are able to consult with link worker on de-identified cases on 02 7256 4512.
- Documentation**
 - Document physical injuries, disclosure/s from patient (use quotes if possible), and psychological state of patient (e.g. crying, shaking, dissociated). Use DSWB code in clinical software and notes.
- Children**
 - GPs are mandated to report if they believe a child (0-18yrs) has experienced sexual or physical abuse [Children & Young People Act 2008]. Tell patient you are making report and include actions the protective parent is taking to keep them safe.
- Financial**
 - Consider using level D and E MBS items for consultations to support financial safety.
- Follow up**
 - Book follow-up appointment in 2 weeks time.

Hints & tips

Validation

1. Believe them.
2. Assure them that they have done the right thing by telling you.
3. Name the violence
4. Recognise that choice for using violence rests with perpetrator.
5. Acknowledge the issue is complex and the patient likely has conflicting feelings.

DVCS contact Details for GPs

Business hours:

DFV Link Worker: 02 7256 4512
or pclinkage@dvcs.org.au

Afterhours:

DVCS Crisis line: 02 62 800 900
(24/7) or crisis@dvcs.org.au

Other support services

Canberra Rape Crisis Centre (CRCC):

02 6247 2525
(7am-11pm everyday)

Police non-emergency:
131 444

Child, Youth and Families:
1300 556 728 or
childprotection@act.gov.au

Screening questions to ask

General

- *How are things at home?*
- *Is there anything else happening which might be affecting your health?*
- *Sometimes these symptoms can be associated with having been hurt in the past. Did that ever happen to you?*
- *Violence is very common in the home. I ask a lot of my patients about abuse because no-one should have to live in fear of their partners.*

Direct

- *Are there ever times when you are scared or frightened of your partner or a family member?*
- *Are you concerned about your safety or the safety of your children?*
- *Does the way your partner or family member treat you make you feel unhappy or depressed?*

Types of violence & abuse

Technology abuse

- *Does your partner or family member ever take your phone?*
- *Do they monitor your communication with others (e.g. reading your texts, accessing your emails or your social media account)?*

Coercive control

- *Does your partner or family member threaten to harm you or those close to you (such as children, pets, themselves)?*
- *Does your partner stop you from seeing friends, family or services?*

Physical abuse

- *Has your partner ever physically hurt you?*
- *Has your partner ever put pressure on your neck?*

Children

- *Are your children frightened of your partner or a family member?*

Stalking and harassment

- *Does your partner or family member follow you to appointments?*
- *Do they constantly call or text you?*

Financial abuse

- *Does your partner or family member stop you from seeking employment or education?*
- *Do they have sole control over finances in the home?*