Pathway to safety

Supporting primary care providers to help people experiencing family violence.

CASE STUDIES

Primary Care Pathways to Safety: Family Violence Quality Improvement Program

Family violence is the leading contributor to ill health for women under 50. GPs may be seeing up to 5 women per week who have experienced underlying partner violence, one or 2 of whom will have experienced severe abuse.

General practitioners and other primary health services are well placed to be able to respond to family violence as they see victim-survivors, perpetrators, children and intergenerational groups. Studies indicate that women are twice as likely to disclose family violence if asked by their GP or a primary care provider.

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phn NORTH WESTERN MELBOURNE
An Australian Government Initiative

Primary Care Pathways to Safety Program

North Western Melbourne Primary Health Network (NWMPHN) is one of 6 PHNs in the Commonwealth-funded initiative called the Primary Care Pathways to Safety Program. The program supports primary care providers to assist in the identification and intervention of family and domestic violence, and improves coordinated referrals to support services.

Designed in collaboration with the University of Melbourne's Safer Families Centre the Family Violence Quality Improvement Project set out to build the capacity of general practice to recognise, respond to and refer patients who are at risk of or experiencing family violence.

Over 179 GPs, practice nurses, practice managers and reception staff completed the training. Here are some case studies illustrating the results.

Resources and tools

There are a range of resources and tools for GPs and health care providers to use when supporting people experiencing family violence.

1. HealthPathways Melbourne's suite of family violence pathways include referral to local services and clinical support, and can be used at the point of care. Pathways are developed by GPs for GPs to identify, complete risk assessments/provide timely referrals; learn about local referral options and familiarise themselves with the process. Pathways include:
    - Disclosure of domestic and family violence
    - Domestic and family violence community support
    - Perpetration of family or domestic violence.

2. A range of local services and support information for providers and patients, and interviews with practices that participated in the Family Violence QI project can be found on the NWMPHN family violence page.

3. Self-directed quality improvement templates are available to help the whole practice approach identifying, responding and supporting patients experiencing family violence.

For more information visit nwmphn.org.au/family-violence

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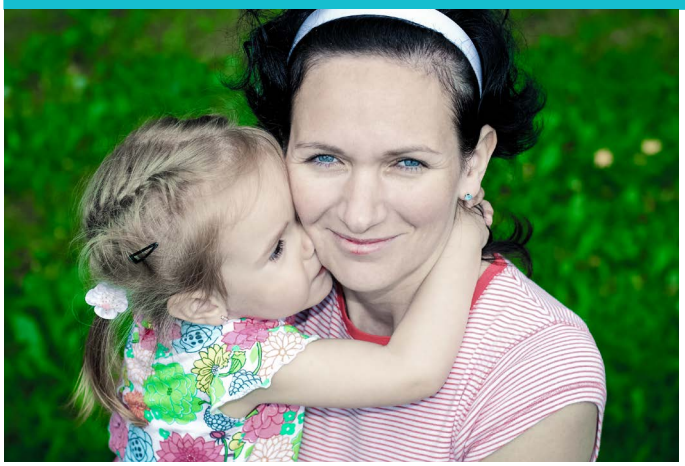
CASE STUDIES



CASE STUDY 1: Ms CT

Ms CT is a 34-year-old mother of a 3-year-old daughter. Both live with the daughter's 36-year-old father.

The daughter has a long history of poor health, mostly respiratory infections. She has needed many visits to a GP, hospitals and a paediatrician.

After her daughter was born, Ms CT developed a major anxiety disorder. She always attributed this to the daughter's poor health.

Talking to her GP, she casually mentioned relationship difficulties with the father – who appeared jealous that she spends a lot of time with the child. Intimacy had decreased and some verbal threats were frequently uttered. She minimised the impact of the threats, and even indicated they did not contribute to her illness.

After the GP attended a Family Violence QI training session the GP talked to Ms CT at her next appointment and revisited the history of threats. Ms CT accepted that they were contributing to her poor mental health. Options were offered to her, including contacting the agencies that deal with domestic violence.

She decided to talk directly to the partner about the abuse. He recognised how his actions were adversely affecting her mental health, and changed his behaviour.

He became less verbally abusive, and Ms CT reported great improvement in her mental health. She specifically thanked us for pointing out the unacceptability of family violence, and explaining that verbal abuse is a form of violence – a fact she had not previously recognised.

CASE STUDY 2: Ms Y

Ms Y is a practice nurse at a busy clinic.

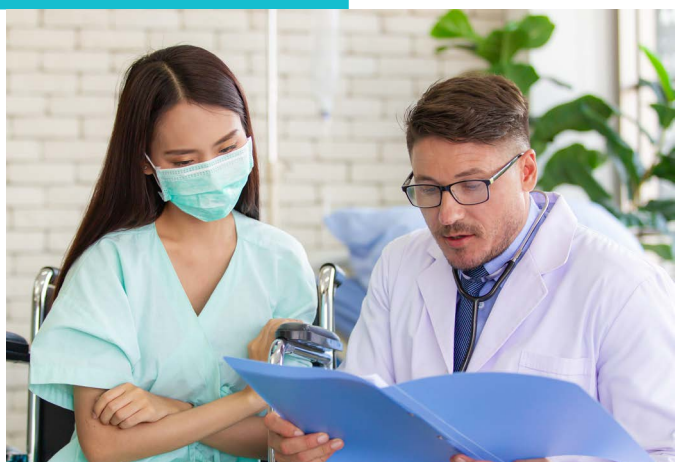
"I listened to a female patient who shared her emotional story of dealing with physical pain from endometriosis, and also psychological pain from being physically abused by her partner," she said.

"This was my first encounter of a family violence disclosure. I felt out of my comfort zone, but the training and resources that we had recently received gave me some confidence in approaching the situation.

"I listened empathetically to her story. She already had some supports in place, but I still gave her the 1800RESPECT fold-out card and reassured her that she is not alone and there is always help.

"She said she felt much better after sharing with me and was grateful for my support. I felt good that I was able to offer support and that the patient was responsive to the support offered."

CASE STUDIES



CASE STUDY 3: Dr P

Dr P is a GP in a community health centre.

"We had a patient who presented as extremely agitated and distressed. She wanted a referral for a psychologist and to discuss some medications for anxiety," he said.

"On further questioning she disclosed that she was in a physically abusive relationship and that her partner had severe alcohol abuse problems. I listened to her concerns, and she stated that she had already reported the physical abuse to police and was safe and had family support.

"However, she also was very worried about her partner's wellbeing, and wanted to support him from a distance. She said she would like to see if he would like an appointment to discuss any options open to him. She was referred to a psychologist. She was also referred internally to the alcohol and other drugs counsellors for support as an affected family member.

"Her partner was specifically offered to see someone else to avoid any conflict in having me treating both, but was firm he wanted to see me. He has done very well, he is now taking medication for his mood, has been linked in with his own psychologist, has alcohol and other drug counselling and is taking medication to treat his addiction.

"There have been no further cases of violence or abuse towards his partner, and, although they are not living together, she feels supported and her anxiety is now well under control. His mood is much improved, too. He has stopped drinking and is reconnecting with his family, and, slowly, with his partner in a way that she feels is safe.

"This case highlights the goals of providing safe, timely care and meeting patient and family needs. The implementation of Family Violence QI project meant that her needs could be met immediately. Family violence was on top of my mind when I saw her with her presentation. The training led me to be open to asking if she needed support with such issues.

"Also, working within a community health service, it was very helpful to be able to so easily refer to alcohol and other drug counselling support and advice for them both."

CASE STUDY 4: Dr R

Dr R works at a local suburban general practice.

"During a clinical discussion I advised my team members about a case that had arisen," she said.

"A woman came to the clinic with dizziness and head injury. She disclosed that it was actually her partner who had assaulted her. She was able to open up to me, and I was able to use the techniques and strategies we'd been taught to support my patient in making decisions and developing a safety plan."

For more information visit
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