Summary of 2022 Communities of Practice sessions

This year's topic: 'There is something wrong and I can help: Learning to recognise and respond to patients who use intimate partner violence'

Facilitators:

- Matt Addison: Research Advisor, Department of General Practice, University of Melbourne & Senior MARAM Program Development and Training Officer, Department of Justice and Community Safety
- Hai Nguyen: Senior Clinician Men's Family Violence Services at Melton Western Health, Registered Psychologist
- Michelle Perry: Family Violence Practice Manager, Magistrate Court Victoria

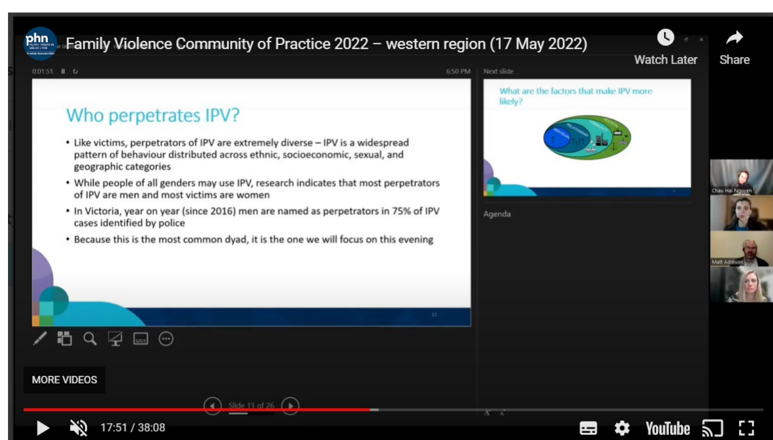
Expert panel:

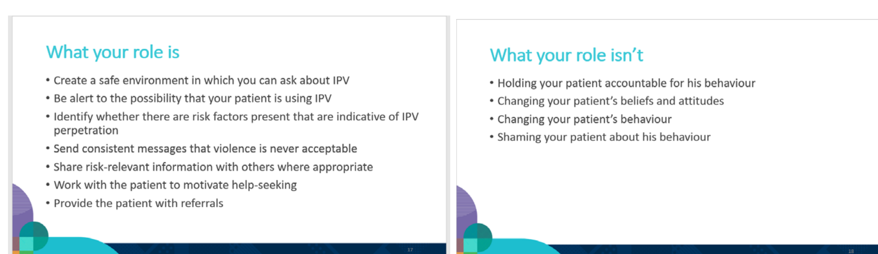
- Kaye Frankcom, Clinical and Counselling Psychologist, MAPS
- Zanetta Hartley, Specialist Family Violence Advisor at North Western Mental Health
- Jac Dwyer, Family Violence Practice and Development Officer, Berry Street
- Denise McAloon, Services Team Leader at No to Violence (NTV), Men's Referral Service
- Dani Gold, Specialist Family Violence Advisor, RCH Family Violence Initiative at Royal Children's Hospital
- Dave Kwame Arthur – Senior Clinician from Odyssey House Victoria and AOD system representative

Missed the events?

Click here to watch a recording of the session.

You can find a copy of the slides here.

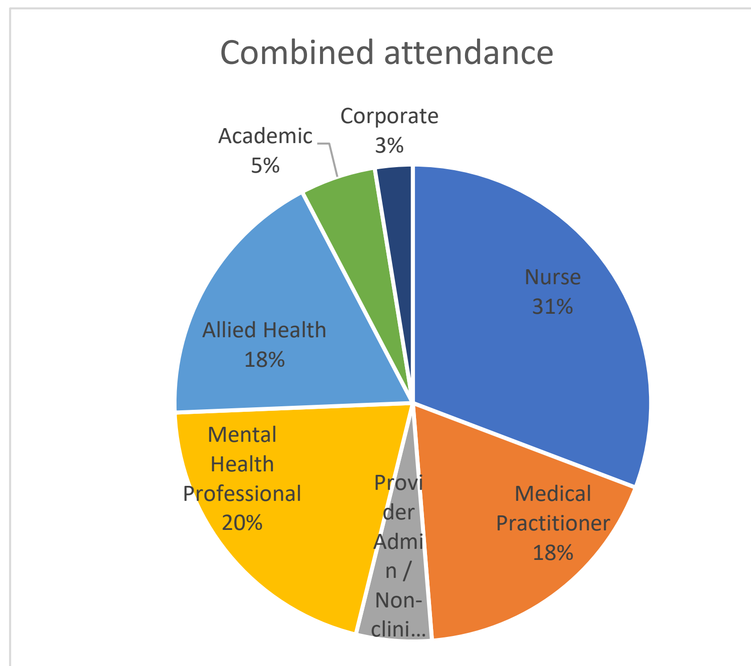




Attendance

- Session 1 (17 May 2022): 26 attendees
- Session 2 (24 May 2022): 13 attendees

Professions



Attendees were from the below services:

Merri Health – Preston, Mid West Area Mental Health Service, Orygen Youth Health (specialist mental health services for young people aged 15 to 25), Correct Care Australia (the only private health services provider specializing in correctional environments (prisons and transitional centres), Relationship Matters, Chemist warehouse, RMIT University, Corazon Centre Inc (Psychology), Drug Health Services (DHS) Western Health, Karen Ditty Counselling, Carolyn Bates Counselling, Hume City Council, Antonia Therapy, Sexual Health Victoria.

Feedback

- When asked whether they would recommend a session like this for a colleague, **100% of participant responded 'yes'**.
- **50% of** participants were 'very satisfied' with the event, **44%** 'somewhat satisfied'.
- We asked participants if they intended to make a change to their practice as result of attending the session, **61% answered 'yes'**.

What was most useful to you?

Case discussions, break out rooms, a conversational approach, explanation of risk factors of family violence and the role of health practitioners in addressing FV, overview of intimate violence from a perpetrator perspective.

- *"I was encouraged about the breadth of the perspective of the presenter. It was good to hear his views that did not just repeat commonly heard rhetoric about family violence."*
- *"It was a very informative and well-designed session."*

- *"Excellent acknowledgement that framework limited to cisgender, heterosexual relationships."*
- *"I look forward to receiving the email with more links and will look at doing some of the other modules that were mentioned. It is always tricky as a GP as we have such limited time, and so many other responsibilities, and to find the info you might need in a hurry is usually tricky. So, while there might be great resources out there, knowing what they are and actually being able to access them is really difficult.".*

Please outline how you might review and/or modify practice-based systems and/or processes relevant to this activity:

- include questions about Intimate Partner Violence (IPV) in every opportunity while doing health assessments, care planning, etc.
- proper history taking from patient
- acknowledge and understand likelihood of IPV occurring
- monitor for indicators/risk factors of IPV
- use open and simplified language
- upskill clinicians to engage the whole family and acquire resources from specialists in family violence
- embed both mental health and family violence risk assessments in clinical processes and work collaboratively with GPs in shared care models to manage both risks and wellbeing
- ensure documentation reflects risks to victim-survivors, undertake MARAM training
- be aware and curious.

What are the system barriers and enablers to manage people using intimate family violence?

Barriers:

- lack of knowledge, fear, perception, and attitude
- time constraints
- confusion about where to get advice or assistance
- lack of successful intervention
- demonisation of perpetrators - a barrier to accountability, models of recovery and healthy relationship change
- lack of involvement or hesitation from professionals and GPs
- lack of concise information and guidelines
- stigma, varied presentation, resistance
- long waiting list for support.

Enablers:

- support and extensive resources
- knowledge and skills of health professionals
- maintaining rapport with PUV
- referral pathways – focuses on the person overall rather than just their violent behaviour.

Case study

Case study

Introduction

Eric is in his early 30s and became your patient when he was 23. You have seen Eric intermittently over the years. Sometimes you will see him once a fortnight for a few months and then at other times you will see him once a year. Eric is fit and healthy with no underlying health concerns. Eric has intermated that he binge drinks and takes drugs recreationally. However, Eric has also displayed signs of intoxication during consults as well as signs of more regular drug use. He has told you that he has used methamphetamine with friends from time to time, but only occasionally.

When you last saw Eric three months ago, he told you he had been seeing a woman for the last 12 months and she had just become pregnant.

Case study

Case history

Over the years Eric has come in presenting with workplace injuries as well as unexplained pain. You have administered the K10 with Eric and he has scored high on both depression and anxiety scales. You have written a mental health plan with him twice and both times he has not made the initial appointment with the psychologist. Eric has also complained of not being able to sleep and asked you explicitly for Valium, you have denied this request, instead suggesting SSRIs, talk therapy, or melatonin.

There was an incident with Eric three weeks ago when he came to the practice. Eric came into the practice for an appointment with you and was having a heated conversation on the phone in the waiting room. He called the person he was speaking to a "bitch" and paced in the waiting room extremely agitated. Before anyone could intervene, Eric stormed out of the practice. You have not seen him since this incident.

Case study

Today

Eric has come in, again and made it into the consulting room this time. Eric is quite clearly agitated, he is jumping from topic to topic, so much so, it is difficult to get him to focus on what he wants. He talks about how much he hates his job, his friends, and his partner and that everyone is against him. When he talks about his partner he is particularly derogatory, calling her useless and lazy. He tells you that he thinks she needs "her head read", and that she is just using him because he makes good money at his job.

Eric admits to you that he had a big night last night and he's feeling a bit edgy because of it. He tells you the night didn't go "as planned" and he is in the "doghouse" today. Eric is vague on details but tells you the night ended in a "blow up" between him and his partner. He ended up not sleeping at all and going to work early this morning. He called the practice this morning and you had a last-minute cancellation so you could fit him in for your last patient for the day. You just want to go home but you feel like it is important to spend some time talking with Eric.

We acknowledge the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and

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Discussion

As a GP what is your objective here? What's the most important thing to achieve?

Discussions in the breakout rooms:

- clarify language: 'What does blow up mean'?
- normalise change in the patient's behaviour
- short safety plan has limited time – 15 min. Find a way to engage, how to avoid going back home and then come back next day
- risk assessment for patient and partner
- AOD referral
- find a way to keep connected with the patient
- potentially refer to a nurse inside the practice.

What are some of barriers to asking about family violence?

a. How would you ask about family violence?
b. What barriers and facilitators can you see when asking in different settings (primary care, emergency department, family violence organisation, legal setting, Aboriginal and Torres Strait Islander Health Worker)?

Discussions in the breakout rooms:

- start noting symptoms and do a safety plan
- direct or indirect questions about his status, his safety and partner
- talk about possibility of making a safety plan
- avoid questions or statements that might deter patient
- ask what 'a healthy behaviour' look like from a patient's perspective
- ask the patient what they want to achieve today. Put responsibility back to patient
- suggest coping strategies, distraction strategies (go for a walk, etc)
- don't collude with the 'picture' patient is painting.

Barriers:

- unconscious bias, i.e. familiarity with the patient; could know the patient/couple well; 'this can't be it'; when you think 'better' about the patient
- short time limit for consultation
- lack of referral options in regional and remote communities
- fear to escalate matters by asking about it
- both are patients of the same GP (not recommended)

Risk assessment

What risk factors can you identify in the current situation?

Discussions in the breakout rooms:

- important not to lose connection with the patient
- previous history of family violence
- pregnancy
- alcohol/drug abuse (can contribute, but not the cause).

Resources

FOR HEALTH PROFESSIONALS

1. **Melbourne HealthPathways (for GPs, nurses and maternal and child health)**
    - Perpetrators of Family Violence
    - Disclosure of Family Violence
    - Domestic and Family Violence Community Support
    - Child or Family Information Sharing

2. **NWMPHN Family Violence**

Resources, articles, interviews, and case studies

3. **Melbourne University Modules**
    - **The Readiness Program: Self-directed e-learning modules:** saferfamilies.org.au/readiness-elearn
    - **Module: Identifying People who have used Domestic and Family Violence:** saferfamilies.org.au/people-using-dfv

Risk assessment

1. Composite Abuse Scale: a_3A102283421568120170406-6387-12bvnt6-with-cover-page-v2.pdf (d1wqtxts1xzle7.cloudfront.net)
2. Composite abuse scale short form (ATTACHMENT 1)
3. MARAM Perpetrator focused practice guides **Error! Hyperlink reference not valid.**

Typology literature

4. Foundational paper on IPV typologies: holtzworth-munroe-and-stuart-1994.pdf (indiana.edu)
5. Exploration of how perpetrator characteristics predict treatment outcomes (ATTACHMENT 2)
6. Exploration of IPV only vs generally violent perpetrators (ATTACHMENT 3)

Health settings

7. Perpetrator experiences in healthcare settings (ATTACHMENT 4)

IPV Homicide

8. Hayley Boxall's study on the characteristics of men who commit intimate partner homicide in Australia:

The "Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia - ANROWS - Australia's National Research Organisation for Women's Safety

ATTACHMENT 1 - Development of a bri

ATTACHMENT 2 - The Impact of Perpetr

ATTACHMENT 3 - Are Generalist battere

ATTACHMENT 4 - Healthcare experience

4. **Royal Women's Hospital**

Strengthening Hospital Responses to Family Violence Tool Kit

5. **No To Violence**

The **Men's Referral Service** (MRS) is operated by **No to Violence** (NTV) and takes calls from men and women who are looking for help to improve their wellbeing and safety, who want to improve the wellbeing and safety of their children, or who are looking for help for their partner or another male family member. Phone: 1300 766 491 **or visit** https://ntv.org.au/

If inexperienced in family violence counselling, seek secondary consultation advice from the Men's Referral Service or Orange Door before discussing the impact of violence with men who are pre-contemplative about behaviour change.

6. **National First People's Family Violence Network**

Offer specialised services if the person who uses violence (preparator) wishes to engage with Aboriginal-controlled organisations:

- Dardi Munwurro
- Aboriginal Centre for Males
- Victorian Aboriginal Health Service

7. **Adolescents who use violence**

Most violence is perpetrated by male adolescents against their mothers, though other people do also perpetrate family violence.

- **Kildonan Uniting Care Adolescent Violence Program.** Phone (03) 8401-0100
- **Northern Healing and Recovery program NHARP's Adolescent violence program** for secondary opinion and referrals for assistance. Phone (03) 9450 4700 or email adolescentFV@berrystreet.org.au

8. **LGBTQIA people**

LGBTQIA people who use violence may have also experienced discrimination, stigma, marginalisation which can be a barrier for engagement.
Offer specialised services if the person who uses violence (perpetrator) wishes to engage:

- Say It Out Loud – relationships and domestic violence for LGBTI communities
- Thorne Harbour – LGBTI and family violence counselling
- Rainbow Door (intake point for LGBTIQA+ Family Violence services)
- Queerspace, - Future free from violence program. For people who identify as women and gender-diverse people who have used violence in relationships

9. **Alcohol & other drug (AoD) treatment, training and support**

Odyssey House Victoria – Kids in Focus

10. General resources

- MensLine Australia – Assessing Risk and Safety for Family Violence
- RACGP - Abuse and violence: working with our patients in general practice, 5th edition, Working with men who use intimate partner abuse and violence
- Victorian Government - MARAM practice guides: Guidance for professionals working with adults using family violence

11. Research studies

- Anrows - The “Pathways to intimate partner homicide” project: Key stages and events in male-perpetrated intimate partner homicide in Australia
- The BMJ - Healthcare experiences of perpetrators of domestic violence and abuse: a systematic review and meta-synthesis

FOR PATIENTS

1. **Men’s Behaviour Change Program by Relationships Australia**

Over 20 weeks, the Men’s Behaviour Change Program (MBCP) works with men to end violence and other problematic behaviours. Men are taught how to stop using abusive and controlling behaviours and become more, nurturing and caring. In the process they become better partners, better fathers, and develop an improved sense of self.

Aims of the Men’s Behaviour Change Program:

- For men to stop using abusive, violent and controlling behaviour.
- For men to accept full responsibility for their behaviour.
- For men to manage their intense feelings safely.
- For men to develop and maintain nurturing and caring relationships with women and children.

Visit: anglicarevic.org.au/our-services/family-violence/mens-behaviour-change-program/ or ntv.org.au/get-help/mens-behaviour-change-programs/

2. Caring Dads

When men realise the impact their violence is having on their kids, it can be a powerful catalyst for change. This is a key principle behind the **Caring Dads** program. Caring Dads is an internationally acclaimed model that teaches men about the impact of family violence children and the importance of a respectful relationship with their children’s mother.

A 17-week early intervention program, Caring Dads targets men who have used violence, or are at high risk of doing so, through group work that encourages them to stop controlling, abusive and neglectful behaviour. By connecting with other men, they learn how to cope with frustrating situations in healthy ways and to strengthen and repair relationships with their kids.

Visit: anglicarevic.org.au/about-us/ Phone: 1800 809 722

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3. The Fathering Project

The project provides research-based programs and resources to engage, equip and support fathers, father figures, families, schools, and community organisations. It aims to connect the community to build brighter futures for our children.

The research says when fathers are engaged and equipped to be the best they can be, it has significant benefits for a child's health and wellbeing.

Dads Groups are the Project's core activity and are established within schools and community groups across the country. The groups provide a safe, inclusive and positive environment where father-figures can learn, share, grow and connect with each other, and their kids.

Visit: thefatheringproject.org/ Phone: 1300 328 437 Facebook: www.facebook.com/thefatheringproject

4. **Mensline Australia**

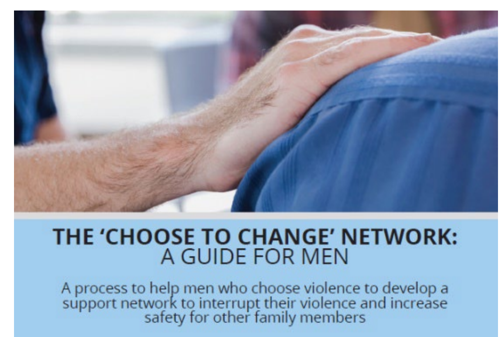
A national and online counselling service offering support for Australian men anywhere, anytime. https://mensline.org.au/family-violence/using-violence/are-you-using-domestic-or-family-violence/ or visit Are You Using Violence or Abuse in Your Family or Intimate Relationships?

5. I am. I can

'I am. I can' was created to invite reflection about the use of violence (in any form) being a 'choice'. We **can each choose non-violence in all relationships.** We invite people who are using control, abuse and violence to **view this animation** and to **seek support. Visit** insightexchange.net/i-am-i-can/

6. A Guide for Men

This booklet is for men who are worried about their behaviour toward their loved ones. By offering you the tools to change, we can encourage your efforts to be a better partner and father. We want to encourage more and more men to seek help for their behaviour, their substance use and their mental health. This toolkit:

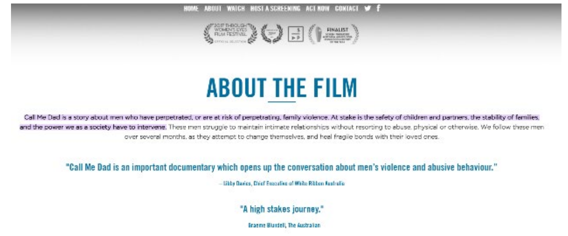


7. Kids in Focus

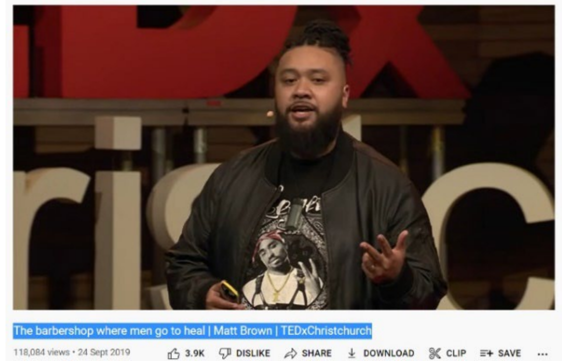
Kids First has partnered with Odyssey House Victoria to build on the three-year Victorian CD trial and deliver a service that focusses on the intersections between Domestic Family Violence and alcohol and other drug use. See flyer and information sheet.

LIVED EXPERIENCE PERSPECTIVE

Call Me Dad is **a story about men who have perpetrated, or are at risk of perpetrating, family violence**. At stake is the safety of children and partners, the stability of families, and the power we as a society have to intervene. Visit: Call Me Dad | Official Website | Can a violent man change?



She is not your Rehab – Ted Talk. Visit The barbershop where men go to heal | Matt Brown | TEDxChristchurch



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