

# Is it hypothetical?

RMA 17



Dr Jennifer Delima

Panel: Dr Christina Harwood

Dr William Lilley

Dr Molly Shorthouse

Dr Sarah McEwan

## Rural Doctors Family and Domestic Violence Education Package - Introduction

### Welcome

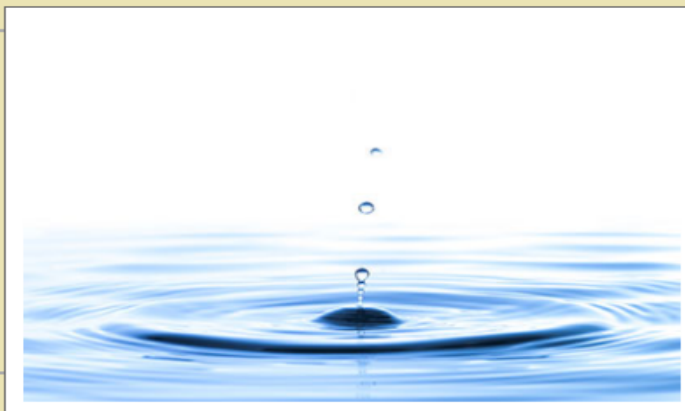
#### ***Welcome to the Rural Doctors Family and Domestic Violence Module.***

This module was developed by a team of professionals with a specialist interest and/or experience in family and domestic violence, headed by Dr Jennifer Delima.

It is funded through the Australian Government Department of Health and developed specifically for online delivery through the Australian College of Rural and Remote Medicine (ACRRM).

#### ***Learning Objectives***

- Participants will be able to identify family and domestic violence
- Participants will be able to demonstrate an understanding of family and domestic violence
- Participants will be able to define community in relation to family and domestic violence
- Participants will be able to manage family and domestic violence
- Participants will be able to explore appropriate attitudes in practice in the context of family and domestic violence



#### ***ACRRM Curriculum Mapping***

The Rural Doctors Family and Domestic Violence Module align with all domains in the ACRRM curriculum. The domains are provided at the beginning of each section within the module.

#### ***How to use this module***

This module has been written in the expectation that participants shall work through it sequentially. Each session contains an

- estimated completion time
- case study
- reflections
- activity
- brief assessment items
- links to discussion forums
- links to resources

#### Introduction

- Outcome Statement
- Why You Should Do This Module
- Statement Regarding Personal Safety and Self Care
- Learning Outcomes and ACRRM Curriculum Domains
- Demonstration of Learning Outcomes
- A Brief Reflective Exercise
- References

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#### ▶ 2. Understanding family and domestic violence

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#### ▶ 4. Managing domestic violence

#### ▶ 5. Demonstrating Appropriate Attitudes in Practice

#### ▶ 6. Self Reflection

- Closing statement

## Rural Doctors Family and Domestic Violence - Introduction

### Demonstration of Learning Outcomes

Upon completion of this module participants should be able to:

#### ***Identifying Family and Domestic Violence***

- List common indicators that a patient is affected by Family and Domestic Violence including those that maybe more frequently encountered or particular to rural, remote and Aboriginal and Torres Strait Islander communities
- List common incidence patterns (e.g. High risk during pregnancy, post-partum, after leaving partner, after reporting abuse, and the cycle of violence etc.)
- List the mandatory reporting obligations relevant to their jurisdiction and be able to explain how these apply in complex situations such as when a victim retracts their story or when reports are made to the doctor from a third party.
- List key principles for effective communications with suspected victims of Family and Domestic Violence (e.g. be sympathetic, show interest, avoid judgemental statements, assure them of confidentiality)
- List potential opportunities and tools to assist in screening and intervention in general practice

#### ***Understanding Family and Domestic Violence***

- List the procedures and principles for appropriately interacting with the suspected perpetrator as well as their friends/family particularly with respect to maintaining patient confidentiality. These extend to both professional (as any/all of these people may also be patient/s of the practice) as well as potential personal interactions. Appreciate that the practitioners' first duty is to the victim and their safety.
- Briefly state where you would access more information on the relationship between Family and Domestic Violence, Mental Health and Suicide

#### ***Understanding Community***

- Describe the common challenges to victim's in both seeking and receiving help in rural and remote and Aboriginal and Torres Strait Islander community settings and list strategies that may help to address these
- List the key referral pathways, legal protections and resources (including via telecommunications) available to the victim including those available in the doctor's own community. This will include consideration of reporting and referral pathways for people who do not present in the general practice clinic but in the emergency department or other health settings.

#### ***Managing Family and Domestic Violence***

- List the key steps to be followed after disclosure of Family and Domestic Violence including observance of mandatory reporting obligations (these will be broken into preplanning; emergency/immediate response (safety management) plan; further steps)
- List and describe some available risk assessment tools to identify when a safety management plan is required
- Describe the key steps in developing a safety plan with patients who are victims of Family and Domestic Violence. These will include initial risk assessment and immediate Safety Planning where required (i.e. where appropriate escape planning, crisis

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# CHALLENGES TO DISCLOSURE IN RURAL AND REMOTE

## Personal Barriers

- Personal Shame
- Fear of not being believed and “loosing” family
- Community and family disruption
- Fear of judgement –being blamed
- Assault not seen as a crime
- Seen as a private matter
- Perception – no assistance available
- Increased risk in IPV when planning to leave





# When you're ready

Tina Arena 2015

**Approximately 1 woman killed per week as a result of DV /FV**

[89 women killed by their current or former partner 2008-2010]

ABS Personal Safety Survey, AIC 2012





**Increased risk of mental health problems**

**Stith et al 2004**

## Australian Women

**1 in 6: *physical or sexual violence***

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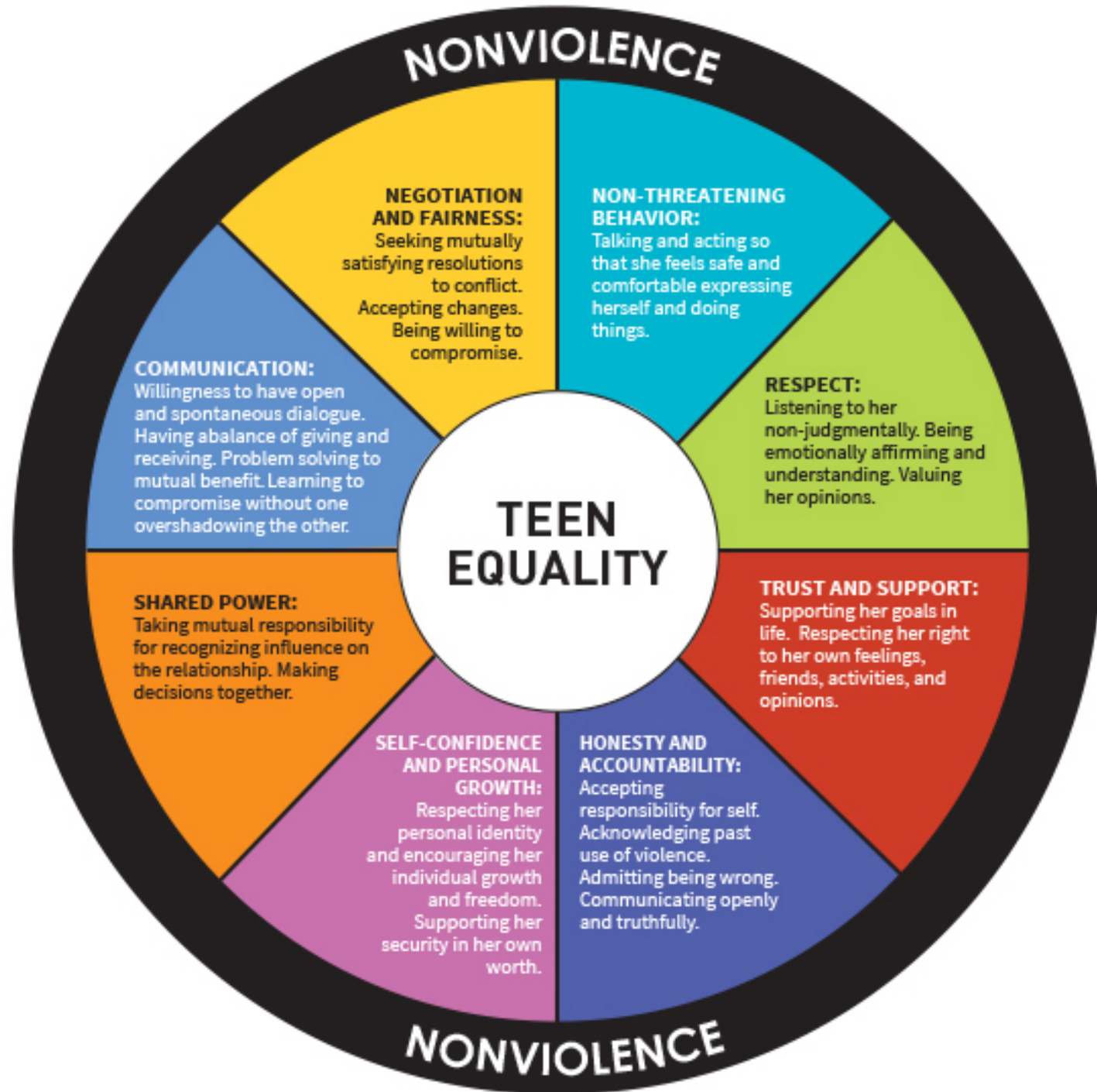




62% of women who experienced physical assault by a male perpetrator, - the most recent was in their home





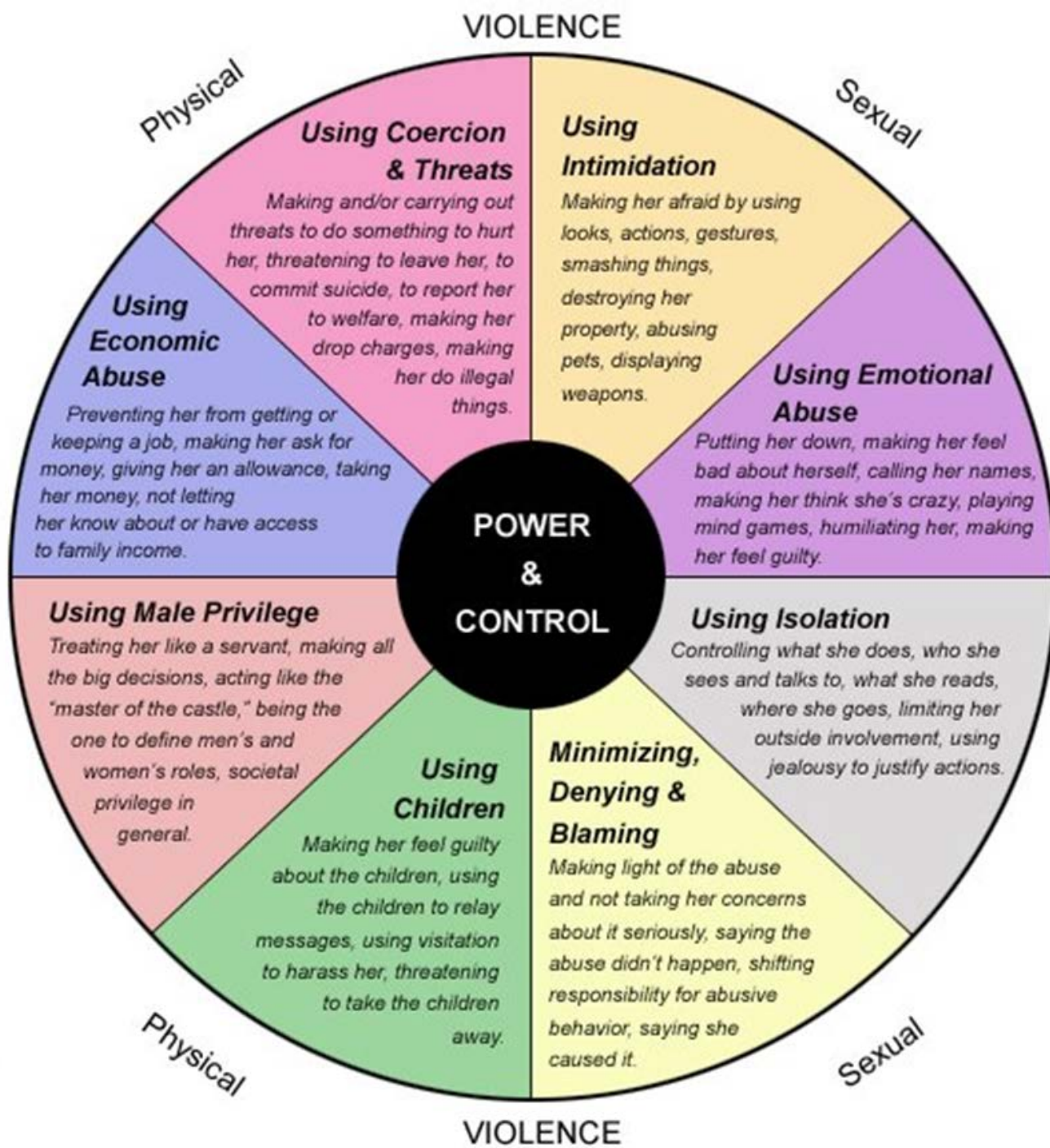


**61% of women had children** in their care when the violence occurred

**48% - children had seen and heard** the violence







Used with permission: Domestic Abuse Intervention Project, Duluth, MN.

over 3 times as many people experienced violence from a male

Violence is more likely from male than a female perpetrator

73% had experienced more than one incident of violence

58% had never contacted the Police

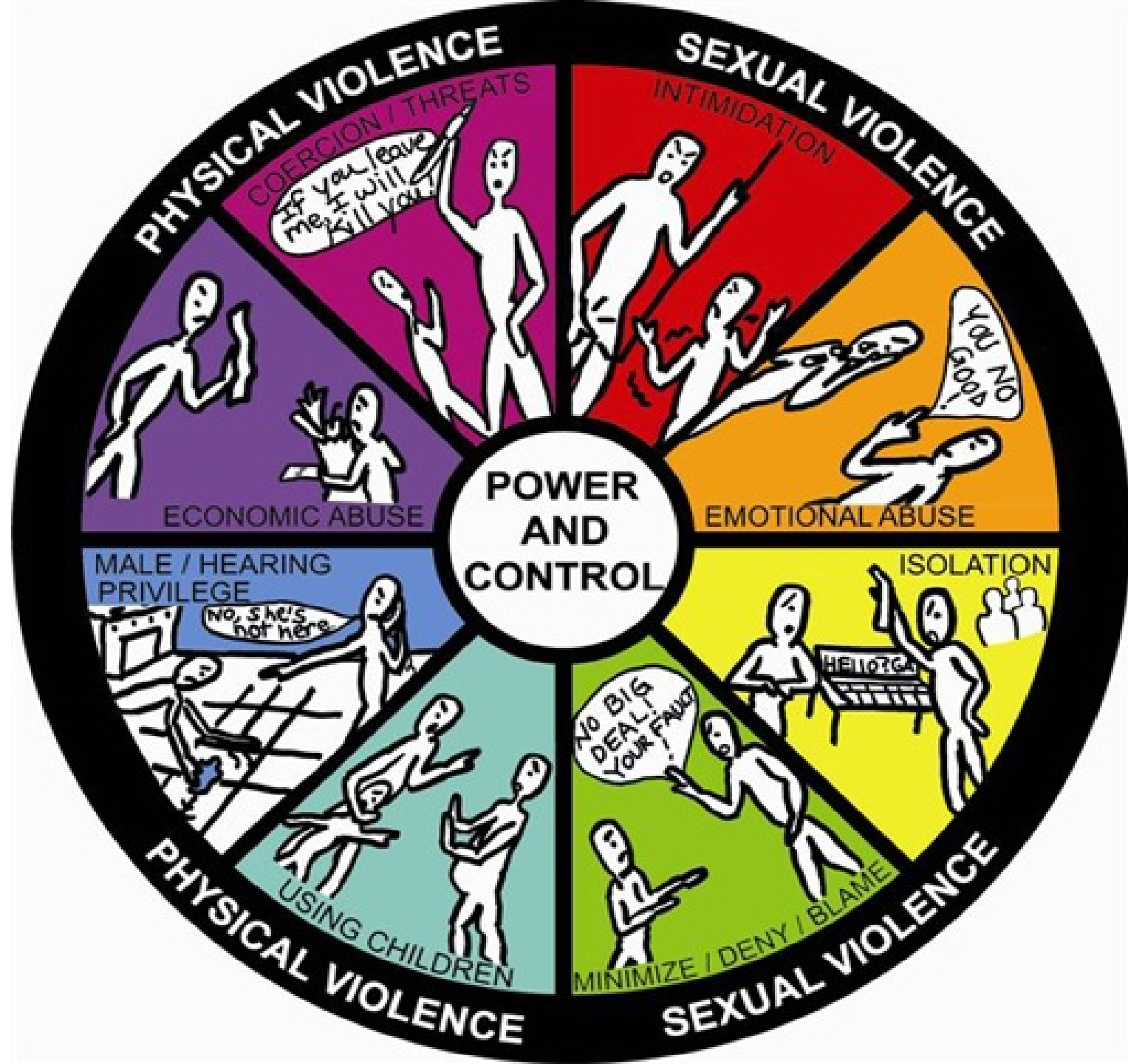
24% had never sought advice or support





- Mainstream Australia: **1:6 women** experience FV and DV  
Women are **four times more** likely to be victims than men  
Sexual assault ~17% women; ~ 4% men
- Indigenous Australian women :  
**x 34 times more** victims of violence







# The law... Medical responsibilities


Types of abuse or neglect that must be reported, by Australian jurisdiction

Jurisdiction	Physical abuse	Sexual abuse	Psychological/ emotional abuse	Neglect	Exposure to domestic violence
<b>ACT</b>	Yes	Yes	No	No	No
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# Domestic Abuse and Domestic Violence: 10 Warning Signs of Abuse and an Abusive Relationship




 1 in 4 women will fall victim to domestic violence at some point during her life



 1 in 3 female homicide victims was killed by a current or former partner



 Women in their early 20's are at the highest risk of suffering domestic abuse

**#1**  
**Controlling**  
Abusers wield their control like a weapon!




**#2**  
**Restricting Relationships**  
Abusers will try to restrict their victim's relationships with family and friends.



**#3**  
**Jealousy and Possessiveness**  
They may be jealous with family members and even your relationship with your child or pet!



**#4**  
**Inequity of Power**  
In an abusive relationship, there is a very unequal balance of power.

**#5**   
**Won't Take No for an Answer**  
If a partner refuses to accept 'no' for an answer, this is a sign of a real problem.

**#6**   
**Explosive Temper**  
Abusers often have a very hot temper; many go from zero-to-sixty in an instant.



**#7**  
**They Make (and Break) Promises All the Time**  
Abusive individuals will often spew promises in an attempt to control and manipulate their partner.



**#8**  
**Destruction of Self-Worth**  
Abusers work very hard to destroy their victim's sense of self-worth and confidence.

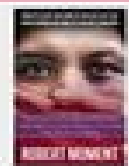
**#9**   
**Fear and Threats**  
An abuser will instill feelings of fear in their victim.




**Physical Harm**  
It's essential to recognize physical abuse as such. It is never, ever acceptable to slap, punch, choke, grab, shake, spit or otherwise lash out at your partner in a physical manner. Even if it happens only once, this is abuse.

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# Victim support services:

## Links with other providers

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# Response



## Provide trauma - informed care

“ to provide trauma informed services, all staff of an organisation, from the receptionist to the direct care worker to the board of directors, must understand how violence impacts on the lives of the people being served so that every interaction is consistent with the recovery process and reduces the possibility of re-traumatization”

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## Rural Doctors Family and Domestic Violence - 4. Managing Domestic Violence

### Case study - Maria

32 year old Maria has been in a ten year relationship with Dave. Maria has a son, 12, from a previous relationship and they have a 5 year old daughter together. Maria has attempted suicide by taking an overdose of paracetamol and alcohol and was found by her 12 year old who rang for an ambulance. She is now in the ED.

According to her history, this is her fourth suicide attempt in the last year. You are at the bedside of Maria and her husband has arrived. Apart from the fact that there is obviously something seriously amiss for Maria to want to take her own life, Maria's husband is acting aggressively towards Maria, demanding why she has 'done this' and berating her for putting the kids in this position. He is raising his voice and is making others in their vicinity feel uncomfortable, including yourself.



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### Summary of key points

- Assessment of the risk of harm - immediate and longer term must be undertaken when considering possible FV/DV.
- Management and discharge planning from the consultation must include a safety plan and possible support resources that the person can access in an unforeseen emergency
- Not all presenting patients experiencing FV/DV are ready / contemplative to uptake strategies/ assistance to remove themselves from the FV/DV situation.
- A non-judgmental supportive approach will enable uptake of assistance and strategies to minimise FV/DV vulnerability and impact.



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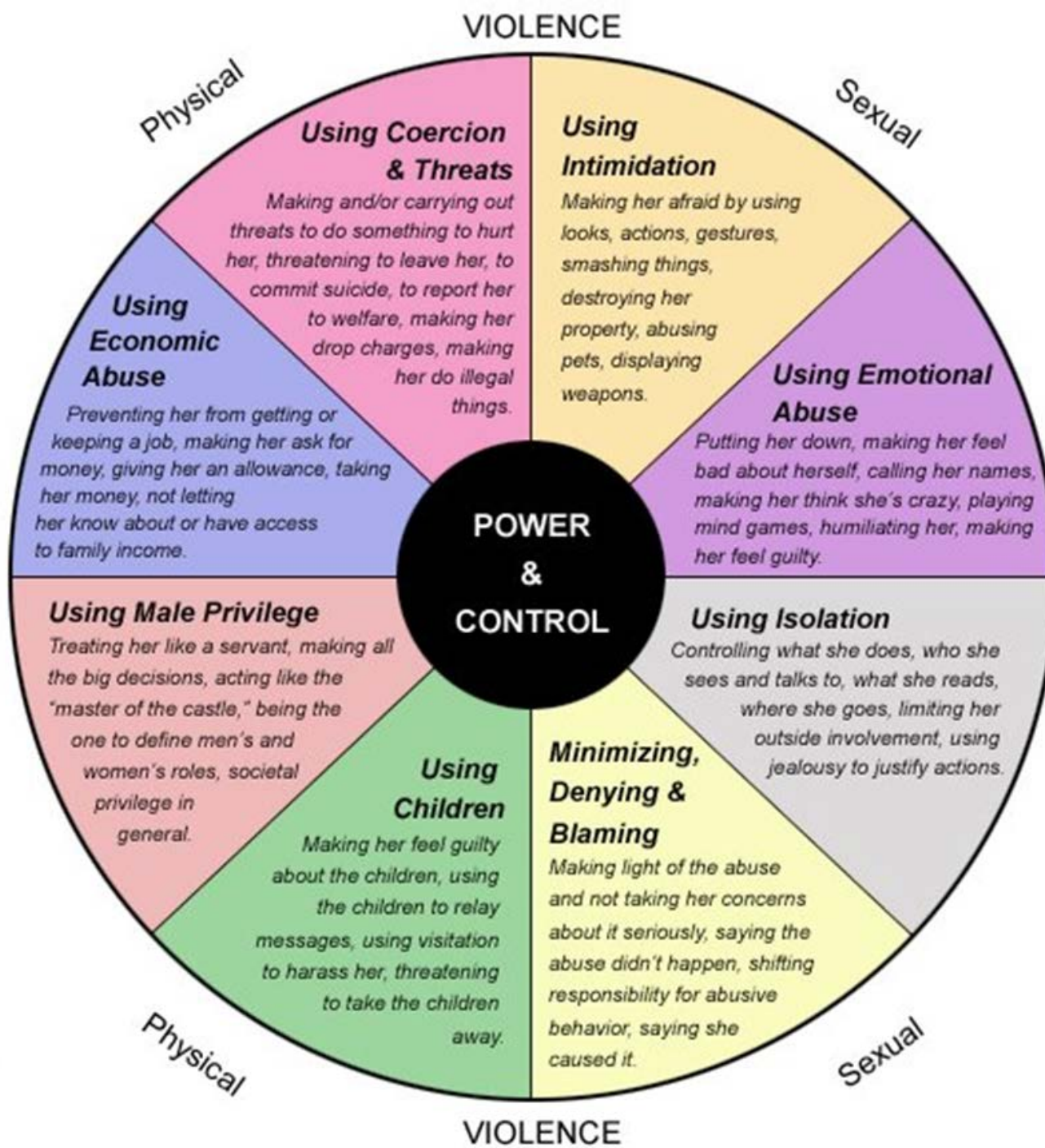
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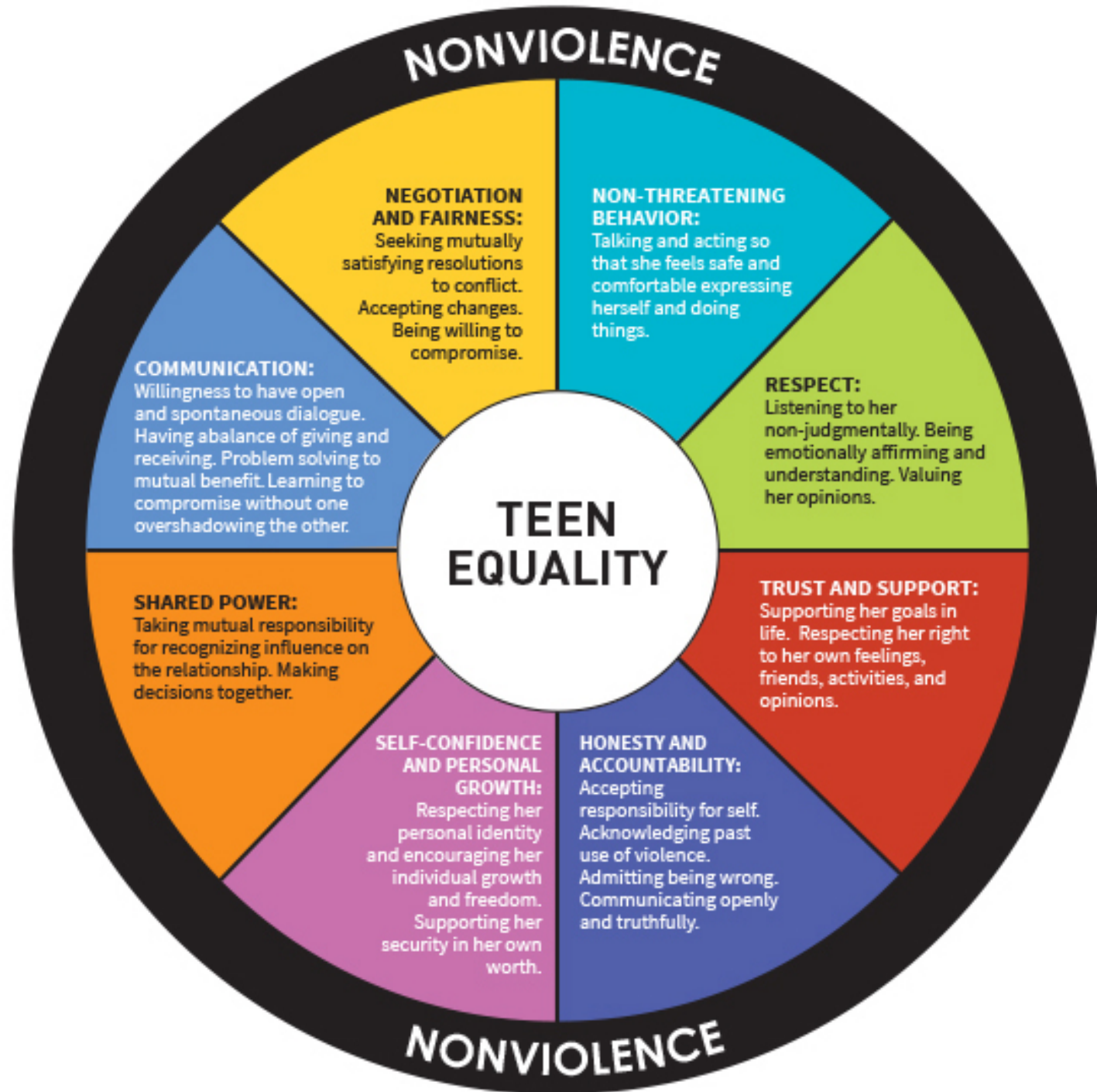
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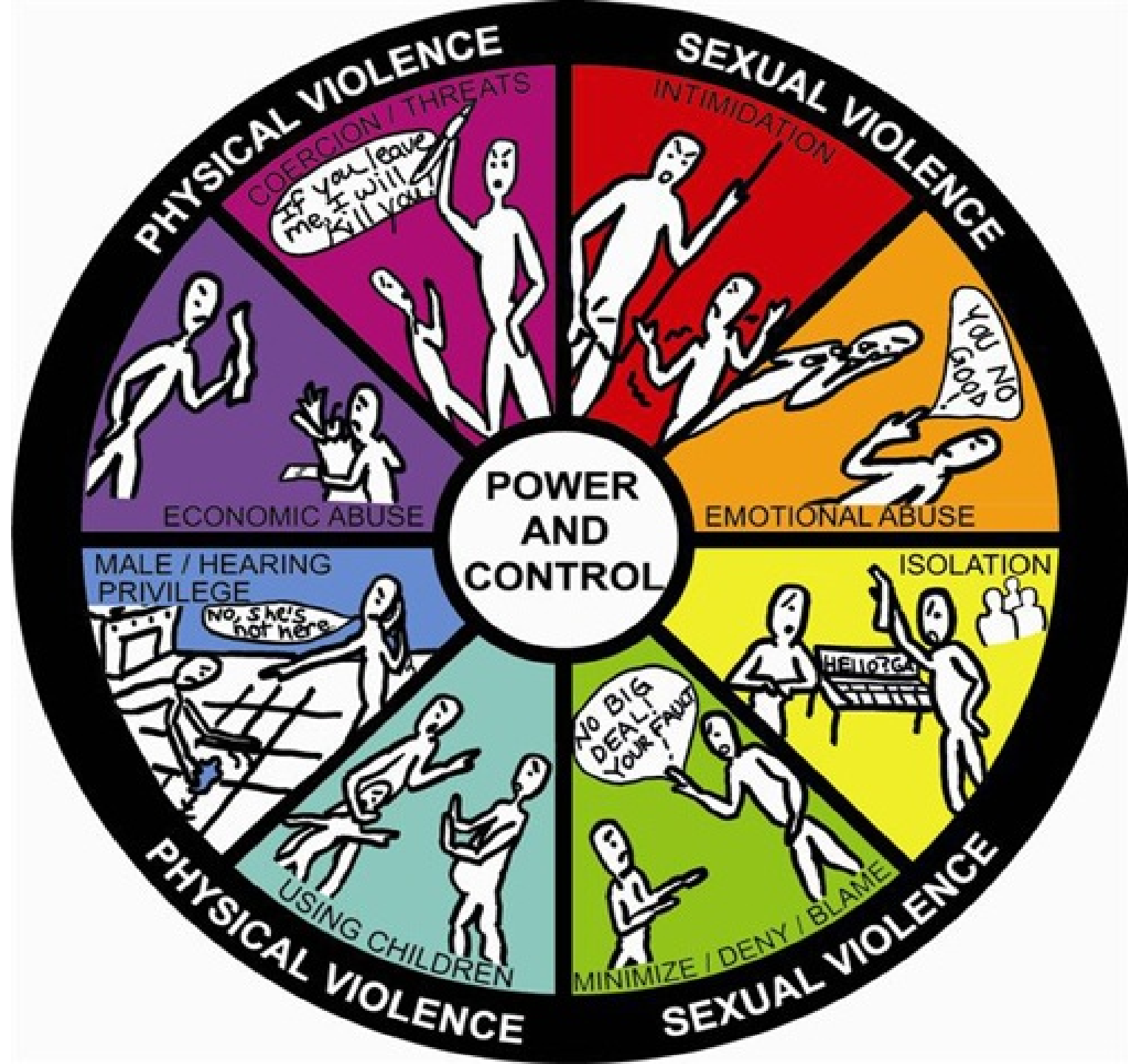
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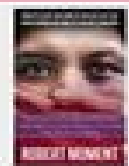
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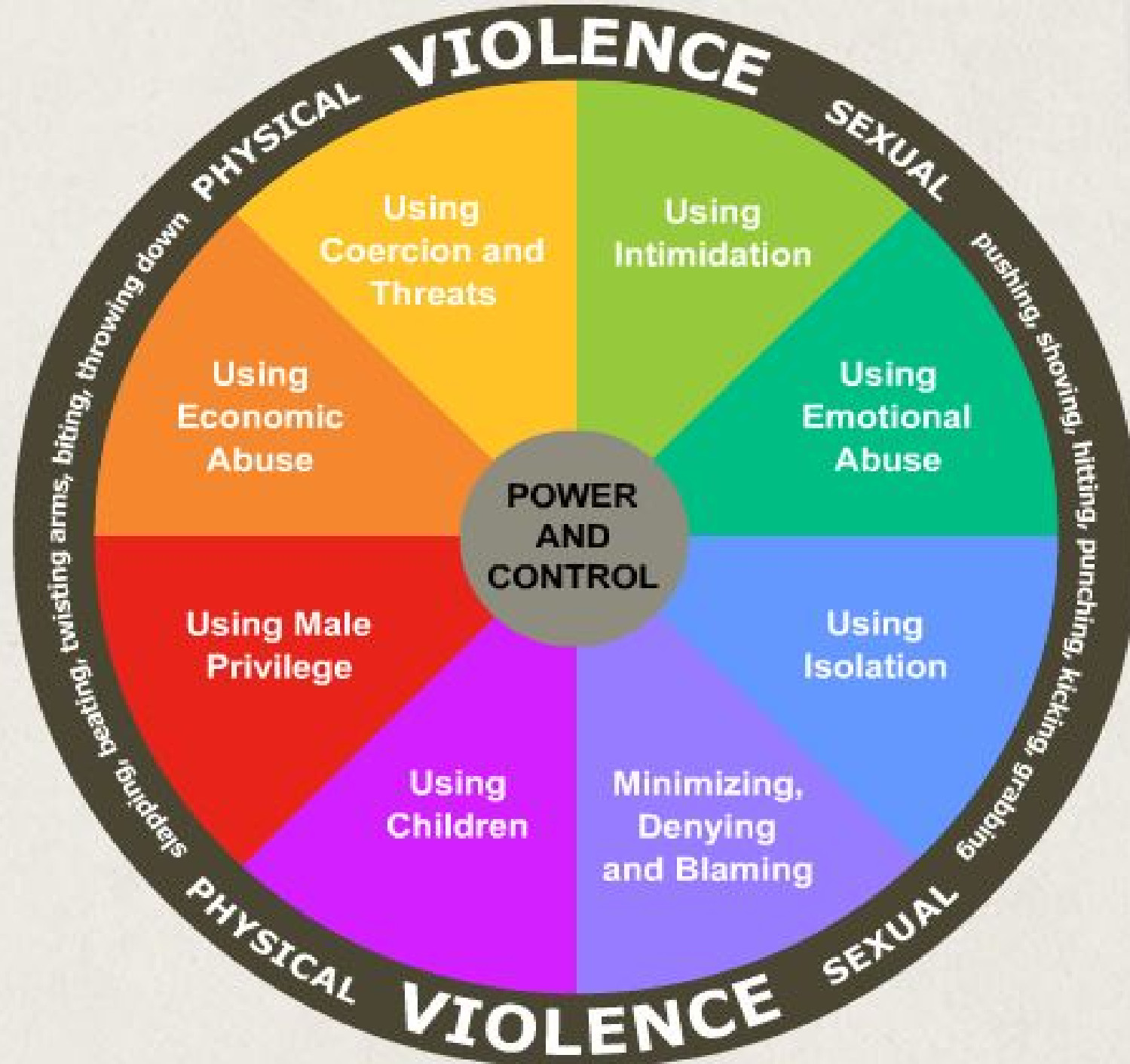
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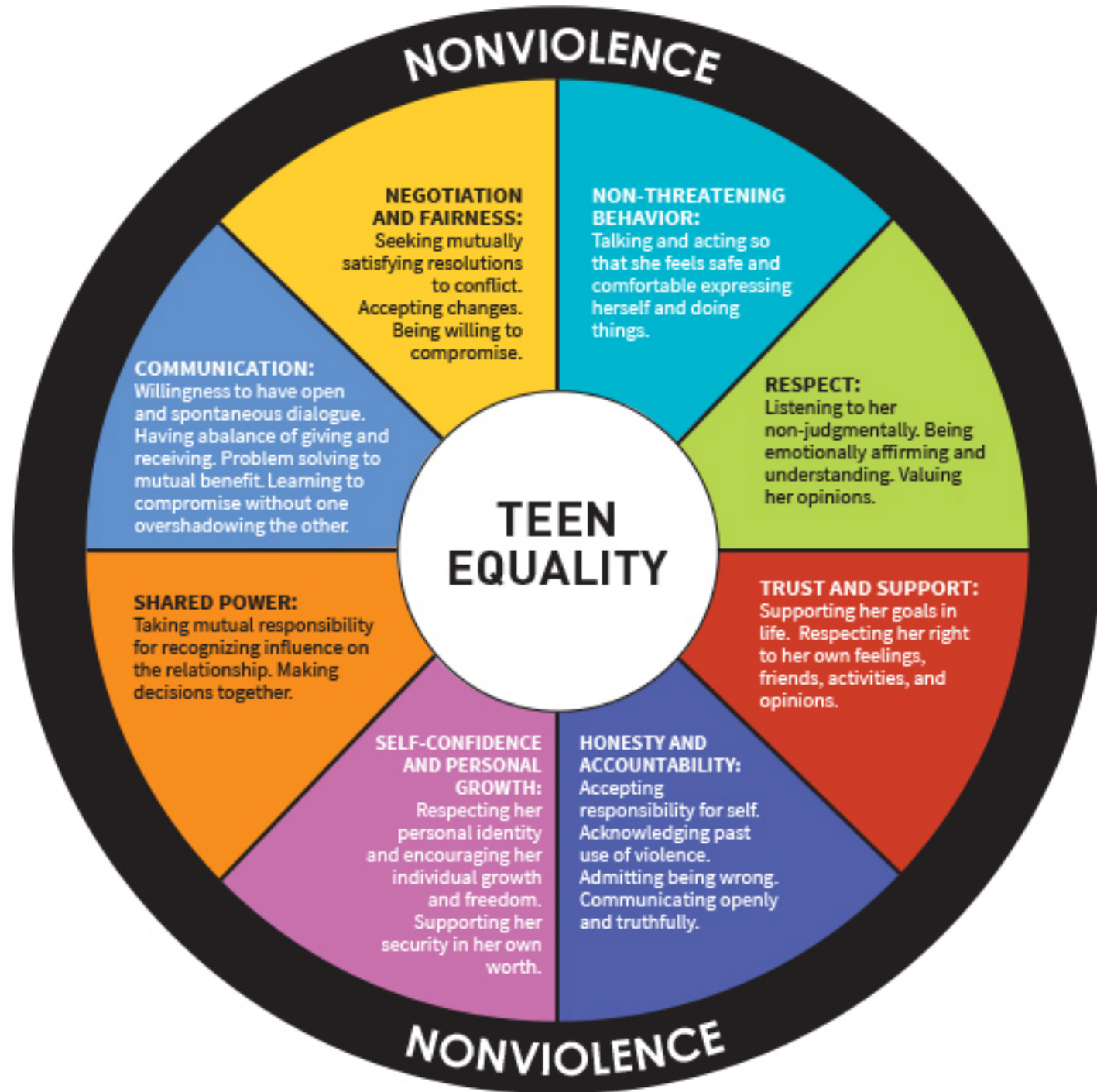
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#### ***Managing Family and Domestic Violence***

- List the key steps to be followed after disclosure of Family and Domestic Violence including observance of mandatory reporting obligations (these will be broken into preplanning; emergency/immediate response (safety management) plan; further steps)
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# When you're ready

Tina Arena 2015

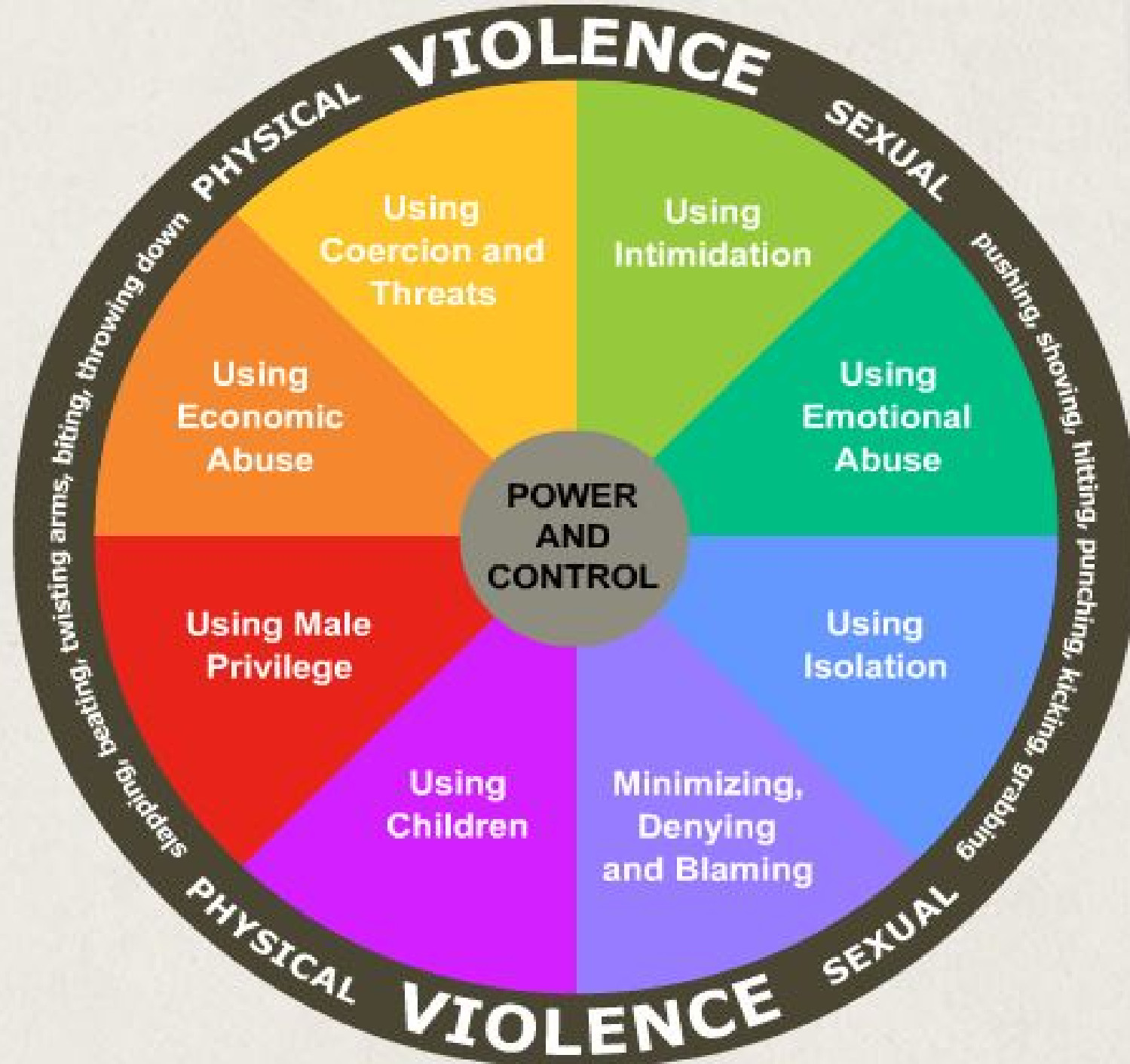
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AJGIEL



**Increased risk of mental health problems**

**Stith et al 2004**



## Australian Women

**1 in 6: *physical or sexual violence***

from current or former partner

**1 in 4: *emotional abuse*** from current or former partner

## Australian men

**1 in 19: *physical or sexual violence***

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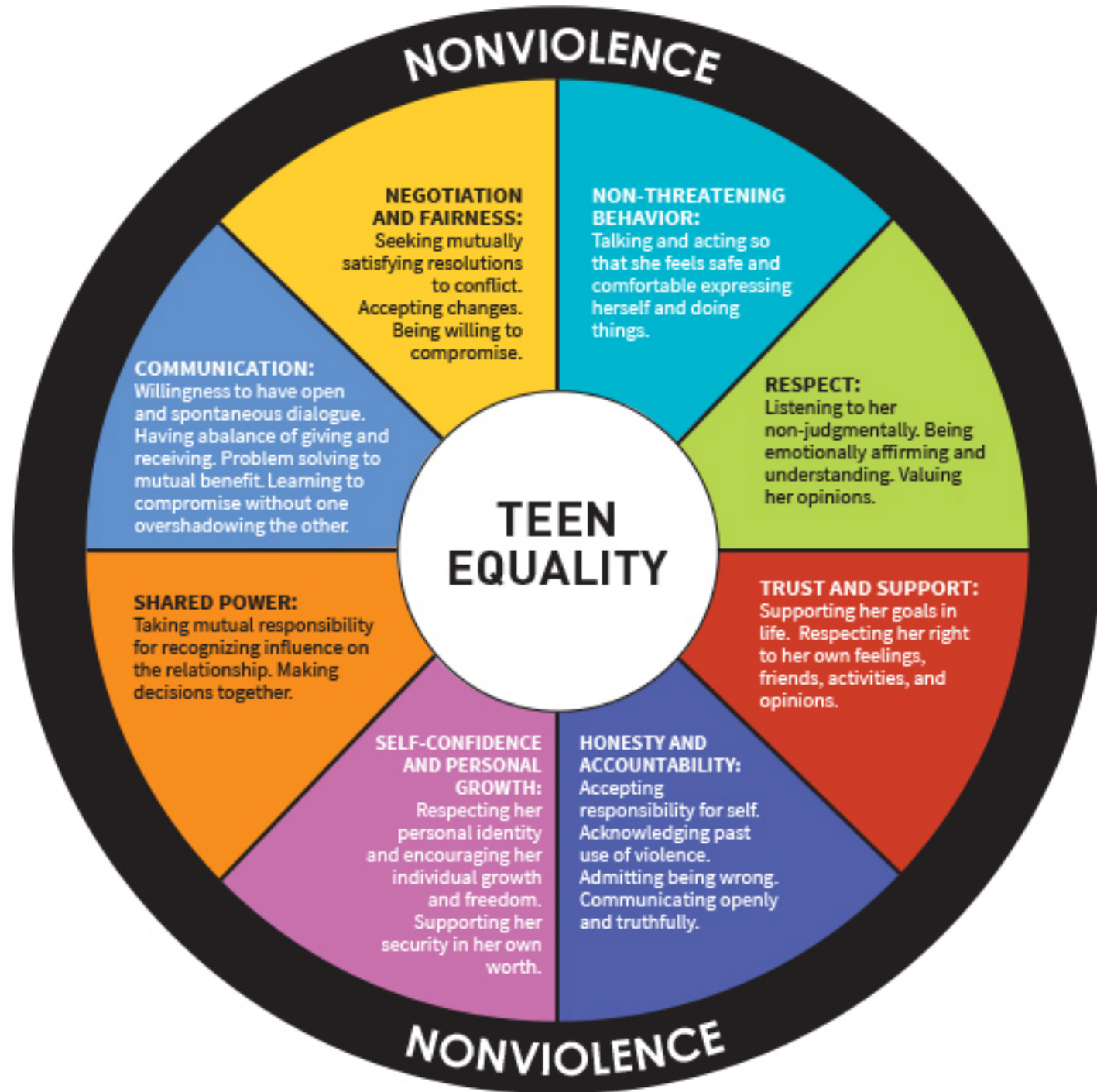
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62% of women who experienced physical assault by a male perpetrator, - the most recent was in their home





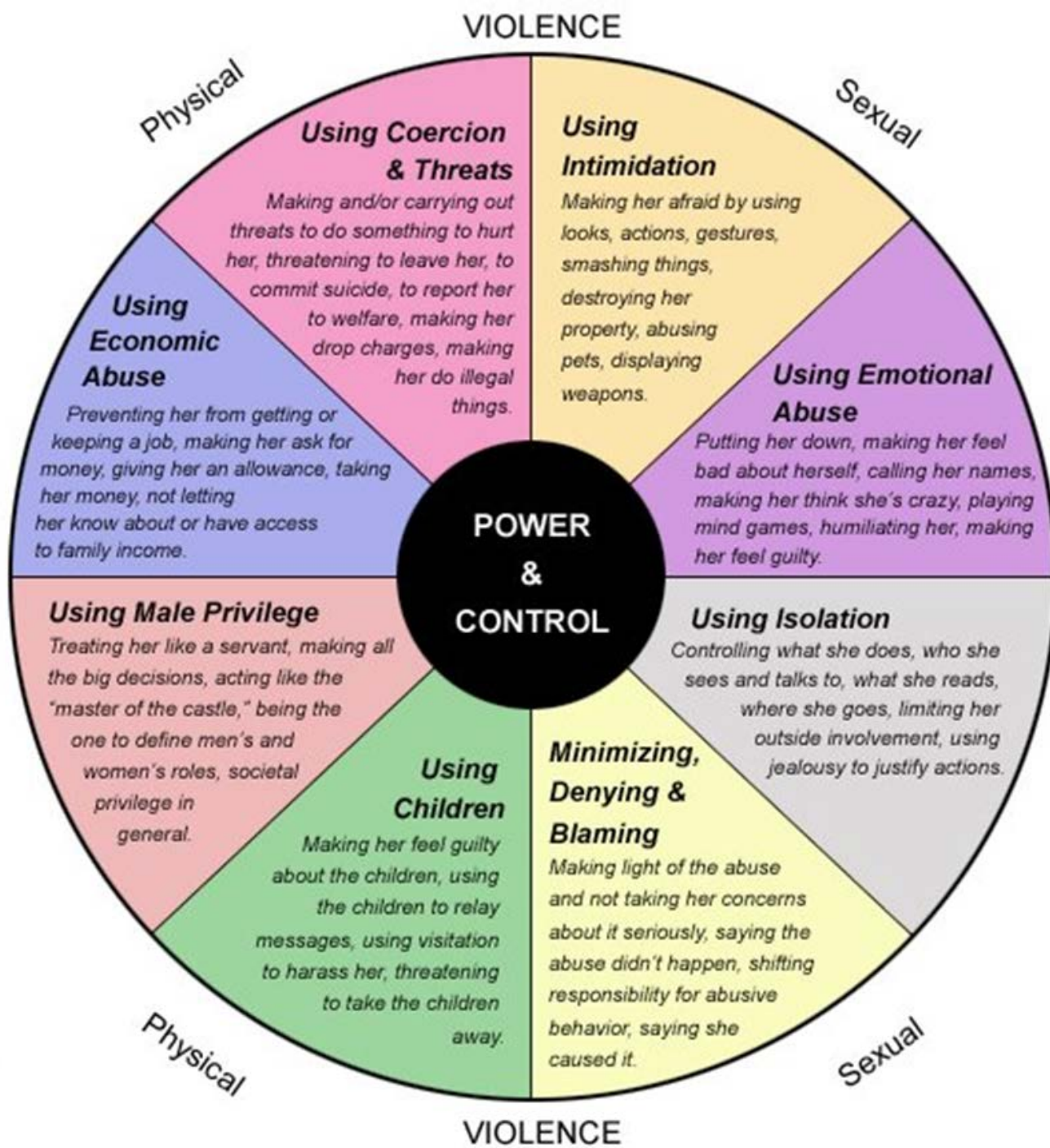


**61% of women had children** in their care when the violence occurred

**48% - children had seen and heard** the violence







over 3 times as many people experienced violence from a male

Violence is more likely from male than a female perpetrator

73% had experienced more than one incident of violence

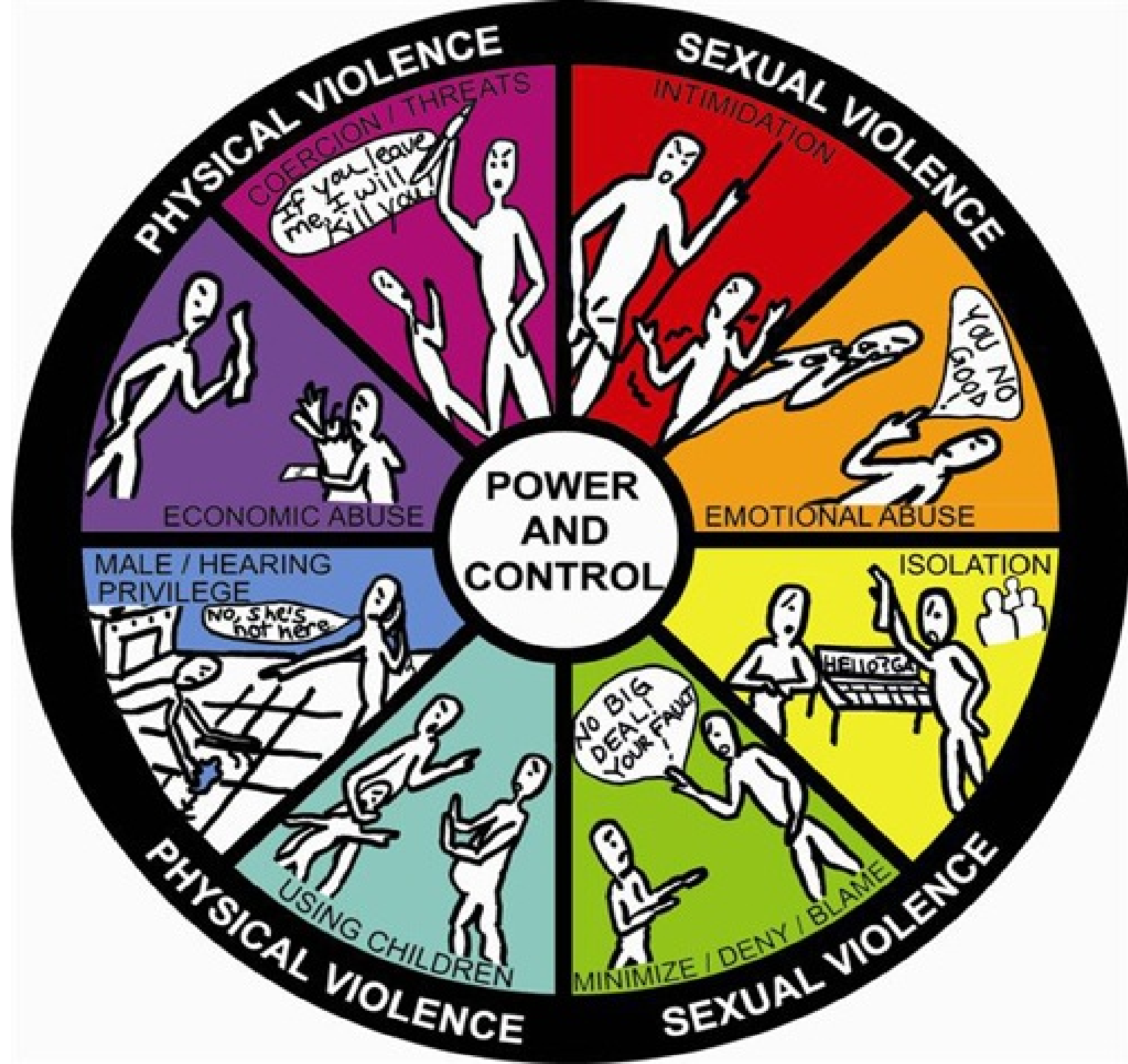
58% had never contacted the Police

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- Mainstream Australia: **1:6 women** experience FV and DV  
Women are **four times more** likely to be victims than men  
Sexual assault ~17% women; ~ 4% men
- Indigenous Australian women :  
**x 34 times more** victims of violence








# The law... Medical responsibilities

Types of abuse or neglect that must be reported, by Australian jurisdiction


Jurisdiction	Physical abuse	Sexual abuse	Psychological/ emotional abuse	Neglect	Exposure to domestic violence
<b>ACT</b>	Yes	Yes	No	No	No
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# Domestic Abuse and Domestic Violence: 10 Warning Signs of Abuse and an Abusive Relationship




  
1 in 4 women will fall victim to domestic violence at some point during her life



  
1 in 3 female homicide victims was killed by a current or former partner



  
Women in their early 20's are at the highest risk of suffering domestic abuse

**#1**  
**Controlling**  
Abusers wield their control like a weapon!




**#2**  
**Restricting Relationships**  
Abusers will try to restrict their victim's relationships with family and friends.



**#3**  
**Jealousy and Possessiveness**  
They may be jealous with family members and even your relationship with your child or pet!



**#4**  
**Inequity of Power**  
In an abusive relationship, there is a very unequal balance of power.

**#5**   
**Won't Take No for an Answer**  
If a partner refuses to accept 'no' for an answer, this is a sign of a real problem.

**#6**   
**Explosive Temper**  
Abusers often have a very hot temper; many go from zero-to-sixty in an instant.



**#7**  
**They Make (and Break) Promises All the Time**  
Abusive individuals will often spew promises in an attempt to control and manipulate their partner.



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Abusers work very hard to destroy their victim's sense of self-worth and confidence.

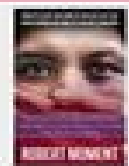
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It's essential to recognize physical abuse as such. It is never, ever acceptable to slap, punch, choke, grab, shake, spit or otherwise lash out at your partner in a physical manner. Even if it happens only once, this is abuse.

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# Response



## Provide trauma - informed care

“ to provide trauma informed services, all staff of an organisation, from the receptionist to the direct care worker to the board of directors, must understand how violence impacts on the lives of the people being served so that every interaction is consistent with the recovery process and reduces the possibility of re-traumatization”

Elliott et al., 2005,p 462





## Rural Doctors Family and Domestic Violence - 4. Managing Domestic Violence

### Case study - Maria

32 year old Maria has been in a ten year relationship with Dave. Maria has a son, 12, from a previous relationship and they have a 5 year old daughter together. Maria has attempted suicide by taking an overdose of paracetamol and alcohol and was found by her 12 year old who rang for an ambulance. She is now in the ED.

According to her history, this is her fourth suicide attempt in the last year. You are at the bedside of Maria and her husband has arrived. Apart from the fact that there is obviously something seriously amiss for Maria to want to take her own life, Maria's husband is acting aggressively towards Maria, demanding why she has 'done this' and berating her for putting the kids in this position. He is raising his voice and is making others in their vicinity feel uncomfortable, including yourself.



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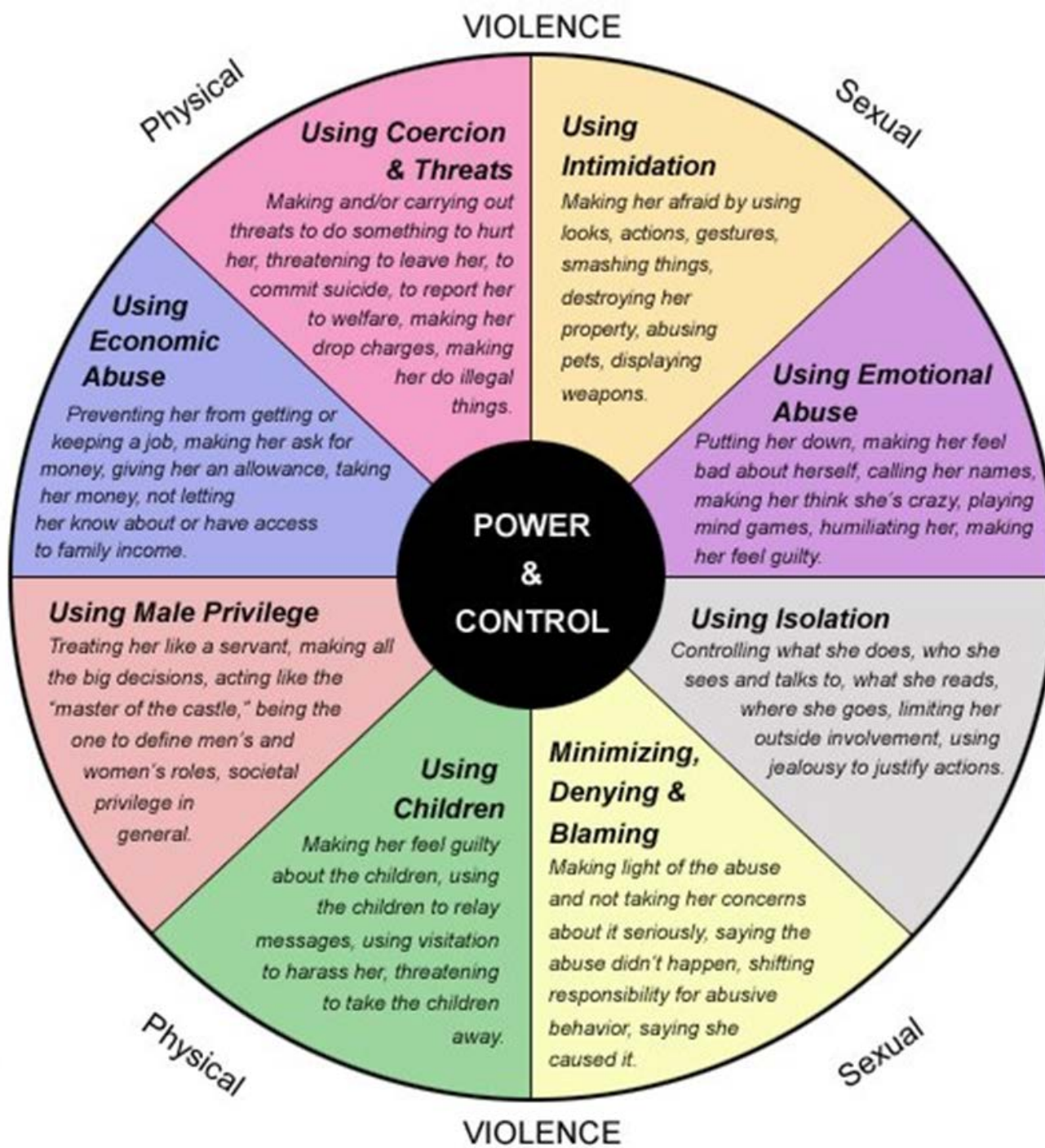


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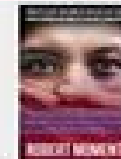
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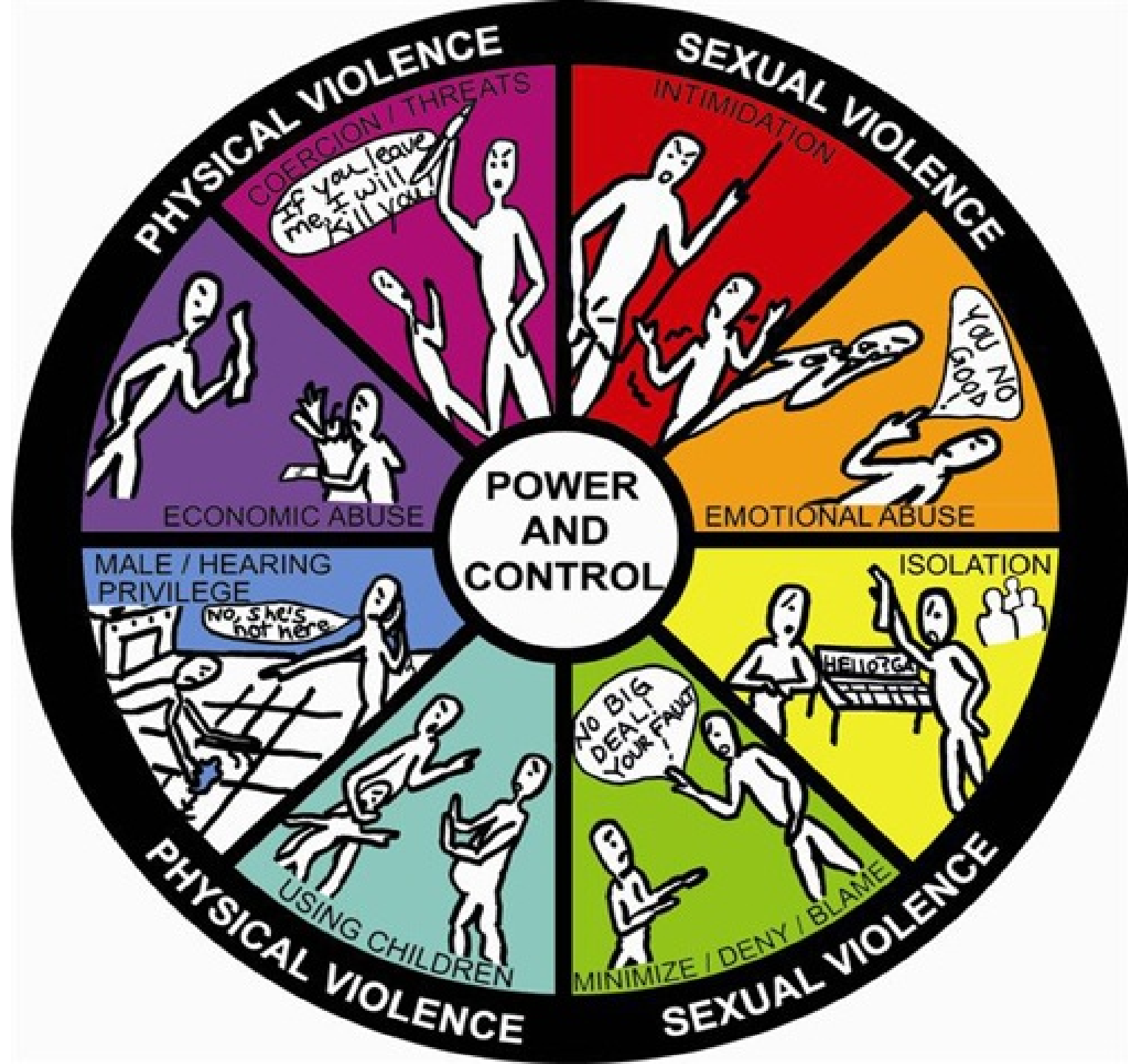


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## Rural Doctors Family and Domestic Violence - 4. Managing Domestic Violence

### Summary of key points

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Tina Arena 2015

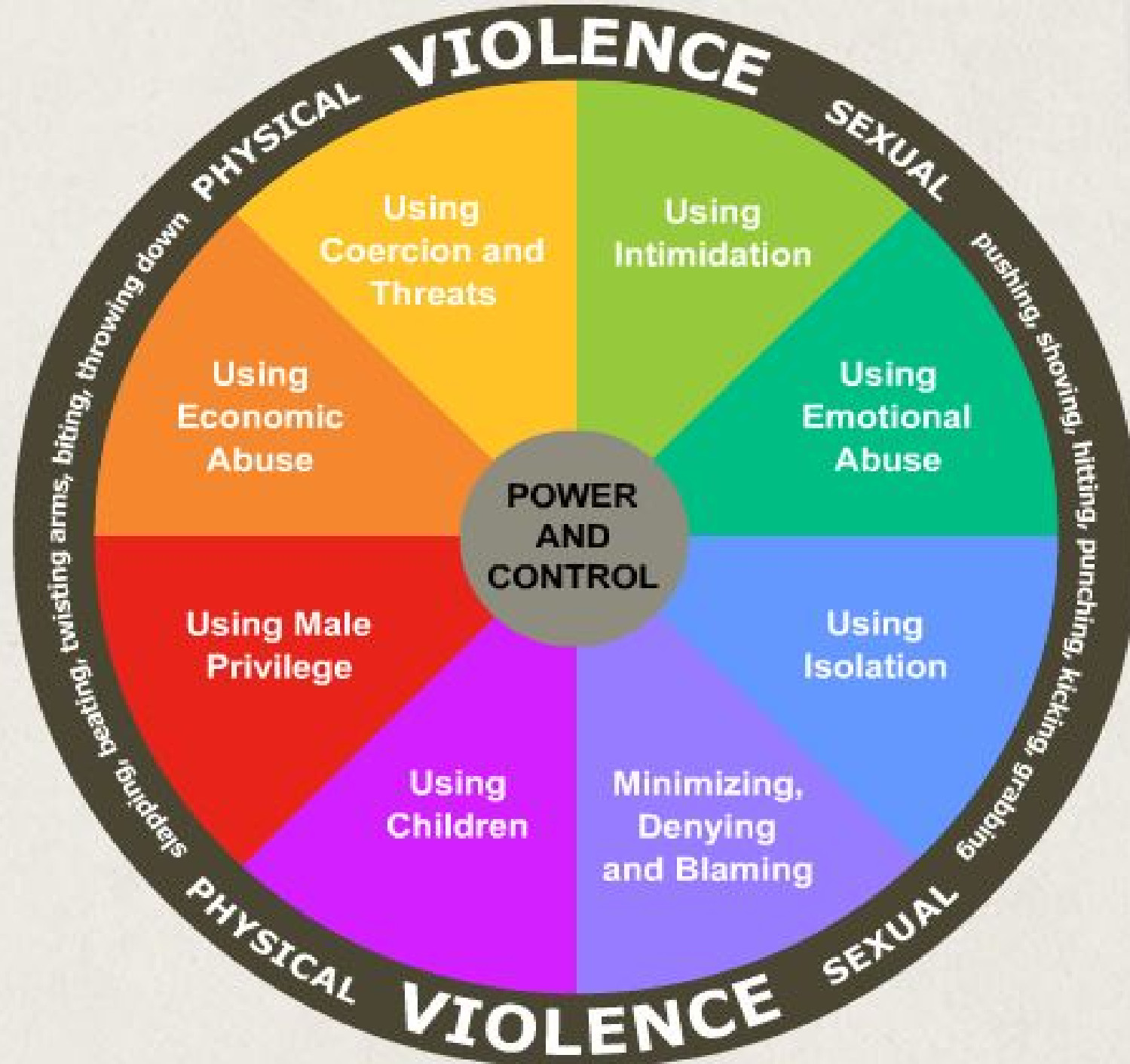
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## Rural Doctors Family and Domestic Violence - Introduction

### Demonstration of Learning Outcomes

Upon completion of this module participants should be able to:

#### ***Identifying Family and Domestic Violence***

- List common indicators that a patient is affected by Family and Domestic Violence including those that maybe more frequently encountered or particular to rural, remote and Aboriginal and Torres Strait Islander communities
- List common incidence patterns (e.g. High risk during pregnancy, post-partum, after leaving partner, after reporting abuse, and the cycle of violence etc.)
- List the mandatory reporting obligations relevant to their jurisdiction and be able to explain how these apply in complex situations such as when a victim retracts their story or when reports are made to the doctor from a third party.
- List key principles for effective communications with suspected victims of Family and Domestic Violence (e.g. be sympathetic, show interest, avoid judgemental statements, assure them of confidentiality)
- List potential opportunities and tools to assist in screening and intervention in general practice

#### ***Understanding Family and Domestic Violence***

- List the procedures and principles for appropriately interacting with the suspected perpetrator as well as their friends/family particularly with respect to maintaining patient confidentiality. These extend to both professional (as any/all of these people may also be patient/s of the practice) as well as potential personal interactions. Appreciate that the practitioners' first duty is to the victim and their safety.
- Briefly state where you would access more information on the relationship between Family and Domestic Violence, Mental Health and Suicide

#### ***Understanding Community***

- Describe the common challenges to victim's in both seeking and receiving help in rural and remote and Aboriginal and Torres Strait Islander community settings and list strategies that may help to address these
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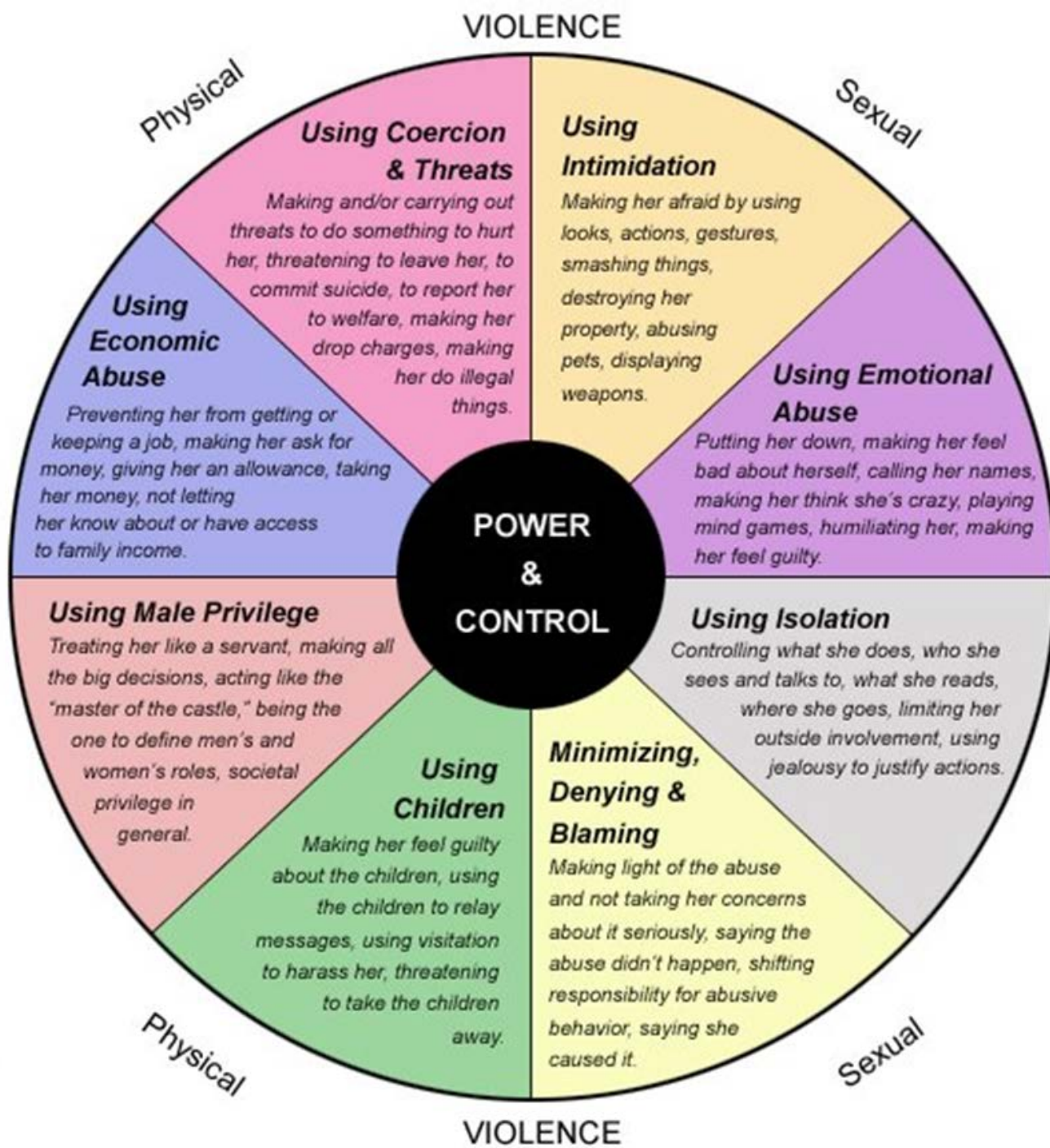
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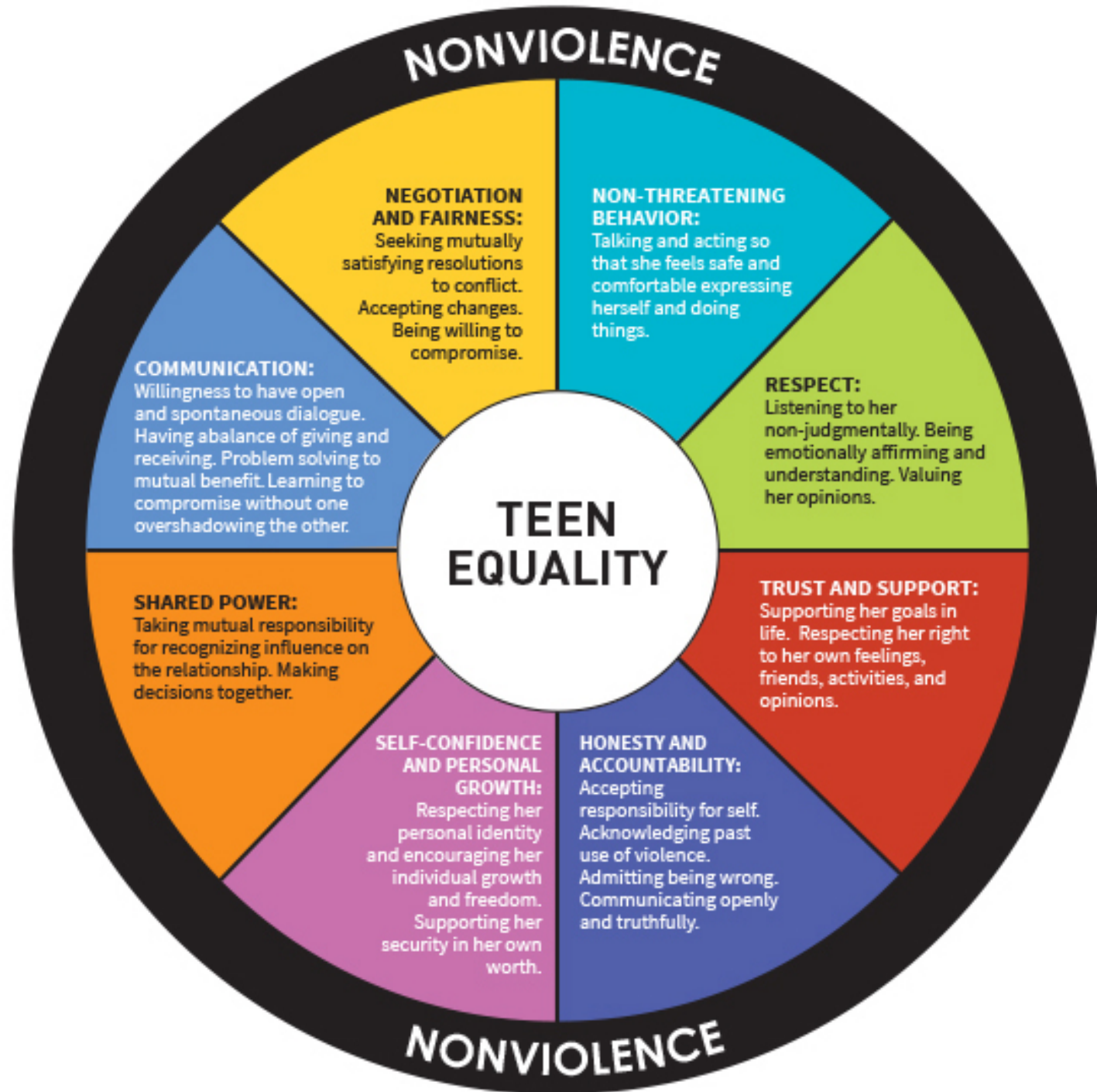
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### Summary of key points

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# Is it hypothetical?



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# When you're ready



Tina Arena 2015

Some folks are not like us:  
They fear themselves, they murder trust  
There's a shadow deep inside  
There's a hole that'll eat you alive

Hey now, hey now, hey now



I know who you really are  
Nobody could steal your spark  
When you're ready to leave  
When you're ready to leave, I'll be there  
I know who you really are  
I know you've got a lion's heart  
When you're ready to leave  
When you're ready to leave, I'll be there  
When you're ready to grieve  
You better believe, I'll be there





Some things we don't discuss  
They hurt too much, they gather dust  
Just know this broom and brush  
Won't sweep away the truth of us

Hey now, hey now, hey now





I know who you really are  
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When you're ready to leave  
When you're ready to leave, I'll be there  
I know who you really are  
I know you've got a lion's heart  
And you shoot on through,  
Light up the dark,  
'Cause the biggest flame starts with a tiny spark  
You can do it, you can do it, you can do it

Hey now, hey now, Hey now



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Thank you