

Recognising and Responding to Partner Abuse

The New Zealand Experience

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Introduction

Partner abuse, child abuse and elder abuse are collectively termed family violence.

Partner abuse is the physical, sexual, verbal and emotional/psychological abuse of current or past intimate partners, including same sex couples.

Partner abuse can happen to either sex and in any socioeconomic, religious or cultural group.

History

- 1993 - OASIS Protocol: Emergency Dept Auckland Injury Prevention Research Centre, School of Medicine Janet Fanslowe PhD
- 1994 - Visit to NZ Public Health Association by Dr Deborah Potherow-Stith - Harvard, Seminar on Domestic Violence as a Health Issue
- 1995 - GP Research Report: Strengthening the Role of the GP in Family Violence
- 1995 - NZ Domestic Violence Act becomes law
- 1998 - Guidelines for Health Sector Providers to Develop Practice protocols (Ministry of Health)
- 2000 - NZ Health Strategy : To reduce violence in interpersonal relationships, families, schools and communities
- 2001 - New Zealand Medical Association adopts Position Statement on Family Violence
- 2002 - Family Violence Intervention Guidelines (Ministry of Health)
- 2003 - Recognising and Responding to Partner Abuse - A Resource for General Practice (MoH/RNZCGP)

The Role of the General Practitioner

Failure to identify partner abuse early can result in multiple health care visits with incorrect diagnosis, costly and inappropriate tests and treatment, and ongoing morbidity.

To effectively reduce partner abuse intervention is needed at many levels. General practices can help patients who are victims of abuse because of the opportunities for early intervention that are presented.

To achieve this, general practitioners and practice teams need:

- knowledge about the dynamics of abuse and its health effects
- skill and practice in asking and responding to disclosure
- skills in safety assessment and documentation
- knowledge of and ongoing relationships with local referral agencies
- access to up-to-date patient resources
- to have a system in place to ensure safety of patients and practice team members.

Process

■ **In order to provide this knowledge, these skills, and to set in place quality systems that ensure safety of patients and practice teams, a resource was developed in New Zealand by a collaborative working party (Ministry of Health & Royal New Zealand College of General Practitioners, 2003).**

■ **The resource is designed for Primary Health Care practice teams and accompanies a training programme for practice teams, provided on contract to the Ministry of Health, by trainers from Doctors for Sexual Abuse Care - a national organisation with members who already have an understanding of a component of partner abuse.**

■ **Once general practitioners have completed the training they are competent to screen for partner abuse, and appropriately and safely refer people who are victims.**

■ **Practices are provided with a resource folder when they have completed the training.**

Guiding Principles

To identify abuse it is essential to ask questions because few people volunteer information about abuse, and most do not have signs or symptoms.

It is the role of general practice to:

- Ask about abuse
- Provide support
- Assess risk
- Discuss options
- Work as a team with colleagues and agencies

It is not the role of general practice:

- To "fix" the problem
- To investigate abuse



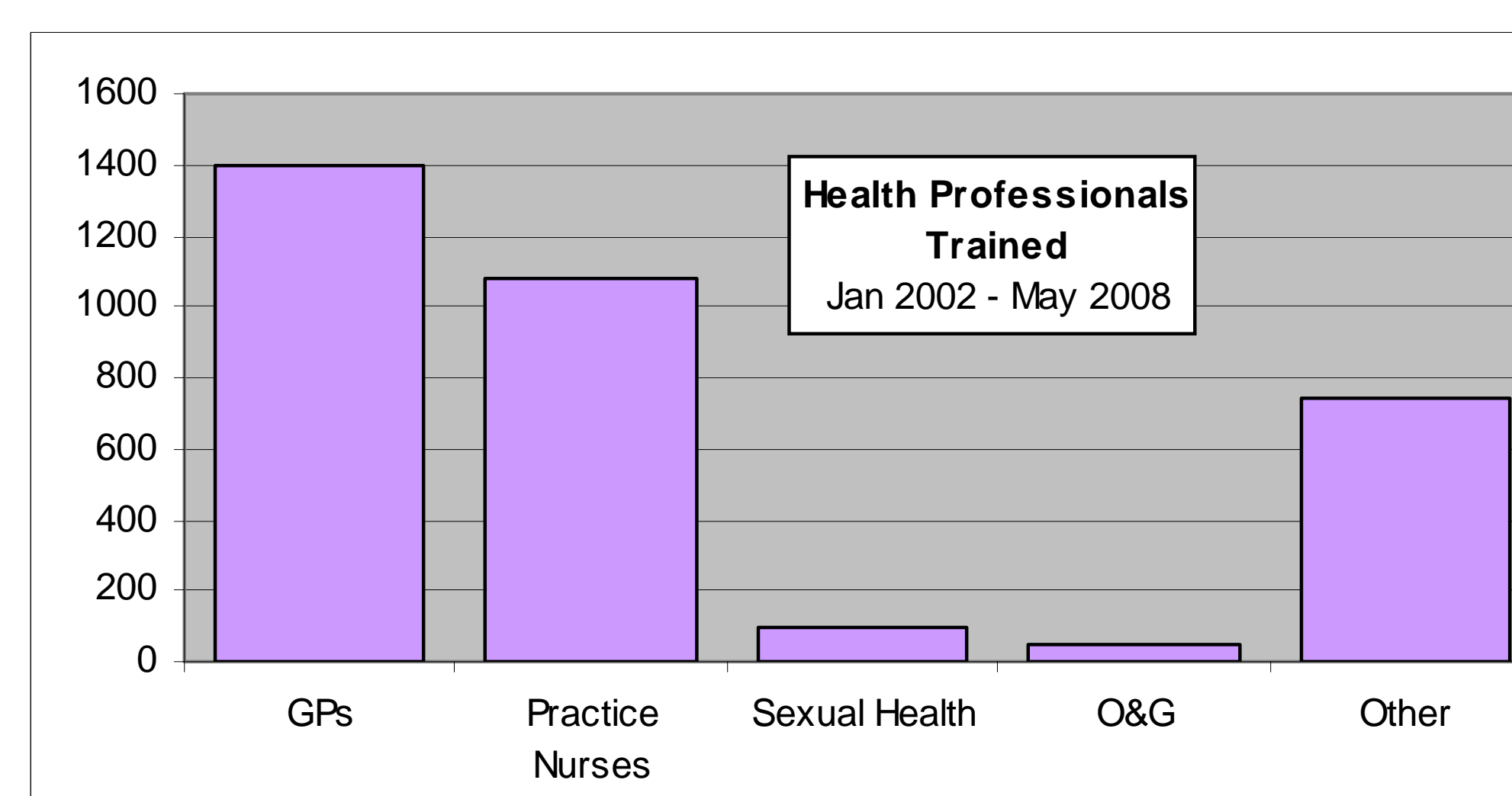
Training Programme

- 2x2 hour sessions delivered to general practice doctors and nurses, GP registrars, and some community workers, public health nurses, O&G registrars, sexual health staff, family planning staff - by DSAC trainers on MoH contract.
- Invited to provide sessions by heads of departments, regional training directors, Independent Practitioner Organisations and Primary Healthcare Organisations as continuing medical education.
- Time spent may be claimed by general practitioners as CME points for Maintenance of Professional Standards requirements on completing both sessions. Practice Audit points may also be claimed on a tool developed for this purpose.

Session One

- Why partner abuse a problem, role of general practice, how to identify and respond, definition, prevalence, direct health consequences, effects on children, economic impact, cost to society. Power and control model, myths, reality. Process of change, routine enquiry, barriers, prerequisite requirements for safe identification/response, referral sources.
- Panel - police, refuge, DV agencies, counsellors, legal remedies.

DSAC Trained NZ Health Professionals

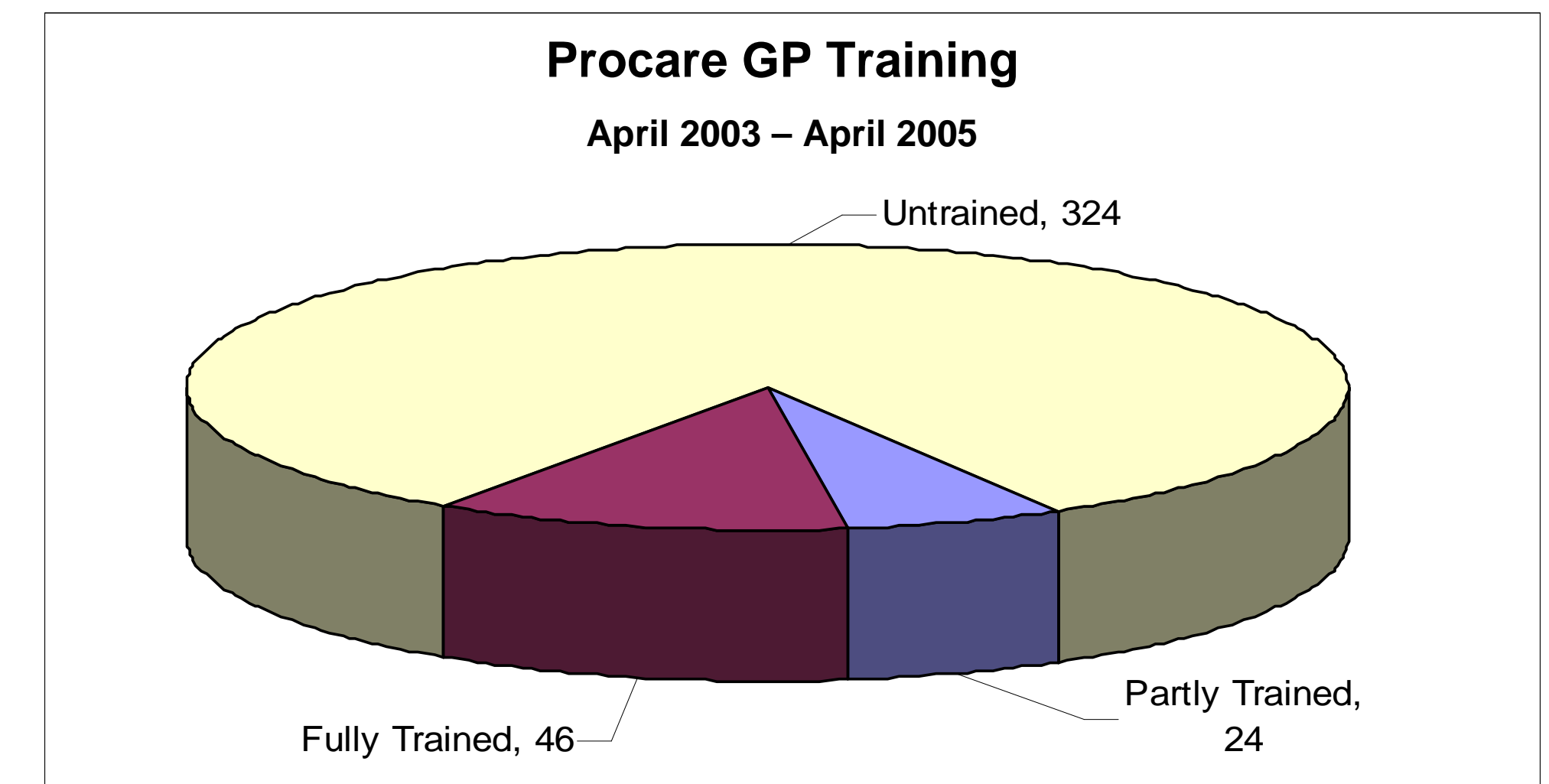


Session Two

- Success stories. Identifying barriers, finding solutions, practice action plan, responding, documenting, assessing risk, referring, empowering approaches, case scenarios, local agencies, protection orders (video).
- Role Plays. Feedback and Evaluation - words of encouragement.

Procure

Auckland IPA Procure has begun a training programme with GPs, nurses, community workers and psychologists to provide access to patients in 164 practices.



New Zealand Statistics

- **12 women each year die as a result of violence from a current or recent partner**
- **8-10 children die annually from abuse by parent or care giver**
- **Conservative cost of Family Violence to NZ Economy (1994) 1.2 billion dollars**

Conclusion

We are in a position to take action

- **"The RNZCGP believe** that General Practice is a most appropriate place to offer all women the opportunity to both be asked about, and gain support if, they are experiencing partner abuse."
- **"More than 80% of women in the general population will see a family doctor over a 1 year period. This is an ideal opportunity for early intervention, before crises lead to avoidable hospitalisations or mortality."**

Position Statement support : N Z Medical Association

- **"...Medical Practitioners have an important role to play in identifying family violence so that personal suffering and health costs to individuals, families and the nation can be reduced."**

Acknowledgements

Royal New Zealand College of General Practitioners, New Zealand Medical Association, Procure Health Limited, Doctors for Sexual Abuse Care.