

UNIT NO. 5

ROLE OF GPS IN MANAGEMENT OF FAMILY VIOLENCE

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ABSTRACT

Family violence is often left undetected and unreported in the community and the General Practitioner has an important role to play in identifying and handling such cases. The article provides pointers on how to identify, manage such cases as they arise, and the methods we can employ to achieve a better outcome for these victims.

Key words: Family violence, General Practitioner, Role

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INTRODUCTION

As the health professional involved in primary care, the General Practitioner (GP) plays a vital role in recognizing and identifying cases of family violence and abuse. A high index of suspicion during history taking, and recognizing the common signs of abuse are necessary. It is critical for the GP to exercise vigilance in detecting a suspected child abuse case. Children who are vulnerable to abuse, would require the necessary professional intervention and assistance to protect their interests.

Once a case of abuse is identified and the victim has made disclosure, the GP needs to know how to respond. He must acknowledge the disclosure, as it is a very difficult step for the victim, and provide support and assurance in a conducive environment. Detailed medical record-keeping with a focus on patient safety is critical. The GP must then make use of his available resources and know when to refer the patient to the appropriate agencies.

HAVE A HIGH INDEX OF SUSPICION FOR FAMILY VIOLENCE

The GP needs to maintain a high index of suspicion in order to identify cases of family violence and abuse. He needs to be sensitive to the patient and know how to ask the "right" questions.

CREATE A CONDUCTIVE ENVIRONMENT

The GP needs to set up his consultation room to ensure a quiet environment, and free from distractions i.e., telephone calls.

Such a conducive environment is a necessity in order for the victim to be willing to talk and "open up".

It is important to only raise the issue of domestic abuse when the person is alone. Any accompanying person may interfere with communication.

Be patient. Do not rush, as it may make it difficult for the victim to talk about the problem. Some victims are just not ready to talk about it; if that is the case, we should respect their choice. If we are able to make the patient feel comfortable, it will encourage him/her to return to see you again. It helps to make our contact details available to the victim.

We should give the patient a choice if he/she would rather talk to a doctor of specified gender or some other colleague he/she may be more comfortable with. We should not make assumptions that they want to talk to someone of the same race as some may feel shame speaking to another member of the same community. Do not assume, always ask.

We should listen attentively to the patient, treating him/her with respect, empathize and try to see the situation from his/her perspective.

ESTABLISH IF THERE ARE ANY CHILDREN AT HOME

We need to establish whether there are any children at home as there is a close link between domestic abuse and child abuse/neglect. If you suspect a victim is being abused, think of the implications to his/her children and whether the children are also suffering from abuse. It is important to note that child witnesses of violence are also subjected to emotional trauma which also constitutes family violence.

BE PROACTIVE IN IDENTIFYING VICTIMS OF ABUSE

Be proactive and take the initiative to identify victims at risk of domestic abuse. Some victims minimize the effects and deny abuse as a way of coping and may find the subject too difficult to raise themselves. Rather than assuming that the response will be hostile; victims who have been abused often report that they were very glad when somebody asked them about their relationships.

We should show concern if a patient's injury is inconsistent with his/her explanation, and work towards finding the underlying reason for this injury.

Direct questions are sometimes necessary:
 "Has your partner ever hit you?"
 "Are you ever afraid at home?"

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LOOK FOR SIGNS OF ABUSE

We need to be aware of signs that indicate domestic abuse, and should not have preconceived ideas as any woman (man) be a victim.

Possible signs of domestic abuse

- Frequent appointments for vague symptoms.
- Injuries inconsistent with explanation of cause.
- Victims try to hide injuries or minimise their extent.
- Partner always attends unnecessarily.
- Patient is reluctant to speak in front of partner/family member.
- Suicide attempts.
- History of repeated miscarriages, terminations, still births or pre-term labour.
- Repeat presentation with depression, anxiety, self-harm or psychosomatic symptoms.
- Non-compliance with treatment.
- Multiple injuries at different stages of healing.
- Patient appears frightened, overly anxious or depressed.
- Patient is submissive or afraid to speak in front of her partner.
- Partner is aggressive or dominant, talks for the victim or refuses to leave the room.
- Injuries to the breasts or abdomen.
- Recurring sexually transmitted infections or urinary tract infections.

Provide information

Be aware of support services available and keep printed information/pamphlets. Consider posters and pamphlets in waiting areas. Consider printing small cards with information and helplines and leave in toilets or cubicles.

MANAGEMENT – WHAT TO DO IF A PATIENT DISCLOSES DOMESTIC ABUSE

Keep detailed and accurate records

Document all discussions and record what was reported by the victim, including the time, place and how it happened. Document your suspicions even if the victim has not disclosed. Clearly indicate any physical injury resulting from domestic abuse, and note if the injury is consistent with what was reported. Use drawings, body maps, and photographs if possible. Finally, record what advice was given and what action taken.

Focus on safety

Ascertain whether the patient is in imminent danger and needs to be further treated in a hospital. If so, refer to hospital A&E

department immediately. If there is no imminent danger and no further medical treatment is required, ask if the patient would like to see the Medical Social Worker or Family Service Centre.

Advise the patient to make a police report if one has not been made. In the event where a seizable offence has been committed, doctors are legally required and professionally obligated to lodge the report on behalf of the patient (if the offence falls under the mandatory reporting of Section 22 of the Criminal Procedure Code). This is unless the doctor has reasonable grounds not to do so.

Remember to attend to the victim's other health needs. Attend to any physical injuries, and referral to the Medical Social Worker or psychiatrist if required.

If there are any concerns or suspicions of non-accidental injuries on a child or young person (CYP) or the CYP's explanation is inconsistent to the injury sustained, or the allegation is made by the CYP, the GP should refer the case immediately to the Children's Emergency Department of KK Women and Children's Hospital or National University Hospital for a detailed examination and follow-up.

For suspected child sexual abuse cases, the GP should alert Child Protection Service immediately. The GP should keep the interview and medical examination to a minimum so as not to contaminate evidence and traumatize the child. The detailed interview and examination should be undertaken by the hospital medical professionals.

Provide support and reassurance

Let the patient know that you believe him/her and acknowledge that the disclosure was a difficult but courageous step.

Emphasize that the abuse is not his/her fault. Tell the patient that abuse is unacceptable and he/she has the right to safety. This is essential and is in itself the first therapeutic step. Let the victim know that he/she is not alone, and there is hope that he/she can escape from the cycle of an abusive relationship.

Maintain confidentiality

Emphasize that patient confidentiality will be maintained within limits, unless there are grave concerns on the patient's safety. There should be no attempt to raise the issue with the perpetrator without the victim's permission. Breaking confidentiality, even if driven by concern about the patient, can result in further harm.

Be non-judgmental

Do not make decisions for the victim as she needs to decide for herself, unless she is assessed to lack mental capacity, what she wants to do next. You can discuss the options available. These could include:

- Seeking advice from a helpline.
- Getting support from appropriate agencies (e.g. a Social

Service Agency or crisis shelter - refer to the list of Social Service Agencies).

- Making a police report.
- Getting legal advice on obtaining protection order or expedited order.

Being non-judgmental also means that doctors need to be aware of their own attitudes and beliefs about the victim and perpetrators, based on their religion, culture, class or gender. The victim may choose to stay or return to his/her partner despite the abuse. Continue to support the victim whatever decision he/she makes, even if you do not understand his/her decision.

Advise patient to take safety measures at home

There are many measures that can be taken with adequate planning to minimize harm in the event of violence in the household. Asking for help from a close relative, friend or neighbour is important.

The victim can keep some items and important documents packed in case he/she needs to leave the home under emergency circumstances. However the GP should not encourage the victim to leave the spouse immediately (unless he/she is in imminent danger), as this could lead to problems or even increase the danger. Evidence suggests that women are at high risk of injury or even death when they leave their violent partners. Assess if there is any immediate danger and provide support, and refer her to the necessary agencies.

Referral

Do not attempt to act as a mediator between the victim and his/her partner. Keep the victim's particulars confidential and

do not help the partner to locate him/her if the former has left him/her.

Do not offer counselling to the couple in a GP setting. An abused partner can never be perfectly honest or unafraid when the abusive person is present. Refer the couple for counselling by specialist counsellors.

CONCLUSIONS

The GP plays a critical role in identifying and detecting family violence. GPs are often the first contact that victims have with health care professionals. GPs therefore cannot assume that someone else will ask about domestic abuse. In the management of family violence, always be guided by the need to keep the victim and/or her children safe.

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REFERENCES FOR FURTHER READING

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LEARNING POINTS

- **Have a high index of suspicion for family violence and know the possible signs of abuse**
- **Create a conducive environment for the patient to talk about what has happened.**
- **Keep detailed records and maintain confidentiality**
- **Advise patient to take safety measures at home**
- **Do not act as a mediator and do not offer to counsel the couple – refer to a specialist counsellor.**