Sharing information to support patients' health and wellbeing

What is the issue?

Family violence is a serious health issue. It is a **greater health** risk for women than **smoking**, **alcohol** or **physical inactivity.**¹



in 10 women attending GPs have experienced combined physical, sexual or emotional abuse by a partner or ex-partner. For full time GPs this is 5 women a **Week**³

Women are the main victims of patterns of abuse by a partner that causes **fear**, **injury** and **death** 4



Young children exposed to

5 or more significant adverse experiences in the first three years of childhood are likely to experience

delays in brain, language and/or emotional development⁶



Promoting child wellbeing includes prevention and early intervention to avoid escalation of wellbeing issues into safety concerns.¹⁴



3x as likely to be victims of domestic violence as adults¹

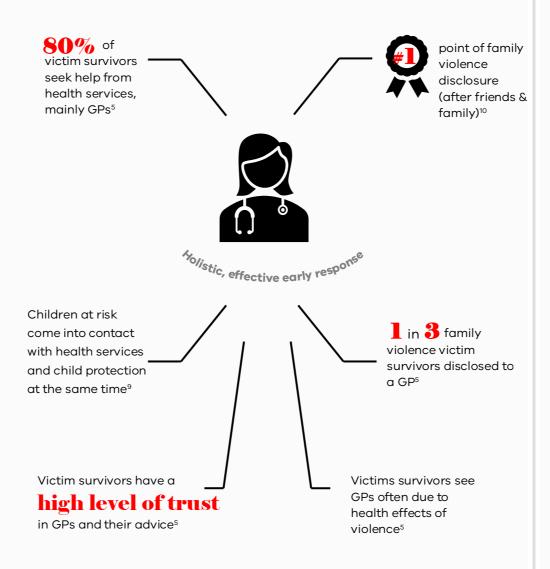


65% of Victorian child protection substantiations were for emotional abuse⁷

Why GPs?

An empathetic response from a trusted doctor can be

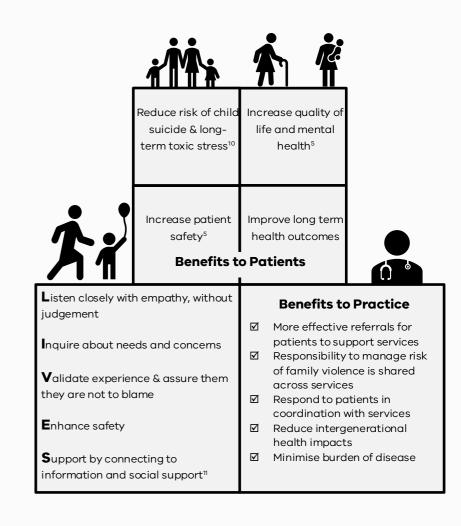
LIFESAVING⁵



Benefits to Patients and Practice

GPs are a vital part of a system working together to keep victim survivors safe and promote child wellbeing & safety.

GPs can provide an effective and early response to people experiencing family violence. GPs can identify and assist children who experience wellbeing issues or safety risks.



What is changing?

New information sharing schemes add to ways that GPs can share information to support patients who are experiencing family violence, wellbeing issues or other safety risks.

Child Information Sharing Scheme

Information can be shared or requested to promote the wellbeing or safety of a child. This supports earlier intervention without the threshold required for mandatory reporting.

Family Violence Information Sharing Scheme

Risk relevant information can be shared or requested to assess or manage family violence risk. No consent is required to share perpetrator information.

As mandatory reporters, GPs are required to report a reasonable belief of child physical or sexual abuse to child protection authorities.

GPs can already share information under Victorian privacy laws, such as with a patient's consent or to lessen or prevent a serious threat to life, health, safety, or welfare

When would I use these schemes?

I think my patient is experiencing family violence

or

I think my patient is perpetrating family violence

I can use the FVIS scheme

I'm worried about a child patient's wellbeing or safety, but this hasn't met the

I can use the CIS Scheme

threshold to make a report to Child Protection

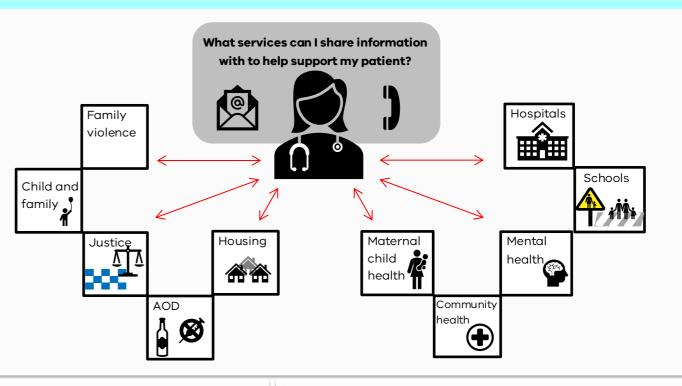


GPs will be able to use these scheme if they have concerns about a patient.

These schemes complement each other and can be used together.

How does this work in practice?

GPs will be able to use these schemes to share information with other services to support their patients.¹²



Who can I consult with or refer to?



You can seek secondary consultation or referral to services such as:

- Specialist family violence services
- Men's Referral Service
- → Aboriginal Community Controlled Health Organisations
- Child FIRST
- Maternal and Child **Health Services**
- → Services providing support to people from diverse communities
- → 1800RESPECT

Resources to assist

- → MARAM practice guides
- → The Lookout
- → RACGP's resources such as 'The White Book'
- \rightarrow Children at Risk Learning portal



For immediate help

- → Victoria Police 000
- → Safe Steps Crisis Response Service -1800 015 188
- → After Hours Child Protection - 13 12 78

Definitions

Family violence Family member

behaviour by a family member that controls you or makes you afraid. It includes if a child hears, sees or is aware of



a partner, expartner, parent or

child, another relative or anyone else who you think of as part of your family.13



Child Wellbeing

supporting good health, positive relationships with adults, children & community, & age-appropriate learning and development.14









Child Safety

risk of harm or

incidents of harm,

such as bullying,

self-harm, sexual

abuse, family

violence.14



More Information



Short video on the reforms Introduction: www.vic.gov.gu/family-violence-multi-agency-risk-

assessment-and-management



Phone: 1800 549 646



Information Sharing Schemes GP FAQs: providers.dhhs.vic.gov.au/information-sharing elearn modules: elearn.childlink.com.au/loain/index.php Visit www.infosharing.vic.gov.au for further resources on family violence, child wellbeing and safety.

Sources: 'Australian Institute of Health and Welfare [AIHW] (2018) Family, domestic and sexual violence in Australia: AIHW (2018) Family, domestic and sexual violence in Australia: Continuing the national story 2019. 3DN: Hegarty K, Feder G, editors. Intimate partner abuse and health professionals: new approaches to domestic violence. London: Elsevier, 2006. p. 19-40. 4DN: Royal College of General Practitioners (RACGP) (2014) Abuse and violence: Working with our patients in general practice (4th edition). 5tate of Victoria (2016) Royal Commission into Family Studies [AIFS] (2017) Child Family Community Australia Resource Sheet: Child Abuse and Neglect Statistics, October 1: Adapted from World Health Organisation (2014) Health Care for women subjected to intimate partner violence or sexual violence: A clinical handbook, 12For a full list of prescribed entities visit: https://www.vic.gov.au/guides-templates-tools-for-information-sharing 13Adapted from the definition in the Family Violence Protection Act 2008 (Vic). 14Adapted from the Ministerial Guidelines for the Child Information Sharing Scheme.