

Tackling partner violence in families

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New guidelines extend opportunities for GPs to respond

In July 2006, new international consensus clinical guidelines — *Management of the whole family when intimate partner violence is present: guidelines for primary care physicians* — were launched simultaneously in Melbourne by the Victorian Community Council on Crime and Violence and at the General Practice and Primary Health Care Research Conference in Perth (Box).¹

Partner violence is prevalent globally, exacerbated by poverty, war and gender inequality.² In Australia, while 3% of women in the community report partner violence in the previous 12 months, the proportion among primary care patients is 8%.³ Men can also be victimised, but the evidence suggests that women suffer most of the significant harm, especially in the early child-rearing years, affecting the health of the whole family. Partner violence is no less prevalent among gay and lesbian families, and Indigenous families are particularly at risk of harm from partner or family violence, including murder of female partners.⁴

Abused women are more likely than non-abused women to experience physical and psychological symptoms and seek health care for stress-related and chronic ailments.⁵ There is also evidence of the damaging effect partner violence can have on children's emotional, behavioural and cognitive development, as well as on their physical and mental health.⁶ Perpetrators can exhibit significant comorbidities, especially drug and alcohol misuse, and there is growing concern about early childhood development in this context. Increasing rates of depression and mental illness focus attention on the contribution partner violence makes to adverse social and economic circumstances.⁷

With a pattern of poor health and increased health care attendances by victims, perpetrators and their children, there are potential opportunities for health care providers to intervene. However, barriers to identification and management include lack of training, time and effective interventions.⁸ Advice for general practitioners in the medical literature focuses mainly on victims; there is a little on abusive male partners, but children or the wider dilemmas of whole-family management are rarely included.⁹ As recent systematic reviews concluded that there was inadequate evidence to guide clinical care,¹⁰ a Melbourne group of primary care researchers brought together, in a rigorous consensus process, an international collaborative team of clinical experts in partner violence.

A systematic review of existing guidelines identified those of best quality, when assessed according to the Appraisal of Guidelines Research and Evaluation (AGREE).¹¹ AGREE helps readers assess, firstly, whether the potential biases of guidelines development are adequately addressed; secondly, whether the recommendations are externally and internally valid; and finally, whether they are feasible for practice. Recommendations endorsed by more than three guidelines were supplemented by those addressing key gaps. These gaps included advice about investigating harm to children and adolescents, and parenting issues (addressing any parenting difficulties that the victim faces as a consequence of the abuse). Further gap recommendations deal with clinic manage-

Key selected recommendations from the guidelines on managing partner violence (as numbered in the document)¹

Screening

1. Family practitioners should routinely ask all pregnant adult and adolescent women about partner violence
2. In other situations, doctors should ask patients with symptoms of partner violence and those with symptoms of abusive behaviour (case finding only)

Men

5. Encourage a patient who has disclosed their abuse of a partner to take responsibility for their behaviour and change

Children

14. Discuss any parenting concerns in the partner abuse context
15. Assess the risk to and adult perception of the impact on children
16. Consider the risk to and children's perception of the impact on their lives
17. Consider children's access to significant supportive others

Clinic

27. Seek own and staff family violence training for management of all family members experiencing violence
29. Use a clinic protocol for monitoring danger to patient and other family members by any clinician seeing patient

ment, including training of all staff in safety protocols when doctors are seeing different members of the family. With each recommendation, further narrative offers clarification and practical advice to strengthen the recommendation's applicability.

The controversial issue of screening had experts in Europe, the United Kingdom, Canada and Australia arguing that the guidelines should recommend case finding only. This was based on the need to obtain evidence that intervention does not harm women and children in the longer term, and the available evidence that practitioners are largely untrained and unsupported. In contrast, participants from the United States believed that, in view of the prevalence of the problem, screening was still vital, and that not screening was bordering on unethical. The majority recommendation resolved that physicians should routinely ask all pregnant women and girls about partner violence, because of their particular vulnerability and the association between partner violence and adverse pregnancy outcomes; they should undertake case finding with all other women and with men.

While primary care intervention trials are only just underway, these guidelines offer the best current advice. Clinicians need to be mindful of the range of issues within the family that they may face. Many doctors continue to feel that asking about partner violence is "opening Pandora's box".⁸ There is increasing evidence that partner abuse is an underlying issue in many serious, recurrent symptoms in primary care, and that the damage to the family's health creates continuing harm. Consequently, federal and state

governments should ensure that doctors are provided with sustainable and effective training, support and resources to play their part in society's efforts to prevent ongoing generations of damaged families.

The partner violence whole-family guidelines are endorsed by the Royal Australian College of General Practitioners and available on the College's website.¹

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References

- 1 Victorian Government Department of Justice. Management of the whole family when intimate partner violence is present: guidelines for primary care physicians. Melbourne: The Department, 2006. <http://www.racgp.org.au/guidelines/intimatepartnerabuse> (accessed Oct 2006).
- 2 Krug EG, Dahlberg LL, Mercy JA, et al. World report on violence and health. Geneva: WHO, 2002.
- 3 Hegarty KL, Bush R. Prevalence and associations of partner abuse in women attending general practice: a cross sectional survey. *Aust N Z J Public Health* 2002; 26: 437-442.
- 4 Mouzos J, Rushworth C. Family homicide in Australia. Canberra: Australian Institute of Criminology, 2003.
- 5 Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002; 359: 1331-1336.
- 6 Smith JL. The impact of partner abuse on children. In: Roberts G, Hegarty K, Feder G, editors. Intimate partner abuse and health professionals. London: Elsevier, 2006: 129-143.
- 7 Access Economics. The cost of domestic violence to the Australian economy, Parts 1 and 2. Canberra: Partnerships Against Domestic Violence, Office of the Status of Women, 2004.
- 8 Hegarty K, Feder G, Ramsay J. Identification of partner abuse in health care settings: should health professionals be screening? In: Roberts G, Hegarty K, Feder G, editors. Intimate partner abuse and health professionals. London: Elsevier, 2006: 82-92.
- 9 Taft A, Shakespeare J. Managing the whole family when women are abused by intimate partners: challenges for health professionals. In: Roberts G, Hegarty K, Feder G, editors. Intimate partner abuse and health professionals. London: Elsevier, 2006: 145-162.
- 10 US Preventive Services Task Force. Screening for family and intimate partner violence. Recommendation statement. *Ann Fam Med* 2004; 2: 156-160.
- 11 The AGREE Collaboration. Appraisal of guidelines research and evaluation (AGREE). 2003. <http://www.agreecollaboration.org/> (accessed Oct 2006). □