Health at what risk?

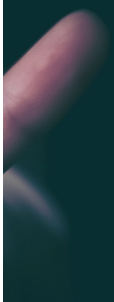
The role of health practitioners in treating family violence

WOMEN'S REFUGE

What is family violence?

Family violence is when someone uses coercion, power, fear, or intimidation to control someone they are in a close, intimate, or household relationship with. It can be physical, sexual, psychological, or economic. The majority of perpetrators are men, and the majority of victims are women and gender minorities. Disabled women, rainbow/takatāpui (especially people who are bisexual or transgender) wāhine Māori, and young women are the most likely to be subjected to family violence.

The coercion, control, and other abuse tactics are often subtle and difficult for victims to explain to others. They adversely impact every aspect of victims'(and their children's) lives, including their health, their dignity, and their opportunities to build safe, viable, and fulfilling lives. Family violence is a health problem with acute, chronic, and sometimes lethal impacts. Health practitioners have a unique and vital role in responding to family violence and treating the health concerns of victims.



Family violence and health: the facts

- Family violence is a health issue of pandemic proportions. 1/3 women in Aotearoa are physically or sexually assaulted by a partner, and most of it is never reported.

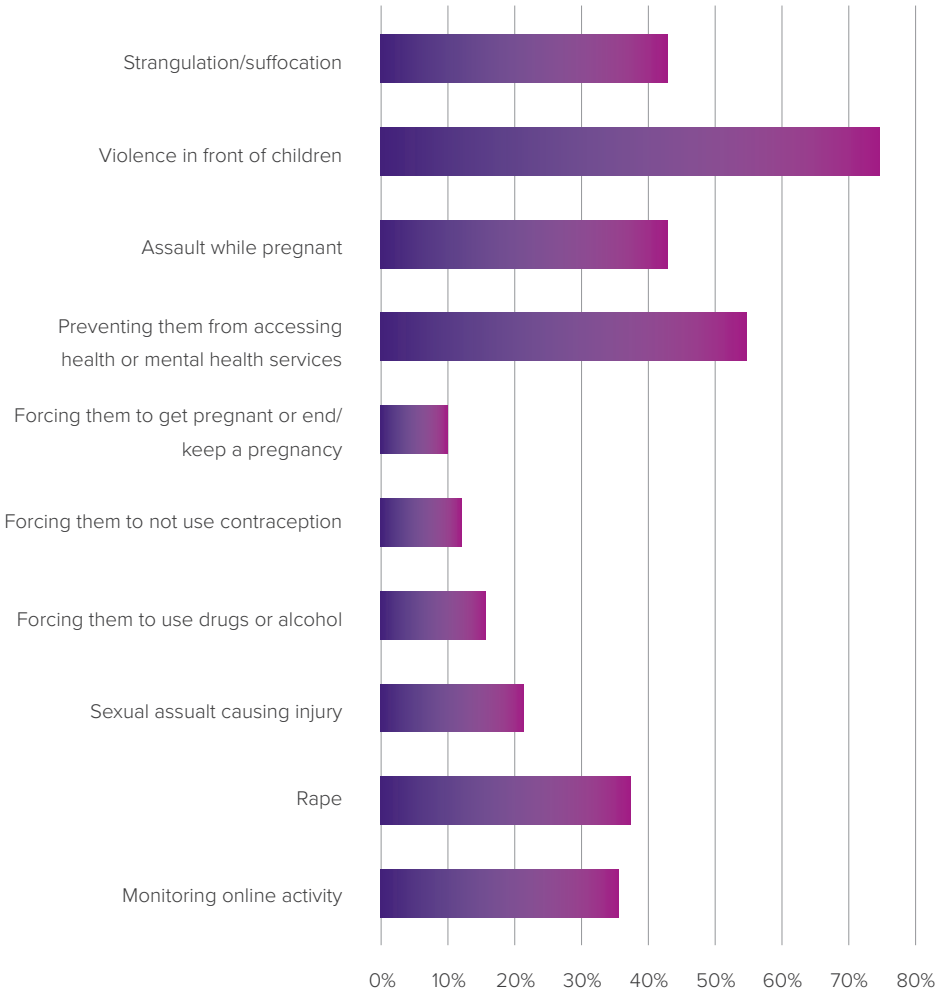
- It is a risk factor for both homicide and suicide mortality, and is a causal factor in >50% of maternal suicides and 1/5 youth suicides.

- Family violence is one of the biggest contributors to disease burden for women of reproductive age, and women who have been harmed by a partner are more likely to suffer a range of chronic physical health and mental health conditions.

- Family violence has a dose-response effect on health – the more severe and sustained the violence, the greater the cumulative impact on their health.

- Physical assaults like strangulation, suffocation, extreme shoving, or blows to the head often cause traumatic brain injuries. These usually go untreated and have long-term implications for victims' wellbeing and functioning.

Prevalence of health-related abuse tactics amongst women accessing Women's Refuges



The healthcare role in treating family violence

- 17 percent of family violence victims see a GP about their injuries. They see health providers more frequently than non-victims, but their access to healthcare is often delayed or disrupted by the abuser.

- Each week, most primary care providers are seeing women who are experiencing family violence. Most providers are unaware of it, and even fewer are recording it in patients' notes.

- Healthcare services are considered a vital referral pathway for family violence, as almost everyone has some interaction with them. Traditionally their role has been to recognize it and refer it to social services. Yet <1% of referrals to Women's Refuge are from the health sector.

- The social sector can't treat the health impacts of family violence - but the health sector can. Health practitioners have the power to increase or decrease the risks family violence poses to victims' health and the health of victims' children.

- For migrant women and disabled women are particular, healthcare may be the only service they can safely access.

Family violence health risks

Reproductive coercion – forced non-use of contraception, forced pregnancy, forced termination

TBI, strangulation, suffocation

STI infection/inability to receive checkups

Misuse of health information to harm her (e.g using allergies to make them go into anaphylactic shock)

Inadequate antenatal care

Long-term effects of stress, chronic health conditions

Sabotaging relationship with GP by pretending to be the patient in communication with them or by making false script requests

Delayed presentation to services

Preventing her from accessing mental health or addiction services

Lack of opportunities to speak openly to health providers about health concerns or safety – accompanying to appointments or checking notes online

Making her unable to pay for appointments

Intercepting health results or notice of appointments and concealing them

Stopping them from picking up prescriptions

Withholding medication

Physical/sexual injury

Accessing private health information and making people think she's crazy

Emotional abuse, incitement to suicide, and encouraging self-harm

Making them miss appointments

Monitoring their online activity, including health platforms

Being a victim of family violence is never a choice

Only the person using violence can choose whether the violence stops or continues. Women might make the choice to end the relationship, but that doesn't mean they can end the violence.

People often want to tell women to 'just leave' their abusers. But leaving is not always safer than staying. Women are most likely to be killed around the time that they are separating from their abusers. Of women who access Women's Refuge, 50% believe their abusers might kill them at the time that they reach out for help.

For most women, leaving also means having to deal with a lot of added stressors. Some of these stressors are exhausting, costly, or overwhelming, and may lead to them being more at risk in other ways.

Choosing to stay with an abuser doesn't mean they are choosing to be abused.

Women are the experts in managing the risks of their abusers' behaviour – they have the most knowledge about what is likely to help them and what is likely to put them at greater risk. They constantly carry the mental and practical burden of keeping themselves and their children as safe and well as possible.

Managing ‘risk’ is about more than physical safety

Family violence can risk every aspect of women’s (and their children’s) lives – not just their immediate physical safety.

For example, they may be at risk of self-harm and suicide. For victims who are constantly made to feel bad about themselves and whose abusers tell them repeatedly to end their lives, suicide can seem like the only way out, even years later.

Family violence can risk their education, employment, and financial stability, such as by abusers forcing victims to take out debt, damaging properties that are in the victim’s name, or forcing the victim to drink, take drugs, or get involved in other illicit activity.

It can risk victims’ dignity, credibility, and freedom, such as by abusers controlling everything they do online or offline, destroying their belongings, telling people they are crazy, and stopping them seeing family or friends.

It can risk their children’s wellbeing and their parenting relationships. Of victims who have children, almost half are threatened with the loss of their children. Children are often harmed alongside their mothers, and end up being used as a weapon of coercion by abusers.

A lot of these family violence risks are invisible and insidious. They may extend years or even decades beyond the duration of the relationship with the abuser.

You can't make 'good choices' unless you have good options

Some women are met with negative judgements or stereotypes when they disclose the family violence. It makes them feel ashamed and embarrassed, and less likely to seek help or disclose the family violence in the future.

Abusers often set the rules around what their partners can and can't do, including when and how victims can take care of their health, do health-related life admin, or engage in health behaviours.

They may have to account for everything they do and everyone they see each day, and their phones might be monitored. Their use of household resources like money and cars might be restricted by the abuser. These things can all impede their access to and continuity of healthcare.

When their choices are restricted by the family violence, victims might feel embarrassed about dropping the ball on managing their health, and practitioners might feel frustrated with them for not following through. It is best to assume that they are doing the best they can with the capacity and resources they have right now.

Family violence-informed responses begin with understanding how abusers' control and coercion gradually takes more and more of victims' choices away from them.

Patients' private health information is often misused by their violent partners or abusive caregivers. These perpetrators may:

- Monitor victims' health-related activities and updates
- Access victims' sensitive information to shame, blackmail, or spread rumours
- Accuse victims of wrongdoing or betrayal
- Deter disclosures of violence
- Weaponise victims' health challenges to gain more control
- Sabotage victims' relationships with/access to health practitioners
- Manipulate what gets recorded so victims are discredited/judged
- Prevent victims from accessing health entitlements & justice outcomes

Research conducted by Women's Refuge in 2021 explored how family violence impacted women's access to healthcare and use of online health platforms. We found that both their experiences of violence and the responsiveness of their health practitioners influenced whether and how they could safely take care of their health.

For more information about this research contact
Natalie@refuge.org.nz

What women say about family violence, health risks, and their private health information

Summary

Consultation Notes

Results

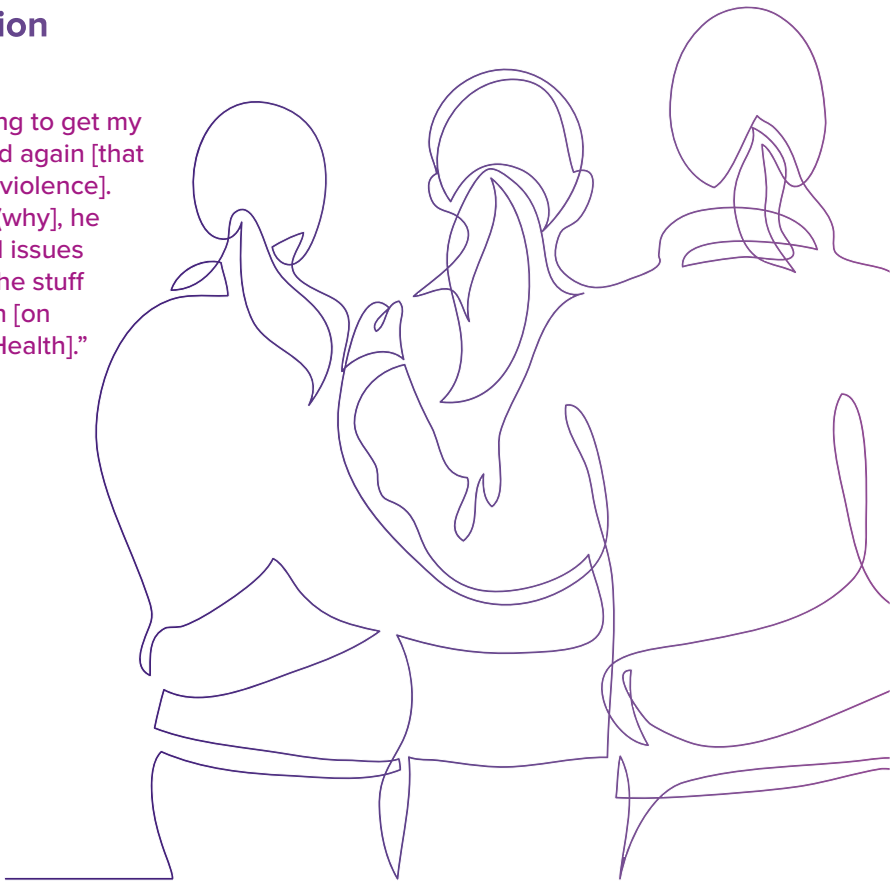
Personal details

Email GP

Prescription

"He'd find all [my appointment] notes ... He could spread [my health info] amongst all the people we knew. He could turn everyone against me ... and then I would have been so much more alone." - *Bridie*

"I was planning to get my IUD put in and again [that triggered his violence]. I don't know (why), he definitely had issues with a lot of the stuff that was seen [on Manage My Health]." *-Peyton*



"Your partner [could use your health info to] spread rumours, put it on social media, screenshot it, pass it on, absolutely manipulate you, and blackmail you to stay". - *Skye*

"I've changed GPs so many times. [I don't know] what's been lost [from my record] along the way, [including] the information I need now to help me in court, because [the abuser] is still trying to say [it was my own medication he drugged me with]." -*Bianca*

"I wasn't allowed to go to the GP unless [my expartner] approved it. I could only go the chemist once a week and he had to come with me. In terms of my health, I had no choices ... There were [also] times where he called my GP saying 'oh she's acting a bit crazy today, her personality is all weirdo'. I never said he could talk to my doctor." - *Bridie*

"He always had access to my email. .. I'd get an email about (my new health notes] which is brilliant when it's just me [accessing this] but ... he pretty much controlled everything."- *Peyton*

"[Abusers] use [health information] to try and paint themselves out to be a better person. Or a big thing is taking down your character, so what you're saying doesn't hold as much weight." - *Ruhia*

Family violence and online health platforms

'The abuse had stopped, [but] he had still been going on to my accounts. He was quite concerned that I was talking to people about the abuse." - **Layla**

"I [was] with my baby ... he was saying things and throwing his body weight around ... I had to leave without having an iron transfusion."
- **Ruhia**

"He used to make a noise when he wanted me to shut up and if I didn't shut up when I got home, I'd get it... [GPs] would [ask to speak with me alone] and he would make the noise." - **Bridie**

"If the Dr's real opinion [was written down] he would have lost his shit [and] he would not care [where], he would lose his shit at the hospital."
-**Sia**

"He kicked my teeth in. [He] ended up going along to the appointment, just in case I told them what happened. [I had to say] I was [kicked during] a rugby game." - **Tama**

Abusers force access to victims' online accounts

- Patients' phones and emails may be accessed by abusers
- Online health platforms can be used by abusers
- Once permission is given, victims cannot retract it without risking more violence

Family violence undermines victims' access to health

- Family violence is a health issue and is associated with poor health outcomes
- Abusers may prevent victims from seeing a health practitioner, paying for treatment, or sharing vital information with a health practitioner
- Victims may be transient in health practitioner attendance or not have a regular health practitioner

Health information can be used as a weapon

- Abusers can use medical information to find new ways to harm victims and sabotage their reputation and credibility
- Health practitioner records can be used to accuse victims of wrongdoing
- Children's health records can be used by abusers to harm their mother

Information is power

- Inaccurate or manipulated information can stigmatise the victim
- Incomplete records preclude access to support and health entitlements
- Good documentation helps build a coherent narrative of abuse
- Good information enables practitioners to partner with patients for safety and health

Healthcare responses to family violence-related health risks

What primary care providers can do themselves

Regularly asking about family violence and welcoming disclosures

Screening for chronic health issues that might be in the background

Finding ways to get the abuser out of the room

Filling in ACC forms to protect her access to services later on

Listening & validating strengths, & recognising victims as experts in their experiences and healthcare needs

Normalising talking about family violence as an important part of her healthcare

Helping her feel in control of her health and healthcare

Asking about sexual health and screening for TBI

Checking barriers to utilising other services

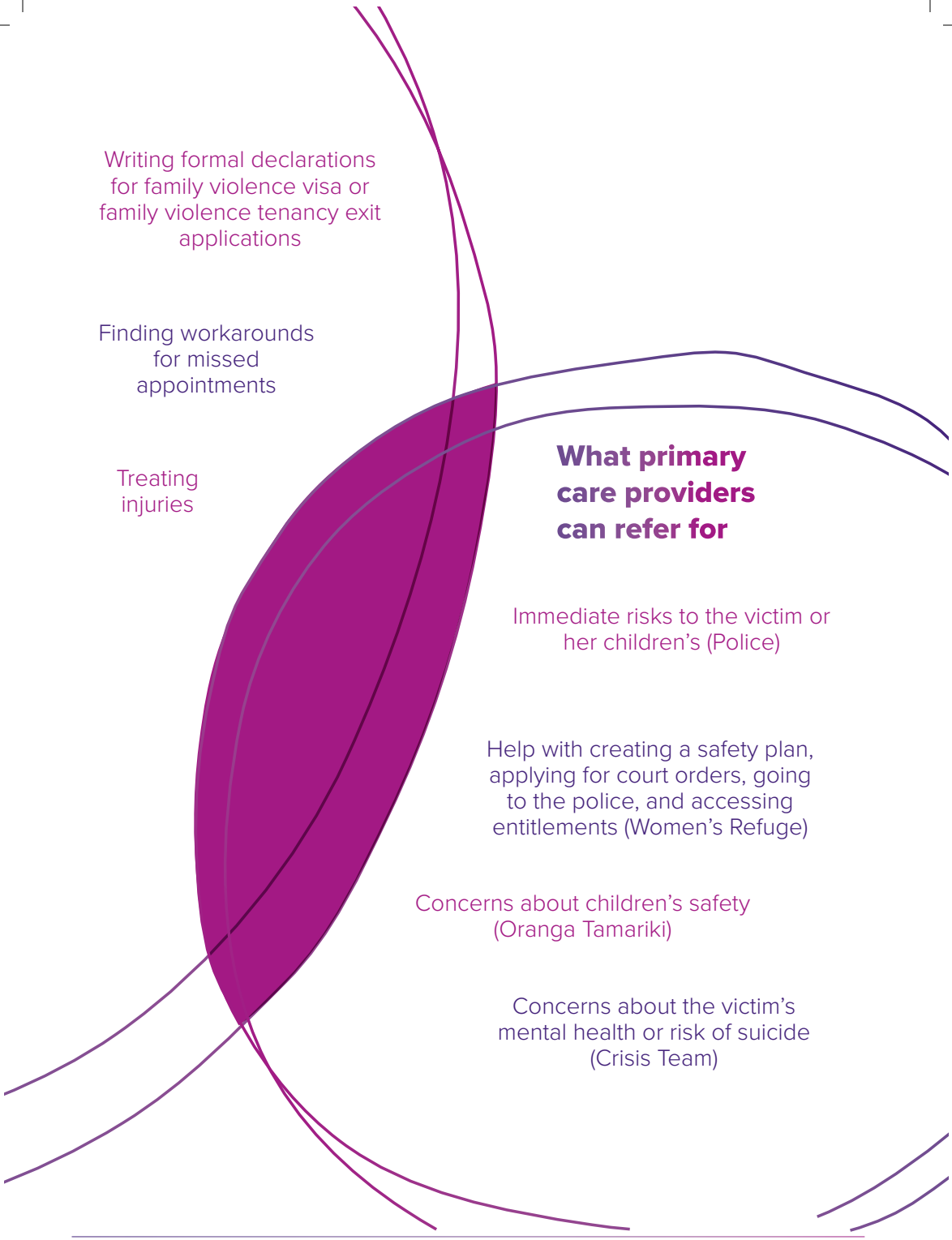
Checking in with her about mental health and the risk of suicide

Discussing pregnancy decisions with her alone, making sure she has pregnancy care, & offering LARCS

Talking with her to explore who is making reproductive decision

Being transparent and led by the patient when recording notes and deciding what is stored in online platforms

Documenting the injuries and/or disclosure



Responding

Hear it:

- "I'm going to ask you about family violence because its an issue for lots of women."
- "Is anyone at home hurting you or making you feel unsafe or bad about yourself?"
- "If that changes, this is always a safe place to talk about it with no judgement."
- Affirm, believe, validate, reflect:
  "I'm really glad you told me"
  "This was not your fault"
  "That sounds really tough"
  "You've been dealing with a lot"
  "Thank you for telling me"

Check it out:

- "Are you safe right now?" ("Would you like me to call the police?")
- "Would you like to tell me some more about that?"
- "How are you coping with that?" "what concerns do you have at the moment about how it might be affecting your health?"
- "It's okay to talk about it here, you can tell me as much or as little as you want."
- "We're short on time today but this is really important, can we make another time for an appointment/phone call?"

Follow up:

- "Would you like to talk to Women's Refuge about what help and support might work for you?"
- "What would you like me to record?" "what do you think is important for me to say?"
- "What's the safest way to get in touch with you at the moment?"
- "Some women ask me not to put their notes online. Does anyone have access to your notes online?"
- "Would you like to have a chat about what you're okay with having on your online notes?"
- "Let's make a plan around your main health concern and the different options for how we treat it."

Family Violence Primary Care Proficiency Framework

	Complacent	Proficient
Preparing as a practitioner	• Assumes family violence is rare • Sees family violence as 'relationship problems' or 'conflict' • Sees family violence as solely a social issue rather than as a health issue	• Sees family violence as a complex & often chronic health issue that impacts many patients • Understands family violence as a complex and gendered phenomenon that plays out through coercive control
Asking and responding	• Uncomfortable raising topic • Relies on explicit patient disclosure before considering family violence • Does not link health outcomes to family violence • Dismisses concerns and doesn't follow up • Patient ends up feeling shamed, dismissed, or judged	• Is prepared to discuss family violence with patients and has ensured the environment is appropriate • Validates patients' efforts and strategies for safety and their concerns about disclosing family violence • Facilitates access to support and respects patients' choices of what support they need • Makes explicit links between the family violence, patients' health, and access to healthcare, and makes a plan to address health concerns
Using information safely and purposefully	• Does not document or documents in a harmful ways that obscures or mutualises the violence • Doesn't consider the implications of abusers seeing, using, and misusing clinical notes • Does not discuss patients' access to their own information with them	• Writes notes collaboratively with patient • Accurately documents abuse episodes & victims' safety work • Supports patients to access their information and discusses how it can be stored, used, accessed & shared

WOMEN'S REFUGE

Looking for support?

Find your local Refuge:
https://womensrefuge.org.nz/contact-us/find-your-local-refuge/

Find another family violence service:
https://www.areyouok.org.nz/

Feedback or questions?
Contact: research@refuge.org.nz