



CASE STUDY 4:

Assistance with family violence in general practice settings

Carly, a new patient, came into her appointment and asked the GP, who was running late, for a repeat contraceptive pill prescription. She seemed agitated and edgy, constantly looking at her watch. The GP sensed a problem and asked if she was feeling okay.

Carly said, "My boyfriend dropped me off and said he'd be back in 15 minutes, and I'm worried that he'd be waiting."

The GP asked her some questions about the source of her stress. She chose them from the [Disclosure of Family Violence](#) pathway. Here are some examples:

Carly said, "I am worried because when I am late, he gets angry and when he gets angry with me, he yells."

Carly explained to her GP that they moved interstate around 3 months ago. She moved away from family and friends and gave up her position as a childcare worker because her partner had to relocate for work. Her partner said she shouldn't work because it would be difficult, due to the relocation. Carly had no other medical problems. She did not take any other medications besides her combined oral contraceptive pill.

Carly said that her partner limited the amount of money he gave her for shopping and transport. He got angry when she contacted her mum and her best friend. She said, "He doesn't really want

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me to be on the pill as he thinks I should get pregnant and stay home but I am not ready to have a child yet.”

Carly was experiencing family violence including coercive control, reproductive control (that is, control or coercion over decisions about becoming pregnant), financial control and isolation.

To support Carly, GPs can use the LIVES framework from the [Disclosure of Family Violence](#) pathway to effectively communicate with victim-survivors. Risk assessment questions as suggested by the [MARAM framework](#) is also available.

Using the LIVES framework, Carly’s GP told her that she was experiencing family violence, which is illegal and can be very distressing. The GP told her that she has a right to safety and that it isn’t her fault. The GP then asked risk questions to assess her safety.

She said she felt safe to go home that day and did not feel that her partner would physically harm or kill her. She was eager to leave the clinic but

General questions

- How are things at home?
- How are you and your partner getting along?
- What happens when you and your partner (or family member) argue?

Direct questions

- Do you feel safe?
- Are you afraid of your partner (or family member)?

Specific questions

for when someone discloses, or you suspect family violence.

Has your partner (or family member):

- done something to make your children feel afraid?
- controlled your daily living or humiliated you?
- threatened you or hurt you in any way?

wanted to come back to talk about contraception that may be more [long-acting](#) and easier to conceal. The GP discussed [a safety plan](#) and offered contact details for [1800 Respect](#). The GP discussed ways for Carly to safely come back for another appointment.

If the GP had felt Carly needed further support, they would have found further information on the [Family Violence Referrals and Community](#) also provides advice on requests or a need for information sharing between agencies at the [Family Violence Information Sharing Scheme \(FVISS\) page](#).

LIVES framework

- Listen to the victim-survivor closely, with empathy, and without judging.
- Inquire about needs and concerns.
- Validate - show that you understand and believe.
- Enhance their safety.
- Support them by providing information, services and social support.

Do you have a case study?

If you would like to be involved, submit a case study, or for more information email info@healthpathwaysmelbourne.org.au