Compilation of Twitter thread by Amy Coopes, reporting presentation by Dr Kelsey Hegarty at #RANZCOG19, on 15 October, 2019. This 5-page document was prepared for the Croakey Conference News Service.

In our final session for #RANZCOG19 Day Two. Hearing from Kelsey Hegarty on family violence - starting the conversation with women

About the person using family violence
Has any physical violence increased in severity or frequency in the last year?
Have they recently:
  a) been obsessively jealous or possessive of you?
  b) assaulted you when you were pregnant?
  c) threatened or used a weapon against you?
  d) tried to choke or strangle you?
  e) forced you to have sex or participate in sexual acts when you did not wish to?
  f) threatened to kill you?

About you
Do you believe they are capable of killing or seriously harming you?
Do you believe they are capable of killing or seriously harming children or other family members?

About your children
Have they ever threatened to harm the children?
Have they ever harmed your children?

About Imminence
Have you recently separated from your partner? (IPV only)
Perceptions on talking to HPs about emotional/social issues of concern (abused category only)

- Perceptions on talking to a midwife or doctor were similar except for:
  - often busy,
  - because she was female
  - or might make it worse.

Continue First Line Response - LIVES

**Listen**
Listen to the woman closely, with empathy, without judging

**Inquire**
Assess and respond to her various needs and concerns

**Validate**
Show her that you understand and believe her. Assure her that she is not to blame

**Enhance safety**
Discuss a plan to protect herself and children from harm

**Support**
Help her connect to information, services and social support.

START Safety planning is the development of a plan to achieve and maintain safety of women and their children.

It includes where to go in an emergency, who to contact and what to take:

- Compiling a list of emergency numbers
- Helping to identify a safe place to go to and how she will get there
- Identifying family and friends who can provide support
- Ensuring cash is available, and
- Providing a safe place to store valuables and important documents.

Working to keep victims safe has been shown to be the best way to keep children safe.

When the children are at risk of significant harm, get advice from Child Protection Unit or Child First.

Qualitative Meta Synthesis

- What do health practitioners perceive enhances their readiness to address intimate partner violence?
- 40 articles - Aus., North America, UK and Scandinavia

Five themes:
- Having a commitment
- Adopting an advocacy approach
- Trusting the relationship
- Collaborating with a team
- Being supported by the health system

Amy Coopes @coopesdatat · Oct 15
Replying to @coopesdatat

Hegarty walking the room through what works for health practitioners, and some simple approaches to encouraging them to start thinking about and working in this space with their patients #RANZCOG19
Qualitative Meta Synthesis

- What do health practitioners perceive enhances their readiness to address intimate partner violence?
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- Five themes:
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  - Adopting an advocacy approach
  - Trusting the relationship
  - Collaborating with a team
  - Being supported by the health system

Readiness to act

Pre-contemplative – does not think that addressing family violence is their role.
Suggest possibility of a connection between patients’ health issues and FV and that health is placed well to address the issue. Encourage commitment to the issue.

Contemplation - has identified a problem or need to address FV but remains unsure about whether they are able to undertake the work.
Encourage possibilities for change. Point out that the workplace is available to support them on journey to addressing FV through an advocacy approach.

Preparation/decision - catalyst for change has arisen (saw a particular FV patient, attended training, heard a story about personal experience in friends or family)
Explore issues of Trust and Collaboration. Respect decision about what they want to do (asking patients routinely, putting up posters, wearing a lanyard, attending training, helping with policy, documenting in files, speaking out about it to staff).
We have the capacity and what women want is simple. Someone to listen, a team to support them. Take home messages for delegates to consider #RANZCOG19

STOP ignoring, START asking and CONTINUE responding

➤ Have I considered how experiencing trauma and violence may have contributed to the development of presenting complaint or referral?

➤ Do I assess risks of partner’s coercive behaviours and how these constrict her life and ability to do what she wants? What are her biggest fears for her and her children?

➤ What do I know about safety strategies she previously tried, how these worked, if services were helpful, her partner’s reactions, and what access she has to financial, family, social and cultural supports?

➤ Is anybody working with her partner? What strategies are in place to support him and address his use of violence?

➤ Comprehending all of this, what actions can I take as a ‘safety ally’, as part of my treatment plan?