

WONCA COVID-19 Webinar #4

Family Violence

3 May 2020 // 13.00 UTC

Organized by WONCA and the
Special Interest Group on Family Violence

With the contributions of:

Dr **Hagit Dascal-Weichhendler**

Asst Prof **Nena Kopčavar Guček**

Prof **Gene Feder**

Ms **Medina Johnson**

Dr **Leo Pas**

Prof **Sajaratulnisah Othman**

Dr **Joy Mugambi**

Introduced by WONCA President:

Dr **Donald Li**

In-meeting discussion led by WONCA

President elect:

Dr **Anna Stavdal**

Preregister on **Zoom**
bit.ly/wonca-covid19-04

Watch the livestream on **Facebook**
facebook.com/woncaworld

Check **local times**
bit.ly/wonca-covid19-04-time

WONCA WEBINAR

Family Violence During COVID-19

3 MAY 2020

Dr Donald Li
WONCA President



Wonca

World family doctors. Caring for people.

Good Day!

Welcome to the FOURTH WONCA Webinar

Family doctors around the world continue to rise to the challenge of this awful pandemic.

We are working closely with our public health colleagues, our specialist colleagues and all healthcare workers.

In the midst of the massively increased workload for family doctors, I am proud of the level of support and collegiality displayed within and across our Member Organizations and from region to region.



Family Doctors all around the world are disseminating scientific advice, clinical updates, reflective messages and professional support through their social media links and connections .

They are keeping in touch with each other regularly, like family members, relaying information, urging courage in these extraordinary times.

The WONCA Webinar is also a platform for all of you to share experiences and offer mutual support.

Tonight members of our special interest group on Family Violence and invited colleagues will consider some special challenges experienced by Family Doctors as COVID-19 affects everyone's wellbeing and daily lives .

Some of the risk factors of family violence greatly increased by the lockdown, economic crisis, and social isolation of the epidemic.

Moreover, the availability of specialized services and ways of accessing them have changed significantly.

Our presenters will give us an overview of family violence highlighting aspects related to the pandemic and offer practical tools useful to family doctors in daily practice, as well as in the current situation.

FAMILY VIOLENCE DURING COVID-19 CRISIS: OVERVIEW AND ROLE OF PRIMARY CARE TEAMS

Hagit Dascal-Weichhendler, Nena Kopcavar Gucek, Gene Feder, Medina Johnson,
Leo Pas, Sajaratulnisah Othman, Joy Mugambi



sigfamilyviolence@wonca.net



INTRODUCTION ON FAMILY VIOLENCE

Hagit Dascal-Weichhendler M.D.

Co-Chair WONCA Special Interest Group on Family Violence

Senior Clinical Lecturer (Educator)

Department of Family Medicine - Clalit Health Services Haifa and West Galilee District
& Rappaport School of Medicine, Technion, Israel



hagitdw@yahoo.com

SUB GROUPS

*Intimate
Partner
Violence(IPV)*

*Children
witnessing IPV*

Child Abuse

*Abuse of
Disabled*

Elder Abuse

*Sibling
violence*

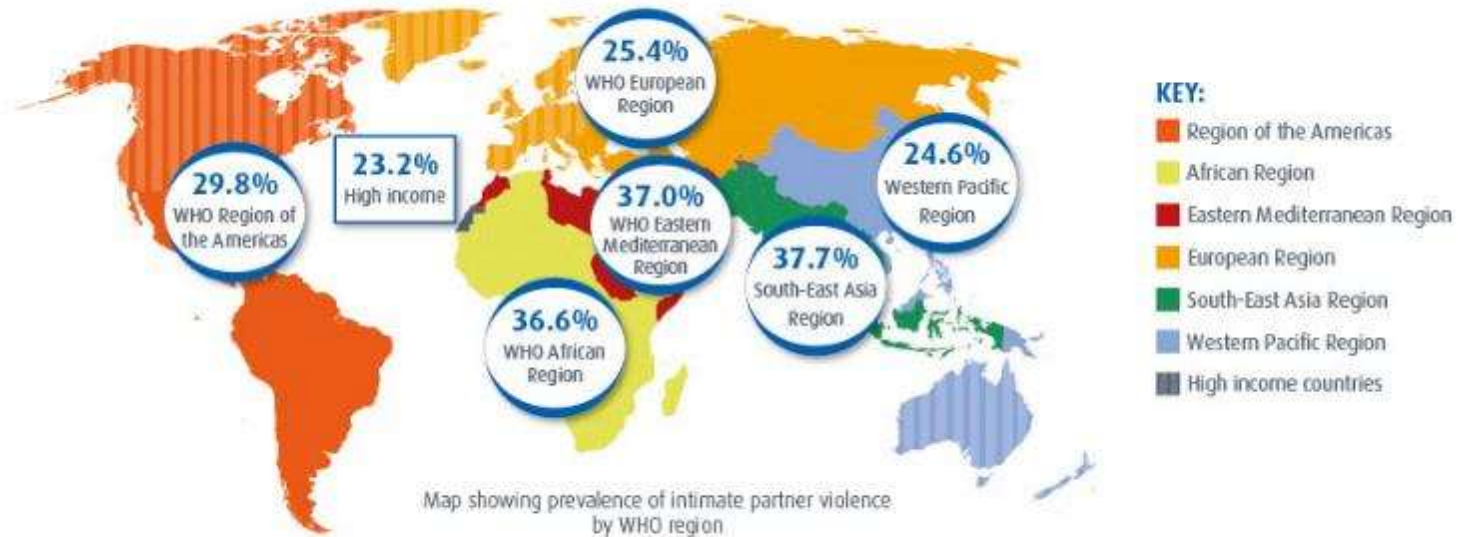
*Parental
Abuse/ Child
to parent*

*Other Relative
Abuse*



VIOLENCE AGAINST WOMEN: PREVALENCE

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner





Family violence – a worldwide phenomenon

- **1/10** of **MEN** - IPV or sexual violence
<https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
- **1/4** of ADULTS – exposed to **physical abuse in childhood**
<http://www.who.int/mediacentre/factsheets/fs150/en/>
- **1/5** of WOMEN and **1/13** of MEN - **sexual abuse in childhood**
• <http://www.who.int/mediacentre/factsheets/fs150/en/>
- **1/6** of **ELDERS** - suffer of some kind of abuse every year
<http://www.who.int/mediacentre/factsheets/fs357/en/>





TYPES OF ABUSE/NEGLECT

Neglect	<ul style="list-style-type: none">• Children or other incapacitated people• Physical neglect• Emotional neglect
Physical	<ul style="list-style-type: none">• Slapping, Hitting, Kicking, Beating• Weapons (e.g. Knives/Guns/other)• Restrainingetc.
Sexual	<ul style="list-style-type: none">• Forced intercourse• Sexual coercion
Psychological	<ul style="list-style-type: none">• Isolation family/friends• Monitoring movements• Deprivation basic necessities• Financial
Controlling behaviours	<ul style="list-style-type: none">• Intimidation• Constant belittling• Harassment / Stalking• Technology facilitated



CONTROL VS. EQUALITY

Coercion & threats	Negotiation and fairness
Economic abuse	Economic partnership
One makes decisions	Shared responsibility
Using children	Responsible parenting
Minimizing, denying, blaming	Honesty and accountability
Isolating	Supporting
Emotional abuse	Respect



SOME CLINICAL PRESENTATIONS



GENERAL INDICATORS

- Delay in seeking treatment
- Multiple visits
- Multiple presentations
- Non-compliance
- Poor eye contact
- Inappropriate clothing
- Poor hygiene
- Risk taking
- Partner overattentive



PHYSICAL HEALTH

- Injuries & sequelae
- Chronic pain
- GIT, e.g. IBS
- Cardiovascular dis/
Hypertension
- Uncontrolled chronic disease
- Infections, e.g. HIV



OBSETRICS & GYNECOLOGY

- Injuries
- Unsafe sex
- Unwanted pregnancy
- Abortions & sequelae
- Maternal/fetal complications, e.g. low birth weight
- Dyspareunia
- STD'S



MENTAL HEALTH

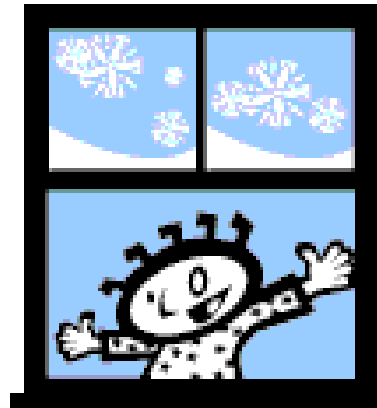
- PTSD
- Depression
- Anxiety
- Insomnia
- Eating Disorders
- Substance abuse
- Suicidality
- Self inflicted injuries
- Dissociation



Any contact with the health care system

=

**A WINDOW OF OPPORTUNITY
to diagnose abuse/neglect and help**





Univerza v Ljubljani
Medicinska fakulteta



FAMILY VIOLENCE IN THE TIMES OF COVID-19

NENA KOPCAVAR GUCEK MD, PhD

Assistant Professor

Co-Chair WONCA Special Interest Group on Family Violence

Community health Center of Ljubljana
Department of Family Medicine, Medical Faculty
University of Ljubljana
Slovenia



INCREASE IN FV DURING CURRENT CRISIS



REASONS/SPECIFIC ASPECTS

- Catastrophic events
- Stress increases
 - children at home
 - unemployment
 - financial strain...
- Family separation
 - border closures
 - Hospitalisatio
 - Quarantene
- Prisoners' amnesty, discharge from psychiatric hospitals

PROBLEMS ACCESSING CARE & HELP

- Movement restrictions
- Loss of human contact, digitization of relationships
- Access to communication
 - control / block by the perpetrator
 - limited access due to age / disability
 - continuity of care interrupted

NUMBERS

- ≈ 700% Increase in reports of physical and psychological abuse by women
- Femicide rate rise
- Child helplines: 30-50% increase
- jDecrease in help calls!
- Increased abuse, neglect and segregation of elders



CAUSES FOR ESCALATION OF FV DURING PANDEMICS

survivor perspectives

- a. **Feeling of helplessness** (all services „down“)
- b. **Not wanting to burden professionals** during crisis
- c. Tension increased by inadequate care for frail and family members w/special needs (due to a sick, hospitalized or quarantined competent adult)
- d. The threats and dangers of the virus being used to **manipulate/control** the victims **by the perpetrator**



CAUSES FOR ESCALATION OF FV DURING PANDEMICS

professional perspectives

- **Not recognising FV** (even before the pandemics)
- Requirement of additional skills and competences for the management of **telemedicine**
- **Lacking training** in support/counselling in relation to FV
- FV **hidden by assumptions about appropriate response to COVID** – e.g. anxiety, underestimation, etc
- Increased workload
- Personal issues-including FV in own family

Portada > Secciones > Profesionales sanitarios > Derecho Sanitario

Coronavirus: un sanitario mata a su pareja médica alegando que le contagió

Los hechos tuvieron lugar en Mesina, en la isla italiana de Sicilia

Un policía italiano.



“Corona Virus: a sanitary worker kills his female partner, a physician, accusing her that she infected him” (Italy)

WHAT IS BEING DONE IN OTHER SECTORS ?



SERVICES

- Tele-services
- Continuity of police protection
- Increased capacity of shelters
- Alternative accommodation (e.g. hotel and airb&b)
- Government financial help
- Interdisciplinary communication ¿?

CONTACT / "ENTRY POINT"

- Hot lines - 24/7 capacity of helplines
- SILENT means of communications (i.e. whatsapp for police)
- Alternative ways to ask for help when no phone is available
 - Pharmacy „code word“ project (Mascarilla 19)
 - Using an object as a signal

PUBLIC AWARENESS

- TV
- Social media
- Street advertisement
- Other: community leaders as ambassadors etc.



ASKING ABOUT FAMILY VIOLENCE IN A REMOTE CONSULTATION

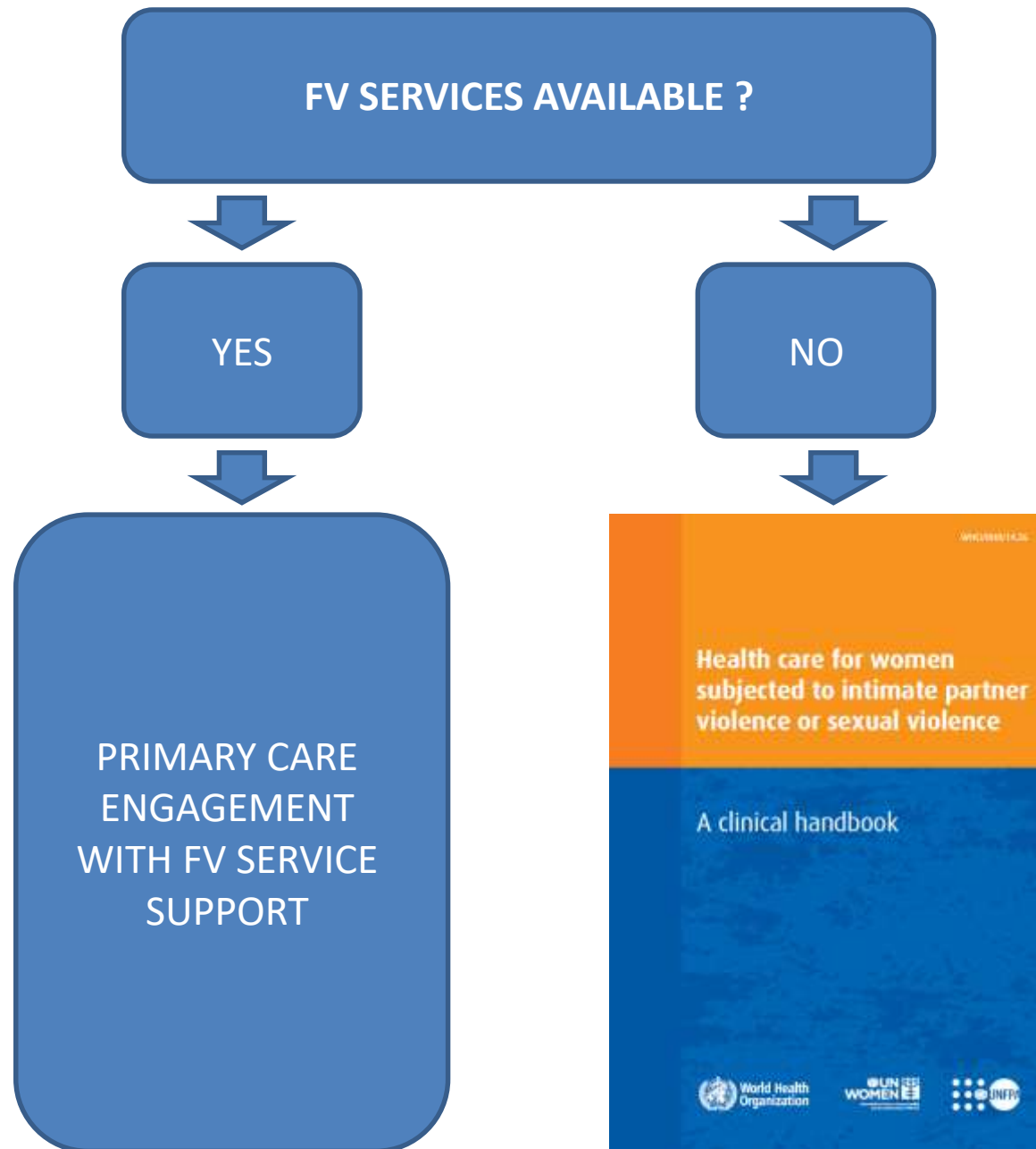
GENE FEDER

Professor of Primary Care

MEDINA JOHNSON

CEO IRISi

Bristol Medical School & IRISi



The consultation is the central tool of family medicine



And should be a safe
space for disclosure of
abuse or violence

How can we make it a safe space in a
remote consultation?

GUIDANCE FOR GENERAL PRACTICE TEAMS

Responding to domestic abuse during telephone and video consultations



https://pdfhost.io/v/gYvqnkHlr_IRISi_Guidance_for_General_Practice_teams_phone_and_video_.pdf



- **Prior to conducting any conversation around domestic abuse**, ask the patient if it is safe to talk
 - saying a simple “yes” or “no” will do.
 - If it isn’t then ask for a suggested safe time to call back
 - situations change quickly and risk is dynamic.
- Ask if the patient is alone
 - the perpetrator may be in the house or enter the house
 - ask the patient to terminate the call if the perpetrator comes into the room
- Ask if the patient feels safe and if there is any **immediate** danger
 - Always advise calling the police emergency number if there is any immediate danger.
 - If the patient is unable to do this, offer to do this instead
- Consider use of *closed* questions when asking about safety



- *Validate* the patient's experience with phrases like 'I believe you' or 'This is not your fault'
- A patient will be in an extremely vulnerable situation if self-isolating with the perpetrator
- Ask about what support the patient has and what support they might need



- Ask the patient if the abuse is getting worse
- Ask if the patient feels unsafe to stay in the home/is in immediate danger
 - If the patient says “yes”, they feel unsafe to stay in the home/are in immediate danger, call the police
 - If there are also children in the home, make an immediate safeguarding referral.



- Consider a safeguarding referral if there are children and/or vulnerable adults at risk
- Consider whether you, or one of your colleagues, can call the patient again, to offer support and agree when would be a good time to talk again
- Offer *referral* to your local family violence support service
- Make patient aware of relevant online support



- Document all enquiries, disclosures and referrals in the patient's record
- If you use an electronic medical record to which the patient or family member has potential access, hide the consultation from online access
- Code disclosure of FV of any children or vulnerable adults in the household
- Document any concerns you have, *even if the patient does not disclose domestic abuse/family violence*

Family violence information on practice website

The screenshot shows the homepage of Greenway Community Practice. The navigation bar includes links for ABOUT, YOUR HEALTH, CONTACT US, REGISTER, BOOK AN APPOINTMENT, and CORONAVIRUS. The main content area is titled 'Latest News' and features three articles. The second article, 'Isolating At Home And Domestic Violence', is highlighted with a red circle. It includes a sub-header 'ISOLATING AT HOME AND DOMESTIC VIOLENCE' and a photograph of two hands clasped together. The text below the photo reads: 'Isolating at home can make a difficult relationship even harder...'. The other two articles are 'Texting Patients' and 'Opening Hours And COVID-19'.

The screenshot shows a dedicated page titled 'Covid-19 and Domestic Violence'. The page contains the following text: 'Isolating at home due to COVID-19 can be challenging for everyone, but if you are also in a difficult relationship it can be even harder. There is help available for Women, Men and children Please phone and talk about it when safe to do so. if in immediate danger call 999 and speak to the police Please phone and speak to your GP for help and advice when safe to do so If you aren't sure have a look at this information <https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse> Other useful numbers and links: National 24 hour helpline – 0808 2000 247 (for women) Men's Advice Line – 0808 8010327 Respect – 0808 802 4040'. On the right side of the page, there is a large image of two hands clasped together, similar to the one in the first screenshot.

FAMILY VIOLENCE CARE DURING COVID-19 CRISIS



Leo Pas

Past-Chair WONCA Special Interest Group on Family Violence

General Practitioner Belgium
Academic Center General Practice University Leuven

Improvement of primary care and advocacy for family violence project : famviolence@gmail.com



KEY-MESSAGES

The professional role does not change

Be aware of the perspectives of all patients in the family

Adapt to contextual situation of clients and country

You can do it :

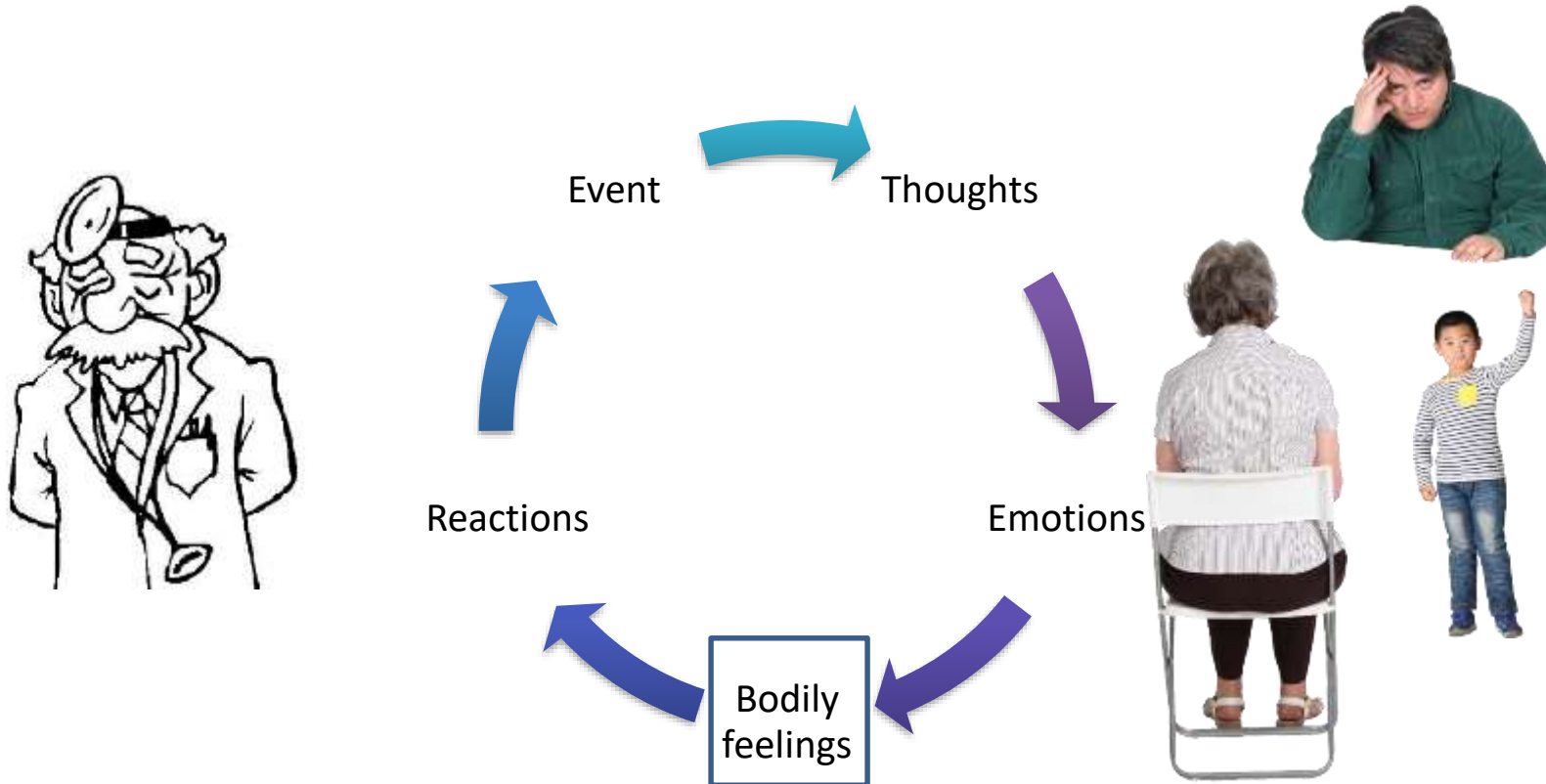
- Ask about FV in problematic situations
- Assess risks and context
- Advice and Agree, considering referral
- Assure follow-up : Reach out carefully if worrying situations in past

A message of hope : solution focussed approach helps



YOU CAN DO IT

Asking and Assessing ...





PROFESSIONAL ROLE:

pro-active if worried , solution focused & networking

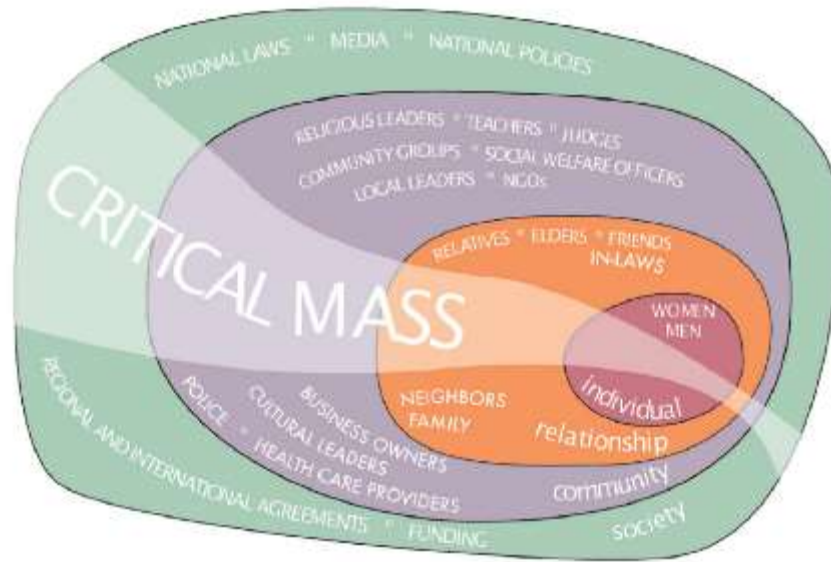


- Overcome your own fear
- Work with uncertainties & ambivalence
- Do not forget safety
- Limits to security online and confidentiality
- Be clear about (limited) possibilities
- Agree on common goal(s)
- Look for personal strengths
- Consider referral & social network



PROFESSIONAL ROLE:

pro-active if worried , solution focused & networking



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WHAT ABOUT CHILDREN, OLDER OR OTHER DEPENDENT PEOPLE ?

Prof. Sajaratulnisah Othman

Family Medicine Consultant
Faculty Of Medicine, University Of Malaya,
Malaysia



Children, older people and individual with disability are affected by family violence too

Issues with mobility and cognitive ability

Access to health services can be an issue-limited/no access to technology, issues on dependence

Difficulties to express their fears and experiences



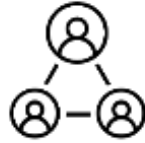
A heightened parental /caregiver anxieties and frustrations might lead to an increase in violence

Minor injuries can cause severe harm and permanent damage

Caregiver may not be able to take effective care of their dependents as they are affected by the pandemic



INTERVENTION



In general, intervention for children, older people and individual with disability need coordinated, system-integrated approach.

Support parents /caregivers to deal with their anxieties and coping skills

Develop specific messages to **explain the risk for abuse and neglect** among family members

A high index of suspicion of abuse during clinical encounters or when there is lack of face-to-face encounter

Know the **local legislation** (existence of mandatory reporting law)

Know the **local community resources**



SEXUAL AND GENDER BASED VIOLENCE (SGBV): CHALLENGES IN LOW AND MIDDLE INCOME COUNTRIES DURING COVID19

Dr. Joy Mugambi MD

Secretary WONCA Africa
Kenya



LIVING DISPARITY IN LOW AND MIDDLE INCOME COUNTRIES





MEASURES TO SLOW COVID-19 IN AFRICA, A FUEL TO SGBV

- Quarantine
- Intercity travel restrictions and Lockdowns
- Closure of schools and universities
- Stay at home orders
- Night Curfews
- Working at home



INCIDENCES AND CHALLENGES

- Large number of calls to the Call *centers*
- Men being majority
- No shelters to house victims
- Minors do not have phones
- Overwhelmed healthcare workers



THANKS TO CONTRIBUTORS:

Elena Klusova, Raquel Gómez Bravo, Yusianmar Mariani, Marina Jotic Ivanovic,
Carmen Fernandez-Alonso, Jinan Usta, Joyce Kenkre, Humbert de Freminville,
Evelyn Segredo, Kelsey Hegarty





THANK YOU !

See WONCA / FV SIG site for more LINKS and info on online resources or contact us:
sigfamilyviolence@wonca.net

Conclusion

Thank you, panelists, for leading a wonderful presentation. All those tuned in thank you for joining us.

I wish to conclude by saying :

This is a pandemic with an unknown endgame. I wish each and every one of our family doctors well during this time.

Use the best advice available. Work collaboratively with your teams.

Do the best you can for your patients.

You should stand proud of your contribution to tackling this world crisis.

No one knows what we will face in the weeks and months ahead, but everyone knows enough to understand that COVID-19 will test our capacities to be kind and generous, and to see beyond ourselves and our own interests.

Our task now is to bring the best of who we are and what we do to a world that is more complex and more confused than any of us would like it to be. May we all proceed with wisdom and grace.

Thank you.