

Adelaide PHN and Country SA PHN: Family, Domestic and Sexual Violence Pilot Project

Adelaide PHN and Country SA PHN are seeking expressions of interest for a GP Advisory Panel to provide advice on a Family, Domestic and Sexual Violence Pilot.

To be safe and healthy is a basic human right, but experiences of family, domestic and sexual violence (FDSV) cause a range of health effects. Female survivors of intimate partner violence are at significantly increased risk of non-communicable diseases¹, and both antenatal and historical experiences of family and domestic violence are associated with poor neonatal health outcomes².

We all have a responsibility to support the prevention of and response to violence against women and children, but general practices have a unique opportunity to engage with patients at risk of, experiencing, or who have had experiences of FDSV. The RACGP outlines that full time GPs may see as many as 5 patients/week who have had experiences of violence or abuse, and it has been identified that victim-survivors disclose to GPs more than any other professional group³.

We know that many primary care practitioners are already working hard to support their patients who have experienced FDSV. However, because of the silent nature of violence and abuse, there are many well-meaning primary care practitioners who may not be aware which of their patients have had these experiences. Other practitioners may be aware, but can struggle to support those patients effectively due to a lack of resources, specific training, or confidence. In their response to the 2022 National Plan to End Violence Against Women and Children, the RACGP acknowledged that “investment to date is less than what is needed to properly upskill GPs in this space”⁴.

¹ Goldberg, X; Espelt, C; Porta-Casteras, D; Palao, D; Nadal, R; Armario, A. (2021). Non-communicable diseases among women survivors of intimate partner violence: critical review from a chronic stress framework.

Neuroscience and Biobehavioural Reviews, 128, 720-734. DOI: <https://doi.org/10.1016/j.neubiorev.2021.06.045>

² Orr, C; Kelty, E; Fisher, C; O'Donnell, M; Glauert, R; Preen, D. B. (2023). The lasting impact of family and domestic violence on neonatal health outcomes. *Birth*, 50(3), 578-586. DOI: <https://doi.org/10.1111/birt.12682>

³ RACGP (Royal Australian College of General Practitioners) (2014) *Abuse and Violence: Working with our patients in general practice (4th edition)*, RACGP, Melbourne.

⁴ Woodley M (28 March 2022), 'GPs overlooked in draft plan to end family violence', *NewsGP*, 26 February 2024.

The success of this project would lead to a general practice workforce that is better equipped to respond to the needs of their patients, and a primary care environment where victim-survivors of family, domestic and/or sexual abuse feel safe and supported to disclose their experience and seek help.

The Project

Round 1 of pilot:

In 2019 -6 PHNs received commonwealth funding to develop a model to strengthen the capacity of primary care to respond to Family and Domestic Violence (FDV). The models developed by the PHNs all had slight differences but were built on similar components. These components included:

- Workforce capacity building: formal training (CPD accredited) for the primary care sector,
- Local link: an organization with expert knowledge of the local FDV sector, funded to work collaboratively with primary care providers. The local link provides informal capacity building to the primary care sector, supports the strengthening of referral pathways between primary care and specialist support providers, might provide case advice, as well as other functions.
- A whole of practice approach,
- System influence components.

The pilot was evaluated by the Sax Institute and the models developed were well received by the stakeholders.

Round 2 of pilot:

In the 2022-2023 budget the Commonwealth Government announced additional funding for the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence pilot. The funding intends to expand and enhance the work undertaken by the 6 PHN pilot sites who participated in Round 1. This expansion encompasses both:

- The establishment of additional family and domestic violence pilots to locate a pilot in each state and territory,
- And the addition and integration of supports to improve primary care response to and health system navigation by victims-survivors of sexual violence and child sexual abuse to both the existing and new pilots.

Adelaide PHN (APHN), in partnership with Country SA PHN (CSAPHN), received funding to take a statewide approach to the FDSV pilot. The project objectives are as follows:

- Support primary health care providers to implement a model of support to assist in the early identification and intervention of family, domestic and sexual violence (FDSV), and coordinate referrals to support services,
- Increase the capacity and capability of the primary care workforce to better care for victims-survivors of FDSV and persons living with FDSV,

- Improve the primary care system integration with the broader FDSV service response system and health service navigation for victims-survivors of sexual violence.

Purpose of the GP Advisory Panel

The GP Advisory Panel will act as an advisory body to the FDSV project team throughout the lifespan of the FDSV Pilot project. The panel will represent the primary care sector across South Australia and will advise the project team on matters related to all phases of the project, including needs assessment, co-design, and implementation of the model. The GP Advisory Panel will assist the project team to effectively engage with and support General Practice to ultimately build their capacity to recognise, respond to, and refer patients who may be at risk of or who are experiencing violence or abuse. The GP Advisory Panel will be expected to provide general advice regarding the primary care sector, whilst also advocating for their own communities.

Responsibilities

1. Remain up to date with work happening in the primary care sector related to FDSV.
2. Represent GPs across South Australia, ensuring that GPs have an opportunity to share their experiences and opinions, regardless of their location within metropolitan, rural or remote South Australian communities.
3. Contribute to the development of a model of care for victim-survivors of FDSV.
4. Support and guide strategies to improve the recognition, response and referral of FDSV in the primary care setting.
5. Provide a strong mechanism for clinical engagement in the work of the FDSV project team.
6. Review the work of the FDSV project team, to ensure that processes are acceptable to the GP community.
7. Provide representation as required at:
 - a. A minimum of one co-design consultation session.

Requirements

- Registered General Practitioner with experience in the primary care setting.
- Maintain a current Working with Children Check or Working with Vulnerable People Check in South Australia.
- A commitment to improving the recognition of and response to family, domestic and sexual violence in the primary care setting.

Desired

- Knowledge of trauma informed care,
- Knowledge of cultural safety,
- Experience providing care to patients with past or current experiences of FDSV, or a willingness to learn about these principles.

Diversity

Adelaide PHN is committed to ensuring we capture a range of experiences and views throughout this project. To this end, the panel will ideally be composed of:

- 50% metropolitan based GPs and 50% country-based GPs with at least one remote representative,
- Ideally there will be representatives from or with special interest in working with Indigenous, CALD, disability and LGBTIQ+ communities.

Commitment

- Duration: 2.5 years (until 30 June 2026).
- Meeting frequency: bimonthly throughout 2024 and then quarterly throughout the lifespan of the project.
- Outside of session work, approximately 3 - 6 hours per month in 2024 and then 12 hours per year throughout the lifespan of the project.
- Meeting location: online.

Support and Compensation

Participants to be remunerated as below:

- Meeting fee: \$160/hour.
- Out of session work: \$160/hour.

Adelaide PHN will be responsible for safeguarding the mental and physical wellbeing of panel members. Given the subject matter of the project, advisory panel members will have access to a counseling service and will be supported in accessing the support that they may need.

Application Process

If you are interested in participating in this advisory panel please respond to the online form ([FDSV Pilot GP Advisory Panel EOI](#)) by the 31/03. If you have any questions, please contact the FDSV project team:

fdsv@adelaidephn.com.au