

GP Survey on Responses to Family Violence

This survey aims to describe the knowledge, attitudes and practices of local General Practitioners in recognising and managing patients experiencing intimate partner violence (IPV) and family violence (FV). The results will inform the development of future IPV/FV education events and referral pathways in Geraldton and the wider Midwest region. IPV/FV is a common problem which is associated with adverse health outcomes, and can include physical, sexual, emotional, social and financial abuse.

Thank you for taking the time (estimated at 10 minutes) to complete this survey. Your responses are anonymous and confidential.

Date:

1. Age: <30 ☐ 30-49 ☐ 50+ ☐
2. Sex:
3. General Practitioner ☐ GP Registrar ☐
4. Year of Medical Qualification:
5. How many hours a week do you work on average?
6. Average number of patients / clients you usually see per week:
 - ☐ Not seeing patients
 - ☐ Less than 30
 - ☐ 30 – 59
 - ☐ 60 – 89
 - ☐ 90+
7. Since graduating in your profession, how much training have you have about IPV/FV?
(Please tick **all** that apply)
 - a. ☐ None
 - b. ☐ Completed the RACGP online family violence education modules
 - c. ☐ Completed a Lifeline DV-alert course
 - d. ☐ Attended an online RACGP webinar
 - e. ☐ Attended a workshop or talk by a local organisation
 - f. ☐ Attended training in your workplace setting
 - g. ☐ Read 'The Whitebook' by RACGP
 - h. ☐ Other (please specify) _____

9. Please tick the number which best describes your confidence to:

	Not Confident		Neutral		Very Confident
	1	2	3	4	5
a. Ask appropriate questions if you suspect a patient is experiencing IPV/FV?	☐	☐	☐	☐	☐
b. Appropriately respond to disclosures of IPV/FV?	☐	☐	☐	☐	☐
c. Identify history, signs and symptoms associated with IPV/FV?	☐	☐	☐	☐	☐
d. Assess the risk to a patient who discloses IPV/FV?	☐	☐	☐	☐	☐
e. Help a patient who has experienced IPV/FV to create a safety plan?	☐	☐	☐	☐	☐
f. Document IPV/FV history and findings in the medical records?	☐	☐	☐	☐	☐
g. Make appropriate referrals for a patient who has experienced IPV/FV?	☐	☐	☐	☐	☐

Any comments (optional)? <leave two lines>

10. What is the strongest single risk factor for experiencing IPV/FV? (Please tick **one**)

- ☐ Age <30yrs
- ☐ Partner abuses alcohol/drugs
- ☐ Gender - Female
- ☐ Family history of abuse
- ☐ Don't know

11. Please respond TRUE / FALSE / DON'T KNOW for the following statements regarding female patients:

TRUE FALSE DON'T
KNOW

Women who have experienced IPV/FV are at greater risk of injury when they leave the relationship.	☐	☐	☐
Allowing a partner to be present during the consultation of a woman who has experienced IPV/FV ensures her safety.	☐	☐	☐
Gender inequality is the underlying driver of violence against women.	☐	☐	☐
Pregnant women are at higher risk for experiencing intimate partner violence.	☐	☐	☐

Any comments (optional)?

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12. This section asks about your attitudes and opinions regarding IPV/FV.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If an adult who has experienced IPV/FV remains in the relationship after repeated episodes of violence, they must accept responsibility for the violence.	☐	☐	☐	☐	☐
Individuals who are experiencing IPV/FV can make appropriate choices about how to handle their situation.	☐	☐	☐	☐	☐
IPV/FV is a private matter and as a health professional I should not interfere by asking about it if the patient does not directly disclose.	☐	☐	☐	☐	☐
It is not acceptable for me to ask about IPV/FV if I also treat the patient's partner or family members.	☐	☐	☐	☐	☐

Any comments (optional)?

13. The following questions are regarding your current practices when seeing patients who may be experiencing IPV/FV or who have disclosed abuse to you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I do not have time to ask about IPV/FV.	☐	☐	☐	☐	☐
I am reluctant to ask about IPV/FV because I might offend the patient or make matters worse.	☐	☐	☐	☐	☐
I am concerned about my legal obligations if a patient were to disclose IPV/FV.	☐	☐	☐	☐	☐
I can match interventions to the readiness to change of a patient who has experienced IPV/FV.	☐	☐	☐	☐	☐

Any comments (optional)?

14. Do you ask (either directly or indirectly) questions to determine the possibility of IPV/FV when seeing patients (particularly female) with the following:

	Never	Sometimes	Nearly Always	Always
Physical injuries	☐	☐	☐	☐
Chronic pain	☐	☐	☐	☐
Sexually transmitted infections	☐	☐	☐	☐
Mental health concerns e.g. depression/anxiety, low self-esteem, self-harm or suicidal ideation	☐	☐	☐	☐
Eating disorders	☐	☐	☐	☐
Sleeping disorders	☐	☐	☐	☐
Pregnancy	☐	☐	☐	☐
Drug or alcohol misuse	☐	☐	☐	☐
Children with unexplained physical, behavioural, emotional or developmental problems	☐	☐	☐	☐

Any comments (optional)?

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The following questions relate to your management practices for female patients experiencing IPV/FV.

15. Please estimate the number of female patients experiencing FV/IPV have you seen in the last 6 months?

16. In the past 6 months, which of the following actions have you taken when you identified a female patient experiencing IPV/FV? (Tick **all** that apply)

- ☐ Have not identified IPV/FV in the past 6 months
- ☐ Provided information (phone numbers, pamphlets, other information) to a woman
- ☐ Counselling about options she may have
- ☐ Conducted a safety assessment for the woman (and children where applicable)
- ☐ Helped a woman develop a personal safety plan
- ☐ Made referrals to local services
- ☐ Other.....

17. If you have identified female patients experiencing IPV/FV within the last year, please list all professionals and/or organisations who have you have referred the patient to (if any)?

Professional, Organisation or Service referred to:	
1.	4.
2.	5.
3.	6.

Any comments (optional)?

18. Do you feel you have adequate knowledge of referral resources in the community (including shelters or support groups) for women who have experienced IPV/FV?

- ☐ Yes
- ☐ No

Any comments (optional)?

Please answer the following questions based on your own experiences of working in General Practice.

19. What do you experience as barriers to discussing and identifying IPV/FV?

20. What are the main challenges you have managing patients who are experiencing IPV/FV in your daily practice?

21. What would you recommend in order to improve the care of patients experiencing IPV/FV in General Practice settings?

22. Would you like further education regarding IPV/FV? ☐ YES / ☐ NO

If **yes**, what would be your preferred format (optional)?

If **yes**, what areas or topics within IPV/FV would you like to know more about (optional)?

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23. Any further comments or experiences that you would like to share (optional)?

24. Would you be interested in receiving feedback about the results of this survey?

Yes ☐ No ☐

If so, please provide your email address..... (Please note: this will be stored separately to your survey responses so we will not be able to link your responses back to you as an individual).

General Practitioner Contact Information Form - Optional

This information will be stored separately to your survey response so that your response remains confidential and anonymous. This means that we will not be able to link your name or email address with your responses to the survey.



1. Would you like to be part of a focus group discussion around IPV/FV?

☐ YES / ☐ NO

2. Would you like further education regarding IPV/FV?

☐ YES / ☐ NO

If yes, what would be your preferred format?

If yes, what areas or topics within IPV/FV would you like to know more about?

3. What is your name?

4. What is your email and/or phone number?

Thank you for completing this survey.

Please return this survey to.....(if hard copy)