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 Stavadal

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

Watch the livestream on Facebook
facebook.com/wonca.world

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

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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
WHO, Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, 2013

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

• 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

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<td>Children or other incapacitated people</td>
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<td>Physical neglect</td>
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<td>Emotional neglect</td>
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<table>
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<th>Physical</th>
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<td>Slapping, Hitting, Kicking, Beating</td>
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<td>Weapons (e.g. Knives/Guns/other)</td>
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<td>Restraining .....etc.</td>
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<td>Forced intercourse</td>
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<td>Sexual coercion</td>
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<th>Psychological</th>
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<td>Isolation family/friends</td>
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<td>Monitoring movements</td>
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<td>Deprivation basic necessities</td>
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<td>Financial</td>
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<th>Controlling behaviours</th>
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<td>Intimidation</td>
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<td>Constant belittling</td>
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<td>Harassment / Stalking</td>
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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

**OBSTETRICS & 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
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
  - Hospitalisation
  - Quarantine
- 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
- ¡Decrease 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
“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 airbnb)
- 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
FV SERVICES AVAILABLE?

YES

PRIMARY CARE ENGAGEMENT WITH FV SERVICE SUPPORT

NO

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/gYvqnkHIr_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
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 ...

Event → Thoughts → Emotions → Reactions → Bodily feelings
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
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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 individuals 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**
- **Minor injuries can cause severe harm and permanent damage**
- **A heightened parental/caregiver anxieties and frustrations might lead to an increase in violence**
- **Caregiver may not be able to take effective care of their dependents as they are affected by the pandemic**
In general, intervention for children, older people, and individuals with disability need a 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:
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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.