Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Family Violence Reform Implementation Monitor for the opportunity to respond to the consultation and review of the Victorian government and its agencies in delivering Victoria's family violence reforms.

The RACGP has been undertaking work on family violence since 1990, incorporating it into the general practice curriculum and developing materials and resources for their members. Individual GPs have utilised the RACGP resources such as the *White Book* and *Family violence Toolkit* (https://www.racgp.org.au/familyviolence/) and sought out their own training through an online RACGP learning module or through the Primary Health Networks in collaboration with Safer Families Centre (see https://www.saferfamilies.org.au/discuss).

Answers to consultation questions:

- *What are the major changes you have seen in the family violence service system since the Royal Commission into Family Violence made its final report and recommendations in 2016?*

Major changes seen in the sector have been the push for integration of the specialist family violence services (e.g. development of the Orange Doors in various regions) that are a potential referral point for general practices. In addition, the engagement of universal health services to step up to the challenge of identifying and responding to family violence is a key part of the reform.

However, this has had limited effect on the work that general practitioners (GPs) undertake as there has not been sufficient engagement with this sector by the Victorian government or funding to enable changes in delivery of training and practice on a wide scale. This is despite the fact that GPs are the major professional group who survivors disclose to, particularly those experiencing sexual violence.[1] Further they are key to addressing family violence for other members of the family.[2,3,4]

Overall, there are limited number of recommendations out of the Royal Commission that relate to the health sector, who are a key source of support and response.

- *How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence?*

Experience of accessing services and support is difficult to assess, however GPs report there are still limited options for training in first line response as recommended by the World Health Organisation[5] and referral for healing and recovery for survivors and their children. Psychologists and psychiatrists have had limited training in family violence[6] and the recommendation 102 has not addressed this issue to any great extent.

- *What are the most critical changes to the family violence service system that still need to occur?*

There needs to be a greater investment in transforming the health system to respond to family violence.[7] This needs to include greater investment in systemised training of GPs at pre service[8] and ongoing continuing professional development. In addition, promotion of support and advice for GPs needs to be stronger.[9] The suggestion in recommendation 105 would provide infrastructure support through a Medicare item number for GPs to do this work, but has not happened to date.

- *Are there any parts of the family violence reforms that have not yet progressed enough and require more attention?*

Although recommendation 3 specifically lists GPs first for whole of workforce training for priority sectors, there has been no major engagement with the sector, nor tailoring of the Multiagency Risk Assessment and Management materials for general practice. Recommendation 96 on screening in public antenatal care has not had any major funding to implement

this major change. Further there has not been a focus on GPs who provide 20% or more of public antenatal care in a shared care model.

- *Are there any improvements that could be made to the implementation approach of the family violence reforms?*

Implementation is a complex undertaking, however there has been a greater focus on the specialist family violence reforms, rather than on universal services and secondary prevention. There is an urgent need to engage these sectors, including general practice, to enact responses for all members of the family that assist them on a pathway to safety and wellbeing.

- *What has been the biggest impact of the COVID-19 pandemic on your organisation or sector? How have the services that your organisation or sector provides had to change?*

General Practice has rapidly adopted telehealth.

- *Has the COVID-19 pandemic highlighted any strengths or weaknesses in the family violence service system?*

The Recommendation 182 on technological solutions could assist during this time of movement restriction but it is not clear to the RACGP what technology has been developed out of this recommendation. The reliance on face-to-face services in the specialist sector has meant that during movement restrictions access to support has been limited.[10]

- *Are there any changes resulting from the COVID-19 pandemic that you think should be continued?*

Online mechanisms for support and advice need to stay in place as we know that some survivors prefer contacting services using technology.[11,12,13]

There should be continued funding of the Strengthening Hospital Response to family violence enabling leadership and resourcing of the hospital sector as survivors frequently attend for services and this may be the only means of reaching them.

- *The Monitor invites you to make any final general comments around the family violence service system reform.*

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