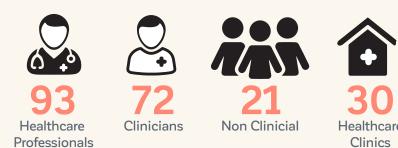


Primary Care ProjectBrief Summary

Violence against women has been described as an epidemic in Australia which includes intimate partner violence (IPV) and reproductive coercion and abuse (RCA). Many women will access health care services for adverse mental, physical, and reproductive health outcomes associated with IPV and RCA. It is crucial to have a well-trained, informed and confident healthcare workforce to ensure they are ready to respond to client disclosures of violence and abuse when indicators are present. Research shows that many women are open to being asked about IPV by their general practitioner (GP) and are likely to disclose if asked.

From 2021 to 2024, the Safe to Tell – Primary Care Project, funded by the Gaming Community Trust (GCT), Department of Local Government, Sport and Cultural Industries (DLGSCI), successfully developed, reviewed, and piloted a comprehensive six-module eLearning course with 93 healthcare professionals (HCP) (72 clinicians and 21 non-clinicians) to increase their knowledge, skills, and confidence in recognising, responding to, and referring clients with experiences of IPV/RCA to the appropriate support services.



Healthcare professionals were recruited from 30 healthcare clinics in the Perth metropolitan area to participate in a 6-module eLearning course to build their foundational knowledge and understanding of IPV and RCA. The modules covered the following topics: an overview of IPV and RCA, IPV and RCA as a priority in the health sector, recognising, responding to and referring to specialist services for IPV and RCA, and self-care when working with clients impacted by violence. An additional face-to-face workshop was offered to provide healthcare professionals the opportunity to put their new knowledge and skills into practice through role plays and group discussions under the supervision of skilled professionals.

The project involved several quantitative research and evaluation methods including the completion of an adapted version of the Physician Readiness to Manage Intimate Partner Violence (PREMIS) (a validated tool to measure physician readiness to manage clients experiencing intimate partner violence), an online survey over three timepoints, eLearning module evaluation surveys and a face-to-face evaluation survey.

These methods were used to measure if the project successfully met the project outcomes. By the end of the project healthcare professionals would have;

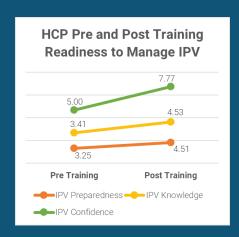
- improved ability to recognise patients at risk;
- Odeveloped an appropriate response to disclosure of exposure to violence; and
- learnt how and where to refer patients in their local area.

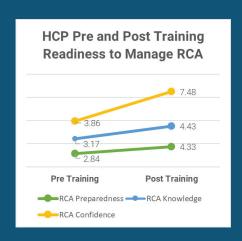
This has been described succinctly as the increased ability to 'recognise, respond and refer' clients impacted by intimate partner violence and reproductive coercion and abuse to appropriate support services.

Main findings included:

- 100% of GPs and 98% of clinicians reported increased knowledge and skills in recognising signs of IPV/RCA
- ▶ 100% of GPs and 96% of clinicians reported increased knowledge and capacity in responding to disclosures of IPV/RCA.
- ▶ 100% of GPs and 96% of clinicians reported increased knowledge and capacity in referring patients impacted by IPV/RCA

The PREMIS online survey confirmed these findings. Matching pre- and post-education and training results found that participating in the education and training increased healthcare professionals' readiness to manage clients impacted by IPV/RCA. This included a statistically significant increase in perceived preparedness to manage IPV/RCA and increased knowledge of IPV/RCA. After completing the education and training, there was a statistically significant increase in healthcare professionals' confidence in recognising, responding, and referring for IPV/RCA. The most significant impact of the training could be seen in the increased confidence to recognise, respond to, and refer for RCA.





The eLearning package was so successful during the pilot that SHQ released the eLearning for healthcare professionals Australia-wide on 8 March 2024 following project completion. As part of the project, an extensive suite of tools and resources were developed to support healthcare professionals in recognising, responding, and referring for IPV/RCA, which have been made available for healthcare professionals to access through the eLearning.

One of the strengths of the Safe to Tell project was the robust networks and connections made with subject matter experts, which resulted in strong and supportive working relationships being built. Through these relationships, work continues past project completion to collaborate on several academic journal articles, to be submitted for publication in June 2024. Through this work, the project learnings will be disseminated, and SHQ will contribute to the evidence base in this important area of research and continue to directly support local and national government strategies and priorities to end violence against women and children.

Despite the project's successes, it has been acknowledged that there were several weaknesses. The main weaknesses included a high staff turnover and changes to participant recruitment. It has been recommended that if the project were to be repeated, a whole-of-practice approach should be implemented to ensure participants have the backing of the organisation to complete all aspects of the project. That said, releasing an accredited eLearning through RACGP and ACRRM has proven highly beneficial and relevant to GPs who completed the professional development hours in their own time.

Recommendations for the future include the development of additional modules focusing on the experiences of Aboriginal and Torres Strait Islander, CaLD, and LGBTQIA+ populations and how healthcare professionals can best support these clients impacted by IPV/RCA, as well as working with people who use violence.

Sexual Health Quarters (SHQ) generously thanks the Gaming Commission Trust for their funding and support on this pilot project. SHQ expresses sincere appreciation to all the partners (including Curtin University, Ishar Multicultural Services, South Coastal Health and Community Services and Luma), advisory groups, participants and stakeholders who willingly shared their time, knowledge, and resources for this project. Without their cooperation and involvement, this endeavour would not have been possible.

