

Study: Preparing health practitioners to deal with family violence from COVID-19

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The researchers found a ‘ready’ health practitioner was motivated to make a difference, knew how to advocate, and felt they were likely to succeed. Credit: Pexels

A world-first framework that identifies a health practitioner's readiness

to address family violence has been developed in a University of Melbourne-led study funded by the Safer Families Centre.

The model identifies Commitment, Advocacy, Trust, Collaboration, and Health system support (CATCH) as vital in building readiness to deal with [family violence](#). CATCH themes reflect factors that health practitioners felt they needed to be confident about providing sensitive care for survivors.

Experts say the development is timely given the surge in reported family violence incidents during the coronavirus (COVID-19) pandemic, which has also seen a move to telehealth sessions for those seeking professional help.

The lead researcher, Professor Kelsey Hegarty from the University of Melbourne and Royal Women's Hospital, said the CATCH model allowed training and systems to tailor strategies to enable greater readiness to deal with family violence.

"We hope that this will change the way we prepare practitioners for this important role, in Australia and globally," Professor Hegarty said.

"The CATCH model could also prove timely during and following the COVID-19 crisis, as survivors may only be able to see health practitioners during movement restrictions."

Published in the journal *PLOS ONE*, the qualitative meta-synthesis of 47 studies identifies five themes involved in readiness of health practitioners to address family violence.

Co-lead Dr. Gemma McKibbin said these factors involved health practitioners having a personal commitment, adopting an advocacy approach, trusting the relationship in the health setting, collaborating

with a team, and being supported by the health system.

"It is fundamental that health practitioners are ready to identify and respond to family violence," Dr. McKibbin said. "Health practitioners may be the first people to 'name' family violence for victims, which can influence the entire trajectory of women and their children's journey to recovery."

The analysis involved the University of Melbourne, Auckland University of Technology, the University of Bristol, La Trobe University, which are all involved with the Safer Families Centre. It found major gaps remained in knowledge about how best to support and train health practitioners to enable an evidence-based pathway to safety for those experiencing family violence through the health system.

Interview and focus group data was drawn from health practitioners across [emergency medicine](#), primary care, intensive care, obstetrics/gynecology, maternal and child health, family planning, prenatal and antenatal medicine, mental health, orthopedics, pediatrics, dentistry, and allied health.

The researchers found a "ready" health [practitioner](#) was motivated to make a difference, knew how to advocate, and felt they were likely to succeed. They also had received encouraging feedback, worked with others and were strongly supported with ongoing training, clinical protocols, tools, and health system leadership.

Professor Hegarty said the model was comprehensive and could improve training in this space.

"Now, more than ever, we need to ensure that health professionals are well equipped to deal with [family violence](#)," Professor Hegarty said.

"This could improve survivors' experience within the health system and their overall outcomes."

Most of the studies were from [high income countries](#) such as Australia, Canada, the U.S., and parts of Europe. Researchers say more work needs to be done in low and middle income countries.

More information: Kelsey Hegarty et al. Health practitioners' readiness to address domestic violence and abuse: A qualitative meta-synthesis, *PLOS ONE* (2020). [DOI: 10.1371/journal.pone.0234067](https://doi.org/10.1371/journal.pone.0234067)

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