



# GP GRAPEVINE

from GPs for GPs

An initiative supported by Nepean Blue Mountains PHN

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## GPs helping domestic violence victims to gain justice

More than 8,000 domestic assaults were reported in our region in the five years between 2012 and 2016. Alarming, Penrith has the second highest rate in the State. With one in five women making their first disclosure of domestic violence to their GP, doctors need to know how to collect forensic evidence that will stand up in court. **Dr Maria Nittis** heads the only forensic domestic violence service in NSW – based at Nepean and Blacktown hospitals – and offers advice on how to document injuries and where to seek further help.



When I was working in General Practice 15 years ago, I had patients sent by the police who were told to “get your GP to document the injuries” – not having either the time or any forensic knowledge about what might be required when they go to court. I don’t think I did a particularly good job. GPs these days might do a better job with a bit more information.

If the patient does not want to visit us at one of our Units, but they are happy for a GP to document the injuries, then I would suggest the GP makes every effort to document even the most minor injury that they think might have been related to the assault. No injury is too minor. While a little bruise is not likely to kill somebody, it certainly can provide some supportive evidence to a history of what has gone on. If GPs have access to body diagrams, then they can hand draw where those injuries actually appear. I recommend drawing the rough shape and size of the injury and labelling it. The first thing that should be recorded is the injury type. Is it a bruise, an abrasion, a laceration, an incised wound or a burn? Then describe it, including its size. Is there established scabbing or is it currently bleeding? All the information a GP can supply about what they are actually seeing at the time, and even photos, if the patient provides proper consent for this, is really useful.

There are some things that the police require for charges to be laid. For example, for charges of wounding, they are required to prove that the injury meets the legal definition of a wound (i.e. an injury that penetrates through the superficial layers of the

skin into the deeper layers). So if the GP does not record that blood was seen, the wound was gaping or that sutures were required, then it can be very difficult a few years down the track to prove that it satisfied the legal definition of a wound.

If a patient discloses that the most recent assault resulted in strangulation, the GP should really consider sending the patient to the hospital for an assessment. Strangulation can leave very few injuries superficially, but can cause major injury. GPs can ring our Unit and we can run them through some questions that might help raise red flags that suggest the need for further investigation. Strangulation we know is a pretty good indicator that things may worsen.

### Forensic Medical Unit Central Line: 9881 7752

The patient or the GP (with the patient’s consent), can phone the Line to seek advice or arrange for a forensic assessment, if the criteria is met.

**Dr Nittis is Head of Department of the Forensic Medical Unit of Nepean Blue Mountains Local Health District and Western Sydney Local Health District.**

For more information about the Forensic Medical Unit and how to order domestic violence posters for your waiting room, read the full GP Grapevine version at: [www.nbmphn.com.au/GPgrapevine](http://www.nbmphn.com.au/GPgrapevine)

### DOMESTIC ASSAULT INCIDENCES 2012-2016

REGION	2012	2013	2014	2015	2016	5 YEAR TOTAL
ALL NSW	27,555	28,432	29,195	29,106	29,044	143,332
PENRITH	878	1,002	1,068	1,054	1,051	5,053
BLUE MOUNTAINS	232	242	203	213	247	1,137
HAWKESBURY	236	296	315	275	258	1,380
LITHGOW	108	98	98	94	85	483

**TOTAL INCIDENCES NBM REGION: 8,053**