STRENGTHENING HOSPITAL RESPONSES TO FAMILY VIOLENCE

Working in a paediatric setting

FACILITATOR CONTACT DETAILS

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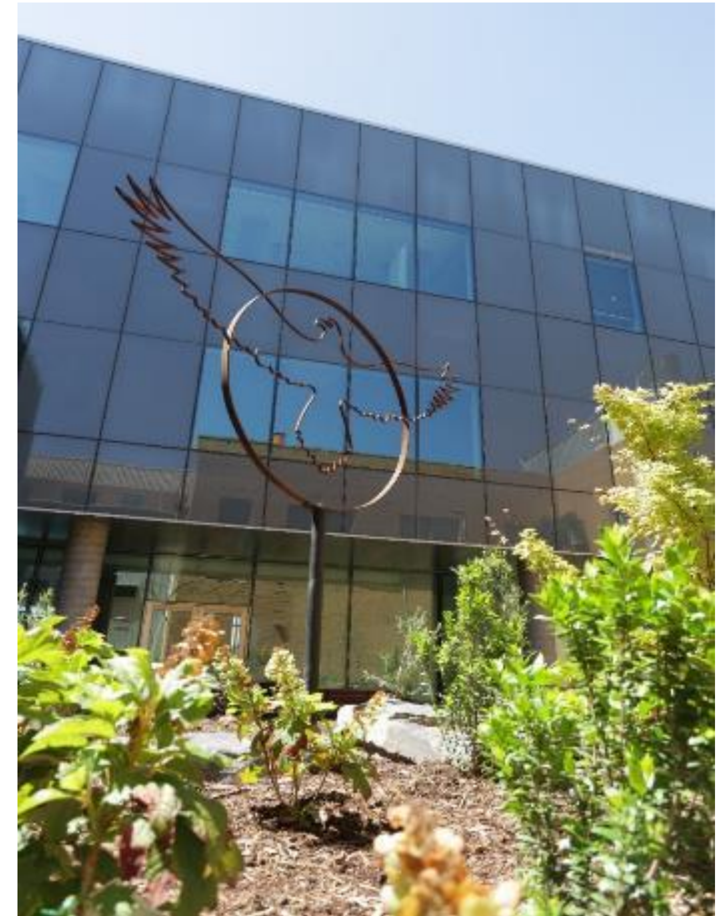
Acknowledgement to Country

Acknowledgement to families impacted by family violence



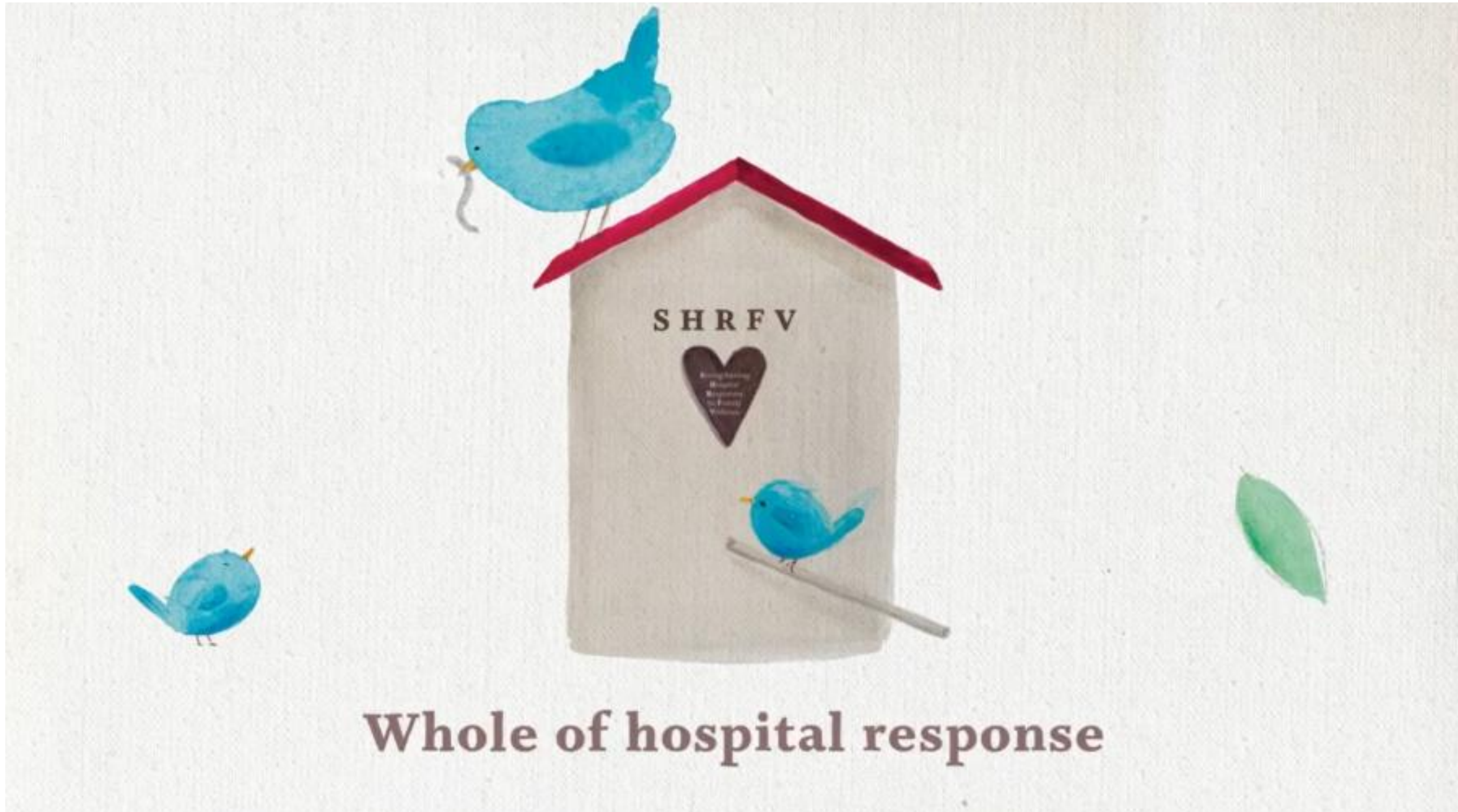
SELF CARE

- This session may be triggering to survivors of family violence and to friends and family of survivors
- The topic of family violence can evoke emotional responses
- If you are triggered by this information please feel free to take a break
- Use your resources available, speak with a Manager/HR or Contact Officer
- For confidential assistance contact the National Sexual Assault, family and Domestic Violence Counselling Line: **1800 RESPECT (1800 737 323)**
- Employee Assistance Program (EAP)

SESSION SUMMARY

- Impact of family violence on children and young people
- Recognising and responding to children and young people affected by family violence
- Special considerations in a paediatric environment
- Legal responsibilities

WHY STRENGTHEN OUR RESPONSE?



DEFINITION OF FAMILY VIOLENCE

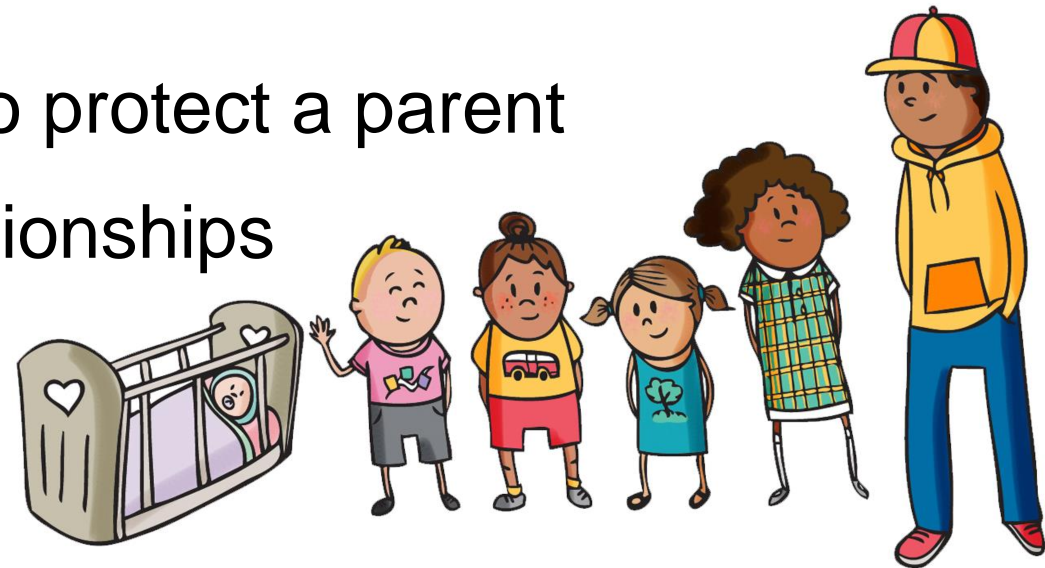
Family violence is **behaviour by a person towards a family member of that person that**:

- is physically or sexually abusive
- is emotionally or psychologically abusive
- is economically abusive
- is threatening
- is coercive
- in any other way controls or dominates the family member and causes that family member to feel **fear** for the safety or wellbeing of that family member or another person.
- behaviour by a person that causes a **child to hear or witness, or otherwise be exposed to the effects** of, the above behaviour.

Family Violence Protection Act 2008 (Vic)

CHILDREN'S EXPERIENCE OF FAMILY VIOLENCE

- Witnessing intimate partner violence
- Indirect exposure – living in an environment of fear and uncertainty
- Direct abuse of the child/young person – sexual, physical, emotional
- Child/young person might intervene to protect a parent
- Exposure as adolescents in own relationships
- Adolescent violence towards parents



CHILDREN, YOUNG PEOPLE PREVALENCE

- 1 in 4 Australian women has experienced physical or sexual violence by an intimate partner
- More than half of these women have children in their care when the violence occurs
- Up to 60% of reported child abuse co-occurs with family violence
- 1 in 3 girls and 1 in 6 boys are sexually assaulted by age 15
- 85% of young people who are sexually assaulted, have been assaulted by someone they know or is in their family
- One child per fortnight is killed by a family member

IMPACT OF CHILDHOOD EXPOSURE TO FAMILY VIOLENCE

BUT HE'S SUCH A GOOD DAD….

Department of Premier and Cabinet Victoria, *Family violence has no good days* (1:00)

SENSITIVE PRACTICE WITH CHILDREN AND YOUNG PEOPLE

Sensitive practice makes people feel safe, respected and in control

Important differences in working with children and young people

- Consent
- Limitations to confidentiality
- Best interests of the child are paramount

NOTICE THE SIGNS

Unborn child	Baby and toddler	School age child	Adolescent
Poor growth and neural development*	Unsettled baby - excessive crying, sleep disturbances, irritability	Psychosomatic symptoms – abdominal pain, sleep disorders, frequent illness	Poor health care, poor management of chronic conditions
Low birth weight	Feeding problems and failure to thrive	Regressive behaviours e.g. bed-wetting	Physical injuries or chronic pain
Pre-term birth	Physical injury	Poor adherence to management of chronic conditions e.g. asthma, diabetes	Eating disorders, self-harm, suicidality
Injuries sustained via assault to mother e.g. stomach being punched	Disorganised attachment e.g. avoidant gaze, easy startle response	Emotional lability - withdrawn, aggressive or anxious behaviours conduct disorder)	Depression, anxiety and other mental health presentations
	Delayed developmental milestones e.g. language development	Poor concentration, deteriorating school performance, social isolation	Substance use, truancy and other risk taking behaviours STDs, early pregnancy, violent partners

* As a result of maternal adrenalin and cortisol rushes

NOTICE THE SIGNS IN A PARENT OR CARER

- Parental distress out of keeping with the severity of child/young person's illness
- Parental reluctance to discharge
- Frequent non-attendance or rescheduling
- Frequent presentations for a child or young person with no clear health concern
- Intrusive partner in consultations – unable to speak alone.
- Infrequent visiting
- Aggressive or controlling relationships dynamics between parents observed by clinician
- Poor mental health – anxiety, depression, PTSD, inability to retain information
- Alcohol and other drug use
- Physical signs including unexplained injuries.

ASK SENSITIVELY – IMPORTANT CONSIDERATIONS

- Never discuss in the presence of other family members, including partners and children over the age of 2
- Be honest about limits of confidentiality
- Create a safe physical and emotional environment
- Tune in to non-verbal cues and offer several opportunities to talk
- Use framing statements to start the conversation

QUESTIONS TO ASK YOURSELF

- What deters you from having a conversation about family violence with a parent – and with a child or young person?
- What challenges to inquiring about family violence are unique to a paediatric setting?

ASK SENSITIVELY: PROMPTING QUESTIONS

- What's it like at home?
  - Who lives there?
  - Do you ever have friends over?
  - How does everyone get along at home?
  - Who helps you with your homework?
  - What happens if you don't do what you're told?

- You look a bit worried when we talk about going home.
  - Would you like to go home?
  - Are you worried about something at home?
  - Are you worried about anyone else at home?

Only gather as much information as you need to get an understanding of what is going on.

ADOLESCENT CASE STUDY

- Emma, 14 year old brought into ED by ambulance, with severe abdominal pain.
- Previous history of similar complaints, no organic cause determined.
- Reports being sexually active, denies alcohol or drug use.
- Past history of exposure of family violence from father toward mother – parents now separated and no ongoing contact with father.
- Whilst in ED, her boyfriend is calling and texting her regularly. Requests the nurse talk to him at one point to prove that she is at the hospital.
- Doesn't want you to let her mother know she is in ED.

What is it about this patient/parent that makes you think you need to inquire about family violence?

‘AGE OF CONSENT’ FOR CHILDREN AND YOUNG PEOPLE

The law sets restrictions around having sex, sexual touching or performing sexual acts in front of children and young people, even if the child or young person agrees.

- Under 12 years old: No-one can engage in sexual behaviours with a child this age
- 12 to 15 years old: Must be within 2 calendar years in age
- 16 to 17 years old: Must not be caring for or supervising the young person e.g. a teacher, youth worker or foster carer (unless they are married to each other)

RESPOND RESPECTFULLY TO PARENT, CHILD AND YOUNG PERSON

Listen and believe

Acknowledge

- Be empathic and non-judgmental

Validate and inform

- It's OK to talk about this
- You are not to blame
- You deserve to be safe

Support

- Do you want me to help you with this?
- Don't make unrealistic promises

COMMON CONCERNS IN A PAEDIATRIC SETTING

- The child/young person is the patient – not the parent
- Not recognising family violence as impacting on a child or young person's health
- Knowing when it is safe or the 'best' time to ask
- Anxiety about reporting to child protection
- Feeling helpless to provide good support or solution
- Documentation challenges
- Impact on safe discharge

WHAT ARE THE RISKS?

If the child or young person **continues to be in the presence of the violent family member** PLUS ANY of the following are present, further assessment is required:

Child/young person

- has directly intervened in the violence, been threatened or sustained injuries
- is aged under 6 (increased dependency) or with additional care needs
- is isolated with little contact with other adults
- has a sexual abuse history
- has self-harming behaviours

Parent

- has breached intervention order
- minimises the risk (non-offending parent)
- has reduced capacity to protect their children
- during pregnancy, post-birth and post-separation
- access to weapons
- threats of harm to children or pets
- previous attempts at strangulation.

CONSIDERATIONS FOR ABORIGINAL CHILDREN

- Contact the Aboriginal Health Liaison Officer
- You may need to address any fear of engaging with police or emergency services with the non offending parent
- The importance of cultural safety and connections to culture and their community
- Understanding when making referrals, that the family may be cautious of engaging with statutory authorities and justice agencies
- Take into account how distrustful the child and parents may be about involvement of Child Protection

MANDATORY REPORTING

Children, Youth and Families Act (VIC) 2005

- Some groups of professionals, including doctors, nurses and teachers are **mandated** to report to Child Protection when they form a reasonable belief that a child has suffered, or is likely to suffer significant harm from physical or sexual abuse.
- All health professionals have a **duty of care and legal obligation** to report to child protection any significant concerns for the child's safety, including concerns regarding emotional abuse and neglect.

Crimes Act 1958 (Sect 327)

- All adults in Victoria are required by law to report suspected child sexual abuse. Failure to disclose is a criminal offence.

Child Wellbeing and Safety Act 2005

- *The Victorian Child Safe Standards* requires all organisations providing services to children to ensure that protecting others from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

ASK YOURSELF: IS IT SAFE FOR THE PATIENT TO GO HOME?

- What risk factors have I identified?
- What level of risk does the person experiencing violence identify?
- What do they want to happen?
- Is urgent action required?
- If not urgent, is any other action required?
- Are there any legal orders?
- Do I need to report to Child Protection?

OPTIONS AND REFERRAL PATHWAY

If any form of physical or sexual harm towards a child or young person is identified refer to the VFPMS statewide guidelines for suspected child abuse.

Services available to provide specialist support and advice:

Internal

- Social work
- Mental health
- Aboriginal liaison officer

External

- Safe Steps
- 1800 RESPECT
- The Orange Door
- Local specialist FV services
- Child Protection
- Child First
- Gatehouse / CASA

MULTI AGENCY RISK MANAGEMENT FRAMEWORK & INFORMATION SHARING

Multi-Agency Risk Assessment and Management Framework (MARAM)

The MARAM Framework sets out the responsibilities of different workforces in identifying, assessing and managing family violence risk across the family violence and broader service system. MARAM will guide information sharing under both the Family Violence Information Sharing Scheme and Child Information Sharing Scheme wherever family violence is present.

Child Information Sharing Scheme (CISS)

The CISS enables authorised organisations and services to share information to promote the wellbeing or safety of children.

Family Violence Information Sharing Scheme (FVISS)

The FVISS enables authorised organisations and services to share information to facilitate assessment and management of family violence risk to children and adults.

KEY MESSAGES

- Childhood experience of family violence has a profound life long impact on health and wellbeing
- The best interests of the child is paramount
- Clinicians are not expected to be family violence experts – they are expected to notice the signs and inquire sensitively
- Mandatory reporting requirements apply for the presenting child or young person and for any children at home
- Consult the experts and refer to state wide Clinical Practice Guideline for Child Abuse and Neglect.

REFLECTION

An old saying ….

‘If you get that gut feeling that something isn’t right about a person or a situation, trust it!’

Think about a person or a situation you may have come across in your past clinical practice.

- Were there any signs of family violence that you may not have recognised back then?
- As a consequence of the session today, what would you do different if you came across the same situation next week?

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