A Primary Care Response to Children and Mothers Experiencing Domestic Violence

NCHDV March 2015

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ARC APAI PhD Linkage Grant
Children Experiencing Domestic Violence

1 in 4 Australian children (Indermaur, 2001)

Use of health care services, even when the violence occurred before their birth (Rivara et. al., 2007)

Social, emotional and psychological problems (Holt et. al., 2008)

37% found to be resilient (Kitzmann, 2003)
Intervention Scope

Public Health diagram adapted from Hunter, 2011

Tertiary Prevention
Formal responses

Secondary Prevention
Identification of and support to individuals and families experiencing domestic violence

Primary Prevention
Population-based and community initiatives to educate and bring about social and cultural change

A tailored response
Current practice

Case finding for domestic violence (Taft, 2013)

GUIDELINES FOR HEALTH SECTOR RESPONSE

WHO's new clinical and policy guidelines on the health sector response to partner and sexual violence against women emphasize the urgent need to integrate these issues into clinical training for health care providers. WHO has identified the key elements of a health sector response to violence against women which have informed the following recommendations:

1. **Women-centred care:**
   Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, confidentiality, link to other services).

2. **Identification and care for survivors of intimate partner violence:**
   Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.

3. **Clinical care for survivors of sexual violence:**
   Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis by any perpetrator and take a complete history, recording events to determine what interventions are appropriate.

4. **Training of health-care providers on intimate partner violence and sexual violence:**
   Training at pre-qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers.

5. **Health-care policy and provision:**
   Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.

6. **Mandatory reporting of intimate partner violence:**
   Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the woman chooses.
Rationale for Child Focused Intervention

Children know about the violence and want to talk about it with trusted adults (McGee, 2000)

Children lack opportunities to have their voices heard (Tates, 2002; Humphreys, 2008, Feder, 2009)

Domestic violence research and responses focus on women and tailored interventions for children are lacking, particularly mother-child interventions (Feder, 2009; Hegarty, 2008)
Addressing the Research Gap: SARAH Project

- Safety & Resilience
- Australian
- Children’s voices
- Primary Care Population
SARAH Project: Children’s Safety & Resilience

Primary Care Population

23 children | 18 mothers

Qualitative Methods

In-depth interviews | Focus Groups

Analytic Framework

Hermeneutic Phenomenology/Ethics of Care/Dialogetic Ethics
Key Findings

Children require **agency to negotiate their safety**, including in the post-separation context.

Primary care **does have a role** to respond to children experiencing domestic violence.
Children’s Agency

‘*Their capacity to act, interact and influence the shape of their childhood*’

(Neale & Flowerdew, 2007, p. 28)

Agency is mediated by the child’s familial and social context

(Lieten, 2008)

The child’s voice, an expression of their agency...

‘*intentions, hopes, grievances and expectations*’

(Pufull & Unsworth, 2004, p. 8)
Informed Trialogue & Model of Children’s Agency

- **Child**
  - INFORMED Role/Modelling/Knowing
  - TRIALOGUE Talking about Family Violence

- **Health Practitioner**
  - **Mother**

- **AGENCY**
  - Child Awareness
  - Modelling Safety
  - Distance From Perpetrator
  - Co-constructing Family Resiliency

The diagram illustrates the involvement of different stakeholders in a structured approach to address family violence, emphasizing informed roles, modelling, knowing, and communicating about family violence. The model highlights the importance of child awareness, modelling safety, and maintaining distance from perpetrators while co-constructing family resiliency.
Model of Children’s Agency

**Awareness** of disruption or danger in the parental relationship

Physical and emotional **distance** from the perpetrator

**Modelling safety** in relationships by trusted adults and older siblings

**Co-constructing family resiliency**: informal supports, reciprocal caring, rituals, playing together
Child-focused Intervention: SARAH Project

INFORMED
Role/Modelling/Knowing

TRIALOGUE
Talking about Family Violence

Child

Health Practitioner

Mother

Child Awareness
Modelling Safety
Co-constructing Family Resiliency
Distance From Perpetrator

AGENCY

PCRU PRIMARY CARE RESEARCH UNIT
Child Focused Intervention: Informed Triadlogue

Health practitioner explains role and initiates questions* about domestic violence.

Child wants to know and be known by the health practitioner.

Mother models her trust in the health practitioner.

Opportunity for mother and child to talk about domestic violence: Model of Children’s Agency

*Consider HEEADSSS ax tool (Golenring & Rosen, 2004)
Are you safe at home and at school and that… and at Dad’s

(Fred, 9)

I brought up the fact that I wasn’t sleeping like normal people and that it was affecting my school work. So he asked me a few questions to find out what else is affecting me… (Amelia, 15)
Child Focused Intervention

Ideal Routine care:

- Posters and information
- Non-judgemental health professional
- Assessment of risk
- Evidence of child abuse
- Safety planning
- Link to supports

Informed Trialogue & Model of Children’s Agency
Children’s need for agency to negotiate their safety

A child cannot ‘leave’ a violent relationship.

Therefore, health practitioners can play a significant role in understanding and promoting a child’s agency to negotiate safety in their relationships.


Morris, A., *Together: Strengthening the bond between mums and kids after family violence.* Berry Street Victoria, May 2011
Questions?