

A general practice approach to the struggling child in the vulnerable family

Please use the Q&A box for any questions you may have. The chat function has been disabled.

Tonight's webinar will be recorded and will be made available on the RACGP Events webpage within the next week.

Your CPD 1.5 hour Education Activity will be uploaded within the next 14 days.



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Acknowledgements



To the
survivors
among us...



Case study: Angelo

Poll: In Australia, what proportion of the community report having experienced abuse or violence in childhood?

A: 5-10%

B: 10-20%

C: 40-60%

Correct answer: C

Child abuse is common

40-60% prevalence^{1,2,3}

Children can be affected even indirectly by domestic family abuse and violence

1. Australian Bureau of Statistics. (2021-22). Personal Safety, Australia. ABS.

<https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>

2. Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13- S18.

3. Felitti et al, Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 1998;14(4):245-258

Australian Childhood Maltreatment Study

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2023



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MJA

The Medical Journal of Australia

SUPPLEMENT



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ACMS

Australian
Child
Maltreatment
Study

The Australian Child Maltreatment Study

National prevalence and
associated health outcomes
of child abuse and neglect



AMA

Journal of the Australian Medical Association

AMPCo.

Australasian Medical Publishing Company

Adverse Childhood Experiences (ACEs) study

ACEs

- Felitti et al (1998)* revolutionised how we perceive childhood abuse and its correlates with adult physical and mental health problems
- Changed the way we view mental health – **social determinants** much more acknowledged as causative; **nurture** and epigenetics have a significant modifying affect on **nature**, genetic predispositions.
- Clear correlation between ACEs and later development of chronic physical diseases, substance abuse behaviours, mental illness – the more ACEs, the higher the risks

* [https://www.ajpmonline.org/article/s0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/s0749-3797(98)00017-8/pdf)

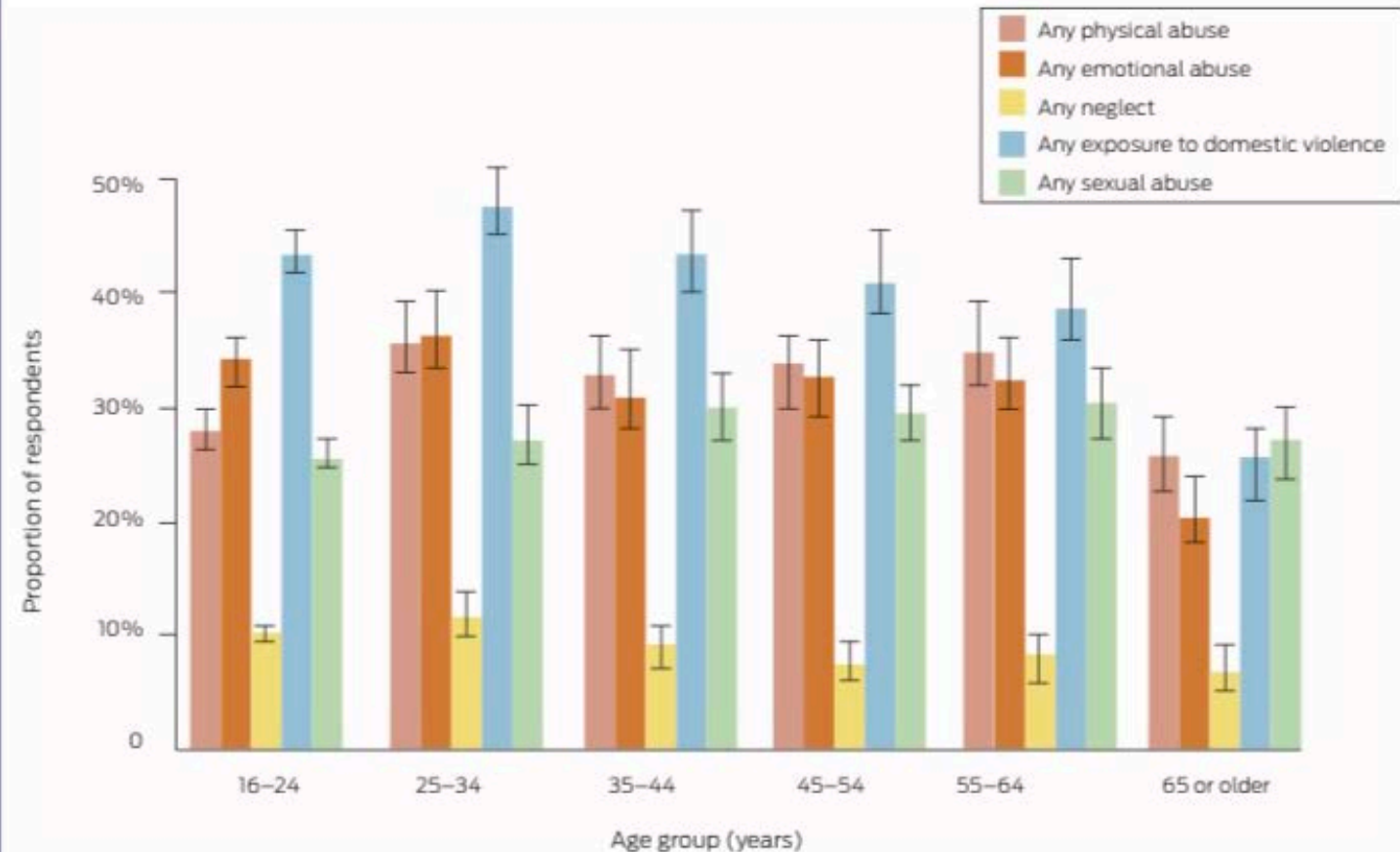
Australian Childhood Maltreatment Study 2023 (Mathews, et al)

- Surveyed 8503 randomly selected Australians (aged 16-65+), Australia wide
- Gold standard methodology
- First nationally representative rates of all five types of child maltreatment
 - physical abuse
 - sexual abuse
 - emotional abuse
 - Neglect
 - exposure to domestic violence
- Identified unacceptably high rates of child maltreatment in Australia and has led to call for action and preventative measures.

Australian Childhood Maltreatment Study

Maltreatment is common

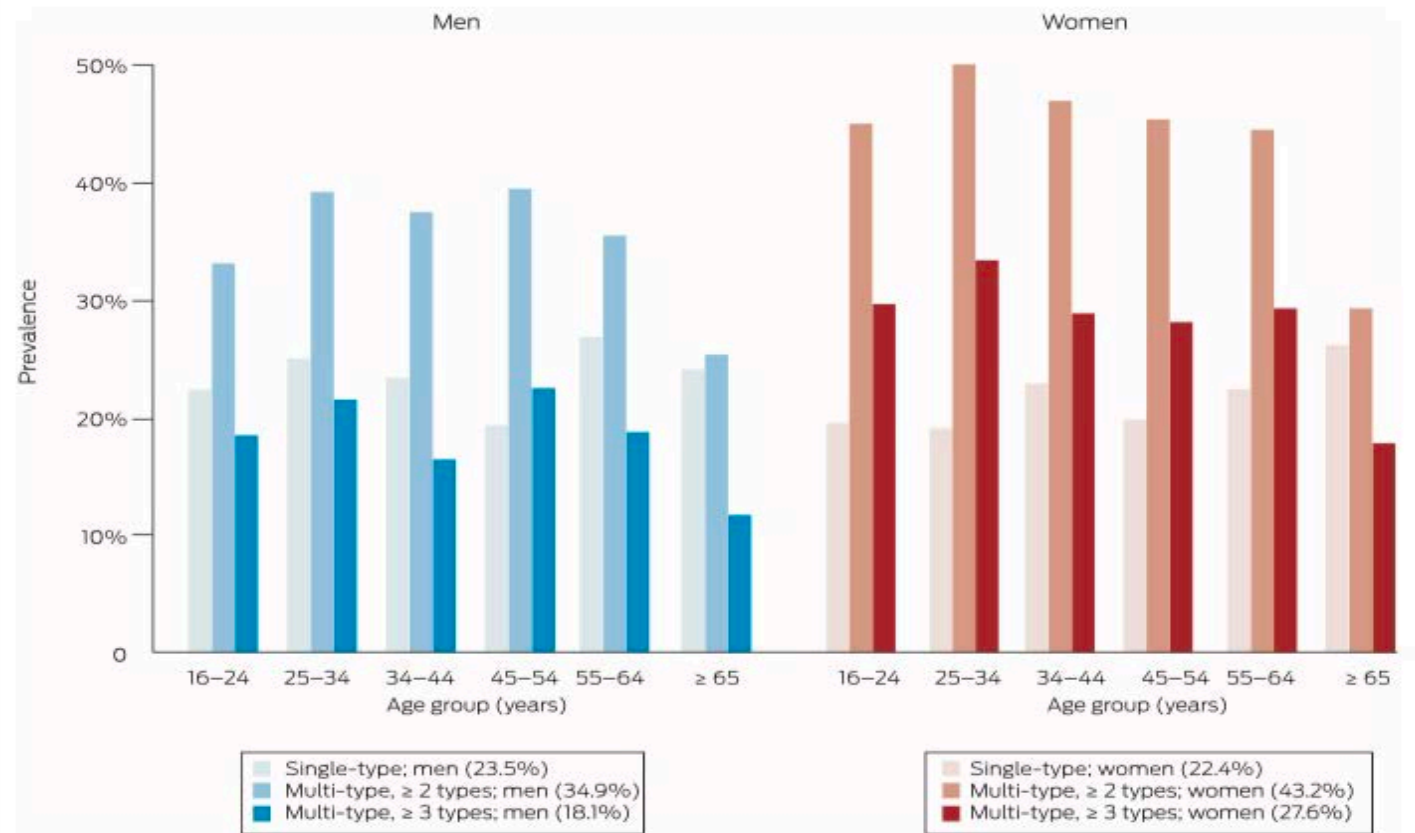
2 Overview of reported prevalence of maltreatment during childhood (with 95% confidence intervals), by maltreatment type*



Australian Childhood Maltreatment Study

Abuse takes on multiple forms

2 Prevalence of single-type maltreatment and multi-type maltreatment (≥ 2 or ≥ 3 types), by age for men and women*

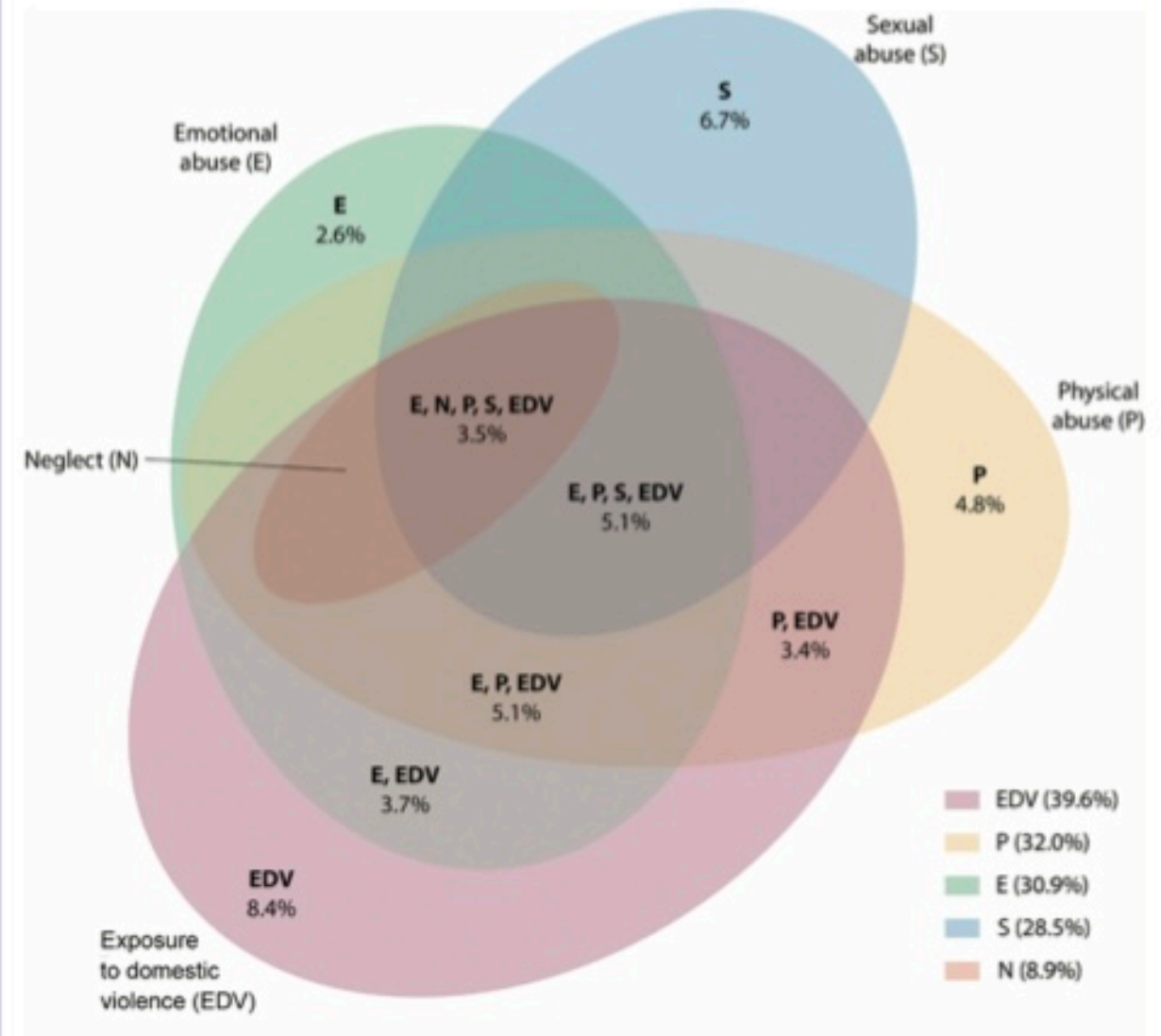


Med J Aust 2023; 218 (6): S1-S51. Published online: 3 April 2023

Australian Childhood Maltreatment Study

Many children suffer complex patterns of abuse

3 Prevalence of the five most common combinations of multi-type maltreatment, and of single-type maltreatment, showing the main patterns of overlap in multi-type maltreatment combinations*



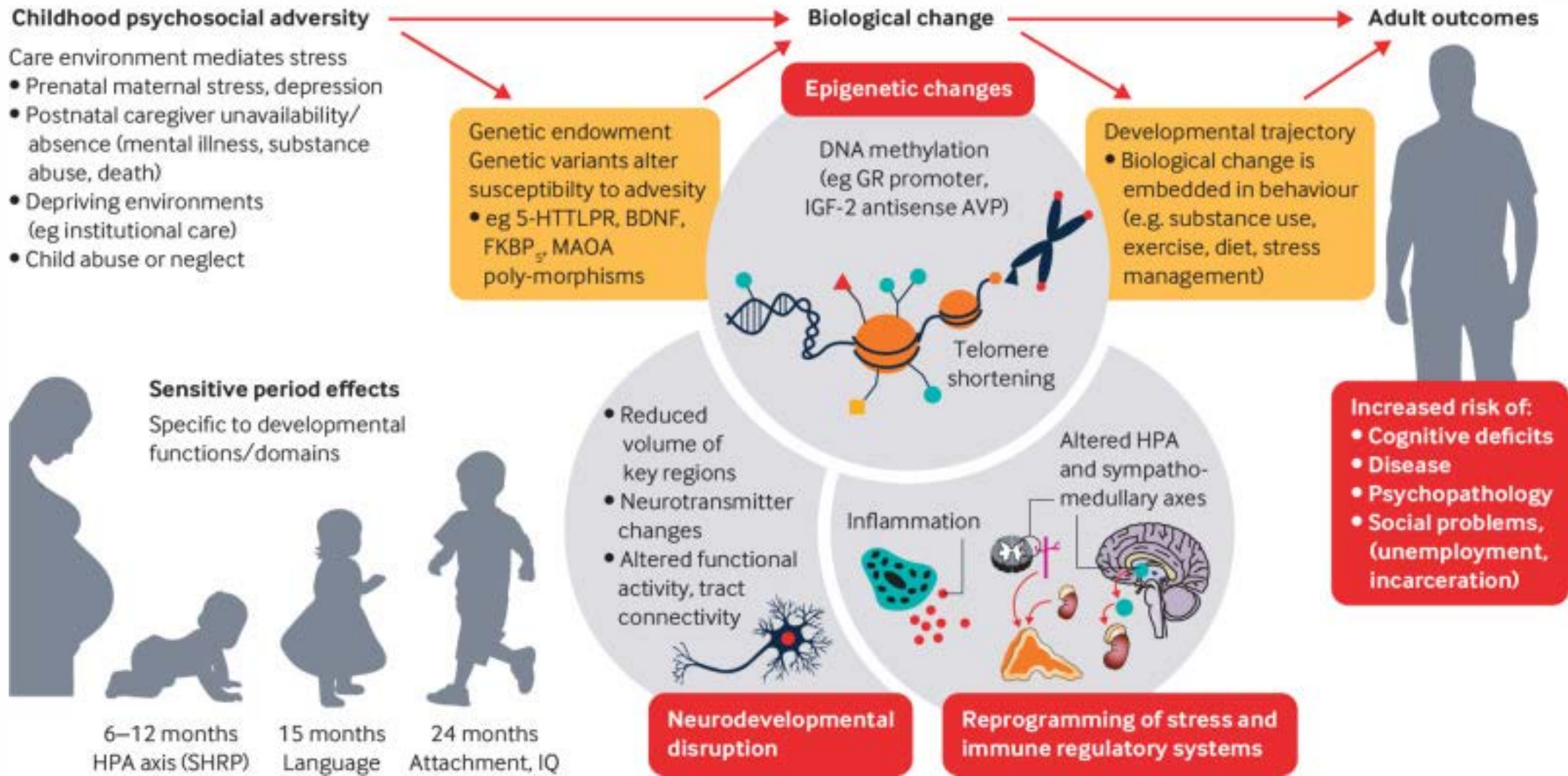
Australian Childhood Maltreatment Study

Child abuse can have significant adverse impact – and it can be life long

Child abuse is associated with increased likelihood of:

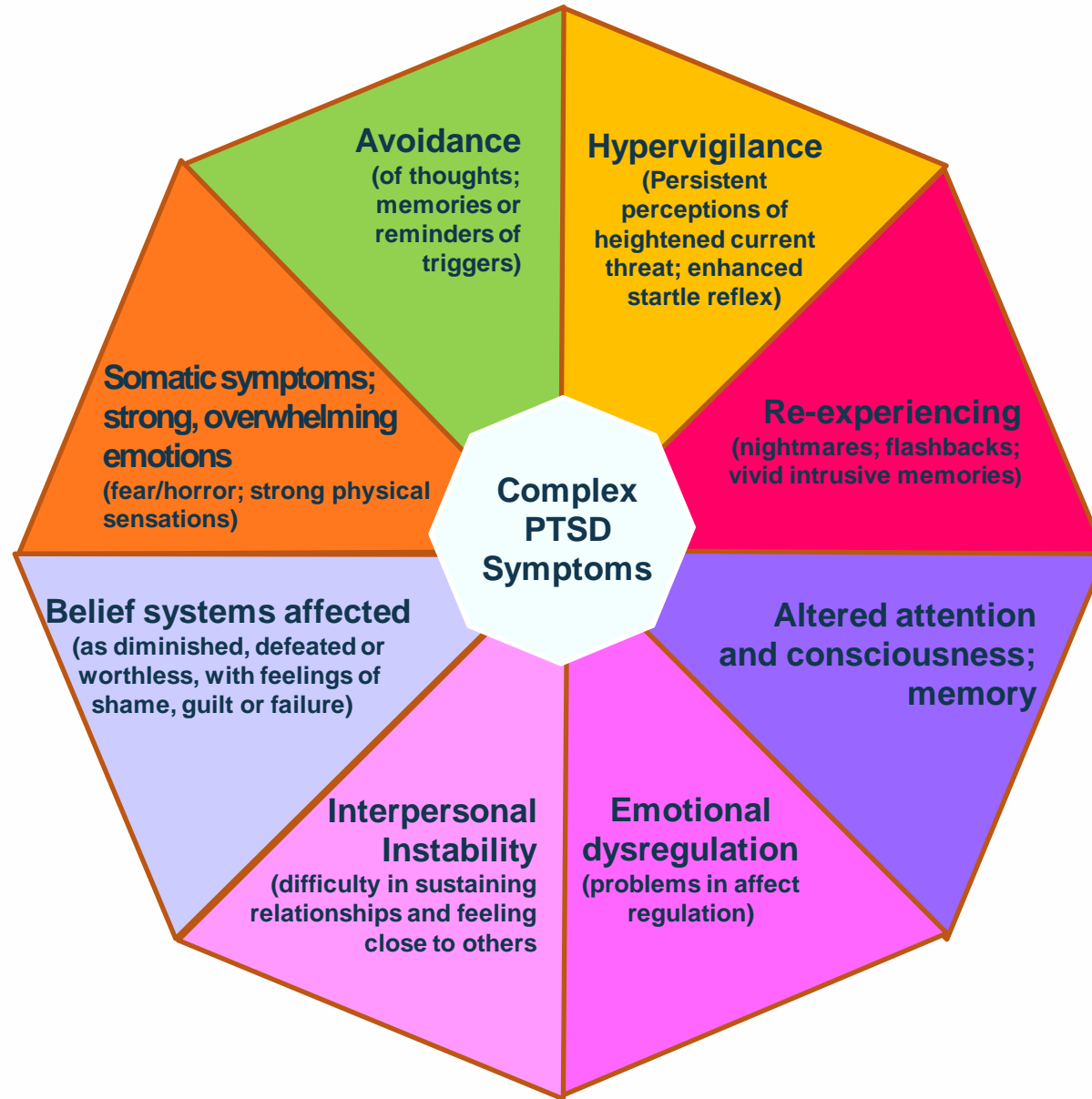
- Mental illness
- Poor physical health
- High risk behaviours

Med J Aust 2023; 218 (6): S1-S51. online: 3 April 2023



Some of the pathways that mediate exposure to early adversity and adult outcomes. Exposure to adversity early in life interacts with a child's genetic endowment (eg variations in genetic polymorphisms), which in turn leads to a host of biological changes across multiple levels. These changes, in turn, influence adult outcomes (adapted from Berens et al²³). HPA axis (SHRP)=hypothalamic pituitary adrenal axis (stress hypo-responsive period)

PTSD



Adapted from ICD 11 Complex PTSD
International Classification of Diseases, Eleventh Revision (ICD-11), World Health Organization (WHO)
2019/2021 <https://icd.who.int/browse11>.

Sense of safety in the consultation

HYPERAROUSAL

Fight and flight
Sympathetic drive
Preoccupied

Window of Tolerance
Capacity to think and plan
And Interact mindfully
Feel **SAFE**
AND balanced

HYPOAROUSAL

Freeze state-
Parasympathetic drive
Spaced out, dissociated
Depressed, not present



The GP actively listens and responds (what we do)

CHILD'S Perspective – mostly non-verbal

PARENT Perspective – Ideas
Concerns
Expectations

Behaviours

Words, emotion, body
language

GP's Task:

Listens and
Responds

Naming the emotion, normalising
Understanding
Respectful and appropriate responses
Silence and Supportive statements
Empathy, exploring

Child and parent/carer attachment is critical

- Attachment between children and parent/carers is **critical** to developing **security in relationships**.
- We develop our **core beliefs** about ourselves, the world, and others based on our experience with caretakers in the first 2-4 years of life.

Attachment styles (approx):

Secure 50-60% **Anxious 20%** **Avoidant 20%** **Disorganised 5-10%**

SECURE PARENTS ARE ACCESSIBLE, PREDICTABLE AND RESPONSIVELY CARING

SECURE CHILDREN ARE CURIOUS, WILLING TO EXPLORE, SEEK AND ACCEPT COMFORT FROM THEIR CARETAKERS WHEN UPSET.

THEY LEARN TO TRUST, DEVELOP PRO-SOCIAL SKILLS, SELF-ESTEEM AND RESILIENCE.

- Attachment style in childhood predicts attachment patterns in later relationships
- Non-secure Attachment is strongly associated with mental illness in adulthood.
- ****There is potential for Positive Change**** - Intervention and Repair of Attachment Injuries is Possible.
- **Promoting and supporting “good enough” parenting and development of security is vital.**
- **PARENTING SKILLS are LEARNT – supporting parents to be healthy, mentally well, accessible, predictably responsive and caring are the most important GP management objectives of PREVENTING CHILD ABUSE AND NEGLECT.**
- “It takes a village” to raise & support children - the GP is part of that village

Clinical micro-skills of GP engaging with FAMILIES (how we do it)

Provide STRUCTURE Sign-posting; chunking and checking; summarising

Build RAPPORT (attunement throughout consultation) Introductions; purpose of consultation; active listening (reflecting, eye contact, paraphrasing); empathy – implicit and explicit/ verbal, non-verbal.

BRIDGING the **GP** (disease prevention model) and **Patient** (social stressors) **Perspectives**.

BALACING conflicting needs.

WITNESSING, CURIOUS and NON-JUDGEMENTAL stance

- “reflecting, not reacting” and consideration of facts while **not dismissing emotions**

Active LISTENING, EXPLORING, VALIDATING

Keeping the Child in Mind –An **assertive GP** (calm but firm) reminds parent(s) of **boundaries, security needs of child**. Validates conflicting needs.

ADVOCATING FOR THE CHILD GP voices child’s needs, raises child perspective, **reframes** the ‘problem behaviour’.

EMPOWERING PARENTS, offering Hope

- assertively, respectfully **guiding parents**, offer empathic **support and advocacy** for parent.

Clinical micro-skills of GP engaging with FAMILIES (summary)

- **reassuring** and hold **hope**
- **security** and **trust** (between parent and child, and between GP and patient(s), before **exploring** any specific behavioural **concerns**)
- The GP **listens actively**, **empathically validating** the parent's position, **acknowledging** hardship and distress, and **encourages** the mother/father to **express** their emotions and beliefs.
- The GP is **mindful of the child's presence**, and **advocates** on their behalf.
- The GP remains **calm** and **objective**, **witnesses** the parent's distress, and avoids judgmental reactions while **assertively** expressing serious concern.
- Once the parent has '**felt heard**', they are **open to further exploration** of the child's 'problem' behaviours. This **empowers parents to be RESPONSIVE AND RESPONSIBLE parents!**
- **Securely balancing** the needs of parent and child (the 'identified patient'?)

Engaging families in distress

Take Home Messages:

Challenging family issues are common GP presentations.

The “identified patient” may not be the one who with the problem.

Treating individuals requires treating the family – systemic management.

Safety is paramount. Stay on target. Promote secure attachment.

Respond assertively. Don't react aggressively or passively.

Preventative care is possible. Take time and keep reviewing.

You can make a difference, but you don't have to do this alone!

REFER: Child protection services; 1800Respect, Parenting Skills

RESOURCES: Emerging Minds <https://emergingminds.com.au/resources/podcast/building-a-strong-and-positive-relationship-with-your-child/>

Resources

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What are adverse childhood experiences (ACEs)?

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Child abuse

Child abuse is common. Internationally, between 5-20% children experience sexual abuse and 25-50% of children experience physical abuse. On average 25 children are killed by a parent each year in Australia. Child abuse can have lifelong consequences, in particular mental health issues. GPs are often the first port of call for families with children at risk. It is therefore critical that GP registrars be competent in prevention, identification and response to possible child abuse.

TEACHING AND LEARNING AREAS



- Different types of child abuse
- Presentations of child abuse to general practice, including [non-accidental injury](#)
- Barriers to disclosure of child abuse
- Safe ways to ask families about possible child abuse
- Red flags for high-risk children

Watch Later Share

Webinar 14
Engaging children and parents affected by child sexual abuse



Emerging Minds.

National Workforce Centre for Child Mental Health



Video Chapter

...medicine, social work, hospital, child and family

...ctice

...plence

...that they have been sexually abused

Engaging children and parents affected by child sexual abuse

Join this panel of interdisciplinary experts for a discussion about working with children and families where a child has been sexually abused. Joint production of the Mental Health Professionals' Network (MHPN) and Emerging Minds.



RACGP Specific Interests

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✉ gpsi@racgp.org.au

0%
Outcomes

+ New Unit



Visible



Add Existing

Create New

bimonthly meetings

▶ Peer Group Learning

▼ Resources

▶ Service Provision
Resources

Professional supports

Resources



Abuse and violence - Working with
our patients in general practice

References

- Australian Bureau of Statistics. (2021-22). Personal Safety, Australia. ABS.
<https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>
- Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13- S18.
- Felitti et al, Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 1998;14(4):245-258
- Royal Australian College of General Practice. Abuse and violence: working with our patients in general practice. 5th Edition (the White Book). 30 November 2021. East Melbourne. Vic: RACGP. Available www.racgp.org.au/whitebook

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