

Media release

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The “invisible” children of family violence: call for health professionals to do more to identify them

Public health workers today heard a plea for health professionals to learn to assess their patients for possible family abuse.

Dr Geraldine King, a Community Medical Officer, and Bronwen Jackson, a Public Health Nurse, work at the family violence “coalface” in the Waitemata district. They told the Public Health Association conference that, while the criminal aspects of family violence are publicised, the far-reaching health effects of constant abuse, or growing up in a household witnessing parental violence are not so well known.

Bronwen Jackson told the delegates gathered at Waitangi: “I now get as many referrals for “learning and behaviour” as I do for skin infections or runny ears. A lot of our work with children and young people is trying to improve mental and emotional health and prevent risk behaviours developing. And we can’t do it without looking at the whole family.”

Dr King said that risk behaviours like smoking, substance use and even being disconnected from primary health care have significant impacts on the major causes of chronic illness today. Rather than just seeing resulting heart or respiratory disease or mental health problems as a combination of genetic influences and “lifestyle factors”, the development of risk behaviours has been shown to be strongly associated with growing up with “adverse childhood experiences”.

“We believe that family violence is probably the most under-recognised public health issue of our time” the two frontline workers told delegates. “This message needs to be better understood by the wider medical community.”

A report last year estimated that as few as 20 per cent of avoidable child deaths in New Zealand are cases previously known to Child Youth and Family.

That leaves 80 percent of children who die from family violence invisible, their abuse undetected. So why don’t health professionals identify it more often?

“First of all, we need to be taught the link between family violence and health. And that abuse **is** something we can assess: we need to learn the skills and we need to start asking. There are doctors and nurses who are uncomfortable about asking about family violence. But once, there were doctors uncomfortable about asking about a patient’s sexual history or being open with a patient about suicide. In the 1950s and 60s, few asked about smoking behaviour. Now, such questions are regular parts of consultations.

“The same needs to apply to family violence, and how much that might underlie a patient’s current health problems. Knowing about parental abuse helps identify children who may be in need of protection. We want others in health to see how this is a vital approach to address the future health of our New Zealand population, and to help identify more of those “invisible” children at risk.”

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