Prevention and Response to Violence, Abuse and Neglect SIR Sub-committee

Lessons and Learnings

Key themes arising from a review of incidents involving violence, abuse and neglect (VAN)

The Clinical Excellence Commission (CEC) Serious Incident Review (SIR) Sub-committees consist of multidisciplinary clinicians who review serious incidents to identify key learnings, emerging risks, and patient safety issues with broader implications. One of their key roles is to recommend actions to mitigate potential patient safety risks.

The Prevention and Response to Violence Abuse and Neglect (PARVAN) SIR Sub-committee has identified key themes arising from their review of serious incidents. This document has been developed to support clinicians and health care services by sharing the learnings, inviting services to consider which learnings may be relevant locally, and review whether further local action is required.

What is VAN?

The term 'violence, abuse and neglect (VAN)' is used by NSW Health as an umbrella term to describe various forms of interpersonal violence. These include all forms of child abuse and neglect, sexual assault, domestic and family violence, and children and young people with problematic and/or harmful sexual behaviours, who often have their own experiences as victims of abuse and neglect[1].

The key themes identified by the SIR Sub-committee relate to; supporting clinicians to better identify VAN, particularly when it is not the primary presenting issue; the provision of holistic, trauma informed health care; and the need to deliver integrated care through case management and care planning.

Theme 1. Helping clinicians recognise VAN when it is not the presenting issue

A review of VAN incidents noted that assessments primarily focused on the presenting issue such as mental health crisis, alcohol and other drug use, injury, and illness and would miss or not follow up on red flags or disclosures of VAN. A typical example would be where a person presents with serious mental health concerns and during the history taking indicates being fearful of their partner/family members or mentions a history of VAN. The assessment and treatment plan focus is on addressing the mental health issues with no follow up on the red flag/VAN disclosure in terms of risk assessment, safety planning and consultation with/referral to a VAN specialist.

A holistic, family-focussed, psychosocial assessment (Such as current safety, living arrangements, relationships and supports, parenting and other caring responsibilities, employment, financial status and legal issues) could assist clinicians and services to identify and respond to the needs of individuals and/or families who have experienced or are currently experiencing VAN issues.

Child abuse and neglect are not caused by a single factor. Instead, a combination of factors at the individual, relationship, community, and societal levels can increase or decrease the risk.[2]

Risk factors for child abuse and neglect can include drug and alcohol concerns, mental health concerns, high levels of parenting stress, economic/housing stress, domestic and family violence, families that have a household member in contact with the justice system.

All services must identify and appropriately respond to the vulnerabilities, risks and needs of families, children and young people.[3]

Any disclosures of domestic violence where children are involved must include a response that includes a risk assessment and safety plan that addresses and safety, health, and wellbeing needs.

Any person who discloses domestic violence is to be provided with the offer of a referral to a counsellor, social worker, or other appropriate trained psychosocial worker or relevant specialist service within NSW Health.

The SIR Sub-committee has reviewed incidents involving males and older persons where red flags for VAN were missed. It is important to acknowledge that anyone can be a victim of VAN and clinicians undertaking assessments need to be cognisant of this possibility.

Theme 2: Provision of holistic, trauma informed care

A review of VAN incidents highlighted opportunities to improve clinicians' ability to deliver integrated trauma-informed responses to VAN through training, workforce development opportunities and supervision.

Integrated, trauma informed care

'Integrated care' is the provision of seamless, effective and efficient care that responds to all of a person's health needs, across physical and mental health in partnership with the individual, their carers and family. It places people at the centre of care, providing comprehensive wrap-around support for those with complex needs and enabling people to access care when and where they need it.[3]

Trauma-informed care considers people's symptoms, responses and behaviours in the context of their past experiences, and emphasises physical, emotional and psychological safety for clients and staff. It aims to mitigate the impacts of trauma, avoid exacerbating trauma, and promote healing by considering how care is provided and creating a collaborative therapeutic environment.[3]

Local NSW Health VAN Services are available to assist clinicians with additional information and resources, consultation and referral pathways for those who have experienced VAN.

Theme 3. Need for strengthened case management/care planning

The review of VAN incidents identified the need to improve case management, communication and collaboration between services/agencies to better support families and promote child health, safety, welfare and wellbeing.

Case management aims to strengthen outcomes for families, children and young people through integrated and co-ordinated service delivery between health services and interagency partners. It is particularly important for individuals/families with complex and multiple service needs.[1]

Effective communication and collaboration with inter and intra-agency partners is a key component of case management and care planning. This includes:

- maintaining consultation and referral pathways with local VAN services to support safe care planning
- seeking and exchanging relevant information from other services/agencies
- convening multi-disciplinary case meetings to develop shared case plans

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- developing a shared understanding with partner services/agencies of respective roles and responsibilities, including the management of any ongoing risks/concerns for the client/family
- monitoring and reviewing of care plans.[1]

References

[1] NSW Health Integrated Trauma Informed Care Framework

[2] Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013_007)

[3] Integrated Prevention and Response to Violence, Abuse and Neglect Framework (PD2019_041)

Additional resources

Clinical Excellence Commission

- Paediatric Watch: Red flags for non-accidental injuries in children - Is this child at risk? 3/2024

NSW Health

- Education Centre Against Violence website - courses to support health workers in preventing and responding to domestic and family violence
- Family Focused Recovery Framework 2020-2025
- PARVAN website - information on strategic plans, frameworks, policies learning and development and link to the mandatory reporter guide

NSW Policy Directives

- Domestic Violence - Identifying and Responding (PD2006_084)
- Domestic Violence Routine Screening (PD2023_009)
- Incident Management (PD2020_047)
- Violence, Abuse and Neglect (VAN) Service Standards Policy and Procedures (PD2019_052)

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