1 Family Violence Policy

Purpose

The purpose of this policy is to provide employees in all CDHB services with the mandate to provide co-ordinated, consistent, safe care and treatment to patients/clients who are living with or are at imminent or ongoing risk from violence.

This overarching policy is to be implemented in conjunction with the CDHB’s Child Protection Policy, Partner Abuse Policy, and Elder Abuse Policy and the CDHB service specific family violence procedures.

Scope

The Family Violence Policy applies to all CDHB employees associated with the care of patients/clients. It is to be read in conjunction with the existing relevant divisional abuse policy.

CDHB Child Protection Policy

The purpose of the CDHB Child Protection Policy is to protect the safety and wellbeing of children and young persons aged 0-17 years who are patients/clients of the CDHB or who are associated with adults who are patients/clients of the CDHB. The policy recognises that the safety of children or young persons should be given priority and that the management of child abuse and neglect is both complex and should not occur in isolation.

The policy outlines procedures for the management of child abuse and neglect and the referral processes that are required. An interdisciplinary approach is utilised to identify, manage, support and ensure the provision of appropriate interventions for children and young persons.

The CDHB is committed to the provision of training and support of staff member’s managing care and protection concerns.

CDHB Partner Abuse Policy

The Partner Abuse Policy promotes universal screening for family violence for all CDHB female patients/clients aged 16 years and over.

The policy states that males aged 16 years and over should be indicator based screened.
Clinical care staff will be trained in a 6 stage brief intervention process to be followed for all positive screenings. The steps include: identification of abuse, support, risk assessment, safety planning, referral pathways and the required documentation.

**CDHB Elder Abuse Policy**

The *Elder Abuse Policy* reflects the various kinds of abuse, neglect, physical, sexual, verbal, and financial, which affect between 3-5% of all people 65 years and over, but are often unrecognised.

The Elder Abuse Policy requires CDHB employees in hospital and community settings to work in close collaboration with health professionals at both multi/interdisciplinary and interagency levels. The Policy outlines the procedures for employees to recognise, assess and provide the appropriate interventions.

**Associated Documents**

**CDHB Clinical Board Policies:**
- Child Protection Policy
- Child Guardianship/Kaitiakitanga Policy
- Elder Abuse

**CDHB Organisational Documents**
- Memorandum of Understanding, CDHB, Child Youth & Family and NZ Police

**Legislation**
- Children, Young Persons & Their Families Act 1989
- Care of Children Act 2004
- Domestic Violence Act 1995
- Harassment Act 1997

**Training of Staff**

All CDHB employees with care responsibilities are required to undertake abuse training relevant to their area of work and updated as per relevant divisional policy.
Responsibilities

Executive Responsibilities

- Ensure there are organisation-wide policies for the appropriate response to and management of child abuse, partner abuse, elder abuse and neglect
- Ensure the CDHB Child Protection, Partner Abuse, Elder Abuse policies and procedures comply with legislative requirements, the principles of the Treaty of Waitangi, clinical audits and best practice standards
- Provide initial training for staff in the areas of child abuse, partner abuse, elder abuse and neglect as outlined in the respective policies and procedures. This includes regular updates in the responsibilities and actions as outlined in the respective policies and procedures
- Provide adequate resources for family violence activities
- Provide adequate support for and supervision of staff
- Ensure processes of support for staff who are either victims or perpetrators of abuse are established

Departmental and Service Provider Responsibilities:

- Ensure staff attend relevant training to their work area and adhere to the relevant policy and procedures for documenting and auditing processes
- Ensure staff know of support systems available within their services, for example senior staff, mentors

Employee Responsibilities

All health professionals employed by the CDHB who are associated with the clinical care of patients/clients have a responsibility for the safe management of identified and suspected cases of child, partner and elder abuse.

Responsibilities include:

- To be conversant with the CDHB Child Protection Policy
- To be conversant with the CDHB Policy and Procedures for Partner Abuse
- To be conversant with the CDHB Policy and Procedures for Elder Abuse
- To be conversant with the Ministry of Health Family Violence Guidelines
• To be conversant with the Ministry of Health *Elder Abuse and Neglect Guidelines*

• To attend initial training, refresher training and regular updates relevant to their area of work

• To understand how to identify, assess, manage and refer victims of abuse and document all actions taken

• To provide or access CDHB specialist services as per procedures

**Definitions**

**Family Violence**

‘Family violence’ is a generic term referring to any type of violence or abuse perpetrated by one family member against another family member. A familial relationship is one in which a person is related to another person by blood, marriage, civil union, consensual union, fostering or adoption.\(^1\) It includes the domestic violence definitions of abuse below.

**Domestic Violence**

Domestic violence is the term used to describe violence perpetrated within the context of family/whanau and close personal relationships. It covers a broad range of controlling behaviours, which typically involve fear, intimidation and emotional deprivation.

**Abuse types**

1. Physical – Includes acts of violence that may result in pain, injury, impairment or diseases, may include hitting, choking or in any way assaulting another person, and also under/over medication. There is usually visible evidence of physical abuse (bruising, fractures, burns, lacerations etc) although the difference between accidental injury and abuse can be slight and require further expert investigation.

2. Sexual – Includes any forced, coerced or exploitive sexual behaviour or threats imposed on an individual, including sexual acts imposed on a person unable to give consent, or sexual activity when an adult with mental incapacity is unable to understand.

3. Psychological – Also referred to as emotional abuse including, but not limited to:
   i. Intimidation
   ii. Harassment
   iii. Damage to property

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\(^1\) Department of Statistics, New Zealand, 2006
iv. Threats of physical abuse, sexual abuse, or psychological abuse
Psychological abuse includes causing or allowing a child to see, hear or be put at risk at seeing or hearing physical, sexual or psychological abuse of a person with whom the child has a domestic relationship.

**Partner**

Means persons aged 16 years and over with a current or former married partner, civil union partner or consensual union (de facto) partner in a heterosexual, same sex, bisexual, transgender or intersex relationship.

**Partner Abuse**

Sometimes referred to as ‘intimate partner violence’ including both current and ex-partners and incorporates the domestic violence definitions types of physical, sexual and psychological abuse.

**Child**

Means girl or boy under the age of 14 years

**Young person**

Means girl or boy of or over the age of 14 years but under 17 years: does not include any person who is or has been married or in a civil union relationship.

**Child abuse**

Means the harming of (whether physically, emotionally, or sexually) ill-treatment, abuse, neglect, or serious deprivation of any child or young person - includes known, current and potential abuse.

Causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a domestic relationship; or puts the child, or allows the child to be put, at real risk of seeing or hearing that abuse occurring.

**Child abuse definition is not restricted to abuse perpetrated by family members only.**

**Elder person**

Means persons aged 65 years and over. The CDHB also recognises those ‘close in age and interest’ aged 50 to 64 years dependent on needs and vulnerability levels.
Elder abuse

A single, or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.\(^2\)

Elder abuse includes physical, sexual, psychological, financial or material abuse.

Neglect (Elder)

The failure of a carer to provide the necessities of life to a person for he/she is caring. Neglect can be intentional or unintentional.

Self Neglect (Elder)

The failure of a person to provide for their own needs and/or wellbeing. Self neglect can be intentional or unintentional.

Routine Screening

Means a routine verbal enquiry by clinical health care practitioners to patients/clients about personal history of partner (or ex partner) abuse. Unlike indicator-based questioning, routine questioning means questioning all individuals in the identified categories regarding partner abuse.

Cultural Considerations

Healthcare professionals should have an understanding of the different cultural contexts within which patients/clients experience family violence. Strategies for intervention may need to be developed in collaboration with cultural community leaders.

Victims of abuse should always be consulted where a support person is being provided from the same cultural/ethnic group as it is important to ensure that any person providing support is appropriate for the victim and does not compromise the victim’s safety and right to confidentiality.

For patients/clients whose first language is not English, a referral to the Interpreters Service should be considered\(^3\).

- Maintaining safety of patient/client is paramount.
- Have appropriate cultural staff available whenever possible, this may include Kaumatua or an elder who can provide support.

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\(^3\) CDHB Interpreter Services Policy 2006
• Provide a culturally safe and competent interactions
• Have a collaborative community approach to family/whānau violence by:
  – Not assuming family should be involved in supporting the patient/client – ask the patient/client what plan of action they want which may or may not include family
• CDHB employees need to be aware of appropriate local referral agencies for patients who are victims of abuse, and for people who are (alleged) perpetrators of abuse.

Māori and Family Violence

The three CDHB family/whānau policies have been developed in accordance with the Te Tiriti o Waitangi principles, and in recognition of Te Whare Tapa Whā which provides a model for understanding Māori health as four equal dimensions. Should one of the following dimensions be missing or in some way damaged, a person or a collective may be ‘unbalanced’ and subsequently unwell⁴:

- Taha wairua (the spiritual)
- Taha hinengaro (the mind)
- Taha tinana (physical wellbeing)
- Taha whānau (extended family).

This is consistent with the cultural training offered and mandated within the CDHB.

CDHB health care providers must ensure the service they provide is safe and respectful of Māori beliefs and practices⁵. The delivery of culturally safe and competent interventions that responds to Māori victims is supported by the following principles:

• Victim safety and protection are paramount
• Culturally safe, competent interactions within an appropriate environment
• Knowledge of the local Māori community
• Engagement with local hapu and iwi
• Intersectoral collaboration with government and non-government organisations
• Monitoring and evaluation of family violence interventions with Māori patients/clients

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⁴ Mason Durie
⁵ Māori Health Policy 2006, Volume 2 Legal and Quality, 2006
Refugees and New Migrants

Cultural support for refugees and new migrants should be provided where ever available and practicable

Same Sex, Bisexual, Transgender and Intersex Relationships

Patients/clients who identify as non-heterosexual should have their specific needs taken into account when they identify as being abused or present with injuries representative of abuse.

References

- He Korowai Oranga Maori Health Strategy, Ministry of Health, 2002