

Family Violence Assessment and Response Policy

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Purpose

Wairarapa District Health Board (WrDHB) undertakes to provide a culturally safe and sensitive response in situations where actual or suspected family violence is identified as impacting individuals. This policy supports the provision of an integrated framework of policy, procedures, workforce development and support to achieve this.

Scope

All WrDHB employees

Roles and Responsibilities

Executive Responsibilities

To ensure that policy and procedures relating to the assessment and response to family violence are supported within hospital and community services provided by WrDHB. This includes child abuse and neglect, intimate partner violence, and elder abuse and neglect.

To routinely resource on-going professional development and mandatory training for employees, enhancing employee's ability to respond appropriately to suspected/actual cases of child abuse and neglect, intimate partner violence and elder abuse and neglect.

Unit Responsibilities

To ensure peer supervision and support is available for employees responding to suspected/actual cases of child abuse and neglect, intimate partner violence and elder abuse and neglect.

All units who provide care for children and young people where *child abuse and neglect* are identified will provide or access specialist health services that may include:

- Cultural assessments
- Mental health assessments
- Diagnostic medical assessments
- Social work services, counseling and therapy resources
- Pediatric assessment

All units who provide care for individuals where *intimate partner violence* or *elder abuse and neglect* will provide or support access to health services that may include:

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- Taking action to ensure the safety of children/young people
- Cultural assessments
- Mental health assessments
- Diagnostic medical assessments
- Social work services, counseling and therapy resources

Employee Responsibilities

All employees of WrDHB have the responsibility:

- To provide a culturally sensitive and supportive response in situations where actual or suspected family violence is identified
- To be familiar with the policies and procedures for managing actual or suspected intimate partner violence, child abuse and neglect and elder abuse and neglect
- To attend mandatory training and updates in best practice as appropriate to their individual roles
- To practice safely, including consulting with senior clinicians, recording decisions and outcomes in situations where actual or suspected family violence is identified.
- To take action when intimate partner violence is suspected or identified
- To take action when child abuse and or neglect is suspected or identified
- To take action when elder abuse and or neglect is suspected or
- To abide by the assessment and management procedures for actual or suspected abuse and neglect
 - Family Violence Elder Abuse and Neglect
 - Intimate Partner Violence Procedures
 - Child Abuse and Neglect Procedures
 - Family Violence Guidelines

Violence Intervention Programme Responsibilities

- Coordinate programme implementation within services, working with service leaders to ensure the system supports are available
- Ensure the DHB-wide policy is current and aligned with Ministry of Health national standards
- Ensure provision of training in accordance with the DHB VIP training plan; this will include ensuring that the VIP training is available cyclically
- To be available to employees for consultation regarding violence concerns (EAN, CAN and IPV)
- Ensure quality improvement activities in regard to policy compliance are undertaken and reported on at least biannually

Human Resource Responsibilities

WrDHB recruitment policies, orientation procedures and training will reflect the WrDHB commitment to child protection in accordance with the Vulnerable Children's Act 2014.

WrDHB recruitment policies, orientation procedures and training will reflect the WrDHB commitment to protecting vulnerable adults and children in accordance with the Crimes Amendment Act (No 3) 2011.

High standards of behaviour are expected

All WrDHB employees have an obligation to:

- Act professionally, ethically and with integrity, and adhere to the standards of behaviour set out in the WrDHB Code of Conduct
- Challenge inappropriate behaviour at the time, if appropriate to do so
- Report instances of what they believe on reasonable grounds to be inappropriate behaviour.

Investigation of concerns about employees

All allegations or concerns about the conduct of employees in relation to a child protection matter or the way an employee has engaged with children/young people must be:

- Investigated and responded to in a timely way in accordance with the 3DHB Disciplinary Policy.
- The safety of children/young people and appropriateness of the employee continuing in that role must be considered.

Any allegations of *child abuse or neglect* which have been made involving employees:

- Will be reported to the Ministry for Vulnerable Children: Oranga Tamariki (Oranga Tamariki; formally Child, Youth and Family/CYF), and
- Action will be taken to ensure that the children/young people involved are safe.

All allegations or concerns about the conduct of employees in relation to *elder abuse and neglect* or the way an employee has engaged with an older person must be:

- Investigated and responded to in a timely way in accordance with the 3DHB Disciplinary Policy.
- The safety of older person and appropriateness of the employee continuing in that role must be considered.

Disciplinary procedures

If warranted, an investigation into a complaint against an employee is to follow the appropriate WrDHB disciplinary procedures.

Policy

All cases of actual and/suspected abuse and/or neglect identified within community and hospital-based services of WrDHB.

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| Family Violence Assessment and Response Policy | | | <u>Child Protection Alert Management Policy</u> | <u>Emergency Safe Shelter Policy</u> |
| <u>Family Violence Elder Abuse and Neglect</u> | <u>Intimate Partner Violence Procedure</u> | <u>Child Abuse and Neglect Procedure</u> | <u>Child Protection Alert Management Procedure</u> | <u>Safe Shelter for Children</u> <u>Safe Shelter for Adults</u> |
| <u>Family Violence Guidelines</u> | | | | |

It is highly recommended for employees to utilise peer supervision and debriefing as soon as practical after being part of IPV, CAN and EAN procedures where abuse has been suspected, identified or disclosed.

In all cases where employees have been involved in the reporting and/or management of IPV, CAN or EAN debriefing, supervision or counselling should be sought from an appropriately trained senior colleague.

Employees may access Peer Support to discuss how the intervention went and any concerns about the effectiveness of the intervention. Employees are encouraged to utilise the [Employee Assistance Programme](#) for additional support following an IPV, CAN or EAN intervention or critical incident. For more information on definition and processes relating to critical incident management refer to the WDHB ([Reportable Events Policy](#) and [Reportable Events Process](#)).

Maori and Family Violence

This section is drawn from the Ministry of Health Family Violence Assessment and Intervention Guideline was developed with leadership from the Roopu, Te Korowai Atawhai. This guideline offers some background and context for family violence in relation to Māori, and identifies key principles and actions for effective engagement and intervention. To strengthen the way health services respond to Māori individuals who are experiencing violence within their family, it is recommended that DHBs continue to implement He Korowai Oranga, the – Māori Health Strategy in their planning, governance, ethos, and employee development.

The pathways and principles for action are about ensuring safety and protection, but they are also about supporting families to overcome adversity and draw on their strengths to achieve whānau ora – maximum health and wellbeing.

The experience of family violence for Māori is complex. With the breakdown of traditional family structure, loss of beliefs and values, including Te Reo Māori, patterns of behaviour have emerged. Violence affects negatively on family, hapū and iwi.

The Violence Intervention Programme (VIP) has developed this programme within the founding principles of the Treaty of Waitangi. Consultation with the Māori Health Directorate has been a valued component of the programme from planning, through the implementation and evaluation phases.

Health professionals have a role to play in supporting individuals from all cultural backgrounds who are experiencing violence within their family by:

- Promoting family environments that are safe and nurturing for children/young people
- Identifying abuse early
- Offering skilled and compassionate support
- Making timely referrals to specialist intervention services.

Solutions to family violence, which are based on traditional Māori tikanga (values and beliefs) and which involve the wider family may be more likely to achieve the best outcomes. It is important that health professionals be able to identify local Māori health providers and ensure that processes are in place to enable Māori individuals and family to access this specialist support, should they wish to.

Additionally acknowledging the diversity of Māori, take the lead from Individuals and/or family about what their needs and wishes are.

Safety first

While cultural safety and competence is desirable, the safety of women and children/young people should always come first.

Equity of Health Care for Māori

The Equity of Health Care for Māori: A framework is divided into three areas of action:

Leadership: championing the provision of high-quality health care that delivers equitable health outcomes for Māori

Knowledge: developing a knowledge base about ways to effectively deliver and monitor high-quality health care for Māori.

Commitment: providing high-quality health care that meets the health care needs and aspirations of Māori.

WrDHB can champion, consider and apply these actions to facilitate responsive, appropriate and effective care for Māori. WrDHB can contribute to improved care pathways for Māori Individuals, and effective identification and response processes to family violence.

Principles for action

The Treaty of Waitangi principles of Partnership, Participation and Protection should underpin efforts to achieve equitable Māori health outcomes.

Building on the principles of the Treaty of Waitangi, are twelve kaupapa, which health professionals can incorporate into their day-to-day practice to enhance the effectiveness of services for Māori individuals and family, and indeed for all people, regardless of cultural or ethnic background.

- 1. Wairuatanga** – Wairuatanga refers to spirituality. Spiritual connections exist between atua (gods), nature and humankind. All children are born with a wairua (spirit), which is subject to damage because of mistreatment.

Ways to put this into practice

- Understanding and respecting that spiritual wellbeing is of key importance within Māori models of health. For example, under Te Whare Tapa Whā model, wairua, tinana (physical health), hinengaro (mental health), and family are all considered vital for health and wellbeing.
 - Be aware that a person's wairua (soul or spirit) may have been damaged because of emotional, physical and/or sexual abuse. Take care to treat victims of violence with compassion, warmth and respect.
- 2. Whakapapa** – refers to the genealogical descent of all living things from Ranginui (the Sky Father), Papatūānuku (the Earth Mother), gods, ancestors, and through to the present. Reciting whakapapa enables individuals to identify their genealogical links to one another and to strengthen interpersonal relationships.

Ways to put this into practice

- Note that whakapapa is a fundamental concept of the Māori world-view. Through whakapapa, people can identify and strengthen relationships between themselves and others, develop a healthy sense of belonging, and ground themselves in the world.
 - When building and strengthening relationships with Māori individuals, family, hapū, iwi or local Māori services, it is beneficial to share with each other information about your genealogical ties and where you and your ancestors come from.
- 3. Atuatanga** – the qualities and wisdom of atua (gods, ancestors, and guardians) endure through people living in the present.

Ways to put this in to practice

- Acknowledge the rich whakapapa (genealogical heritage) of each individual.
 - Be aware that Māori support services in the community may be able to help individuals and family who are experiencing violence to reconnect with, and pass on to future generations, the mana (prestige and integrity) and wisdom of their ancestors. Rejecting violence is key to this approach.
- 4. Ūkaipōtanga** – a Ūkaipō is a place of nurturing and belonging. Ūkaipōtanga is about nurturing and nourishing people and communities.

Ways to put this into practice

- Encourage parents and family to provide a safe and nurturing environment for their children. For example, within maternity services, promote and support parent-infant bonding and talk to parents about how to respond safely to a crying baby.
 - Help parents connect with services in their community that can support them in their role as caregivers and protectors.
 - Ensure that your health service supports victims of violence within family.
- 5. Whanaungatanga**- focuses on the importance of relationships. Individuals are part of a wider collective, which has the potential to provide its members with guidance, direction and support.

Ways to put this into practice

- Recognise the role of the whānau (family and extended family) in the life of each individual.
- Engage and build relationships with family, identifying key people of influence and those who can provide strength and support to individual members (such as Kaumātua, Korua and Kuia).
- Note that an individual who is experiencing family violence may wish to call on the support of someone outside his or her family.
- Help family to participate in informed planning and decision-making.
- Work in partnership with family, hapū, iwi and Māori community organisations to provide support for individuals experiencing violence.

6. **Rangatiratanga** – is about demonstrating the qualities of a good leader (rangatira); altruism, generosity, diplomacy and the ability to lead by example. It can also refer to the concept of self-determination, which respects the right of an individual or group of people to lead them. *He Korowai Oranga – Māori Health Strategy* acknowledges family, hapū, iwi and Māori aspirations for Rangatiratanga.

Ways to put this into practice

- Demonstrate integrity and respect when engaging with family.
 - Respect the right of individuals and family to determine their own solutions. Support them to make well-informed decisions. Allow them time to ask questions and explore options for action.
 - Ask open-ended questions about what plan of action individuals and/or family would like to take, and offer resources, support and guidance.
 - Ask the family (rather than assume) what tikanga and kawa (cultural protocols) they wish to follow. Honour their decisions wherever possible.
7. **Manaakitanga** – is about nurturing and looking after people and relationships. The action enhances the mana (prestige and integrity) of each individual. Relationships are based on compassion, generosity, reciprocity and respect.

Ways to put this into practice

- Build trust with Māori individuals and family from the first point of contact.
 - Convey a genuine, open, supportive, caring and respectful attitude.
 - Offer a comfortable and welcoming environment for Māori (including the physical environment and the behaviour and attitudes of health professionals).
 - Aim to pronounce Māori names and words correctly. This will convey a sense of care and respect. If you are not sure how to pronounce someone's name, ask.
8. **Kaitiakitanga** – refers to the guardianship or protection of people, taonga (cultural treasures), and the environment so that they continue to thrive from generation to generation.

Ways to put this into practice

- Recognise that safety should always be the number one priority. Ensure processes are in place to keep all vulnerable people, and staff safe.
 - Be aware that the physical, emotional and spiritual safety/wellbeing of mothers is important for the safety of their children.
 - Respect and enable (wherever possible) the expression of Māori and other cultural practices and beliefs.
 - In order to safeguard present and future generations, ensure that there is a sustained commitment within your practice to address violence within family.
9. **Oritetanga** – refers to equality.

Ways to put this into practice

- Deliver high quality service to everyone, no matter what his or her age, gender, ethnicity or social background.
- Understand that some family may have minimal information about the health sector and your role may be to empower and inform them of their rights and responsibilities.

10. Kotahitanga – exists when people work together in unity to support and achieve common goals.

Ways to put this into practice

- Take a collaborative approach to keep victims of violence within family safe. This should involve information sharing and planning with other professionals, community providers and family members.
- Build a sense of partnership with family, hapū and iwi, and Māori organisations in your community.

11. Pukengatanga – involves the achievement of progressive milestones and skills, enabling individuals to reach their goals and their potential.

Ways to put this into practice

- Work with the individual, family, and other professionals (where relevant) to identify achievable plans to ensure short, medium and longer-term safety for victims of family violence. After short-term safety is established, support them to take the next step.
- Ensure those individuals/family are aware of their options so that they have the opportunity to make informed choices and develop their own plans for the future.

12. Te Reo – refers to the Māori language, which is an official language of New Zealand. Its preservation is essential, through language Māori beliefs and traditions are passed from generation to generation. Te Reo carries with it the ‘life force’ (mauri) of the culture.

“Ko Te Reo te mauri o te mana Māori – The language is the life essence of Māori mana.” Sir James Henare (1979)

Ways to put this into practice

- Aim to pronounce Māori names and words correctly, conveying a sense of care and respect. If you are not sure how to pronounce someone’s name, ask.
- Use Te Reo Māori in signage and posters, and have key documents and resources available in Te Reo.
- Embrace opportunities to learn and use Te Reo and to understand the meanings of key Māori concepts (such as these 12 kaupapa).
- Be aware that Māori words often have multiple layers of meaning and convey perspectives and concepts that cannot always be directly translated into English.

For further guidance, see Jigsaw & Ministry of Health. (2014), and Ministry of Health. (2014).

Pacific Peoples and Family Violence

This section draws on Ministry of Social Development (2012) *Nga Vaka o Kāiga Tapu: Pacific conceptual framework to address family violence in New Zealand*. Nga Vaka o Kāiga Tapu aims to assist practitioners and service providers, and mainstream organisations working with Pacific families, in:

- Their work with victims, perpetrators and their families who have been affected by family violence
- Grounding their experiences and knowledge in elements of an ethnic-specific culture in ways that are relevant to the diverse experiences of the families.

What family violence means in a Pacific context

Violence was defined by the working group for Nga Vaka o Kāiga Tapu as violations of *tapu* (forbidden and divine sacredness) of victims, perpetrators and their family. Violence disconnects victims and perpetrators from the continuum of wellbeing, and transgresses the tapu.

Risk factors for family violence amongst Pacific people

The following factors that contribute to family violence in a Pacific context:

- Situational factors: including socioeconomic disadvantage, migration culture and identity
- Cultural factors: including beliefs that women are subordinate to men; perceptions and beliefs about what constitutes violence; (mis)interpretation of concepts, values and beliefs about tapu relationships between family members including children and the elderly; unresolved historical and intergenerational issues; fusion of cultural and religious beliefs and their (mis)interpretations
- Religious factors: including (mis)interpretations of biblical texts; fusion of cultural and religious beliefs and their (mis)interpretations.

Protective factors for Pacific family

- Reciprocity
- Respect
- Genealogy
- Observance of tapu relationships
- Language and belonging are concepts that are shared across the seven ethnic specific communities as elements that protect and strengthen family and individual wellbeing.

Transformation and restoration

Education is identified as a critical process for transforming violent behaviour and restoring wellbeing to family. It is the responsibility of both practitioners and the communities. The following are four important features that must be practiced together when delivering an education programme aimed at building and restoring relationships within families:

- Fluency in the ethnic-specific and English languages

- Understanding values
- Understanding the principles of respectful relationships and the nature of connections and relationships between family members within the context of ethnic-specific cultures
- The correct understanding and application of strengths-based values and principles.

Principles for action

1 *Victim safety and protection must be paramount*

The safety of individuals must be paramount. Any practices or interventions that health care providers engage in should not further endanger or disadvantage a Pacific victim of family violence.

Actions and behaviours to ensure individuals safety and protection:

- Routinely enquire about experience of IPV for women and where there are signs and symptoms for men. Be alert for indication of abuse and neglect among children
- follow the Intimate Partner Violence procedures; wherever possible, involve individuals in determining the plan of action they would like to take
- Use language and tone conveying respect and a non-judgmental attitude. Preferably communicate in the language of the individual
- Affirm individual's right to a safe, non-violent home
- Offer referral to either specialist Pacific or mainstream family violence advocates.

2 *The provision of a Pacific-friendly environment*

The first point of contact is important in building trust, together with an atmosphere that conveys openness, caring and one that will not judge. Some Pacific peoples will have English as a second language, so communicate simply and clearly; or assist an appropriately trained (non-family) person who speaks the same language.

Actions and behaviours that contribute to Pacific people feeling comfortable:

- start your consultation with some general conversation; do not be too clinical and business-like
- convey a genuine attitude that is gentle, welcoming, caring, non-judgmental and respectful – first contact is vital
- do not rush – leave time to think about and respond to questions
- ask open-ended questions
- offer resources and support that meets the ethnic-specific needs of the victim

3 *The provision of culturally safe and competent interactions*

Health care providers are encouraged to seek training to develop their cultural safety and competence in working with Pacific peoples.

Actions and behaviours that contribute to the development of culturally safe and competent interactions:

- be cognisant of the factors contributing to family violence for Pacific peoples

- identify and remove barriers for Pacific victims of family violence accessing health care services
- Develop knowledge of referral agencies appropriate for Pacific victims of violence.

4 A collaborative community approach to family violence should be taken

The implementation of interventions for Pacific victims of family violence should occur in collaboration with other agencies or sectors to ensure that the needs of Pacific victims of violence are addressed.

Actions and behaviours that contribute to a collaborative intersectional approach:

- Recognise that for solutions to be meaningful to Pacific victims of family violence, other sectors may need to be involved
- Take the time to know your local community and referral agencies. If possible, offer referral to Pacific advocates.
- Do not assume that the family or church should be involved in supporting the Pacific victim of family violence – ask what plan of action they want (it may or may not include the family and the church).

For further guidance see Ministry of Social Development. (2012).

Implementation and monitoring compliance with/effectiveness of document

Mandatory training to be implemented by the Violence Intervention Programme

6 monthly reporting to the Ministry of Health on the Violence Intervention Programme Service Specifications

Annual auditing completed in line with the Ministry of Health Violence Intervention Programme Service Specifications

Definitions

Active Referral: Active Referral involves taking the time to help patients find appropriate resources and navigate health care systems. It is more than providing a phone number or educational pamphlet. For example, instead it might involve identifying an available bed or service, making a phone call *with* the patient to assist in the intake process, reviewing health information to ensure comprehension.

Antenatal Alert: As defined by Kelly, Ritchie & Belt (2011). “This refers to a Child Protection Alert placed on the clinical record of the mother of an unborn child”.

Child Abuse: Refers to the harming (whether physically, emotionally, sexually) ill treatment, abuse, neglect, or serious deprivation of any child or young person (section 14 Children Young Persons and Their Families Act 1989). Further details on specific symptoms, definition and appropriate responses to physical, sexual, emotional, psychological abuse, neglect impacting anyone under the age of 18 refer to the WDH B Child Abuse and Neglect Procedures. See definition of medical neglect.

CAN: Child Abuse and Neglect

Child Protection: Means the activities carried out to ensure the safety of the child/young person, in cases where there is abuse or risk of abuse.

Child: Unborn children and children aged 0-14 years old

Cultural Awareness: Is a conscious understanding of individual’s differing values and beliefs, and that these values and beliefs are integral to their sense of health and wellbeing. It is recognition that people are as diverse in their realities. It is an acknowledgement that within individual’s worldview there is a core set of values that exist that are integral to the health care individuals receive.

Cultural Sensitivity Is the acknowledgement that people have diverse values and beliefs. Cultural sensitivity is the recognition that these values and beliefs may differ for different population groups.

DSAC: Doctors for Sexual Abuse Care. National organisation advancing knowledge and improving medical care for those affected by sexual abuse. Only DSAC trained practitioners should perform medical examinations for child sexual assault. For adults impacted by sexual abuse/sexual assault refer to HealthPathways for protocols, local providers and information.

Family Violence: Violence or abuse of any type, perpetrated by one family member against another family member. It includes child abuse and neglect, intimate partner violence and elder abuse and neglect.

Elder Abuse and Neglect (EAN): harmful physical, psychological, sexual, financial or social effects caused by the behaviour of another person with whom they have a relationship implying trust. This

may occur in many settings including private homes, rest homes and hospitals. See WDHB Elder Abuse and Neglect Procedures for further details on elder abuse and neglect.

Elder neglect: is included in the above definition of elder abuse. It occurs when an older person experiences harmful effects as a result of another person failing to perform behaviours which are a reasonable obligation of their relationship to the older person, and are warranted by the older person's unmet needs and includes abandonment. The main categories of neglect are:

- Active neglect – the conscious and intentional deprivation by a carer of basic necessities, resulting in harmful physical, psychological, material and/or social effects
- Passive neglect – the refusal or failure by a carer, because of inadequate knowledge, infirmity, or disputing the value of a service, to provide basic necessities, resulting in harmful physical, psychological, material and/or social effects
- Self neglect – an additional category of neglect that occurs when a person refuses to accept or fails to provide themselves with basic necessities, resulting in harmful physical, psychological, material and/or social effects.

Financial/Material Abuse: involves illegal or improper exploitation and/or use of a person's property, funds or other resources.

Individuals: (male or female) whom you are supporting on their health journey. This may also be known as consumer/client/patient/tangata whaiora.

Intimate Partner Violence (IPV): Also called partner abuse; physical or sexual violence, psychological/emotional abuse, or threat of physical or sexual violence that occurs between intimate partners. Intimate partners include current spouses (including de facto spouses), current non-marital partners (including dating partners, heterosexual or same-sex), former marital partners and former non-marital partners. Heterosexual, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex relationships.

Medical Warnings System: As defined by Kelly, Ritchie & Belt (2011). "The Medical Warnings System is a value-added service closely aligned with the National Health Index. It is designed to warn healthcare providers of the presence of any known risk factors that may be important when making clinical decisions about patient care".

Ministry for Vulnerable Children: Oranga Tamariki (previously known as Child, Youth and Family/CYF): Government agency that carries out the legislative requirements of the Children, Young Persons, and their Families Act 1989. Responsibilities are:

- To investigate cases of actual and suspected child abuse and/or neglect
- To complete diagnostic interviews
- To complete evidential interviews in cooperation with NZ Police
- To provide care and protection for children found to be in need.

National Child Protection Alert System: (NCPAS): Alert visible on the National Medical Warning System which will read “Child Protection Concerns Contact XDHB” See Kelly, Ritchie & Belt (2011). See also WDHB Child Protection Alerts Management Policy.

Neglect: Child neglect is any act or omission that results in impaired physical functioning, injury, and/or development of a child or a young person. This includes physical and medical neglect, neglectful supervision, abandonment and refusal to assume parental responsibility. See the WDHB Child Abuse and Neglect Procedures for symptoms of neglect.

Neglect of medical care: As defined by MOU Child, Youth and Family, Police and Wairarapa District Health Board (2011) Schedule 3 Neglect of medical care Guideline October 2016.

- Age of the child/young person between 0 and 18th birthday
- Is being harmed or is likely to be harmed because of a lack of health care (including care for dental and hearing problems)
- The recommended health care offers significant net benefit to the child/young person
- The anticipated benefit of treatment is significantly greater than its morbidity, so that reasonable caregivers would choose treatment over non-treatment
- It can be demonstrated that access to health care is available, but not used
- The caregiver understands the medical advice given.

NAI: Non-Accidental Injury

Older person: defined within the Ministry of Health Elder Abuse and Neglect Guidelines 2007 as a person aged 65 years and over. However, from a practical perspective, flexibility regarding the age of the person experiencing abuse is important. The main emphasis should be on providing protection and support. Persons aged 55-65 may experience life transitions and illness or disability that result in dependency on others. In such situations of abuse and neglect the use of 65 in the definition should not inhibit actions.

Police: Government agency responsible for:

- Working cooperatively with Oranga Tamariki (CYF) in child abuse and/or neglect protection work
- Investigating cases of abuse and/or neglect where an offence has or may have been committed
- Prosecuting offenders where an offence has been committed
- Accepting reports of suspected abuse and or neglect and referring these to Oranga Tamariki (CYF).
- Wairarapa have a specific team for responding to child protection (Child Protection Team) and family violence (Family Safety Team)

Psychological/emotional abuse: Includes any behaviour that causes anguish or fear. Intimidation, harassment, damage to property, threats of physical or sexual abuse, removal of decision-making powers (in relation to adults) and (in relation to a child) exposing the child to physical, psychological

or sexual abuse of another person. Concerted attacks on an individual's self-esteem and social competence results in increased social isolation.

Physical abuse: 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) though the difference between accidental injury and abuse can be slight and require expert investigation.

Signs and symptoms: Physical, emotional, psychological, coexisting issues that may indicate there are current or historic exposure to/experience of family violence.

Six Step Interventions: Brief intervention used within health care settings to respond to the impacts of Elder Abuse and Neglect (EAN); Intimate Partner Violence (IPV) and Child Abuse and Neglect (CAN)

Sexual Abuse: 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.

Young Person: Aged 14-18 years old.

Report of Concern (ROC): verbal or written referral to Oranga Tamariki (CYF) in response to actual or suspected child abuse and or neglect.

Routine Enquiry: enquiry, either written or verbal, by health care providers to individuals about personal history of partner abuse. Unlike indicator-based questioning, routine enquiry means routinely questioning all women aged 16 years and over about abuse. The enquiry is usually made within the social history. Health professionals have a role to play in supporting individuals from all cultural backgrounds who are experiencing violence within their /families by:

- identifying abuse early
- offering skilled and compassionate support
- making timely referrals to specialist intervention services
- advocating for the safety of child/young person

Whānau: extended family, may be defined by each individual and therefore not necessarily based on biological connection or whakapapa.

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Related Documents

- [Bicultural Safety Policy](#)
- [Child Abuse and Neglect Procedure](#)
- [Intimate Partner Violence Procedure](#)
- [Family Violence Guideline](#)
- [Family Violence Elder Abuse and Neglect](#)
- [Emergency Safe Shelter Policy](#)
- [Safe Shelter, Discharge and Suppression of Information \(Children\)](#)
- [Safe Shelter, Discharge and Suppression of Information \(Adults\)](#)
- [Guideline to Accessing Interpreters](#)
- [Taking of Photographs as Evidence of a Suspected Violent Incident](#)
- [Child Protection Alert Management Policy](#)

- [Child Protection Alert Management Procedure](#)
- [Informed Consent Policy](#)
- [Privacy Policy](#)
- [Reportable Events Policy](#)
- [Reportable Events Process](#)
- [Access to Personal Patient Information Process](#)
- Clinical Records Policy
- [WDHB Vulnerable Children's Act 2014 Guidelines](#)
- [Investigating Incidents and Occurrences Policy](#)
- [3DHB Disciplinary Policy](#)
- [3DHB Code of Conduct](#)
- [3DHB Vetting and Safety Checking Policy](#)

Legislation

- [Domestic Violence Act 1995](#)
- [Crimes Act 1961](#)
- [Crimes Amendment Act \(No 3\) 2011](#)
- [Vulnerable Children's Act \(2014\)](#)
- [Children, Young Persons and Their Families Act \(1989\)](#)

Keywords for searching: [up to four words, to assist staff in finding document]

- Abuse
- Family Violence
- Neglect
- Child

Appendices

Children and Young People

All privacy restrictions are over-riden by certain sections of the Children, Young Persons and their Families Act (1989). These provide for the reporting of child abuse, protection of an individual from proceedings when disclosing child abuse to either a statutory social worker or police, and government agency obligations.

Requests for information should be referred directly to a service's Charge Nurse Manager, who is responsible for ensuring such requests are dealt with promptly and appropriately. Information must only be released to a Oranga Tamariki (CYF) social worker, police officer or care and protection coordinator (s66 CYF Act: see below).

Children, Young Persons and Their Families Act 1989

S6 Paramount principle

... [The] welfare and interests of the child or young person shall be the first and paramount consideration.

S15 Reporting of ill treatment or neglect of child or young person

Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to a social worker or a member of the police.

S16 Protection of person reporting ill treatment or neglect of child or young person

No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply, or the manner of the disclosure or supply, by that person pursuant to section 15 of this Act of information concerning a child or young person (whether or not that information also concerns any other person), unless the information was disclosed or supplied in bad faith.

S66 Government Departments may be required to supply information

- (1) Every Government Department, agent, or instrument of the Crown and every statutory body shall, when required, supply to every Care and Protection Co-ordinator, Oranga Tamariki (CYF) social worker, or member of the police such information as it has in its possession relating to any child or young person where that information is required -
 - (a) For the purposes of determining whether that child or young person is in need of care or protection (other than on the ground specified in section 14 (1)(e) of this Act): or

- (b) For the purposes of proceedings under this part of this Act.

Section 66 means that where a care and protection coordinator, Oranga Tamariki (CYF) social worker or police officer requires information about a child/young person for the purposes of determining whether the child/young person is in need of care and protection, or for proceedings under the Children, Young Persons and Their Families Act 1989, WDHB staff must provide that information. A staff member may be asked to provide this information in an affidavit. WDHB recommends that the staff member seeks the support and advice of the unit manager, WDHB's child protection coordinator and/or WDHB's legal adviser.

Privacy Act 1993

Principle 11 (f) (ii)

An agency may disclose information if that agency believes, on reasonable grounds that the disclosure of the information is necessary to prevent or lessen a serious [...] threat to the life or health of the individual concerned or another individual

Health Information and Privacy Code 1994 and commentary (2008 edition)

Rule 11 subsection 2 (d) (ii)

An agency that holds personal information must not disclose the information to a person or body or agency unless – the disclosure of that information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual

Health Act 1956

Section 22 (2) (c) Disclosure of Health Information

Any person being an agency, that provides health services or disability services...may disclose health information... to a social worker or a Care and Protection Co-ordinator within the meaning of the Children Young Persons and their Families Act (1989), for the purposes of exercising or performing any of that person's powers under that Act.

Always seek advice from WrDHB Quality and Risk prior to release of information.

Notification of Police for Elder Abuse and Neglect and Intimate Partner Violence where there is no risk to children/young people:

There are two circumstances in which legal and privacy issues relating to family violence may be outweighed by the need for employees to act to protect individuals;

1. There are clear and present safety issues identified for victims of family violence (based on risk assessment carried out in the Intimate Partner Violence Procedures or Elder Abuse and Neglect Procedures).
2. Employees perceive that their own safety may be at risk.

Ideally any decision to contact Police will be discussed with and agreed to by the person who is the victim of abuse. However, in cases of clear and present danger employees do not require individual's consent to contact Police. The safety of the person is the paramount consideration. If the individual who is a victim of violence expresses fear of the perpetrator or others, s/he is likely to be correct. It is appropriate in this case for DHB staff to contact the police without consent under Rule 11 of the Privacy Code 1994.

Rule 11 permits disclosure without the person's consent where it is not desirable or practicable to obtain consent and: disclosure is necessary for the maintenance of the law including the prevention and investigation of offences (Rule 11(2)(i); or that the disclosure of the information is necessary to prevent or lessen a serious [...] threat to: (i) public health or public safety; or(ii) the life or health of the individual concerned or another individual ((Rule 11(2)(d).

Disclosure must only be to the extent necessary for the particular purpose. The purpose of disclosure should be made clear so the person receiving the information (e.g. police) knows the limited purpose to which it can be put.

Always seek advice from WDHB Quality and Risk prior to release of information.

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Approval Authority Signature

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