



STANDARD

A domestic relationship is defined in the Domestic Violence Act as: Partner, Family member including children, someone who ordinarily shares the household with or has a close and personal relationship. Domestic violence is violence against that person by any other person with whom that person is or has been, in a domestic relationship.

The welfare, interests and safety of patients shall be the first and paramount consideration.

Reporting of all violence, abuse or neglect of children / young persons to Child, Youth and Family (CYF) is mandatory. Section 15 & 16 of the Children, Young Persons and their Families Act 1989 protect from civil, criminal and disciplinary proceedings any person disclosing in good faith information pertaining to violence, abuse and neglect of children / young persons. Any questions regarding release of information should be discussed with the Bay of Plenty District Health Board (BOPDHB) Privacy Officer.

All BOPDHB employees of have responsibility for the management of suspected violence, abuse and neglect. Responsibilities are:

- 1) To be conversant with BOPDHB policy.
- 2) To understand the referral and management of suspected violence, abuse and neglect.
- 3) To take action when violence, abuse and neglect is suspected or identified.
- 4) To attend initial training and regular updates appropriate to their area of work.
- 5) To refer to appropriate services for assessment / support if required. This may include but is not limited to:
 - a) Police
 - b) CYF
 - c) Mental Health assessments.
 - d) Diagnostic medical assessments.
 - e) Social work services, counseling and therapy resources.
 - f) Paediatric assessment.
 - g) Cultural support / Maori Health Service.

This includes situations where child abuse is disclosed but the child may not be present.

INCLUSIONS

This policy covers any of the following acts against an **unborn child** - any stage of human prenatal development, **child** - a boy or girl under the age of 14 years (Section 2 CYP&F Act 1989); **youth** - Means a boy or girl between the age of 14 and 17 years (Section 2 CYP&F Act 1989).

- Any **Physical abuse**
- Any **Sexual abuse**
- Any **Emotional / Psychological abuse**
- Any **Neglect**
- Any **Self Neglect / Abuse**

STANDARDS TO BE MET

1. Training

- 1.1 Staff who provide clinical assessment in the areas listed in the Bay of Plenty District Health Board (BOPDHB) policy 1.6.3 Violence, Abuse, Neglect – Management and

Issue Date: Apr 2016	Page 1 of 5	NOTE: The electronic version of this document is the most current. Any printed copy can not be assumed to be the current version.
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 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>VIOLENCE, ABUSE, NEGLECT PROTOCOL</p>	<p>VIOLENCE, ABUSE, NEGLECT – MANAGEMENT AND REPORTING STANDARDS</p>	<p>Policy 1.6.3 Protocol 0</p>
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Reporting will be given the training required to ensure they can provide appropriate screening and referrals for victims of violence, abuse and neglect. The training will include how to:

- a) identify violence, abuse and neglect
 - b) screening
 - c) referral process.
- 1.2 This training will be made available to all new staff within 12 months who provide clinical assessment in the areas listed in the BOPDHB policy 1.6.3 Violence, Abuse, Neglect – Management and Reporting.
 - 1.3 An update of this training will be available on request and expected to be undertaken by staff every two (2) years.

2. Screening

- 2.1 Women aged 16 years and older presenting for themselves or a child will be screened routinely, using validated screening tools, about physical, sexual and emotional partner abuse, or if they are afraid of a current or past partner.
- 2.2 Young people, male and female, aged 12 to 15 years who present with signs and symptoms indicative of abuse should be screened, and referred as required (refer BOPDHB policy 1.6.3 protocol 1 Child Protection, Violence, Abuse and Neglect – Management and Reporting and BOPDHB Glossary of Terms / Definitions for complete definitions).
- 2.3 Women must be screened only when they are alone or if accompanied by a child under the age of two (2) years. The conversation must NOT be overheard. There should not be a support person with them during this assessment for the individual's own safety. A family member / support person should not be used as the interpreter for the questioning process (Gielen A, et al. 2000).
- 2.4 Men aged 16 years and older who present with indicators of partner abuse / family violence will be screened alone and referred as required.
- 2.5 It may not be appropriate to assess people that are critically ill or mentally incompetent. This does not preclude later screening.
- 2.6 Staff must record that screening has taken place using the designated screening area provided on the patient's forms. In the case that a parent / guardian / caregiver of a child patient is screened then the record must be placed on the parent / guardian / caregiver's health record.
- 2.7 Accessing information
 - a) Where there are any concerns regarding actual or suspected abuse all available information must be accessed.
 - b) Track health records for location of relevant information.
 - c) Check for CPAS Alert
 - d) For an ED file contact Health Information Office or Duty Manager after hours.
 - e) For a Community Health file, contact the appropriate BOPDHB service.
 - f) For a Mental Health file contact Mental Health Service or Access Centre.
 - g) If necessary, ie more detail is required, contact other hospitals. The search for clinical records can be underway while reports are made. It is important that the reporting is not delayed.

3. Informed Consent

- 3.1 The decision to inform a parent / caregiver about a referral to CYF and / or Police will be done with consideration to the immediate safety of the child.
- 3.2 Permission of a parent / guardian is required for any medical examination of a child or young person under 17 years.

<p>Issue Date: Apr 2016 Review Date: Apr 2017</p>	<p>Page 2 of 5 Version No: 5</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy can not be assumed to be the current version.</p>
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3.3 **Exceptions are** - Authorised persons working under Section 125, Health Act 1956, who have the statutory power to enter a school or childhood centre to examine a child without a court order or parental consent. These authorised persons are a Medical Officer employed in the Ministry and a person authorised by the Ministry of Health i.e. Public Health nurses.

4. Cultural Input:

4.1 Appropriate cultural support and / or Māori Health services and resources should be accessed with consideration that throughout the process the child / young person / adult has the right to choose who to talk to.

4.2 Official interpreting services should be offered if English is not the first language (refer to the BOPDHB policy 1.5.1 Interpreter Services).

5. Referrals

Following identifications of partner abuse the person will be offered appropriate referrals (refer to support manual).

6. Child abuse

When a woman has a positive screen for partner abuse, a Partner Abuse Safety Assessment form will be completed and this includes screening questions for child abuse (refer BOPDHB policy 1.6.3 protocol 1 Child Abuse and Neglect – Management, and Reporting Standards BOPDHB Glossary of Terms / Definitions for complete definitions).

7. Staff Support

Resource people will be available for staff to debrief / access support as required, including FVIP Co-ordinators, EAP, Service Managers and Māori Health Services – refer to policy 3.50.02 protocol 7 Supporting Staff.

8. Refugees / New Migrants

8.1 Cultural support for refugees and new migrants should be provided where this is available and practicable. Healthcare professionals should have an understanding of the different cultural contexts within patients / clients experience family violence. Strategies for intervention may need to be developed in collaboration with appropriate advice.

8.2 Victims should always be consulted where a support person is being provided for 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 further endanger the victim's safety. Refugee and new migrant communities are small and it is often difficult for victims to speak out on family matters.

9. Lesbian / Gay / Bisexual / Transgender

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


9.2 Referral or suggested contact should be sought from an appropriate agency or specific support group.

10. Photographs

10.1 The use of photographs to document injuries may be appropriate and anyone disclosing abuse should routinely be offered medical photography.

10.2 If the victim wishes to proceed with criminal charges please contact the Police photographer at the local Police station. To ensure the photographs are appropriate, accurate and admissible as evidence it is recommended that the Police photographer is called.

Issue Date: Apr 2016	Page 3 of 5	NOTE: The electronic version of this document is the most current. Any printed copy can not be assumed to be the current version.
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11. Safety and Security

At times it may be necessary to suppress patient details and provide secure processes for discharge.

11.1 Name Suppression

- a) Staff discuss with the victim / guardian the potential to place name suppression on the patient's details. The victim / guardian consents to this name suppression being actioned
- b) The Clinical Nurse Manager is informed and the Clinical Unit Administrator (CUA) places the 'No details to be released' flag against the patient details on the patient inquiry screen, ensuring persons making public enquiries about the victim are given no details. The patient's name is replaced with a pseudonym on all patient details boards in the department / ward. The following staff are informed of this name suppression being actioned:
 - i. Duty Manager, Telephony, Main Front Reception, Security and all relevant staff within the department / ward. This information transfers if the patient is admitted to a ward
 - ii. When any staff member (including Telephony, clinical staff and volunteers) receive an enquiry about a patient for whom a 'No details to be released' flag is active they will:
 - Ask for the caller's name and write this down (if provided)
 - Inform the caller they are unable to provide any information.
 - Notify the Shift Co-ordinator / Team Leader / Clinical Nurse Manager responsible for the patient's care.
 - Notify Security e.g. if the caller is the suspected perpetrator of an assault and Police charges are likely.

11.2 Discharge Process

- a) Arrange the discharge plan in consultation with the guardian / patient and the discharge agency concerned (Women's Refuge, Shakti, CYF) e.g. ensure the guardian / patient speaks to the agency concerned and that all parties are in agreement with the discharge plan. The discharge plan may include patient leaving BOPDHB by a safe route, in consultation with Security staff.
- b) Ensure that the following people are informed of the discharge plan process:
 - i. Duty Manager
 - ii. Security
 - iii. NZ Police (if risk is considered high by department staff and security)
 - iv. CYF
- c) Following discharge, document the outcome. If unexpected outcomes occurred complete a Reportable Event Form and advise the Duty Manager.

12. Transportation

It is BOPDHB policy that the transportation of all patients be conducted effectively and safely. Should a patient require safe transportation and no other option is available a taxi chit may be provided by the Duty Manager or by ED staff.


13. Audit

Audit procedures will measure the effectiveness of screening for violence, abuse, neglect.

14. The Family Violence Intervention Programme Co-ordinator for Child Protection will:

- 14.1 Conduct an annual review of compliance to policy.

<p>Issue Date: Apr 2016 Review Date: Apr 2017</p>	<p>Page 4 of 5 Version No: 5</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy can not be assumed to be the current version.</p>
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- 14.2 Promote improvement of BOPDHB child protection processes.
- 14.3 Provide monthly analysis of clinical management processes.
- 14.4 Ensure provision of training in child protection is available
- 14.5 Be available to staff for consultation regarding child protection concerns.
- 14.6 Facilitate communication with Police and CYF.
- 14.7 Management of Child Protection Alert (CPA) process and facilitation with CPA Multi-Disciplinary Team – refer to policy 1.6.2 Child Protection Alerts

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.6.3 Child Protection, Violence, Abuse and Neglect – Management and Reporting Standards
- Bay of Plenty District Health Board policy 1.6.3 protocol 1 Child Protection, Abuse and Neglect Management and Reporting Standards
- Bay of Plenty District Health Board policy 1.6.3 protocol 2 Partner Abuse, Family Violence Standards
- Bay of Plenty District Health Board policy 1.6.3 protocol 3 Older Person Violence, Abuse, Neglect Standards (Interim)
- Bay of Plenty District Health Board policy 1.6.2 Child Protection Alerts
- Bay of Plenty District Health Board policy 1.6.2 protocol 1 Child Protection Alerts - Standards
- Bay of Plenty District Health Board Glossary of Terms / Definitions List
- Bay of Plenty District Health Board Glossary of Terms / Definitions – Vulnerable Children Act
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.4.4 Cultural Safety - Māori
- Bay of Plenty District Health Board policy 1.5.1 Interpreter Services
- Bay of Plenty District Health Board policy 2.5.2 Health Records Management
- Bay of Plenty District Health Board policy 3.50.01 protocol 1 Recruitment Standards
- Bay of Plenty District Health Board policy 3.50.02 protocol 7 Supporting Staff
- Bay of Plenty District Health Board policy 5.5.1 Security
- Bay of Plenty District Health Board policy 5.5.1 protocol 1 Abduction of Baby / Child Receiving Treatment - Responsibilities & Management of Risk
- Bay of Plenty District Health Board policy 5.5.1 protocol 2 Abduction - Post Abduction of Baby / Child From Hospital - Management of
- Bay of Plenty District Health Board policy 5.5.3 Trespass
- Bay of Plenty District Health Board policy 6.1.5 Alerts
- Bay of Plenty District Health Board Summary of Injuries Form (618C) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board Emergency Department Child Injury Assessment form (7441) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board Form FM.R6.1 Report of Concern - CYF

<p>Issue Date: Apr 2016 Review Date: Apr 2017</p>	<p>Page 5 of 5 Version No: 5</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy can not be assumed to be the current version.</p>
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