



**PARTNER ABUSE / FAMILY
VIOLENCE PROTOCOL**

PURPOSE

To screen all women 16 years and over for partner abuse / family violence who are clients in a BOPDHB hospital department.

To be used in conjunction with Bay of Plenty District Health Board (BOPDHB) policy 1.6.3 Violence, Abuse and Neglect – Management and Reporting, Protocols 0, 1, 3, and support book.

Caregiver within this policy is defined as:

Main caregiver of a child that is registered with a community team (N.B. Caregiver is aged 16 years and over):

- Has not previously been screened
- Has changed partners / changed address / had signs and symptoms previously noted / not been screened in the last six (6) months
- Main caregiver (as above) when a community team has concerns about family violence

Young person within this policy is defined as:

A young person aged 12 – 16 years (female or male) or BOPDHB community client that is 12 – 16 years (female or male) and has signs and symptoms of partner abuse and:

- Has not previously been screened
- Has changed partners / changed address / had signs & symptoms previously noted / not been screened in the last six (6) months
- A BOPDHB community team member has concerns about family violence

STANDARDS TO BE MET

	ACTION	RATIONALE
1	Triage: <ul style="list-style-type: none"> • To complete the standard triage assessment as appropriate. 	<ul style="list-style-type: none"> • Ensure the woman's presenting issue has been assessed.
2	Ask screening question: <ul style="list-style-type: none"> • During assessment / treatment process establish privacy and then ask the questions • Screen ASAP • NB: The conversation must not be overheard and children who are able to speak should not be present. 	<ul style="list-style-type: none"> • To enable the woman to answer the question without being influenced by the presence of friend, relative or child. • To ensure the caregiver has earliest possible opportunity to disclose any violence and obtain appropriate information. • To ensure that the conversation and answer to the question is kept confidential and not shared with the caregiver's partner, friends or family.
3	Do Not Ask screening question: <ul style="list-style-type: none"> • If acutely unwell - defer screening until able to engage in dialogue. • Document that screening has NOT occurred. • If cultural and /or language barrier find appropriate interpreter. DO NOT allow family or friends to interpret. 	<ul style="list-style-type: none"> • That screening should only occur if the woman is fit to answer. • So that other staff are aware that screening has NOT been completed. • To ensure that the woman's privacy and potential safety is maintained.



	ACTION	RATIONALE
4	<p>No abuse disclosed and no signs and symptoms present:</p> <ul style="list-style-type: none"> • Tick NO on FV questionnaire • Provide / offer the woman written community family violence information. With an explanation that we offer it to all women in case they know of victims of violence. 	<ul style="list-style-type: none"> • So that other staff are aware that screening has been completed. • So that women who do not disclose but maybe being abused still have access to the information and / or they are able to share the information with other women
5	<p>No abuse disclosed but signs and symptoms present:</p> <ul style="list-style-type: none"> • Tick NO on FV questionnaire or Tick NO but indicators present (if appropriate). • Document in the client's health record the signs and symptoms you have observed. • Consider offering a social admission • Provide / offer the woman written community family violence information. With an explanation that we offer it to all women in case they know of victims of violence. 	<ul style="list-style-type: none"> • So that other staff are aware that screening has been completed. • So that other staff who work with the client are aware of the signs & symptoms that have been observed • To enable the woman to have time away from the abuse without acknowledging the issue. • So that women who do not disclose but maybe being abused still have access to the information and/or they are able to share the information with other women.
6	<p>Abuse disclosed:</p> <ul style="list-style-type: none"> • Tick YES on FV questionnaire. • Acknowledge and validate the experience. • Offer a culturally appropriate support person and / or Maori Health Services, or interpreter as appropriate. • Provide / offer the woman written community family violence information with an explanation that we offer it to all women in case they know of victims of violence. 	<ul style="list-style-type: none"> • So that other staff are aware that screening has been completed. • To enable the woman to feel supported in her disclosure • A support person may enable the woman to continue the process further. • So that the woman can make an informed decision of what support is available to them.
7	<p>If disclosed:</p> <ul style="list-style-type: none"> • Complete Family Violence Risk Assessment form when appropriate 	<ul style="list-style-type: none"> • To help assess the type of referrals that may be required. • To assess the risk to the woman • To assess if there are children at risk
8	<p>If no current safety concerns:</p> <ul style="list-style-type: none"> • Encourage and support the woman / caregiver to contact a family violence agency • Document any referrals that have been made 	<ul style="list-style-type: none"> • To empower the woman to utilise the services that are available • Informs other staff of other agencies potential involvement




	ACTION	RATIONALE
9	<p>If there are current safety concerns:</p> <ul style="list-style-type: none"> • Make referrals in accordance with the results of the assessment • Document any referrals that have been made 	<ul style="list-style-type: none"> • To ensure the safety of the woman and / or others at risk. • Informs other staff of other agencies potential involvement
10	<p>If there are current safety concerns and they refuse a referral to the Police:</p> <ul style="list-style-type: none"> • Document accurately the refusal and the reason given. • If possible ask the woman to sign the statement • If children are present in the house a referral to CYF must be made for the children 	<ul style="list-style-type: none"> • To ensure that there is an accurate record of refusal if the woman's health is compromised after leaving hospital. • So that there is written verification of the woman's decision • To corroborate the actions of the health providers • The "Safety of Children is Paramount". To ensure the safety of the children even if the parent / caregiver refuses to contact the Police for themselves
11	<p>Staff within an Emergency Department - Treat injuries and document:</p> <ul style="list-style-type: none"> • Take clear history of any injuries that are present. • Record all clinical signs and consider taking photographs and / or complete the body map • Document any referrals that have been made 	<ul style="list-style-type: none"> • This information may be required to enable prosecution of the abuser • Informs other staff of other agencies potential involvement.
12	<p>Debrief:</p> <ul style="list-style-type: none"> • Speak to manager, family violence support person and / or colleagues about your experience 	<ul style="list-style-type: none"> • To ensure own safety is being addressed

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 0 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

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Review Date: Apr 2017	Version No: 4	
Protocol Steward: FVIP Co-ordinator	Authorised by: Manager, CCYHS	

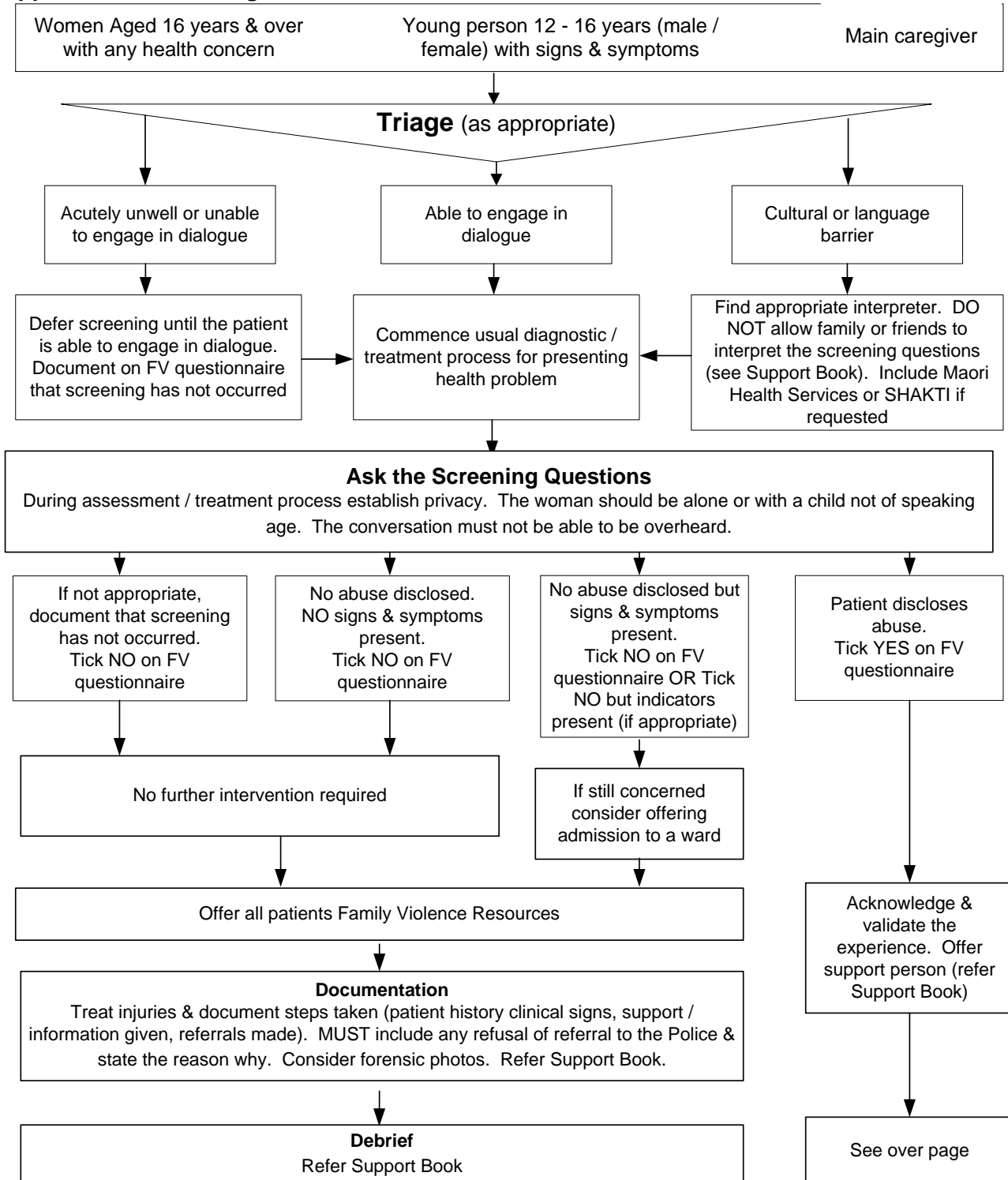
 BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI	PARTNER ABUSE / FAMILY VIOLENCE - ROUTINE SCREENING OF WOMEN AND MAIN CAREGIVER	Policy 1.6.3 Protocol 2
PARTNER ABUSE / FAMILY VIOLENCE PROTOCOL		

- Bay of Plenty District Health Board policy Glossary of Terms / Definitions
- 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 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 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

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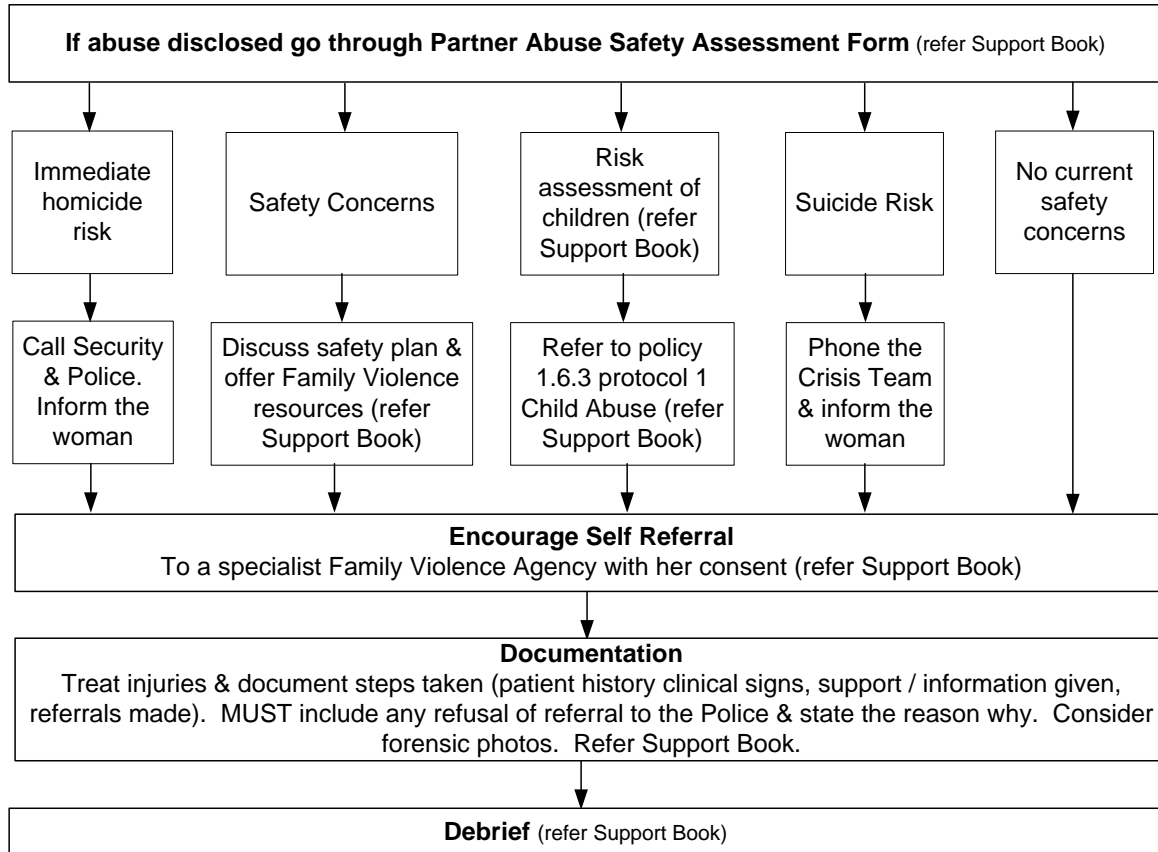


Appendix 1: Screening Procedure Flowchart





Process for all other abuse disclosure:



Process for young person aged 12 – 16 years:

If abuse disclosed make referral to CYF. DO NOT ask any further questions (refer Support Book)

