

Violence Intervention Programme

Policy Responsibilities and Authorisation

Department Responsible for Policy	Women's and Children's Health
Document Facilitator Name	Hélène May
Document Facilitator Title	Violence Intervention Coordinator
Document Owner Name	Leena Singh
Document Owner Title	Executive Director – Hospital & Community Services
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Policy Review History

Version	Updated by	Date Updated	Summary of Changes
1	H May	Oct 2020	Development of one DHB Violence Intervention Programme overarching policy. Policy replaces Child Protection (1809), intimate Partner Violence (2202) and Vulnerable and Older Adult Protection (3025) policies.

Violence Intervention Programme

Contents

1.	Introduction	3
1.1	Background.....	3
1.2	Purpose.....	3
1.3	Scope.....	4
1.4	Patient/client group	4
2.	Definitions	4
3.	Policy Statements	5
3.1	Child Protection	5
3.2	Intimate Partner Violence	6
3.3	Safeguarding Adults	6
4.	Policy Processes	7
4.1	Roles and Responsibilities.....	7
5.	Staff Resources	9
5.1	Training.....	9
5.2	Supervision and or peer support	9
5.3	Waikato DHB Employees and family harm.....	9
6.	Audit.....	10
6.1	Indicators	10
6.2	Tools	10
7.	Legislation and Standards	10
7.1	Legislation.....	10
8.	Associated Documents and References	11
8.1	Associated Documents	11
8.2	Bibliography	11
	Appendix A – Violence Intervention Programme Resource Suites	12

Violence Intervention Programme

1. Introduction

1.1 Background

This policy is informed by the Ministry of Health guidelines set out in section 1.2, and supported by a suite of resource documents which can be accessed on the [Violence Intervention](#) intranet page.

The overarching definition of family harm (also known as family violence) is violence or abuse of any type, perpetrated by one family member against another family member as defined in the family/ whānau definition section. It includes child abuse, intimate partner violence and vulnerable and older adults’ abuse (adults’ abuse).

Waikato District Health Board (DHB) health professionals have an important role and responsibility in the accurate detection, early recognition and appropriate referral of suspected child abuse, adult abuse and intimate partner violence.

Waikato DHB supports the NZ Police and Oranga Tamariki – Ministry for Children, in the investigation of suspected abuse of children/tamariki and young people/rangatahi.

The interests and welfare of the child/tamaiti or young person/rangatahi shall be the first and paramount consideration when any decision is made about a child/tamaiti or young person/rangatahi suspected of being abused.

Everyone using the services of the Waikato DHB have the right to be empowered as a valued and unique individual and as an integral member of the society of Aotearoa.

Health services that care and protect victims of family harm are built on a bicultural partnership acknowledging the principles of Te Tiriti O Waitangi.

A consultative team approach should embrace these same principles when working together with whānau, hapū, iwi to develop protection strategies that protect victims of family harm.

Te Puna Oranga (Māori Health Service Waikato DHB) is available for cultural support.

1.2 Purpose

This policy sets out the Waikato DHB requirements for the assessment and management of any actual and/or suspected intimate partner violence, child abuse and adult abuse.

Details are set out in the following published Ministry of Health (MoH) documents:

- Fanslow JL, Kelly P, & Ministry of Health. 2016. Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence. Wellington: Ministry of Health
- Ministry of Health He Korowai Oranga, the – Māori Health Strategy
- Glasgow K, Fanslow JL. 2007. Family Violence Intervention Guidelines: Elder abuse and neglect. Wellington: Ministry of Health

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Facilitator Title:	Violence Intervention Coordinator			Department:	Women’s & Children’s Health		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 3 of 12

Violence Intervention Programme

1.3 Scope

All Waikato DHB employees and representatives who are involved with the identification, assessment, management and referral of individuals accessing Waikato DHB services who have disclosed/suspected intimate partner violence, child abuse or adult abuse.

There is a separate policy for staff who are themselves victims of family harm (see [Domestic Violence Victims' Protection](#) policy).

1.4 Patient/client group

Patients who have disclosed, or there is suspected, intimate partner violence, child abuse or adult abuse.

2. Definitions

Adult Abuse	Adult abuse occurs when an older person aged 65 years or more, or vulnerable person experiences harmful physical, psychological, sexual, material or social effects caused by the behaviour of another with whom they have a relationship implying trust. "A single or repeated act or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to the older or vulnerable person".
Child/tamaiti	For the purpose of this Policy a child is a person aged from 0 – 14 years old including the unborn child.
Child abuse	The harming (whether physically, emotionally or sexually) ill treatment, abuse, neglect or deprivation of any child or young person", and applies from unborn up to and including 17 years." (Oranga Tamariki Act 1989/Children's and Young Peoples Well-being Act 1989)
Child Advisory, Protection & Education (CAPE)	Waikato DHB service that provides child protection education, advice & support for all Waikato DHB staff and other allied health professionals. e-mail childprotection@waikatodhb.health.nz
Child Protection	Activities carried out to increase the safety of the child in cases where there is abuse or risk of abuse.
Child Protection Alert (CPA) Management	All DHBs in New Zealand are required to support the National Child Protection Alert system. The Medical Warning System (linked to the National Health Index (NHI) number) alerts health professionals across DHBs that clinical records relevant to child protection are held and by which DHB. The process for consideration for a Child Protection Alert is triggered by the submission of a Report of Concern (RoC) by a DHB health professional.
Employee Assistance Programme (EAP)	EAP is a professional and confidential service paid for by the DHB. It is to help you if you are experiencing any personal or work related difficulties.
Family/whānau	A family/whānau is a set of relationships that is defined as family/whānau by the service user/tāngata whaiora. Family/whānau are not limited to relationships based on blood or marital ties, but may include relatives, partners, friends or significant others.
Family Harm/family violence	Violence or abuse of any type, perpetrated by one family member against another family member. It includes child abuse, intimate partner violence and adult abuse.

Doc ID:	6313	Version:	01	Issue Date:	23 MAR 2021	Review Date:	23 MAR 2024
Facilitator Title:	Violence Intervention Coordinator			Department:	Women's & Children's Health		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 4 of 12

Violence Intervention Programme

Intimate Partner Violence	Physical or sexual violence, psychological/emotional abuse, or threat of physical or sexual violence that occurs between intimate partners.
Police Child Protection teams	The New Zealand Police is a national statutory agency and in each Police District there are Police Child Protection teams whose responsibilities include: - working with Oranga Tamariki and Health when children & young people have experienced sexual and/or physical harm and/or serious neglect
Primary client	This is the client or patient for whom Waikato DHB staff is directly responsible for.
Report of Concern (RoC)	Sent to the Oranga Tamariki National Contact Centre when staff have serious concerns about the care and protection of a child/tamaiti or young person/rangatahi contact@ot.govt.nz
Statutory agency	In the context of the Violence Intervention Programme: we refer to 2 statutory agencies Oranga Tamariki and Police
Vulnerable (including older adult)	A vulnerable adult for the purposes of the Crimes Act sections 151, 195, and 195A ₁ means a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person. (Crimes Amendment Act (No 2) 2011).
Youth/rangatahi	14 years up to and including 17 years old as defined in the Oranga Tamariki Act 1989

3. Policy Statements

3.1 Child Protection

Waikato District Health Board (DHB) is committed to the prevention and management of suspected child/tamaiti and young person abuse and/or neglect, and to the protection of children/tamariki and young people/rangatahi.

Staff are required to follow the processes set out in the associated resources.

Staff must notify all suspected, witnessed, disclosed cases of child abuse to a statutory agency (Oranga Tamariki and/or Police) even when the child/tamaiti or young person/rangatahi is not their primary client. Any person making a notification about suspected child abuse or neglect in good faith to Oranga Tamariki and Police is protected from any criminal or civil proceedings. (See Sections 15 & 16, Oranga Tamariki Act 1989/Children's and Young People's Well-being Act 1989).

All actual and/or suspected cases of abuse must be documented in the patient's clinical record.

If abuse of a child/tamaiti or young person/ rangatahi is identified staff must always consider assessing the main caregiver of the child/tamaiti or young person/rangatahi for intimate partner violence. This is because of the risk of co-occurrence of intimate partner violence and child abuse.

A consultative team approach must be used in child protection because the work can be complex.

Legal requirements for documenting and referring suspected, witnessed, or disclosed cases of child abuse, must be met.

Doc ID:	6313	Version:	01	Issue Date:	23 MAR 2021	Review Date:	23 MAR 2024
Facilitator Title:	Violence Intervention Coordinator			Department:	Women's & Children's Health		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 5 of 12

Violence Intervention Programme

3.2 Intimate Partner Violence

Clinical and professional staff in the designated areas of Women’s Health, Child Health, Sexual Health, Emergency Department, Mental Health and Addiction Services will be competent in identification and management of actual or suspected family harm through the organisation’s Violence Intervention Programme infrastructure, e.g. policies, procedures, standardised documentation and education programme.

Health professionals in the designated areas must act upon any disclosures/suspicious of intimate partner violence by following the processes described in the VIP Resources

All other staff must be aware of their responsibilities with regards to family harm e.g. what to do if they become aware of a situation at work.

There may be some cases where you will be required to make a professional judgement about sharing information without someone’s consent, for example if you are concerned for someone’s immediate safety. You have a legal duty to consider information sharing if you think sharing may help protect a victim from family harm.

3.3 Safeguarding Adults

Health professionals working with adults should always be alert for features that may indicate the possibility of abuse. Questioning for elder abuse is recommended only when signs and symptoms of abuse or neglect are present. Routine screening of all older people in the absence of signs and symptoms is currently not recommended for elder abuse. Proactive questioning about abuse may be indicated in the absence of signs and symptoms when multiple risk factors are present.

All staff will be aware of the signs of abuse or neglect of vulnerable adults and take actions to ensure a risk assessment and safety plan is completed and documented when someone presents with signs and symptoms indicative of abuse.

If abuse and/or neglect of a vulnerable adult are identified, children and/or any other dependents living with the victim must be assessed for abuse and/or neglect because of the high risk of co-occurrence of partner abuse and child abuse.

Guidelines for routine enquiry in the context of intimate partner violence also applies to this group of patients/clients.

Doc ID:	6313	Version:	01	Issue Date:	23 MAR 2021	Review Date:	23 MAR 2024
Facilitator Title:	Violence Intervention Coordinator			Department:	Women’s & Children’s Health		
IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 6 of 12

Violence Intervention Programme

4. Policy Processes

4.1 Roles and Responsibilities

Violence Intervention Programme (VIP) requirements are to provide:

- A coordinated programme implementation within the designated services of Women’s Health, Child Health, Sexual Health, Emergency Department, Mental Health and Addiction Services working with service leaders to ensure the system supports are available
- A DHB-wide policy that is current and aligned with national standards
- Training in accordance with the DHB Violence Intervention Programme training is available regularly
- A consultation service regarding family harm concerns is available to staff on the [Violence Intervention](#) intranet page:
- Quality improvement activities are undertaken as per Waikato DHB and MoH requirements see 6.1 for audit requirements.

Health Professionals Responsibilities

All Waikato DHB health professionals have a responsibility for the safe assessment and intervention of family harm including child abuse, intimate partner violence and adult abuse.

Responsibilities include:

- To be conversant with the Waikato DHB Violence Intervention Programme policy and associated guiding protocols.
- To complete the relevant Violence Intervention training, relevant to their role, to ensure best practice when intervening in cases of family harm.
- To understand the referral and management of actual or suspected abuse and neglect
- To take action when abuse and or neglect is suspected or identified
- To practice safely, for example, consulting with a senior colleague during the intervention and seeking peer-support/supervision or providing effective support to a person when any abuse is suspected or identified.

Managers/Services Responsibilities

- Where staff have reported a concern regarding abuse, managers are responsible for ensuring appropriate action is taken and that debriefing for staff is provided if necessary.
- All services/departments will support the implementation of the policy within services as required.

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 7 of 12

Violence Intervention Programme

Executive Responsibilities

Waikato DHB is responsible for:

- Ensuring there is an organisation-wide policy for the management of and response to the effects of family harm to Waikato DHB patients and their whānau
- Ensuring regular training is made available to staff on the policy
- Processes to ensure the policy is adhered to, such as quality improvement activities including audit
- Providing adequate support and supervision for staff.
- Ensuring the Family Violence Intervention Programme is supported by the Senior Executive Management Team
- Ministry of Health reporting is six monthly refer to 6.1 for indicators.

Employees Responsibilities

Any staff who witness abuse must call the emergency response number for their site, as on the Waikato DHB Emergency Procedure Flip Chart or [Getting Help](#) intranet page

Staff will then report the event as soon as possible to their manager and complete the incident process as per Waikato DHB [Incident Management](#) policy.

The witnessed abuse might involve patient, staff or visitor to the hospital

Any staff member may contact Te Puna Oranga (Māori Health Service Waikato DHB) to access culturally appropriate debriefing methods if desired.

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 8 of 12

Violence Intervention Programme

5. Staff Resources

5.1 Training

Violence Intervention (Intimate Partner Violence and Child Abuse and Neglect)

- Pre Course reading accessed via <https://koawatealearn.co.nz> once enrolled for the Core Training
- Violence Intervention (Core) training is a full day 8 hour face to face training session which includes Intimate Partner Violence, including routine enquiry and child abuse and neglect as recommended by Ministry of Health (MoH) every 5 years. Bookings are via PeopleSoft, Code: FAMVIO via administrators/educators. The Core Training is mandatory for:
 - all professional/clinical staff working in the designated services for routine enquiry: Child Health, emergency department, sexual health, women's health and mental health and addictions (hospital and community).
 - all DHB health social workers irrespective of their place of work. For social workers, VIP training specific to your role should be discussed with your line manager.
- Violence intervention on-line refresher training is recommended by the Ministry of Health every 2 years after completing the Core Training. This module is accessed via <https://koawatealearn.co.nz>
- Violence Intervention Awareness training is a 2 hour face to face session aimed at all non-clinical/administrative and clinical staff who are **not required** to complete routine enquiry as part of their role, attendance is not mandatory. Book via PeopleSoft, Code: VIOINT
- Violence Intervention Advanced training will be offered to designated staff e.g. workshop for violence intervention champions.

Safeguarding Adults

- Ko Awatea Vulnerable Adult

5.2 Supervision and or peer support

Staff are encouraged to speak to their line manager or access professional supervision and/or peer support in the usual way for ongoing professional support.

5.3 Waikato DHB Employees and family harm

The Waikato DHB Employee Assistance Programme (EAP) is available to employees who require support as a result of managing a situation of IPV/Child Abuse and Neglect. Contracted professional staff provide confidential offsite services and employees are encouraged to self-refer to this programme. To access the service please call EAP Services Ltd on 0800 327 669.

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 9 of 12

Violence Intervention Programme

6. Audit

6.1 Indicators

A monthly audit as per Waikato DHB [care standards](#). The measures require documented evidence that for:

Intimate Partner Violence:

- Greater than 80% of women have ‘IPV Routine Enquiry’ completed
- Greater than 5 % of women have disclosed IPV as per national benchmark for disclosures
- 100 % of women who have disclosed IPV receive a risk assessment

Child Abuse and Neglect:

- Greater than 80% of children under 2 years of age presenting to emergency department have a child abuse and neglect assessment completed and documented.

Vulnerable and Older Adult:

- 100 % of individuals who disclose abuse have a documented risk assessment
- 100% of individuals who disclose abuse have a documented safety plan

6.2 Tools

- Violence Intervention Core training (IPV and Child Abuse and Neglect)
- Cue Cards (available for Intimate Partner Violence, Child Abuse and Neglect and Safeguarding Adults)
- Referral Resources
- Child Protection/Violence Intervention DHB intranet page via quick links

7. Legislation and Standards

7.1 Legislation

Waikato DHB must comply with the following legislation (this is not exclusive):

- Care of Children Act 2004
- Children’s Act 2014
- Crimes Act 1961
- Domestic Violence – Victim’s Protection Act 2018
- Family Violence Act 2018
- Oranga Tamariki Act 1989/Children’s and Young Peoples Wellbeing Act 1989
- Privacy Act 2020
- Treaty of Waitangi Act 1975

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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 10 of 12

Violence Intervention Programme

8. Associated Documents and References

8.1 Associated Documents

- See the [Violence Intervention](#) intranet page for associated violence intervention resources
- Waikato DHB [Clinical Photography and Videography](#) procedure (Ref. 6295)
- Waikato DHB [Health Information Privacy](#) policy (Ref. 1365)
- Waikato DHB [Incident Management](#) policy (Ref. 0104)
- Waikato DHB [Interpreters and Translation](#) policy (Ref. 0137)
- Waikato DHB [Maori Health](#) policy (Ref 0108)

8.2 Bibliography

- Fanslow JL, Kelly P, & Ministry of Health. 2016. Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence. Wellington: Ministry of Health
- Ministry of Health He Korowai Oranga: Māori Health Strategy
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IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING							Page 11 of 12

Violence Intervention Programme

Appendix A – Violence Intervention Programme Resource Suites

