



Child Protection Family Violence Policy

PURPOSE

This policy provides Northland District Health Board (NDHB) staff with a framework to identify, and provide brief intervention for child abuse, neglect and family violence concerns in accordance with the Ministry of Health Violence Intervention Programme (VIP).

POLICY STATEMENT:

NDHB is committed to reducing the health and social impact of family violence and child abuse by supporting NDHB staff to identify and provide brief intervention.

PRINCIPLES

- The rights, welfare, physical, emotional and cultural safety of children is paramount and must always be of primary concern
- When there are no children in the home the rights, welfare, physical, emotional and cultural safety of victims of family violence is paramount
- All practices and interventions that health care providers engage in should:
 - not further endanger or disadvantage
 - be culturally safe, and reflect the principles of the Treaty of Waitangi
 - involve family / whanau participation in the decision making as appropriate
- Health care providers will ensure their practice is conducive with NDHB’s values and behaviours – people first, respect, caring, communication and excellence.

SCOPE:

ORGANISATIONAL RESPONSIBILITIES

NDHB has a responsibility to:

- provide all staff with organisational wide guidelines for the management of child protection and family violence
- ensure all staff have access to appropriate education and training
- provide staff with resources to respond to child protection and family violence concerns
- ensure all staff adhere to safe care and protection practice
- support staff
 - when involved with difficult cases of child abuse and family violence
 - when staff experience or perpetrate child protection or family violence in their own lives

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NDHB is committed to:

- mandatory training in violence intervention in areas of which VIP Programme is implemented regardless of the client cultural background.
- mandatory reporting of child abuse to statutory agents in all areas of NDHB
- mandatory screening for family violence in areas of which VIP Programme is implemented
- community collaboration to support safe families

EMPLOYEE RESPONSIBILITIES

NDHB employees (including students) have responsibility

- to notify Violence Intervention Programme Coordinators of any and all disclosures or identifications made of child protection family violence incidents
- to complete mandatory training in child abuse and family violence intervention within areas of which VIP Programme is implemented
- to routinely screen for family violence once NDHB training has been completed within the areas in which VIP Programme is implemented and supported
- to act upon family violence concerns and seek support when required
 - consult with senior colleagues
 - offer brief interventions
 - make report of concern to CYF where indicated
- to notify statutory agents when there is imminent threat to life or wellbeing
- documentation as per [NDHB Documentation Policy](#)

The provision of culturally safe and competent interactions

- Engage the Northland District Health Board Maori Health Unit to provide cultural advice during the planning, implementation and evaluation of the Violence Intervention Programme
- All Northland District Health Board staff are required to attend cultural training.

ASSOCIATED DOCUMENTS

Northland District Health Board Organisational Documents:

- [National child protection alert policy](#)
- Workplace violence prevention policy: http://nhl-intranet/corporate-resources/forms/doc_download/2852-workplace-violence-prevention-policy.html
- [Elder abuse policy](#)
- Employee support: http://nhl-intranet/corporate-resources/forms/doc_download/495-employee-support-.html
- [MOU – CYF / Police](#)

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**Legislation:**

- Health Act (1956) Section 22 (2) (c) Children Young Persons and their Families Act (1989) Section 15, Section 16 and Section 66
- Privacy Act (1993) Principle 11 (f) (ii)
- Health Information Privacy Code (1994) Rule 11 subsection 2(d) (ii)
- Health and Safety in Employment Act 1992
- Code of Health and Disability Services Consumers Rights (1996)
- New Zealand Bill of Rights (1990)
- Crimes Act (1961)
- The Crimes Amendment Act (3) (2011)
- Domestic Violence Act (1995)

Other:

- Fanslow, J. Family Violence Intervention Guidelines: Child and Partner Abuse, Ministry of Health, 2002.
- Glasgow K, Fanslow J. Family Violence Intervention Guidelines: Elder Abuse and Neglect. Ministry of Health. 2007.
- An Interagency Guide - Working Together To Keep Children And Young People Safe, CYF, February 2011
- Children's Commissioner. Safety of Children in Hospital. Wellington: Office of the Commissioner for Children, 2006.

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CHILD PROTECTION

Definition

Child Abuse The harming (physically, emotionally, or sexually), ill treatment, abuse, neglect or serious deprivation of any child or young person (Children, Young Persons and their Families Act 1989).

Neglect Neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, they are just as serious, leading to damaged self-esteem and a lost opportunity to thrive in the world.

All situations where child abuse and / or neglect is disclosed, detected or suspected follow the child protection flowchart for guidance. Consultation must occur with a colleague trained in child protection at least once during any child abuse and neglect intervention, then consider making a Report of Concern to Child, Youth and Family.

Every child presenting to NDHB with physical injury will have a Paediatric Injury Assessment Flowchart completed by the examining clinician.

Provide emotional support for identified or suspected victims.

- Victims of all ages need clear messages to support and reassure them that they are not at fault, and help is available.
- Tell the child that no one deserves to be hurt or neglected, and it is not their fault.
- Tell them that you will seek help for them and their family / caregivers.

DO NOT discuss concerns with the child’s parents / caregivers under the following conditions:

- If it will place the child or you in danger
- Where the family may close ranks and reduce the possibility of being able to help a child
- If the family may seek to avoid child protection agency staff.

If a child discloses abuse

- Listen to the child / young person.

A child who is old enough to disclose will be old enough to undertake an evidential interview by a specialist in this area. They are trained to ask appropriate questions to enable the information gathered to be heard in court. Therefore, you should avoid in depth questioning, allow the child to tell you only as much as they, this will avoid contaminating of evidence.

If there is any doubt about discussing your concerns with the suspected victim’s parents or caregivers, first consult with senior staff within your practice setting. Be aware that the parent/ caregiver may also be a perpetrator.

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Consultation with trained staff may include:

- Senior staff trained in violence intervention.
- Paediatrician on call
- NDHB Violence Intervention Programme Coordinators
- Clinical Nurse Specialist (Sexual Abuse)
- Child Youth and Family National Call Centre
- Child Youth and Family – NDHB Hospital Liaison

Offer cultural support in consultation with the family.

- Takawaenga
- Pacific Island Trust
- Other appropriate cultural support

Below are guidelines, flowcharts and forms accessible via the Clinical Knowledge Centre (CKC).

- [Child Protection Flowchart](#)
- [Paediatric Injury Assessment Flowchart](#)
- [Child Body Maps](#)
- [Report of Concern to Child Youth and Family](#)
- [Child Protection Alert System](#)
- [Memorandum of Understanding Police CYF NDHB](#)
- [Paediatric Video Surveillance](#)
- [Shaken Baby Prevention](#)

RESOURCES:

A number of resources (Ministry of Health screening cue cards) have been developed by the Ministry of Health to support safe practice. These are available via the Violence Intervention Programme Coordinators during the Violence Intervention Programme Core training.

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FAMILY VIOLENCE

Routine screening for family violence is mandatory component of clinical care for all women aged 16yrs and over in areas of which VIP Programme is implemented. Males aged 16 years and older who present with signs and symptoms indicative of abuse must be screened. This includes asking all four questions on the Ministry of Health cue cards. Follow the family violence flowchart for guidance.

Definition

Partner Abuse Partner or intimate partner abuse is family 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.

Consultation with a colleague trained in family violence is essential and must occur at least once during any family violence intervention. Staff available for consultation includes:

- Senior staff trained in violence intervention.
- NDHB Violence Intervention Programme Coordinators

Offer cultural support in consultation with the family.

- Takawaenga
- Pacific Island Trust
- Other appropriate cultural support

Screening must only occur when the person is alone or accompanied by non-verbal aged children.

If the healthcare provider believes a person’s life or health is in immediate or imminent danger, the Police may be notified without patient permission. The Privacy Act 1993 is not breached if the health care provider has acted in good faith to protect the patient from serious harm.

Below are guidelines, flowcharts and forms accessible via the Clinical Knowledge Centre (CKC)

- [Family Violence Flowchart](#)
- [Adult Body Maps](#)
- [Adult Genitalia Maps](#)
- [Clinical Photography Request and Consent](#)
- [Family Violence Identification Documentation Form](#)
- [Elder Abuse Policy](#)

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