

1.8.1 Safe Families Policy- Partner Abuse



1. TATAI - PURPOSE

This policy section is to provide Manaia Health PHO staff with a framework, guidelines and, procedures to follow, to enable safe and appropriate recognition, response and referral, of **Partner Abuse**.

Policy **1.8 Safe Families** contains policies related to organisational implementation.

2. HOKAI - SCOPE

This policy applies to all Manaia Health PHO staff both internally to the organisation and for the clients who access Manaia Health PHO services.

3. WHAKAMARAMATANGA- DEFINITIONS

Indicator Based	Enquiry occurs where any form of Partner Abuse is suspected through signs and symptoms, and risk factors may be identified. In this policy it applies to all patients including, young people, adult males and older persons.
Routine Enquiry	means routinely questioning all women aged 16 years and over about abuse, at least yearly, usually within the social history by health care providers.
DV	Domestic Violence
IPV	Intimate Partner Violence

4. PARTNER ABUSE DEFINED

- **Partner Abuse** (also called Domestic Violence (DV) or Intimate Partner Violence (IPV)). 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), and former spouses/partners.
- **Physical Abuse** includes acts of violence that may result in pain, injury, impairment or diseases, may include hitting, strangling or in any way assaulting another person, and also under/over medication.
- **Sexual abuse** includes any forced, coerced or exploitative 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.
- **Psychological/Emotional Abuse** includes any behaviour that causes anguish, stress or fear, including verbal abuse, intimidation, harassment, damage to property, threats of physical or sexual abuse, and the removal of decision making powers.

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up'd: Nov 2014 To be rv'd: Nov 2017	Page 1 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



5. KEY MESSAGES

- Family violence, including Partner Abuse is a health issue.
- It can occur to either partner and in any socioeconomic, religious, cultural group or family setting.
- Documented health harm falls disproportionately on women.
- The aim is to **Recognise, Respond** and provide appropriate **Referral** options and **Follow up** to patients involved in Partner Abuse situations.
- The act of asking gives the powerful message that abuse is not acceptable.
- Routine enquiry increases detection rates.
- The abused partner is encouraged to take control of decisions.
- Safety of children is paramount and this is best achieved by assisting the mother or the non-abusing caregiver to achieve safety.
- Patients ideally should be referred to culturally appropriate services.
- Safety of all patients and staff is integral to a systems response to Partner Abuse.
- Working with Partner Abuse can be stressful so seek appropriate personal support.

6 SAFE ENVIRONMENT FOR ASKING ABOUT PARTNER ABUSE

- Posters and pamphlets should be visible and available to patients at Manaia Health PHO.
- Patients should only be asked about Partner Abuse when they are alone or with non-verbal children.
- Use Interpreter or translations services. Do not use a family member to translate when you need to discuss Partner Abuse or other sensitive issues with patients with limited English or other communication differences. Do not presume they understand as they may say they do to avoid embarrassment.
- Language Line 0800 000 922 can be used for patients with limited English by Manaia staff and General Practices.
- Sign Language Interpreter Services can be booked via ISign, 0800 934 683.

7 RECOGNISE

7.1 Routine Enquiry for Partner Abuse

- Routinely enquire about Partner Abuse for ALL female patients aged 16 years and over during initial assessment as appropriate.
- Routine enquiry is not required if the referral information from the GP or other Health Provider indicates enquiry about Partner Abuse has occurred within twelve months of referral.
- Enquire again at least yearly.

7.2 In the presence of Signs and Symptoms

- Enquire about Partner abuse for ALL patients over 14 years with signs and symptoms that suggest Partner Abuse.
- Indicator based enquiry for Young People is best done in the context of a thorough psychosocial assessment for adolescents such as the HEADSS assessment.

7.3 Validated Questions

- Validated questions regarding Partner abuse are available in the Guidelines booklet which accompanies this document and on the Safe Families Advanced Form for Partner Abuse

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up'd: Nov 2014 To be rv'd: Nov 2017	Page 2 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



7.4 Referral to Emergency Department

- When an adult patient presents to the Clinic/ Practice with a clinically ‘moderate to serious’ injury alleged or suspected to be the result of an assault they should be referred to ED. This allows all necessary medical assessments to occur in the one area as well as appropriate documentation and follow up by appropriate agencies.
- When a patient presents with a ‘mild’ injury that is alleged or suspected to have been the result of an assault that can be adequately treated within the Practice/Clinic appropriate documentation should be recorded on the patient notes using tools such as body maps and taking photographs with the patients permission. A record of consultations for injuries may be useful for the patient in future legal actions.
- The ED consultant can be contacted regarding status of the injury and whether referral to ED is warranted. Call the main switch board at the hospital 09 4304100 and identify yourself and the need to consult.

8 RESPOND

8.1 No disclosure from Patient

- Invite the patient to come back if circumstances change.
- Offer information they could pass onto others if needed.
- Continue follow up as per referral.

8.2 No disclosure from Patient but – Signs and Symptoms Present

- Invite the patient to discuss with health provider if circumstances change.
- Offer information they could pass onto others if needed.
- Review File. Consult with line manager or senior colleague as soon as possible.

8.3 Patient discloses Partner Abuse

- Acknowledge what they have to tell you.
- Reassure the patient it is not their fault, that Partner abuse is never justified and that help is available if needed.

8.3.1 Historical Partner Abuse Disclosed

- As recalling historical abuse may be distressing discuss and provide culturally appropriate referral to counselling and other services available.
- Consider possible impact of past abuse on patient’s current health status.
- Invite the patient to come back if circumstances change.

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up’d: Nov 2014 To be rv’d: Nov 2017	Page 3 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



8.3.2 Patient discloses current Partner Abuse

- Assess immediate safety risk with the patient to work out the best referral options.
- Tell them that it is likely that the abuse may become worse without intervention.
- Emphasize the role of support and advocacy agencies in ongoing risk assessment and safety planning.
- Facilitate patient to make initial contact with a support or advocacy agency. For example allow the patient to use a phone in a private space or provide space for Refuge at the Clinic.
- Provide resources such as a copy of a safety plan, and appropriate pamphlets.
- Consider possible impact of abuse on patient’s current health status.
- In all cases discuss with the patient informing the health provider who made the referral as soon as possible.
- If the patient is pregnant discuss with her the importance of sharing the concerns with her Lead Maternity Carer if not already known.

9 RISK ASSESSMENT

Completion of the Advance form within Medtech will provide guidance for appropriate action

9.1 Where there is an assessed risk of assault, homicide

- If immediate safety concerns for patients, their children or staff
- Consult with Senior Colleague and Family Violence Champion AND Call police.
- Activate a safe exit from the building such as through the exit to garage.
- Consult with Referrer and/or patient’s GP ASAP with patient permission.

9.2 Ongoing safety concerns – assessed as not at immediate risk.

- Support the patient’s right to choose a course of action.
- Offer information about support agencies.
- Encourage and facilitate patient to make contact with Refuge or other appropriate agency to assist development of safety plan and discuss legal options.
- Make other referrals as appropriate.

9.3 Assessed Risk of Suicide or Self Harm

- Appropriate assessment and referral should be made if there are signs or risk of self harm.
- Seek patients permission to consult with Referrer and/or patient’s GP ASAP

9.4 When there are concerns for the safety of children or other family members

- When Partner abuse is identified risk of child abuse or risk to other family members should be assessed/ considered.
- Safety planning and referral processes should be implemented if child abuse is identified.

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up’d: Nov 2014 To be rv’d: Nov 2017	Page 4 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



10 REFERRAL & FOLLOWUP

10.1 Referrals to Agencies

- Manaia Health PHO will have a designated employee who is responsible for ensuring pamphlets and other referral information is available and up to date.
- A complete directory of agencies will be on the Manaia Health PHO website and attached to the Safe Families Advanced Form. A copy will also be available in all clinic rooms and a resource folder developed for home visits.
- Local Level Agreements (LLA's) will be in place with appropriate agencies. For example, Tryphina House and Te Puna o Te Aroha Women's Refuge.

10.2 Alert

- Discuss and set alert or reminder to check back with patient at an agreed time.

11. Guidelines for Documentation

- Confidential and accurate records must be maintained.
- The Safe Families suite of MedTech tools should be used to document family violence enquiry and disclosures.
- The records could assist the patient in legal action to protect themselves and/or their children.
- Everything that is recorded can be discoverable.
- The appropriate level of information about the disclosure and follow up, taking into account the patient's wishes and what is required to ensure continuity of health care will be provided to the Referring agency and/or the Patient's GP.

12. Responses to Alleged Abuser

- At times the abusive partner may also be referred or present if home visiting. Do not enter into discussion about the concerns about Partner abuse if both present.
- If a patient is concerned about their own abusive behaviour, acknowledge their concerns and offer to make a referral to an appropriate agency.

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up'd: Nov 2014 To be rv'd: Nov 2017	Page 5 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



**Partner Abuse:
Recognise – Respond – Support –
Refer – Follow up**

Isign - 09 820 5176 (Sign Language)
Language Line - 0800 000 922

Safety of all patients and staff is integral to a systems response to Family Violence.
Ask only when patient alone, consult when there are concerns, refer to those who can best help.

Recognise & ASK

Partner abuse can occur in any socioeconomic, religious, cultural or family setting, but recorded victimisation is greater for females, Māori, and those with disabilities.

Indicator- Based Enquiry
Signs and Symptoms present for all patients over 16.

'I am concerned that someone hurting you may have caused some of your symptoms'.

'I notice you look sad/have a bruise...'

(For 14-16 use HEADDSS)

Routine Enquiry Questions – Prompts
Have you been hurt or frightened by someone close to you in the past year? By that I mean hit, kicked, pushed, slapped, attempted to strangle or otherwise physically hurt by our partner ex partner or someone else close to you?
Is there someone close to you who makes you feel no good or worthless? By that I mean swears or shouts at you, threatens you or puts you down.
Have you been made to do something sexual in a way, or at a time you didn't want to by your partner, ex-partner or anyone else?
If yes 'Are you afraid of the abuser?'

Respond & SUPPORT

Becoming safer is a process not a single act
Acknowledge, Reassure, Inform.
Assess for safety risk
Assess for possible health harm resulting from abuse.

Immediate safety risk?
Is the abuser here now?
Is the patient afraid of Partner?
Is the patient afraid to go home?
If yes
Call Police 111
Seek Refuge support.

Ongoing safety concerns?
Facilitate contact and provide resources about Refuges and safety planning.

Possible Risk of self harm?
Northland DHB – day
09 4304101 x 3501/3502
0800 223371 afterhours

Children at Risk?
Consider: Where were they? Did they see or hear the abuse? Did they attempt to intervene? Have they been hurt? Does the patient feel able to protect them? Has abuser removed or threatened to remove them? Where are they now?

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up'd: Nov 2014 To be rv'd: Nov 2017	Page 6 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



Refer & Follow-up

Refer patients to culturally appropriate services
consult if disclosure or if you still have concerns.

Māori women’s Refuge 09 437 2127
Tryphina House 09 437 6576

Men - Victim Support 09 4304559

Sexual Assault Services (DHB)

Adult (SAATS)	09) 438 6123	
CYP 0-17yrs	09) 438 1018	021 345 758
Rape Crisis	09)438 6221	
Male (MSSAT)	021 356 400	

Children at risk?

Review notes.
Consult **Paediatrician on call** via switchboard **09) 430 4100**

CYF/DHB Liaison **029 650 1491**

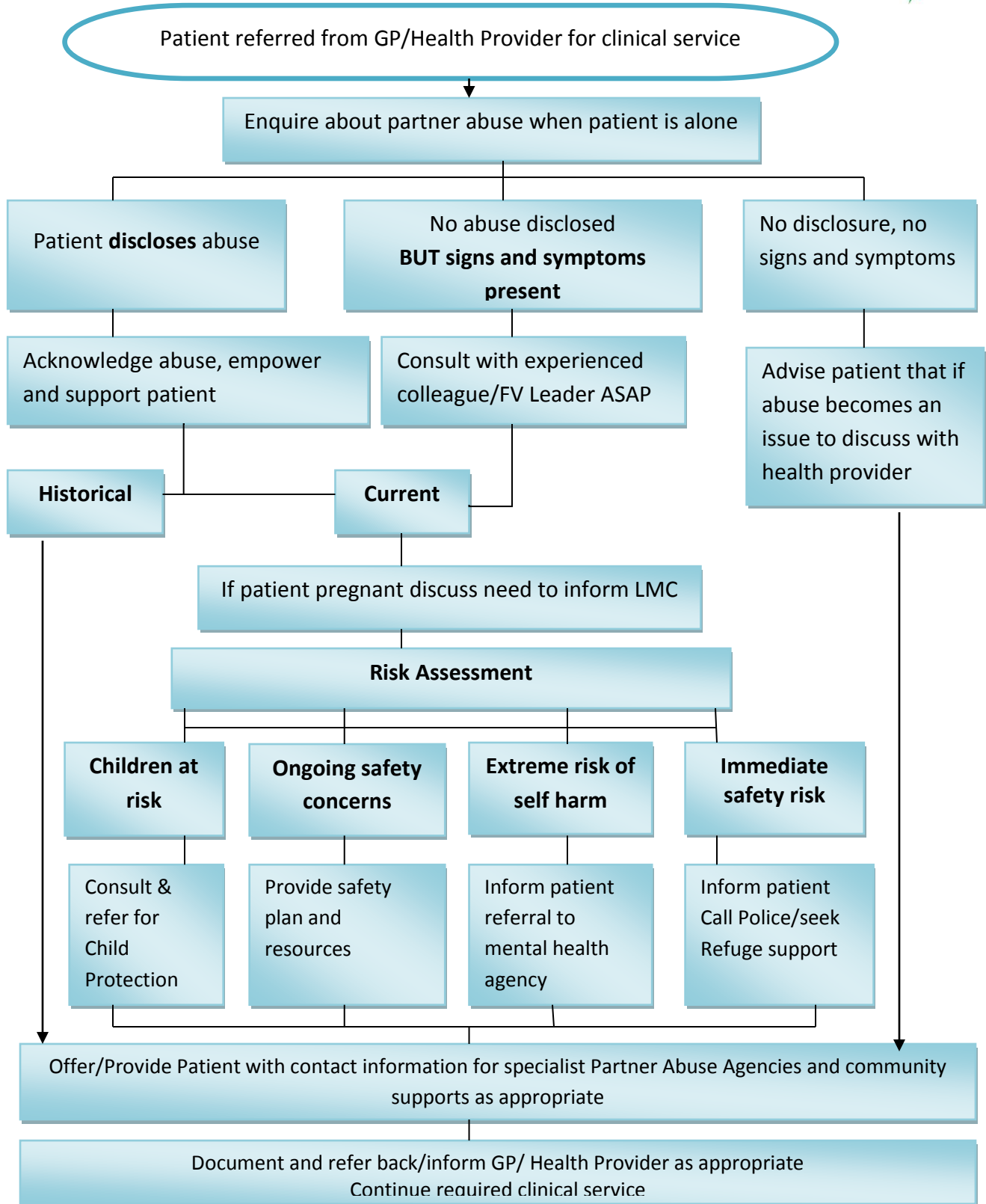
Child Youth and Family **0508 Family (0508346459)**

Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up’d: Nov 2014 To be rv’d: Nov 2017	Page 7 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	

1.8.1 Safe Families Policy- Partner Abuse



Partner Abuse – Flow Chart



Code:S1/QM/SFPartner/1.8.1	Imp: Jan 2013	Version 2	Up'd: Nov 2014 To be rv'd: Nov 2017	Page 8 of 8
Authorised: Chris Farrelly	Signature:		C:\Users\martinb\Desktop\1.8.1 Partner abuse.doc	