

Family Violence Intervention

Programme Child & Partner Abuse

Canterbury

District Health Board

Te Poari Hauora o Waitaha



**Werry Centre Child Day
Kellie Blyth & Susan Peake**

Family Violence background

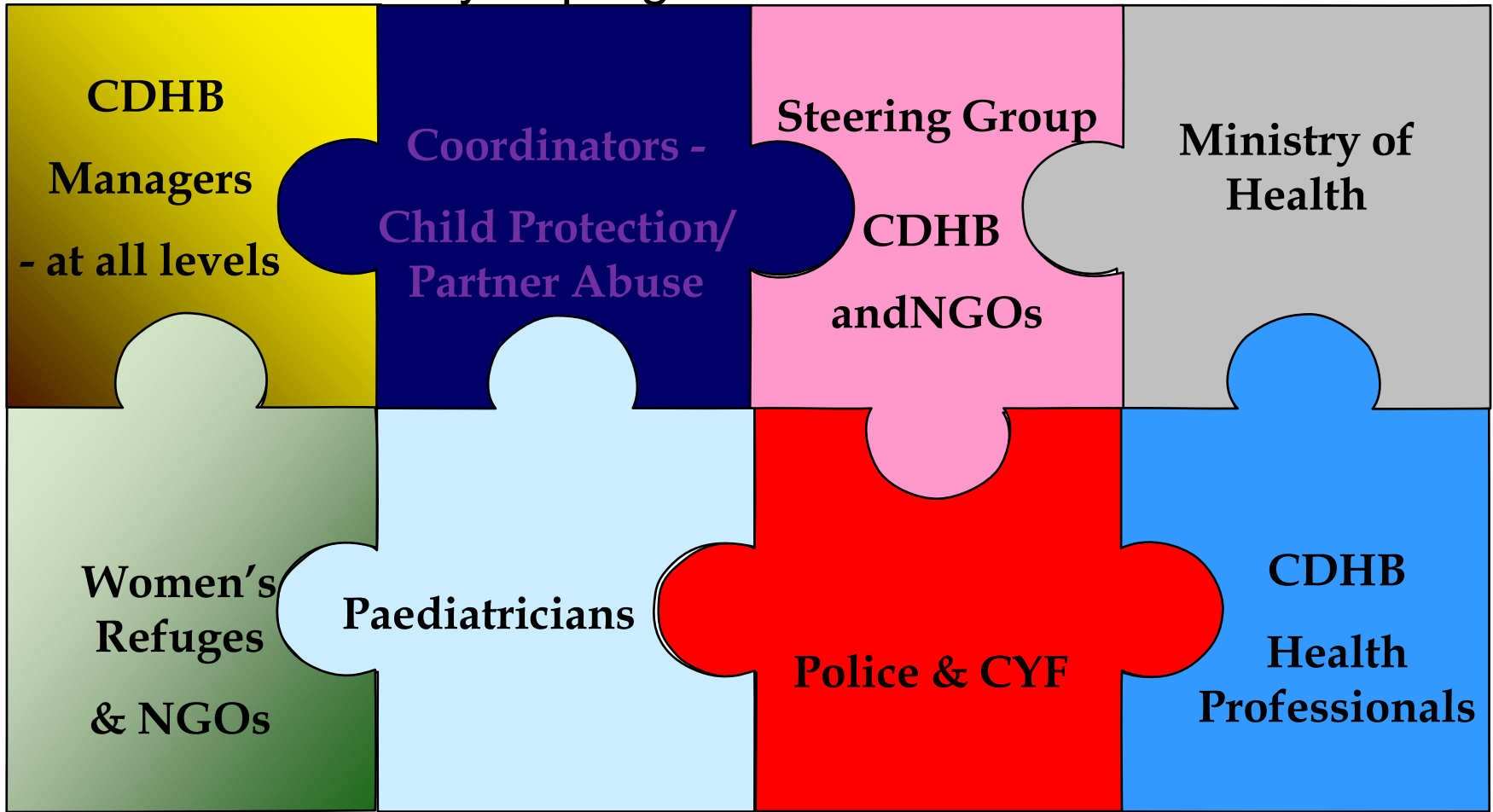
- Victims of family violence use health services at a significantly higher rate than those not abused
- High health, social, educational and economic costs associated with family violence are well documented nationally
- Clinicians are trained to deal with medical issues but are not always competent in identifying and dealing with areas of abuse
- The introduction of the Children, Young Persons and their Families Act 1989 was a catalyst for the establishment of a CDHB Child Protection Programme
- In 2002 the Ministry of Health published the Family Violence Intervention Guidelines for Child & Partner Abuse to assist DHBs identify and respond appropriately to abuse & neglect
- In 2007 Elder Abuse and Neglect Guidelines were released

Partner Abuse as a Health Issue

- Partner/ex-partner abuse is a major concern due to the lasting effects & high costs of physical, sexual & psychological abuse - these include:
 - physical injuries
 - depression
 - suicide risk increased
 - alcohol and drug abuse
 - post traumatic stress disorder
 - eating and sleeping disorders
 - miscarriage and gynaecological problems
 - sexually transmitted diseases
- Also of concern is the co-occurrence of partner abuse and child abuse

Strengthen Community Collaboration

Collaboration is key to programme success



FVIP – Partner Abuse

- **Who are the target groups?**

- All women aged 16 years and over presenting to a CDHB service will be asked basic questions about family violence (universal screening)
- Men aged 16 years and over showing signs or symptoms of abuse will also be screened for abuse (indicator-based screening)

- **Training of staff**

- All CDHB staff with clinical care responsibilities will be trained (4 hour training session) to carry out routine screening of patients/clients
- Key ngos and government services will be involved in the training along with identified CDHB staff

FVIP – Partner Abuse

6 step brief intervention:

- **Identify** (use of simple direct questions)
- **Support** patient/client
- **Risk Assessment**
- **Safety Plan** & internal service referral
- **Referral** to appropriate specialist family violence service
- **Document** (include current and past injuries)

Finally ensure staff are supported (debrief)

Refer to Ministry of Health Child & Partner Abuse Guidelines:

www.moh.govt.nz/familyviolence

The Awareness Test

Awareness Test

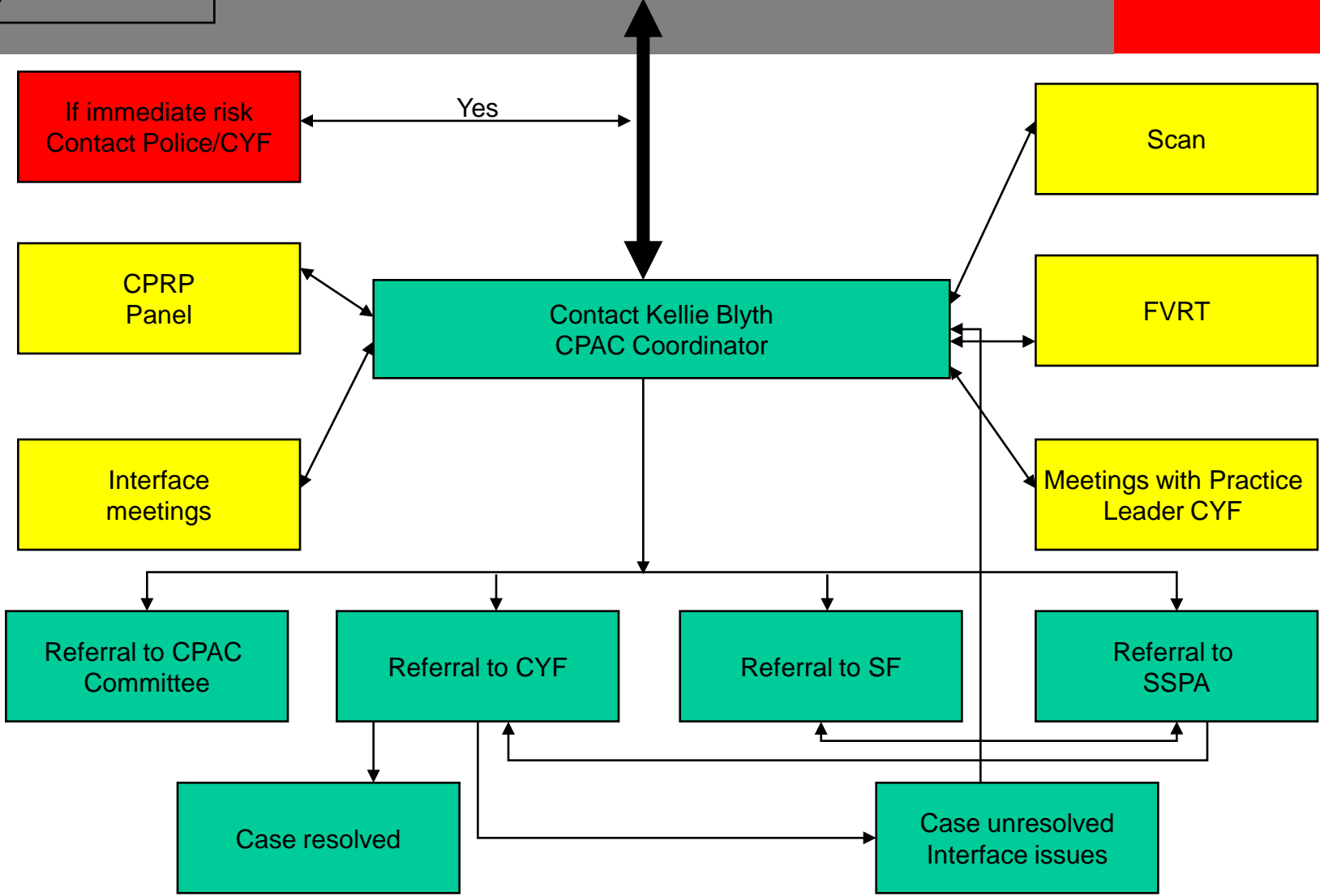
Child Protection and Mental Health

- Invisibility of children – young carers!
- Parent is perceived as the client
- MDT teams- Professional dangerousness
- Death of children
- High risk parenting/vulnerable infants

CPAC PROCESS

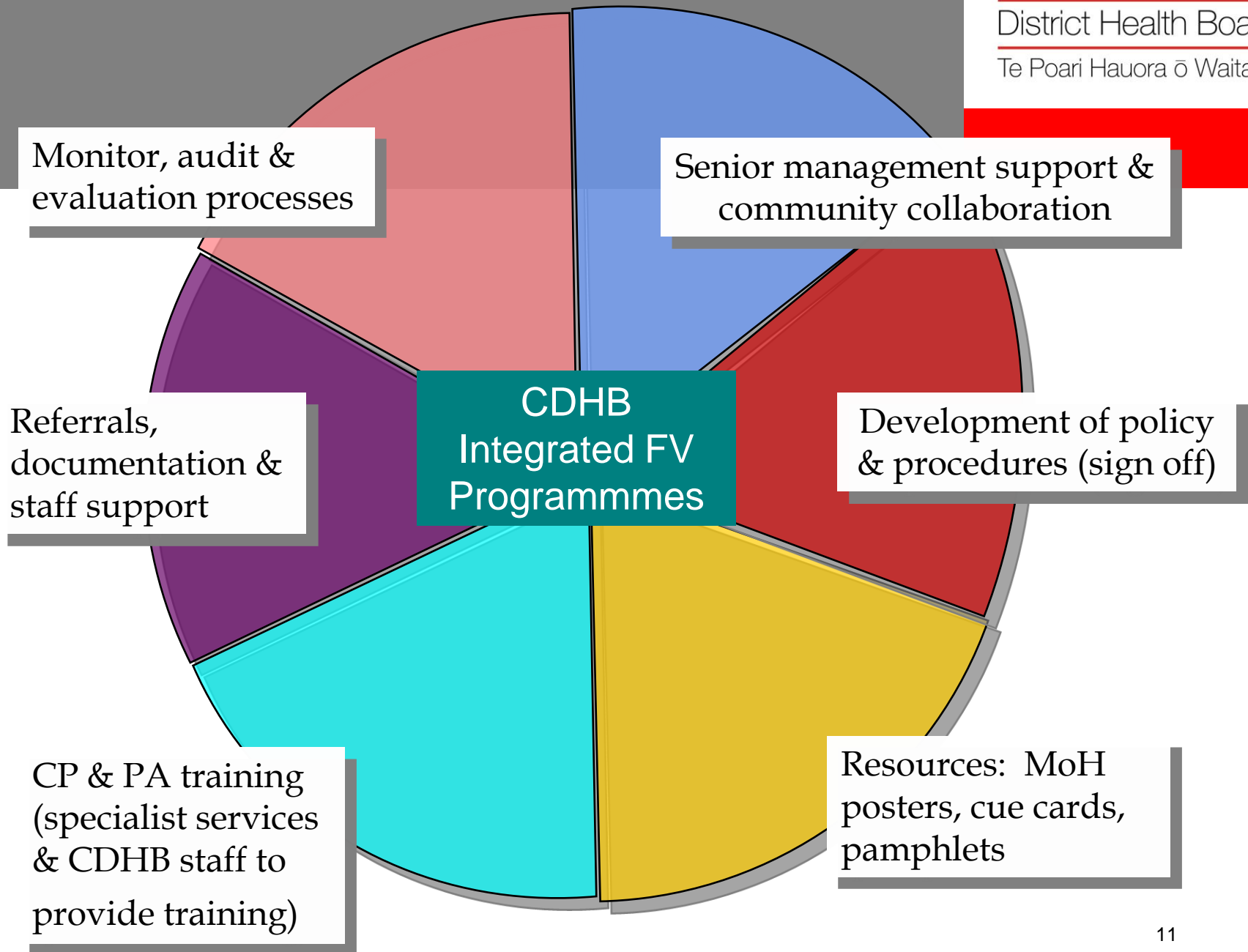
Key to terms:
CPRP – Care and protection
Resource Panel
FVRT – Family Violence Round Table
CYF – Child Youth and Family
SSPA – Social Services Providers Arm
SF- Strengthening Families Meeting
SCAN – Same as CPAC for
Christchurch Hospital and Christchurch
Womans

MENTAL HEALTH CLINICIAN
Child Protection concern risk identified



Systems of care principles and CPAC

- Coordinated network to meet multiple and changing needs of children
- Paramountcy of child
- Advise re culturally competent, community based services that provide wrap around for children
- Seamless service delivery



Conclusion

- Family Violence is common & has devastating health impacts for victims, families/whanau & communities
- CDHB has a comprehensive Child Protection Service & is along both PPS and Partner Abuse Steering Groups
- A CDHB integrated response to the 3 abuse streams
- Requires senior management support in collaboration with key government & community agencies to succeed
- This is a significant cultural shift for clinical practice
- Time involved cannot be under estimated: visible & invisible costs are high
- Requires robust performance management of QA activities