

ATTACHMENT MH 3

This is the attachment marked "**MH 3**" referred to in the witness statement of Dr Pat Tuohy, Ms Helen Fraser and Ms Miranda Ritchie dated 11 August 2015.

Recognising and Responding to Partner Abuse

A resource for general practices

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Foreword

Partner abuse is an important health issue for New Zealanders. It is a significant cause of death and morbidity in our communities and is closely linked with child abuse. To date, addressing partner abuse has mostly concentrated on crisis intervention, however, we know that to make a difference intervention is needed at many levels. General practice can play an important role in identifying abuse early on, and in initiating appropriate help for those in need.

Along with the practical training being provided around New Zealand, this resource will help develop the necessary knowledge and skills for general practices in dealing with partner abuse. The following organisations are pleased to support this resource. It has been developed with input from key stakeholders to ensure it is relevant to general practice.

Acknowledgements

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Introduction

Partner abuse, child abuse and elder abuse are collectively termed family violence. Partner abuse is the physical, sexual, verbal and emotional/psychological abuse of current or past intimate partners, including same sex couples. Partner abuse can happen to either sex and in any socioeconomic, religious or cultural group.

Partner abuse tends to escalate in severity and can result in death. Failure to identify partner abuse early on can also result in multiple health care visits with incorrect diagnosis, costly and inappropriate tests and treatment, and ongoing morbidity.

To effectively reduce partner abuse intervention is needed at many levels. General practices can help victims of abuse because of the opportunities for early intervention that are presented.

To achieve this, those in general practice need:

- knowledge about the dynamics of abuse and its health effects
- skill and practice in asking and responding to disclosure
- skills in safety assessment and documentation
- knowledge of and ongoing relationships with local referral agencies
- access to up-to-date patient resources
- to have systems in place to ensure safety of victims of abuse, themselves and staff.

This resource covers how to ask about partner abuse, provide support, assess risk and discuss options. It is designed for use in conjunction with training that covers these areas.

Working with perpetrators of violence requires special skills and knowledge, and is therefore not covered in this resource. For information on referral services see Appendix 5, and for guidance if a perpetrator brings up abuse during consultation see Appendix 8.

Key messages

- To identify abuse the first step is to ask questions and then offer help.
- The aim is not to 'fix the problem' but to acknowledge the issue, inform the victim of abuse about options and support their decisions.
- Family violence is NOT a private matter – it is a health issue that requires a health care response.
- 'Domestic violence flourishes because of silence, because the problem stays hidden, and in some subtle but powerful way ... acceptable.' Esta Soler

Key facts

Studies indicate that:

- both women and men experience abuse, however, the prevalence is higher for women (Langley et al 1997; Young et al 1997)
- the majority of women do not object to routine questions about abuse (Ramsay 2002)
- over a lifetime 15–35 percent of women experience abuse (Young et al 1997)
- the co-occurrence of partner abuse with child abuse is between 30–60 percent (Ross 1996; Edelson 1999)
- in 1994 the annual cost to health was estimated at \$141,000,000 (Snively 1994; Young et al 1997).

APPENDIX 1

Partner Abuse Documentation Form

Date	Patient NHI
Patient name	
Provider name	
Patient pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Due date
Children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number

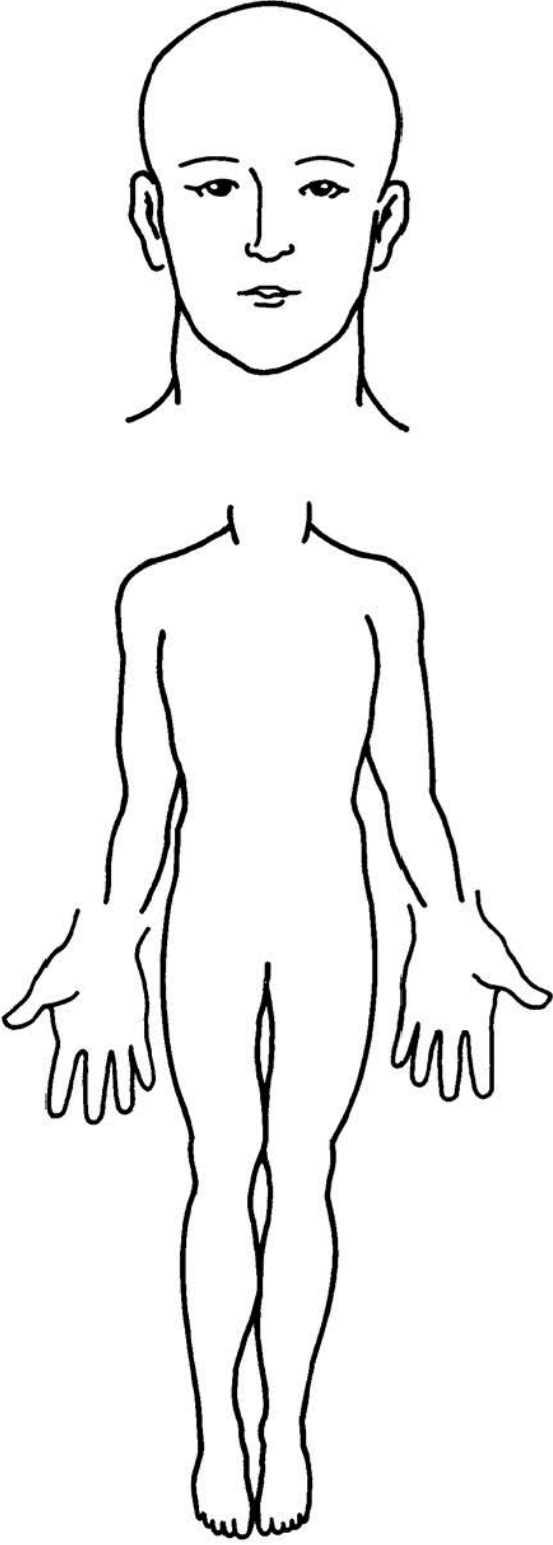
FV enquiry
<input type="checkbox"/> FV+ (positive)
<input type="checkbox"/> FV? (suspected)

<p>Assess patient safety</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Is abuser here now?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Is patient afraid of their partner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Is patient afraid to go home?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Has physical violence increased in severity?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Has partner physically abused children?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Have children witnessed violence in the home?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a gun in the home?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Threats of homicide</p> <p>By whom?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Threats of suicide</p> <p>By whom?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Alcohol or substance abuse</p> <p>By whom?</p>	<p>Referrals</p> <p><input type="checkbox"/> Family violence agency number given</p> <p><input type="checkbox"/> Refuge number given</p> <p><input type="checkbox"/> Legal referral made</p> <p><input type="checkbox"/> Police called</p> <p><input type="checkbox"/> In-house referral made</p> <p>Describe</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Other referral made</p> <p>Reporting</p> <p><input type="checkbox"/> CYFS referral</p> <p><input type="checkbox"/> Police</p>
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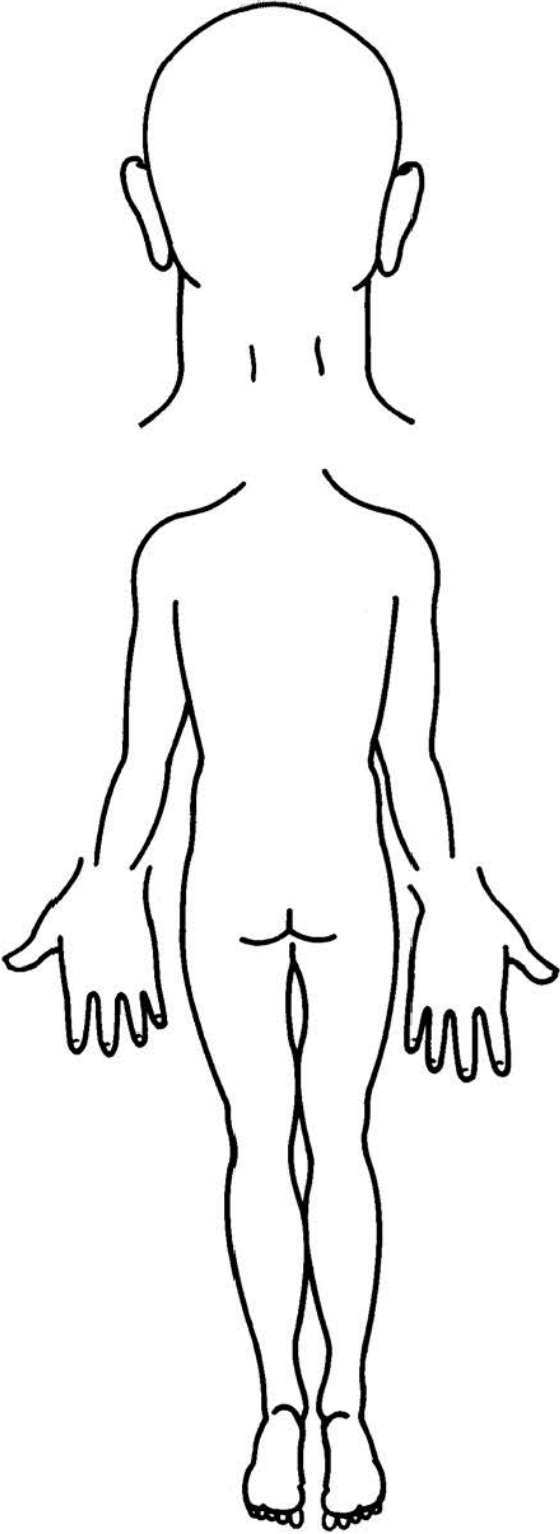
Modified from the Family Violence Prevention Fund and Educational Programs Associates, Inc.

EXAMINATION (continued)

Recording GENERAL EXAMINATION – FRONT OF BODY

Normal (tick)	Abnormal (specify)	
<input type="checkbox"/> Face <input type="checkbox"/> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Breasts <input type="checkbox"/> Thorax <input type="checkbox"/> Upper arm <input type="checkbox"/> Lower arm <input type="checkbox"/> Hands <input type="checkbox"/> Abdomen <input type="checkbox"/> Upper leg <input type="checkbox"/> Lower leg <input type="checkbox"/> Feet		
<p>Measure, describe and show: Abrasions Lacerations Areas of pain and tenderness Fractures etc. Sites of trace evidence Tattoos, scars, birthmarks</p>		

EXAMINATION (continued)
 Recording GENERAL EXAMINATION – BACK OF BODY

Normal (tick)	Abnormal (specify)	
<input type="checkbox"/> Scalp <input type="checkbox"/> Ears <input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Back <input type="checkbox"/> Upper arm <input type="checkbox"/> Lower arm <input type="checkbox"/> Hands <input type="checkbox"/> Buttocks <input type="checkbox"/> Upper leg <input type="checkbox"/> Lower leg <input type="checkbox"/> Feet		
<p>Measure, describe and show: Abrasions Lacerations Areas of pain and tenderness Fractures etc. Sites of trace evidence Tattoos, scars, birthmarks</p>		

APPENDIX 2

Risk Assessment

Risk assessment ascertains the level of immediate risk to the health and safety of a victim of abuse. Health care professionals should conduct a preliminary risk assessment to help identify appropriate referral options. A detailed risk assessment can then be undertaken by agencies that specialise in responding to partner abuse.

This section outlines the primary risks associated with abuse, and how to respond to the risks.

It is best to work as part of a multidisciplinary team so enlist the support of social services or local family violence prevention advocates whenever possible.

Note: the presence of injuries or other evidence of abuse is *not* necessary before making a referral, particularly if there is risk to children. It is better to refer early to support agencies.

When making a preliminary assessment it is important to reassure the victim of abuse that:

- you will not do anything to put the victim of abuse or their children in danger
- there are support networks and services in place that can help them.

Risk of homicide

There is a strong association between prior abuse and later homicide for victims of abuse but no absolute indicators that can determine the level of risk.

An assessment should be made if the victim of abuse is minimising the problem or denying the extent of violence they have experienced. In general, the more factors that are present, the greater the risk.

Is there an immediate risk to health and safety?

- Is the perpetrator present?
- Is the victim of abuse afraid of their partner?
- Is the victim of abuse afraid to go home?

Is there a high risk to health safety?

- Are there life-threatening injuries?
- Are children, older people or people with disabilities at risk?
- Has a threat to kill or a threat with a weapon been made?
- Has the victim of abuse recently separated from the abusive partner, or is considering separation?
- Has physical violence increased in severity?
- Does the perpetrator have access to weapons, particularly firearms?
- Has there been past assault of strangers, acquaintances, family or animals?

Other factors to consider

- Have there been threats of homicide?
- Have there been threats of suicide?
- Is alcohol or substance abuse involved?

Risk of suicide or self-harm

There is a strong association between partner abuse and suicide or self-harm. Signs associated with high risk of suicide include:

- previous suicide attempts
- stated intent to die or an attempt to kill oneself
- a well-developed concrete suicide plan
- access to the method to implement their plan
- planning for suicide (for example, putting affairs in order).

Other factors that are frequently associated with the risk of suicide or self-harm may themselves be symptoms of abuse. These include depression, extreme anxiety, agitation or enraged behaviour, excessive drug and/or alcohol use or abuse. Ask directly if the victim of abuse is thinking about committing suicide, or has attempted suicide in the past. For example:

- You sound really depressed. Are you thinking about killing yourself?
- Have you hurt yourself before?
- What were you thinking about doing to hurt/kill yourself?
- Do you have access to (a gun, poison, etc)?

If the risk is high, refer to the appropriate mental health service and to a specialist family violence agency.

The most helpful way to reduce suicide risk may be to help make the victim of abuse safe from the abuse.

Note: Use caution when prescribing tranquillisers or antidepressants to victims of abuse. Some studies have indicated that these drugs are over prescribed to victims of abuse, and may place them at increased risk of more serious abuse. Treatment for any identified mental health disorders for victims of partner abuse should include:

- addressing the abuse as a central part of treatment
- identifying abuse as a causative factor in their mental health problems.

Assessing children's safety

If either partner abuse or child abuse is identified or suspected it is necessary to conduct a risk assessment to other family members because of the high co-occurrence of multiple types of violence within families. The emphasis is on keeping the child safe, and enabling the victim of abuse to get real and appropriate help. The following questions will help in making an assessment.

- Does the perpetrator have access to the child(ren)?
- Has the perpetrator ever hurt or threatened to hurt or kill the child(ren)?
- Has the perpetrator ever removed or threatened to remove the child(ren) from the victim of abuse's care?
- Have the child(ren) ever witnessed partner abuse (physical or verbal) occurring?
- Has the perpetrator hit the child(ren) with belts, straps, or other objects that have left marks, bruises, welts, or other injuries?
- Has the perpetrator ever touched or spoken to the child(ren) in a sexual way?
- Have the child(ren) tried to intervene to protect the victim of abuse from the perpetrator?
- Were the child(ren) injured as a result?

You also need to assess the risk the victim of abuse may pose to the children. Ask the following questions.

- When women are experiencing the sort of abuse you have described to me, it can affect their ability to parent in the way they would if they were free from abuse. Is this true for you?
- Are you ever afraid that you might hurt your children?
- Have you ever hurt your children?
- Do you know what practical help there is to assist you?

This will provide some information about the child's safety, but further information from other sources (eg, grandparents, other family members or Child, Youth and Family) may be needed. Always document what you have been told and consult with experienced colleagues if you have concerns about child safety.

Protecting children

Any concerns about the safety of children should be discussed with the victim of abuse by following these principles.

- Broach the topic sensitively.
- Help the parents/caregiver feel supported, and able to share any concerns they have with you.
- Help them understand that you want to help keep the child safe, and support them in their care of the child.
- Keep the parents informed at all stages of the process.
- Where options exist, support the parents/caregivers to make their own decisions.
- Involve extended family/whānau and other people who are important to them.
- Be sensitive to, and discuss the patient or caregiver's fears about approaching other agencies such as police, social services, hospital staff, social workers and other agencies.

If available, consult with social services or specialist child protection team.

Do not discuss child safety if this places either the child or you, the health care provider, in danger. The family may close ranks and reduce the possibility of being able to help a child. The family may seek to avoid child protective agency staff.

Your role is to keep the child safe. You can consult with Child, Youth and Family at anytime and do *not* need to seek permission. If you or your colleagues decide to make a report to Child, Youth and Family, the victim of abuse should be informed.

Actions taken to protect the child may place the victim of abuse at risk. Always refer the victim of abuse to specialist family violence support services, and inform Child, Youth and Family about the presence of partner abuse as well as child abuse.

- Ask the victim of abuse how they think the perpetrator will respond.
- Ask if a child protection report has been made in the past, and what the perpetrator's reaction was.
- If the perpetrator is present in the health care facility, ask the victim of abuse whom they would like to tell the perpetrator about the report. For example, would they like the health care provider to do it? Does the abused partner want to be present when the abuser is told? Do they want to do it?
- Make sure the victim of abuse has information on how to contact support agencies (for example, the police, Women's Refuge, Child, Youth and Family).

Refer to Ministry of Health 2001, *Recommended Referral Process for General Practitioners: Suspected child abuse and neglect* for further information on dealing with suspected child abuse.

APPENDIX 3

Referral Agencies

External referral agencies are vital in providing support to identified or suspected victims of family violence. It is strongly recommended that you or your agency meet and develop referral relationships with local staff from the organisations listed here, before using this guideline.

It is vital that health care providers have knowledge of the people and groups within their local community who possess the necessary knowledge and skills for working with Māori women and children who are victims of violence. This includes Māori family violence prevention advocates and services.

Services for victims of abuse

Women's Refuge

The National Collective of Independent Women's Refuges is a network of 51 refuges covering all urban and rural areas across New Zealand. Women's Refuge is one of the key services for women and children, as it provides 24-hour access to emergency and longer-term safe housing for women and children and runs a 24-hour crisis line. In addition to shelter, refuge workers can offer counselling to women, and can put them in touch with other support agencies, including women's support programmes, explain legal rights, help them apply for emergency funds, and go with them to a lawyer, police, or court for support. These services are available to any woman who is fearful of her partner or other family member. Women do not have to have experienced physical abuse before a refuge will help them.

Local telephone books will provide contact details under the Personal Help section at the front or under 'Women's Refuge'. In an emergency, Women's Refuge can be contacted through the police.

Comprehensive information about Women's Refuge services, legal and social services, and understanding the dynamics of family violence is available from the Women's Refuge website www.womensrefuge.org.nz.

Culturally matched services

Women's Refuge runs Māori refuges parallel with general refuges. In Auckland there are Pasifika refuges and an Asian and Migrant Women's Refuge which provides a 24-hour phone line with Refuge advocates who speak Asian, Middle Eastern and African languages (0800 SHAKTI/ 0800 742 584 from anywhere in New Zealand or 636 8512 within Auckland). Check for culturally matched services in your area.

Doctors for Sexual Abuse Care (DSAC)

DSAC is a national organisation of doctors, formed in 1988, to advance knowledge and improve standards for medical care of the sexually abused. DSAC doctors are specially trained in the sensitive treatment of sexually abused patients, and in the collection of forensic evidence, if required.
Ph: (09) 376 1422.

Police

Although partner abuse is a crime, health care providers are not required to report cases of abuse to the police. The police have a pro-arrest policy in cases of domestic assault, which mean that they can arrest and charge the perpetrator if they have evidence of partner assault, without necessarily requiring the victim of abuse to make a formal complaint or give evidence. If arrested, the perpetrator is placed in jail, without bail, until they can appear in court. If the police do not arrest the perpetrator, or there is uncertainty about the perpetrator's location, the police can accompany the victim of abuse back to the house to collect their belongings, or to another safe location.

Legal options

Any person who has been injured or threatened can obtain a protection order through the Family Court. The victim of abuse can make application with a lawyer (legal aid may be available) or through the District Court (ideally, with the assistance of an advocate). Under the terms of the Domestic Violence Act 1995, temporary protection orders, valid for a period of three months, can be served without prior notice to the alleged perpetrator. Children of the victim of abuse are automatically covered by the order. The order grants protection from being physically, sexually or psychologically abused, or from the threat of such actions against the victim of abuse.

It is important for the victim of abuse to be aware that obtaining a protection order may trigger additional attacks. For this reason, it is important that victim of abuse understands what protection the order is intended to provide, and that they contact the police *every time* the perpetrator threatens or assaults the victim of abuse. Refuge advocates, the victim of abuse's lawyer, and the police should all be able to explain to them how to access and use the orders in the safest and most effective way.

Assault charges

Assault charges can also be laid against the perpetrator. These charges are heard in the criminal court. **Adequate documentation of the victim of abuse's past and present injuries can assist both these processes.**

Charges may be made against a partner through the criminal court. In addition, it is police policy to press charges against the perpetrator when they have evidence that an assault has occurred. However, these cases can take several months to come to trial, and the victim of abuse may be at increased risk of assault during this waiting period.

Domestic Violence Education Programmes, Ministry of Justice

Approved education programmes are available free of charge to individuals who have protection orders for themselves and their children. Access to programmes can be arranged through local Family Court co-ordinators, see listing under Department for Courts in the telephone directory.

National Network of Stopping Violence Services

In addition to providing services aimed at teaching men alternatives to abuse, many programmes also include support services for victims of abuse. To find out who provides Stopping Violence programmes in your area, contact the National Office, telephone (04) 499 6384, fax (04) 499 6387.

Child abuse and parent support services

National Call Centre, Child, Youth and Family

The call centre operates from 8 am to 5 pm, Monday to Friday, and is staffed by intake social workers. All after-hours calls are relayed, via the call centre, to an after-hours answering service that directs calls to the local office. The intake social worker will take direct referrals about cases of concern and is available to discuss possible courses of action if you think child abuse is a possibility, or you are uncertain what to do next. (Telephone 0508 FAMILY or 0508 326 459, fax 09 914 1211.)

Domestic Violence Education Programmes, Ministry of Justice

Approved education programmes are available free of charge for children whose parents have accessed protection orders. Access to programmes can be arranged through local Family Court co-ordinators.

Additional social support and child health agencies (see a telephone book for contact details):

- Family Start
- Public health nurses
- Plunket
- Child, Adolescent Mental Health Services
- Iwi/Māori Social and Health Services
- Parents as First Teachers (PAFT).

Services available in some areas are:

- Domestic Violence Interagency Networks
- Barnardos
- Parentline
- Rape Crisis
- Sexual Abuse Help Foundation
- Open Home Foundation
- Pacific Peoples Social Services
- The James Family Trust
- Catholic Social Services.

Services for perpetrators

Child Abuse Prevention Society (CAPS)

CAPS is a national organisation that provides programmes for parents who have been, or are at risk of being violent to their children. Contact the national co-ordinator (telephone 0800 228 737).

National Network of Stopping Violence Services programmes

These programmes are aimed at teaching men alternatives to abuse. Many programmes also offer a range of additional services, include support services for abused women. To find out who is providing Stopping Violence programmes in your area, contact the National Office (telephone 04 499 6384, fax 04 499 6387).

Family Court

The local Family Court will have information on agencies that are approved to provide perpetrator programmes under the Domestic Violence Act 1995.

Relationship Services

Relationship Services is a national provider of individual programmes for perpetrators (telephone 0800 RELATE).

APPENDIX 4

Supporting Māori Women Experiencing Partner Abuse

This appendix gives general practitioners some useful tips for recognising and responding to Māori women experiencing partner abuse. Many of these tips are part of 'best practice' for all patients, but the working party found them to be especially important for Māori.

This information is based on key informant interviews with Māori women who have had abusive partners and used GP services. The interview material was then developed into advice for health professionals by a working party of Māori health managers, health professionals and battered women's advocates, and then adapted for general practice by the GP working party.

The working party notes that some Māori do not access primary health care services until health issues – in this case partner abuse – have become more severe.

Recognition

The first point of contact influences the degree of trust Māori women and children may have in the health care provider(s). Ways of achieving this include:

- providing a Māori-friendly environment – that is, ensure the environment has images that are Māori, including signage and kowhaiwhai (scroll painting or rafter), and also images that promote violence-free families and homes
- ensuring that the woman understands that this is a routine inquiry you make of all women and that she is not being singled out for any reason (for example: because she is Māori)
- conveying a respectful and non-judgemental attitude
- undertaking education sessions on Māori views of health and wellbeing to enhance your understanding of partner abuse issues for Māori women.

Response

The principles of the Treaty of Waitangi (that is, partnership, protection and participation) provide a framework for ensuring Māori women and children are not only supported but also empowered by:

- offering her a range of options to think about taking, and not expecting immediate decisions
- offering reassurance that:
 - you will not do anything to put her or her children in danger
 - there are support networks and services in place that she can talk to about any aspect of the abuse and what to do about it.

Referral

Referrals should always be made to specialist family violence services. Specialist Māori family violence service (eg, Māori Women's Refuge) are the ideal referral. However where this is not available a mainstream family violence services is the next best option.

- Do not assume that the whānau has the necessary skills and information to respond to the immediate or short-term needs of Māori women and children who are victims of violence in either crisis or need.

Document

- Record ethnicity of patient and cultural considerations included in the screening process (such as the offer of referral to Māori family violence services).

APPENDIX 5

Support and Follow-up for Victims of Abuse

Ongoing support should always be offered to victims of partner abuse to ensure various issues have been adequately addressed.

Arrange safe ways to provide follow up. Offer a follow-up appointment (ACC may cover some of this cost). Alternatively arrange a safe time and place to ring, or ask them to ring you (ensure your receptionist knows to put their call through).

All discussions must occur in private without children present. Give assurances of confidentiality within safety limits. It is important to acknowledge and validate the situation and respect their autonomy in making decisions. Follow up medical problems or injury. Thoroughly document the history and examination findings including psychological observations and any treatments. Over time the history, observations and findings in their file may be useful legally. They may also help her/him make decisions to consider changes at a safe time for them.

Referral

Find out about the resources in your community so victims of abuse can be referred to other agencies such as Women's Refuge or for psychological counselling.

Open door

Ongoing supportive actions and words can be very empowering. They show you consider the issue important to both the parent and children's health and wellbeing and may help influence their decision making.

Ensure there is a safety plan in place

Review ongoing safety. Victims of abuse frequently return to abusive relationships in an attempt to maintain a familiar environment for their children, for financial reasons and with hope the violence will cease. Using the power and control wheel and the cycle of violence may help improve an understanding of the situation. A safety plan helps decision making for the future.

Legal

A report detailing the findings of your history and examination including psychological observations and treatments required may support the lawyer or police obtain protection orders.

Be prepared to offer to write a letter of objective findings for the lawyer or police if necessary to support a protection order. Your observations, for example, 'patient appeared anxious and frightened', 'bruises consistent with the history as given of blows experienced were noted', 'patient sat with lowered head, tearful, hands shaking and gripping chair' are valid to report if appropriate, along with an accurate description of injuries, diagnoses and treatment required.

APPENDIX 6

Responding to Perpetrators of Partner Abuse

Intervention with the perpetrators of partner abuse is an area of expert practice. If you are providing support to the victim of abuse, it is bad practice to provide care to the perpetrator on this issue. It is your obligation to refer to an appropriate agency. However, the following guidelines can assist if the perpetrator brings up the abuse in consultation, or if other circumstances warrant such a discussion.

Basic principles

- Information from the victim of abuse must be kept confidential.
- Discussions with the perpetrator about the partner abuse should never be done in the presence of the victim of abuse, unless they request to be present. Ideally, discussion should only happen with the prior permission of the victim of abuse.

If discussing partner abuse with the perpetrator

- Frame discussion of partner abuse as a health care issue.
- Emphasise the routine nature of the discussion.
- Focus on descriptions of the perpetrator's behaviour, never on the victim of abuse's reports of an incident.
- Focus on the perpetrator's behaviour, rather than the victim of abuse's behaviour.
- Use a direct and calm approach.

If perpetrator displays anger, resists or rejects any discussion of abuse

Make a summary statement, calmly bring the subject to a close, and then move back to the presenting medical issue.

For example: 'Using force against your partner and/or child is damaging to everyone. I am concerned and will be glad to make a referral for you whenever you want it.'

Lethality assessment with the perpetrator

The referral agency should carry out a detailed lethality assessment with the perpetrator. If you have knowledge about any of these factors, it is important to pass the information on to the referral agency.

- **Pattern of abuse**
 - Frequency and severity of abusive acts in current, concurrent and past intimate relationships.
 - Possible escalation in frequency and severity.
 - Availability and use of weapons.
 - Threats to kill self or others; credible plans and means to kill.
 - Stalking behaviour.
 - Use of violence outside of the family.
 - Hostage-taking behaviour.
- **Factors that reduce cognitive controls**
 - Alcohol/drug dependence or abuse.
 - Certain medications.
 - Psychosis or brain damage.
- **Perpetrator's state of mind**
 - Obsession with victim of abuse.
 - Increased risk-taking by the perpetrator.
 - Ignoring negative consequences of the abuse.
 - Depression; desperation.
 - Suicide potential.
- **Situational factors**
 - Separation violence.
 - Increased autonomy of victim of abuse.
 - Other major stresses.
 - Past failure of the community to respond.

From Ganley A. 1995. Health Care Responses to Perpetrators of Domestic Violence.
In: *Improving the Health Care System's Response to Domestic Violence: A Resource Manual for Health Care Providers*. San Francisco: Family Violence Prevention Fund.

APPENDIX 7

Safety Plan: A Resource for Victims of Abuse

This safety plan has three parts:

1. Avoiding injury, escaping violence.
2. Preparing for separation.
3. Long-term safety after separation.

Avoiding injury, escaping violence

During an incident of violence at home you will want to do everything you can to avoid serious injury. Think ahead and plan.

- Leave if you can. Know the easiest escape routes – doors, windows etc. What's in the way? Are there obstacles to a speedy exit?
- Know where you're running to and have a safe place arranged. You may want to organise this with a neighbour in advance of trouble. You may want to leave a spare set of clothes for you and your children with a neighbour.
- Always keep your wallet, cash cards, keys, essential medications and important papers together in a place where you can get them quickly or have someone else fetch them.
- If you can't leave the house, try to move to a place of low risk. Try to keep out of the bathroom, kitchen, and garage, away from weapons, upstairs or rooms without access to outside.
- Talk to your children about getting help. Think of a code word you could say to your children or friends so they can call for help. Depending on age and ability they could:
 - 1 run to a neighbour and ask them to call the police
 - 2 call 111. Teach them the words to use to get help. For example: 'this is Jimmy, 99 East Street. Mum's getting hurt. She needs help now'
 - 3 have a safe place outside the house to hide, arrange this in advance.
- Use judgement and intuition – when the situation is very serious you may have to do what the attacker wants until things calm down. Then be on the alert for your chance to escape and get help.

- Try to leave quietly. Don't give your attacker clues about the direction you've taken or where you've gone. Lock doors behind you if you can – it will slow down any attempt to follow you.
- Have refuge or safe house numbers memorised or easy to find.
- If you have to leave to save your life – leave fast. Take nothing and go to the nearest safe place and call for help.

Preparing for separation – advance arrangements and flight plans

- **Get support** from a Women's Refuge or a specialist family violence agency to discuss your options and plans. Make sure you have all the information and support that is available for you.
- **Arrange transport in advance.** Know where you'll go. Make arrangements with the refuge or safe house.
- **Tell** only one or two trusted friends or a refuge worker about your plans. Go through the details together.
- **Start a savings account.** A small amount of money saved weekly can build up and be useful later.
- **Gather documents.** Start collecting the papers and information you need. Make your own list: birth certificates, marriage certificate, copies of Domestic Violence Orders, custody papers, passports, any identification papers, driver's licence, insurance policies, Work and Income documents, IRD number, bank account details and statements, cheque book, cash cards, immigration documentation, adoption papers, medical and legal records, and so on.
- **Ask your family doctor** to carefully note any evidence of injuries on your patient records.

What to take	Playing it safe
<ul style="list-style-type: none"> • Documents for yourself and children. • Keys to house, garage, car, office. • Clothing and other personal needs. • Phone card and list of important addresses and phone numbers. • For children take essential school needs, favourite toy or comforter. • Photograph of your partner so that people protecting you know what he looks like. 	<ul style="list-style-type: none"> • Leave copies of documents, spare clothing and toiletries for yourself and children, some cash, spare keys, medication and other essential items with a trusted friend in case of sudden flight. • Try not to react to your partner in a way that might make him suspicious about your plans. Always be aware of your need for safety. • Tell children what they need to know only when they need to know it. Wait until plans are well advanced before talking to them. They don't need the stress of keeping a difficult secret.

Living safely after separation

Children

- 1 Teach your children what to do if your ex-partner makes contact with them unexpectedly, breaching access arrangements (ie, rules about checking first before opening the door, coming inside or going to neighbours if your ex-partner comes to the house, telling a teacher if they are approached at school).
- 2 Teach your children what to do if your ex-partner takes them, for example, calling the police on 111.
- 3 Tell other adults who take care of your children (eg, school teacher, day-care staff, babysitter), which people have permission to pick them up and who is not permitted to do so.

Support

- 4 Make contact with a Women's Refuge or a specialist family violence agency for support. As well as understanding abuse, these groups usually keep lists of sympathetic lawyers, and can assist in dealing with WINZ, Housing NZ or other government departments you may need to deal with.
- 5 Attend a woman's education programme to help strengthen your confidence, independence and freedom, make connections with other women, and deal with your ex-partner.
- 6 Think about how to deal with potential abuse, feelings of fear and safety issues when you have to communicate with your ex-partner by telephone, or in person.
- 7 Tell your employer that you are afraid of your ex-partner. Ask for your telephone calls at work to be screened.

Protection orders

- 8 Get a protection order from your lawyer or see a Women's Refuge advocate. Make four copies – one to carry with you, one kept at home, and one at work. Make sure your local police station also has a copy. If you move, remember to give a copy to your new local police station. Tell your employer that you have a protection order, or that you are afraid of your ex-partner.
- 9 If your ex-partner breaches the protection order, telephone the police and report it, and contact your lawyer and advocate.

- 10 If the police do not help, contact your advocate or lawyer to help make a complaint.
- 11 Keep a record of any breaches; noting the time, date, what happened and what action you took.

Security

- 12 Consider installing an outside lighting system that lights up automatically when a person comes near your house at night.
- 13 If possible, use different shops and banks to those you used when you lived with your ex-partner.
- 14 Ask Telecom to install Caller ID on your telephone and ask for an unlisted number which blocks your caller ID for calls you make from your phone.

WARNING: make sure that emergency services (police/fire/ambulance) are allowed access to your telephone number.

- 15 Contact police and request a block on tracing your car registration number.
- 16 Contact the Electoral Enrolment Centre on 0800 36 76 56 and ask for your name and address to be excluded from the published electoral roll.
- 17 Tell neighbours that your partner does not live with you and ask them to call the police if he is seen near your house.
- 18 Ask your neighbours to contact the police if they hear signs of an assault occurring.

NB. If you don't get help from the first person you ask, ask someone else and get what you need!

APPENDIX 8

Protection Orders and the Domestic Violence Act 1995: Resource for Victims of Abuse

Domestic Violence Act 1995

What are the aims of the Domestic Violence Act 1995?

- To reduce and prevent violence in domestic relationships by:
 - recognising that all forms of domestic violence are unacceptable
 - ensuring that when it happens, there is effective legal protection for victims of abuse.
- The Domestic Violence Act 1995 provides for three orders to be made:
 - Protection Order
 - Occupation or Tenancy Order
 - Furniture Order.

How is domestic violence defined by the Domestic Violence Act 1995?

- Physical abuse.
- Sexual abuse.
- Psychological abuse, including but not limited to:
 - intimidation
 - harassment
 - damaged property
 - threats of physical, sexual or psychological abuse.
- In the case of a child – causing the child to witness domestic violence.
- A single act may amount to abuse.
- A number of acts may form a pattern that amount to abuse even though in isolation these acts may appear trivial or minor.

How is a domestic relationship defined by the Domestic Violence Act 1995?

- Partner.
- Family member.
- Ordinarily shares a household (eg, flatmates).
- Close personal relationship.

What is a protection order?

- A protection order, put in place by a judge of the Family Court, says that the person with whom you are in a domestic relationship and who has been abusing you or your children must not abuse you or your property and must not encourage anyone else to do this.
- The perpetrator is also not allowed to contact you in any way unless there is an emergency or it is agreed in the order and the specific arrangements have been made by you.

When is a protection order necessary for protection?

- When there is a likelihood of continued domestic violence.
- When there is a perception that the nature and seriousness of the behaviour is frightening to you, the applicant.

How are children protected?

- Your children are automatically included in the protection order.
- Usually an interim custody order in your favour is applied for together with the protection order to ensure the perpetrator does not have care of the children.
- If there is actual violence against your child or you believe the child is at risk, contact Child, Youth & Family immediately.

Effect of a protection order

The person against whom the order is made must not:

- engage in any domestic violence
- make any contact whatsoever with the protected person; however, the order is still valid if parties live together and the non-contact provision may be put back in place at any time by the protected person
- follow, watch, loiter near or hinder access to or from any place the protected person goes
- without the protected person's consent, enter or remain on any land or building occupied by the protected person
- encourage any other person to engage in any of the above behaviour.

A protection order provides for free counselling to the applicant and applicant's children.

Note: A piece of paper cannot stop a person going to your house, so the applicant may still need to have a safety plan in place if she feels that the respondent is likely to disregard the protection order.

Breaches of the protection order

- If the protection order is breached, an offence under the Crimes Act 1961 is committed. The applicant should call the police on 111, tell them there is a protection order in place, and then give details about the breach.
- The respondent will be charged with breach of a protection order in the Criminal Court (an imprisonable offence) and held in custody for 24 hours.
- Failing to attend a Men's Stopping Violence Programme is considered a breach of the protection order.
- The maximum penalty for a breach is six months' imprisonment or a \$5000 fine, or both. However, in the case of certain repeat offences, the maximum penalty is two years' imprisonment.

Getting a protection order

Criteria to obtain protection orders

- Domestic violence must have occurred.
- There must be a domestic relationship.
- The making of the order is necessary for you or your children's protection.

Note: Medical notes are useful for this and other proceedings.

How do you apply for a protection order?

- It is highly recommended that you choose a lawyer who has a special interest and expertise in this area. These lawyers are usually most aware of being cost effective.
- It is also highly recommended to have the support of women's refuge or another battered women's advocate to assist you in how to get the best use from your protection order. These organisations will usually have lists of the best lawyers for this work.
- You will need to see the lawyer twice before the application can be filed. Firstly to give all the information, secondly to sign the documents. You can take a support person with you to see the lawyer.

- A protection order can usually be put in place the same day the application is filed if the situation is very serious. Otherwise it will take a few more days.
- You don't need to go to court – orders can be made ex-parte to the respondent, meaning without notice. The lawyer will file the application with the court.
- You will be given a copy of the order, and should carry it with you at all times. Also keep one copy at home and one at work. File a copy of the order at the local police station, and if you move, take a copy to the local police station. Police will only arrest for breaches of the order if they have a copy or cite the women's copy of the order.

You can apply for legal aid if you:

- are on a benefit
- are on a low income
- have no income
- are living with someone who is the income earner.

If advising a client about legal aid, ensure you send them to a lawyer who does legal aid. If they qualify for legal aid, the protection order costs nothing. Otherwise, the cost varies widely from \$400 to more than \$1000.

If you do not qualify for legal aid, some lawyers do reduced rates for protection orders (the Women's Refuge should have this information).

What happens when orders are granted?

- The person against whom the order is made must be personally served with the order.
- Service will be arranged by the court (if there are firearms involved) or the lawyer.
- Until the order is served, the police cannot arrest the perpetrator for breach of the order.
- If the police/lawyer are unable to find the perpetrator to serve the order, they can serve the order on a 'substitute', someone who has a close relationship with the perpetrator (eg, parent or friend).
- The perpetrator must attend a Stopping Violence Programme.
- If the order is not challenged, it will become final in three months.

What should you take to a lawyer (if possible)?

- Medical report or letter from doctor.
- Evidence of income and expenditure if applying for legal aid.
- Name of caseworker at WINZ and which office.
- Any previous court orders.
- Police report or statement of facts if perpetrator is charged.
- Any other evidence that is relevant (eg, diary, letter from children's school, etc).

The lawyer needs to prepare the following:

- Application for protection/property orders.
- Affidavit detailing:
 - the domestic relationship
 - history of the relationship and children
 - history and frequency of past violence
 - recent incidence of violence
 - nature and seriousness of the violence
 - effects of violence on children
 - use of firearms and related threats
 - any violence from a third party
 - position regarding accommodation
 - consequences for the children if there is no occupation/tenancy order
 - custody/access of children.
- Information for the police regarding firearms.
- Draft order.
- Information sheet (cover sheet).
- Application for interim custody (if children are involved).

Effect of occupation/tenancy and furniture order

- Applicant has occupation of the family home to the exclusion of the other party. The violent party has to move out immediately.
- Applicant has possession of all (or any part that she specifies) of the furniture in the family home. A furniture order may be granted without an occupation/tenancy order.

APPENDIX 9

Power and Control Wheel

The power and control wheel shows how the pattern of violence is made up of many different incidents that can sometimes seem like separate or small things. Women have said that they felt like they were going crazy because their abuser's behaviours seemed random and isolated, or small (like a look or a gesture) or hard to explain. This wheel helped women to see the behaviours as a system used to control them.

Physical and sexual violence is the rim, it is a system of power and control used by the abuser, and it drives the wheel of violence. Just one incident of physical and sexual violence, even the threat of it, can be enough to make women and children live in fear. This fear allows the psychological abuse tactics work, continuing the abuser's power over women and children. The wheel also shows that psychological violence can easily 'slip' over into physical and sexual violence at any time.



DOMESTIC ABUSE INTERVENTION PROJECT
209 West Fourth Street
Duluth, Minnesota 55806
218-722-4134

APPENDIX 10

Equality Wheel



DOMESTIC ABUSE INTERVENTION PROJECT
 208 West Fourth Street
 Duluth, Minnesota 55808
 218-722-4134

APPENDIX 11

Excerpts from Relevant Legislation

Crimes Act 1961

Inform the police if you have information relating to crimes such as the following:

‘Homicide, sexual abuse, any assault on a child under the age of 16 years, or any assault on any person where that person has sustained some serious wound, disfigurement, grievous bodily harm or serious injury, or the nature of the injury or circumstances of the injury indicate that Police intervention is necessary for the further protections of the victim or any other offence included in Part 8 of the Crimes Act (Sections 151-210).

Failure to provide the necessities of life, abandonment, cruelty and abduction are offences in relation to children.’

Domestic Violence Act 1995

Meaning of domestic violence as defined in the Domestic Violence Act 1995:

1. ‘Domestic violence’ in relation to any person, means violence against that person by any other person with whom that person is, or has been, in a domestic relationship with.
2. In this section, ‘violence’ means:
 - a. physical abuse
 - b. sexual abuse
 - c. psychological abuse, including but not limited to:
 - i. intimidation harassment
 - ii. damage to property
 - iii. threats of physical abuse, sexual abuse or psychological abuse
 - iv. in relation to a child, abuse of the kind set out in subsection (3) of this section.
3. Without limiting subsection (2)(c) of this section, a person psychologically abuses a child if that person:
 - a. causes or allows the child to see or hear the physical, sexual or psychological abuses of a person with whom the child has a domestic relationship; or

- b. puts the child, or allows the child to be put, at real risk of seeing or hearing that abuse occurring;

But the person who suffers that abuse is not regarded, for the purposes of that subsection, as having caused or allowed the child to see or hear the abuse, or, as the case may be, as having put the child, or allowed the child to be put, at risk of seeing or hearing the abuse.

- 4. Without limiting subsection (2) of this section:
 - a. a single act may amount to abuse for the purposes of that subsection
 - b. a number of acts that form part of a pattern of behaviour may amount to abuse for that purpose, even though some or all of those acts, when viewed in isolation, may appear to be minor or trivial.

Behaviour may be psychological abuse for the purposes of subsection (2)(c) of this section which does not involve actual or threatened physical or sexual abuse.

Children, Young Persons, and Their Families Act 1989

Paramountcy Principle (section 6):

‘... [the] welfare and interests of the child or young person shall be the first and paramount consideration.’

Reporting (section 15):

‘Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally or sexually) ill-treated, abused, neglected, or deprived may report the matter to a social worker or a member of the Police.’

Protection when disclosing (section 16):

‘No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply or the manner of the disclosure or supply by that person pursuant to section 15 of this Act of information concerning a child or young person (whether or not that information also concerns any other person), unless the information was disclosed or supplied in bad faith.’

Note: Section 16 provides statutory protection for health care providers who suspect child abuse and/or neglect to report.

Responsibility for investigation (section 17):

‘Where any social worker or member of the Police receives a report pursuant to Section 15 of this Act relating to a child or young person, that social worker or member of the Police shall, as soon as practicable after receiving the report, undertake or arrange for the undertaking of such investigation as may be necessary or desirable into the matters contained in the report and shall, as soon as practicable after the investigation has commenced, consult with a Care and Protection Resource Panel in relation to the investigation.’

Health Act 1956

Section 22C of the Health Act 1956 provides guidance on when a doctor can release health information.

1. Any person (being an agency that provides health services, or disability services, or both, or being a funder) may disclose health information:
 - a. if that information:
 - i. is required by any person specified in subsection (2) of this section; and
 - ii. is required for the purpose set out in that subsection in relation to the person so specified; or
 - b. if that disclosure is permitted –
 - i. by or under a code of practice issued under section 46 of the Privacy Act 1993 ...
2. The persons and purposes referred to in subsection (1)(a) of this section are as follows: ...
 - c. A Social Worker or a Care and Protection Co-ordinator within the meaning of the Children, Young Persons, and Their Families Act 1989, for the purposes of exercising or performing any of that person’s powers, duties, or functions under the Act.

Section 22F Communication of information for diagnostic and other purposes

1. Every person who holds health information of any kind shall, at the request of the individual about whom the information is held, or a representative of that individual, or any other person that is providing, or is to provide, health services or disability services to that individual, disclose that information to

that individual or, as the case requires, to that representative or to that other person.

Health Information Privacy Code 1994

Rule 11 – Limits on disclosure of health information –

1. A health agency that holds health information must not disclose the information unless the agency believes, on reasonable grounds: ...
 - b. that the disclosure is authorised by:
 - i. the individual concerned; or
 - ii. the individual's representative where the individual is dead or is unable to give his or her authority under this rule; ...

2. Compliance with paragraph (1)(b) is not necessary if the health agency believes on reasonable grounds that it is either not desirable or not practicable to obtain authorisation from the individual concerned and:
 - a. that the disclosure of the information is directly related to one of the purposes in connection with which the information was obtained;
 - b. that the information is disclosed by a registered health professional to a person nominated by the individual concerned or to the principal care giver or a near relative of the individual concerned in accordance with recognised professional practice and the disclosure is not contrary to the express wish of the individual or his or her representative; ...
 - d. that the disclosure of the information is necessary to prevent or lessen a serious and imminent threat to:
 - i. public health or public safety; or
 - ii. the life or health of the individual concerned or another individual: ...
 - i. that non-compliance is necessary:
 - i. to avoid prejudice to the maintenance of the law by any public sector agency, including the prevention, detection, investigation, prosecution, and punishment of offences; or ...
 - ii. for the conduct of proceedings before any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation);

3. Disclosure under subrule (2) is permitted only to the extent necessary for the particular purpose. ...

5. This rule applies to health information about living or deceased persons obtained before or after the commencement of this code.
6. (Despite subrule (5), a health agency is exempted from compliance with this rule in respect of health information about an identifiable deceased person who has been dead for not less than 20 years.)

Note: Except as provided in subrule 11(4) nothing in this rule derogates from any provision in an enactment which authorises or requires information to be made available, prohibits or restricts the availability of health information or regulates the manner in which health information may be obtained or made available – Privacy Act 1993, s 7. Notes also that rule 11, unlike the other rules, applies not only to information about living individuals, but also about deceased persons – Privacy Act 1993, s 46(6).

Should health care providers breach the Health Information Privacy Code, a complaint can be laid with the Privacy Commissioner for resolution.

While this resource has been developed with all care and after consultation with many organisations, it is not intended to be legal advice.