Family Violence Intervention at Women's Health in ADHB

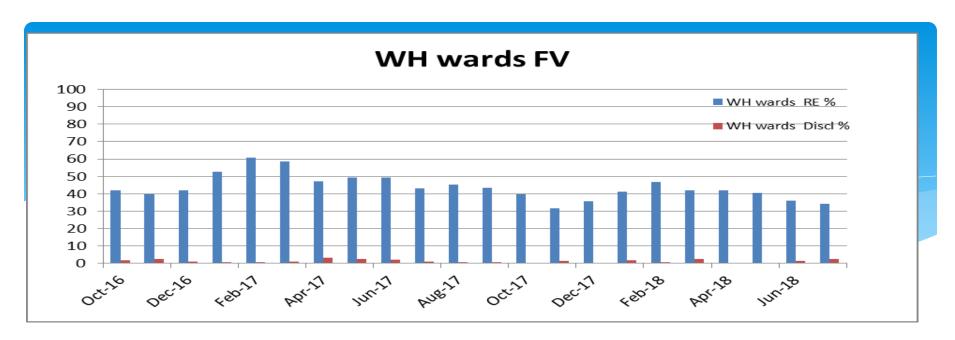
History

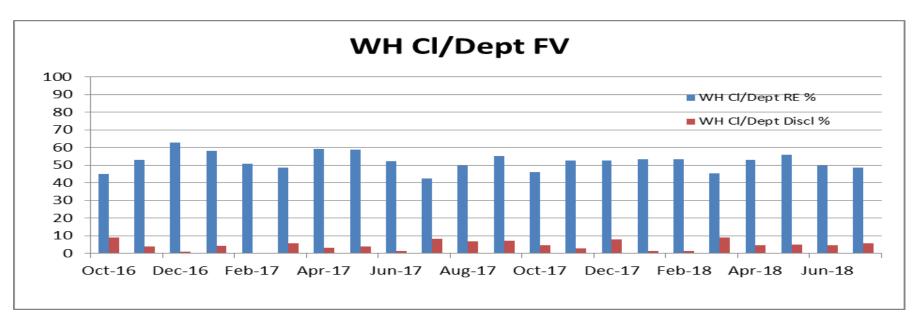
- * Routine screening for family violence in women's health began in 2005.
- * In 2016 the MoH guidelines were updated
- * Now called routine enquiry
- * 4 questions that are quite specific
- * 6 step process still in place for identification, assessment and referral

Violence Intervention Programme Targets

- *80% and above for Intimate Partner Violence routine enquiry
- *5% and above for Intimate Partner Violence disclosure

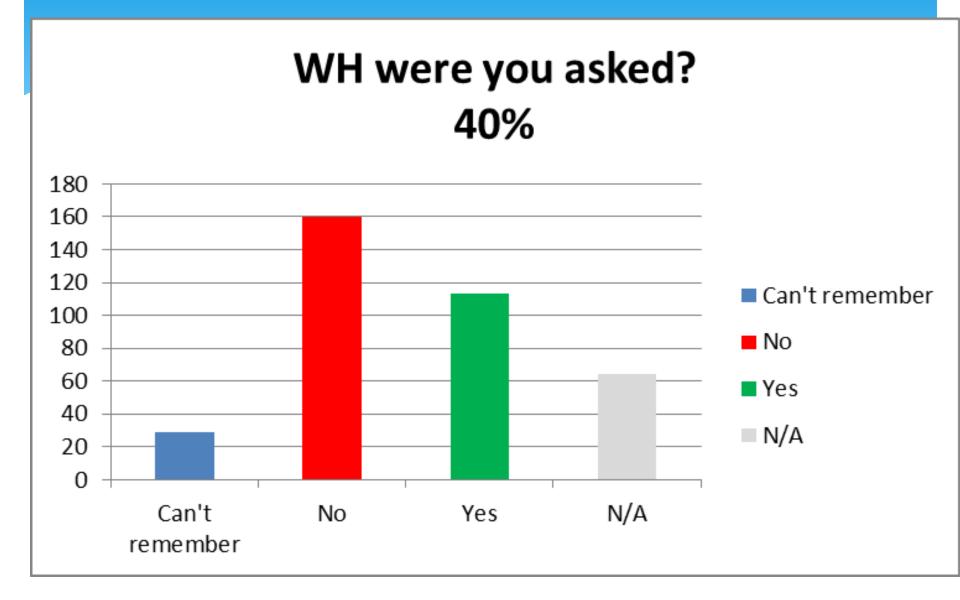
^{*} Same for Child Abuse and neglect







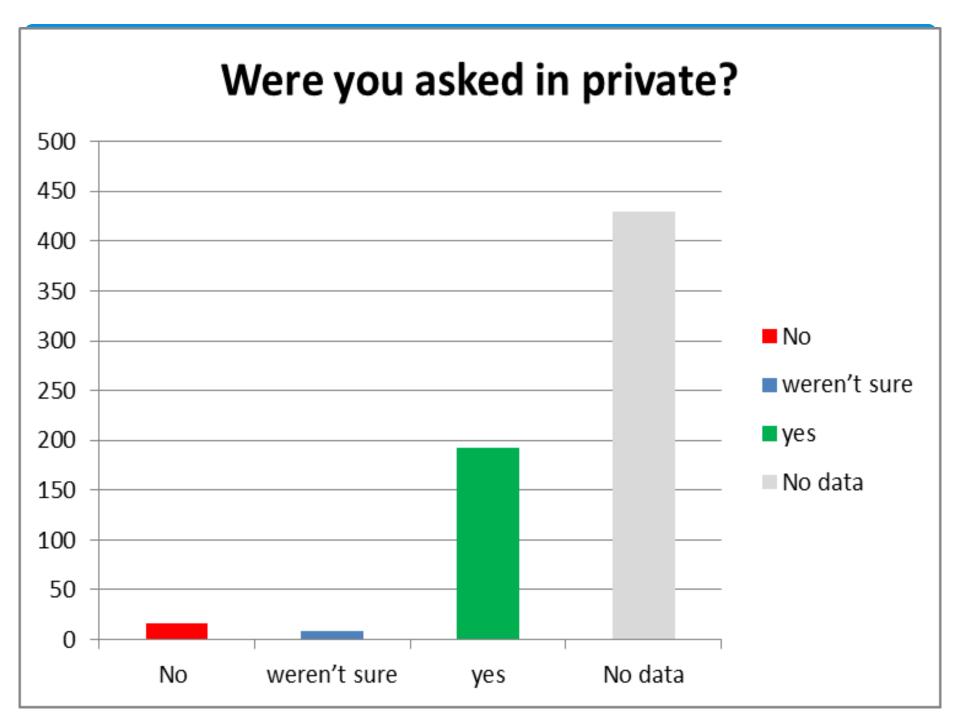
Total n= 645 (348 WH)



* I am very impressed with the way these sensitive questions were asked and although I have never experienced family harm, I work in the field and am very heartened by the way these questions were asked and how non-threatening the environment was.

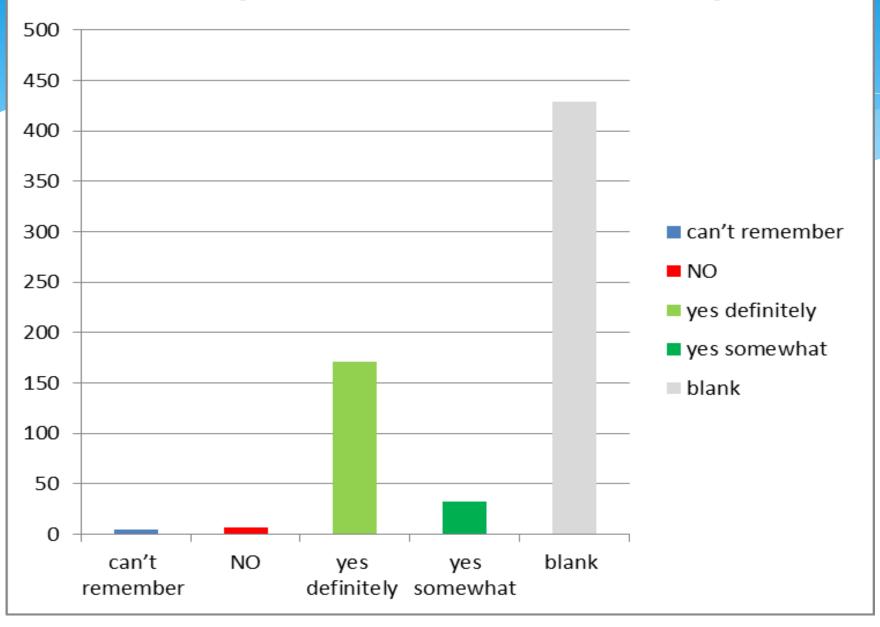
* I think this is a great thing to do and I although it isn't a problem for our family I do know of one person who was able to seek help because a nurse asked her this question in private and she answered that there was trouble at home. Great job.

* Ideally every woman should be asked but in a way which respects her particular background, not by a person with a clipboard with no counselling or interviewing experience. I assume that I was not asked because enough was known about my background to make it clear that it doesn't happen to me.



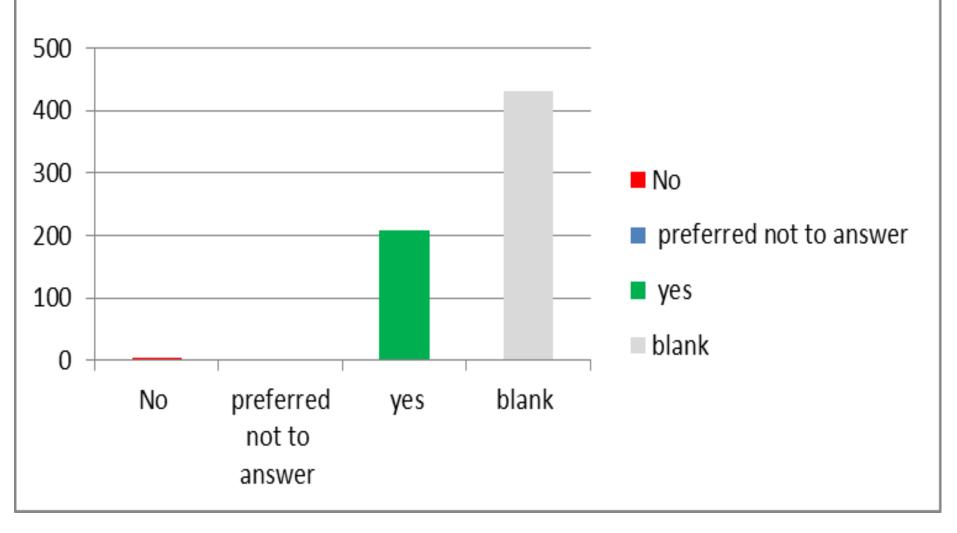
* I was surprised when the male midwife asked me about family violence as I am in a loving relationship. I totally understand the importance of asking and have no issue with answering these questions. I think it just shows how much your hospital cares about people.

Were you asked in a senstive way?

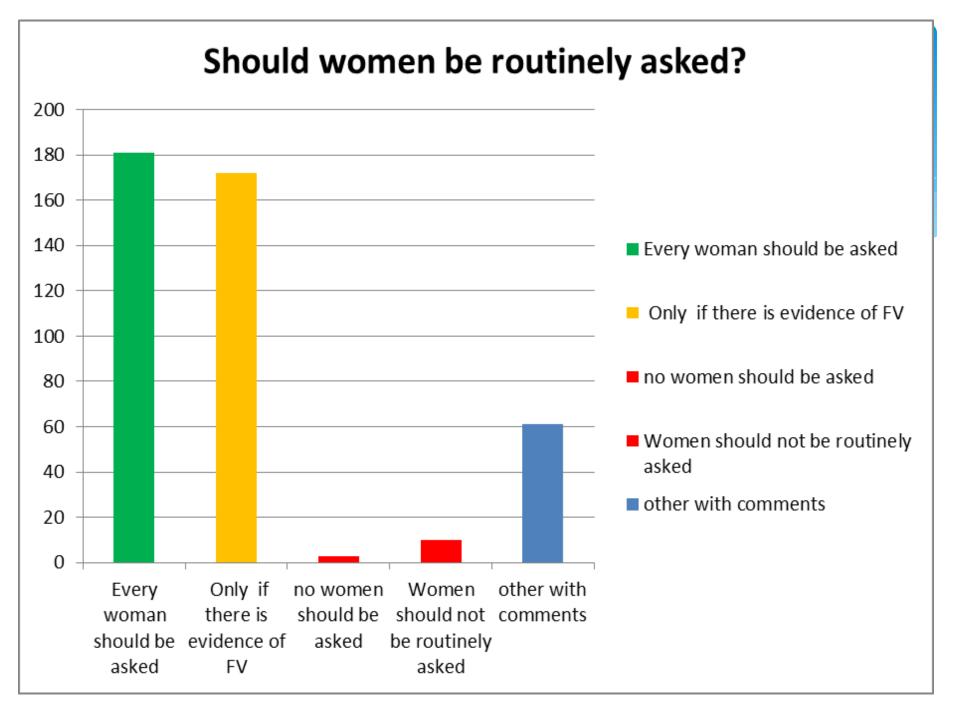


 The way the nurse asked by awkward and made it seem she was just asking me. I didn't know this was routine to ask and I got sort of offended. * I was asked in quite a matter of fact routine manner - felt too much of a duty. If I had of had some family violence issues I wouldn't answer honestly in that circumstance as it was all pretty unemotional and not personal. It was robotic.





* I think it's easy to assume someone isn't experiencing FV and frame the question that way. I find it's often asked as "we have to ask this, you're not being hit are you?" (as it was when I was in hospital). Fortunately I'm not, nor have been but if I was, I imagine I'd find it very challenging to go against this assumption.



* I have been an abuse victim for 30 years and I would never have told a hospital staff member but I tried to hint to my Doctor. I hid from ever going there to show him the real evidence.

Summary

- * We are doing OK!
- * Quality and quantity
- * Educate the public
- * Patients feel they can disclose to us
- * Health can identify, assess and refer.
- * Can health help to reduce the incidence of family violence in NZ?