

# HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE:

## 48 MONTH FOLLOW-UP AUDIT SUMMARY

### BACKGROUND

The Ministry of Health's Violence Intervention Programme (VIP) in District Health Boards (DHBs) seeks to reduce and prevent the health impacts of violence and abuse through early identification, assessment and referral of victims presenting to health services. This programme is part of the health sector response to the multi-agency approach to reduce family violence and child abuse in New Zealand led by Government's *Taskforce for Action on Violence within Families*.

In 2002, the Ministry of Health published *Family Violence Intervention Guidelines: Child and Partner Abuse* to support health professionals in identifying and responding effectively to cases of family violence. In 2007, the Ministry funded Family Violence Intervention Coordinator (FVIC) appointments to expand the significant progress made by District Health Boards during the VIP pilot phase. These appointments have proved vital to the continued progress and sustainability of family violence intervention programmes. Local programmes are also being supported by individual hospital evaluation reports, national programme coordination and health professional training, all funded by the Ministry of Health.

### 2008 AUDIT

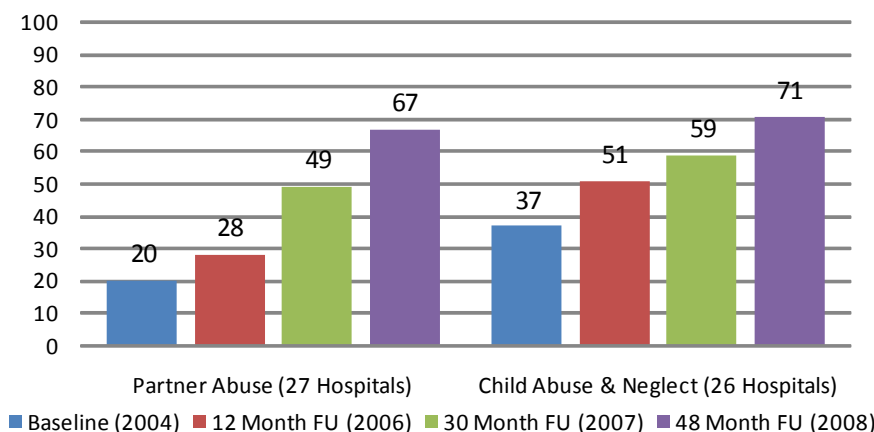
An external evaluation project provides information to DHBs and the Ministry about the implementation of family violence programmes. This summary report documents the development of DHBs family violence systems response based on four rounds of hospital audits 2004 to 2008. The quantitative data are the result of applying an audit tool to measure system indicators during 27 hospital site visits in the 21 DHBs.

The evaluation seeks to answer the following two questions:

1. How are New Zealand District Health Boards (DHBs) performing in terms of institutional support for family violence prevention?
2. Is institutional change sustained over time?

### KEY RESULTS

#### MEDIAN HOSPITAL VIP PROGRAMME SCORES<sup>1</sup> 2004-2008



Programme scores are steadily increasing:

13 (48%) hospitals have reached the target score of 70<sup>2</sup>

- 48 month follow-up audit findings reflect considerable family violence programme development since the baseline audit in 2004.
- The median Partner Abuse Intervention Programme score has more than tripled, from 20 to 67.
- The median Child Abuse and Neglect Intervention Programme score has almost doubled, from 37 to 71.
- Evaluation results are strongly linked to support and resources provided by the Ministry and DHBs.

<sup>1</sup> Programme scores may range from 0 to 100, with higher scores indicating greater development.

<sup>2</sup> The minimal achievement threshold (target score) was set in 2004 based on international and New Zealand baseline data.

## KEY PROGRAMME INDICATORS

### PARTNER ABUSE PROGRAMMES

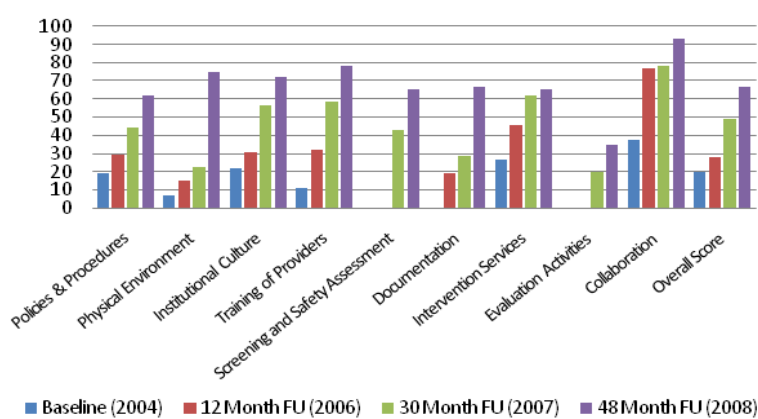
- 21 (78%) hospitals employ an identifiable partner violence intervention programme coordinator.
- 19 (70%) hospitals have instituted partner violence screening in one or more inpatient or outpatient units
- 21 (78%) hospitals have implemented official policies regarding the assessment and treatment of victims of partner abuse.
- 18 (67%) hospitals have a formal partner violence response staff training plan.
- 16 (59%) hospitals conduct formal written assessments of staff knowledge and attitudes about partner abuse.
- 17 (63%) hospitals conducted quality improvement activities evaluating their partner abuse intervention programme since the last audit.
- 14 (52%) hospitals monitored their partner violence screening effort, with 6 (22%) hospitals screening at least 25% of eligible women.

### CHILD ABUSE & NEGLECT PROGRAMMES

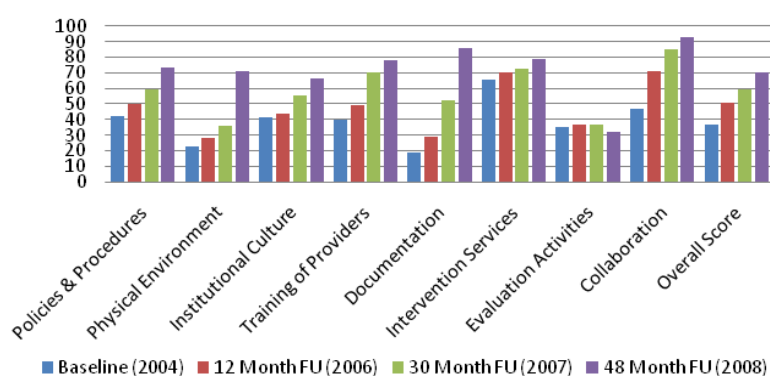
- 23 (88%) hospitals employ an identifiable child protection programme coordinator.
- 25 (96%) hospitals have a clinical assessment policy for identifying signs and symptoms of child abuse & neglect and for identifying children at risk.
- 24 (92%) hospitals have implemented official policies regarding the clinical assessment, appropriate questioning, and treatment of suspected abused and neglected children.
- 19 (73%) hospitals have a formal child abuse & neglect response staff training plan.
- 11 (44%) hospitals conduct formal written assessments of staff knowledge and attitudes about child abuse and neglect.
- 13 (48%) hospitals used quality improvement activities evaluating their child protection programme.

## PROGRAMME ELEMENTS

PARTNER ABUSE DOMAIN MEDIAN SCORES (27 HOSPITALS)



CHILD ABUSE & NEGLECT DOMAIN MEDIAN SCORES (26 HOSPITALS)

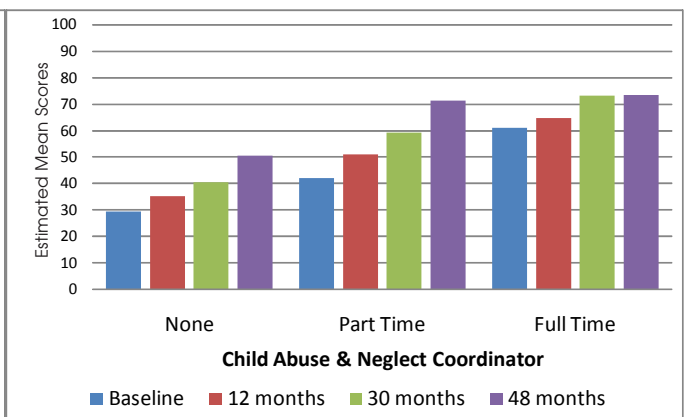
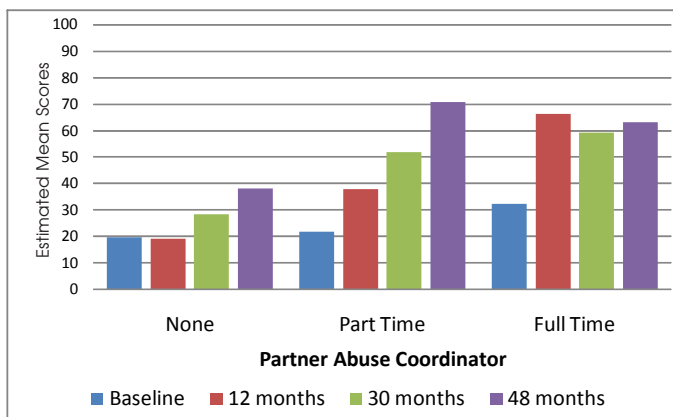


- Partner Abuse and Child Abuse & Neglect intervention programmes have made steady progress across all of the measured domains.
- Local programmes have collaborated internally and externally to support a multi-agency approach to responding to women and children at risk for family violence.
- To support development of internal programme evaluation, the Ministry of Health is currently funding the development of a quality improvement resource toolkit.

## KEY INSIGHTS: COORDINATORS

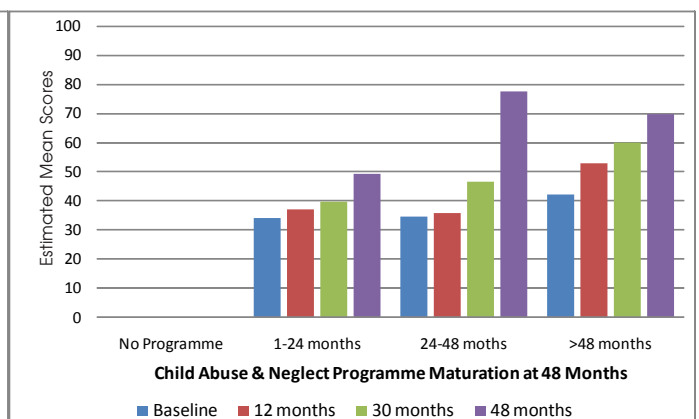
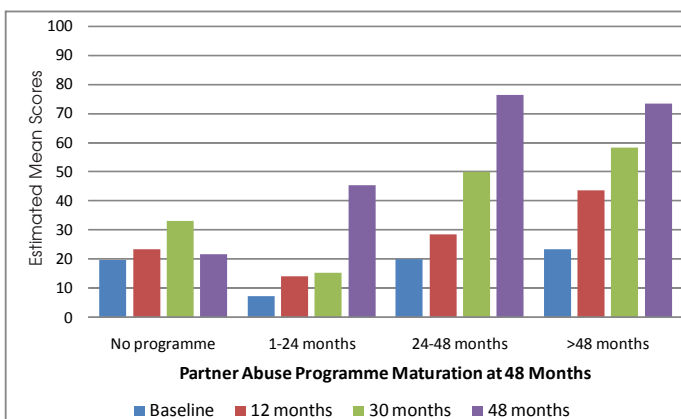
*Hospitals which have employed Family Violence Intervention Coordinators (FVIC) consistently score higher than those which do not.*

*Maintenance and development of the programme relies on the stability of the FVIC position.*



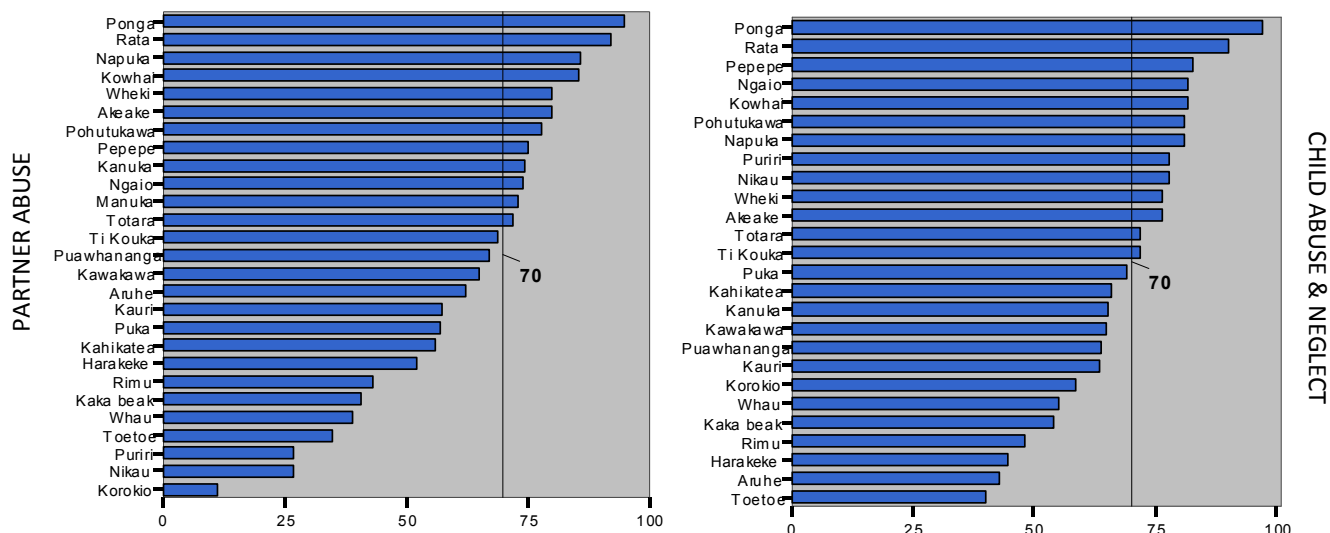
## KEY INSIGHTS: PROGRAMME MATURATION

*Hospitals which have recently begun Family Violence Programmes have been able to make significant gains in a short time period. National programme support resourcing that includes the FVIC, VIP website, a national programme coordinator, and twice yearly coordinator meetings have contributed to this.*



## NATIONAL OVERVIEW

These league tables rank hospitals by their 2008 overall programme score. Code names from a selection of native Aotearoa New Zealand plants have been allocated to hospitals to protect confidentiality during this period of programme development. As illustrated, hospitals are approaching the recommended minimal achievement threshold of 70 that was set in 2004 based on international and New Zealand data.



## SUMMARY

How are New Zealand District Health Boards (DHBs) performing in terms of institutional support for family violence prevention?

- From 2004 to 2008, the number of hospitals achieving the recommended minimal achievement threshold has risen from 1 to 13 for both partner abuse and child abuse and neglect intervention programmes.
- In 2004, only 2 hospitals reported monitoring partner violence screening effort. In 2008, 14 hospitals monitored their screening effort, with 6 hospitals screening at least 25% of eligible women.

Is institutional change sustained over time?

- An effective, sustainable health sector response to women, children and families at risk for family violence is possible with the will and effort of many, both within and outside of the health sector.
- Increasing evaluation scores over time demonstrate that programme maturation, Family Violence Intervention Coordinator stability, ongoing health provider training, national programme coordination and other efforts are successful in creating sustainable institutional change.

For further information about the Violence Intervention Programme (VIP) go to: [www.moh.govt.nz/familyviolence](http://www.moh.govt.nz/familyviolence)

For the full series of evaluation reports go to: [http://trauma-research.info/fv\\_evaluation.htm#reports](http://trauma-research.info/fv_evaluation.htm#reports)

This evaluation work was commissioned by the Ministry of Health to the Auckland University of Technology. The views expressed in this summary report are those of the authors and do not necessarily represent the views of The Ministry. Jane Koziol-McLain, Claire Gear & Nick Garrett (March, 2009). Hospital Responsiveness to Family Violence: 48 Month Follow-Up Audit Summary. Interdisciplinary Trauma Research Unit, Auckland University of Technology, Auckland New Zealand.