

Family Violence Law Review

Submission to the Ministry of Justice

Date: 18 September 2015

Contact

LEANNE MANSON, RCPN, BN, BA (1ST HONS), PGDIP PH, POLICY ANALYST MĀORI

DDI: 04 4946389 OR 0800 283 848 | E-MAIL LEANNEM@NZNO.ORG.NZ | www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Ministry of Justice Family Violence Law Review.
2. NZNO has consulted widely with staff and members, in particular expert members of Te Rūnanga o Aotearoa (Te Rūnanga) and the Greater Wellington Regional Council, and nursing, research and policy advisers.
3. We support the timeliness of the review given the horrific statistics that indicate New Zealand has the highest reported rates of intimate partner violence in the developed worldⁱ. Domestic violence is a significant and serious social problem in Aotearoa New Zealand with approximately one in three women physically or sexually abused by a partner or ex partner in their lifetime, with 18.2% experiencing domestic violence within any given yearⁱⁱ.
4. It is also unacceptable that Māori are disproportionately represented as both victims and perpetrators, with Māori women twice as likely as other women to experience family violenceⁱⁱⁱ.
5. We strongly support any improvement to the quality, consistency, and timeliness of interventions to keep victims safe, particularly for women, Māori women and children and those who are the most vulnerable.
6. As frontline health service staff who deal daily with the impact of violence as the major contributor to the ill health of women by an intimate partner^{iv}, we are seriously concerned that the crucial role of nurses and

midwives is missing from this review. This is an unacceptable omission given nurses and midwives are often the first health professionals to come into contact with a person at risk of, or actually experiencing violence – particularly as most health settings require nurses to screen for violence during assessment processes. Health services are seen as places where women feel safe, are treated with respect, are not stigmatised, and where they can receive quality, informed support.

7. We also have serious concerns that the Ministry of Health is absent as one of the lead agencies in the cross Government work programme to reduce Family Violence (as indicated on page 8 of the public discussion document *Strengthening New Zealand's Legislative response to family violence*). Given the health sector has played such a significant and vital role in implementing the Ministry of Health Violence Intervention Programmes (VIP) since 2002, we are concerned and question why the Ministry is not include as a lead agent.
8. In response to the proposed name changes from domestic to family violence; we wish to draw your attention to the potential consequence of excluding those women who do not have children, those women in non heterosexual relationships, those who prefer the cultural definition of 'whānau' rather than family or who live outside the 'nuclear family' definition.
9. We draw your attention to the recent research undertaken by the Public Service Association (PSA) on *Productivity Gains from Workplace Protection of Victims of Domestic Violence 2014^v* which highlights the importance of treating family violence as a workplace issue and may assist in strengthening employment legislation to support victims experiencing domestic violence.
10. We wish to raise our concerns on the following:
 - the crucial role of nurses and midwives;
 - domestic violence as a workplace issue;
 - cultural competency training and specific family violence training for frontline staff; and
 - specific comments from our members.

DISCUSSION

Crucial role of nurses and midwives

11. The World Health Organisation World Report on Violence and Health^{vi} indicates that the effect of family violence on the health budget is profound. Victims of violence within families are three times more likely

to access health services than the general population and the effect of witnessing violence in children has conclusively been linked to serious health problems as these children grow into adulthood^{vii}.

12. We wish to ensure that the review discussion points should focus on reducing not only the social harm but also the health harm especially when implementing the recommendation.
13. As health professionals, our members deal daily with the impact of violence as the major contributor to the ill health of women by an intimate partner^{viii}, we are extremely disappointed that the crucial role of frontline health service staff is glaringly missing from this review.
14. Violence on women leads to these women being exposed to many health risk factors, and as recent research indicates the health sector can play a vital role in preventing violence against women by helping to identify abuse early, providing victims with the necessary treatment, and referring women to appropriate care^{ix}.
15. Health services are often seen as places where women feel safe, are treated with respect, are not stigmatised, and where they can receive quality, informed support. Nurses and midwives are often the first health professionals to come into contact with a person at risk of, or actually experiencing violence and consequently they are able to initiate appropriate interventions aimed at the prevention, early detection/screening and, where appropriate, reporting of abuse or violence^x. We draw your attention to *NZNO 2012 position statement on Interpersonal Violence*.
16. We have serious concerns with the Ministry of Health being absent as one of the lead agencies in the cross Government work programme to reduce Family Violence (as indicated on page 8 of the public discussion document *Strengthening New Zealand's Legislative response to family violence*). Given the health sector has played such a significant and vital role in implementing the Ministry of Health Violence Intervention Programmes (VIP) since 2002, we are concerned and question why the Ministry is not included as a lead agent.

Domestic violence as a workplace issue

17. The body of research about domestic violence over the past 30 years states conclusively that staying in employment is critical to reducing the effects of violence^{xi}. This is evidenced in the Public Service Association (PSA) research on *Productivity Gains from Workplace Protection of Victims of Domestic Violence 2014*^{xii} which highlights the importance of treating family violence as a workplace issue and suggests strengthening employment legislation to assist victims experiencing domestic violence.

18. The security of employment also enables those affected by domestic violence to build confidence, commitment and continuity into their lives. This means that they are equipped to maintain home and economic stability and assists with finding a pathway where they can successfully re-build their lives^{xiii}.
19. Underlying factors such as poverty, unemployment, poor housing and lack of social and educational resources also contribute to interpersonal violence^{xiv} and we acknowledge that appropriate government funding and resourcing will be required to assist front line staff with access to cultural competency and specific family violence prevention training to ensure that they can assist.

Cultural competency and family violence training for frontline staff

20. We support any initiatives that supports improving agency staff capability and cultural responsiveness and strongly recommend that all frontline staff need training in both cultural competency and specific family violence training to deliver services that meet the needs of the communities we serve.
21. Given Māori are disproportionately represented as both victims and perpetrators, with Māori women twice as likely as other women to experience family violence, we strongly recommend that training in cultural competency should be mandatory for all frontline staff across all health and social sectors.
22. As indigenous health professionals, Te Rūnanga draw attention to Article 22.2 of the United Nations Declaration on the Rights of Indigenous Peoples which states that '*States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination*'.
23. Te Rūnanga agree that services for Māori should recognise cultural needs and continue to shift to a whānau based delivery model grounded in tikanga and be culturally responsive services.
24. As frontline health service staff, our members play a vital role in providing better services for victims, perpetrator and whānau, and sharing information, providing training to support the workforce to practice in a responsive, safe and competent way.
25. We wish to draw your attention to the extensive research that Te Puni Kōkiri undertook as part of the Governments initiative on Family Violence Taskforce which gives a comprehensive overview of Māori approaches to reducing family violence^{xxvi}.

Member feedback

Our members have provided specific feedback on the review document including:

Overall comments

- *The health impact on victims of family violence abuse is widespread within our community and I applaud the fact that another review is to be undertaken.*
- *Consideration should also be taken of figures around pregnancy and partner abuse. In women interviewed (2391 in total) in NZ between 6 – 9% of women reported violence while pregnant. Over $\frac{3}{4}$ stated the violence began before they were pregnant. Approximately 42% of women who are abused are more likely to have had miscarriage.*

Giving better guidance in law about family violence and the expectations about how government will respond;

- *Better guidance will benefit the Police in managing individual situations.*

Giving more visibility in law to the population groups affected by family violence;

- *As all population groups are effected by family violence the more it is spoken about the better. High visibility re the non acceptance of all forms of violence may make it easier for victims and families to speak out.*

Creating an additional pathway for victims, perpetrators and whānau who seek help to stop violence escalating, without having to go to court;

- *Many victims for many reasons do not wish to prosecute an offender. A pathway for perpetrators that does not involve the court could be beneficial. Care should be taken that increased Whānau involvement does not lead to coercion of the victims and place her into a vulnerable position*
- *There should also be in place clear pathways if perpetrators consider the non prosecution a way to 'cop out'. There should be serious consequences if violence escalates or if there is continual denial of problems.*

Improving protection orders, including how applications are funded;

- *Protection orders at small or no cost and that are easily understood by the victims and the perpetrators are long overdue. Both parties need to understand the conditions and responsibilities regarding*

them. Law enforcement also needs to undertake a more proactive method in dealing with orders that are broken or threats to break them.

Creating a new framework of family violence offences supporting improvements to the whole of government response to family violence.

- *Do we say that any new framework is better than the mish- mash we have at present?*

Changing title of the act from domestic violence to family violence

- Current term does not adequately acknowledge the role and dynamics of broader whānau relationships in family violence situations. Or take into context New Zealand bicultural heritage or broader definition of whānau.

CONCLUSION

In conclusion NZNO recommends you note:

- **our support** for the family violence review;
- **our serious concern** that the crucial role of nurses and midwives is missing from this review;
- **our concern that** the Ministry of Health is absent as one of the lead agencies in the cross Government work programme to reduce Family Violence;
- **our support** for cultural competency and specific family violence training as mandatory for all frontline staff across all health and social sectors; and
- **we welcome** the opportunity to have further involvement in the review process.

Nāku noa, nā



Leanne Manson
Policy Analyst Māori

REFERENCES

- ⁱ Ministry of Justice. (2015). *Strengthening New Zealand's legislative response to family violence a public discussion document*. Wellington: Ministry of Justice.
- ⁱⁱ Fanslow, J. L. & Robinson, E. M. (2011). "Sticks, Stones, or Words? Counting the Prevalence of Different Types of Intimate Partner Violence Reported by New Zealand Women", *Journal of Aggression, Maltreatment & Trauma* Vol. 20 No. 7, pp. 741-759.
- ⁱⁱⁱ Family Violence Death Review Committee. (2014). *Fourth Annual Report January 2013 to December 2013*. Wellington: Family Violence Death Review Committee.
- ^{iv} The World Health Organisation's Multi-country study on women's health and domestic violence against women Report – initial results on prevalence, health outcomes and women's responses. Accessed 11 September 2015.
http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf
- ^v Kahui S, Ku B, Snively S. (2014). *Productivity gains from workplace protection of victims of domestic violence*. Wellington: Public Service Association.
- ^{vi} The world Health Organisations World Report on Violence and Health, Krug et al 2002 Browne, Salomon and Bassuk 1999; Moe and Bell 2004; Riger Staggs and Schewe 2004). Accessed 16 September 2015.
- ^{vii} The world Health Organisations World Report on Violence and Health, Krug et al 2002 Browne, Salomon and Bassuk 1999; Moe and Bell 2004; Riger Staggs and Schewe 2004). Accessed 16 September 2015.
- ^{viii} The World Health Organisation's Multi-country study on women's health and domestic violence against women Report – initial results on prevalence, health outcomes and women's responses. Accessed 11 September 2015.
http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf
- ^{ix} The World Health Organisation's Multi-country study on women's health and domestic violence against women Report – initial results on prevalence, health outcomes and women's responses. Accessed 11 September 2015.
http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf
- ^x New Zealand Nurses Organisation. (2012). *New Zealand Nurses Organisation Practice Position Statement: Interpersonal Violence*. Wellington: New Zealand Nurses Organisation.
- ^{xi} Kahui S, Ku B, Snively S. (2014). *Productivity gains from workplace protection of victims of domestic violence*. Wellington: Public Service Association.
- ^{xii} Kahui S, Ku B, Snively S. (2014). *Productivity gains from workplace protection of victims of domestic violence*. Wellington: Public Service Association.

xiii National Council of Women (2015). Suzanne Snively *Productivity Gains from Workplace Protection of Victims of Domestic Violence Speech at National Council of New Zealand Zonta Club of Wellington Graduate National Women Annual Debate*, 22 July 2015. National Council of Women Website, accessed 18/9/2015.

^{xiv} New Zealand Nurses Organisation. (2012). *New Zealand Nurses Organisation Practice Position Statement: Interpersonal Violence*. Wellington: New Zealand Nurses Organisation.

^{xv} Te Puni Kōkiri. (2008). *Rangahau Tūkino Whānau Māori Research Agenda on Family Violence*. Wellington: Te Puni Kōkiri.

^{xvi} Te Puni Kōkiri. (2008). *Arotake Tūkino Whānau Literature Review on Family Violence*. Wellington: Te Puni Kōkiri.