

# Interpersonal Violence

## Purpose

The purpose of this statement is to outline NZNO's position on violence in interpersonal relationships, families, schools, workplaces and communities.

**NZNO has zero tolerance of violence in any setting.**

## Introduction

Violence is a major problem affecting many New Zealanders. In 2008, the New Zealand police recorded 44,628 family violence offences, most of these against women (New Zealand Family Violence Clearing House, 2009). Nurses and midwives are often the first health professionals to come into contact with a person at risk of, or actually experiencing violence. Consequently, nurses and midwives must be able to initiate appropriate interventions aimed at the prevention, early detection/screening and, where appropriate, reporting of abuse or violence.

## What is interpersonal violence?

Interpersonal violence is the unjust or unwarranted exertion of force or power against oneself, another person, or against a group or community that results in, or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (Krug, Dahlberg, Mercy, Zwi & Lorenzo, 2002). Violence is a generic term that incorporates any behaviour that humiliates, degrades or injures the well-being, dignity and worth of an individual and may include physical, sexual, and/or psychological abuse, as well as deprivation and/or neglect (Montero, Escriba, Ruiz-Perez, Vives-Cases, Martin-Baena, Talavera & Plazaola, 2011; International Council of Nurses, 2009).

Interpersonal violence can be separated into family and intimate partner violence, and community violence (Krug, Dahlberg, Mercy, Zwi & Lorenzo, 2002). Family and intimate partner violence includes:

- > child maltreatment/abuse/neglect and exploitation;
- > intimate partner violence; and
- > elder abuse.

Community violence includes:

- > youth violence;
- > assault by strangers;
- > violence related to property crimes;
- > violence toward unrelated elders; and
- > violence in workplaces and other institutions.

Violence can be prevented and its impact reduced through appropriate public health interventions (WHO, 2010). The New Zealand Health Strategy (Ministry of Health, 2000) identifies child abuse, family violence, school bullying and elder abuse as preventable forms of harm and social disruption. Nurses have a significant role in preventing violence, identifying those at risk of violence, and implementing appropriate interventions in situations where violence is occurring or has occurred.

## Contributors to interpersonal violence

Research demonstrates poverty issues such as unemployment, poor housing and lack of social and educational resources contribute to interpersonal violence. The ecological framework found in figure two is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence, but that interpersonal violence is the outcome of interaction at four levels – the individual, the relationship, the community and society. The Ministry of Health (2002) also notes the substantial overlap between the occurrence of child abuse and partner abuse (most frequently violence against women) in families, and that child and partner violence occurs across the spectrum of cultural and socio-economic groups.

---

### The ecological framework of interpersonal violence

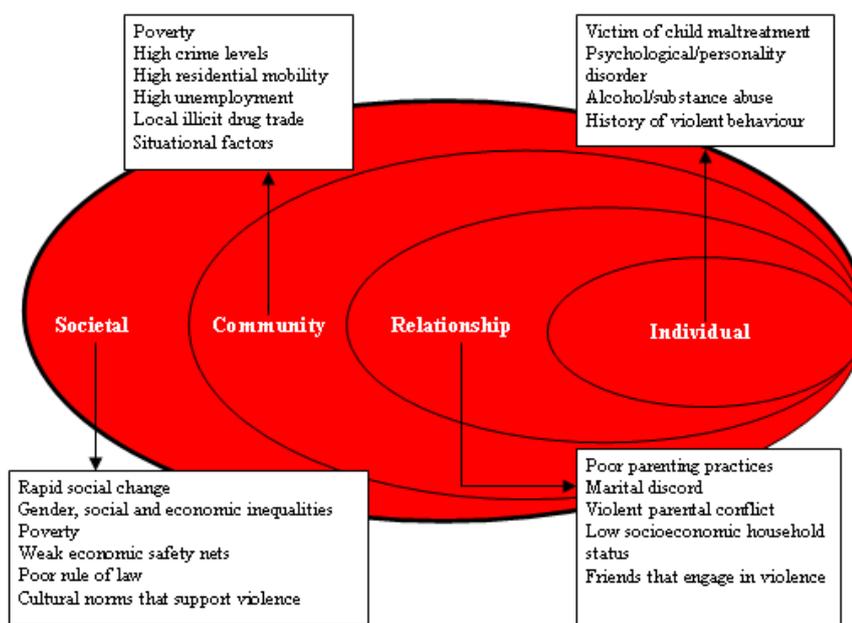


Figure 2 The ecological framework of interpersonal violence  
<http://www.who.int/violenceprevention/approach/ecology/en/index.html>

## Effects of interpersonal violence

Interpersonal violence is a health issue that affects individuals, families, communities and society in Aotearoa New Zealand. These effects include:

- > physical injuries to the victims, both adult and children. These injuries may be life threatening, disfiguring, or have long-term consequences;
- > an increase in unsafe behaviour, especially where victims continue to live in a violent or high risk environment, e.g. children exposed to serious drug or alcohol use;
- > an increase in anxiety/stress-related illness and other physical and psychological problems, especially in children. This can often lead to behaviour problems and poor educational attainment, impacting on future health choices and long-term health outcomes;
- > an increase in serious mental health problems including depression, self-harming behaviour and suicide;
- > unemployment and poverty – particularly where the perpetrator was the main source of family income;
- > increased use of, and therefore cost to, health services, justice and police departments, social and welfare services and special education services;
- > children being unable to reach their full potential.

## Government support

In 1995, the government called for all departments to prepare a response plan to family violence. The following guidelines have been published since that time:

- > *Family Violence: Guidelines for the development of practice protocols* (Ministry of Health, 1998)
- > *Family Violence Intervention Guidelines: Child and partner abuse* (Ministry of Health, 2002)
- > *Family Violence Intervention Guidelines: Elder abuse and neglect* (Ministry of Health, 2007)

In 2007, the Ministry launched the Violence Intervention Programme (VIP) in district health boards (DHBs). VIP 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, which is one component of the multi-agency approach to reduce family violence and child abuse in New Zealand led by the government's Taskforce for Action on Violence within Families.

In 2011, the VIP supports health sector family violence programmes throughout New Zealand and funds family violence intervention co-ordinator positions in all DHBs. The VIP programme also audits DHB performance, supports related research and evaluation and offers technical support and training.

**NZNO has endorsed all Ministry of Health guidelines on family violence.**

## NZNO's Position

### The New Zealand Nurses Organisation:

- > has a responsibility to advocate for vulnerable individuals/populations – including its own members who may also be victims of interpersonal violence at home and in their workplaces;
- > supports nurses to prevent violence, protect victims of violence, educate (to dispel cultural norms that allow violence to exist in homes and schools), and empower individuals, families, whānau, hapu, iwi and communities as a means of addressing violence;
- > encourages its members to support local and national initiatives for the prevention and subsequent management of violence;
- > encourages a primary health care and social determinants approach to violence, supporting initiatives that address the root causes of violence in the community, such as poverty, lack of education and unemployment, with an emphasis on the promotion of safe, stable and nurturing relationships between children and their parents and/or caregivers;
- > supports the International Council of Nurses' anti-violence campaign, which focuses on the elimination of family violence, as well as the elimination of violence against nurses in the workplace;
- > supports the World Health Organisation's seven strategies for preventing interpersonal and self-directed violence;
- > supports the development of curriculum standards, at all levels of nursing education, for interpersonal violence that include violence prevention and identification of at risk/vulnerable individuals, families and whānau. These standards will help establish violence identification and action as a basic intervention in nursing practice;
- > supports the use of the whānau ora tool (Ministry of Health, 2008) in partnership with whānau, hapu, iwi and Māori communities when developing programmes, projects and policy aimed at addressing violence;
- > supports the researched body of knowledge showing that routine screening is an effective and appropriate early intervention in the identification of violence;
- > supports and advocates for mandatory information sharing between social, education and health sectors in suspected cases of child or elder maltreatment/abuse;
- > recognises that registered nurses (RNs) and midwives frequently delegate care to enrolled nurses (ENs) and/or health care assistants (HCAs), who may be the first point of contact for people experiencing violence. The RN or midwife has a responsibility to ensure the EN or HCA understands the importance of reporting any conversations or suspicions regarding the presence of interpersonal violence and documenting this in the client/patient notes;
- > supports the inclusion of violence as a topic in workplace orientation packages with links to advocacy groups. Workplaces must have policies and processes in place to enable staff to complete interpersonal violence interventions.

**Violence is preventable. NZNO supports appropriate and evidence-based interventions targeted at violence prevention.**

#### NZNO Practice Position Statement:

Interpersonal Violence

New Zealand Nurses Organisation PO Box 2128, Wellington 6140. [www.nzno.org.nz](http://www.nzno.org.nz)

Page 4 of 7

## Bibliography

- Butchart, A., & Phinney Harvey, A. (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. Geneva; World Health Organisation.  
Available: [http://whqlibdoc.who.int/publications/2006/9241594365\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf)
- Briggs, C., Ryan, D., Brown, N., Gray, J., Green, J., Fowler, C., & Homer, C. (2010). *Professionals protecting children: child protection and nursing and midwifery education curriculum standards*. Adelaide: Australian Centre for Child Protection.  
Available:  
<http://www.unisa.edu.au/childprotection/documents/PPCN&MStandards.pdf>
- Carroll-Lind, J., Chapman, J., & Raskauskas, J. (2011). Children's perceptions of violence: the nature, extent and impact of their experiences. *Social Policy Journal of New Zealand*, 37.
- Connor, J., You, R., & Casswell, S. (2009). Alcohol-related harm to others: A survey of physical and sexual assault in New Zealand. *New Zealand Medical Journal*, 122(1303).
- Families Commission. (2009). *Family violence statistics report*. Wellington: Families Commission.
- Glasgow, K., & Fanslow, J., (2007). *Family violence intervention guidelines: elder abuse and neglect*. Wellington: Ministry of Health.
- Health and Disability Commissioner. (2004). *Code of Health & Disability Services Consumers' Rights Wellington: Health and Disability Commissioner*.
- Humphreys, J., & Lee, K. A. (2009). Interpersonal violence is associated with depression and chronic physical health problems in midlife women. *Issues in Mental Health Nursing*, 30(4), 206-213.
- International Council of Nurses. (2009). *Elder abuse*. Geneva: International Council of Nurses.
- International Council of Nurses. (2009). *Prevention of child abuse*. Geneva: International Council of Nurses.
- International Council of Nurses. (2009). *Violence: a worldwide epidemic*. Geneva: International Council of Nurses.
- Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lorenzo, R. (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organisation.
- Lauti, M., & Miller, D. (2008). Midwives and obstetricians perception of their role in the identification and management of family violence. *New Zealand College of Midwives Journal*, 38.
- Manchester, A. (2007). Asking about abuse and assessing for family violence: part of nurses' caring role. *Kai Tiaki Nursing New Zealand*, 13(10), 10-11.
- Martin, J., Langley, J., & Millichamp, J. (2006). Domestic violence as witnessed by New Zealand children. *New Zealand Medical Journal*, 119(1228).

- McLaren, S., Thomas, A., Serin, S., Garad, R., Joyce, A., & McCormick, J. (2010). Hairdressers as a resource in addressing family violence. *Health Promotion Journal of Australia*, 21(3), 236-8.
- Ministry of Health. (1998). *Family violence: guidelines for the development of practice protocols*. Wellington: Ministry of Health.
- Ministry of Health. (2000). *New Zealand health strategy*. Wellington: Ministry of Health.
- Ministry of Health. (2001). *DHB Toolkit: interpersonal violence*. Wellington: Ministry of Health. Available: [http://www.moh.govt.nz/moh.nsf/pagesmh/5543/\\$File/interpersonal-violence-toolkit.PDF](http://www.moh.govt.nz/moh.nsf/pagesmh/5543/$File/interpersonal-violence-toolkit.PDF)
- Ministry of Health. (2002). *Family violence intervention guidelines: child and partner abuse*. Wellington: Ministry of Health.
- Ministry of Health. (2003). *Recognising and responding to partner abuse: a resource for general practices*. Wellington: Ministry of Health.
- Ministry of Health. (2007). *Family Violence Intervention Guidelines: Elder abuse and neglect*. Wellington: Ministry of Health.
- Ministry of Health. (2008). *Whānau ora tool*. Wellington: Ministry of Health.
- Ministry of Health. (2010). *The Best Start in Life: Achieving effective action on child health and wellbeing*. Wellington. Ministry of Health.
- Montero, I., Escriba, V., Ruiz-Perez, I., Vives-Cases, C., Martín-Baena, D., Talavera, M., et al. (2011). Interpersonal violence and women's psychological well-being. *Journal of Women's Health (15409996)*, 20(2), 295-301.
- New Zealand Family Violence Clearing House. (2009). *Family violence statistics fact sheet*. Auckland: New Zealand Family Violence Clearing House.
- Paediatric Society New Zealand & Children's Hospital Australasia. (2011). *Charter of tamariki/children and rangatahi/young people's rights in healthcare services in Aotearoa New Zealand*. Auckland: Paediatric Society New Zealand. Available: <http://www.paediatrics.org.nz/files/Charter%20on%20the%20rights%20of%20Children%20and%20Young%20People%20in%20NZ%20final%20version.pdf>
- Royal College of Nursing. (2003/2007) *Safeguarding children and young people – every nurse's responsibility: guidance for nursing staff*. London: Royal College of Nursing. Available: [http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0004/78583/002045.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0004/78583/002045.pdf)
- Schluter, P., Sundborn, G., Abbott, M., & Paterson, J. (2007). Smacking - are we being too heavy handed? Findings from the Pacific Islands family study. *New Zealand Medical Journal*, 120(1267).
- Woodward, L., Fergusson, D., Chesney, A., & Horwood, L. (2007). Punitive parenting practices of contemporary young parents. *New Zealand Medical Journal*, 120(1267).
- World Health Organisation. (2010). *Violence prevention: the evidence*. Geneva: World Health Organisation. Available: [http://www.who.int/violence\\_injury\\_prevention/violence/4th\\_milestones\\_meeting/evidence\\_briefings\\_all.pdf](http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf)

**NZNO Practice Position Statement:**

Interpersonal Violence

New Zealand Nurses Organisation PO Box 2128, Wellington 6140. [www.nzno.org.nz](http://www.nzno.org.nz)

World Health Organisation/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva: World Health Organization. Available: [http://www.who.int/violence\\_injury\\_prevention/publications/violence/9789241564007\\_eng.pdf](http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf)

## Useful Resources

The New Zealand Family Violence Clearinghouse is the national centre for collating and disseminating information about domestic and family violence in Aotearoa New Zealand. Their website has a huge range of literature, resources and links to other useful websites. ([www.nzfvc.org.nz](http://www.nzfvc.org.nz))

**Date adopted:** 2011

**Reviewed:** 2012

**Review date:** 2017

**Correspondence to:** [nurses@nzno.org.nz](mailto:nurses@nzno.org.nz)

**Principal author:** NZNO family violence reference group: Marie-Lyne Bournival, Kim Brooks, Victoria Bryant, Jill Clendon, Bill Deans, Eleanor Herd, Debs Higgins, Lorraine Hogan, Te Miringa Huriwai, Kathy Jansen, Laurie Mahoney, Catherine Meek.

### Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

© 2011 This material is copyright to the New Zealand Nurses Organisation.

Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the Copyright Act, no part of this publication may be reproduced by any process, stored in a retrieval system or transmitted in any form without the written permission of the Chief Executive of the New Zealand Nurses Organisation (NZNO), PO Box 2128, Wellington 6140.