New Zealand Nurses Organisation

Feedback to the Ministry of Health

on the

Family Violence Death Review Committee Terms of Reference

March 13 2008

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to contribute to discussion on the draft terms of reference for the proposed Family Violence Death Review Committee (FVDRC).

2. NZNO supports the need for a high level group responsible for ensuring that strategies aimed at reducing family violence, a key contributor to many pervasive and adverse health outcomes, are supported by consistent cross-agency policy and implementation.

3. NZNO supports most of the draft terms of reference but has reservations about the narrowness of the definition of family violence death, the size of the FVDRC and the lack of clarity around its powers to ensure co-operation and implementation of recommendations. NZNO also questions whether the FVDRC needs to exist indefinitely if it fulfils its function of identifying policy and performance gaps and facilitating effective interagency collaboration.

4. NZNO warmly endorses the collaborative process and the development of partnerships especially with Maori and Pacific Island groups to ensure that culturally appropriate protocols and procedures are followed.

5. NZNO believes that confidence in the review process relating to deaths from family violence will be dependent on long term measurable outcomes and that the FVDRC should include a focus on reducing the culture of violence and family stress through the promotion of whanau/family wellbeing.

RECOMMENDATIONS

6. The New Zealand Nurses Organisation recommends that you:

   - **note** that NZNO supports the intent of the FVDRC
   - **agree** that a focus on promotion of family/whanau wellbeing be included as part of the FVDRC's functions
   - **agree** that the definition of family violence death should include deaths from chronic illness resulting from sustained violence
   - **agree** that the FVDRC is too large to be effective

- **agree** that collaboration can be achieved through consultation, advice and cooperation from specialists, agencies and experienced and interested parties outside the FVDRC
- **note** the need to clarify the powers of the FVDRC and the obligations of individuals agencies and organisations to comply with its investigations and recommendations
- **agree** that high level policy cannot be effective without attention to fundamental issues such as training, education and adequate staffing levels, including nurses and midwives who are often at the frontline of family violence
- **note** that nurses and midwives who are not specifically mentioned in the draft terms of reference are a significant first point of contact in identifying and helping victims, including perpetrators, of family violence.
- **note** that the FVDRC may not need to exist indefinitely

ABOUT THE NEW ZEALAND NURSES ORGANISATION

7. NZNO is a Te Tiriti o Waitangi based organisation. It is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals. Te Runanga o Aotearoa NZNO comprises Māori membership and is the arm through which our Treaty based partnership is articulated.

8. The NZNO vision is “Freed to care, Proud to nurse”. Te Runanga o Aotearoa’s vision is “Hei oranga motuhake mo ngā whānau me ngā hapū me ngā iwi”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.

9. NZNO has consulted its members in the preparation of this submission in particular NZNO staff (Management, Professional Nursing Advisors, Policy Analysts, and Industrial Advisors) and NZNO members (Te Runanga, Colleges and Sections, Board Members and other health care workers).

DRAFT TERMS OF REFERENCE

10. As representative of more than 41 000 nurses, midwives, kaimahi haurora, students, health care assistants and other health professionals who are often in the frontline of those dealing with family violence, NZNO has long been committed to supporting and encouraging local and national initiatives aimed at eliminating violence in the home and the workplace.

11. We therefore cautiously welcome the establishment of the Family Death Review Committee (FVDRC) as part of the Population Health Directorate responsible for ensuring the implementation of strategies which will reduce family violence mortality. New Zealand's appalling record of preventable family violence against women, children and the elderly demands such a high level response, one that encompasses the coordination of strategies and collaboration between agencies and with community support groups.

12. NZNO's position statement on family violence (Appendix 1) recognises the adverse health effects of family violence and identifies several ways in which our members, whose confidential work with families in sensitive and sometimes vulnerable positions in homes, clinics and hospitals, can contribute to reducing family violence. These include their role in routine screening, education, support and linkages to other agencies. With appropriate training and support, nurses and midwives can provide a wide and effective network to help identify and reduce family violence at the earliest opportunity.

13. NZNO notes that recent legislation - the Crimes (Abolition Of Force As A Justification For Child Discipline) Amendment Bill – and the government's "Family Violence it's not OK" media campaign have both raised awareness of the issue of family violence and offered useful platforms for the promotion of alternative family interactions and safe interventions to stop the cycle of violence and healthy activities. NZNO strongly supports measures aimed at positive intervention, reducing family stress and changing the culture of violence as research suggests that these are principal causes of family violence (Creighton, 2006).

14. NZNO warmly supports the guiding principles and the focus on collaboration, respect and sensitivity.

15. NZNO notes that the Ministry's 2007 discussion paper of Family Violence Death Reviews (FVDR) was motivated by the need to develop a consistent systematic interagency process to examine FVDRs. This document:

- outlined the extensive work already covered by a number of agencies including a comprehensive literature review;
- assumed that, based on the relatively small number of deaths, the FVDR process would not require a large and complex structure; and
- considered it *essential* that FVDR recommendations would be implemented ("…have teeth and are actioned.") (Ministry of health, 2007)).

16. NZNO agrees that the effectiveness of anti-violence strategies is dependent upon the collective implementation of consistent policies and that cross-agency collaboration is essential. However, we do not feel that Terms of Reference adequately reflect this emphasis on outcomes.

17. Moreover, we are concerned that the size of the committee, while truly representative, will prove cumbersome, prolong processes unnecessarily. It may also be unlikely to elicit any further information than that already gain through individual agency review.

18. NZNO suggests that the same collaborative process could be achieved through a much smaller committee consulting with relevant government and community group representatives. A smaller committee is likely to be more flexible and able to respond within a shorter timeframe.

19. NZNO also recommends that a requirement for individuals, organisations, and government agencies bodies to co-operate with the FVDRC's investigations and to act on its recommendations be clarified and strengthened to ensure that the FVDRC does not "reinvent the wheel" but builds upon existing knowledge and numerous policies and strategies. Many of the functions outlined in the draft Terms of Reference, such as monitoring the numbers, demographics and trends in family violence deaths over time for example, comprise basic government policy work already necessarily carried out by several agencies and it should be clear that the FVDRC should not duplicate this work. National systematic data collection and interoperable systems between agencies are essential infrastructure and it should

not be the task of a small review committee to do more than identify gaps. NZNO would be reluctant to see another information silo.

20. Where family violence death marks the potentially predictable culmination of a continuum of events, interventions have often been found to have been "too little and too late". NZNO notes that the persistent shortage of skilled and experienced staff in most agencies dealing with family violence is a limiting factor to the effectiveness of any strategy. No amount of policy making can make up for quality frontline staff and, while there is certainly potential to rationalise resources between agencies, there is a risk that the FVDRC will merely add another layer of information without addressing fundamental staffing and training issues.

21. Equally however, sound policy is needed to provide infrastructural support and utilise resources efficiently as Helen Kelly, President of the NZ Council of Trade unions, recently made clear in a statement in defence of the Public Service: *Front line staff in areas like DOC, CYF and Police can't do their jobs without decent back room systems, policy advice and support, and when systems fail on the front line it is often the backroom that looks to ensure it is not repeated."* (CTU, 2008*).*

22. For that reason, and bearing in mind the small numbers and greater public awareness of family violence deaths, NZNO recommends that the FVDRC be reviewed in three years rather establishing it as an ongoing Committee.

23. NZNO sees believes that the definition of family violence death is too narrow. It should not exclude deaths from chronic illness resulting from or exacerbated by sustained violence since there is potential to reduce their incidence.

STRATEGIES AND SOLUTIONS

24. NZNO recommends the following suggested changes to the draft terms of reference for the FVDRC:

- Broaden the definition of family violence death to include deaths from chronic illness resulting form sustained violence;
- Include a focus on the promotion of family/whanau wellbeing in the FVDRC's functions

- Reduce the size of the FVDRC to no more than three members with a responsibility to consult with members from all groups the other 9 members being available to assist them as special advisers;
- Provide for an assessment and review of the FVDRC after three years;
- Clarify individual and organisational obligations to cooperate with FVDRC's investigations and the degree to which government agencies will be expected to comply with its recommendations.

CONCLUSION

25. NZNO supports the intent and guiding principles of the FVDRC and, with consideration of the above recommendations, agrees with the terms of reference.

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APPENDIX 1

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Position Statement

Family Violence

I. WHAT IS FAMILY VIOLENCE

Family/Domestic Violence is violence or abuse of any type, perpetrated by one family member against another family member, either adult or child. This violence may be physical abuse, sexual abuse, and/or psychological/emotional abuse. Intimate partner abuse, elder abuse and child abuse, including neglect, are common forms of family violence. Intimate partner abuse may occur in same sex relationships as well as heterosexual relationships, and may be in a dating relationship or from a person from a past relationship. A high proportion, but not all, of partner violence occurs as male on female violence, and is based on power and control issues. There is a high co-occurrence between child abuse and partner abuse. Research demonstrates those poverty issues such as unemployment, poor housing, lack of social and educational resources contribute to family violence, however family violence occurs at all socio-economic levels, as well as within all cultures and races.

II. EFFECTS OF FAMILY VIOLENCE

Family violence affects the health of individual, families, communities and society in New Zealand. These effects occur from:

- physical injuries to the victims, both adult and children. These injuries may be life threatening, acute or chronic, and have long term sequelae.
- an increase in unsafe behaviours of victims when living in violence. (i.e. sexual, alcohol usage or drug usage behaviours)
- chronic stress, causing increase in illness and detrimental effects on the body systems, psychological problems, lowered immunity, and lengthened hospital stays
- long term psychological effects on children, often leading to behaviour problems, poor education and an increase in ill health
- unemployment and poverty which may occur for the victim and children in the family, as well as for the perpetrator.
- the financial cost through increase in usage of health

services, justice and police department, social and welfare services and special education services.
- children being unable to reach their full potential.

III. GOVERNMENTS POSITION

The Government's Policy Statement on Family Violence (1996) is as follows:

"Family Violence" is a range of behaviors perpetrated by partners and former partners, family members, household members and within other close personal relationships.

Family Violence encompasses

- Physical abuse
- Sexual abuse
- Psychological abuse, which is defined as including intimidation, harassment, damage to property, threats of physical, sexual or psychological abuse, and (in relation to a child) causing or allowing the child to witness the physical, sexual or psychological abuse of another person."

IV. NZNO'S POSITION

THE NEW ZEALAND NURSES ORGANISATION:

- recognises that family violence affects the health of individuals, families, communities and society
- recognises the Treaty of Waitangi as the founding document of New Zealand and is committed to the articles and implementation of the principles of the Treaty of Waitangi
- 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
- recognises that partner abuse and child abuse and/or neglect are closely linked, and that, interventions for either the child or the adult needs to occur for the other party as well. Education for nurses and midwives on partner abuse and child abuse needs to be combined
- supports the researched body of knowledge showing that an effective and appropriate response to family violence includes routine screening as the first intervention. This routine screening should occur for all women attending a health professional, either for their own health needs or when attending for their children's health needs. This

screening needs to be confidential and culturally appropriate. It includes safety assessment and planning for victims and children involved, as well as referral to appropriate advocacy services, specialising in partner violence, child abuse or elder abuse and neglect. Screening should be undertaken for males if there are any suspicions of or signs of abuse. Interventions are based on information disclosed by the victim to support them to help end violence in their lives, as well as protecting children from harm

- recognises that appropriately trained advocates, and their agencies, which work with victims and perpetrators of family violence, are the foundations and cornerstones of the work against family violence, and encourages and supports links with these groups. These linkages need to occur at all levels, from individual, unit, organisational and strategic, within all cultural groups

- encourages its members to support local and national initiatives undertaken by these agencies dealing with violence

- recognises that nurses and midwives are well situated to utilise these interventions, but that they need appropriate education training and support

- education on family violence needs to occur within the nursing and midwifery training curriculum, as well as within postgraduate study, and needs to be culturally appropriate

- recognises that research on all aspects of family violence in New Zealand is needed

- orientation packages in workplaces need to include the topic of family violence, with links to the advocacy groups. Workplaces need to have processes in place for staff to complete these interventions

- encourages nurses and midwives to undertake health promotion activities, which will encourage the elimination of family violence. The framework for this health promotion is the Ottawa Charter (1986), and activities can take place in schools, community settings, or within population groups

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Statement complied by the Nursing & Midwifery Advisory Committee, NZNO, February 2002

Acknowledgment is given to Wendy Everingham, RN, RM, BA Health Studies (Nursing) and to the NZNO Colleges/Sections for their contribution to this document

Date adopted: February 2002
Review date: February 2009
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MISSION STATEMENT

NZNO is committed to the representation of members, 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.