



FAMILY VIOLENCE & PRIMARY CARE - THE INTRODUCTION OF ROUTINE ENQUIRY IN NEW ZEALAND

Faye P Clark MBChB FRNZCGP
Doctors for Sexual Abuse Care
Auckland, New Zealand
‘Futures without Violence’
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IN THE BEGINNING....

- ◉ Women’s Refuge¹ - 1973
 - NCIWR - 1981
- ◉ Domestic Violence Centre² - 1990
- ◉ Public Health Association - 1994
 - Dr Deborah Potherow-Stith
- ◉ Susan Snively report on costs to NZ - 1994
- ◉ Domestic Violence Act - 1995



EARLY DAYS OF HEALTH RESPONSE

- ◉ Research “Strengthening the Role of the GP” 1996
- ◉ South Auckland “Slave Case” 1997
- ◉ Lobbying Women’s Caucus 1999
- ◉ DSAC - Dr Jacqueline Campbell’s visit 2000
- ◉ Hastings Health Centre - (2001) - 2008



STRATEGIC STEPS & SUPPORT

- Health Sector Leadership
 - NZMA Position Statement³ 2001/2011
 - RNZCCGP 2002 - 2004
- The NZ Family Violence Prevention Strategy 2002
 - Ti Rito - NZ Govt/NGOs
- WHO NZ Study - Fanslow et al 2004
- Taskforce for Action on Family Violence 2005
- World Medical Association - 2010 statement⁴



WHO DATA ON NEW ZEALAND - 2004

- Population study
 - N = 2674 age 18-64y ever-partnered women
- Prevalence
 - Auckland - 33%
 - Hamilton - 39%
- Incidence
 - Auckland - 5.7%
 - Hamilton - 5.4%
- "...significant factor underpinning ill-health in women."



MINISTRY OF HEALTH....

- MoH invitation - Jo Elvidge 2002
- Support from women in politics 2002
 - Rt. Hon Annette King - Vote Health \$2m
 - Guidelines for Child Abuse & Neglect/Partner Abuse 2002 (Fanslow) *Update in process 2011-12*
- MoH National Contracts 2002
 - Training in health sector: ongoing
- Death Review Committee - est. 2008



FIRST SYSTEMATIC STEPS

- **Emphasis on 2^o Care (hospital based)**
 - systems introduced with national leadership
 - Audit tool developed by Prof. Jane Koziol-McLain
AUT - 2003
- **Families Commission - 2005**
 - establishment of Clearinghouse⁵
- **Violence Intervention Program launch - 2007**
 - “an ounce of prevention...” MoH



MAORI SPECIFIC CHALLENGES

- **Colonisation - 1840**
 - Victorian era
 - Patriarchy vs status & social support for child-bearing women
 - Nuclear family vs wider whanau structure
 - Christianity vs indigenous beliefs
 - Individual vs collective identity
 - Economic, educational and military influences
 - Language - te reo Maori banned in schools
 - Land confiscated.
 - Tohunga Suppression Act - healing system and knowledge loss.



TE AO MAORI DAMAGED

- **World view of Maori - values, identity, language lost, & ties to land broken.**
 - Spiritual alienation - urban drift & isolation.
- **Co-occurrence of child abuse with maternal abuse**
- **Murder rate : 1.5 per 100,000 for Maori tamariki / 0.7 per 100,000 for Pakeha children**
- **Higher risk of dying from subdural haematomas**
 - shaken baby syndrome (Kelly:2004)
- **Children witnessing family violence**
 - lifelong effects
- **Child deaths are associated with poverty**



INDIGENOUS DATA....

- Maori over-represented in family violence statistics
- Maori women 49% lifetime prevalence of IPV
 - 25-26% higher than NZ European & Pacific women
- Maori of either gender more likely to report:
 - Domestic violence
 - Childhood sexual assault
 - Adult sexual assault and physical assault (Flett et al., 2004)
- More in urban than rural areas
- Younger respondents at higher risk (Lievore & Mayhew, 2007)
- Not all Maori women are abused by Maori partners



PRIMARY CARE

- DSAC Primary Care contract 2002
- Plunket, Midwives, Family Planning 2002
- Hastings Health Centre 2008
- Primary Care Audit Tool 2010
 - (Gear/McLain et al) - in press (Quality in Primary Care 2012:20)
- Some individual areas making progress
 - *but* still dependent on passionate leadership, & individual commitment.



WORKFORCE DEVELOPMENT....

- Primary Care = PHO/General Practice
 - Mixed "fee for service" with capitation funding
 - Some GPs salaried, most private business
- Training is "*invitation*" dependent -
- Most PHO's *not* yet convinced DV is a priority
- No funding for leadership or implementation in Primary Care.
- Numbers attended training under DSAC-MoH Contract: >5000 GPs, practice nurses, et al
- 6 trainers in total, meet annually for update



"IT'S NOT OK TO LOOK THE OTHER WAY AND SAY IT'S NOT OUR PROBLEM."

IT IS OK TO ASK FOR HELP

0800 456 450
www.areyouok.org.nz

FAMILY SUPPORT IT'S NOT OK

dsac

COMPONENTS FOR SUCCESS....

- Community support & social change program
 - "It's Not OK" - Government support for population attitude change
- Health sector "Routine Enquiry" acceptable
 - empowering approach & recommended by MoH⁶
- 2° Care enquiry now established
 - DHBs accountable for rates and referrals
- Indigenous population striving to take responsibility
 - developing support & appropriate interventions
 - Leitner Report⁷ 2008

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LESSONS LEARNED.....

- Patients value "face to face" approach from trusted GP - (DSAC desktop audit - 2005)
- It doesn't take long!

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MORE LESSONS.....

- Nurses passionate and aware - great advocates
- **Teaching valued**, reduces barriers for asking
 - "Not to Fix - but to Recognise & Respond"
- Guidelines & Audit provide support & evidence for effective interventions/referrals
- **Central funding needed to ensure systems approach embedded**



ISSUES REMAINING FOR PRIMARY CARE RESPONSE IN NZ

- Sharing local/regional tools & developments for implementation eg:
 - Practice policy, protocols and referral pathways
 - Development of software tools for recording & audit
- Require funded National Primary Care FVIP position & PHO level co-ordinators
- Ongoing support to frontline workers
- Mandated training time required
- Closer networking with Maori community health & violence prevention providers



INNOVATIVE PRACTICE

- Provision of support by District Health Boards
- Statutory & community expert agency support & networking
 - eg DSAC/SHINE/Refuge/Police Safety Teams
- Shared training resource between 1° and 2° care
- Systematically educating *all* health workers
 - Te Whanau O Waipareira, Whanganui & Wairarapa PHOs.
- Supporting medical students in public health electives & GP trainee program education (DSAC)



BE ENCOURAGED!

• New Zealand experience shows

- Women appreciate being asked
- They value confidential relationship with health providers -> safe to disclose, seek support
- Routine enquiry doesn't need to take long
- Other agencies ready to assist
- Electronic records can ease recording & referring



FINAL MESSAGE

- Women are *not* offended with appropriate enquiry!
- Women readily “get” the connection between violence & poor health outcomes for themselves & their children
- Trusted primary care “whole of family” approach - provides a natural environment for issues of partner, child and wider family-whanau abuse to be addressed confidently



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DSAC: <http://120.138.17.207/-dsacorg/index.php>


