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

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IN THE BEGINNING....

- Women’s Refuge¹ - 1973
  - NCWR - 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
**STRATEGIC STEPS & SUPPORT**

- **Health Sector Leadership**
  - NZMA Position Statement 2001/2011
  - RNZCGP 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 statement**

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**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.”

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**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° Care (hospital based)
  - Systems introduced with national leadership
  - Audit tool developed by Prof. Jane Koziol-McLain
    AUT - 2003

- Families Commission - 2005
  - Establishment of Clearinghouse

- Violence Intervention Program launch - 2007
  - "an ounce of prevention..." MoH

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**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 Supression Act - healing system and knowledge loss.

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**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
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 MoH
- 2nd Care enquiry now established
  - DHBs accountable for rates and referrals
- Indigenous population striving to take responsibility
  - developing support & appropriate interventions
  - Leitner Report 2008

Lessons Learned.....

- Patients value “face to face” approach from trusted GP - (DSAC desktop audit - 2005)
- It doesn’t take long!
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 1st and 2nd 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

REFERENCES

1. www.womensrefuge.org.nz
2. www.2shine.org.nz
5. www.nzfc.org.nz
6. www.moh.govt.nz

DSAC: http://120.138.17.207/~dsacorg/index.php