

Submission to the Ministry of Health

Family Violence Death Reviews: Discussion Paper (April 2007)

The College of Nurses Aotearoa (NZ) welcomes the opportunity to respond to the discussion paper circulated by the Ministry of Health on Family Violence Death Reviews (April, 2007). We recognise that family violence:

- is a major problem currently facing New Zealanders;
- has far-reaching effects on the health and wellbeing of its victims, especially women and children, and on the functionality of families and whanau ; and
- is of particular concern for Maori and Pacific whanau.

We applaud the efforts of the Ministry of Health in instituting systems and processes that are aimed at reducing and eliminating family violence and deaths in New Zealand .

The College of Nurses Aotearoa (NZ):

1. Strongly believes that there is a need for all New Zealanders to have confidence in any review process related to the injuries and deaths resulting from family violence, and therefore, supports processes that are culturally appropriate and safe. It is also vital that every effort is made to understand the circumstances surrounding the life and death of victims, and that the findings of reviews are utilised productively to reduce and eliminate family violence and related deaths. The reduction and elimination of family violence should also include a focus on promoting and supporting whanau ora/family wellbeing.
2. Recognises that family violence and related deaths are a significant problem facing Maori, and fully endorse the development of partnerships with Maori to ensure review protocols and procedures are appropriate, acceptable, and reflect the diversity that exists among contemporary Maori living in New Zealand.
3. Reinforces the need for an ongoing process that methodically and routinely reviews family violence related deaths with a focus on learning and prevention. The seemingly ad hoc review processes that currently exist are often in response to high profile deaths promulgated by the media, and to date have inadequately effected the degree of change needed in system and service responses to this issue.
4. • Supports the proposed definition for 'family violence death review' it is comprehensive and aligns with the aims of the family violence death reviews as outlined.
5. Consider the categories of deaths proposed appear appropriate, although we would urge that consideration be given to including caregiver's partner(s) in the scope/category on page 7 that reads: *The deaths of persons (adult and/or children) where the perpetrator is family or extended family member, caregiver, intimate partner or previous partner of the victim/s.* A number of children die at the hands of their caregiver's partners, who may not necessarily be categorised as either an *extended family member, caregiver, intimate...or previous partner* . While the College of Nurses Aotearoa (NZ) can understand wanting to exclude some categories of deaths outlined while systems and processes are established, we would strongly recommend that these are not excluded. The literature clearly highlights how victims of family violence are high users of health services, and are more likely to experience compromised mental health that includes suicide and attempted suicide 1 . The literature also highlights that non-accidental injury in children (such as subdural haemorrhage arising from shaken baby syndrome), chronic illness arising from the stresses of living within an environment of sustained violence and abuse, and femicide are all clearly linked to family violence^{1, 2, 3, 4} .
6. Supports the principles for the family violence death review processes, as they appear consistent with the aims of this process.

Reflecting different cultural values in the review process needs to be based upon the principles of cultural safety that recognises and respects the cultural values and practices of each family and their rights to a fair process that sensitively explores the issues and circumstances surrounding the death of a family member and avoids blame. Such a process must also be underpinned by a resistance to engaging in, and perpetuating negative stereotypes and deficit explanations and acting on assumptions. This would, therefore, mean having a liaison person/advocate who works with the family to ensure that their cultural values are upheld throughout the process.

7. Endorse the proposed purpose statements as outlined in the discussion document. We would also suggest that there needs to be some monitoring of the implementation of recommendations, otherwise recommendations can be made but not acted on. If the purpose of the family violence death reviews is to reduce and eliminate family violence and related deaths, then the recommendations arising from the reviews must be acted upon.
8. Agree that the family violence death review should be permanent and that while a stand-alone crown entity as the host agency would be the most desirable, the disadvantages as outlined would result in considerable delays to the establishment of family violence death reviews. Support should be given to the health sector model as outlined, given the direct effect living with family violence has on the health and wellbeing of victims and members of families experiencing family violence, and as death is the ultimate compromise to health and wellbeing. As indicated, the Ministry of Health has a mandate and systems already in place that could accommodate the establishment of the family violence death reviews. The coronial model outlined sits within a judicial framework and it is difficult to envisage how the purposes of the family violence death reviews will be realised under such a system.
9. Endorse the notion of a two-tiered approach to the reviews as outlined in the discussion document. The review of individual cases, followed by the aggregation of case review findings would seem prudent and enable the identification of trends and patterns that could inform the development of robust recommendations.
10. Support the timing of reviews within 3 months of the death for the reasons outlined, as time delays may result in the loss of valuable information as a result of memory decay. However, where Court proceedings are in process reviews should be commenced as soon as practical after they have been completed so as not to compromise this process. Making the early review process safe should be a key underlying principle. To optimise safety of all those concerned, those conducting the review and liaising with families and service providers should (a) receive adequate training on the mechanisms of family violence so they have a sound understanding of its complexities, (b) have a sound understanding of communication and grief processes to optimise sensitive interactions, (c) have competency to deal with families in a culturally appropriate and acceptable manner, and (d) have access to regular supervision or critical incident debriefing sessions in order to maintain their own professional and personal wellbeing.
11. Supports the family violence death review reporting to the Ministry of Health. We would also urge the need for the current legislation to be amended to give the host agency the power to monitor the implementation of recommendations arising from the reviews. This is crucial as without this power there is a risk for a perpetuation of the status quo and a continuation of the difficulty in gaining some traction on reducing and eliminating family violence. The establishment of a Register of Recommendations would also enable these to be readily monitored in a formal manner.

The College of Nurses Aotearoa (NZ) fully supports the establishment of Family Violence Death Reviews as a mechanism to reduce and eliminate family violence and related deaths

Prepared
Dr
RN MA(Hons) PhD FCNA(NZ)

Denise

by:
Wilson

References

- Campbell J. C. (2002). Health consequences of intimate partner violence . *The Lancet* , 359 , 1331-36.
- Kelly, P. & Hayes, I. (2004). Infantile subdural haematoma in Auckland , New Zealand : 1988 ♦ 1998. *The New Zealand Medical Journal*, 117 , 1047-1055.
- Glass N, Koziol-McLain J, Campbell J, Block CR. (2004). Female-perpetrated femicide and attempted femicide: a case series . *Violence Against Women* . 10 (6):606 625.
- Koziol-McLain J., Webster D., McFarlane J., Block C. R., Ulrich Y., Glass N., Campbell J. C. (2006). Risk factors for femicide-suicide in abusive relationships: results from a multi-site case control study . *Violence and Victims*, 21 (1): 3-21.