Domestic Violence

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The New Zealand Medical Association (NZMA) believes that family violence is a serious health issue in New Zealand because of the adverse acute and long-term physical, mental and social health consequences and significant economic cost to the nation.[i]

Domestic violence can be described as violence against a person by another person with whom that person is, or has been, in a domestic relationship and includes physical abuse, sexual abuse and psychological abuse[ii]. "Domestic relationship" covers many different types of relationships, including married and de facto couples, those in civil unions, gay and lesbian couples, parents and children, members of the same family or whanau, flatmates or others who live in the same house or flat, and people in close personal relationships whether or not they reside in the same dwelling[iii].

The United Nations and World Health Organisation identify violence against women as an important health issue[iv].

Reducing interpersonal violence in families is one of the Health Goals in the 2000 NZ Health Strategy (http://www.moh.govt.nz).

In respect of family violence the World Medical Association (WMA) noted the following:
"Although case definitions vary from culture to culture, family violence represents a major public health problem by virtue of the many deaths, injuries, and adverse psychological consequences that it causes. The physical and emotional harm may represent chronic or even lifetime disabilities for many victims. Family violence is associated with increased risk of depression, anxiety, substance abuse, and self-injurious behaviour, including suicide. Victims often become perpetrators or become involved in violent relationships later on."
(http://www.wma.net/en/30publications/10policies/f1/index.html *Adopted by the 48th General Assembly Somerset West, Republic of South Africa, October 1996, editorially revised at the 174th Council Session, Pilanesberg, South Africa, October 2006 and amended by the 61st WMA General Assembly, Vancouver, Canada, October 2010).*

New Zealand research suggests that up to one in three women experience abuse by a partner of one kind or another during their lifetime[v], a similar prevalence to that in other developed countries[vi]. Fifty percent of adult female homicides in this country are the result of intimate partner assault[vii]. While acknowledging that all intimate partner violence is unacceptable, it is overwhelmingly a gendered issue.[viii] In New Zealand between 2002 and 2006, males killed 60 females in couple related violence. Females killed two males[ix]. Women who are victims of domestic violence have a much higher rate of hospital admission for physical injury and mental illness than non-abused women[x].

Approximately 500 children a year are seriously injured by physical abuse, and in the five year period between 2002 and 2006, 38 children died: 29 of these children were under five years old, and 17 of these were under 12 months of age[xi].

Children witnessing domestic violence of any kind are known to suffer effects that are detrimental to their physical, mental, and emotional health, and to their educational attainment. They are at increased risk of suffering physical, sexual or emotional abuse[xii].

All cultural groups consulted within New Zealand strongly support non-violent family environments[xiii].

A 1994 study estimated the costs of violence perpetrated against women aged 15 years and older, and children aged 0–14 years. Using the one in seven prevalence assumption for direct costs associated with police callouts, the 1994 costs were $2.74 billion per annum. Of this total, approximately $141 million was incurred in the health sector[xiv]. A preventative approach to addressing domestic violence has economic benefits as well as improving the health of all New Zealanders.

It is clear that intervention strategies can make a difference[xv].

The NZMA believes that:

- Medical practitioners have key roles to play in the recognition, early intervention, and treatment of people who suffer from family violence. All medical practitioners have an important role in identifying family violence so that personal suffering and health costs to the individuals, families and the nation can be reduced.

- Research programmes and medical education on family violence should be supported at all levels to encourage doctors in all disciplines to learn about family violence and develop skills for caring effectively for the patients concerned.

- Intervention strategies should be in line with the ethical principles of beneficence, non-maleficence and justice.

- There should be continued uptake of, and support for, research-based guidelines and trialled protocols for recognition and response by medical practitioners, to use both in routine enquiry and acute intervention, following opportunities for practical training. These opportunities are made available by DHBs, and for Primary Healthcare practitioners free of charge by Ministry of Health contracted providers.

- It is important for doctors to work collaboratively and in a coordinated way with accountable community agencies when dealing with family violence and its effects.

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[i] Campbell J Health Consequences of intimate partner violence The Lancet 2002; 359: 1331-36;
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Krug EG et al, World report on violence and health Geneva WHO 2002 Ch 4, pgs 100-104;
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[ii] Section 3 of the New Zealand Domestic Violence Act 1995 defines domestic violence as follows:

(1) violence against that person by any other person with whom that person is, or has been, in a domestic relationship.
(2) In this section, **violence** means—
    (a) physical abuse:

(b) sexual abuse:
(c) psychological abuse, including, but not limited to,—
(i) intimidation:
(ii) harassment:
(iii) damage to property:
(iv) threats of physical abuse, sexual abuse, or psychological abuse:
(v) in relation to a child, abuse of the kind set out in subsection (3).

(3) Without limiting subsection (2)(c), a person psychologically abuses a child if that person —
(a) causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a domestic relationship; or
(b) puts the child, or allows the child to be put, at real risk of seeing or hearing that abuse occurring;—
but the person who suffers that abuse is not regarded, for the purposes of this subsection, as having caused or allowed the child to see or hear the abuse, or, as the case may be, as having put the child, or allowed the child to be put, at risk of seeing or hearing the abuse.

(4) Without limiting subsection (2),—
(a) a single act may amount to abuse for the purposes of that subsection:
(b) a number of acts that form part of a pattern of behaviour may amount to abuse for that purpose, even though some or all of those acts, when viewed in isolation, may appear to be minor or trivial.

(5) Behaviour may be psychological abuse for the purposes of subsection (2)(c) which does not involve actual or threatened physical or sexual abuse.

[iii] Ministry of Justice pamphlet Courts 001 July 2007

[iv] Expert meeting on health-sector responses to violence against women, 17-19 March 2009, Geneva, Switzerland: World Health Organization, 2010, ISBN: 978 92 4 150063 0; United Nations Development Fund for Women. 2003; Not A Minute More: Ending Violence Against Women. ISBN: 0-912917-84-9; Garcia-Moreno C, Watts C. Violence against women: an urgent public health priority. Bull World Health Organ 2011;89:2.

[v] Fanslow J Robinson E. Violence against women in New Zealand: prevalence and health consequences . NZMJ 26 November 2004, Vol 117 No 1206)

[vi] Elliott, B.A. Domestic Violence in a Primary Care Setting- Patterns and Prevalence; http://archfami.ama-assn.org/cgi/reprint/4/2/113.pdf Heath I. Domestic violence: the general practitioners role. College Viewpoint: The Royal College of General Practitioners.
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[vii] Lievore D Mayhew P; The scale and nature of family violence in New Zealand: a review and evaluation of knowledge. MSD Crime and Justice Research Centre Victoria University of Wellington. April 2007. ISBN: 978-0-478-29304-3.

[viii] Addressing violence against women and achieving the Millennium Development Goals. Geneva: World Health Organisation; 2005. Lievore D, Mayhew P. The scale and nature of family violence in New Zealand: A review and evaluation of knowledge. MSD April 2007 ISBN: 978-0-478-29304-3. pg 12 "The proportion of all "male assaults female" offences that are flagged as family violence is…83% in 2004/2005."

[ix] Martin J, Pritchard R. Learning from Tragedy: Homicide within Families in New Zealand 2002-2006 MSD April 2010 ISBN 978-0-478-32364-1

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[xi] Martin J, Pritchard R Learning from Tragedy: Homicide within Families in New Zealand 2002-2006. Ministry of Social Development. April 2010.

[xii] Edleson J L Children's witnessing of adult domestic violence. Journal of Interpersonal Violence,14 (8) Aug 1999. Edleson J The overlap between child maltreatment and women battering. Violence Against Women. 1999;5(2): 134-154. Thackerey J, Hibbard R, Dowd M Clinical report – Intimate Partner Violence: the Role of the Pediatrician. The Committee on Child Abuse and Neglect, American Academy of Pediatrics. Pediatrics 2010; 125: 1094-1100.

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[xiv] New Zealand Health Strategy. DHB TOOLKIT Interpersonal Violence To reduce violence in interpersonal relationships, families, schools and communities, Ministry of Health October 2001

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