

# Family and Whānau Violence Legislation Bill

Submission to the Justice and Electoral Select Committee

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### Contact

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#### About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

## **EXECUTIVE SUMMARY**

- The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Justice and Electoral Select Committee Family and Whānau Violence Legislation Bill.
- As one of the largest predominately women organisations in Aotearoa New Zealand, NZNO strongly supports the aim of the Bill to ensure improvements to the quality, consistency, and timeliness of interventions to keep victims safe, particularly for women, Māori women and children and those who are the most vulnerable.
- We acknowledge that health services are seen as places where women feel safe, are treated with respect, are not stigmatised, and where they can receive quality, informed support.
- NZNO has consulted its members and staff in the preparation of this submission, in particular members of Cancer Nurses College, Te Rūnanga o Aotearoa (Te Rūnanga) and policy advisers.

- 5. We agree that that Aotearoa New Zealand highest level of family or whānau violence is not acceptable. We agree that the impact of family or whānau violence on families, whānau and communities is devastating, so addressing it will have a positive impact on our society.
- It is also unacceptable that Māori are disproportionately represented as both victims and perpetrators, with Māori women twice as likely as other women to experience family violence<sup>i</sup> or be killed by intimate partners<sup>ii</sup>.
- The level of skill required to work with victims and perpetrators and address societal changes requires investment in a comprehensive family and whānau violence workforce.
- 8. As frontline health service staff we deal daily with the impact of violence as the major contributor to the ill health of women by an intimate partner<sup>iii</sup> and are seriously concerned that the Bill does not address or provide extra funding to support the crucial role of nurses and midwives.
- 9. While we agree with increasing the police force numbers by 66, this in isolation will not address the elevated levels of family and whānau violence. Investment in a comprehensive family and whānau violence workforce is essential.
- 10. Societal change across all ethnicities and socioeconomic groups takes time. Future investment and a multi-pronged social media campaign aimed at creating societal change to make Aotearoa New Zealand have a principled holistic family and whānau-centred focus is required.
- 11. NZNO recognises that society as a whole has a role in stopping domestic violence and promoting cultural change to attitudes to violence through legislation. Australia has implemented domestic violence clauses to over one million Australian workers across 150 agreements and awards. NZNO urges Aotearoa New Zealand to follow suit. This legislation will be another step in sending a clear message to our society that violent behaviour is not acceptable.

- 12. We agree with the intent of the Bill however we wish to raise our concerns with:
  - domestic violence is a workplace issue;
  - all of society has a role in stopping domestic violence and support;
  - investing in workforce development;
  - cultural competency and family violence training for frontline staff; and
  - sensitivities of sharing family and whanau information.
- 13. Note our previous extensive submissions on this matter which highlighted the role of the nurses working both with perpetrators and victims.
- 14. NZNO wishes to make an oral submission.

## DISCUSSION

#### Domestic violence is a workplace issue

- 15. NZNO strongly supports the need to address domestic violence as a workplace issue through supporting victims to stay in paid employment. As a 48,000 strong professional association and union representing mainly women, our members strongly support any endeavours that provide an avenue of protection for victims, as well as improved measures for addressing domestic violence.
- 16. At least 1 in 10 women in the work place are current victims of domestic violence in Aotearoa New Zealand<sup>iv</sup>. Domestic violence spans cultural, economic and social divisions and is not confined to any particular demographic. No class, income or educational demographic is immune from domestic violence.

- 17. The College of Cancer Nurses support any endeavours which work towards reducing our high levels of domestic violence. More stringent recording of this offending will help accurately identify offending rates and strengthen the growing need for increased funding and support to address this issue.
- 18. The knowledge that timely, accessible, acceptable and appropriate care will be more readily available for those affected by such violence is essential for a productive and progressive society.
- 19. Consolidation of our legal frameworks in part through adoption of national codes of practice and the sharing of information across both government and non-government organisations is a hugely practical and positive initiative which will assist in early and improved outcomes.

#### All of society has a role in stopping domestic violence and support

- 20. World Health Organisation (2009)<sup>v</sup> evidence of legislation changing cultural and social norms can be seen in Sweden, for example, a variety of evidence suggests that attitudes towards corporal punishment and levels of physical violence towards children changed following implementation of a ban on physical punishment by caregivers. Public support for corporal punishment declined from 53% in 1965 to 11% in 1994.
- 21. We agree that family violence, in all its forms, is unacceptable.
- 22. We believe that improved legislative workplace protection is imperative if a cultural shift to change attitudes about family and whānau violence is to occur. NZNO is of the view that legislation that is enforced can send clear messages to society that violent behaviour is not acceptable.
- 23. Societal change across all ethnicities and socioeconomic groups takes time. Future investment and a multi-pronged social media campaign

aimed at creating societal change to make Aotearoa New Zealand have a principled holistic family and whānau-centred focus is required.

#### Workforce development

- 24. In April 2016, the Ministerial group on family violence and sexual violence update on the progress of the work plan discussed a proposed approach that invested in workforce development and capacity building<sup>vi</sup>. We are extremely alarmed that the Bill does not address or discuss building capacity in this essential workforce. We recommend that this is addressed with urgency.
- 25. We are extremely concerned at the lack of investment in a family violence and sexual violence workforce or any development in specific gaps in the capability of our workforce. Additionally, the Bill does not address or provide extra funding to support the crucial role of nurses and midwives.
- 26. As frontline health service staff we deal daily with the impact of violence as the major contributor to the ill health of women by an intimate partner<sup>vii</sup>. While we agree that increasing the police force numbers by 66, this in isolation will not address the elevated levels of family and whānau violence. Investment in a comprehensive family and whānau violence workforce is essential.
- 27. We seek clarification with *clause 124Y (b) workforce competencies*, and question what this clause means and what it includes.

#### Cultural competency and family violence training for frontline staff

28. We strongly support any initiatives that invests in improving agency staff capability and cultural responsiveness and strongly recommend that all frontline staff need training in cultural competency and specific family and whānau violence training to deliver services that meet the needs of the communities we serve.

- 29. Given Māori are disproportionately represented as both victims and perpetrators, with Māori women twice as likely as other women to experience family and whānau violence, we strongly recommend that training in cultural competency should be mandatory for all frontline staff across all health and social sectors.
- 30. As indigenous health professionals, Te Rūnanga draw attention to Article 22.2 of the United Nations Declaration on the Rights of Indigenous Peoples which states that 'States *shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination'.*
- 31. Te Rūnanga agree that services for Māori should recognise cultural needs and continue to shift to a whānau based delivery model grounded in tikanga and be culturally responsive services.
- 32. As frontline health service staff, our members play a vital role in providing better services for victims, perpetrators and whānau, and sharing information, providing training to support the workforce to practice in a responsive, safe and competent way.
- 33. We wish to draw your attention to the extensive research that Te Puni Kōkiri undertook as part of the Government's initiative on Family Violence Taskforce which gives a comprehensive overview of Māori approaches to reducing whānau violence<sup>viii</sup>.

#### Sensitivities of sharing family and whanau information

34. We are aware of the sensitivities of sharing family and whānau information across services and networks. We urge caution given recent internet issues with the United Kingdom National Health Service and in the recent report from the Privacy Commissioner, *'the Inquiry into MSD Collection of Client-Level Data from Non Governmental Organisations (NGOs)*<sup>ix</sup>, which highlighted the privacy impact of clients' personal information through NGO funding contracts.

35. The report noted that new contracts made the provision for personal, identifiable, client data a requirement for receiving government funding, with no ability to 'opt out'. We recommend that sensitive victim-specific information requires extra protection and secure networks and shared services.

## CONCLUSION

NZNO recommends that you:

- note our submission and our strong support of the aim of the Bill to ensure improvements to the quality, consistency, and timeliness of interventions to keep victims safe, particularly for women, Māori women and children and those who are the most vulnerable;
- note we are extremely concerned at the lack of investment in a family violence and sexual violence workforce or any development in specific gaps in the capability of our workforce;
- **agree** that investing in a comprehensive family and whānau violence workforce is essential;
- **agree** that sensitive victim-specific information requires extra protection and secure networks and shared services;
- **note** that we seek clarification with *clause 124Y (b) workforce competencies*, and question what this clause means and what it includes; and
- **note** that we wish to make an oral submission.

Nāku noa, nā

LoanoMa

Leanne Manson

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#### REFERENCES

<sup>i</sup> Family Violence Death Review Committee. (2014). *Fourth Annual Report January 2013 to December 2013*. Wellington: Family Violence Death Review Committee.

<sup>ii</sup> Family Violence Death Review Committee. (2014). Fourth Annual Report January 2013 to December 2013. Family Violence Death Review Committee: Wellington.

<sup>iii</sup> The World Health Organisation's Multi-country study on women's health and domestic violence against women Report – initial results on prevalence, health outcomes and women's responses. Accessed 11 September 2015.

http://www.who.int/gender/violence/who\_multicountry\_study/summary\_report/summary\_report\_English2.pdf

<sup>iv</sup> National Council of Women (2015). Suzanne Snively. Productivity Gains from Workplace Protection of Victims of Domestic Violence Speech at National Council of New Zealand Zonta Club of Wellington Graduate National Women Annual Debate, 22 July 2015. National Council of Women Website, accessed 10/4/2017

<sup>v</sup> World Health Organisation (2009). Changing cultural and social norms supportive of violent behaviour. Downloaded on 13 April 2017 from

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<sup>vi</sup> Ministry for Social Development. (2016). *Ministerial group on family violence and sexual violence: update on the progress of the work programme.* Ministry of Social Development: Wellington.

<sup>vii</sup> The World Health Organisation's Multi-country study on women's health and domestic violence against women Report – initial results on prevalence, health outcomes and women's responses. Accessed 11 September 2015.

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<sup>viii</sup> Te Puni Kōkiri. (2008). *Arotake Tūkino Whānau Literature Review on Family Violence.* Wellington: Te Puni Kōkiri.

<sup>ix</sup> Office of Privacy Commissioner. (2017). *The Inquiry into MSD Collection of Client-Level Data from Non Governmental Organisations (NGOs)*. Accessed 23/5/2017.

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