



EXECUTIVE SUMMARY

The Royal Australasian College of Surgeons (RACS) is a strong supporter of initiatives that seek to reduce family violence. RACS recognises that family violence can have substantial long-term adverse health consequences for victims and their immediate families and that the resulting injuries and trauma places a heavy burden on the health system.

The following statements summarise the RACS response to the Ministry of Justice consultation paper on better family violence laws:

- RACS believes that the on-going protection of victims should be a primary focus of New Zealand's family violence laws.
- RACS supports efforts to improve family violence screening processes and the development of data-collection systems.
- RACS advocates for early intervention with young children and caregivers affected by family violence.
- RACS supports the development of training programmes that improve the confidence and competency of health professionals to identify and care for people experiencing family violence.
- RACS believes that clinicians should remain involved with children affected by family violence by continuing to provide appropriate paediatric advice and care.
- RACS supports the restriction of the physical and economic availability of alcohol and reduced exposure to the advertising and promotion of alcohol.

INTRODUCTION

RACS is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. As part of its commitment to these matters, RACS strives to take informed and principled positions on issues related to surgical care in New Zealand. Family violence is one such issue as its consequences often result in individuals requiring the assistance of health care services, including surgical care at times.

The Ministry of Justice's family violence discussion document states that New Zealand has the highest reported rate of intimate partner violence in the developed world, and the fifth highest reported rate of child abuse. These statistics paint a grim picture for our country and highlight the immense challenges that family violence presents to our society. No single piece of legislation or policy will be able to fully address this issue and RACS commends the Ministry of Justice for this expansive and wide ranging approach to improving New Zealand's family violence laws.

Studies suggest that family violence may be as significant a factor as poverty in contributing to ill-health.¹ As there are limited data on surgical workload resulting from family violence, it is difficult for

RACS to estimate the impact that family violence and related trauma has on surgical resources. Nevertheless, RACS supports the efforts of other agencies and is an advocate for raising awareness about the prevalence and prevention of family violence in our society.

RACS appreciates the opportunity to comment on this important review. We are conscious that areas such as protection orders, bail provisions, and criminal court judge powers fall outside of our expertise. Family violence does however have a profound impact on the health of individuals. Health services, including surgical services, need to be cognisant of the roles that they can play in prevention and support. This submission is therefore limited to comments on the health implications of family violence.

The following is a summary of the recommendations discussed below:

1. *Support integrated care and collaboration between healthcare agencies.*
2. *Invest in research and data collection to better understand how family violence contributes to presentations to health professionals and the potential requirements for surgical care.*
3. *Support programmes that help to identify and support family violence victims, including training programmes that improve the confidence and competency of health professionals to identify and care for people experiencing family violence.*
4. *Implement comprehensive alcohol controls to reduce the impact of alcohol-related harm.*

COORDINATION AND THE COLLECTION OF DATA

RACS supports efforts for improved collaboration between health professionals and healthcare agencies and with services involved in supporting people affected by family violence. The World Health Organization recommends that all health care providers be prepared to screen patients for family violence when presented with its possible clinical signs and symptoms. In many cases, healthcare providers are the first professional contacts for survivors of family violence. Healthcare providers need to be prepared to ask appropriate questions and provide first-line support if family violence is disclosed.² Research shows that even where screening occurs it is highly likely that family violence is still substantially under-reported.

At present, the extent to which family violence and related trauma impacts on surgical services in New Zealand is unknown. RACS therefore supports efforts to improve screening processes and the development of data-collection systems. Such systems will lead to a better understanding of how family violence contributes to presentations to healthcare professionals and the potential requirements for surgical care.

VICTIM SAFETY

RACS supports programmes that help to identify and support family violence victims. These include training programmes that improve the confidence and competency of health professionals so that they may better identify and care for people experiencing family violence. Surgeons caring for children are trained to recognise the signs of maltreatment that may be related to abuse by parents or other carers. Where children are affected by family violence, RACS believes that clinicians should remain involved by continuing to provide appropriate paediatric advice and care.

A child's experiences in their early years are critical in shaping their attitudes and behaviours in later life. Children exposed to family and domestic violence are vulnerable to experiencing a range of psychological and emotional problems as adults, and are at much greater risk of becoming perpetrators of domestic violence themselves. However, research on the recovery or reversal of the negative effects of family violence on children indicates that the outcomes may not be permanent. Early intervention with young children and caregivers can provide a significant buffer to

the negative effects family violence may have on children's development and their relationships with caregivers.³

RACS believes that alongside the prevention of family violence, the on-going protection of victims should be a primary focus of New Zealand's family violence laws. The impacts and outcomes of family violence are wide reaching and can vary in duration from short to long term, affecting victims, their respective families and friends, perpetrators and the broader community.⁴ Furthermore, family violence inflicts a heavy cost on social services such as justice, housing, employment, education and health.

ALCOHOL RELATED HARM

RACS acknowledges that many facets of family violence occur independently of alcohol use. Studies have shown, however, that there is a relationship between family violence and alcohol use. It is estimated that more than 25% of the most severe intimate partner aggression incidents in New Zealand involve alcohol use.⁵ One third of all deaths caused by family violence between 2009 and 2012 were reported as having alcohol as a factor.⁶ Studies in Australia and the United States have also demonstrated a link between alcohol outlet density and child maltreatment and neglect.⁷

RACS believes that policy which mitigates alcohol-related harm is one way in which family violence can be reduced. Our established position on alcohol-related harm therefore recommends the following:⁸

- Restricting the physical availability of alcohol, by reducing trading hours and outlet density.
- Restricting the economic availability of alcohol, by introducing a volumetric tax on alcohol.
- Reducing exposure to alcohol advertising and promotions.
- Collecting better data on alcohol-related harm by implementing a suitable Screening and Brief intervention programme in New Zealand hospitals.

It is important to note that alcohol consumption is only one of many contributing factors to family violence and should not be used to lessen an individual's responsibility for their actions.

RACS appreciates the opportunity to contribute to this important review of New Zealand's family violence laws. We hope the above information is useful and look forward to seeing how the Ministry of Justice progresses with this significant issue.



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- ¹ Fanslow, J & Elizabeth Robinson, Violence against Women in New Zealand: Prevalence and health consequences, New Zealand Medical Journal 117 (1206), 2004.
- ² World Health Organisation. Responding to intimate partner violence and sexual violence against women. 2013.
- ³ Ibid.
- ⁴ Australian Bureau of Statistics. Defining the Data Challenge for Family, Domestic and Sexual Violence. 2013. From: www.abs.gov.au. Accessed 7 May 2015.
- ⁵ Connor JL. Alcohol involvement in aggression between intimate partners in New Zealand. BMJ Open 29, 2011.
- ⁶ Health Quality and Safety Commission, Family Violence Death Review Committee. Fourth Annual Report: January 2013 to December 2013. Wellington, 2014.
- ⁷ Social Policy Evaluation and Research Unit. Reducing the impact of alcohol on family violence. Wellington, 2015.
- ⁸ Royal Australasian College of Surgeons. Position Paper: Alcohol Related Harm. From: http://www.surgeons.org/media/20784483/2015-02-27_pos_rel-gov-025_alcohol_related_harm.pdf. Accessed 10 September 2015.