



**Update from Workshops held in March 2008, hosted by Brainwave Trust
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Brainwave Trust recently hosted a series of workshops across the country led by Dr Shari Barkin, an international expert in family violence prevention.

Over 200 people attended these workshops with participants ranging from policy makers and advisors to people who face the consequences of family violence in their work every day. Over 50% of participants were from government funded organisations such as the Ministries of Social Development, Education, Health as well as NZ Police Safety Teams, DHBs and schools. The non-governmental sector was represented by groups including Plunket, Maori whanau support workers, Family Safety as well as practitioners such as counsellors, psychologists, primary health care workers, lawyers, child advocates, psychiatrists, paediatricians, nurses.

The final exercise at each workshop was to work in groups to identify a way, within existing resources, to improve outcomes for children in New Zealand, particularly those from violent families. A policy action worksheet helped participants to identify an issue, alternative strategies and stakeholders who could be responsible for making this happen. The group leaders shared their results with considerable energy and excitement at the prospect of really making a difference in the lives of our children.

Dr Barkin undertook to synthesise the recommendations from each group throughout the country and has come up with the notes below to prompt New Zealand to move practice and policy forward.

Clearly rigorous programme design and evaluation would need to be built around any of the ideas before they were implemented. Many of these ideas echo or complement the calls for action from the Office for the Children's Commissioner, Graeme MacCormick (retired Family Court Judge and former Human Rights Commissioner) and others.

Brainwave Trust shares the results of these recommendations in the hope that they may prompt further action. Even if just one child can be saved from being killed by the people who are supposed to love and nurture them there will be not only significant improvement in the lives of those children and families but also significant economic benefits.

For further information please contact

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Violence Prevention Synopsis from New Zealand-wide Workshops with International Expert Dr. Shari Barkin hosted by Brainwave Trust

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The Problem: While most other types of violence have decreased in New Zealand over the past decade, family and youth violence has increased dramatically. This is regularly evident in popular media, e.g.

- Infant twins murdered
- 16 year old burns down school
- Toddler deliberately injured in dryer and subsequently murdered

Policies are directed at violence containment after the violent act has occurred. However, whether one responds to circumstances with violence is established during childhood, when brain architecture is under construction.

The Science:

- Brains are built from the bottom-up (basic functions of survival are encoded prior to more advanced problem solving skills)
- Brain architecture results from the “serve and return” nature of genetics interacting with environment (we are an adaptive species born with only 15% of neuronal connections established, the rest of neuronal connections will be established by our environment exposure and the resulting genetic expression).
- Children live in an environment of relationships which shape brain architecture
- Violence impacts brain chemistry and architecture for a lifetime.

Utilizing existing resources in New Zealand, participants outline some evidence-based strategies for consideration to reduce violence:

Timing	Strategy
<p>Pre-event Prevention</p> <p>“Getting things right the first time is more efficient and cost-effective than trying to fix it later”</p>	<p>1. Primary Health Care workers including midwives and Plunket nurses, with significantly augmented resourcing, implement integrated early parenting training during pregnancy and the first six weeks of infant’s life. This would be clearly communicated to the infant/family’s general practice team who would evaluate and follow-up on risks at the six week visit. Components to include:</p> <ul style="list-style-type: none"> • Combined home visit within the first six weeks • Social/risk assessment tool in addition to physical evaluation (this might include screen for maternal depression, family violence, level of family/whanau support)) • Universal assessment at six-weeks after birth for infant, including social/risk assessment and physical evaluation • System of communication and connection to existing resources <p>2. Restructure hospital and birthing centre policies to actively support families starting off right</p> <ul style="list-style-type: none"> • Build parent competency to soothe crying baby prior to discharge from hospital (evidence-based programs exist and could be implemented for relatively low-cost and high yield results to reduce child maltreatment) • Develop process to keep families together during the first 48 hours with parenting training and support to maximize bonding, and begin utilizing parenting skills prior

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	to discharge to home. 3. Teaching young men how to father (breaking the cycle of violence) <ul style="list-style-type: none"> Bring community groups together working on this issue and fathers together to develop ideas about how to develop and implement such a programme
	4. Nurse/ community health/whanau ora home visit universally available to children under three years to 1) build effective parenting skills; and 2) identify risks/problems early - allowing for early intervention (evidence shows that this approach leads to dramatic decrease in violence and drug use in children at age 15).
	5. Up-skilling front line workers (such as Plunket nurses, Midwives, practice nurses, family coordinators, PAFT, health promoters etc) to build skills in prevention and effective responses in situations such as family violence or maternal depression
Timing	Strategy
Event: Early Childhood Education	1. Early childhood education from two to five years of age (evidence indicates that for every dollar spent in early childhood education, \$16 is saved in later costs generated from increased educational needs, crime, and inability to enter workforce). Costs need to be evaluated to determine whether a universal programme or targeted to at-risk families. Based on evidence, components for effective early childhood education need to include: <ul style="list-style-type: none"> Highly skilled early childhood educators Low ratio of educator to children Curricula to include both academic school readiness and social/behavioral development (for example, conflict resolution, problem solving) 2. Parenting skills building for families who have been identified with an issue (such as substance use) <ul style="list-style-type: none"> Skills building in conflict resolution, communication, and problem solving for parent(s) and child (if 6 and older)
Timing	Strategy
Post-event: Later Intervention	Cognitive Behavior Therapy (CBT, behavioral modification counseling) for perpetrators and victims of violence