

Experiences of the family violence system in Aotearoa: An overview of research 2010 – early 2020

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Executive summary

Introduction

The Office of the Auditor-General (the Office) has a programme of work focusing on the Government's efforts to achieve significant and sustained reductions in family violence, sexual violence, and child abuse and neglect. The purpose of this report is to inform this programme of work by providing an overview of what is currently known about people's and service providers' experiences of the family violence system in Aotearoa.

The report includes a narrative literature review of research and evaluation studies conducted in Aotearoa since 2010 and an annotated bibliography of 136 studies. To identify the main publications, we began with the New Zealand Family Violence Clearinghouse Timeline – Research. We identified further relevant publications through a focused literature search. While we endeavoured to include as many relevant studies as possible, there were limitations due to time and accessibility to unpublished work.

Although there are significant issues with collecting data and measuring the extent of family violence, sexual violence, and child abuse and neglect, the data that is available leaves us in no doubt that this is a severe issue for our society. The New Zealand Crime and Victims Survey (NZCVS) conducted in 2019 found adult victims (15 years and over) experienced more than 250,000 incidents of offences by family members in the previous 12 months, which equated to an incidence rate of 6 per 100 adults. Overall, the survey estimates 87,000 adults (2.2%) were victims of offences by family members in a year. Of those adults, 53,000 (1.4%) experienced offending by an intimate partner, and 37,000 (1%) experienced offending by other family members. The NZCVS (Cycle 1 2018 and Cycle 2 2019) show the vulnerability of women, gay, lesbian, or bisexual adults, young adults, disabled, and Māori who experience higher than average rates of victimisation.

In the year ending 31 March 2020, Oranga Tamariki received 83,300 reports of concerns involving 60,200 children. The over-representation of Māori tamariki in care has been investigated in reviews of Oranga Tamariki's performance.

The annotated bibliography highlights the tremendous amount of mahi done to address family violence, sexual violence, and child abuse and neglect by communities, non-government organisations (NGOs) and government agencies. We gratefully acknowledge the authors and the participants who shared their experiences, insights and wisdom in numerous studies. Their voices and knowledge are important to informing our understanding of why violence happens. They also inform the design of effective prevention and response strategies and tell us about the best ways of supporting families and whānau to keep safe, recover from trauma and improve their wellbeing.

Although legislative definitions of 'family violence' have existed for decades (see the Family Violence Act 2018 and its predecessor the Domestic Violence Act 1995), there are still debates and tensions about definitions and terminology. Te Puni Kōkiri (2010a) argues that definitions of family violence for Māori need to be fully debated by Māori, including analysis of the terms 'family violence for Māori' and 'whānau violence', to provide a clear definition that will support improvements in the field. Important considerations are the different concepts of 'family' and 'whānau', and the legacy of colonialism and continued institutional racism. Developing a shared understanding is fundamental to collaboratively addressing this issue.

The eight overarching themes that follow are orientated towards the Office's questions and areas to investigate in the next stage of their project. Many more themes could be explored, as the literature review and annotated bibliography illustrates.

Theme 1: Needs of families and whānau affected by violence

A crucial theme relates to the diversity of people's needs and that they require different supports at different times. At times of crisis, safety is the major concern for victims (adults and children) along with ensuring that they have access to services to meet any health, safety and practical needs (e.g. attending to any physical injuries, safe housing, access to money, safely ensuring that children can access school, support with protection orders and legal matters and so forth).

Longer-term needs focus on rebuilding their and their children's lives and meeting needs for health, education, income, stable housing, skills development and building social support networks. The impact of violence can cause severe psychological distress resulting in Post-Traumatic Stress Disorder and associated symptoms of anxiety and depression that require trauma-informed counselling.

Similarly, the needs of perpetrators of violence vary, and must be considered within the context of keeping victims safe and the risk of perpetrators committing further abuse. Perpetrators require tailored support to take responsibility for their actions and to change their attitudes and behaviours to choose not to use violence. Studies have identified perpetrators may also have practical needs related to housing and income, and therapeutic needs related to mental health, addictions, and individual counselling to address historic trauma.

A study found that the level of support required for victims and perpetrators to access services and navigate the system was not just determined by their assessed risk level or by whether a case has complex multiple needs. High-risk clients with multiple needs requiring support to navigate the system were identified, as were a large proportion of low-risk clients and large numbers of clients whose needs were identified as 'straightforward'. This indicated the importance of providing navigation and support services based on the unique needs of individuals. To meet the diverse and often complex needs of families and whānau affected by violence, many studies recommended tailored approaches based on comprehensive risk and needs assessment; case management and advocacy approaches to navigate and coordinate between services; and responsive approaches to work with unique needs of different populations.

In 2017, the Government published the *Family violence risk assessment and management framework: A common approach to screening, assessing and managing risk*, which it developed in consultation with providers. The aim of the framework was to provide a collective approach for responding to family violence, a shared understanding of family violence and its dynamics, and clear values that underpin good practice in risk assessment and management. More work would be required to understand the uptake and implementation of this framework.

Theme 2: What kinds of services and supports are available to meet needs?

A strong theme in the literature is the need for more focus on the prevention of family violence, sexual violence, and child abuse and neglect. Preventing violence requires a societal change in attitudes, behaviour, and tolerance of these types of abuses. Although successive governments have recognised the need for prevention in their response frameworks and prevention or early intervention initiatives, the literature we have reviewed from the last decade has repeatedly identified that prevention strategies are significantly under-resourced. Addressing the longer-term recovery from trauma also needs more attention, given the multiple negative effects of family violence, sexual violence, and child abuse and neglect over a lifetime.

The diverse range of needs of families and whānau affected by violence requires a collective input from services and communities. A range of statutory, specialist and general services support families and whānau affected by violence. The Family Violence Act 2018 defines a *family violence agency* as a specified government agency and any NGO that receives funding from the government to provide

services to protect and help victims of family violence and/or to help people stop inflicting family violence. The definition includes school boards and licensed early childhood services. The Act specifies 10 government agencies, along with district health boards and registered community housing providers.

The historical development of services related to family violence (primarily Intimate Partner Violence - IPV), sexual violence and child protection is still largely reflected in separate responses from government and community organisations. Several initiatives have endeavoured to develop a more integrated and coordinated response between government and NGO providers, mainly in response to family violence crisis. For example, Family Violence Interagency Response System, Integrated Safety Response, Whāngaia Ngā Pā Harakeke, Family Safety Teams and so forth.

Although many studies reviewed report 'service gaps' related to their areas of focus and specific geographical locations, we are not aware of any comprehensive, current national overview of services. Creating such an overview would require a stocktake of services and supports for family violence, sexual violence, and child abuse and neglect to indicate the mix, spread and availability of services throughout the country. The most recent stocktake we found was of sexual violence services conducted in 2013.

A significant issue for family violence service providers is the way their services are commissioned and funded by government. Consultation and research with providers highlighted a range of problems which ultimately impacts on their service provision. The Ministry of Social Development has recognised this and recently begun a new commissioning and funding strategy with service providers.

Resource issues and short-term contracts also impact on service providers' ability to recruit and retain a suitably qualified workforce. Some studies identified workforce capacity and capability issues as a critical area which requires more focus. The Government published the *Family violence, sexual violence and violence within whānau: Workforce capability framework* in 2017 to guide a 'consistent, integrated and effective response to family violence and sexual violence'. The framework recognises the importance of building the capability of the wider workforce, so victims and perpetrators get an appropriate response and there is a more integrated approach between organisations. The framework informs the New Zealand Health and Wellbeing diploma in Family Violence, Sexual Violence and Violence within Whānau (Level 5). There are a range of specialist training providers, however there is limited tertiary education options that specialise in this area. There are also a number of good practice guidelines for specialist services and to guide working with different population groups. At the time of writing this report, we did not come across a national strategy or monitoring of how workforce capacity and capability issues are being addressed.

Theme 3: Enablers and barriers to accessing and engaging with services

Most people experiencing or using violence do not access services. The NZCVS found that most family violence victims (more than 90%) are aware of support organisations but that only about a quarter (23%) of those aware of support organisations contacted them. An important finding is that more than half of family violence victims asked for help from family, whānau or friends. This strengthens calls for more resourcing of prevention and early intervention initiatives to support informal networks of family, friends and work colleagues to know how to safely 'recognise, respond and refer' to requests for help.

The literature we reviewed identifies commonly occurring factors that can act as enablers or barriers to accessing and engaging with services. Using a broad concept of access, these factors can be grouped as the approachability, acceptability, availability, accessibility and affordability of services. Services may find it difficult to implement practices that enable people to access their services more easily because of issues with organisational and workforce capability and capacity, resourcing, cultural capability, service design and delivery models.

Systemic factors can determine who has access to what, such as the way referral pathways are designed and implemented, the entry criteria for services and whether legal and statutory obligations are activated so that the parties have free access to services (e.g. access to free Ministry of Justice-funded safety programmes, non-violence programmes and children's programmes).

Theme 4: Māori whānau experiences

Whānau experiences of current services and the system were that they were fragmented, difficult to navigate, culturally inaccessible and punitive, and that it did not account for the multidimensional and broader social, cultural, political and historical context of Māori and the causes and impacts of family violence on them. Whānau, in particular, spoke of shame and fear of engaging in the system, disparaging attitudes, racism, victim blaming, punitive sanctions, inconsistent and inequitable treatment when engaging with agencies and services or the frustration they felt of having to repeat (or defend) their story to multiple agencies and services.

Wāhine Māori and their tamariki were identified in the literature as particularly vulnerable to family violence and sexual violence, and also as more likely to carry the burden of whānau alone. This vulnerability is compounded by structural disadvantages (i.e. institutional racism) that mean that the state system is likely to retraumatise wāhine Māori. Because of this, strengthening the whānau structure alongside programmes and interventions that build whānau capability and capacity to better support each other are seen as crucial.

The literature we reviewed highlighted several common themes for Māori, including the need for:

- genuine partnership between Māori and the government based on Te Tiriti o Waitangi (the Treaty of Waitangi);
- understanding family violence (and sexual violence) for Māori within the broader socio-political context, including the causal risk factors that increase Māori exposure and/or vulnerability to violence, the impacts of colonisation and institutional racism;
- reorientation to a service system (i.e. ecosystem) that supports holistic, whānau-centred and equitable responses to violence;
- a focus on primary prevention, with stronger investment in a 'service continuum' that builds social and cultural capital (i.e. Whānau Ora) alongside education, therapy and rehabilitative supports, programmes and services;
- increased resourcing for supports, services and programmes based on tikanga and kaupapa Māori; and
- the devolution of decision-making and investment to whānau, hapū, iwi and communities impacted by violence and that account for diversity and tailored solutions relevant to Māori needs, aspirations and rangatiratanga (i.e. Māori-led solutions for Māori).

Theme 5: Experiences of different population groups

There is a general lack of New Zealand-focused research and evaluation about the experience of the family violence service system by specific populations – Pacific peoples, those of other ethnicities, male victims/survivors, LGBTQIA+/Rainbow community, people with disabilities and older people.

A limited number of research studies have been conducted that identify barriers to accessing services, particularly when perpetrators of abuse are restricting contact and mobility and coercing and intimidating victims. These barriers are further exacerbated when victims have disabilities, are elderly, have no or limited English, are subject to community censorship and cultures of silence, do not fit the gender/sex binary framework mainstream services operate within and so on. The implications are that services and strategies need tailored approaches to overcome these specific barriers. It would be beneficial to know more about what strategies and innovations services currently implement to overcome these barriers for different populations.

Theme 6: Government stewardship role – what should it look like and implications for power sharing with Iwi and communities

Several reports have examined the government's role in stewardship and facilitating an enabling environment for systemic change. This role includes legislation, policy, resourcing, workforce development, infrastructure and so forth. Some authors note that the collective accountability of government agencies is a mechanism for ensuring that the government performs this role effectively. However, other authors comment:

Governments come and go and have different priorities and different means of addressing them. A systems approach to reduce experiences of IPV and CAN in New Zealand is a long-term project and cross-party support over time would be a challenge to achieve and maintain but will be a necessary part of forward progress. (Carne et al., 2019, p 27) .

Family violence, sexual violence and child maltreatment are complex issues that need a long-term focus and cross-party agreement.

From the literature, the extent of collaboration and power sharing between the government, communities and iwi has varied over time and been skewed towards the Government's favour. New models are emerging and there is currently more focus on how genuine partnerships can be developed to address these complex issues of family violence, sexual violence and child maltreatment. Critical analysis of the varied national coordination and strategic forums that have arisen over the last 40 years could provide insight into operationalising genuine collaborative partnerships at national, regional, and local levels.

Theme 7: Lack of systems analysis and long-term strategic approaches

Many of the studies reviewed in this report agree that the complexities of family violence, sexual violence, and child abuse and neglect need a sophisticated approach because no one intervention, agency, initiative or piece of legislation can solve this 'wicked' problem. Furthermore, the interconnections between types of violence mean they need to be addressed together. During the last six years, there have been strong calls to use systems thinking approaches to inform the design and monitoring of the 'family violence system' at a national level – for example, the Family Violence Death Review Committee, the Glenn Inquiry, the Impact Collective and the New Zealand Productivity Commission.

Authors note that, although there has been some progress in understanding the effectiveness of certain programmes and interventions, there is a lack of capability within government agencies to engage and use system approaches. (Foote et al., 2015, p 4). A related challenge is the need for a strategy of continuous improvement that measures system effectiveness using systems thinking tools and an overarching research and evaluation programme to inform system and service development. How outputs and outcomes for families and whānau are recorded and analysed also needs attention.

Theme 8: Need for more systematic approach to building our collective knowledge and utilising what we learn in policies and practice

Our scan of the literature highlights a lack of national coordination of government-commissioned research. This lack has resulted in the considerable gaps in knowledge that we identify in the review. The way research and evaluation projects are currently commissioned generally reflects the focus of individual government agencies, rather than the family violence, sexual violence, and child maltreatment sector as a whole. Some studies are not published, which limits the development of the broader knowledge base. A further limitation is the affordability of evaluation and who decides what gets evaluated. There are numerous local initiatives that NGOs cannot afford to have evaluated but that might provide valuable insights and benefit other communities.

Related to this is the way that knowledge is disseminated. Authors have noted that research findings could be better tailored for different audiences and communicated more effectively.

It is not clear to what extent government agencies consider research and evaluation findings and recommendations, and act on them. Many of the process evaluations we reviewed demonstrate just how difficult it can be to transfer knowledge into practice and for government and non-government services to consistently deliver those practices to families and whānau.

1 Introduction

1.1 Purpose of review

The Office of the Auditor-General (the Office) has a programme of work focusing on the Government's efforts to achieve significant and sustained reductions in family violence, sexual violence, and child abuse and neglect. This literature review contributes to that project by reviewing research and evaluation reports from 2010 to early 2020. In particular, it includes the following:

1. Overview of the key pieces of research/evaluation that have been done – what the research focus was, who was involved in the research (e.g. victims, service providers), when the research was done, who commissioned the work, key findings and how the research was used. **[Chapter 2 and annotated bibliography]**
2. Key findings from research and evaluation of integrated service models, i.e. the extent and nature of integration and the successes and challenges of doing this for the agencies involved. **[Chapters 4 and 5]**
3. Things that we know from the research and evaluation undertaken on what works well for who and in what circumstances and what is needed to improve outcomes for service users and service providers. This might be improvements needed from the funding agencies and service providers. **[Chapters 3 and 4]**
4. Key research gaps that then lead to a view of the gaps in our understanding. **[Chapter 2]**
5. Challenges for particular communities (Māori, Pacific peoples, LGBTQIA+/Rainbow, disabled, rural, urban) to access and participate in services and the degree to which current services and service models meet users' needs (from users' perspectives as well as what is known about what is needed). How does this vary across the different groups? What are the strengths and weaknesses of different service delivery approaches? **[Chapters 3 and 4]**
6. What challenges are service providers facing and how do these impact on the delivery and effectiveness of services? **[Chapters 4 and 5]**

The Office has commissioned Dr Sue Carswell (Carswell Consultancy) to undertake this review. Sue has collaborated with Judy Paulin (Director of Artemis Research), Hector Kaiwai (independent kaupapa Māori researcher/evaluator and Director of Awa Associates) and Dr Elaine Donovan (independent researcher/evaluator) to provide the appropriate expertise to undertake this project. The views expressed in this report are those of the authors and do not necessarily reflect the views of the Office.

Overview of methodology and limitations

The questions posed by the Office provided a challenge in several ways, including the broad scope of literature about family violence, sexual violence and child abuse and neglect, and the realities of time frames and capacity. The questions are reasonable and the fact that a current 'state of knowledge' in Aotearoa New Zealand that brings together our endeavours in these areas does not exist speaks to the difficulty of doing this type of overview. It also strongly supports calls for national coordination and monitoring of research and evaluation to inform gaps and build our collective knowledge. To answer the

Office's questions and inform the next phase of its work, we have conducted a narrative literature review¹ of research and evaluation studies conducted in Aotearoa during the last 10 years (2010– to early 2020).²

To identify the main publications, we began with the New Zealand Family Violence Clearinghouse Timeline³ that identifies key publications. We identified further relevant publications through a focused literature search. While we endeavoured to include as many relevant studies as possible, there were limitations and the report is not intended as a comprehensive stocktake of all topic-related literature completed in Aotearoa over the last decade. Due to the original project deadlines only three reports published in 2020 are included in the annotated bibliography. However, as project timelines moved, we included further publications in the literature review section of the report to update key information, such as some of the reports published by the Ministry of Justice about the New Zealand Crime and Victims Survey. The search strategy and review methodology are outlined in Appendix 4.

The annotated bibliography highlights the tremendous amount of mahi done to address family violence, sexual violence, and child abuse and neglect by communities, non-government organisations (NGOs) and government agencies. We gratefully acknowledge the authors and the legions of participants who shared their experiences, insights and wisdom in numerous studies. Their voices and knowledge are so important to informing our understanding of why violence happens. They also inform the design of effective prevention and response strategies and tell us about the best ways of supporting families and whānau to keep safe, recover from trauma and improve their wellbeing.

We have limited our inclusion of references to policy and legislation, and excluded government monitoring reports and progress reports, such as the government's Joint Venture for Family Violence and Sexual Violence work programme updates.

A notable limitation of this review is the limited inclusion of unpublished research and evaluation studies, some of which have been commissioned by government agencies.

1 The main purpose of a narrative review is to give the author and reader an overview of the topic and to highlight significant areas of research. Narrative reviews can help to identify gaps in the research and help to refine and define research. See <https://libraryguides.griffith.edu.au/c.php?g=451351&p=3333115>.

2 One publication was included from 2009.

3 <https://nzfvc.org.nz/?q=timeline-category/research>

1.2 Report structure

Part 1: Literature review

There are two key parts to this report. The first part is an analysis of the literature to inform the Office's questions and assist it in the next phase of its work.

The remainder of this introductory chapter sets the scene by discussing the ways family violence, whānau violence, sexual violence and child abuse and neglect have been defined, the inter-relationship between these kinds of abuse and ways of conceptualising our responses. What is known about the prevalence of family violence, sexual violence and child abuse is also discussed.

Because the Office's project is focused on outcomes, they are particularly interested in the perspectives of services users and service providers, and their experiences of the family violence system (e.g. what is working well, along with areas of concern). Chapters 3 and 4 focus on peoples' and providers' experiences of the 'family violence system' respectively.

Chapter 3 begins by identifying general themes, with a focus on the experiences of the family violence service system from the perspective of victims, including children and young people, and from the perspective of people who use violence. The following sub-sections examine findings for Māori whānau and other population-based groups. This includes Pacific peoples, ethnic communities, people with disabilities and LGBTQIA+.

Chapter 4 provides an overview of what is known about service providers' experiences of the family violence service system, with a focus on service implementation and funding models. Workforce development issues such as recruitment, retention, capability and capacity are also highlighted.

Chapter 5 provides key insights from the literature on systems thinking to transform the 'family violence system' and the government's role in stewardship and enabling structures that can support an effective system. We conclude with valuable lessons from the Whānau Ora outcomes framework and collective impact to enable major social change that could be applied to the family violence system.

Part 2: Annotated bibliography

The second part of the report is an annotated bibliography, included in Appendix 3, which seeks to answer the first review question:

Overview of the key pieces of research/evaluation that have been done – what the research focus was, who was involved in the research (e.g. victims, service providers), when the research was done, who commissioned the work, key findings and how the research was used.

Chapter 2 provides an overview of what is included in the annotated bibliography and identifies research gaps. The literature in the annotated bibliography is organised by year rather than alphabetically, and the titles are colour coded by topic. Information for each reference includes the purpose, commissioner, methodology, key findings and recommendations. The references selected for the annotated bibliography are in Appendix 1. A summary table of the annotated bibliography organised by year, research focus, and commissioner/funder is in Appendix 2.

1.3 Definitions and terminology

Although legislative definitions of ‘family violence’ have existed for decades (see the Family Violence Act 2018 and its predecessor the Domestic Violence Act 1995), there are still debates and tensions about definitions and terminology. This is unsurprising given the diversity of perspectives and the historical development of different movements and responses to family violence, sexual violence and child abuse.

A study conducted in 2017 found that some families and whānau were unaware that what they were experiencing was family violence, primarily because of perceptions that family violence only involves physical violence (Allen and Clarke, 2017b). The same study also identified that some families and whānau were unaware of what a healthy relationship looked like. We have included this insight because we suggest when considering what constitutes forms of relational violence it is also important to consider what non-violence and good relationships might look like. This aligns with a strong theme throughout the literature on the use of strength-based approaches when working with families and whānau experiencing violence. The kaupapa Māori approaches, such as the prevention framework promoted by E tū Whānau!,⁴ are strengths-based, envisioning aspects of positive relationships based on te ao Māori.

Family violence

‘Family violence’ is a term used in Aotearoa New Zealand to denote a wide range of abusive behaviours that one person does to another person whom they have (or had) some kind of family relationship with. Unlike many international jurisdictions, the term includes intimate partner violence (IPV), which is often referred to as ‘domestic violence’.

Sections 9–11 of the Family Violence Act 2018 identify the following behaviours as family violence: psychological abuse, physical abuse, sexual abuse, financial or economic abuse, harm to pets or animals, withdrawal of care, dowry-related violence, and property damage. Other forms of violence recognised are spiritual abuse, where religious beliefs are used as a justification for abusive behaviour or where a person feels like their spirit/wairua is being attacked and they are prevented from practising their spiritual or religious beliefs.⁵

Importantly, ‘family violence’ is recognised as a pattern of behaviour that can be made up of a variety of different types of abusive behaviours that are done to coerce or control another person and can cause cumulative harm to that person. Family violence can also be a one-off occurrence.

Section 9 of the Family Violence Act 2018 defines family violence as violence inflicted against a person by any other person with whom that person is or has been in a family relationship.⁶ Sections 12, 13 and 14 of the Family Violence Act define the meaning of a ‘family relationship’ as spouse, partner, family member, sharing a household and close personal relationship. The following types of relationships that share a house are excluded: landlord/tenant relationship, employer/employee or employee/employee, or people sharing a common dwelling house. The meaning of family relationship in regard to a ‘close personal relationship’ excludes employer/employee relationships, although the Act recognises that people are not prevented from having a ‘close personal relationship’ within the context of a care/carer relationship.

Factors that the court must consider to determine a ‘close personal relationship’ between two people (section 12(d)) include the nature and intensity of the relationship, such as the amount of time spent

⁴ <https://etuwhanau.org.nz/about/the-vision-to-tatau-manako/>

⁵ See <https://womensrefuge.org.nz/get-help/>.

⁶ See Appendix 4 for section 9 of the Family Violence Act 2018.

together, places where time is spent, the manner in which time is ordinarily spent and the duration of the relationship. It is not necessary for there to be a sexual relationship.

In common usage are terms for different types of family violence that identify the ways victims and perpetrators are related (or were related in the case of ex-partners) such as IPV, parental abuse and sibling abuse. Child abuse and neglect and elder abuse identify the victim.

The New Zealand Police use the term ‘family harm’:

... to encompass the full range of harmful behaviours that occur within the context of family violence situations. Its use is intended to assist frontline officers in understanding the wider dynamics of family harm, the patterns of harm and the adverse circumstances in which they occur. Within this broader context, Police refer to behaviour that constitutes a criminal offence as ‘family violence’. (Mossman et al., 2019)

Whānau violence

Te Puni Kōkiri (TPK) argue that definitions of family violence for Māori need to be fully debated by Māori, including analysis of the terms ‘family violence for Māori’ and ‘whānau violence’, to provide a clear definition that will support improvements in the field (Te Puni Kōkiri, 2010a). This is because understanding the difference between violence that occurs within whānau and families is critical for prevention and intervention practices (Expert Design Group, 2017, cited in Allen and Clarke, 2017a). In 2010 TPK published a literature review (Te Puni Kōkiri, 2010a) and developed a Māori research agenda on family violence (Te Puni Kōkiri, 2010b). The authors identified the following distinctions between family violence and whānau violence:

Whānau violence is defined as ‘the compromise of te ao Māori values and can be understood as an absence or disturbance of tikanga and transgressions against whakapapa.’ Within this definition of whānau violence the use of Māori traditional knowledge and cultural practices are fundamental to addressing whānau violence and achieving whānau ora (wellbeing). On the other hand, it is argued that the term family violence is not broad enough to encompass fully the realities of whānau. The definition of family is based upon a nuclear model. This is not a definition that encompasses the complexities of relationships within whānau.

The literature review provides a strong argument that historically whānau violence was not part of te ao Māori (traditional Māori society) and when violence did occur, it was addressed collectively. It is argued that colonisation has undermined whānau structures and relationships within whānau including gender relationships, and that the violence evident in Māori communities is the contemporary legacy of colonisation. (Te Puni Kōkiri, 2010b, p.4)

Child abuse and neglect

This type of abuse includes psychological and emotional abuse, physical harm, including excessive disciplines, neglect (not providing a child’s basic needs) and sexual abuse of any kind.

Most child abuse is perpetrated by parents or caregivers, either acting alone or together (Radford, 2017; Sidebotham, 2017; Lievore et al., 2007, cited in Allen and Clarke, 2017a, p. 32). Child abuse and neglect often co-occurs with IPV, and the Family Violence Act 2018 recognises psychological abuse of a child if the person committing the abuse puts at risk or ‘causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a family relationship’. Importantly, this Act specifies the person who suffers the abuse is not regarded as having caused or allowed the child to see or hear that abuse or having put the child, or having allowed the child to be put, at risk of seeing or

hearing that abuse (section 9(3)).⁷ This legislatively recognises the perpetrator's responsibility for children's exposure to family violence and moves the onus away from blaming victims for their 'failure to protect'.

Sexual violence

Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) uses the World Health Organization's (WHO) broad definition of sexual violence:

[A]ny sexual act, attempt to obtain a sexual act, sexual harassment, or act directed against a person's sexuality, using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home or work. Sexual violence can include, rape, the threat of rape, attempted rape, sexual harassment, sexual coercion and sexual contact with force. Sexual violence can be perpetrated by, or against, anyone regardless of their age, gender, sexuality, ethnicity or ability. However, not all people are at risk of being targeted for sexual violence. Overwhelmingly, sexual assault of adults is perpetrated by men against women. It is both a cause and a consequence of gender inequality.⁸

While the adult victims of sexual violence are predominantly women, a review of literature about effective services for men who have been sexually assaulted showed that transgender people and adult men are also at risk (Carswell, Kaiwai, Donovan, 2019).

Most sexual violence occurs within family relationships or people known to each other (e.g. dating violence, child sexual abuse). The Government developed the Joint Venture for Family Violence and Sexual Violence to lead a strategic response that recognises alignments and the distinct needs of those impacted by family and sexual violence.⁹

'Victims' and 'perpetrators'

The terms 'victims' and 'perpetrators' and 'offenders' have long been debated. As terms deriving from the justice system as roles related to offences, they sit uncomfortably in other settings where they are perceived as labelling and derogatory. Some prefer the term 'survivor' to 'victim', and others do not identify with either term (Carswell, Kaiwai, Donovan, 2019). Other terms are 'people who experience violence' and 'people who use violence' to move away from labelling a person with a new identity as 'victim' or 'offender'. Rather, the emphasis is that violence has been done to you or you use violence against others. We also run into issues with terms such as 'service user' when most people do not access services. We have followed terms used by different publications to maintain clarity when discussing their findings.

Section 19 of the Family Violence Act 2018 has the following definitions:

victim, of family violence, means a person who—
(a) has experienced, is experiencing, or may experience family violence (even if no offence involving the violence was, is, or is to be admitted or prosecuted); or

⁷ Alignment with Oranga Tamariki Act 1989, section 14AA(2)(b).

⁸ See <https://toah-nnest.org.nz/80-what-is-sexual-violence>.

⁹ Cabinet paper – see <https://www.justice.govt.nz/assets/Documents/Publications/cp-breaking-the-inter-generational-cycle-of-family-violence-and-sexual-violence.pdf>.

(b) is, has been, or may be affected by family violence (even if no offence involving the violence was, is, or is to be admitted or prosecuted).

perpetrator, of family violence, means either of the following:

(a) a person who has inflicted, or may have inflicted, family violence (even if no offence involving the violence was, is, or is to be, admitted or prosecuted):

(b) a person who is inflicting, or may be inflicting, family violence (even if no offence involving the violence is, or is to be, admitted or prosecuted).

Research on perpetrators (mainly males perpetrating IPV) has identified different characteristics and risk factors that have been categorised into typologies to assist understanding of how to tailor behaviour change interventions. This is an ongoing area of research, for example see the New Zealand Family Violence Clearinghouse selected bibliography, *Working with Perpetrators* (2013, updated 2016).¹⁰

1.4 Effects of violence

The effects of family violence, sexual violence, and child abuse and neglect are severe, cumulative, and can affect victims in multiple complex ways including psychological, developmental, physical, and socio-economic impacts. Severe cases of family violence can result in homicide. Aotearoa New Zealand has a Family Violence Death Review Committee (FVDRC) who periodically publish information, analysis, and recommendations to improve system and service responses based on their reviews of homicides. The FVDRC Fifth Report Data (2017) analysis of homicides from 2009 to 2015 found 194 family violence related deaths: 92 deaths were related to IPV; 56 children died related to child abuse and neglect; and 46 men and women died related to intrafamilial violence.¹¹

The Homicide Report a searchable database of homicides in Aotearoa New Zealand compiled by journalists, shows between January 2004 and March 2019 that 400 (35%) of the 1068 homicides of men, women, and children, involve family violence.¹² Their analysis shows half of female homicide victims aged 18 years or older were killed by a boyfriend, partner, husband, or ex-partner. Other family members killed 32 women during this period which was 11% of adult female victims. The combination of these two categories means family violence accounts for 60% of female victims aged 18 years or older. One in eight homicides (139) during this period was of a child under 15 years, and more than half of these children were killed by a parent or caregiver.

Taylor, Carswell, Haldane & Taylor (2014a, p.40) review of the national and international literature for the Glenn Inquiry found:

... the impact of IPV is well documented (Abrahams, 2010; Arias, 1999; Graham-Bermann & Levondosky, 2011; Krug et al., 2002) and there is a thorough understanding of the disturbing effects and consequences on women, children, families and wider society. Among other effects it has shown to impact in life trajectories for adolescents (Menard, Weiss, Franzese, & Covey, 2014) on mental health of victims (van Dulman et al., 2012; Fergusson, Horwood & Ridder, 2005) and to be associated with substance abuse and depression (Fowler & Faulkner, 2011).

¹⁰ <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/working-with-perpetrators-bibliography-update-2016.docx>

¹¹ https://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC_media_summary_2017.pdf

¹² <https://interactives.stuff.co.nz/the-homicide-report/index.html>

Research is showing that prolonged stress, such as that experienced by victims of family violence and child maltreatment, affects people both biologically and psychologically. The impacts of high levels of the stress hormone cortisol over time can lead to problems such as anxiety, depression, heart disease, digestive problems, and decreasing immune responsiveness. Complex post-traumatic stress disorder (C-PTSD; also known as complex trauma disorder¹³) is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.

The Chief Science Advisor for the Justice Sector, Professor Ian Lambie, wrote *Every four minutes: A discussion paper on family violence prevention* (Lambie & Gerrard, 2018), as part of a series of papers on the criminal justice sector. The paper provided a review of national and international evidence on family violence causes, interventions, and prevention measures. There is mounting evidence on the adverse long-term impacts on children who are exposed to family violence and child abuse:

The chronic stress a child feels when exposed to abuse and violence has effects on all the body's systems (such as the nervous, immune, and metabolic systems), resulting in increased risks of poor physical health throughout life . . . Children exposed to family violence are likely to experience increased levels of behavioural and mental health issues, including externalising, internalising, and adjustment problems. (Lambie & Gerrard, 2018, p.18)

Aotearoa New Zealand longitudinal research on child sexual abuse victims shows 'higher rates of psychological disorders, suicidal thoughts and attempts, substance dependence, risky sexual behaviour, welfare dependence and contact with medical professionals due to physical-health problems, and lower rates of self-esteem and life satisfaction at age 26 follow-up' (Lambie & Gerrard, 2018, p.19).

1.5 Using violence is a choice

The 'perpetrator narrative'

Te Kupenga Whakaoti Mahi Patunga/National Network of Family Violence Services is a national body representing a range of specialist family violence services throughout Aotearoa whose members provide stopping violence services. They state:

*Consistent with our kaupapa, pou and matapono, what distinguishes Te Kupenga from others is that **we have specific responsibility for speaking to the 'perpetrator narrative'**. While almost all our member agencies today provide support and services to victims, perpetrators and their extended families and whānau, our whakapapa to men's stopping violence services over thirty years, provides us with specific insight and experience in terms of that narrative.¹⁴*

The 'perpetrator narrative' they outline identifies the key elements required for an effective family violence prevention and response system, with the safety of victims/survivors and their families/whānau at the centre. They remind us that an effective system 'must have a consistent message that violence in all its forms is unacceptable and will not be tolerated'. In terms of causal explanations for violence, Te Kupenga state that 'Engaging in violent behaviour is ALWAYS a choice made by the perpetrator.'

¹³ <https://www.healthline.com/health/cptsd#diagnosis>

¹⁴ <https://nnfvs.org.nz/about/>

Te Kupenga acknowledge that there are multiple explanations for the behaviour of perpetrators, ranging from the systemic (e.g. the nature of a patriarchal system, the impacts of colonisation) to the personal (e.g. early exposure to family violence, mental health and addictions), that can be useful for informing the types of supported interventions with perpetrators. However, these explanations never excuse those behaviours and should not detract from the position that violent behaviour is a choice made by the perpetrator.¹⁵ Te Kupenga state that most perpetrators can be supported 'to make safer and healthier choices about their behaviour' if provided with 'skilled, timely, resourced and compassionate interventions'. The provision of non-violence programmes and perpetrator interventions is discussed in Chapter 3.

Understanding influences to inform prevention and intervention initiatives

As highlighted by Te Kupenga, the factors that influence the use of violence tend to be clustered under two broad perspectives: structural and individualistic. It is useful to examine these perspectives because they underlie intervention approaches. There is increasing recognition of the complex inter-relationship between both perspectives, as research on different types of family violence and types of perpetrators highlights the complex dynamics of multiple characteristics and issues at individual and structural levels and indicates that a more tailored approach is required to prevent people from using violence (Carswell, Frost et al., 2017).

Individual perspectives provide psychological, biological or genetic explanations for an individual's behaviour and therefore have a 'treatment' focus to rehabilitate the individual using therapies such as Cognitive Behavioural Therapy (CBT). For example:

... traumatic brain injury, neurotransmitters, genetics, personality theories, attachment theory, self-esteem and substance and alcohol abuse have all been tested and found relevant to understanding violence causation and recovery processes. (Ali & Naylor, 2013b, cited in Taylor, Carswell, Haldane, Taylor, 2014a:14).

Structural perspectives focus on the external influences of cultural, socio-economic, political and religious ideologies in shaping an individual's view of the world. Where one set of views dominate and become embedded in our institutions and ways of thinking, they can be used to legitimate the subordination of groups by gender, ethnicity, age and class. For example, negative constructs of gender roles based on patriarchal beliefs about the role of women and children in familial relationships that support male privilege can be used to legitimise abusive behaviours:

... gender ideologies that dictate men should control women or allow for men to physically control their partners or offspring, are forms of gender-based structural violence. Therefore, when a woman is abused by a husband because he believes he has the right to physically assault her, the woman is experiencing interpersonal and structural violence simultaneously. (Adelman, Haldane & Wies, 2011; Friederic, 2013; Manjoo, 2011; Parson, 2013; Wies & Haldane, 2011, cited in Taylor et al., 2014a:14).

There are debates regarding whether women use violence as much as men. However, the overwhelming evidence is that women and children (girls and boys) are disproportionately harmed by violence perpetrated by men. The National Collective of Women's Refuges highlight that while some women

¹⁵ <https://nnfvs.org.nz/about/>

perpetrate violence against their partners (female or male) or against other members of their household the vast majority of intimate partner violence is directed against women by their current or ex male partners. The National Collective of Women’s Refuges state:

*men’s violence is more severe, frequent, and is embedded within a significant range of other behaviours of power, control, and coercion. . . . Because of this high level of men’s violence and abuse against women, family and intimate partner violence is considered a gendered issue; that is, it is something that largely affects women, often in significant and life changing ways, and is largely perpetrated by men.*¹⁶

Normalising narratives and intersectionality – recognising multiple structural inequities influence people’s lived experiences

The concept of intersectionality seeks to explain how structural inequities may impact on people’s lived experience. There is emerging literature on the different experiences of the ‘family violence service system’ and the particular needs and vulnerabilities of different groups. We examine literature on the experiences of Māori whānau and kaupapa Māori providers in Chapters 3 and 4. The available literature about the experiences of Pacific peoples, older people, people with disabilities, LGBTQIA+/Rainbow community, and male victims is also reviewed.

Te Kupenga Whakaoti Mahi Patunga members have developed a clear framework that highlights how dominant stories about us (normalising narratives) that have deep roots in European cultural, religious and socio-economic histories, and corresponding belief systems, influence family violence. This provides an illustration of how beliefs (which are accepted as the ‘norm’) about who is valued and has certain ‘rights’ in our society, legitimates and perpetuates structural inequities.

Table 1: ‘Normalising narratives influencing structural inequalities’ reproduced from Te Kupenga website <https://nnfvs.org.nz/about/>

Normalising narrative	Corresponding belief systems	Family violence impact
There are only two genders. Each have specific roles, responsibilities and expected models of behaviour and appearance.	The male gender is more important, rational, powerful, worthy than the female gender. Those who do not adhere to their assigned gender or who fail to adhere to their specified gender roles, responsibilities and models of behaviour and appearance are less valuable or worthy of protection than those who do adhere.	High levels of women as well as transgender people who are victims of family violence. Low levels of reporting of family violence towards men and disbelief that men can be victims and women can be perpetrators.
There is only one true or valid sexual orientation – heterosexuality.	Sexualities, other than heterosexuality, are less important, valuable, acceptable or worthy of respect or protection.	High levels of family (and societal) violence towards LGBTQIA+ people.
The productive able-bodied person is the ideal.	People who are too young or old to be productive are less valuable. Bodies which are less able are less valuable than able bodies.	High levels of family violence towards children, the elderly, and people with disabilities.

¹⁶ <https://womensrefuge.org.nz/get-help/>

Pākehā culture is the one true and worthy culture.

Other cultures and their peoples are less worthy, rational, advanced, capable or worthy of respect and protection. Pākehā culture has all the right answers.

High levels of family violence towards and between Māori people and people from diverse cultures.

Intimate partner violence as a form of social entrapment for women

The Family Violence Death Review Committee in their sixth report views IPV:

...as a gendered form of social entrapment for women. Women are vulnerable to social entrapment across three dimensions, which compound a man's violence and control:

- *social isolation, fear and coercion the abusive partner's violence creates in the victim's life*
- *the indifference of institutions to the victim's suffering*
- *structural inequalities such as gender, class and racism that can aggravate coercive control.*

By conceptualising intimate partner violence in this way, we acknowledge that individuals are shaped by how their gender, race, class, sexuality or disability interacts with social systems and structures (the way our society operates). A society that is inequitable for women limits a victim's options for safety. The view of intimate partner violence as social entrapment also highlights the importance of understanding 'intersectionality' – how the impact of multiple inequities that one individual may experience (including colonisation, racism, sexism, poverty, heteronormativity and disability) can increase the impact of men's violence. (FVDRC, 6th Report 2020, p. 22.)

Other structural inequities that are well documented in the literature are the impacts of colonisation on Māori whānau, and their experiences of racism and socio-economic structures that lead to imbalances in the distribution of resources, resulting in poverty and homelessness. Carne and colleagues (2019) highlight the importance of recognising whānau violence within the context of the colonisation of Aotearoa:

The ongoing impacts of colonisation can be understood as key components of the system that leads to the disproportionate impact of IPV and CAN on Māori. ... As a British settler colonial state, New Zealand's system of government, services and dominant ways of thinking reflect Western cultural heritage. Services tend to be delivered to individuals in response to a discrete issue. For Māori, like many indigenous peoples, the focus is not on individuals or discrete issues; mātauranga Māori sees individuals as intrinsically entwined within a web of connections, referred to as whakapapa. Ultimately, it is these connections that enable wellbeing to emerge. For Māori it is therefore critical to understand these connections and the outcomes that result from them. When the web of connections is strong, it nourishes individuals. When the web is weak, or torn apart, the individual suffers. (Carne et al., 2019.)

1.6 What is a 'family violence system'?

The 'family violence system' is widely referred to, so it is important to consider what is meant by this term. A 'system' is defined by the perspectives and assumptions of those experiencing, talking, and writing about it. The boundaries of a system, which actors, components, relationships, and determinants are included, vary from big picture socio-ecological models to more easily defined concepts bounded by function, geography and specified relationships. The different perceptions of the 'family violence system' can be seen in the various studies and proposals for transforming the family violence system in Aotearoa New Zealand that are discussed in Chapter 5.

Many of the studies focus on service responses to family violence, sexual violence and child abuse and neglect, including government services and non-governmental organisations (NGOs) who specialise in these areas. We have used the term ‘family violence service system’ to refer to the government agencies, NGOs and organisational networks that work in this area.

Section 19 of the Family Violence Act 2018 defines a **family violence agency** as:

- (a) a specified government agency [see below];
- (b) any non-governmental organisation that is funded wholly or in part by government, and that exercises powers, performs functions, or provides services, for 1 or both of the following purposes:
 - (i) to protect, or otherwise help, victims of family violence;
 - (ii) to help people to stop their inflicting of family violence;
- (c) any school board;
- (d) any licensed early childhood service.

Section 19 of the Family Violence Act 2018 also specifies 10 government agencies, along with DHBs and registered community housing providers:

- (a) Accident Compensation Corporation;
- (b) Department of Corrections;
- (c) Ministry of Education;
- (d) Ministry of Health;
- (e) any DHB;
- (f) Kāinga Ora—Homes and Communities;
- (g) every registered community housing provider;
- (h) Immigration New Zealand;
- (i) Ministry of Justice;
- (j) New Zealand Police;
- (k) Oranga Tamariki—Ministry for Children;
- (l) Ministry of Social Development.

The *Family violence, sexual violence and violence within whānau: workforce capability framework* (Rudman, Walker, Albert, Ohia, Smith, Thurston, Poudfoot, Williams & Wansa-Harvey, 2017) sets out a national framework to guide a ‘consistent, integrated and effective response to family violence and sexual violence’. The framework recognises the importance of building the capability of the wider workforce in regard to family violence and sexual violence, so victims and perpetrators get an appropriate response and there is a more integrated approach between organisations. The workforce is categorised into three levels: primary response, specialist response, and leadership, with corresponding criteria for level of capability. The role of kahukura and community champions who inspire change is also recognised.

National and local networks

Long-established national networks of NGOs provide their members with a collective voice, advocacy when working with the government, research evidence, resources, good practice guidelines and help promoting social change. These networks were part of previous governments national taskforces on family violence and sexual violence, including the Māori Reference Group, the Pacific Advisory Group, etc. Examples of national networks of NGOs are:

- National Collective of Women’s Refuges – see <https://womensrefuge.org.nz/>;
- Te Kupenga Whakaoti Mahi Patunga/National Network of Family Violence Services – see <https://nnfvs.org.nz/about/>;
- Te Ohaakii a Hine-National Network Ending Sexual Violence Together (TOAH-NNEST) – see <https://toah-nnest.org.nz/>;

- Male Survivors Aotearoa – see <https://malesurvivor.nz/>;
- E Tū Whānau is a Māori response to the unacceptable levels of violence within Te Ao Māori – see <https://etuwhanau.org.nz/about/>; and
- Pasefika Proud is a social change movement – ‘by Pacific for Pacific’ – see <https://www.pasefikaproud.co.nz/about/>.

There are also multiple local service networks with members from NGO and government agencies located throughout the country.

Framing the service response

To frame the service response to family violence, the public health model of primary, secondary and tertiary prevention promoted by the World Health Organisation (WHO) has been widely used by governments, including Aotearoa New Zealand. The public health model was originally based on the prevention of disease, and the three prevention levels have been translated to relate to violence prevention:

- **Primary prevention** – population-based approaches that aim to prevent violence before it occurs by either universally targeting the whole population or targeting specific groupings or characteristics within the population that are considered at higher risk of victimisation or perpetration;
- **Secondary prevention** – approaches that focus on the more-immediate responses to violence, such as police crisis response to a report of FV or CAN, women’s refuge response to IPV, child protection services pre-hospital care, emergency services or treatment for sexually transmitted infections following a rape; and
- **Tertiary prevention** – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, treatment programmes, counselling, that attempt to lessen trauma or reduce long-term disability associated with violence (adapted from Dahlberg & Krug, 2002, cited in WHO 2010, p. 7).

There are adaptations to the way this three-tier framework has been presented, and the Ministry of Women’s Affairs noted that the three levels sit on a continuum and are not mutually exclusive, with some interventions encompassing all three levels. Drawing a boundary around different types of responses can be useful for planning and implementation purposes and workforce development (Ministry of Women’s Affairs, 2013, p. 6, cited in Taylor et al., 2014b, p. 6).

A strong theme in the literature is the need for prevention of family violence, sexual violence and child abuse and neglect. Preventing violence requires a societal change in attitudes, behaviour and tolerance for these types of abuses. This requires a broader view of a ‘family violence system’ than a focus on services or programmes. Although successive governments have recognised the need for prevention in their response frameworks and prevention or early intervention initiatives, the literature we have reviewed from the last decade has repeatedly identified that prevention is significantly under-resourced. Making the links between different aspects of the broader system is required. As the Family Violence Death Review Committee stated in 2016, to prevent family violence, structural inequities must be considered and addressed in all of the systemic responses to family violence. Identifying what we mean by prevention is also important, as the Family Violence Death Review Committee (2016) also notes that:

For many whānau and families in Aotearoa New Zealand there is no pre-violence or primary prevention space. Children are born into families and whānau already experiencing intergenerational violence and are exposed to violence in multiple family contexts. Therefore, prevention should be embedded in every response to family violence to interrupt intergenerational patterns of violence and the associated transmission of trauma.

The literature we have reviewed identifies that addressing the longer-term recovery from trauma also needs more attention, given the multiple negative effects of family violence, sexual violence, and child abuse and neglect over a lifetime.

The current national strategy to address family violence is Te Rito, New Zealand Family Violence Strategy,¹⁷ which was launched in 2002. This strategy was developed by a collaborative of non-governmental agencies, government agencies, submissions and extensive consultation with communities around the country.¹⁸ This has provided guidance for many years, and there have been calls for some time now to update our national vision and collective plan to address family violence and sexual violence. A national strategy is an important way of expressing the boundaries and components, principles and desired outcomes of the family violence system. That is why a collective endeavour to develop the strategy that takes different perspectives into account and has shared understandings is important. We understand that the Joint Venture is developing a national strategy in partnership with an interim Te Rōpū Māori.¹⁹

1.7 Prevalence of family violence, sexual violence and child abuse

Identifying the prevalence of family violence, sexual violence and child abuse is difficult because most violence goes unreported to authorities. The reports of family violence and child abuse that are available leave us in no doubt this is a severe issue for our society. The Police estimates that, in some districts, family harm is about 40% of their workload, and in 2016/17 Oranga Tamariki received a notification every four minutes.²⁰

Population surveys currently provide the best approximation of the prevalence of different types of violence for different groups of people. However, the use of different definitions of family violence across these surveys makes comparisons of prevalence rates difficult. There have been issues with the way New Zealand's population survey data about family violence and sexual violence have been collected in successive New Zealand Crime and Safety Surveys (NZCASS) (e.g. limitations on collecting information about childhood abuse and sexual abuse, elder abuse and other forms of family violence). The New Zealand Crime and Victims Survey (NZCVS) replaced the NZCASS in 2018. There have been some improvements to the survey methodology, but these changes mean the NZCVS findings cannot be compared to findings from the NZCASS to observe trends over time.

17 <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/te-rito/te-rito.pdf>

18 Te Rito was developed by the Family Violence Focus Group, which comprised of the National Network of Stopping Violence Services, National Collective of Independent Women's Refuges, National Collective of Rape Crisis and Related Groups, Royal New Zealand Plunket Society, Barnardos, Age Concern New Zealand, Relationship Services, Child Abuse Prevention Services New Zealand, Pacific Island Women's Project, Ministry of Social Development, Department of Child, Youth, and Family Services, Ministry of Justice including the Crime Prevention Unit, Department for Courts, Department of Corrections, New Zealand Police, Ministry of Health, Ministry of Education, Specialist Education Services, Early Childhood Development, Te Puni Kōkiri, Ministry of Pacific Island Affairs, Ministry of Women's Affairs, Department of Internal Affairs including Ethnic Affairs, Treasury and the Accident Compensation Corporation. Valuable input was also provided by the Family Violence Advisory Committee, Office of the Commissioner for Children, community workshop participants, individual interviewees, submissions and organisations that work every day with those affected by family violence. (Te Rito, 2002, p.2)

19 <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/work-programme/>

20 The number is derived from the 158,921 care and protection notifications, including police family violence call-outs, that Oranga Tamariki Ministry for Children received in 2016/17, relating to almost 60,000 children. There are 525,600 minutes per year; hence, one notification every 4.42 minutes. Of course, not all of those reach the 'threshold' for court cases and bureaucratic involvement, but they hint at what is so hard to measure (Lambie et al., 2018).

Two cycles of the NZCVS were conducted in 2018 and 2019. The Ministry of Justice (2020a,²¹ p.17) states, “[t]hroughout all population groups and all offence types the Cycle 2 results are consistent with those obtained after Cycle 1. This consistency supports the view that the NZCVS is using a vigorous and statistically robust methodology which delivers reliable outcomes”. The authors note data collection for Cycle 2 was conducted from October 2018 – September 2019 prior to the Covid-19 pandemic and subsequent lockdowns and restrictions in Aotearoa.

Key findings about offences by family members

The definition of offences by family members used for the NZCVS is in line with offence coding used by the Police. The following offence types are included (where the offender is a family member):

- physical assault;
- sexual assault;
- harassment and threatening behaviour; and
- other offences (damage to personal or household property, damage to motor vehicles and robbery).²²

The definition differs from the Family Violence Act 2018 and “does not include all behaviours that may be considered family violence, such as economic abuse, abuse of pets of importance to someone, or other psychological violence. Nor is violence towards children (14 and under) covered. Therefore, the offences by family members considered here are only a subset of experiences of family violence by adults.” (Ministry of Justice, 2020a, p.58)

The Cycle 2 survey found there are no statistically significant change in offences by family members between Cycle 1 and Cycle 2 (Ministry of Justice, 2020a, p.58).

NZCVS Cycle 1 (2018) key findings 12 months prior to the survey:

The NZCVS Cycle 1 (March – September 2018) interviewed 8,030 New Zealand adults (aged 15 years and over) and had a response rate of 81%, meaning that the survey results are highly representative of the New Zealand population group (Ministry of Justice, 2020b, p.6).²³

A family violence in-depth module was selected for Cycle 1 and the findings are presented in the NZCVS topical report *Topical Report: Offences against New Zealand adults by family members* (Ministry of Justice, 2020b). This report provides more in-depth analyses of offences against adults conducted by

21 Please note that the Ministry of Justice NZCVS reports published in 2020 are not included in our annotated bibliography as there was a cut-off point due to the project deadlines and scope. However, we have included key statistics in our literature review due to their relevance. See: Ministry of Justice. (2020a). New Zealand Crime and Victims Survey: *Key findings Cycle 2 (October 2018 September 2019): Descriptive statistics*. Wellington. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-core-report-for-release-.pdf>

22 See <https://www.justice.govt.nz/assets/Documents/Publications/9ZU3Q-NZCVS-topical-report-Offences-by-family-members-Cycle-1-2018.pdf>.

23 Ministry of Justice. (2020b). *New Zealand Crime and Victims Survey – Topical Report: Offences against New Zealand adults by family members, Cycle 1 (2018)*. Wellington. see: <https://www.justice.govt.nz/assets/Documents/Publications/9ZU3Q-NZCVS-topical-report-Offences-by-family-members-Cycle-1-2018.pdf>

family members in the previous 12 months. The authors acknowledge limitations and advise using the published estimates with caution.²⁴ Key insights from this report include:

Characteristics of adult victims

- Female adults (2.8%) were more than twice as likely to report offences by family members than male adults (1.2%) and more than three times as likely to report offences by an intimate partner (1.7% of females compared with 0.3% males).
- Māori adults (4%) were more at risk of experiencing offences by family members than European adults (2%).

Types of violence and effect on victims

- Victims of offences by a family member (37%) exhibited moderate to high levels of psychological distress at more than four times the rate of other adults (8%).
- Victims are injured in one quarter (23%) of offences committed by a family member.
- 104,000 adults who had a partner in the last 12 months (3.6%) had experienced psychological violence by an intimate partner.

Findings that indicate risk factors for family violence

- Separation from a partner appears to be a key risk factor for intimate partner violence. Almost one in ten (9%) single adults, who had separated from a partner in the past year, had experienced an offence by a family member. In one quarter (25%) of offences by an intimate partner, victims said the incident related to separation from a partner.
- While there was no evidence of a statistically significant difference in offences by a family member by income or employment status, strong differences emerged by indicators of financial stress.

Interactions with services

- 15% said they had received medical attention.
- One third (32%) said they had an incident that became known to Police. Victims of IPV were twice (45%) as likely to have an incident reported to Police than victims of offences by another family member (20%).
- One third (32%) said they were contacted by a family violence support service.
- More than half (52%) said they had asked for help from family, whānau or friends. (Ministry of Justice, 2020b)

24 The authors of the NZCVS topical report state: “*Though the NZCVS collects a rich level of detail about offences committed by family members, due to the relatively small number of respondents in NZCVS (Cycle 1) who had experienced such offences, many analyses were too statistically unreliable for general use and have not been published. Furthermore, many of the estimates provided in this report are subject to high error and should be used with caution.*” (Ministry of Justice, 2020, p.2)

NZCVS Cycle 2 (2019) key findings 12 months prior to the survey:

The NZCVS Cycle 2 (October 2018 – September 2019) interviewed 8,038 New Zealand adults (aged 15 years and over). The response rate was 80% (Māori booster sample 79%), indicating that the survey results are highly representative of the New Zealand population (Ministry of Justice, 2020a, p.121).

Prevalence and incidence

- Over the last 12 months, victims experienced more than 250,000 incidents of offences by family members, which equates with an incidence rate of 6 per 100 adults.
- Estimating from the sample of 8,038 adults, nationally 87,000 adults (2.2%) were victims of offences by family members. Of those adults, 53,000 (1.4%) experienced offending by an intimate partner, and 37,000 (1%) experienced offending by other family members.

Groups that were significantly more likely than the NZ average to experience offences committed by family members

- Women were more than twice as likely as men to experience offences by family members.
- Māori were twice as likely as the NZ average to experience offences by family members.
- Adults with a high level of psychological distress were far more likely to experience offences by family members than the NZ average (by about six-fold).²⁵
- Sole parents with children were almost four times more likely than the NZ average to experience offences by family members.
- Gay/lesbian, bisexual or other were over two times more likely than the NZ average to experience offences by family members.
- Young adults (aged 15–29 years) were almost twice as likely as the NZ average to experience offences by family members.

Findings that indicate risk factors for family violence

- For victims of IPV, separation was again noted as a risk factor as nearly half (25,000 of 53,000) said the offences were carried out by an ex-partner.
- Argument was the most commonly identified factor relating to offences by family members (44%), followed closely by jealousy and possessiveness (43%).
- Victims reported that they were under the influence of alcohol and/or other drugs in almost one in six incidents (16%) of offences by family members, while the offender was under the influence of alcohol and/or other drugs in almost half of the incidents (47%).
- People under financial pressure were more likely than the NZ average to experience offences by family members, while people not under financial pressure were less likely.
- Adults with low life satisfaction and a low feeling of safety were significantly more likely to experience offences by family members, while those with high life satisfaction and a high feeling of safety were significantly less likely to experience offences by family members when compared against the NZ average.

25 The Kessler Psychological Distress Scale (K6) was incorporated into the NZCVS to measure psychological distress see https://www.hcp.med.harvard.edu/ncs/ftpdir/k6/Self%20admin_K6.pdf We suggest given the findings in the NZCVS about the effects of violence on victims, and the evidence from the literature about the psychological impacts of family violence and sexual violence, it is not surprising that a high proportion of victims of family violence report a high level of psychological distress.

Effect of violence on victims

- 44% of victims experienced anxiety/panic attacks and 40% of victims reported they experienced depression as a result of offences by family members. Many indicated they were affected a great deal by the incidents they experienced.
- Victims of offences by family members were injured in over a quarter (26%) of incidents.
- Experiences of offending by intimate partners were more likely to lead to the impacts of shame, loss of confidence/feeling vulnerable, depression, and anxiety/panic attacks than offences by other family members.

Lifetime experience of intimate partner violence and/or sexual violence

The NZCSV Cycle 2 findings for lifetime experiences of IPV and/or sexual violence highlight the vulnerability of women, gay, lesbian or bisexual adults, disabled, and Māori whānau.

- An estimated 1,131,000 adults experienced either IPV or sexual violence (or both) at some point during their life, which equated to almost 30% of the entire adult population.
- Almost one in six adults (16%) had experienced IPV and nearly a quarter (24%) had experienced sexual violence at some point during their lives.
- Women were almost 2.5 times more likely than men to have experienced IPV and 3 times more likely to have experienced sexual violence.
- Gay, lesbian or bisexual adults were more than twice as likely than the NZ average to experience IPV and sexual violence.
- Māori were more likely to be victims of IPV and/or sexual violence than the NZ average.

Child abuse and neglect – Oranga Tamariki statistics

Oranga Tamariki's care and protection statistics for the year to 31 March 2020 include:²⁶

- 83,300 reports of concerns involved 60,200 children;
- 42,800 assessments or investigation involved 35,800 individual children and young people (the statistics on substantiated abuse were not included on their website); and
- 1100 entries into care during the year to 31 March 2020. As at 31 March 2020, 6100 children and young people were in care and protection custody of the chief executive. Of these, 59% are Māori, 10% Māori and Pacific, and 6% Pacific.

The over-representation of Māori tamariki in care is extremely concerning. A recent study led by Māori examines this issue and is discussed in Chapter 3 (Kaiwai et al., 2020).

Elder abuse – The New Zealand Longitudinal Study of Ageing

The New Zealand Longitudinal Study of Ageing (NZLSA) in 2012 found that elder abuse, as measured by VASS,²⁷ was prevalent for at least one in 10 participants aged 65 years and over on each of the four sub-scales. Items about psychological abuse were more frequent than those associated with coercion and physical abuse. The study found that:

26 See [Oranga-Tamariki-Quarterly-Performance-Report-March-2020.pdf \(orangatamariki.govt.nz\)](#)

27 The Vulnerability to Abuse Screening Scale (VASS) is a self-report screening scale for elder abuse. The VASS has four sub-scales: vulnerability, dependence, dejection and coercion.

- Women experienced significantly more abuse than men on three subscales, but men were significantly more coerced than women.
- Māori experienced significantly more elder abuse than non-Māori on all four subscales. (Waldegrave, 2015)

2 Overview of annotated bibliography

2.1 Selected research and evaluation studies 2010–2020

This chapter provides an overview of the annotated bibliography, which includes 136 publications (plus five snapshots/summaries of full reports) from 2010 to early 2020. The publications relate to family violence, child abuse and neglect, and sexual violence in Aotearoa. We were asked to identify key pieces of research and evaluation that inform an understanding of service users' and service providers' experiences in the family violence system and identify potential gaps to be addressed in the next phase of the project. The annotated bibliography is organised as a timeline over the last decade and is designed to summarise:

- the focus and objectives of the research or evaluation study;
- the methodology and participants, such as service users and providers;
- who commissioned the study; and
- key findings and recommendations.

As stated there were limitations to our review and it is not intended as a comprehensive stocktake. There will be other relevant work, some of which has not been published, including unpublished research and evaluation studies commissioned by government agencies.

In this chapter, we summarise the focus areas of the research and evaluation included in the annotated bibliography to give an indication of what has been studied and likely gaps in knowledge. We also overview who commissioned the studies. The remainder of the report examines how these studies may inform our understanding and knowledge about service users' and providers' experiences and focus areas for improvements in the family violence system.

Table 2: Number of studies each year from 2009 to 2020

Year	No. of entries		Year	No. of entries		Year	No. of entries
2020	3		2016	19		2012	5
2019	20		2015	12		2011	7
2018	12		2014	15		2010	11
2017	17		2013	14		2009	1

Population group focus

Some of the reports focused on the whole population and differentiate populations by gender and ethnicity within the study. Other reports focus on the experiences of specific population groups, such as:

- women (11 reports) – additionally, reports focusing on victims focus primarily on women;
- men (six reports, with one being a summary report) – additionally, reports focusing on perpetrators focus primarily on men;
- children and young people (20 reports), although five of these include other groups, e.g. victims/perpetrators/children, with children as the main focus; and
- older people (four reports), although one focused on women/elders.

In regard to ethnicity, 13 reports included in the annotated bibliography focus specifically on Māori and eight reports on Pacific Peoples, as well as six reports on other ethnic communities (two of which are on refugee/migrant communities conducted in 2011).

The LGBTQIA+/Rainbow community (two publications, both based on the same research in 2016) and people with disabilities (two publications, one in 2016 that drew from the other's research in 2013).

Victims/survivors were the focus in 30 publications (including the TOAH-NNEST suite of studies on sexual violence survivors in 2016), and perpetrators were the focus in 12.

Focus on system approaches to address family violence and child abuse

At least 16 publications recommended system approaches to addressing family violence and child abuse, the most recent of which was Carne, S., Rees, D., Paton, N., Fanslow, J. & Campus, T. (2019). There were successive Family Violence Death Review Committee reports, and the Glenn Inquiry in 2014 commissioned comprehensive research (including extensive literature reviews and primary research) about system transformation to address family violence.

Table 3: Aotearoa New Zealand reports with a focus on system approaches to addressing family violence and child abuse

Carne, S., Rees, D., Paton, N., Fanslow, J. & Campus, T. (2019). ***Using systems thinking to address intimate partner violence and child abuse in New Zealand.*** Auckland: NZ Family Violence Clearinghouse, University of Auckland. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/NZFVC-issues-paper-13-systems-thinking.pdf>.

Lambie, I. & Gerrard, J. (2018). ***Every 4 minutes – a discussion paper on preventing family violence in New Zealand.*** Auckland: Office of the Prime Minister's Chief Science Advisor. Retrieved from <https://cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/6/414/files/2018/11/Every-4-minutes-A-discussion-paper-on-preventing-family-violence-in-New-Zealand.-Lambie-report-8.11.18-x43nf4.pdf>.

Herbert R & Mackenzie, D. (2018). ***Continuous Improvement of the Family and Sexual Violence System: A national collaborative backbone agency is the critical component.*** Backbone Collective; <https://static1.squarespace.com/static/57d898ef8419c2ef50f63405/t/5be8fcad4ae23793ccac1634/1541995697759/Continuous+Improvement+paper+FINAL+1+Nov.pdf>.

Rees, D., Boswell, A., & Appleton-Dyer, S. (2017). ***Framework for change: Reducing children and young people's experience of violence.*** Wellington: ACC.

Allen and Clarke (2017a). ***Rapid synthesis report of family violence research to inform advice about services.*** Commissioned by Ministry of Justice, Wellington.

Allen and Clarke (2017b). ***Family violence in New Zealand: Needs, experiences, and system responsiveness.*** Commissioned by Ministry of Justice, Wellington.

Family Violence Death Review Committee, NZ (2017). ***Six reasons why we cannot be effective with either intimate partner violence or child abuse and neglect unless we address both together.*** Wellington. Retrieved from http://www.hqsc.govt.nz/assets/FVDRC/NEMR-images-files/FVDRC_conference_resource_2017-02-17.pdf.

Family Violence Death Review Committee, NZ (2016). ***Family Violence Death Review Committee: Fifth Report Data: January 2009 to December 2015.*** Wellington. Retrieved from <https://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-FifthReportData-2017.pdf>.

Foote, J., Carswell, S., Wood, D. & Nicholas, G. (2015). ***Measuring the effectiveness of 'whole-of-system' response to prevent family violence.*** Wellington: Commissioned by the Social Policy Research and Unit (SuPERU). Retrieved from <https://thehub.sia.govt.nz/assets/Uploads/Measuring-Whole-System-Report-0.pdf>.

Herbert, R. L. & Mackenzie, D. (2014). ***The way forward: an integrated system for intimate partner abuse and child abuse and neglect in New Zealand.*** Wellington: The Impact Collective. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/The-Way-Forward-2014.pdf>.

Suite of reports from The Glenn Inquiry:

Foote, J., Taylor, A., Carswell, S., Nicholas, G., Wood, D., Winstanley, A. & Hepi, M. (2014). **Selecting interventions to reduce family violence and child abuse in New Zealand** (A report to The Glenn Inquiry). Wellington. Retrieved from <https://noviolence.org.au/wp-content/uploads/2016/07/selectinginterventions.pdf>.

Foote, J., Taylor, A., Nicholas, G., Carswell, S., Wood, D., Winstanley, A. & Hepi, M. (2014). **Toward a transformed system to address child abuse and family violence in New Zealand** (A report to the Glenn Inquiry). Wellington. Retrieved from <https://www.researchgate.net/publication/269280216>.

Kahui, S. & Snively, S. (2014). **Measuring the Economic Costs of Child Abuse and Intimate Partner Violence to New Zealand 2014 Project commissioned by The Glenn Inquiry**. Auckland. Retrieved from https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE25595234&dps_custom_att_1=iilsdb.

Nicholas, G., Foote, J., Taylor, A., Carswell, S., Wood, D., Winstanley, A., & Hepi, M. (2014). **Getting it together: A transformed system to reduce family violence and child abuse and neglect in New Zealand – A summary report to The Glenn Inquiry**. <https://noviolence.org.au/wp-content/uploads/2016/07/summaryreport.pdf>.

Roguski, M. & Gregory, N. (2014). **Former Family Violence Perpetrators' Narratives of Change. A Report to the Glenn Inquiry**. Available at: https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE25596493&dps_custom_att_1=iilsdb

Taylor, A., Carswell, S., Haldane, H., & Taylor, M. (2014). **Toward a transformed system to address child abuse and family violence in New Zealand Literature Review Part Two-Effectiveness of Interventions – (ESR Report No. CSC 14009)**. The Glenn Inquiry. Wellington, Christchurch. Retrieved from <https://www.esr.cri.nz/assets/SOCIAL-CONTENT/TGI-Part-2-literature-review.pdf>

Taylor, A., Carswell, S., Haldane, H., & Taylor, M. (2014). **Toward a transformed system to address child abuse and family violence in New Zealand Literature Review-Part One – (ESR Report No. CSC 14009)**. The Glenn Inquiry. Christchurch. Retrieved from <https://www.esr.cri.nz/assets/SOCIAL-CONTENT/TGI-Part-1-literature-review.pdf>

Wilson, D., & Webber, M. (2014). **The people's blue-print: transforming the way we deal with child abuse and domestic violence in New Zealand**. The Glenn Inquiry. Retrieved from https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE25595165&dps_custom_att_1=iilsdb

Wilson, D., & Webber, M. (2014). **The People's Report: The People's Inquiry into Addressing Child Abuse and Domestic Violence**. The Glenn Inquiry. Retrieved from <http://pacificguardians.org/blog/wp-content/uploads/2014/06/GlennInquiryThePeoplesReport.pdf>

The agencies that commissioned the research and evaluation studies are included in this review

There were limitations and exclusions to what was included in this review as stated above. Consequently, there are limitations to the following 'report count' by the commissioning government agency. The Office is interested in getting a sense of which government agencies were commissioning research and evaluation in relation to family violence, sexual violence and child abuse and neglect. Further work would have to be conducted to systematically count publications, identify unpublished studies, and to assess the focus, quality and impact of the report findings.

The Ministry of Social Development has published 29 reports included in our review. Two were published in partnership with other ministries: one in 2017 with the Ministry of Justice and the other in 2011 with the Ministry of Women's Affairs.

We have included two Oranga Tamariki publications that were published since 2018. Some of the Ministry of Social Development reports relate to the work of the former Child, Youth and Family.

Four reports from the joint venture are included, two of which are snapshots of the two main reports.

The Ministry of Justice published 15 publications, 13 since 2017 and two in 2012 that are included in our review. The more recent publications include four that are related to the NZCVS conducted in 2018 and 2019. Additionally, one in 2017 was jointly published with the Ministry of Social Development (the workforce capability framework).

Included in the annotated bibliography are four reports published by Te Puni Kōkiri. Two reports published by the Law Commission, both relating to family violence victims, in 2015/16. Five publications commissioned by the Police, including three evaluations, and one report commissioned by the Department of Corrections – a process evaluation in 2015.

Two publications from the Ministry of Health are included – one was the latest evaluation of their Violence Intervention Programme in 2019 and the other is guidelines on assessment and intervention to inform healthcare responses to family violence in 2016. In addition, the Health Committee presented an inquiry into improving child health outcomes and preventing child abuse to the House of Representatives in 2013.

One report commissioned by the Ministry of Education conducted by the Education Review Office on sexuality education in 2018 is included. Additionally, there were two other reports on schools-based programmes, one by Family Planning on sexuality education in 2019, and the other commissioned by ACC on healthy relationships that was an evaluation of their Mates & Dates programme.

There were several clusters of publications:

- four reports relating to Integrated System Response commissioned by the joint venture in 2019;
- the Backbone Collective published four reports based on their research in 2017/18;
- eight reports were published as part of the TOAH-NNEST suite of research projects incorporated into their *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors* in 2016;
- the Glenn Inquiry suite of nine publications towards a transformed and integrated system to address family violence in 2014; and
- eight reports relating to the 'It's not OK' campaign – one in 2013, two in 2011, four in 2010 and one in 2009.

Type of study

Twenty-nine (or about one in five) of the 136 publications were evaluation reports. Seven of the evaluations included in the review were published by the Ministry of Social Development with the most recent conducted in 2016, and three of them were in 2010. We have included three evaluations published by NZ Police, and two evaluations from each of the following organisations: the joint venture, Ministry of Justice, Oranga Tamariki, the Alcohol Advisory Council, the Office of the Children's Commissioner and NGOs. The others were commissioned by Ministry of Health (1), Te Puni Kōkiri (1), Ministry of Education (1), SuPERU (1), ACC (1), Department of Corrections (1) and the Campaign for Action on Family Violence (CAFV) (1). Six of the evaluations listed above were related to the CAFV's 'It's not OK'

campaign, three were commissioned by the Ministry of Social Development, two by the Alcohol Advisory Council and one seemingly was funded by CAFV itself.

There were 27 reports in which primary research was a key element. Of these, four were kaupapa Māori (all published since 2016) and two used Pacific approaches – for example, Talanoa. Twelve reports were based on surveys, and 20 publications either were wholly literature reviews or had a significant proportion of the report dedicated to reviewing literature. Among those 20 was an annotated bibliography.

There were also three official inquiries. A Māori inquiry into Oranga Tamariki by Whānau Ora in 2020, an inquiry into the Ministry of Social Development's collection of individual-client level data from NGOs by the Privacy Commissioner in 2017 and an inquiry into improving child health outcomes and preventing child abuse in 2013.

2.2 Research and evaluation gaps

Our scan of the literature highlights a lack of national coordination of government-commissioned research. This lack has contributed towards the considerable gaps in knowledge that we identify in the review. The way research and evaluation projects are currently commissioned generally reflects the focus of individual government agencies, rather than the family violence, sexual violence, and child maltreatment sector as a whole. This is another example of the siloed approach. This can lead to duplication of effort, with similar pilots and initiatives being repeated over time. Current staff and ministers may not be aware of previous work.

Affordability of evaluations is often an issue, which makes it difficult for local initiatives to be evaluated. We are aware of relevant evaluations that have been commissioned by government agencies that, for one reason or another, the accompanying reports have not been made publicly available. This limits our access to knowledge about:

- how pilots, initiatives, programmes and policies are working to benefit families and whānau;
- good practices at practitioner, service and system levels; and
- lessons about effective implementation and areas for improvement.

Related to this is the way that knowledge is disseminated. Authors have noted that research findings could be better tailored for different audiences and communicated more effectively.

It is not clear to what extent government agencies consider research and evaluation findings and recommendations, and act on them. There are no transparent mechanisms to ensure that lessons from previous evaluations and research are being considered in the ongoing strategic and operational development of agency work related to family violence/sexual violence and child abuse. Many of the process evaluations and reports we reviewed demonstrate just how difficult it can be to transfer knowledge into practice and for government and non-government services to consistently deliver those practices to families and whānau (for example: Allen and Clarke, 2017a; Carswell, o-Hinerangi, Grey 2014; Carswell, Frost, o-Hinerangi, Betts, 2017a; Carswell, Kaiwai, o-Hinerangi, Lennan & Paulin, 2017b; Family Violence Death Review Committee (2020, 2017, 2016); Herbert & Mackenzie, 2018; New Zealand Police, 2017; Kaiwai et al., 2020; Lambie, & Gerrard, 2018; Office of the Children's Commissioner NZ, 2017 & 2016; Moyle, 2015; Wilson, et al., 2019)

The research gaps in the annotated bibliography in relation to particular population groups include other ethnicities, the LGBTQIA+/Rainbow community and people with disabilities. Another research gap is women as perpetrators. Only one publication focused on this group, but it was narrowly focused on women who were primary victims who became perpetrators (Law Commission, 2016).

The research gaps identified in our review aligns with gaps noted in other publications in recent years (Allen and Clarke, 2017b; Glenn Inquiry 2014 reports; Paulin, 2013):

There is a lack of detailed information available on the needs of different population groups (e.g., Māori, migrants and refugees, female perpetrators, male victims, Asian people living in New Zealand, disabled people, elderly people, rural populations and low-risk groups); however, the literature does state that there are group-specific attributes, contexts (individual, social, cultural and environmental), and impacts of family violence that must be taken into account (e.g., for Māori, Pasifika, children, disabled people, elderly people, LGBTIQ+, refugees and migrants) to ensure that all needs are addressed appropriately. (Allen & Clarke, 2017)

The main research gaps can be grouped as:

- lessons about what worked well in previous national-level leadership collaborations and taskforces and what did not, which would provide valuable insights into the current development and implementation of national collaborative governance and operational initiatives;
- subpopulations, including ethnicity, age (e.g. child abuse and elder abuse), sexual orientation and gender identity (LGBTQIA+);
- understandings of the family violence system by location (e.g. rural areas) and what additional services and supports may be required;
- types of family violence defined by type of relationship, particularly women as perpetrators, men as victims (including sexual abuse victims), violence towards parents, sibling violence and the intersection of different types of relational violence;
- types of vulnerability, e.g. people with disabilities, refugee populations, children and young people;
- evaluations of programmes, services and initiatives to build the evidence base for Aotearoa New Zealand; and
- research on effective strategies and education for workforce development and capability building.

3 People's experiences of the 'family violence service system'

3.1 Introduction

This chapter provides an overview of the literature about people's experiences of the 'family violence service system', focusing on access and engagement with services and how services met their needs. We identify key themes emerging from studies about what people find supportive and beneficial, and conversely what are the barriers to service engagement and areas services can improve on.

Challenges and limitations

Presenting an overview of studies on people's experiences of the 'family violence system', even with a focus on the 'service system' is challenging for several reasons. As stated earlier, there is no one 'family violence system', as the concept very much depends on the perspectives of who is drawing the boundaries about what is, and is not, included in a system.

The literature is differentiated into specialist areas making it challenging to draw conclusions that are valid across all areas. Research and evaluation studies tend to focus on certain populations within the context of different types of family violence. For example, women who have been victims of intimate partner violence (IPV), men who use violence against their partners/ex-partners, children who have been referred for care and protection concerns, victims of sexual abuse. This may be further differentiated by type of populations, such as Māori whānau, Pacific peoples, people with disabilities, older people and LGBTQIA+.

Studies usually focus on services users' short-term experiences of a service or programme to evaluate implementation and effectiveness in specific locations. Some exceptions to this are studies that focus on people's experiences of a set of services, for example justice related agencies and services involved in interagency initiatives. There are very few studies that take a longer-term approach that follow people's journey through 'the system' and examine the complexity of what contributes towards healing and positive changes.

Research and evaluation studies often do recognise the influence of local contexts in their design with the inclusion of different types of geographical and demographic populations. For example, some of the barriers to accessing services are related to the availability of specialist services in an area, travel distances and costs, privacy concerns in small communities and so forth. However, the way research and evaluation studies are commissioned suggests there has been limited systematic monitoring and evaluating people's experiences and outcomes and ensuring that different populations and types of violence are examined over time and in different locations. This would better inform service commissioning and funding of different types of services and at different locations.

Giving voice to experiences of different population groups

To organise this diverse literature, we have used population groupings to ensure that we give voice to the experiences of those who are often missed in a generalist summary. Firstly, we focus on general themes and examples from a whole of population perspective. Secondly, we examine findings for Māori whānau. Thirdly, we examine the experiences of other population-based groups, including Pacific peoples, ethnic communities, older people, people with disabilities and LGBTQIA+/Rainbow community.

It is important to be mindful that diversity exists within these population-based groups as well as people identifying with multiple groups. Carswell, Donovan and Pimm (2018)²⁸ note that one risk of categorising people into sub-populations is the potential perception of homogeneity, which could lead to service providers expecting to be able to provide a generalised service to all members of that group. Wharewera-Mika and McPhillips (2016) emphasise that services need to be delivered in a culturally competent way. However, this does not mean treating all members of a culture in the same way. 'Rather, it presumes that difference and diversity between and within groups are valued, and acknowledges a positive integration of diversity, difference and multiculturalism within a system of care' (Wharewera-Mika & McPhillips, 2016, p. 42).

Indeed:

... identities are complex intersections of multiple elements (sex and gender, ethnicities, religious beliefs, socio-economic status, age, abilities, education etc) and ... the lived experiences of people are far more complex and need service responses that can identify and understand different needs, be flexible, client-centred, and respectful. (Carswell, Donovan & Kaiwai, 2019, p. 19).

3.2 Needs of families and whānau affected by violence

A crucial theme relates to the diversity of people's needs and that they require different supports at different times. The repeated nature of this type of violence means the journey from crisis to recovery for victims is seldom straightforward as perpetrators can use a range of abusive behaviours over time to control and coerce their victims. As previously stated, exposure to prolonged trauma has an accumulative effect on victims which can cause a complex range of physical, psychological and socio-economic issues.

At times of crisis, safety is the major concern for victims (adults and children) along with ensuring that they have access to services to meet any health, safety and practical needs. For victims of IPV, their short-term needs may include support with protection orders and legal matters; developing safety plans; access to safe housing and home security measures; access to income; and ensuring children can safely access school and so forth. Longer-term needs focus on rebuilding their and their children's lives and meeting needs for health, education, income, stable housing, skills development and building social support networks. The impact of violence can cause severe psychological distress resulting in Post-Traumatic Stress Disorder and associated symptoms of anxiety and depression that require trauma-informed counselling.

Similarly, the needs of perpetrators of violence vary, and must be considered within the context of keeping victims safe and the risk of perpetrators committing further abuse. Perpetrators require tailored support to take responsibility for their actions and to change their attitudes and behaviours to choose not to use violence. Studies have identified perpetrators may also have practical needs related to housing and income, and therapeutic needs related to mental health, addictions, and individual counselling to address historic trauma.

28 Carswell, S.L., Donovan, E., Pimm, F. 2018. *Equitable access to medicines via primary healthcare – a review of the literature*. Commissioned by PHARMAC, Wellington. <https://pharmac.govt.nz/assets/equitable-access-to-medicines-literature-review.pdf>

Although many studies identify the needs of specific populations, only one study attempted a more systematic approach to provide an overview of family violence service users' needs. Allen and Clarke's (2017b) research asked 20 service providers throughout Aotearoa New Zealand to record the needs of their clients over a fortnight using a standardised form. A diverse range of services participated including mainstream family violence services, kaupapa Māori providers, organisations providing services for children and young people, male victims, female perpetrators and older populations. The sample included the following:

- Information was collected for a total of 380 clients.
- Ethnicity was reported as 34% Māori, 8% Pacific peoples, 56% Pākehā/European, and 5% Asian.
- 83% of clients were aged 20 years or over.
- Just over half of the sample were female victims, and 5% were male victims.
- 28% were male perpetrators, and 3% were female perpetrators.
- Clients who were both victims and perpetrators were 6% female and 8% male.
- Of the total sample, 43% were identified by providers as being low risk, 39% as medium risk and 15% as high risk.

Unsurprisingly, the research found that the needs of victims and perpetrators were different, with the top needs for:

... victims being more focussed on safety and addressing trauma (e.g., counselling, mental health services, police safety orders and protection orders, and legal advice/assistance), whereas the top needs for perpetrators were focussed more on the development of skills (e.g., relationship, parenting, and non-violence skills). Needs for family and whānau support and for AOD services were also more common for perpetrators. . . . Clients who were identified as being both a victim and a perpetrator had needs that looked similar to the needs of perpetrators, but with a greater need for crisis and supportive counselling. (Allen and Clarke 2017b, p. 36.)

The study found that the level of support for victims and perpetrators to access services and navigate the system was not just determined by risk level or by whether a case has complex multiple needs. High-risk clients with multiple needs requiring support to navigate the system were identified, as were a large proportion of low-risk clients and large numbers of clients whose needs were identified as 'straightforward'. The authors recommend, 'This highlights the importance of providing navigation and support services based on the unique needs of individuals, rather than pre-determining provision of this support based on risk or perceived complexity of need' (Allen and Clarke 2017b, p. 40).

3.3 Enablers and barriers to accessing and engaging with services

3.3.1 Frameworks for conceptualising service access and engagement

The previous section identified that a wide range of services are required to support the needs of family and whānau effected by violence. This includes specialist services and generalist services (Rudman et al., 2017). The historical development of services related to family violence (primarily IPV), sexual violence and child protection is still largely reflected in separate responses from government and community organisations. The experiences of families and whānau are very much dependent on reporting pathways (Polaschek, 2016; Allen & Clarke, 2017b) and whether legal and statutory obligations are activated, as is certain funding arrangements providing free access to services (e.g. protection orders provide access to free Ministry of Justice-funded safety programmes, non-violence programmes and children's programmes).

Most people experiencing or using violence do not access services. The NZCVS *Topical Report: An overview of important findings* (Ministry of Justice, 2019a, p.19) found that most family violence victims (more than 90%) are aware of support organisations but that only about a quarter (23%) of those aware of the support organisations contacted them. An important finding is that more than half of family violence victims asked for help from family, whānau or friends. This strengthens calls for more resourcing of prevention and early intervention initiatives to support informal networks of family, friends and work colleagues to know how to safely ‘recognise, respond and refer’ to requests for help (Ministry of Justice, 2020a). Although this chapter focuses on service access and support, the importance of informal networks to prevent further violence and support people long after the services have left requires more focus, including how services can assist people to strengthen positive support networks.

The NZCVS Topical Report – Offences against New Zealand adults by family members (Ministry of Justice, 2020b) found the following about victims’ service access and use:

- 15% said they had received medical attention.
- One in three (32%) said they had an incident that became known to the Police. Victims of offences by an intimate partner (45%) were twice as likely to have an incident reported to the Police than victims of offences by another family member (20%).
- One-third (32%) said they had contacted or were contacted by a family violence support service.
- More than half (51%) said they had asked for help from family, whānau or friends. (Ministry of Justice, 2020b)

For children, their ability to get support and access services is further reduced, and research has shown that, when they do tell someone, they are not always believed or receive the support they require to keep them safe and ensure their wellbeing (e.g. Herbert & Mackenzie, 2018b; Carswell Kaiwai, Moana-o-Hinerangi, Lennan, & Paulin, 2017).

Concepts of service access

Understanding the enablers and barriers to getting the supports people need to address family violence, sexual violence and child abuse and neglect, at the time they need them, requires an understanding of interactions within a ‘family violence service system’ between structural factors, government agencies and service providers and individuals/families/whānau requiring supports.

The findings on what enables people’s access and engagement with services can be conceptualised using a broader definition of ‘access’. A review of the health literature by Levesque et al. (2013)²⁹ identified a range of views about the concept of access to services in terms of attributes, focus and scope. ‘Access’ has been conceived with a narrow focus on the process of seeking service support to initiation of service provision. An intermediate view takes the concept further beyond first contact with a provider to the ongoing care aspects of health care. A broader perception of ‘access’ includes aspects such as ‘trust in and expectations towards the health care system, health literacy, knowledge about services and their usefulness’ (Levesque et al., 2013, p. 9).

A more comprehensive concept of ‘access’ would consider factors pertaining to the structural features of the health care system (e.g. availability), features of individuals (consisting of predisposing and enabling factors) and process factors (which describe the ways in which access is realised) and pertains to

29 Levesque et al. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12:18.

dimensions of availability, accessibility, accommodation, affordability and acceptability (Carswell, Donovan, Pimm, 2018).

The framework below identifies key factors that can act as either enablers or barriers to accessing and engaging with government agencies and family violence/sexual violence and child protection services.

Table 4: Dimensions of ‘access’ to family violence/sexual violence and child protection services³⁰

Access dimensions	Factors that act as enablers or barriers to service access and engagement	
	Barriers	Enablers
Approachability	<p>Victims entrapped/monitored by perpetrator</p> <p>Unable to get a referral, delays in being able to access services due to inefficient referral systems</p> <p>Reluctant to approach service due to hearing reports of others’ bad experiences of a service</p> <p>Stigma and shame associated with contacting FV/SV services</p> <p>Lack of awareness of services – ‘you don’t know what you don’t know’</p> <p>Not understanding the language</p>	<p>Outreach by service providers</p> <p>Ability to self-refer to services</p> <p>Ensuring institutions maintain accurate ethnicity and up-to-date contact details to facilitate referrals to appropriate service providers</p> <p>Developing a reputation for being culturally competent in every way – e.g. ethnicities, sexuality, gender identities, etc.</p> <p>Discreet signage, welcoming friendly approach, peer support, hope for recovery</p> <p>Promotion about what a service can offer; justice system staff ensuring people are informed about services and their rights to access such services</p> <p>Providing translators for those with limited proficiency in English; information is in plain English i.e. clear and concise, avoiding complex vocabulary and jargon</p>
Acceptability	<p>Previous experience of unhelpful service providers, discrimination, racism, bias, being judged, etc.</p> <p>Feeling more vulnerable and scared at thought of asking an organisation for help than of experiencing IPV. Consequences of seeking help prevent victims from reporting e.g. repercussions from perpetrator; fears children will be taken into state care</p> <p>Negative perceptions of service safety, privacy, and confidentiality</p>	<p>Readiness to seek support</p> <p>Knowledge about what a service can offer</p> <p>Good reputation of service ‘word of mouth’</p> <p>Positive perceptions of service safety, privacy and confidentiality</p> <p>Cultural acceptability – cultural safety and comfort level going to service</p> <p>Inclusivity – positive perceptions of how the service relates to you and meets your needs</p> <p>Culturally competent staff</p> <p>Improve safety and quality of services to ensure clients feel safe and comfortable in a supportive, non-judgemental environment</p>

30 Adapted from Levesque et al. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12:18.

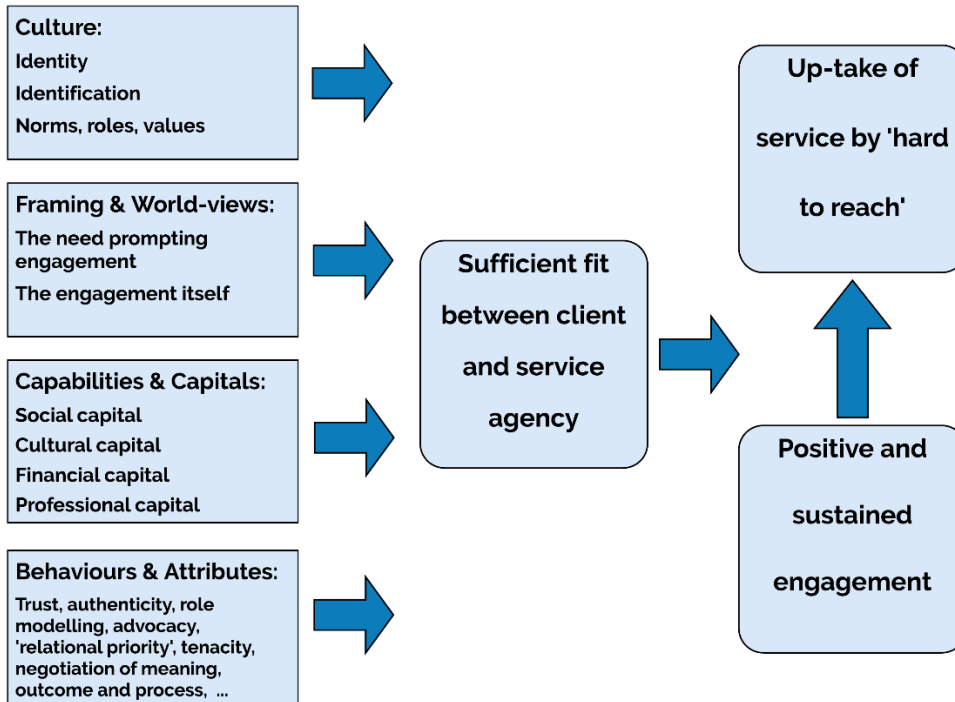
Availability	Strict eligibility criteria that restrict who can access the service Confronted with delays and waiting lists when finally reaching out for help No services nearby, availability in rural areas Restrictive opening hours e.g. working hours only, so unable to get there	Services being open and welcoming to all who need them Services available when needed, courage required to ask for help is acknowledged Outreach services, marae-based services; coordinated service delivery in urban and rural areas Flexible opening times, including evenings and weekends
Affordability	Charges for services are not affordable In-direct costs such as travel expenses and childcare	Services are free of charge Indirect costs are addressed e.g. offer petrol vouchers, childcare facilities, etc

'Fit' between service providers and service users

The ability of service providers and the family violence system to engage with different people requires capabilities, capacity, and flexibility to 'fit' with them and provide a service that enables equitable access (Foote et al., 2016).³¹ Research identified the importance of the relational approach of workers to engage clients who were deemed 'hard to reach' within the context of a supportive service system, to 'make services reachable'.

31 Foote, J, Nicolas, G., Hepi, M., Baker, V., Carswell, S.L., Finsterwalder, J., Hinerangi, M., Tauetia-Su'a, T. (2016). *Research to improve the up-take of service by people considered hard to reach: Synthesis of findings and a practical guide for service innovation*. Institute of Environmental Science and Research Ltd, commissioned by the Ministry of Business, Innovation and Employment. <https://www.esr.cri.nz/assets/Uploads/Making-Services-Reachable-finding-synthesis-and-practical-guide.pdf>

Diagram 1: Elements influencing 'sufficient fit' between provider and individual leading to up-take of services developed by Foote et al. (2016).



3.3.2 Barriers to service access and engagement

Studies commonly refer to the following barriers to people accessing services:

Victims entrapped and monitored by perpetrators

- Any analysis of access to services for adult victims of family violence, sexual violence and child abuse victims requires an understanding of both the nuances of entrapment and monitoring by the perpetrator and the dangers of seeking help (Family Violence Death Review Committee, 2020; Ministry of Social Development, 2019a; Wilson et al., 2019; Carswell et al., 2017; Roguski, 2013; Boutros et al., 2011; Davey & McKendry, 2011; Levine & Benkert, 2011).
- Reticence to proactively seek help, often in times of crisis, can be from a fear of encountering institutional indifference, and unhelpful and dismissive people who should be helping them. This fear can feel stronger than the fear of experiencing IPV (Wilson et al., 2019).
- The perpetrator's increasing surveillance of their partner's activities can lead to safety concerns about being seen to access a family violence service (Wilson et al., 2019).

Fear that tamariki will be taken from mother

- The need to seek help could be suppressed by fear that approaching services for assistance risks having their tamariki taken into state care (Kaiwai et al., 2020; Wilson et al., 2019; Moyle, 2015).

Reputational barriers

- Word of mouth relating a bad experience could make others reluctant to engage with a service (Carswell, Donovan and Kaiwai, 2019; Dickson, 2016a).
- Previous bad experiences with services can make people reluctant to access other services, particularly where people feel judged and humiliated. This can inhibit them from using a service or from actively engaging in programmes (Baker, Carswell, o-Hinerangi, 2016; Richardson and Wade, cited in Family Violence Death Review Committee, 2016:105).

- Perception about what a service does and who the service is for can be a barrier (Campbell, 2014; Carswell, Donovan & Kaiwai, 2019; Dickson, 2016a).
- Stigma and shame about accessing family violence or sexual violence services can be a barrier (Campbell, 2014; Carswell, Donovan & Kaiwai, 2019; Dickson, 2016a).

Cultural barriers

- Negative experiences with mainstream services where the service approach and the way the service workers treated the service user were not culturally appropriate, and they may have felt judged, uncomfortable, unable to relate with workers, frustrated, etc, can be a barrier (Carswell, Donovan & Kaiwai, 2019; Begum & Rahman, 2016; Dickson, 2016a; Hauraki & Feng, 2016; Te Wiata & Smith; 2016; Va'afusuaga McRobie, 2016; Wharewera-Mika & McPhillips, 2016).

Practical barriers

- Lack of ability to get to service can be a barrier, e.g. no transport available, inability to afford transport (Ministry of Social Development, 2019a; Lambie & Gerrad, 2018).
- Time service is available can make it inaccessible because of other commitments such as work, caring for children or other care commitments (e.g. Campbell, 2014).
- Geographical location can be a barrier – lack of services in area, distance and time to travel to services (Ministry of Social Development, 2019a; Campbell, 2014).

Awareness of services

- For some populations, such as people who use violence, there can be a lack of awareness about where to go to get help and support to change their behaviour (Family Violence Death Review Committee, 2020; Campbell, 2014; Carswell, Donovan & Kaiwai, 2019).

Delays to access

- Services may not be available when people are ready to access it because of capacity, resulting in waitlists or people not meeting the eligibility criteria (Family Violence Death Review Committee, 2020; Carswell et al., 2015).
- Many studies note timeliness is important because there is thought to be higher engagement if people can access a service when they identify they need it (Carswell, Frost, et al., 2017).
- There can be delays in being able to access services because justice institutions pass on insufficient contact information to service providers for referrals (Paulin et al., 2018).

Motivation and readiness to engage - perpetrators

- Given most people referred to non-violence programmes are mandated to do so, there can be reluctance to attend programmes and resistance to engagement (Carswell, Frost, et al., 2017; Roguski & Gregory 2014). Mandated clients can be encouraged to engage and motivated to make changes as outlined below.

3.3.3 Enablers for service access and engagement

The following approaches for enabling access and engagement with services are highlighted in the literature.

Kaupapa Māori and whānau-centred approaches

The distinctive characteristic of the kaupapa Māori approach is that it enables positive change through the use of traditional values such as whakapapa, whanaungatanga, mana wāhine and mana tāne to 'reconnect participants to tikanga, affirm their cultural identity as Māori, and emphasise the contemporary relevance of tikanga as providing a cultural compass to guide their engagement with whānau' (Paulin et al., 2018, p. ix).

Being whānau-centred is crucial for engaging wāhine Māori:

A key consideration for wāhine was to prioritise whakapapa (the sanctity of whānau genealogy), which committed wāhine to tāne thereby establishing a lifelong connection to protect the biological interest of their tamariki and their ties to whānau. Notably, the commitment wāhine had to maintaining the whakapapa connections of their tamariki to their father and his whānau was significant and frequently guided their decision making. (Wilson et al., 2019.)

Te Puni Kōkiri is co-designing and testing whānau-centred, strengths-based approaches to enable localised solutions and continuous improvement 'to restore and establish healthy, safe, and functional whānau relationships' (Were et al., 2019, p. 5). This initiative is initially being developed with four partners – Co-Lab Ōtautahi, Waikato Coalition, Kōkiri Marae (Lower Hutt) and Ōrongomai marae (Upper Hutt). The main focus of each partner is different:

- Waikato Coalition – to address the impacts of violence and the drivers/underlying causes of violence;
- Kōkiri Marae – to improve the programmes and services for whānau being delivered by themselves and the Kōkiri women's refuge, including establishing a shared whānau-centred family violence facilitator role and case management of four to five whānau; and
- Ōrongomai Marae – to enhance services to whānau, including kaupapa Māori living without violence programme for tāne, strengthening workforce capacity and creating connections with marae and marae activities (Were, Spee, et al., 2019).

The Co-Lab Ōtautahi is a collaboration formed by several service providers with expertise in the use of whānau-centred, strengths-based, kaupapa Māori approaches in a family violence context. They have developed Te Herenga Tāngata (THT) 'to create a "new door" for whānau who do not come to the attention of services or who may not choose to access services, and one that whānau enter by choice – not by force' (Were, Spee, et al., 2019, p. 19). One of the key components is the establishment of three kaimahi ('weavers') at the Co-Lab providers, who act as a triage unit to assess which services and staff would be most suitable for whānau. These kaimahi roles also serve to connect each of the member/partner providers of the Co-Lab. Another primary goal is to engage and connect whānau with healthy spaces through a series of initiatives and events, as well as their existing programmes (Were, Spee, et al, 2019).

Enabling service access and engagement for people who experience violence

Acknowledging women's competency in keeping themselves and their children safe

A strengths-based approach (as opposed to deficit based) focuses on capabilities and potential, recognising, for example, the strength, courage and resources required for women to keep themselves and their children safe within adverse situations. IPV has a traumatic impact on women emotionally, physically, cognitively and spiritually. However, researchers have found that these women display competency in the attitude, knowledge and skills they apply to their situations. They use a range of skills and strategies to enhance their survival and that of their children, through the process of moving away from IPV and this competency should be acknowledged by service providers. Using a strengths-based supportive approach is also more likely to be successful in terms of engaging clients (Wilson et al., 2019; Paulin et al., 2018; Crichton-Hill, 2013). The following is also important:

A complex response system is required that incorporates safe housing; personal development and determination enhancing activities such as individual or group counselling, and assistance with gaining employment; and health, nutrition and exercise programmes. Services need to be responsive to the physical, practical, and emotional needs that women have. (Crichton-Hill, 2013, p. 15.)

Client-centred and empowering practise for victims/survivors

Wharewera-Mika & McPhillips (2016) emphasise the importance of values-based services. They state: “Fundamental premises arising from this values-based orientation to sexual violence and supported by knowledge of trauma, are client-centred and empowering practise:

- *Begin from a place of respect for victims/survivors and their personal strengths and needs*
- *Develop relationship and rapport*
- *Sensitively ascertain what this victims/survivor’s needs are, with regard to who they are as an individual and how they are responding to what they are experiencing. Assist victims/survivors through their decision-making process if need be.*
- *Assist victims/survivors through in getting their needs met*
- *Advocate for respectful and informed treatment by others.”* (Wharewera-Mika & McPhillips, 2016, p.17)

Children/young people

Support for children should be ‘whānau-centred, relationship-based and empowering’ (Liston-Lloyd, 2019, p. 5). A study examining what supported resilience and positive outcomes for children conducted with 50 adults who had experienced adverse childhoods identified the importance of positive supportive relationships and a ‘child-centred’ approach when working with children:

A child-centred approach is necessary, especially for child protection, justice, education and health services, which has implications for policy and workforce development to ensure that workers have the guidance and skills to implement this approach... Positive, supportive relationships are key to facilitating resilience for children, young people and adults. Therefore, the findings support the need for initiatives that fund mentors, role models and community support networks. (Carswell, Kaiwai, et al., 2017, p. 5.)

Children and young people who have been taken into care want to be helped to stay in touch with their family or whānau and the people they care about, and want to be involved with their family or whānau in decisions that affect them (Office of the Children’s Commissioner, 2018).

Enabling service access and engagement for people who use violence

Motivational strengths-based approach

Similarly, the use of strengths-based approaches to engage people who use violence are identified as important. Many studies have found that the qualities of practitioners contacting and working with clients is crucial to engagement. Positive feedback from clients about why they engage relate to the way they perceive staff and the way they are treated, for example, the authenticity of staff, their sincerity, caring, lack of judgement and informative style, offers of therapeutic and practical support. Strengths-based motivational approaches are found to encourage people to think about change, often referred to as ‘planting the seed’, and to support them to engage in programmes, counselling and pro-social activities to help them make those changes (Campbell, 2014; Carswell, Moana-o-Hinerangi, & Gray, 2014; Roguski & Gregory, 2014).

Voluntary service participation

Voluntary participation was key to initial engagement because voluntary participants were, to some extent, open to the possibility of change (Roguski & Gregory, 2014). Other studies have found that mandated programme participants can engage with non-violence programmes with the support of motivational strengths-based approaches, engaging with facilitators and other group participants, and if they relate to the programme material and delivery style (Paulin et al., 2018; Carswell et al., 2015).

Timeliness of contact

Proactive contact shortly after a family violence episode was found likely to increase engagement, as people were more open to receiving support to make changes at that point (Carswell et al., 2014).

Awareness and accessibility of services

Awareness and accessibility of services was increased by proactive contact and, in the case of ReachOut (a North Canterbury and Christchurch initiative), the use of inviting marketing material. Free services and outreach capacity enhance accessibility (Carswell, Frost, et al., 2017, p. 3; Roguski & Gregory, 2014).

Helpful components of non-violence programmes

The evaluation of Ministry of Justice-funded family violence programmes found it was helpful for users of violence in terms of 'understanding the dynamics of family violence and their potential role in it; learning more about themselves – their triggers and early warning signs; learning how to change their thinking; and improving their communication and listening skills' (Paulin et al., 2018, p. 48).

Family Violence Death Review Committee (2020) analysis identified the following service approaches can support men to move away from violence:

In a context where few community resources are available for men who want to stop using violence, professionals have very limited support for working with men... These men come from different cultural backgrounds, with different experiences in childhood and during their development. However, all of them do have the capacity to move away from using violence when services:

- *use strategies that recognise the relationship between structural and interpersonal violence*
- *focus on healthy masculine norms to promote behaviour change, responsibility and accountability*
- *reconnect men with positive forms of social support, including cultural reconnection and restoration*
- *engage wider organisation structures, families, whānau and communities in the change process*
- *set an expectation that men as fathers can make a positive (rather than violent) contribution to the family environment. (Family Violence Death Review Committee, 2020, p. 17.)*

Enabling service access and engagement for diverse populations

Enabling diverse populations to access services involves both an awareness and understanding of diverse perspectives and needs of different populations and a service system that is responsive. This includes having enough services to meet the needs of different populations as well as building capability in mainstream and specialist services to engage and respond appropriately. For example, Carswell, Donovan and Kaiwai (2019) in their review of effective recovery services for men who have been sexually abused (as children and/or adults) identify the following factors to improve service access and delivery:

- *Recognising and understanding diversity both across and within broad population groups, for example iwi, Pacific cultures, diversity of rainbow communities, and the needs of people living with disabilities.*
- *Understanding the values, beliefs, world views and approaches to health and wellbeing combined with good practices, such as cultural and needs assessments.*
- *Supporting the implementation and continual development of good practice guidelines for all population groups.*
- *Supporting culturally-based organisations such as kaupapa Māori organisations to respond to the needs of men who have been sexually abused, and their whānau. (Carswell, Donovan, and Kaiwai, 2019, p. 7.)*

Pacific Peoples

Enablers to accessing family violence services for the Pacific Peoples include:

- *community development approaches,*
- *working in collaboration and inter-sectorally,*
- *trained and knowledgeable staff,*
- *caring and committed staff and volunteers,*
- *effective resources (translated resources), and*
- *leadership in the community (Church Ministers and Elders) (Allen & Clarke, 2017b, p. 102.).*

People with disabilities

People with disabilities who experience family violence have the same needs as other people in the same situation. However, they may also have specific needs that are related to their disabilities. Service providers can enable people with disabilities to access their services by:

- *Making it clear that people with disabilities can access their support*
- *Having safe accessible routes into and within service facilities*
- *Having access in appropriate ways to all necessary information while using services and to help the make informed decisions on appropriate referral options.*
- *Having appropriately trained staff who understand and can meet their needs.*
- *Having policies and practices that won't impede their gaining access to support. (Robson, 2016, p. 26.)*

3.4 General population experiences of the ‘family violence service system’

This section provides some recent examples from the literature of victims and perpetrators experiences of the family violence service system.

Examples of navigating service systems

Families and whānau experiences of the Integrated Safety Response

Integrated Safety Response (ISR) is an example of a good integrated practice that has dedicated specialist roles and services to work with individuals, families and whānau to support both victims and perpetrators of family violence. Through ISR, families and whānau have quicker access to the support services they need. In an evaluation, many of the ISR service providers cited this speedy access as the ‘primary strength of the model’ (Mossman, Wehipeihana & Bealing, 2019, p. 34).

Gravitas Research and Strategy Ltd (2018) *Improving the Justice Response to Victims of Sexual Violence: Victims Experiences*

Qualitative research with 39 victims of sexual violence who had made a Police complaint and went through the court system. This study found the justice process can cause re-victimisation and re-traumatisation for victims of sexual violence. It also found that:

- Victims described that their needs were not always considered by the justice system – e.g. feeling unsafe in and around the court because of the presence of the offender and their supporters. Victims also described how difficult it was going through the court process which could take years.
- Victims’ rights were not always upheld through the justice system, most particularly in relation to (a) access to services, (b) entitlement to a restorative justice meeting, (c) provision of information, (d) offender name suppression and bail conditions, (e) privacy, (f) return of property taken in evidence.

Law Commission (2015) *The justice response to victims of sexual violence: criminal trials and alternative processes* had 82 recommendations to improve victims’ experiences of courts and alternatives to criminal trials. The Government proposed to address all the recommendations. For example, the Sexual Violence Bill proposed the following law changes to improve sexual violence victims’ experiences of the justice system:

- enable sexual violence complainants to give evidence and be cross-examined in alternative ways – e.g. by audio-visual link or pre-recorded video;
- ensure that specialist assistance is available for witnesses who need help to understand and answer questions;
- tighten the rules governing disclosure about a complainant’s sexual history to better protect against unnecessary and distressing questioning;
- ensure that trial evidence is recorded to prevent complainants having to repeat their evidence at future retrials;
- better support and protect sexual violence victims giving their victim impact statements in court; and
- give judges certainty to enable them to intervene in unfair or inappropriate questioning and to address common myths and misconceptions about sexual violence.

The package of legislative changes sits alongside specialist, best practice education and training for lawyers and judges, and existing operational improvements in courts. Through improved facilities, better

information for victims and training for frontline staff, the Ministry of Justice plans delivering safe and appropriate services for court users.³²

Women's experiences of the Family Court

The Backbone Collective (2017) *Out of the Frying Pan and into the Fire: Women's experiences of the New Zealand Family Court.*

A survey of 496 women who had used the Family Court found that:

- *All of the women taking part in the survey had experienced forms of violence and abuse and 50% told us they experienced litigation/legal-abuse.*
- *Wāhine Māori are more likely to experience racism and find that cultural beliefs and practices are not comprehended in the FC.*
- *417 women said their experience of violence and abuse was not believed or responded to, was minimised, or was not accepted into evidence.*
- *83% of women told us the FC treated their abuser as safe.*
- *58% of women attending FC-related appointments, fixtures, or hearings have been threatened, intimidated, or physically assaulted by their abuser.*
- *93% of women do not feel psychologically or physically safe when the FC forces or coerces them into joint activities with their abuser.*
- *155 women said the FC had forced their child/ren to spend time with the abuser. All of these women were worried about their child's safety while in the abuser's care.*

The Backbone Collective believes the only way to safely and robustly determine whether the failures in the Family Court that are highlighted in their report are accurate and as widespread as the report suggests is to conduct a Royal Commission of Inquiry into the New Zealand Family Court.

Effectiveness of Ministry of Justice funded Domestic Violence Programmes for victims and offenders

An evaluation of Ministry of Justice (MoJ) funded domestic violence programmes (non-violence, adult safety, and Kaupapa Māori) conducted in 2017-2018 found some positive findings for victims and offenders (Paulin, Mossman, Wehipeihana, Lennan, Kaiwai, Carswell 2018). The evaluation design was a partnership between tauiwi and kaupapa Māori researchers. The evaluation involved interviews with 64 adult users of DV programmes and 21 stakeholders (including four mainstream service providers and three Kaupapa Māori service providers); online survey of providers of programmes; analysis of client evaluations of programme from 488 clients; literature review; and review of administrative data; and a re-offending study conducted by MoJ.

There is reasonably strong evidence from the reoffending study that Ministry-funded non-violence programmes are effective for those who attend a programme (whether offered through a Kaupapa Māori or mainstream service) following a non-mandated referral through the criminal court.

³² See <https://www.justice.govt.nz/about/news-and-media/news/improving-the-justice-response-to-victims-of-sexual-violence/>.

The key findings of this study are that those in the 'active treatment' group (compared with matched 'controls'):

1. were significantly less likely to commit a further family violence offence or a non-family violence offence in the following 12 months
2. committed up to 46% fewer family violence offences and 49% fewer non-family violence offences in the following 12 months.

The findings from the MoJ re-offending study are further supported by the evaluation interviews with 40 participants of non-violence programmes; and findings from the 488 clients who provided feedback via their provider in 2017.

Nearly all the 40 non-violence programme participants reported some positive changes they attributed to programme participation including: reductions in their use of violence; improved relationships; a greater self-awareness of their triggers and improved skills for self-control. A small number described the programme as 'life changing', with one crediting a programme facilitator with saving his life. Many also thought the programme was not the full answer and would like continued support such as counselling and follow-up programmes (Paulin et al., 2018).

The evaluators interviewed 24 women who had participated an adult safety programme and most reported increased feelings of safety following programme completion, although one third still reported some fear for themselves and/or their children from their partner or ex-partner. Most of the women who had completed an adult safety programme and had separated reported improvements in their mental health - including increased self-confidence or feelings of self-worth.

Mechanisms for participants successful engagement and learning related to the skill of programme facilitators – especially those with a shared experience of family violence. This reinforces findings from many other studies about the importance of the relational aspects of programme engagement and feedback from participants often relates to facilitators qualities such as authenticity, relatability, and skills of practitioners. The preferred learning style was more conversational and interactive, and a warm physical environment and access to hot drinks and kai, were also identified as more conducive to learning.

Cultural knowledge, values, tools, and practice models produce positive outcomes for Māori participants in Ministry of Justice-funded domestic violence programmes to achieve safe and healthy whānau.

What differentiates Kaupapa Māori services from mainstream services is the weaving of tikanga Māori (cultural principles, practices, and values) and mātauranga Māori (traditional knowledge) throughout all aspects of the Ministry of Justice funded domestic violence programmes.

Māori cultural concepts are foundational; traditional values such as whakapapa, whanaungatanga, mana wāhine and mana tāne are used as the foundation to bring about positive change. Kaupapa Māori programmes reconnect participants to tikanga, affirm their cultural identify as Māori, and emphasise the contemporary relevance of tikanga as providing a cultural compass to guide their engagement with whānau.

Participants of programmes delivered by Kaupapa Māori providers connected with and valued the sharing of mātauranga Māori and tikanga Māori. They liked how tikanga was shown to be applicable and relevant for how they lived their lives today. This included the roles of men and women (mana tāne, mana

wāhine); reiterating the sanctity of wāhine (te wharetangata) and re-establishing the roles of men as protectors and nurturers. Violence was depicted as a transgressing tikanga (mana, tapu and whakapapa).

3.5 Māori whānau experiences of the ‘family violence service system’

In the literature reviewed for this report, there were several common themes for Māori, including the need for:

- genuine partnership between Māori and government based on Te Tiriti o Waitangi (the Treaty of Waitangi);
- understanding family violence (and sexual violence) for Māori within the broader socio-political context, including the causal risk factors that increase Māori exposure and/or vulnerability to violence, the impacts of colonisation and institutional racism;
- reorientation to a service system (i.e. ecosystem) that supports holistic, whānau-centred and equitable responses to violence;
- a focus on primary prevention, with stronger investment in a ‘service continuum’ that builds social and cultural capital (i.e. Whānau Ora) alongside education, therapy and rehabilitative supports, programmes and services;
- increased resourcing for tikanga and kaupapa Māori-based supports, services and programmes; and
- the devolution of decision-making and investment to whānau, hapū, iwi and communities impacted by violence and that account for diversity and tailored solutions relevant to Māori needs, aspirations and rangatiratanga (i.e. Māori-led solutions for Māori).

The literature reviewed also highlighted that government engagement with Māori needed improvement and that Māori views within final reports, for example, were often indiscernible from non-Māori. This is consistent with the findings from other studies and reports that Māori ‘have noted their knowledge and interests were devalued and they experienced racism and tokenistic engagement. Some indicated it took considerable effort to establish credibility, be heard, have impact, and navigate advisory meetings, but even then their inputs were marginalised’ (Came et al, 2019, p 1).³³ Even when Māori views or recommendations were taken up, it was often ‘piecemeal’ and implemented without understanding of the wider tikanga connected to them.³⁴

As stated in a previous chapter, Māori are four times more likely than non-Māori to be killed by family violence (He Waka Roimata, 2019). This is a critical issue for whānau because of the very low levels of reporting and the high rate of recidivism, particularly within Māori communities, with only 20% of family violence and only 9% of sexual violence reported to the Police.³⁵ The Oranga Tangata, Oranga Whānau inquiry into mental health and addiction also noted that whānau in a family violence situation tended to ‘refuge’ each other rather than reach out for help.

33 Māori and Pasifika leaders’ experiences of government health advisory groups in New Zealand by Heather Came et al., 2019.

34 He Waka Roimata Transforming Our Criminal Justice System: First report of Te Uepū Hāpai i te Ora – SAFE AND EFFECTIVE JUSTICE ADVISORY GROUP, p. 27.

35 UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (2018). Concluding Observations. 8th periodic report.

Whānau experiences of current services and the system were that it was fragmented, difficult to navigate, culturally inaccessible and punitive, and that it didn't account for the multidimensional and broader social, cultural, political and historical context of Māori and the causes and impacts of family violence. Whānau, in particular, spoke of shame and fear of engaging in the system, disparaging attitudes, racism, victim blaming, punitive sanctions, inconsistent and inequitable treatment when engaging with agencies and services or the frustration they felt of having to repeat (or defend) their story to multiple agencies and services.

Wāhine Māori and their tamariki were identified in the literature as particularly vulnerable to family and sexual violence. Wāhine Māori were also more likely to carry the burden of whānau alone.³⁶ This vulnerability was compounded by structural disadvantages (i.e. institutional racism) in which wāhine Māori were likely to be retraumatised by the state system.³⁷ Hence, strengthening of the whānau structure alongside programmes and interventions that built whānau capability and capacity to better support each other were seen as key (Dobbs & Eruera, 2014; Kaiwai et al., 2020).

Two recent reports (Kaiwai et al., 2020; Wilson et al., 2019) highlight the need for significant changes to mainstream approaches to supporting Māori whānau experiencing family violence and child maltreatment.

Whānau experiences of Oranga Tamariki practices around the removal of Māori children

Kaiwai, H., Allport, T., Herd, R., Mane, J., Ford, K., Leahy, H., Kipa, M. (2020). *Ko Te Wā Whakawhiti, It's Time For Change: A Māori Inquiry into Oranga Tamariki – Report*. Commissioned by Whānau Ora. Wellington.

To make participation as accessible as possible, the Inquiry devised several pathways for submission and 1100 people throughout Aotearoa New Zealand engaged in the Inquiry process. The Inquiry found that:

The overwhelming and consistent message that the current State care and protection system simply does not work for any of the stakeholders involved – tamariki, whānau, care-givers, social workers or other kaimahi – was reinforced throughout the submissions, and pointed to a complex systemic mix of inadequate political representation, political bias, and adverse policies. The effects of service fragmentation and sectoral competition, inadequate and siloed funding systems, faulty sub-contracting and one-dimensional deliverables, was underpinned by the reliance of Western knowledge systems over Mātauranga Māori understanding, and Kaupapa Māori practice. (Kaiwai et al., 2020.)

The Inquiry recommended a suite of actions for the way forward based on a whānau-centred, systems-focused, kaupapa Māori-aligned, mātauranga Māori-informed approach. For example, issues with navigating the Oranga Tamariki system were raised throughout submissions, interviews and hui. Whānau spoke of their sense of powerlessness within a system that seemed to have no clear, consistent procedures and that made it virtually impossible to 'jump through the hoops' of getting tamariki back with whānau.

Significantly, these statements from whānau were largely consistent with findings from previous research, which found that Māori whānau lacked knowledge about Oranga Tamariki and the Family Court system.

36 *Te Ara Ahu Whakamua*, 1994.

37 UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (2018). Concluding Observations. 8th periodic report.

The research concluded that this lack of knowledge was a significant barrier to meaningful whānau involvement in the process concerning the welfare of their children. Combined with the lack of access to resources and relevant support to help Māori whānau understand the system, Māori whānau had little influence on decisions about their tamariki.

Kaiwai and colleagues (2020) made the following recommendation to government to better support whānau to access and navigate services for their tamariki:

Action point 1: Supporting whānau – strengthen whānau capability and capacity

A) Develop supports and resources that empower whānau Māori who are involved with Oranga Tamariki, including legal resources and resourcing for whānau, clear and coherent communication and complaints pathways, high quality navigation services, as well as other needed wrap-around supports and services, particularly for wāhine Māori. These supports need to be localised and targeted for maximum efficiency.

B) Establishment of a nationally funded helpdesk for whānau who need immediate help with care and protection of tamariki. An 0800 number and contacts for people/providers in the community that can help, including legal advice and resourcing for whānau; navigational services to include a wrap-around support system for whānau. 24/7 'By Māori – For Māori – With Māori' crisis centres for whānau need to be established in all regions, with easy to access follow-up in kaupapa Māori organisations.

Wāhine Māori experiences of family violence and service support

Wilson, D., Mikahere-Hall, A., Sherwood, J., Cootes, K., & Jackson, D. (2019). *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Taupua Waiora Māori Research Centre, AUT, Auckland, NZ. Funded by Marsden Fund.

To examine Wāhine Māori experiences of IPV, this study used a kaupapa Māori research methodology that privileged a Māori worldview to conduct in-depth interviews with 36 participants from throughout Aotearoa: 28 wāhine Māori who had lived in an abusive or violent relationship and were currently living violence-free; eight tāne, seven of whom had used violence; and one facilitator of a kaupapa Māori men's group.

This study highlighted the intersectionality of multiple forms of oppression that led to them becoming entrapped:

... contexts are layered with multiple and compounding forms of oppression; Māori ethnicity, welfare dependency, contemporary and historical trauma, colonisation, education, unpaid or no employment, health and socioeconomic disparities, racism, and gender.

Wāhine encountered the following 'unseen fences' while keeping themselves and their tamariki safe:

- their own fears and capabilities at specific times;*
- their partners' increasing psychological abuse and controlling behaviours;*
- the people in services they need; and*
- the accessibility and availability of services.*

Findings related to the FV service system highlighted that mainstream services were usually unhelpful, which reinforced their thoughts about no real help being available, and sometimes compromised their safety. Fear of their tamariki being taken also acted as a barrier to seeking help.

Whānau experiences of the Integrated Safety Response pilot

Wehipeihana, N. (2019). *What's working for Māori? A Kaupapa Māori perspective on the responsiveness of the Integrated Safety Response pilot to Māori Synthesis Evaluation Report*. Commissioned by Ministry of Justice – Joint Venture Business Unit, Wellington.

The kaupapa Māori evaluation of ISR reported overall, there is 'good' evidence that ISR is responsive to Māori when assessed against the whānau-centred delivery model. The evaluation also found:

- ISR is highly responsive to whānau;
- Whānau-centred practice has increasingly become a core feature of ISR; and
- ISR has become more responsive to Kaupapa Māori partners.

3.6 Other population-based groups experiences of the 'family violence service system'

In this section, we examine research focused on the experience of the family violence service system among specific populations – Pacific peoples, those of other ethnicities (non-Māori, non-Pacific, non-Pākehā), male victims/survivors, LGBTQIA+/Rainbow community, people with disabilities, and older people.

Twenty-four reports included in this review focused on other population-based groups. Of those, eight focused on Pacific people, six on people of other ethnicities, two on male victims/survivors, two on LGBTQIA+/Rainbow community, two on people with disabilities and four on older people.

3.6.1 Pacific Peoples

Family violence is a significant issue for Pacific Peoples living in New Zealand. According to the New Zealand Crime and Victims Survey, 6.17% of adults in New Zealand who experience family violence identify as 'Pacific Peoples'. This compares with 4.29% of NZ European and 7.3% of Māori (Ministry of Justice, 2019). Additionally, the average annual mortality rates for Pacific Peoples from family violence were 1.5 per 100,000 between 2002 and 2006, compared with a rate of 0.7 per 100,000 for the whole NZ population.

A paper discussing Pacific perspectives on family violence by Fa'alau & Wilson (2020) critically analyses and interprets information available about family violence using a Pacific lens. Their key messages include:

- 'Mainstream' family violence initiatives and programmes are not usually effective for Pacific Peoples. Using Western tools and ideologies for interventions is not ideal for addressing issues of family violence for Pacific families and communities, given the differences between common Pacific perceptions and meanings of issues of violence.
- There is a need to accommodate Pacific worldviews to deliver meaning and information about violence into policies, funding allocation and strategies developed by the government. Funding criteria should allow each provider to develop a service that reflects their organisation's philosophical base, incorporating the Pacific cultural norms and culture within which it works.
- Interventions and therapies for Pacific communities that acknowledge cultural diversity should be used where appropriate. A 'one size fits all' approach provides limited ability to consider the diversity of Pacific families' cultural backgrounds, paths to violence and required interventions. Family violence is complex, which requires practitioners to match interventions to a wide range of people and different types of family structures.
- Holistic approaches to intervention and prevention for Pacific communities need to be used to address the complexities of cultural, communal and church issues when working with survivors of violent abuse and perpetrators of violence.

- Currently, access to culturally safe therapy is limited. Selected therapists, many who are not trained to work with Pacific communities, are appointed as part of many funded initiatives and programmes targeting violence.
- 'Family' in Pacific culture is central to people's being. Therefore, individuals usually identify themselves within the context and relational connection to their families or communities. Working from a holistic approach means working with the whole Pacific family to address and prevent family violence and monitor the progress after the intervention (Fa'alau & Wilson, 2020, p. 1).

A qualitative research report using a 'talanoa' approach explored Pacific Peoples' experiences of the sexual violence service system, 'Working with Pacific survivors of sexual violence' by Va'afusuaga McRobie (2016), which is part of the TOAH-NNEST suite of studies. The authors note that mainstream sexual violence support providers report that 'Pacific women want to stay in mainstream for anonymity' (Va'afusuaga McRobie, 2016, p. 4). This reinforces the need for workforce development in relation to cultural competency for mainstream service providers. Dickson's (2016a) research on experiences of intimate partner violence and sexual violence within the LGBTQIA+/Rainbow community, 'Māori and Pacifica participants reported culturally inappropriate responses when trying to get help which assumed violence was "normal" for them' (2016a, p. 13).

Research has shown that Pacific Peoples are more likely to access informal rather than formal support systems. However, there is a demand for information on Pacific-based services delivered by Pacific people who speak the same language and have a deep understanding of their culture (Wharewera-Mika and McPhillips, 2016, p. 48).

A 'culture of silence' among Pacific communities in terms of family violence has been identified by researchers (e.g. Pasefika Proud, 2012; Ministry for Women, 2015), in terms of how violence and threats of violence are regularly ignored and go unchallenged in the community. When such behaviour 'is not effectively addressed it can be perceived as community endorsement of violent behaviour and attitudes' (Ministry for Women, 2015, p. 15). This, in turn, contributes to a reluctance to disclose family violence to avoid the associated stigma and shame (Ministry for Women, 2015).

High reported IPV prevalence rates (22.9%) were found in a New Zealand study of new Pacific mothers, two-thirds of whom were born outside of NZ (Paterson et al., in Boutros et al., 2011, p. 9). Additionally, Pacific children have high rates of hospitalisation in New Zealand from assault, neglect and maltreatment – 24.36 Pacific children per 100,000, as compared with 11.71 European/Other children per 100,000 (Pasefika Proud & Ministry of Social Development, 2016).

In 2012, a major issue was highlighted regarding the lack of research on specific Pacific ethnicities in relation to family violence, e.g. the cultures of Cook Islands, Fiji, Niue, Samoa, Tokelau, Tonga and Tuvalu, in conjunction with the assumption that Pacific Islanders are a homogeneous group as mediated by Western perceptions and interpretations (Pasefika Proud, 2012). The lack of research prompted the Pacific Advisory Group to set up a research committee, the Pasefika Proud Research Komiti (PPRAK), and develop a research agenda, with funding from the Ministry of Social Development. Three areas of priority were highlighted:

- generation of Pasefika knowledge(s) where the focus is on social and kin relationships;
- service delivery where the focus is provider–funder responsibilities and service quality; and
- workforce development where the focus is the design, development, delivery and evaluation of Pasefika nations training programmes and the creation of databases to identify Pasefika needs and workforce targets (Crichton-Hill, 2018).

The Pasefika Proud research committee has undertaken several studies on specific cultures, including:

- a 2018 literature review of family violence initiatives from the United States of America, Canada, Australia, Hawaii, the South Pacific region and Aotearoa New Zealand with a view to adapting them for Pacific men in Aotearoa New Zealand;
- a 2015 study to explore current New Zealand-based Samoan people's understandings of primary prevention of violence against women; and
- a 2019 Tuvalu Family Violence Prevention Plan.

In addition, TOAH-NNEST updated their *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors* in 2016 to include mainstream support service guidelines for specific populations including Pacific Peoples.

3.6.2 Other ethnic groups

There is a lack of research about the experience of people from various ethnic communities of the family violence service system in Aotearoa. Our review includes six reports, two were part of the 2016 TOAH-NNEST *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors*, one report focused on Muslim women experiencing sexual violence (Begum & Rahman, 2016) and the other focused on Asian survivors (Hauraki & Feng, 2016). Another report was a family violence statistical analysis to disaggregate data by ethnicity (Paulin & Edgar, 2013) and two reports focused on family violence in refugee and migrant communities (Levine & Benkert, 2011; Boutros et al., 2011).

Simon-Kumar's literature review, *Ethnic perspectives on family violence in Aotearoa New Zealand* (2019), for the New Zealand Family Violence Clearinghouse found that:

Help-seeking behaviours, along with reporting, are relatively infrequent in ethnic communities. In part, this silence may reflect shame and fear of the stigma from and towards their communities that may be associated with disclosing violence. Low levels of help-seeking may also reflect the limited formal and informal avenues available to ethnic and migrant women where they can safely disclose their experiences. (Simon-Kumar, 2019, p. 1.)

The other key messages from Simon-Kumar's (2019) literature review are:

- Violence directed against women in ethnic and migrant communities is prevalent in different age, sexuality and identity groups, but is underreported.
- Although there are similarities between violence against ethnic and non-ethnic women, violence in ethnic communities can take particular cultural forms, have distinct profiles of presentation and arise from a specific constellation of risk factors.
- Risk factors for interpersonal violence against ethnic women are layered and encompass individual (e.g. language barriers, isolation), household (e.g. migration factors, employment conditions), community (gender norms, patriarchal values) and systemic (racism, colonisation, capitalist structures) factors.
- Current interventions for violence against ethnic and migrant women take varied forms. Community-based specialist services alongside responsive 'mainstream' services have the potential to form an effective integrated intervention approach to addressing impacts of violence. Increasingly, there is recognition that services cannot be 'one size fits all' for ethnic and non-ethnic communities. Specific culturally sensitive approaches and techniques need to address the unique profiles of violence against ethnic and migrant women.

The statistical analysis commissioned by the Office of Ethnic Affairs confirmed that, although 'there are significant gaps and limitations in the statistics relating to family violence in New Zealand, there is sufficient data to be certain that it remains one of our most pressing social problems, with a high prevalence in the population as a whole' (Paulin & Edgar, 2013, p. 4). Unfortunately, many of the data sources only distinguish Māori, Pacific and Asian in terms of ethnicities. The others tend to be categorised as 'other', which is a combination of people in New Zealand 'who identify their ethnic heritage

as Asian, Continental European, Middle Eastern, Latin American[,] ... African ... [and] New Zealand European' (Paulin & Edgar, 2013, p. 4).

Levine and Benkert (2011) undertook exploratory case study research on two community initiatives addressing family violence in refugee and migrant communities. They found several systemic issues that may prevent women from accessing support services, including:

- Refugee and migrant women were often isolated, both from the family support systems left behind in their country of origin and from mainstream New Zealand culture and its formal support systems. Isolation was identified as a risk factor for family violence in the research literature.
- Women who are dependent on their partners to meet immigration policy requirements for a temporary or residence visa may stay in abusive relationships to maintain their current immigration status.
- Although the Victims of Domestic Violence immigration policy was introduced in 2001, not all refugee and migrant women can use it. This may be because they are unaware of the policy, they are not eligible because their partner is not a New Zealand resident or citizen (that is, the partner may be on a student or work visa) or they may not be willing to go to the people or organisations competent to make a statutory declaration that domestic violence has occurred (Levine & Benkert, 2011, p. 4).

Boutros and colleagues (2011) highlighted 'an interplay of disempowering factors [which] constrain the self-protective actions of refugee and migrant women and the effectiveness of external interventions' (2011, p. 2). As well as language barriers, these factors included pressure to maintain traditional group cultural norms, fear of ostracism from their family and cultural community, a lack of awareness of their legal rights or of services available to them, the unsuitable nature of some support services and fear of poverty associated with reduced family and social support.

Family stressors that 'can exacerbate family violence' identified by Levine and Benkert (2011) included poverty and unemployment, and the influence of the host culture on young people. They also found that 'some men used their culture and religion, and their standing in the community, to rationalise their coercive behaviour' (Levine and Benkert, 2011, p. 5).

Boutros and colleagues (2011) summarise the outcomes for the women involved succinctly:

The consequence of having fewer options is that refugee and migrant women can be subject to a lifetime of continued abuse with its resultant mental and physical health consequences. Their abusive relationship may seem preferable to a life without family or status in the community and a life of poverty and isolation. (Boutros et al., 2011, p. 2.)

We note that the updated Family Violence Act includes dowry abuse, which recognises that this form of violence occurs in New Zealand.

3.6.3 Male victims/survivors

Our search of the literature found no New Zealand-based research on heterosexual men as victims of family violence or evaluations of strategies working with these men. We know that some services are working with male victims of family violence and that this area requires further attention. Some research on gay, transgender and gender diverse experiences of family violence, sexual violence and child abuse is examined in the next section.

There were two reports on male survivors of sexual abuse that are included in this review. The first is a literature review about effective recovery services for men who have been sexually abused as children and/or as adults (Carswell, Donovan & Kaiwai, 2019a & b). The second report, TOAH-NNEST *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors*

(Mitchell, 2016), includes a section related to good practices working with men. However, not included in the annotated bibliography are the good practice guidelines developed by the Male Survivors Aotearoa (MSA) and the co-developed guidelines by MSA and Ministry of Social Development in 2018.³⁸

Carswell, Donovan and Kaiwai (2019a) emphasise the importance of debunking myths (or 'cultural delusions') about the sexual abuse of males, given that the evidence shows that this is a significant and serious issue with severe impacts for boys and men. The New Zealand Crime and Victims Survey (NZCVS) 2018 surveyed 8030 people and found 12 percent of men experienced one or more incidents of sexual violence at some point during their lives (Ministry of Justice, 2019b, p. 82). Males can have difficulties disclosing their experience as 'abuse' because of myths such as 'males cannot be abused'.

Mitchell's (2016, pp. 4–9) qualitative research with male survivors of sexual abuse identified seven areas of importance to men when interacting with the sexual violence service system in terms of both disclosure and support through the recovery process. The findings have implications for workforce development, referral and interagency processes and communication, and the need for specialised education for professionals.

A summary of barriers for men seeking support for sexual abuse are:

- Men disclose sexual abuse at lower rates than women and often delay disclosing for years or even decades. The reasons for this include not knowing where to get support and fear of how they will be perceived and treated.
- Gender norms that promote an image of masculinity as dominant and tough make it harder for men to disclose abuse and lead to them being more likely to be viewed as a perpetrator than a survivor/victim.
- For Māori and Pacific men, barriers may include a lack of culturally responsive services and concerns about being treated in a discriminatory or culturally inappropriate way.
- Harmful myths exist about sexual harm against men and prevent men seeking support. These myths include ideas that men who have been abused 'must be gay' and that men who have been abused go on to be abusers themselves. These myths, although untrue, persist. They can cause distress to male survivors and affect how others respond to them if they disclose their abuse.
- A negative response to initial disclosure may be distressing and discourage men from seeking further help. Getting an appropriate response when first disclosing, even to non-specialist services, is essential to men seeking ongoing support. Professionals in the health and social sectors should be able to respond empathetically to disclosures of sexual abuse from men, in a way that is culturally appropriate, supportive and non-judgemental (Carswell, Donovan and Kaiwai, 2019b, p. 4).

Carswell, Donovan and Kaiwai (2019b, p. 4) provided a suite of recommendations to the government to support men who have been sexually abused, including:

38 Male Survivors Aotearoa, 2018. Peer Support Practice Guidelines Including Organisational Quality Standards for the Provision of Support Services for Male Survivors of Sexual Violence. Auckland.
Ministry of Social Development, 2018. Male Survivors of Sexual Abuse Service Guidelines F19.

... service developments should consider diversity, acknowledging and adapting services to meet the differences in men's cultural and sexual identities. Support of existing population-based organisations and the development of new organisations may be needed to offer effective support for Māori, Pacific, ethnic communities, Rainbow/Takatāpui communities, and for men with disabilities.

The findings reinforce the importance of a range of service delivery options including outreach services, collaborative services, and online services, as well as accessible and available service locations.

Advocates are required to help clients navigate services and the justice system, brokerage of specialist services, and offer practical support – particularly for men with complex needs such as mental health issues, intellectual disabilities, addictions, poverty, and homelessness.

3.6.4 LGBTQIA+/Rainbow community

There are two reports on LGBTQIA+/Rainbow community, both authored by Sandra Dickson in 2016. One is part of the TOAH-NNEST research programme on guidelines for mainstream support services and the other, which was commissioned by an NGO called Hohou Te Rongo Kahukura – Outing Violence, examines the experiences of intimate partner and sexual violence in the LGBTQIA+/Rainbow community through an online survey and a series of hui held throughout the country. The report for TOAH-NNEST also drew on research findings from the Hohou Te Rongo Kahukura – Outing Violence study.

IPV and family violence are significant issues for the LGBTQIA+/Rainbow community. Nearly two-thirds of the respondents had experienced unwanted sexual acts from partners, and one in five identified a family member as a perpetrator (this is likely to refer to child sexual abuse). In addition, more than half of them had experienced multiple incidents of emotional, verbal and psychological abuse, and, in terms of physical abuse, half had experienced being pushed or shoved by a partner and a third had experienced being slapped, punched or slammed into something hard (Dickson, 2016a).

In relation to their experience with the support service system, most of the survey respondents stated that they did not seek help at all because they considered their experience minor. This is despite the serious impacts that were reported earlier in the survey, which included feeling numb and detached, continued fear of their partner and concern for their safety, experiencing nightmares or hypervigilance and physical injuries (Dickson, 2016a).

Dickson (2016a) explains that 'minimising violence by survivors is not uncommon ... for people from Rainbow communities, the additional challenges in recognising partner and sexual violence are structured by the heteronormativity of dominant images of partner and sexual violence' (2016a, p. 32). Other reasons for not seeking help include:

- not knowing where to go for help;
- not believing that they would be treated fairly;
- the fear of further violence or discrimination;
- having been warned not to by the perpetrator or friends and whānau;
- concerns about the support organisation being homophobic, biphobic or transphobic; and
- fear of being 'outed' by the organisation.

The LGBTQIA+/Rainbow community also faces challenges from mainstream violence support services who operate within a binary sex/gender framework and are 'predominantly set up to respond to men's violence towards women' (Dickson, 2016a, p. 13).

For those who stated that they needed help, they required 'specialist help' for either IPV or sexual violence. Partner violence (sexual and other forms of IPV) also created greater needs for housing, income and financial support and healthcare. In terms of who was actually approached for help, help was more likely to be sought from friends and counsellors than specialist IPV/sexual violence agencies.

Unfortunately:

... domestic violence agencies and New Zealand Police ... were more likely to be not supportive or helpful ... For domestic violence agencies, some respondents reported supportive and helpful experiences as well – for New Zealand Police these were in the minority, with poor experiences significantly more likely. (Dickson, 2016a, p. 36).

3.6.5 People with disabilities

There is a general lack of research on family violence as experienced by people with disabilities in Aotearoa. We have included two reports, one is part of the 2016 TOAH-NNEST *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors* (Robson, 2016). The other was an exploratory study commissioned by an NGO – Tairawhiti Community Voice – to increase understanding of the multidimensional nature abuse manifests in for disabled people and to identify individual and structural barriers that prevent disabled people from voicing and extracting themselves from abusive environments (Roguski, 2013).

Robson's (2016) report largely recommends the need for support services to be accessible to people with disabilities. The requirements could apply to providers of any service rather than being specifically those related to violence. However, Carswell, Donovan and Kaiwai (2019) found that 'people with intellectual disabilities are more vulnerable to sexual assault and face more barriers than other survivors in terms of reporting the abuse, including; not being able to fully recognise what has happened to them; and needing assistance or someone to report on their behalf' (2019, p. 36).

In addition to a literature review, Robson (2016) draws largely on Roguski's (2013) research to discuss the experience of abuse among disabled people. Robson (2016) asserts that recognising 'violence as being not just physical, but also carried out through control, coercion and intimidation' is particularly pertinent for people with disabilities (2016, p. 10). Roguski (2013) explores all types of violence of which disabled people are victims, including family violence and intimate partner violence.

Roguski (2013) discusses the issue of the potential power imbalance when a disabled person relies on a partner for financial/emotional needs as well as mobility. Not only can this increase the cycle of violence but it also makes leaving the situation extremely difficult. He cites a study (Hague et al., 2008) that showed that 'neglect and isolation by primary caregivers who were family members or intimate partners was common [and] participants disclosed financial abuse, with instances of intimate partners completely controlling finances or using allowances to buy alcohol and/or drugs' (Roguski, 2013, p. 6).

Roguski (2013) found many instances in which disabled people, and/or those associated with them, were pressured to refrain from reporting incidents of abuse and thus not able to access support services. He uses the term 'silencing' and explains how it is manifested in terms of:

- the disabled person – silencing occurred among disabled participants through:
 - being pressured to not report abuse – often, this pressure occurred subtly through a conditioning process whereby individuals reported learning to be silent about their abuse through negative experiences resulting from past complaints, fear of retribution, a concern that removal of a care worker or a family/whānau member would result in solitude and a lack of care;
 - instances when the disabled individual believed they were somehow deserving of abuse;

- a normalisation process whereby the individual has become so accustomed to ill-treatment that abusive behaviours are accepted as either normal or not worthy of an official report; or
- difficulties some disabled people experienced communicating – this generally involved non-verbal individuals and individuals with limited understanding and the inability to complain;
- negation – numerous accounts were offered where a complaint of abuse was negated on the grounds that the disabled person’s testimony lacked veracity – this generally involved:
 - some form of disparagement of the individual complainant; or
 - questioning the degree of truth underpinning a complaint on the basis of the individual’s having been diagnosed, at some point, with a mental illness; and
- collusion – which refers to a conspiratorial agreement to deny an abusive incident. Rather than an explicit attempt to negate the individual’s abuse, collusion was reported to manifest when witnesses believed they should protect parties from statutory ‘interference’ or to protect the individual perpetrator or organisation’s reputation (in the case of care workers). It should be stressed that collusion was not limited to organisations. Numerous examples were documented where a family/whānau had colluded with the disabled person in an effort to protect the perpetrator from prosecution.

3.6.6 Older people

Elder abuse affects people from all socio-economic groups, ethnicities, cultures, religions, genders, sexual orientations, and marital statuses. It is a complex issue because of inconsistencies and ambiguity about what is defined as abuse. Often, those causing harm, as well as those experiencing harm, either ‘do not realise it is occurring or are in denial that it is’ (Ministry of Social Development, 2019a, p.4). Waldegrave (2015) reports that at least 10 percent of people in New Zealand over 65 years old experience some form of elder abuse. However, the actual rate is likely to be much higher, given that researchers estimate that 96 percent of cases go unreported. Although elder abuse most often happens within families, it ‘lacks visibility in family violence discourse [and thus] does not receive the same level of political awareness, resources and funding’ as CAN and IPV (Ministry of Social Development, 2019a, p. 4).

Similar to the other groups, there is a lack of research on elder abuse in families. Although we found no qualitative research specifically on older peoples’ experience of the family violence service system, the Ministry of Social Development included a literature review as part of its 2019a report. This review discussed the different types of abuse, the contexts, the risk factors and the effects of abuse. It also reported how discriminatory and prejudicial attitudes such as ageism by institutions can cause barriers and how the ‘homogeneous treatment of older people also fails to recognise the diversity of people within this age group and the need to approach each person as an individual’ (Ministry of Social Development, 2019a). The next chapter about service providers’ experiences of the family violence system discusses Elder Abuse Response Services (EARS).

Chetwin (2013) found that there was *insufficient research* into interventions for elder abuse to assess the effectiveness of particular interventions, although four common themes were identified for addressing elder abuse: multidisciplinary approaches, diverse treatment options, a commitment to prevention and local level responses (2013, p. 4). However, similar to some other subpopulations, older people are generally reluctant to report abuse because of fear, shame, embarrassment, stigma, the desire to maintain family harmony and the fact that their abuser is often also their caregiver (Ministry of Social Development, 2019a; Boutros, 2011; Davey & McKendry, 2011). Indeed, elder abuse is often reported by people other than the victims, and the family member abuser may act in a ‘gate-keeper’ role to prevent service providers accessing the victim to obtain their consent to provide help (Ministry of Social Development, 2019a).

We found four reports on elder abuse: a review of the current state of elder abuse and the Ministry of Social Development's EARS incorporating a blended analysis of the themes from discussions with providers alongside literature on elder mistreatment, neglect and abuse (Ministry of Social Development, 2019a), a longitudinal report on elder abuse (Waldegrave, 2015), a report on preventing IPV and elder abuse (Thornley, 2013) and a working paper on financial abuse of older people (Davey & McKendry, 2011). Most of the authors express disappointment with the paucity of research on elder abuse, including information on prevalence rates. They acknowledge that elder abuse is pervasive in New Zealand, and they warn that the problem will get worse with our ageing population (Waldegrave, 2015; Thornley, 2013; Davey & McKendry, 2011). Waldegrave (2015) identified an exponential increase in elder abuse using population projection data if nothing is done to reduce it. A 40% increase in the decade to 2023 and a 32% increase from that enlarged base from 2023 to 2033 was projected. Thornley (2013) asserts that it is crucial that the issue of elder abuse receives more attention and investment.

Waldegrave's (2015) research focused mainly on family violence, as 'the sample did not include older persons in hospitals or institutions' (2015, p. 12). His study demonstrated a prevalence rate of at least one in 10 participants aged over 65 years. He also found that:

- women experienced significantly more abuse than men, but, surprisingly, men were significantly more coerced than women;
- Māori experienced significantly more elder abuse when compared with non-Māori; and
- consistent statistical correlations between elder abuse and lower levels of health and wellbeing, and higher levels of depression and loneliness.

3.6.7 Summary of subpopulations

- In all the subpopulations examined, there is a lack of New Zealand-focused research and evaluation. This supports the need for a nationally coordinated research and evaluation programme.
- The research that has been conducted in New Zealand (and supported by international research) highlights the specific types of barriers different subpopulations experience. The implications are that services and strategies to provide support require tailored approaches that address the specific barriers for subpopulations.
- There appears to be a lack of specialist family violence and sexual violence services for different subpopulations. We have not seen a national overview of services available for different subpopulations; there would be value in bringing this information together. We acknowledge that there are several specialist services e.g. Shakti Ethnic Women's Refuges, and capability within larger organisations, such as some Pacific people's services and Migrant services etc.
- More work would have to be undertaken to provide an overview of what strategies/knowledge mainstream specialist family violence and sexual violence services have to address the specific needs of these different sub-groups. Similarly, an overview of what knowledge and strategies mainstream specialist services for these populations – such as disability services, aged care services, refugee services – have to identify, respond and refer cases of family violence and sexual violence would be beneficial. There may very well be a number of policies, practices and good practice guides these services have, including partnerships with specialist family violence and sexual violence providers, but this would require further investigation.
- The research identifies barriers to accessing services, particularly when perpetrators of abuse are restricting contact and mobility and coercing and intimidating victims. These barriers are further exacerbated when victims have disabilities, are elderly, have no or limited English, are subject to community censorship and cultures of silence, do not fit the gender/sex binary framework mainstream services operate within and so on. We were not able to find much information about

any strategies and innovations services have in place to overcome these barriers for different subpopulations.

4 Service providers' experiences of the family violence service system

4.1 Introduction

This chapter summarises key themes emerging from the literature on how specialist NGO service providers experience the family violence service system. Following on from the previous chapter we look at what supports service providers require to deliver accessible and effective services to improve the safety and wellbeing of families and whānau effected by violence.

We also examine how government and NGO services collaborate and work together to deliver a more holistic and informed approach to manage risk and meet the needs of families and whānau. These initiatives aim to address issues identified with service access, referral pathways, information sharing and service coordination.

4.2 Kaupapa Māori providers' experiences of the family violence service system

4.2.1 Key issues for kaupapa Māori providers

The following key issues impacting on kaupapa Māori service providers were identified in the literature:

- Experiences of government commissioning and funding of social services:
 - promoted an adversarial contracting environment which often under-resourced (or withheld resources) for Māori initiatives and/or were not commensurate with the burden of need experienced by whānau;
 - funded single-issue, individually focused programmes and initiatives and provided limited resources for preventative and long-term 'whole of whānau' initiatives;
 - had stringent regulatory monitoring and assessments based on deficit measures and indicators;
 - had competitive contracting that discourages collaboration and expected that under-resourced Māori initiatives achieve outcomes within short time frames, while government agencies with family violence as part of their portfolio continued to underperform and/or achieve outcomes for Māori; and
 - successful Māori programmes were at risk of being appropriated into mainstream delivery and as stated previously, would be implemented in a 'piecemeal' way.
- Research from Te Puni Kōkiri suggests the need for more 'by Māori, for Māori' (kaupapa Māori) services has been hindered by a system that privileges western frameworks and approaches over mātauranga Māori (Māori knowledge).
- Other literature shows that mainstream organisations and agencies working with whānau are not well-equipped to recognise or respond to the specific needs of Māori and whānau, can lack empathy and, as a result, can re-victimise whānau.
- Family violence is a specialist area and requires a specialist skill set that includes an understanding of the complexities of violence and also the burden of historic and complex trauma on Māori and whānau.

4.2.2 Treaty-based practice approaches

The research shows that using Treaty-based practices and decolonising services would address some of the structural inequities caused by basing family violence support practice on the standards/norms of the dominant group. 'A large and growing evidence base shows the benefits of kaupapa Māori services and reclaiming mātauranga Māori' (Family Violence Death Review Committee, 2020, p. 16).

The historical and ongoing impact of colonisation, which includes unchecked privilege, and how colonisation contributes to chronic and complex trauma for both individuals and communities ... are central reasons why Māori and non-Māori experience violence across generations. Addressing these issues requires an honest partnership between the Crown and Māori, leading to decolonised services and measures that address structural racism. (Family Violence Death Review Committee, 2020, p. 16.)

Having Māori representation at all levels of decision-making in the family violence system is extremely important because 'Māori per capita continue to be over-represented in family violence statistics as both victims and perpetrators' (Rudman et al., 2017). Berghan et al. (2017) found widespread agreement in their study about the importance of Māori representation at all levels of decision-making – from needs assessment to concept development, planning, delivery, and evaluation. Berghan and colleagues (2017, p. 24) recommend the following action points for service providers:

- *Ensure Māori are involved in all decision making*
- *Ensure recruitment processes reflect and value cultural competencies*
- *Encourage the active retention of Māori staff*
- *Open professional development opportunities to Māori partners*
- *Work with existing governance teams to promote understanding, value the necessity of such appointments and resource appropriately*
- *Commit resources to prepare Māori for leadership roles.*³⁹

4.3 Elder abuse services experiences of the family violence service system

The Ministry of Social Development's 2019 review of the current state of elder abuse care, in which its family violence team engaged with 15 Elder Abuse Response Services (EARS) throughout Aotearoa, found that, in addition to general issues of under-funding and under-resourcing, the EARS providers were concerned about problems arising from the overall system of service provision – 'the external system'. They were concerned about how these issues impact their ability to successfully support people experiencing elder abuse.

Many services, such as housing, social connection programmes, in-home support and home visiting services are not consistently available throughout Aotearoa. They are particularly lacking in rural areas, which limits the extent to which the EARS providers can ensure that the older people they are working with feel connected and safe. Furthermore, the long waitlists and strict criteria occurring because of the

³⁹ Berghan, G., Came, H., Coupe, N., Doole, C., Fay, J., McCreanor, T., & Simpson, T. (2017). *Te Tiriti o Waitangi-based practice in health promotion*. <https://trc.org.nz/treaty-waitangi-based-practice-health-promotion>

high demand for mental health services throughout the country serve as barriers to older people needing to access these services.

Issues of workforce capability among agencies were also raised in relation to recognising risk factors and appropriately responding to elder abuse, as well as understanding older people's rights and the effects of ageism. The EARS providers consider the lack of awareness a high-risk factor and recommended that all agencies who interact with older people undergo more rigorous training in these areas.

Additionally, the EARS providers cited the siloed nature of operations between and within government, private, and community agencies as adversely affecting communication and coordination, resulting in either duplication or gaps in services. Furthermore, they 'highlighted the exploitation of older people by agencies (particularly government agencies) as part of their operations'. Examples of exploitation include 'putting mokopuna and parolees in older relatives' care without undertaking appropriate assessments and providing resources to ensure all parties are safe and supported' (Ministry of Social Development, 2019a, p. 24).

4.4 Providers experiences of commissioning and funding of services

The Productivity Commission's review of social services in 2015 identified eight fundamental causes for under-performance in the system at that time. It is worth quoting these issues because the experiences of specialist providers (NGOs who provide specialist services for family violence, sexual violence and children's and young people's services) rely heavily on government commissioning of services. The eight fundamental causes were:

1. *Government commissioning of services happens in silos, with each silo evaluating the need for services through its own specialised lens. No agency has an understanding of (or accountability for) the holistic needs of clients, and users of the system must navigate their way through multiple administrative processes.*
2. *Incentives in the system drive prescriptive contracts, contracts of short duration and onerous reporting requirements. These features work against innovation and inject unnecessary transaction costs into the system.*
3. *A lack of agreed measures of value inhibits knowledge about the impact of services. Commissioning agencies all too often are unable or unmotivated to redirect resources to more effective services and providers.*
4. *Government decision makers have limited information on the combination or sequencing of services required by clients. The effect is that service specifications are too rigid to meet the needs of clients – particularly those with multiple and complex needs.*
5. *Weak government stewardship of the supply-side of the social services system has contributed to the precarious financial position of some providers, an over-reliance of some agencies on particular providers, and providers often lacking the resources to invest in staff training, innovation and evaluation.*
6. *Unsophisticated commissioning has resulted in formulaic procurement that is ill-suited to the complexity of social-services. There is a limit to the gains agencies can achieve by improving contracting out.*
7. *Short-termism has led to missed opportunities in prevention and early intervention, escalating fiscal costs in the future.*

8. *Funding and managerial inertia obstructs system improvements. (Productivity Commission 2015, p. 86)*

In 2019, Social Service Providers Aotearoa (SSPA) commissioned MartinJenkins to conduct research and economic analysis to quantify the funding gap faced by social service providers and offer recommendations on how to improve the funding model.⁴⁰ MartinJenkins made 39 recommendations to be implemented in the short, medium and long-term. The headline finding stated:

This research has found that the social service system in New Zealand is not working as well as it could be and that, as a result, providers delivering critical services to those in need are under-funded and over-reliant on the philanthropic sector.

Results indicate that currently the government funds providers for less than two-thirds of the actual cost of delivering the essential services they are contracted to provide, and that the total underfunding is estimated to be at least \$630 million annually. (MartinJenkins, 2019, p.6)

This report identified the following drivers of the funding gaps:

*A historical preference for **partial or contributory funding models** for devolved essential government services. This is opposed to a default, or first principle, where essential services are fully funded as if they were being delivered directly by a government agency.*

...Government funders prefer to invest in more generous funding packages for new services, which put established services at a disadvantage. Existing service contract funding remains steady over time, meaning the real value of their contract is in decline.

*There is a focus on driving **efficiency and effectiveness** across social services which drives adverse funding behaviour, meaning providers do not have the funding or the flexibility they require to best meet service users' needs.*

*There is limited agreement across the social service system as to what funding will achieve and **what 'good' looks like**. There is limited information-sharing and learning, and the information that is captured is seldom used systematically to guide funding decisions. (MartinJenkins, 2019 p.9-10)*

The Ministry of Social Development (MSD) has recognised the need to improve the way they fund family violence services and has recently developed a new funding approach in consultations with providers. In 2019 MSD contracted almost 200 family violence providers based on a contributory funding model. They are the major government funder of victim services accounting for 85 percent of the government's total spend. MSD contributed less to perpetrator services (15 percent of the government's total spend), with other agencies such as the Ministry of Justice and Department of Corrections also funding perpetrator programmes (Ministry of Social Development, 2019b, p.8). MSD consultations with providers identified the following interrelated issues with the current funding and commissioning model:

40 MartinJenkins, (2019). *Social Service System: The funding gap and how to bridge it*. Jointly funded by social service providers and jointly funded with philanthropic organisations. See https://www.sspa.org.nz/images/Social_Service_System_-_The_Funding_Gap_and_How_to_Bridge_It_-_FULL_REPORT_FINAL.pdf

- *Primarily fund crisis services (around 90 percent) due to demand which means there is limited funding for prevention and longer-term recovery work.*
- *Focus on short-term interventions of less than 15 weeks does not allow time to work with families and whānau to overcome their trauma and break the cycle of intergenerational violence.*
- *Funding focus on programmes which tends to be inflexible and does not allow providers the scope to tailor approaches to meet complex needs of service users.*
- *Issues with the contributory model of funding and contracts not accurately reflecting the reality of the providers' workloads.*
- *Onerous reporting requirements associated with having multiple contracts with multiple government agencies, which ask providers to report on different measures, with different reporting periods.*
- *The current contracting of services creates a highly competitive environment for organisations which can cause tensions in the sector.*
- *Short-term contracts do not allow for longer term planning and can cause staff recruitment and retention issues.*
- *Output based contracts do not have meaningful outcome measures that lead to understanding service effectiveness for supporting families and whānau to become violence free.*
- *Once case closed no funding or requirement to sustain engagement and support longer-term outcomes. (Ministry of Social Development, 2019b)*

MSD also note there is wide variance across the country and within funding lines as to how much they fund providers for specific services. To address these issues MSD is developing a new model that is based on the following four key enablers to drive positive changes:

1. applying fair funding;
2. encouraging a diverse mix of family violence providers, including kaupapa Māori and Pacific providers;
3. committing to continuous improvement; and
4. working with providers to improve outcomes over time.

MSD state their priorities for the future include:

- having a whānau-centred approach to service delivery;
- setting sights on long-term recovery;
- giving our communities universal support, how and when they need it; and
- giving our regions more support.

The MSD report *Social Sector Commissioning: Progress, Principles and Next Steps (2020)*⁴¹ further sets out how MSD plans to improve their commissioning of social services and partner with NGOs and the community sector. MSD state this report is a response to conversations with the social sector so far and the next steps that will be taken towards a better system that supports better outcomes:

Progress towards a better system has begun. This includes more sustainable funding models, client and whānau-centred design and innovation, supporting community-led initiatives, longer

41 Ministry of Social Development, (2020). *Social Sector Commissioning: Progress, Principles and Next Steps*. Wellington. See <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/msd-social-sector-commissioning.pdf>

term contracts, simplified contracting and procurement processes and partnering with iwi and Māori communities. However, we know that there is still much more to do. (Ministry of Social Development, 2020, p.4)

MSD is taking a new approach to commissioning social services, which includes family violence service providers.

4.5 Supporting service provision and good practices

4.5.1 Service approaches to meet needs of service users

To meet the diverse and often complex needs of families and whānau affected by violence, many studies recommend tailored approaches based on comprehensive risk and needs assessment; case management and advocacy approaches to navigate and coordinate between services; and responsive approaches to work with unique needs of different populations (Allen and Clarke 2017b; Carswell, Frost, Moana-o-Hinerangi, & Betts, 2017, Chetwin, 2013; Family Violence Death Review Committee, 2020; Lambie & Gerrard, 2018; Ministry of Justice, 2017; Roguski & Gregory 2014; Polaschek, 2016).

For example, Chetwin's (2013) review of effective interventions for adult victims and children found:

strong evidence that an integrated and collaborative system response is most effective in reducing victims' and children's exposure to intimate partner violence; and that integrated mother/child interventions are highly effective in assisting them to deal with the impacts of violence. It is clear that no single intervention will be sufficient. A variety of integrated and co-ordinated interventions are required to meet a variety of needs.' (Chetwin, 2013, p.5)

Polaschek's (2016) issues paper about responses to perpetrators of family violence also identified that an integrated response system is required that includes subsystems for perpetrators, victims, and families. This system should be designed from the service user perspective and encompasses crisis to longer term supports until change is firmly established. An integrated perpetrator subsystem 'includes co-ordination between crisis response and immediate containment, criminal and civil court proceedings, sentence or order compliance, risk monitoring and behaviour change components, and provides services based on risk and need' (Polaschek, 2016, p.1).

4.5.2 Workforce capacity and capability

Workforce capacity and capability issues are identified in a number of the studies as a critical area that requires more focus. To our knowledge there is no national strategy or monitoring of how workforce capacity and capability issues are being addressed. This section briefly outlines some of the emerging findings.

Workforce capability

A crucial element of ending family violence and child maltreatment is a well-trained workforce, well-supervised to conduct evidence-based, cultural appropriate interventions in homes, schools, NGOs, statutory agencies and the community. (Lambie & Gerrard, 2018, p.34)

Lambie and Gerrard (2018) state there is need for resources aimed at teaching trauma-informed skills to NGO and statutory sectors that may interact with families and whānau affected by violence. Alongside an understanding of the effects of trauma and how to respond, it is also important that workers have the appropriate level of knowledge for their role about the dynamics of family violence, sexual violence and child maltreatment. For example, research has shown that having skilled programme facilitators with a

nanced understanding of the dynamics of family violence, especially those with a lived experience of family violence, is key to securing participant's engagement with programme content (Family Violence Death Review Committee, 2020; Paulin et al., 2018). In the field of family violence, it is not only crucial to have the right level of capability for each role, but the personal qualities of the individuals fulfilling the roles is equally important. For example, being empathic and having high levels of emotional intelligence (Campbell, 2014; Carswell et al., 2017).

Studies emphasise the importance of service providers and their workforce being culturally competent and understanding and reflecting the communities they serve. This has implications in terms of recruitment and supporting staff capability to engage and work with diverse groups, such as Māori, Pacific Peoples, other ethnicities, people with disabilities, the elderly, and the LGBTQIA+ community, (Carswell et al., 2019; Fa'alau & Wilson, 2020; Fanslow & Kelly, 2016; Foote et al., 2015; Lambie & Gerrard, 2018; Ministry of Social Development, 2019; Pihama et al., 2016; Te Wiata & Smith, 2016; Va'afusuaga McRobie, 2016; Waldegrave, 2015; Wharewera-Mika & McPhillips, 2016).

Professional supervision (including clinical supervision and cultural supervision) is another important area to consider for supporting practitioner's capability through reflective practice and strategies to mitigate the impact of vicarious trauma.

In 2017, the government published *The Family violence, sexual violence and violence within whānau: workforce capability framework* (Rudman et al., 2017). The framework aims to guide a 'consistent, integrated and effective response to family violence and sexual violence'. As stated, the framework recognises the importance of building the capability of the wider workforce, so victims and perpetrators get an appropriate response and there is a more integrated approach between organisations.

The Workforce Capability Framework is divided into six domains:

1. Understanding people's experiences of family violence, sexual violence and violence within whānau
2. Upholding the dignity, values and beliefs of people and their diverse cultural identities
3. Enabling disclosures and response to help-seeking
4. Using collective action to create safety for victims
5. Using collective action to sustain safe behaviours of perpetrators
6. Working as part of an integrated team.

Each domain addresses the knowledge required, examples of 'excellence', and the required actions in relation to specific roles, for example, primary/specialist practitioners. Career Force delivers the New Zealand Health and Wellbeing diploma in Family Violence, Sexual Violence, Violence within whānau (Level 5) that applies the workforce capability framework.⁴² Further research would be required to assess to what extent the framework and diploma are guiding capability building and consistency of practice, particularly given the diversity of the workforces and range of professional qualifications.

Alongside the Workforce Capability Framework, the Government published the *Family violence risk assessment and management framework: A common approach to screening, assessing and managing risk*, in 2017. This was developed in consultation with providers and aims to provide a collective approach for responding to family violence, a shared understanding of family violence and its dynamics, and clear values that underpin good practice in risk assessment and management. The uptake and implementation of this framework is not known.

⁴² See <https://www.careerforce.org.nz/family-violence-sexual-violence/>

There are a number of training providers that provide workshops and courses about specific areas of family violence, sexual violence and child abuse and neglect.⁴³ There currently only appears to be a postgraduate option for tertiary education specifically about violence prevention and no undergraduate degrees.

The New Zealand Family Violence Clearinghouse provides an information service, library, monthly pānui, data summaries, issues papers, and hosts webinars, seminars, workshops, and conferences. Networks of specialist services and the government have published a number of good practice guidelines for different types of specialist services and to guide working with different population groups.

Workforce capacity

Family violence services require sufficient staff/kaimahi in the right roles to meet the needs of service users. As outlined above, family violence services often struggle to obtain enough funding to meet the demand for their services. The limited resources and short-term funding contracts reduce providers' ability to recruit and retain suitably qualified staff. Coupled with the high demand for services this can lead to high caseloads and waiting lists.

Researchers have found that burnout and stress are strong predictors of staff intention to leave. This is particularly salient for the family violence/sexual violence/child maltreatment field which is particularly demanding. Losing skilled and experienced staff can disrupt the quality and capacity of the service as well as having a negative impact on the workload of the remaining staff which in turn can intensify feelings of burnout and stress (Thomas et al., 2020 n.p.)⁴⁴ Having supportive employment policies and processes is key to recruiting and retaining quality staff (Carswell et al., 2017a).

4.5.3 Consistent implementation of good practices

Related to the above discussion on resourcing and workforce capability and capacity are considerations of organisational capability to support their staff/kaimahi to consistently implement good practices in their daily work. The area of implementation science specifically focuses on the 'how' we can transfer knowledge into practice as Lambie and Gerrard describe in their discussion paper:

“Implementation science” explores the ways we can put evidence of a promising programme or approach into sustainable, day-to-day practice. It tries to share ideas on what gets in the way of good practice (the barriers) and what seems to help. It highlights how the different contexts of organisation, policy and funding must be seen as “front and centre” of implementation, as otherwise evidence-based practice from carefully controlled and well-funded research trials are hampered by poor real-world implementation, and innovative, culturally responsive, real-world programmes are never taken to needed scale. (Lambie & Gerrard, 2018, p.47)

Lambie and Gerrard's review goes onto to describe the factors that require consideration for successful implementation and barriers to implementation and a call for much more national systemic focus in this area.

43 See <https://nzfvc.org.nz/education-and-training/training-and-professional-development>

44 Thomas, C., Petrangelo Scaia, M., Greenan, L., McGowan, M., & Waligorski, L. (2020). *Coercive Controlling Violence with Considerations During COVID-19 webinar*.
<https://www.youtube.com/watch?v=usGitnUGtPM&feature=youtu.be>

Evaluations play a critical role in understanding the barriers and enablers to implementation as well as identifying areas for service improvement and outcomes for service users. Affordability of evaluations is often an issue, which makes it difficult for local initiatives to be evaluated. The government, via the prevention campaign, It's not OK, has previously published Community Action Toolkits which include a self-evaluation guideline for community organisations.⁴⁵ They have also funded evaluation capability building with NGOs. However, it can still be a challenge due to staff capacity to undertake this work.

4.6 Collaborative responses to enhance service system responses

This section provides two recent examples of interagency approaches to improve collaborative responses to reports of family violence.

4.6.1 Integrated Safety Response initiative

The family violence ISR initiative, introduced in Christchurch and Waikato in 2016, sits squarely within the crisis response (or 'make safe') category. The ISR initiative was intended to replace the Family Violence Interagency Response Model System, which operated throughout Aotearoa New Zealand in the same crisis response space from 2006.

ISR's core aims are to ensure the immediate safety of victims and children and that perpetrators are connected with an appropriate service to assist in preventing further violence.

Each day, multi-agency ISR Safety Assessment Meeting (SAM) teams⁴⁶ at each site triage about 40 families and/or whānau referred to it through a Police report of a family violence episode.⁴⁷ (ISR does not take self-referrals.)

ISR grades its response to a particular family and/or whānau according to its assessment of that family's risk of further family violence. The maximum amount of support a family assessed as 'high risk' (3% of all families) receives is about 40 hours of support from a specialist worker (for a victim and/or a perpetrator) for up to 12 weeks. Most families are assessed as either medium risk (51%)⁴⁸ or low risk (46%).⁴⁹

The ISR costs about \$5 million per site per year. The fact that ISR funding does not currently extend to the funding of longer-term ('keep safe') services is somewhat contentious, especially because about one-third of referrals for a family violence episode are repeat referrals (Mossman, Paulin & Wehipeihana, 2017).

ISR has been evaluated twice. The 2019 evaluation found that families and whānau greatly valued the ISR support they received and found some evidence of improvement in wellbeing as a result of this support. After having received ISR support, families and whānau from whom feedback was obtained

45 <http://www.areyouok.org.nz/resources/free-resources/community-action-toolkit/>

46 Statutory agencies represented on the SAM team are Police, the Department of Corrections, Oranga Tamariki, the Ministry of Health and Māori/iwi.

47 In addition, a very small number are referred through a notification from the Department of Corrections about the imminent release from prison of high-risk perpetrators of family violence.

48 Those families assessed as medium risk are visited by a case worker within 72 hours. Family members may be assigned a whānau support worker and/or a specialist worker to support them (as victim or perpetrator) for about five hours over the following six weeks.

49 Those families assessed as low risk receive just over one hour's support (mostly by phone) from a case worker.

reported feeling safer (especially if they were high-risk victims) and better connected to their support networks (such as whānau, hapū, friends, wider family networks and support agencies).

The 2019 evaluation also found some indication of reduced rates of family violence behaviour, with Māori victims having significantly lower rates of repeat reported family violence offending against them in the six months following their ISR referral compared to a matched control group.

Although ISR was assessed as at least 'good' on five dimensions of operating as a whānau-centred delivery model, the evaluators also identified the need for improved access for whānau to the support services they needed. They also suggested that ISR and Whānau Ora could be better connected to ensure seamless support for whānau.

4.6.2 Whāngaia Ngā Pā Harakeke initiative

The Whāngaia Ngā Pā Harakeke (WNPH) initiative, developed by the Police in partnership with local iwi and communities, was introduced around the same time as ISR at three other sites – Counties Manukau, Tairāwhiti/Gisborne and Kaitia – and is being extended to some other sites. WNPH also operates in the crisis response space. It is funded by the Police.

The following table compares the main features of both models.

Table 5: Features of two multi-agency family violence crisis response models compared

Feature	ISR	WNPH
Government mandate and ring-fenced funding	√	
National governance – multi-agency	√	
Local governance – multi-agency	√	√
Multiple government & non-government agency involvement in safety planning	√	Site dependent
Partnering with iwi and kaupapa Māori services	√	√
Relevant information sharing by participating agencies at daily triage/risk assessment meeting	√	Site dependent
Direct purchasing of services for victims, perpetrators and whānau	√	
Police funding for co-deployment of Police and community workers to visit families after triage	√	√
Daily Safety Assessment Meeting operating daily, supported with funding for core ISR team	√	
Week-day triage using local resources	√	√
Case management system	√	Site dependent
Intensive case management for high risk	√	
Additional Police family harm constables for post-crisis intervention	√	√
Training through learning management system	√	
Flexi Fund for additional interventions to reduce further family violence or remove barriers that prevent engagement with services	√	

From Mossman E., Wehipeihana N. & Bealing M. (2019). *Evaluation of the family violence Integrated Safety Response pilot. Phase II – Years 2 & 3. Final Report*, page 25.

The most significant features distinguishing ISR from WNPH are:

- the government mandate and ring-fenced funding;
- the provision of a dedicated team overseeing operations;
- the funding of community-based specialist positions to provide intensive short-term safety work and more assertive outreach; and

- the purpose-built electronic management system that supports the tracking of tasks and enables information sharing (Mossman, Wehipeihana & Bealing, 2019).

5 Systems focus and lessons from Whānau Ora and collective impact

5.1 Systems focus on family violence, sexual violence and child abuse

5.1.1 Systems thinking approach

A 'wicked problem' requiring a sophisticated solution

The complexity and interconnectedness of family violence, sexual violence, child abuse and other social issues mean they can be regarded as 'wicked problems', a term coined by Rittel and Webber (Carne et al., 2019, pp. 8–10). Wicked problems can be described as:

... complex, multifaceted and enduring. They have multiple drivers, are hard to describe and don't have one right answer. Many stakeholders are involved with different viewpoints, norms and priorities. Additionally, the effectiveness of specific interventions are hard to evaluate because of downstream effects and the inherent complexity of the issue, making it difficult to identify direct links of cause and effect. (Carne et al., 2019, p. 8.)

Many of the studies reviewed in this report agree that the complexities of family violence, sexual violence, and child abuse need a sophisticated approach because no one intervention, agency, initiative or piece of legislation can solve this 'wicked problem' (Allen & Clarke, 2017; Carne et al., 2019; Family Violence Death Review Committee, 2016, 2017; Foote et al., 2014, 2015; Herbert & MacKenzie, 2014; Lambie & Gerrard, 2018; Rees, Boswell, Appleton-Dyer, 2017; Taylor et al., 2014).

Furthermore, the interconnections between types of violence mean they need to be addressed together (Carne et al., 2019; Lambie & Gerrard, 2018; Taylor et al., 2014; The Family Violence Death Review Committee, 2017). Rees and colleagues (2017, p. 6) state that:

Tackling these different forms of violence independently of the others, ignores their overlapping causes and the underlying set of factors that can protect people and communities. It is important therefore, if we are to be more successful at addressing violence in all its forms, that we understand this system of interconnected factors.

Transformative change – Systems thinking approaches

The paper by Carne, Rees, Paton, Fanslow and Campus (2019) *Using systems thinking to address intimate partner violence and child abuse and neglect in New Zealand* provides a good overview of systems thinking (ST) approaches and tools, and how they could be applied to develop a holistic response.

Carne et al. (2019, p. 3) describe ST as:

... a way of seeing the world that provides a language to communicate and investigate complex issues. While ST includes a number of theoretical and practical approaches, they share a common focus on understanding the factors affecting an issue and how they are connected to each other in a system: a set of things working together as a complex whole.

ST tools and approaches provide a way of co-designing, sharing understandings, monitoring and evaluating a more holistic family violence system (Carne et al., 2019; Foote, Carswell, Wood & Nicholas, 2015). Foote et al. (2015) used systems tools to prototype a method for measuring the effectiveness of a

'whole-of-system' response to family violence. They identified that the benefits of a systems approach are that it:

provides a set of ideas and tools to make the 'whole system' visible and discussable, and enables those involved in setting policies and investment priorities the ability to learn about what will shift the behaviour of the family violence prevention system towards desired outcomes. (Foote et al. 2015, p. 6.)

Foote and colleagues note 'there is a high degree of uncertainty about the effectiveness of government investment in response to family violence. There is a general lack of strong evidence about "what works, what doesn't and why". Also, there is no unique, uncontested measure of effectiveness' (Foote et al. 2015, p.10).

Authors note that, although there has been some progress in understanding the effectiveness of certain programmes and interventions, there is a lack of capability within government agencies to engage and use system approaches. Carne and colleagues (2019) make the point that the concepts of ST and service integration are often confused and conflated:

With respect to the service 'system' responding to IPV and CAN, there is much talk about integration of services, including terms such as: integrated system, integrated programme, integrated response model, integrated service response, integrated practice and integrated community practice. Likewise, most of the literature relating to service systems and IPV and CAN refers to service integration and does not actually include systems thinking, methods, or tools. (Carne et al., 2019, p. 13.)

5.1.2 Analysis of current 'family violence system'

Several studies have examined the current state of the family violence system to identify what is required to improve the system for families and whānau. An analysis by Foote, J., Taylor, A., Nicholas, G., Carswell, S., Wood, D., Winstanley, A., et al. (2014) for the Glenn Inquiry assessed New Zealand's response to family violence and child abuse as like a patchwork. Their analysis was based on the People's Inquiry (2014), which involved 500 public responses to the question 'If NZ was leading the world in addressing child abuse and domestic violence, what would that look like?' They also held workshops with practitioners, sector experts and researchers, who reported New Zealand's response was of:

- *variable quality;*
- *variable resourcing;*
- *insufficient coordination;*
- *poor levels of evaluation and evidence to support some approaches;*
- *insecurity of funding;*
- *lack of national strategy;*
- *contracting, funding and accountability processes that can undermine service delivery.*

Allen and Clarke's (2017) study of the family violence service system for the Ministry of Justice interviewed 171 participants, including families and whānau effected by family violence, government and community service providers and family violence experts. Their recommendations echo the concerns identified in the Glenn Inquiry and focus on a more integrated, holistic and well-resourced service system:

- *The current system needs to **move from being crisis-driven to focussing on long-term wellbeing**. This will require a greater focus on **primary prevention targeting young people** and the general population, and longer-term support for families and whānau accessing services.*
- *Assessment and interventions need to be **integrated and holistic**. This could be in the form of a 'hub' model with co-located services, and will require navigation and advocacy services that are not limited to cases that are deemed 'high risk' or 'complex'.*

- Support needs to be **whānau-centred**, in that it needs to be provided to all members of the family and whānau at the same time (although not necessarily through the same provider or at once). Families and whānau should also be the key decision-makers in determining their own journeys to wellbeing.
- Services need to be **more flexible** in terms of the way that they are funded and provided. A one-size-fits-all approach will not work, and support needs to be individualised and culturally relevant. This includes incorporating flexibility into eligibility criteria for client funding, and moving towards outcomes-based contracting of services (which will require a greater focus on monitoring and evaluation).
- **Communities must be empowered** to drive the process of addressing family violence. Local input into designs is vital to ensure that services are successful in the large variety of local contexts and environments across New Zealand.

Lambie and Gerrard's (2018) discussion paper on preventing family violence in New Zealand also promotes the need for more prevention and early intervention, particularly given the life-long impacts of family violence and child abuse on children. They also point to the need for workforce capacity and capability to be enhanced in terms of trauma-informed care, and for more research and evaluation to identify emerging and promising practices as discussed in the previous chapter.

Carne, Rees, Paton, Fanslow and Campus (2019, p. 12) summarise the calls to take a systems approach to intimate partner violence and child abuse by the Family Violence Death Review Committee, the Glenn Inquiry, the Impact Collective, and the New Zealand Productivity Commission:

- *The current family violence service 'system' is a system by default and not a system by design. It was not developed to account for the intersection of IPV and CAN and concurrent social issues that may exist (e.g. trauma, mental health issues, addiction, poverty)*
- *Many services and service delivery models have been unchanged for years without being evaluated. Likewise, agencies generally have little information about which interventions and services work well and for whom, and which do not work well and why*
- *Without clarity about interconnections across the system, attempting to fix one part of a complex system in isolation can reveal or create unexpected further problems downstream and/or be unsafe*
- *There is little ability or incentive for providers to experiment and share or adopt innovations. (This is partly related to low levels of funding of non-government organisations and highly prescribed contracting by agencies.)*
- *Services can be disempowering for clients allowing them little participation in decisions. There is often poor coordination between services, and clients often find government processes confusing, overly directive and/or harmful (exposing victim/survivors to further violence) as well as wasteful and disconnected*
- *Responses can be inappropriately confined to one-off single-issue interventions. Opportunities for early intervention with potential to avoid further escalation or harm are frequently missed. The current system means that both human and fiscal costs escalate as people repeatedly re-enter the system at more costly intervention points, such as prisons or emergency units.*

These authors also identify the lack of a sustainable long-term approach with cross-party support:

Governments come and go and have different priorities and methods of addressing them. A systems approach to reduce experiences of IPV and CAN in New Zealand is a long-term project and cross-party support over time would be a challenge to achieve and maintain but will be a necessary part of forward progress. (Carne et al., 2019, p. 27.)

5.1.3 The need for strategic systems analysis to inform continuous improvement

A related challenge is the need for a strategy of continuous improvement that measures system effectiveness using systems thinking tools and an overarching research and evaluation programme to inform system and service development. How outputs and outcomes for families and whānau are recorded and analysed also needs attention. As noted in Chapter 2, the lack of this results in duplications and gaps in knowledge. There is also a lack of transparency about the extent to which government agencies consider research and evaluation findings and recommendations, and act on them.

Many of the studies reviewed – and referenced in the annotated bibliography – include quantitative and qualitative evidence, including the voices of services users, families, whānau, kaimahi and other frontline workers and managers from community organisations and government agencies. They share their stories, experiences and insights, with the intention of informing change and improvements throughout the system. However, lack of co-ordination and sharing of research inhibits the way this research can inform system change.

5.2 Role of the government in enabling transformative systems change

5.2.1 Concept of stewardship

The concept of stewardship is used to frame the role of the Joint Venture for Family Violence and Sexual Violence in bringing together government agencies to collectively address the issue of family violence and sexual violence. The rationale for the joint venture interagency model relates to concerns about the commitment and engagement of other agencies over time. Joint accountability and collective ownership by agencies are intended to offset the competing demands of agencies' core business with cross-agency work. The functions of the joint venture are outlined in the Cabinet Paper *Breaking the intergenerational cycle of family violence and sexual violence* (2018) as:

17.1 The mandate to lead a whole-of-government work programme to reduce family violence and sexual violence.

17.2 Authority to provide strategic policy and funding advice on behalf of all agencies involved in the response to family violence and sexual violence, including collective Budget advice.

17.3 Levers for Ministers collectively to prioritise the allocation of funding across different agencies to ensure effective delivery of a whole-of-government strategy and response.

17.4 Strategic leadership of the approach to commissioning family violence and sexual violence services, working alongside contracting agencies to reflect this in their funding strategies, including the development of new models of contracting.

17.5 An enduring, sustained commitment to reduce family violence and sexual violence that binds all of the agencies involved.

17.6 *Accountability to the public and to Parliament for the performance of this whole-of government response – to substantially reduce family violence and sexual violence. (Cabinet paper 2018)*⁵⁰

Carne and colleagues identify effective stewardship as a fundamental factor in the success of a systems thinking approach that 'requires leaders to lift their heads above the concerns and priorities of their own organisation to take on a shared responsibility for the bigger issues that cannot be solved by any single organisation' (Carne et al., 2019, p. 26).

The Productivity Commission's report (2015, p. 127) on effective social services discusses the government's role in stewardship of the social services system. It recommended that the government take responsibility for system stewardship because of its unique regulatory and statutory powers, because it is a major funder of social services and in the interests of expediency. The Commission's report recognised submissions that proposed joint stewardship with communities for social services but considered 'such arrangements could distract and delay government from fulfilling responsibilities that are firmly its own' (2015, p. 126). Rather, the Productivity Commission position was that partnering with other sectors of society is required to effectively implement these responsibilities and provides examples of devolution. It recommended that the government's responsibility for system stewardship include:

- *Conscious oversight of the system as a whole*
- *Clearly defining desired outcomes*
- *Monitoring overall system performance*
- *Prompting change when the system under-performs*
- *Identifying barriers to and opportunities for beneficial change, and leading the wider conversations required to achieve that change*
- *Setting standards and regulations*
- *Ensuring that data is collected, shared and used in ways that enhance system performance*
- *Improving capability*
- *Promoting an effective learning system*
- *Active management of the system architecture and enabling environment. (Productivity Commission, 2015, p. 127.)*

Although the Productivity Commission's report (2015) recommended against joint stewardship in favour of the government getting on with fulfilling its responsibilities, the question of power sharing between the government, iwi and communities in relation to decision-making about social services is an important ongoing debate.

5.2.2 Conditions for enabling system change

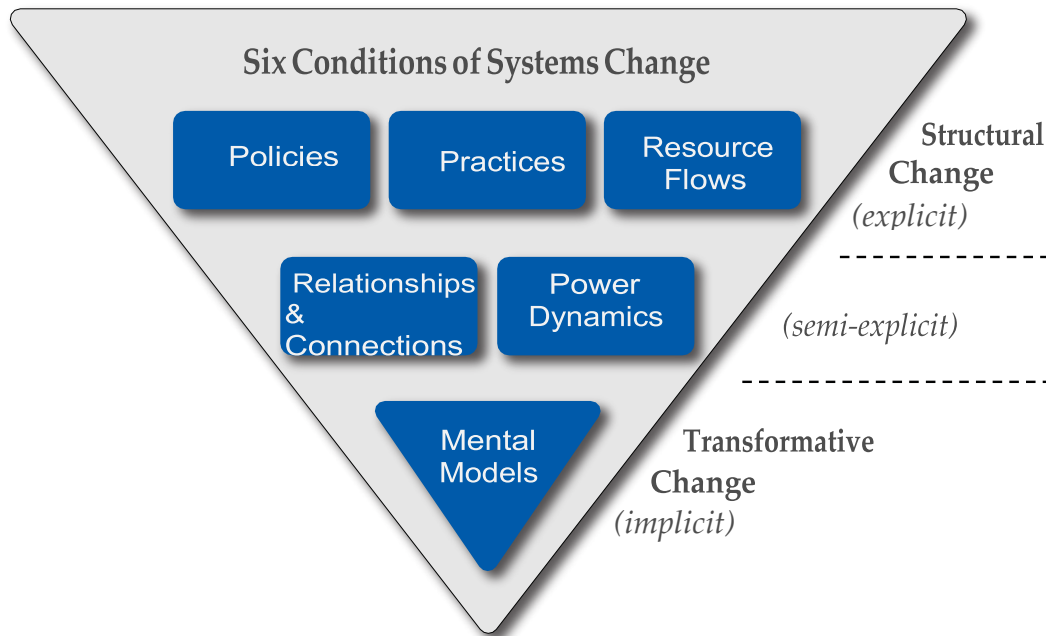
The government's role in facilitating an enabling environment for system change has been examined in several reports. The Family Violence Death Review Committee's fifth report (2016) recommended that directions for system integration were:

- **Legislation frame** – integrative practice principles in legislation;
- **Investment** that sustains family violence expertise and strengthens opportunities for intervention with those perpetrating family violence;
- **Infrastructure** – develop the workforce infrastructure for an integrated response system; and

50 [breaking-the-inter-generational-cycle-of-family-violence-and-sexual-violence.pdf \(justice.govt.nz\)](#)

- **Organisational responsiveness** – strengthen organisational responsiveness to family violence throughout the family violence system.

Carne et al. (2019, p. 17) set out the conditions for systems change based on the model by Kania, Kramer & Senge (2018): *The Water of Systems Change*, FSG.



Systems change conditions — Definitions

Policies: Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.

Practices: Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Resource Flows: How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.

Relationships & Connections: Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.

Power Dynamics: The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.

Mental Models: Habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

The level of 'mental models' is identified as the least visible but the most transformative condition for social change. This is because other conditions are not likely to shift without shifting these deeply held beliefs. In the case of family violence, sexual violence and child abuse, this relates to changing attitudes

and beliefs about the 'normalising narratives' identified earlier in this report, such as negative gender constructs and we also add how children are viewed and listened to (Carne et al 2019, p 18).

5.3 Proposed models to transform the family violence system

There have been a number of proposals put forward to transform the family violence system over the last decade based on considerable work and consultation including:

The Glenn Inquiry, 2014

To transform the family violence and child abuse system, the Glenn Inquiry proposed an integrative, sustainable model working at multiple levels. This is the viable systems model (VSM), where viability:

... means that the necessary functions in the system work together coherently, and that the system is seen by key stakeholders as relevant, credible and legitimate.

We model a transformed system drawing on Beer's Viable System Model which sets out five critical functions needed to work together to sustain a system:

- *Operational effectiveness*
- *Coordination*
- *Tasking, resourcing, monitoring performance*
- *Scanning and planning*
- *Purpose and guidance*

In relation to FV and CAN, each of these five functions will need to be present at multiple levels: national, regional and local; and will need effective communication between these levels. (Foote, Taylor, Nicholas, Carswell Wood, & Winstanley, 2014.)

The Way Forward – Backbone Collective 2014 and 2018

The Way Forward Model (Herbert & MacKenzie, 2014) also calls for an integrated systems approach to address IPV and child abuse. Herbert & MacKenzie's paper in 2018 calls for:

... a national collaborative backbone agency – at arm's length from central government – to be established as part of the infrastructure required to support the new integrated, whole-of-government approach to family violence and sexual violence We believe that the primary (but not necessarily the sole) purpose of the collaborative backbone agency would be to provide the glue to hold the integrated system together, to enable all key stakeholder groups to have collective ownership, accountability and responsibility for ensuring the system continually learns and improves over time. (Herbert & MacKenzie, 2018a)

Breaking the inter-generational cycle of family violence and sexual violence (Cabinet paper, 2018)

The proposed response system outlined in the Cabinet paper *Breaking the inter-generational cycle of family violence and sexual violence* (2018) proposes a strong integrated response throughout the government whereby each agency knows the role it should play in responding to and reducing violence and is equipped with the skills and resources it needs to fulfil its role. An integrated response (as informed by experts, victims and the sector) would:

*16.1 significantly increase **primary prevention**, at the community and national level, so we build a culture of non-violence and change attitudes and behaviours that enable violence to occur and constrain help-seeking;*

16.2 harness opportunities for **early intervention** by funding early intervention services that mitigate the impacts of trauma on children, youth and their families to prevent lifetime and intergenerational consequences;

16.3 help victims, children and families to **get the help they need** by ensuring that all relevant government and non-government organisations understand the dynamics and impacts of family and sexual violence, and know how to refer individual and families to the appropriate support;

16.4 ensure the **immediate safety of victims** through rapid multi-agency safety responses building on current innovations and learning from pilots such as the Integrated Safety Response (ISR) and Place Based Initiatives;

16.5 ensure specialist services are sustainably funded, better contracted, and support **new approaches to service delivery** at the community level so services better meet the complex needs of families and whānau, in particular those suffering intersecting forms of disadvantage or unique needs (such as the elderly and those with a disability); and

16.6 build awareness of effective interventions and **ensuring that evaluation informs our priorities**, and that communities, in particular Māori and Pacific communities, are supported and empowered to act on evaluation findings.

5.4 Government initiatives to facilitate the family violence system's change

The recognition that the complexity of family violence, sexual violence and child abuse requires a multi-faceted and collaborative approach has resulted in the establishment of a number of government bodies since 1976. These are chronologically listed in table 6 (Carne et al., 2019, p. 32).

Table 6: National level government and community collaborative structures to address family violence from 1976 to 2020 (Carne et al., 2019, p. 32)

Body	Year established
Joint Venture, Family Violence and Sexual Violence (including Joint Venture Business Unit)	2018
Multi Agency Team (MAT)	2017
Ministerial Group on Family and Sexual Violence	2014
Taskforce for Action on Sexual Violence	2007
Taskforce for Action on Violence within Families	2005
Family Violence Ministerial Group	2005
Te Rito Advisory Group	2002
Family Violence Focus Group	1999
Family Violence Unit	1996 (disbanded 1999, new Family Violence Unit established 2011)
Family Violence Advisory Committee	1994
Crime Prevention Unit	1993
Crime Prevention Action Group	1992

Victims Task Force	1987
Family Violence Prevention Coordinating Committee	1985
National Advisory Committee on the Prevention of Child Abuse	1981
New Zealand Committee for Children	1979
Inter-departmental committee on child abuse	1976

There does not appear to be any substantive studies of these established bodies that evaluate what worked well for what purpose, to identify key enablers of effective government and community collaboration. The Cabinet paper *Breaking the inter-generational cycle of family violence and sexual violence* (2018) identifies the following issues, which officials based on a short desktop review in March 2018 and consultations with NGOs and other officials:

19 Successive governments have tried to develop better cross-agency approaches ... but have struggled to make lasting and substantive change. Prior attempts have used voluntary coordination through inter-agency taskforces, expert advisory groups, cross-agency boards and ministerial groups, but none have achieved sustained integration and systemic issues remain (for example, there is no overall strategy and prevention remains chronically underfunded).

20 Independent research has found that these earlier attempts were ultimately ineffectual ... related to the limits of voluntary coordination and cross-agency working. Drivers of this lack of progress include:

20.1 It is not in the interests of any agency to make the case for the significant level of investment needed for integrated primary prevention and early intervention efforts, because this is not within the primary mandate of any agency;

20.2 Accountability for working with families experiencing violence is fragmented across ten departments (in particular, different agencies work with children, victims and perpetrators). Each agency has its own primary focus, resulting in a lack of overall system stewardship, strategy and family or whānau centred responses;

20.3 Momentum is lost because family violence and sexual violence has not been the collective priority of the relevant agencies. Each agency faces strong competing demands on their time and budgets, with family and sexual violence initiatives, (particularly those that cross agency and service delivery lines) often not resourced sufficiently;

20.4 As with other wicked problems, policy changes in one area can hinder improvements made in another and the wider system response. For example, changes to one agency's funding criteria can impact the security of providers reliant on multiple funding streams; and

20.5 Government has not always listened to the expertise of the sector, communities, Māori and others, and already stretched services are often not compensated for their efforts when they are asked for input. Sector engagement is led by multiple departments on their areas of focus, rather than being coordinated and sequenced to achieve collective objectives. (Cabinet paper, 2018, p. 5.)

From the literature, the extent of collaboration and power sharing between the government, communities and iwi has varied over time and been skewed towards the government's favour. New models are emerging and there is currently more focus on how genuine partnerships can be developed to address these complex issues of family violence, sexual violence and child maltreatment. Critical analysis of the varied national coordination and strategic forums that have arisen over the last 40 years could provide insight into operationalising genuine collaborative partnerships at national, regional, and local levels.

Crown collaboration with Māori – Te Rōpū partnership with the joint venture⁵¹

The Crown has partnered with Māori to form Te Rōpū partnership with the Joint Venture for Family Violence and Sexual Violence. The membership of the interim Te Rōpū was announced on 18 December 2018. The terms of reference for Te Rōpū outline the partnership arrangements with the Crown, Ministers and a dedicated agency (the joint venture) 'to deliver these shared goals, underpinned by the Treaty of Waitangi and the Crown's obligations to uphold mana motuhake'. The interim Te Rōpū will also contribute to the development of a more enduring set of arrangements to formalise this partnership to give effect to this partnership in the initial stages of the development of a national strategy and action plan.

The Cabinet paper states that:

The Government is committed to substantially reducing family violence, sexual violence and violence within whānau. There is overwhelming evidence that a sustained, integrated response is required to achieve this goal, and that new ways of working across government and with whānau Māori and communities are needed to deliver this integrated response. ...

The role of Te Rōpū is to provide an enduring mechanism to:

- *Establish a partnership between Māori and the Crown (and especially for wāhine Māori) to transform the whole-of-government response to family violence, sexual violence and violence within whānau.*
- *Facilitate Māori views on what and how the Crown needs to operate in order to be able to create the change Māori want to see for Māori and to work with the Crown to give effect to such change.*
- *Ensure Māori express their own views on what works for Māori and their right to determine their own development (reflecting mana motuhake and rangatiratanga).*
- *Monitor and report on the Crown's performance. Te Rōpū will report directly to the [Lead Minister], and will be supported by an independent secretariat.⁵²*

51 See <https://www.justice.govt.nz/assets/Documents/Publications/cp-leadership-of-governments-collective-efforts-to-reduce-family-violence-and-sexual-violence.pdf>.

52 See <https://www.justice.govt.nz/assets/Documents/Publications/cp-leadership-of-governments-collective-efforts-to-reduce-family-violence-and-sexual-violence.pdf>.

5.5 Whānau Ora outcomes framework and collective impact

We conclude the review with information about the development and implementation of the Whānau Ora outcomes framework and collective impact model, initiatives and evaluations, to provide insights for developing a family violence system. The Whānau Ora outcomes framework includes a shared outcomes framework, developed through extensive consultation, and the use of a collective impact approach to achieve large-scale social change.

Whānau Ora outcomes framework

Whānau Ora is a major contemporary indigenous health initiative in Aotearoa driven by Māori cultural values. Its core goal is to empower whānau and communities to support them within the community context rather than individuals within an institutional context. The initiative also partly developed in response to a recognition by the government that standard ways of delivering social and health services were not working and that outcomes, particularly for Māori whānau, were not improving (Te Puni Kōkiri, 2017).

The Whānau Ora outcomes framework provides a nationally validated, and shared, reporting structure for all Whānau Ora providers. Led by the Taskforce on Whānau-Centred Initiatives in 2009, the Framework was informed through a consultation process, with a panel of national and international experts, a review of relevant literature, contributions of the experiences of health and social service agencies, hui throughout the country and written submissions from individuals and organisations.

During the last five years, data about the framework has been collected and stored at the Whānau Ora commissioning agencies. For example, outcome data for the North Island whānau is held by Whānau Tahī,⁵³ which provides a software platform for planning and collaboration, workflow, KPI reporting and data collection. As well, Whānau Ora works, and has been shown to work, in a diverse range of social and health areas, including employment, education, housing, justice, chronic conditions, physical activity and disability.⁵⁴ Thus, Whānau Tahī also provides a useful and rigorous data management platform for the inter-rating of outcome data from multiple providers and issue areas.

A 2015 report by the New Zealand Productivity Commission found that the Whānau Ora Kaiārahi (Navigator) approach was a key example of an integrated whānau-centred approach supporting seamless access to health and social services.⁵⁵ An independent 2018 report for the Minister of Whānau Ora also found:

- i. *That the Whānau Ora Commissioning Approach results in positive change for whānau;*
- ii. *That it creates the conditions for that change to be sustainable;*
- iii. *That it operates within, and meets the requirements of, a structured accountability system; and*

53 Whānau Tahī provides a software platform for planning and collaboration, workflow, KPI reporting and data collection. More information about Whānau Tahī can be found on their website: <https://www.whanautahi.com/>.

54 Research and evaluation reports for the Whānau Ora Commissioning Agency can be found at <https://whanauora.nz/resources/research>. Research and evaluation reports for Te Pūtahitanga can be found at <http://www.teputahitanga.org/reports-and-research>.

55 New Zealand Productivity Commission. (2015). *More effective social services – final report*. Retrieved from Wellington: New Zealand Productivity Commission website: <https://www.productivity.govt.nz/assets/Documents/8981330814/social-services-final-report.pdf>.

iv. *That it operates in a transparent manner.*⁵⁶

As well, the Whānau Ora commissioning agencies have produced several publicly available research and evaluation reports that show whānau achieving short-, medium- and long-term outcomes.⁵⁷

Whānau Ora and collective impact

The collective impact (CI) model recognises that large-scale social change requires broad cross-sector coordination. It also explains how substantially greater progress could be made in alleviating many of society's most serious and complex social and environmental problems if non-profits, governments, businesses, and the public were brought together around a common agenda to create collective impact (Kania, Kramer, & others, 2011).

In 2015, the Whānau Ora Commissioning Agency (formerly known as Te Pou Matakana) commissioned 13 CI initiatives throughout the North Island. According to the Stanford Social Innovation Review, CI initiatives must meet the following five criteria to be considered collective impact (Kania et al., 2011):

- **Common Agenda:** *All participating organisations (government agencies, non-profits, community members, etc.) have a shared vision for social change that includes a common understanding of the problem and a joint approach to solving the problem through agreed upon actions.*
- **Shared Measurement System:** *Agreement on the ways success will be measured and reported with a short list of key indicators across all participating organisations.*
- **Mutually Reinforcing Activities:** *Engagement of a diverse set of stakeholders, typically across sectors, coordinating a set of differentiated activities through a mutually reinforcing plan of action.*
- **Continuous Communication:** *Frequent communications over a long period of time among key players within and across organisations, to build trust and inform on-going learning and adaptation of strategy.*
- **Backbone Organisation:** *On-going support provided by an independent staff dedicated to the initiative. The backbone staff tends to play six roles to move the initiative forward: Guide Vision and Strategy; Support Aligned Activity; Establish Shared Measurement Practices; Build Public Will; Advance Policy; and Mobilise Funding.*

The Whānau Ora outcomes framework provided the partners with a common agenda and shared measurement system. Each collective was also contracted by the Whānau Ora Commissioning Agency based on outcomes rather than outputs, leaving each collective to decide how to manage, organise and utilise their partnerships, services and resources. Each collective, made up of several partners, was responsible for nominating a lead partner for the collective who was responsible for organising and establishing a backbone organisation. A toolkit was also developed by the Whānau Ora Commissioning Agency outlining the CI approach and performance criteria that collectives could use to assess their progress.

An evaluation of two of the CI initiatives was conducted in 2019. Results from the evaluation showed that after three years of the initiative, whānau:

56 Te Puni Kōkiri. (2018). *Whanau Ora Review – Tipu Mātoro ki te Ao – Final Report to the Minister of Whānau Ora*. Retrieved from <https://www.tpk.govt.nz/docs/tpk-wo-review-2019.pdf>.

57 Research and evaluation reports for the Whānau Ora Commissioning Agency can be found at <https://whanauora.nz/resources/research>. Research and evaluation reports for Te Pūtahitanga can be found at <http://www.teputahitanga.org/reports-and-research>.

- were making informed choices about the support they required and who they accessed support from, and were leveraging the knowledge, skills and capabilities within their whānau and networks to advance their collective interests;
- had learnt new skills such as budgeting, maintaining homes and accessing materials for making home improvements;
- could model to other whānau members their ability to take personal responsibility for their own health and wellbeing;
- had improved their interpersonal skills;
- had developed nurturing environments that provided for their physical, emotional, spiritual and mental wellbeing, and were confident to address crises and challenges when they arose;
- could articulate and implement healthy living habits in the home that supported their success;
- were achieving the knowledge, skills sets and qualifications to pursue training and employment that provided them with financial security and career options;
- were benefiting from being part of a Māori community group and/or organisation and were also accessing cultural knowledge, engaging in knowledge creation and transferring that knowledge amongst themselves; and
- were trained and serving as public, community and cultural champions, advocates and leaders.