Family Violence Risk Assessment and Management Framework

A COMMON APPROACH TO SCREENING, ASSESSING AND MANAGING RISK

New Zealand Government

Foreword

A common approach to screening, assessing and managing family violence risk

Family violence is a harsh reality for many New Zealanders – we have some of the highest rates in the developed world. The government is committed to reducing family violence, keeping victims safe, and managing perpetrators more effectively so all New Zealanders can live free from violence. We know that identifying risk, intervening earlier and in a more coordinated way is critical to achieving this.

Establishing a common approach to screening, assessing and managing family violence risk is also crucial if we're to have a more consistent and effective way to get people the help they need. We want to ensure there's no wrong door for people when they seek help for family violence and that, whatever pathway they take, they're fully supported with consistent, professional services that meet their individual needs.

Although many organisations working in family violence have their own risk assessment and management methods, we've never had a common approach nationally. With this Framework, we're aiming to achieve a level of consistency and best practice that will more effectively support victims to recover and perpetrators to take responsibility for their behaviour.

We received substantive, meaningful feedback from family violence stakeholders to our consultation document which presented the first draft of the Framework. We very much appreciate the effort and commitment of everyone who is contributing to this crucial work. Feedback included many practice matters related to specific sectors. These will need to be worked through with those sectors. With this in mind, it makes sense to progress the Framework in phases. This document, developed in phase 1, incorporates the key aspects stakeholders considered needed to be addressed in an overarching framework.

Throughout this year, phase 2 will focus on a common approach to risk assessment and management in practice, including developing supporting practice guides and tools. This will be developed for the three workforce service levels identified in the Framework (generalist, statutory and specialist) in consultation with sector stakeholders. Phase 3 will comprise reporting, monitoring, auditing and continual improvement processes which will be operational after widespread implementation of the Framework from 2018.

The Framework provides practice values and expected generic practice approaches, including outlining a common understanding of family violence. This is designed to serve as a road map to help provide consistency in responses to family violence across sectors and agencies. We commend the Framework to you and encourage you to use it as a fundamental guiding document.

Hon Amy Adams
Minister of Justice

Hon Anne Tolley
Minister for Social Development

Co-Chairs, Ministerial Group on Family Violence and Sexual Violence

Contents

1. Introduction

1.1   WHY WE NEED A NEW APPROACH TO FAMILY VIOLENCE

Our current system isn't working

Our current system to address family violence is fragmented and does not provide consistent responses, or properly support people through the system. It's difficult for victims, perpetrators, families and whānau to find the help they need. We need a new approach where agencies, services and practitioners can proactively support individuals, family and whānau experiencing family violence. We need a new approach to protect victims and stop perpetrators committing family violence.

If the system is to deliver improved outcomes for people, it's imperative it takes a consistent, coordinated, and supportive approach to securing the engagement of all victims, perpetrators, their families and whānau.

A critical issue is that family violence often isn't recognised until it's entrenched. Or, if the early signs of family violence are recognised, the system responds too slowly, inadequately, or in a way that is just plain wrong, and the people seeking help disengage.

The current system also struggles due to a lack of consistency around information sharing. Often, the experience has been that when information has been shared between providers, practitioners or services, its accuracy and interpretation has been questionable, resulting in those seeking help being disadvantaged.

We can also improve the assessment process for people. Currently, when people are referred for further assessment and support, they must often repeat their story to each provider along the way. When referrals are made, some aren't successful because they're not proactively managed and there's a lack of clarity about who is responsible for the victim's safety or managing the perpetrator's behaviour. There needs to be better coordination and integration in how people are referred for assessment and support and how agencies work together.

Victims and perpetrators of family violence

Some victims have experienced the system as punitive and judgemental, as if they're to blame for their situation. The system has also been slow to respond in some cases, for both victims and perpetrators.

Individuals, families and whānau have described engaging with the system as punishing, judgemental and disempowering. This leaves them angry, frustrated and mistrustful of the very services that are supposed to help them, and then feeling judged (again) as hostile and non-compliant.

Our approach must be to help victims, perpetrators, their families and whānau through the complex network of family violence providers, practitioners and services towards a consistent and effective outcome. They must not be left to flounder on their own, disengage, or go without support because they couldn't navigate the system.

Family violence agencies, services and practitioners

Family violence agencies, services and practitioners will be guided by the consistent, integrated and proactive approach of the Framework and Practice Guides, resulting in more effective delivery of services for victims, perpetrators, family and whānau.

The purpose of the Framework

The Framework has been developed with all agencies, services and practitioners dealing with family violence in mind. It outlines a road map for a consistent, integrated and proactive approach to take when screening, assessing and managing family violence risk. It provides for a collective approach for responding to family violence in this country; a shared understanding of family violence and its dynamics; and clear values that underpin good practice in risk assessment and management.

2. Scope

2.1 THE FRAMEWORK AS THE FOUNDATION OF A NEW APPROACH

The Framework establishes a common approach to screening, assessing and managing family violence risk. This will enable a more consistent and effective way to get people the help they need; it also provides for a common understanding of the nature of family violence and a common language for describing it.

2.1.1 Essential elements

The Framework includes key information about the dynamics and types of family violence, its effects on children, parenting and its intergenerational nature. The Framework also outlines the expectations for:

- managing response pathways
- information sharing
- practice standards when identifying, assessing and responding to family violence.

2.1.2 A phased approach to development and deployment

The Framework will be developed in 3 phases:

Phase 1	The first phase has involved developing the overarching Framework which sets out a values-based practice approach and 6 focus areas that cover professional practice. It can be refined as necessary in collaboration with the family violence sector as the new system develops.
Phase 2	The second phase involves developing practice guides, associated tools, resources and training material in collaboration with the family violence sector. In this phase, the Framework will be tested with early adopters in the sector.
Phase 3	The third phase is when the Framework will be rolled out nationwide. Also, reporting, monitoring and auditing requirements will be developed which will contribute to a nationally consistent, client-focused model of continual improvement.

2.1.3 Enhanced and flexible

Many providers, practitioners and services already carry out screening/routine enquiry, risk assessment and risk management for people affected by family violence. The purpose of the Framework isn't to override existing good practices but it does outline minimum and common expectations for those working in the system so victims, perpetrators, family and whānau get a response that meets their needs. Organisations can be flexible in their methodologies and approaches in applying the Framework to the individual needs of their clients.

The critical purpose of the Framework is that providers, practitioners and services undertake safe, consistent and effective practice in screening, assessing and managing family violence risk, so people get the help they need.

2.2 WHO THE FRAMEWORK COVERS

The Framework covers and should be applied by agencies, services and practitioners and it categorises these into three service levels: generalist; statutory and specialist. Note, however, that individual practitioners might not fit easily into a particular category. For example, while most doctors will be generalists, some will have specialist family violence knowledge and roles.

Generalist service providers may encounter victims or perpetrators of family violence as part of their work providing health, education, or social services, but family violence isn't their core business. Services may be in the private or public sector and include paid staff and volunteers. For example, doctors and other healthcare professionals, Work & Income, Housing New Zealand, ACC, schools, childcare providers, church-based services and other social and health service providers in communities.

Statutory service providers are agencies and individuals whose core or sole business isn't family violence, but that provide statutory or legal responses to victims or perpetrators as part of their work. For example, the Police, court staff, probation officers, social workers, family lawyers and the Ministry for Vulnerable Children, Oranga Tamariki.

Specialist service providers have a core mandate to respond to family violence, and practitioners have specialist knowledge and skills. They include providers of safety and behaviour change programmes, family violence advocacy services, and multi-agency case management response teams with specialist Māori and cultural expertise.

Non-specialists generally won't have the training or expertise to respond to high-risk or complex situations in the same way as specialists. However, non-specialists are expected to be able to recognise indicators of family violence, use prompting questions, respond appropriately and, in particular, actively and reliably support people to access specialist and/or statutory services as appropriate. Be aware that one agency may work with the victim, another one may work with the perpetrator, and yet another one may work with the children. However, effective practice involves different agencies working together with family and whānau where possible and practicable.
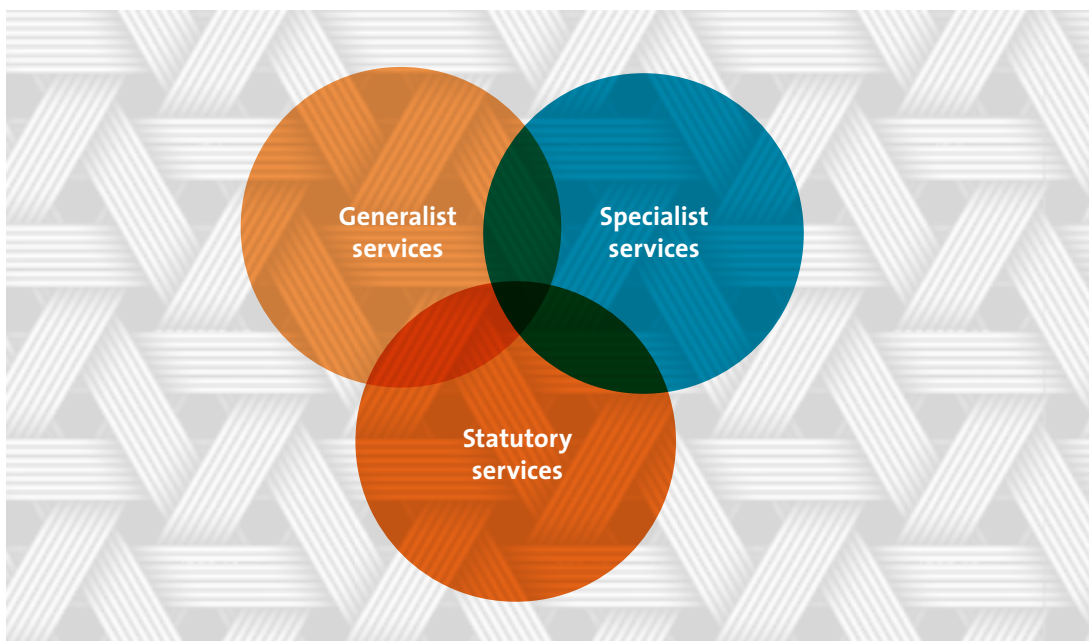
2.3 APPLICATION

The Framework applies to screening, assessing and managing family violence risk. These core service concepts are defined as:

Screening (or routine enquiry)	Screening or routine enquiry is the systematic and objective enquiry to clients about their personal history with family violence and violence within whānau, in a way designed to help them feel comfortable enough to disclose their experience. The goal is to identify and broadly categorise at-risk individuals, families and whānau who need to go on for further assessment and potentially intervention, to reduce the likelihood of further violence. All practitioners in a position to identify family violence should be able to undertake screening or routine enquiry.
Risk assessment	Risk assessment is usually a lengthier and more detailed process allowing a full examination of someone's world view, behaviours, circumstances and interactions to begin to form a prediction about a person's risk of being harmed or harming others. Risk assessment is both a static and dynamic process since risk can change very quickly.
	Static risk determines the risk level based on available evidence which is a combination of data about an individual and their past and present behaviour (eg a perpetrator's past violent behaviour patterns)
	Dynamic risk refers to regularly examining changeable or dynamic factors known to be significant precursors to behavioural changes (eg changes in alcohol or other drug use patterns which can increase risk for victims and perpetrators).
	Situations may change rapidly so regular reviews are an essential part of managing and mitigating risk. Decisions should be made during and after assessment about what form an intervention will take, in consultation with the client. A full risk assessment requires skill and experience and is generally carried out by specialists.
Risk management	Risk management covers the ways service providers, together with the wider family violence system, ensure victims' safety and contain, challenge and change perpetrators' behaviour (based on evidence collated and regular assessments). Risk management is a conscious and planned approach to identify and prioritise risk factors and remove, reduce, or mitigate them. Everyone in the system has a role to play in risk management. It can include actions taken by an agency as a first responder or be delivered by a group of agencies. Ideally, managing the risks to a victim should be coordinated with the risk management of the perpetrator.

2.4   PRACTICE GUIDES

Practice guides will be developed to help providers, practitioners and services implement the Framework.

Practice guide **1**	• to screen for and identify family violence, make an initial response and manage risk • aimed at general service professionals • to be used when unsure whether someone is affected by family violence
Practice guide **2**	• to carry out a preliminary risk assessment, respond to and manage risk • aimed at statutory service professionals • to be used when it has been established that someone is affected or has been affected by family violence
Practice guide **3**	• to carry out a comprehensive risk assessment, respond to and manage risk • aimed at family violence specialist professionals • to be used when it has been established that someone is affected or has been affected by family violence

2.4.1   Practice Guide 1: for general service providers

The practice guide will focus on screening/routine enquiries and making referrals to or notifying wraparound or specialist services, or notifying statutory and/or specialist services when appropriate, for example, in high-risk cases, or cases of child abuse and neglect.

This guide will be for general service providers for whom working with people experiencing family violence isn't their core business, for example, childcare providers. The guide will also be useful for professionals whose role is more specialised, to enable them to undertake screening/routine enquiry for family violence.

When it's clear, or a person has disclosed, that family violence is occurring, it shouldn't be necessary to follow the identification and screening steps in the guide. The practitioner should support and facilitate the person to engage with services that can do a risk assessment for family violence and with wider support services where necessary, if it's safe to do so.

Practice Guide 1 will include:

• a list of possible indicators of family violence

• prompting questions to help identify family violence

• advice on how to ask screening questions

• advice about the next steps if family violence is identified.

2.4.2 Practice Guide 2: for statutory service providers

The practice guide will focus on carrying out a preliminary assessment, addressing immediate safety, supporting and facilitating the person to engage with wraparound or specialist services, or notifying other statutory services if appropriate, for example, in high-risk cases or cases of child abuse and neglect.

This guide will be for statutory service providers who work with people affected by family violence but for whom family violence is only part of their core business. The guide should be used once it has been established that someone is experiencing or has experienced family violence.

Practice Guide 2 will include:

- advice on carrying out a preliminary risk assessment
- questions to ask to find out the level of risk and protective factors
- guidance about developing a safety plan
- advice on the recording process and outcomes
- guidance on how to plan referrals and liaise with other services.

2.4.3 Practice Guide 3: specialist service providers

This practice guide will focus on carrying out a comprehensive risk and safety assessment, identifying and addressing safety and other needs. This guide will be for specialist service providers working in specialist family violence organisations and services, or who have family violence responses as a designated part of their job description.

Practice Guide 3 will include:

- characteristics to consider to determine the likelihood and severity of future violence
- advice on assessing whether the seriousness of incidents require a referral to the Police or Oranga Tamariki
- factors that affect the safety and wellbeing of victims, families and whānau
- considerations for addressing safety and supporting and facilitating people to engage with services, programmes, or interventions.

3. The Framework

The Framework has 7 overarching practice values that drive effective practice. All providers, practitioners and services in the sector should be familiar with them and reflect them in their day-to-day decisions and actions. The practice values should also be applied across all focus areas (see section 5).

RISK ASSESSMENT AND MANAGEMENT FRAMEWORK

VISION
The family violence system delivers consistent, integrated and proactive risk assessment and management practice

PRACTICE VALUES

1. The safety of victims, especially children, is paramount and must be ensured

2. Practitioners must take responsibility and action

3. Perpetrators are held accountable and supported to change their behaviour

4. The needs and aspirations of children must be provided for in any decision making

5. The mana and autonomy of all people is respected

6. A whānau-centred approach will provide protective pathways and drive change

7. Responses to family violence must be integrated and coordinated

SUPPORTING ELEMENTS

- Practice Guides and tools
- Induction and Training
- Workforce Capability Framework
- Workforce updates and factsheets
- Contractual arrangements

FOCUS AREAS

PRACTICE LEVELS
- Specialist
- Statutory
- Generalist

- Common understanding of family violence
- Consistent approach to screening and risk assessment
- Integrated reponse pathways
- Effective information sharing
- Ongoing risk and case management
- Responsive practices for diversity and individual needs

Reporting - Monitoring - Auditing - Continual improvement

Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework

Several of the Risk Assessment and Management Framework's focus areas align with parts of the Family Violence, Sexual Violence, and Violence within Whānau Workforce Capability Framework (Workforce Capability Framework) (Ministerial Group on Family Violence and Sexual Violence 2017).

Both frameworks have different purposes but they complement each other. Training and developing people in the family violence sector who are capable of applying the Risk Assessment and Management Framework's practice guidance is fundamental to its success.

The Workforce Capability Framework is a system-level framework covering the breadth of different capabilities required to respond safely and respectfully to people experiencing, affected by, and perpetrating family violence, sexual violence and violence within whānau.

The Risk Assessment and Management Framework can be seen as a sub-framework of the Workforce Capability Framework, providing a foundation to ensure effective practice by providers, practitioners, and services in the specific area of screening, assessing and managing family violence risk.

3.1 THE FAMILY VIOLENCE 'SYSTEM'

An integrated family violence system comprises general, statutory and specialist services, all working together. The community, employers, friends, family and whānau are vital for supporting people affected by family violence but the Framework focuses on the formal part of the system represented by service providers.

3.1.1 Entry points to the system

There are different ways that people experiencing family violence can enter the system:

- through general services – for example, where identification, screening or routine enquiry may uncover a need for support services
- through statutory services – for example, where callouts to the Police, interactions with courts, reports of concern to Oranga Tamariki, or release from prison may trigger a response from specialist services
- through specialist services – for example, where a need for a refuge space, self-referral or direction to attend a programme may also bring to light a need for specialist or wraparound support services for the rest of the family and whānau.

A person and their family or whānau should then progress as seamlessly as possible through the system, having their risks and needs assessed and receiving the appropriate range of services.

3.1.2 Features of an integrated system

In providing support to someone who is receiving services from the family violence system, effective practice means services operating in an integrated way, incorporating the following features:

Services function as a joined-up team. Services operating at different levels – for example, general, statutory or specialist – should be aware of the functions of the others so they can make referrals based on knowledge of those functions, have good working relationships, communicate and share information when appropriate.

The system should provide equitable access and no wrong doors. No matter how a person enters the system, whether through a community organisation, GP, Oranga Tamariki, the courts, the Police or Department of Corrections, consistent professional considerations should be made at the point of entry or re-entry.

The assessment is the same regardless of the entry point. Assessment approaches, while necessarily different for victims and perpetrators, will be applied consistently across services. In addition to the principles of the Framework, assessment of perpetrators' risk should be driven by the principles of the Risk, Need, Responsivity (RNR) model[1] (Andrews and Bonta 2010). A comprehensive assessment should recognise all factors and people apart from the perpetrator that could affect the safety of victims, family and whānau.

The response is tailored to meet the needs of the individual/family/whānau. The right response is provided at the right time to the right person with the right support. An optimum service mix of interventions and services are provided that increase the safety of victims, reduce the risk of future violence by the perpetrator, and help break the cycle of intergenerational violence. These include specialist family violence interventions for victims (including children) and perpetrators; wraparound services dealing with health (mental health, alcohol and other drugs), social services (housing, Whānau Ora, benefit support), or education, training and employment; and help with parenting and relationships.

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1   The 'Risk' principle holds that criminal (or perpetrator) behaviour can be reliably predicted and that treatment intensity should match the assessed risk of perpetrators. The 'Needs' principle highlights the importance of assessing criminogenic (crime causing) needs or dynamic risk factors in the design and delivery of programmes. Programmes should be designed to target these known risk factors (eg attitudes and beliefs, emotional regulation problems, substance use and relationship skills deficits) while also considering unique individual risk factors. The 'Responsivity' principle describes how the change programme should be provided to maximise engagement of the perpetrator and their subsequent success, minimising barriers and utilising strengths. Responsivity is a broad domain including considerations such as motivation, learning styles and cultural engagement, among other things.

4. Vision and Practice Values

4.1 VISION

The Vision of the Framework is that New Zealand's family violence system will provide a consistent, integrated and proactive approach to screening, assessing, and managing family violence risk. The objective is that this results in all individuals, families and whānau being supported through the system and getting the help they need to live free from violence.

4.2 PRACTICE VALUES

The practice values should guide the activities and decisions of providers, practitioners and services in the family violence sector. Together with the Workforce Capability Framework, the values can guide decisions when developing and applying policy or making decisions about resources or staff development.

4.2.1 Value 1: Victim safety, especially of children, is paramount

The safety of victims, especially children, takes precedence, and organisations and practitioners must ensure that safety.

The first priority of every response and intervention must be the safety of victims of family violence, particularly children, who are often most vulnerable. Organisations and practitioners must proactively support victims' safety in collaboration with them, their family and whānau.

In practice, this value will be applied across all levels of services and agencies, whether their client is a victim or a perpetrator. For example, screening is only done when the victim is in a safe place. When working with perpetrators, it means taking account of the victim's own assessment of their safety. Ensuring the victim's safety will override the wishes of victims, family or whānau (value 5) if these would compromise their safety.

4.2.2 Value 2: Practitioners must take responsibility and action

Take responsibility and act to address family violence even when it's difficult.

It can be hard to raise the subject of family violence and emotionally demanding and resource intensive if family violence is identified. Acknowledging this, it's vital organisations and practitioners take responsibility to identify family violence and take meaningful action within their capabilities. Evidence shows people affected by family violence generally reach out for help, including to service providers, many times before getting that help.

4.2.3 Value 3: Perpetrators are accountable

Perpetrators are held accountable and supported to change their behaviour.

Accountability for the violence lies with the perpetrator. It should never be attributed to a bad relationship or to a victim's active resistance to abuse.

This value recognises that abuse and violence must never be accepted, condoned, or colluded with. The system will challenge all violent behaviour and justifications for using violence or control, and support perpetrators to change.

4.2.4 Value 4: Children's needs are provided for

The needs and aspirations of children must be provided for in all decisions.

The voices of children must be heard and considered when making decisions that affect them. Children are victims of family violence themselves, irrespective of their parent or caregiver being a victim. They're victims if they've been exposed to family violence in any way, such as witnessing or being aware of it, even if they haven't been physically harmed. They need to understand what's happening, feel safe and have their needs heard (independent of parents or guardians if necessary) and met. Prevention and early intervention is the best way to ensure the child's right to live in a home free from violence.

Organisations and agencies must take a child-centred approach to their practices when a child is a victim or perpetrator. Processes and policies must include early intervention, appreciation of the developmental needs of the child, and giving the child an opportunity to participate in decision-making when the decision might affect them.

The family violence system must have a culture that is open and accountable, makes children's safety and security paramount, and works in partnership with all stakeholders. The Children's Workforce Core Competencies Framework[2] will form the cornerstone for ensuring this value is applied in practice and support all services being able to:

- act in the best interests of the child
- be culturally competent
- work collaboratively and share information
- identify needs and respond to vulnerability
- engage parents, family, whānau, and caregivers
- engage children.

4.2.5 Value 5: Mana and autonomy are respected

The mana and autonomy of all people is respected.

The autonomy, knowledge and experience of victims is recognised. Victims' wishes are identified and followed, providing these don't compromise safety. Clearly, in relation to victim safety and holding perpetrators to account, perpetrators' views or wishes may not prevail. However, victims, perpetrators, family and whānau should be part of the decision-making process. Interactions must be designed to enhance the wellbeing of all people affected by family violence.

The human rights of all people (victims including children, perpetrators, family, whānau) will be upheld. This includes the right for victims to be free from violence and to exercise autonomy and control over the decisions and choices in their own lives and circumstances without the fear or coercion arising from family violence.

The mana of victims will be enhanced if they're full participants in responses, their views are given prominence, and it's recognised they're not to blame for the violence. The mana of perpetrators will begin to be restored if they are treated in a way that will enable them to work with practitioners to change their abusive behaviour and form respectful relationships. Perpetrators need to be respected through the process of taking responsibility for their violence, being held accountable, and changing their behaviour.

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2   The Children's Workforce Core Competency Framework is being developed as part of the government's cross-agency Children's Action Plan. The framework will support the children's workforce in developing a standard set of skills, values and knowledge so they can identify, support and protect vulnerable children. It will complement existing specialist and professional standards and frameworks to unify and reinforce common understandings and ways of working.

4.2.6 Value 6: Approach is whānau-centred

A holistic whānau-centred approach is important to address family violence in whānau.

This is a culturally grounded, holistic approach focused on improving the wellbeing of whānau and families and addressing individual needs in a whānau context. Providing whānau with safety first, support, education and advice to restore the mana in whānau, rather than solely focusing on an individual or a couple, may be most effective for whānau (Māori Reference Group 2013). A stable whānau is an important protective factor to prevent tamariki and wāhine Māori maltreatment (Dobbs and Eruera 2014). Services for Māori should recognise cultural needs and continue to shift to a whānau-based delivery model grounded in tikanga.

A whānau-centred approach will provide protective pathways for whānau and families to be collectively supported by the sector to drive change. This approach applies a practical kaupapa Māori cultural framework grounded in Te Ao Māori to uphold Māori values and cultures (Polaschek et al 2016).

Screening, risk assessment or risk management for Māori, or delivered in circumstances where participants are primarily identifying themselves as Māori, must be committed to te mana kaha o te whānau. This signals the need for an approach that is strengths-based and focuses on the whole whānau, not just the individual (Māori Reference Group 2013).

Victims, perpetrators and whānau need support to address structural risk factors which make violence more likely. If that support is not provided they will not be able to interrupt the violence. Yet no one whānau is the same and relationships within whānau can be complex (Walker 2006; Dobbs and Eruera 2014). It cannot be assumed that all Māori women have safe, supportive whānau and that they are culturally connected (Family Violence Death Review Committee 2015). Decision makers should not have unrealistic expectations of whānau to provide safety and support to wahine and tamariki who have experienced family violence. There is much work to be done for some whānau to build their capacity and capability to be able to awhi their whānau members well (Robertson et al 2013).
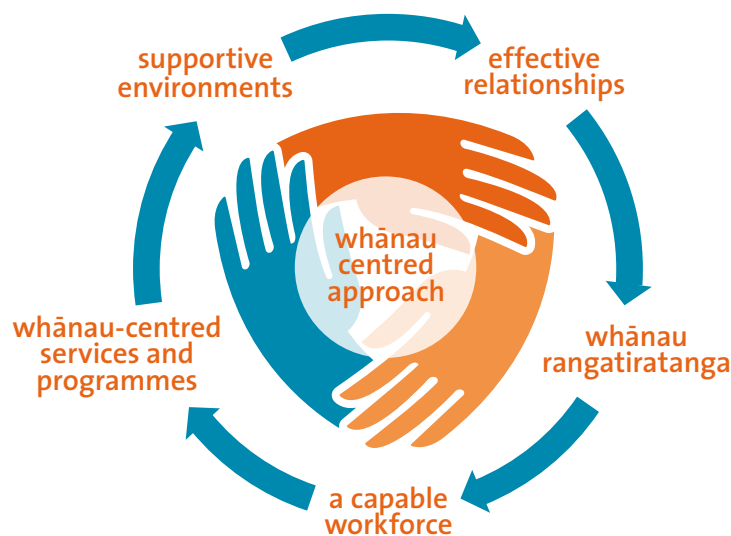
A whānau-centred approach must never compromise the victim's safety. Strengths-based approaches acknowledge and respond to risk by building strengths and resilience once the victim's safety is assured.

Development and delivery of Framework components and practices must also recognise and provide for the unique customary and contemporary structures and practices of whānau, hapū, and iwi.

Successfully implementing the Framework depends on service providers having effective relationships, whānau rangatiratanga (whānau right to exercise authority), a capable workforce, whānau-centred services and programmes and supportive environments.

The whānau-centred approach is also likely to be beneficial to working with whānau groups other than Māori, allowing for opportunities to engage whānau where protective factors are present.

4.2.7 Value 7: Responses are integrated

Responses to family violence must be integrated and coordinated.

Actions will generally be effective only when they are part of an integrated approach with other agencies and the community. This is even more critical where people have complex needs and low capacity for self-help. An integrated suite of interventions will also address risk, secure safety, and facilitate long-term recovery.

5. Focus Areas

	A common understanding:	a shared understanding of the nature of family violence, its forms and effects.
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2	A consistent approach:	a consistent, evidenced approach is taken to screening, assessing and managing family violence risk.
3	Integrated response pathways:	a system that provides easy, safe and timely pathways to access support services and enables proportionate, versatile and coordinated responses using the principles of risk, need, and responsivity.
4	Effective information sharing:	an information sharing regime that allows for effective and safe practice amongst and between NGOs and government agencies.
5	Ongoing risk and case management:	a risk management approach that includes ongoing assessment of risk, and case management for families and especially children.
6	Responsive practices:	service practices, including kaupapa Māori, that respond to diversity and the needs of individuals and whānau in a timely way.

Focus (01)

5.1 A COMMON UNDERSTANDING

A common understanding of family violence, how it can manifest in people who might present to professionals for other reasons and how to respond safely and effectively, allows all parts of the workforce to contribute to identifying and responding appropriately to family violence. This focus area has links to Domain 1: 'Understanding people's experiences of family violence, sexual violence and violence within whānau' of the Workforce Capability Framework.

Understanding Family Violence

The dynamics of family violence are complex. Different understandings between practitioners can reduce the effectiveness of the response to family violence. We know this lack of consistency contributes to poor and unsafe responses in New Zealand.

If the Framework is to be a success, and intervention in family violence is to be effective, it's crucial that practitioners have a consistent and common understanding of the dynamics of family violence and how these present as risk factors. The basis for this understanding is provided below.

5.1.1 Attitudes to family violence

Violence in the home (certainly in Western culture) has, in the past, largely been seen as a private matter, the inference being it mainly involves people in dysfunctional relationships and is less serious than public violence. These attitudes still influence the way victims of family violence see themselves and, on a broad cultural level, may inform the responses of social institutions and services which may:

- fail to acknowledge the seriousness of the violence, which may be a crime, and instead treat it as a 'problem' or 'relationship issue'

- give perpetrators an invitation to excuse their behaviour or collude with perpetrators' justifications

- individualise the 'problem' by ignoring the social, cultural and historical contexts in which violence towards women, children, family and whānau occurs

- fail to use culturally inclusive principles and practices

- fail to focus on perpetrators stopping the violence or recognise how broader systems and attitudes collude with the violence and disempower victims and whānau

- inappropriately require the victim to take responsibility for the violence, blame the victim, minimise the harm, and expect the victim to address their own safety and that of their children, instead of focusing on the shortfalls of a system that has failed to keep them safe.

5.1.2 Family relationships

Family violence is frequently grouped into 3 broad types: intimate partner violence (IPV), child abuse and neglect (CAN) and intrafamilial violence (IFV) (Family Violence Death Review Committee 2014). Intrafamilial violence includes all forms of abuse between family members other than intimate partners or parents of their children, for example, elder abuse or sibling violence.

Family violence is different from other forms of violence. This difference stems from the complex emotional, economic, legal and cultural ties and obligations that exist among family members. These ties can make family violence particularly difficult to detect, report and remedy.

Pathways to family violence vary, but rarely is violence and abuse limited to isolated instances. Family violence is usually an ongoing pattern of behaviour that controls, coerces and causes victims to live in fear. It can strip a victim of autonomy and trap them in the relationship, for example, if the victim has no money or is isolated from all forms of support, it's much harder for them to leave a violent relationship.

The significance of any one particular incident can only be perceived when placed in the context of past abusive behaviours and the total effect these have on the victim. The cumulative effect of violence and trauma can have significant long-term implications on a victim's physical and psychological health, and affect their capacity to live a healthy and happy life.

Family violence includes different typologies of violence and different typologies of perpetrators. It's broadly accepted that men are more likely to be identified as a primary aggressor and present a greater probability of engaging in continuing, severe, interpersonal violence which is coercively controlling and fear-inducing (Wangmann 2011). Such patterns of perpetration can reduce a victim's autonomy and ability to function making it, in some cases, extremely difficult to leave a relationship.

Defining family

Different communities have their own understanding of what constitutes family, for example whānau, aiga[3]. The Framework reflects these differences which are also recognised in the Domestic Violence Act 1995 (currently under consideration in Parliament for amendment to become the Family and Whānau Violence Act 1995) which includes in the definition of family member 'any other person who is a member of the person's whānau or other culturally recognised family group'.

The common defining factors of family/whānau are the degree of obligation and interdependency, interacting with the level of autonomy each member can exercise over their own decisions and outcomes. Family and whānau relationships often carry expectations of trust and care. However, this also provides an opportunity for abusive behaviours to develop and remain hidden.

5.1.3 Gendered nature of family violence

Gender is a significant risk factor for victimisation and harm across all forms of family violence. The substantial majority of serious IPV is perpetrated by men against women. Young women are particularly vulnerable and their risk of becoming victims increases further if they have children. Women and men can experience IPV differently.

	Women:
	• are more likely than men to experience severe physical and psychological harm
	• are far more likely to report experiencing severe harm as a result of IPV
	• report being significantly affected at twice the rate of male victims (Gregg et al 2010).
	Men:
	• are significantly less likely to report violence against them
	• are significantly less likely, when they do report it, to have it taken seriously.

It's critical to consider the impact of gender as it applies to family violence screening/routine enquiry, risk assessment and risk management, particularly in terms of the:

• ways that family violence is understood and explained

• actions taken to improve the safety and wellbeing of women and children

• ways that practitioners work with men who perpetrate family violence.

Intimate partner violence also occurs in lesbian, bisexual, gay, transsexual, intersex and questioning (LBGTIQ) partnerships. Equally, there's a need to understand the many other factors that further disenfranchise people caught up in family violence such as racism, historical trauma, homophobia, and disability discrimination. People sit at the intersection of multiple hierarchies of disadvantage and privilege. The combination of gender, race and class (or socio-economic status) influences people's experiences of family violence in different ways (Family Violence Death Review Committee 2016: 48).

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3 The Samoan concept of extended family.

FORMS OF FAMILY VIOLENCE

5.1.4 Not only physical violence

Family violence isn't only physical violence. It has a variety of different types or forms including sexual and psychological abuse. The categories described below are commonly used but aren't definitive. Some people control others in ways that don't fit these descriptions or that aren't, on the surface, violent, but still deny the other person's right to autonomy and equality. People experiencing these types of abuse might see them as interchangeable, inseparable, or indistinguishable.

Psychological abuse

Psychological abuse has a legal definition in the Domestic Violence Act 1995 and includes intimidation, harassment, damage to property, threatening other forms of violence (physical, sexual or psychological), financial and economic abuse. Psychologically abusing children includes causing them to, allowing them to, or putting them at real risk of, seeing or hearing any abuse of a person with whom they have a family relationship.

Psychological abuse can also involve emotional abuse including behaviours such as playing mind games; manipulating someone by appealing to feelings of guilt, shame and worthlessness; verbal putdowns and ridiculing any aspect of a person; non-verbal actions, such as withdrawal, refusal to communicate and rude or dismissive gestures. Emotional abuse can be the most difficult form of abuse to identify.

Physical abuse

Physical abuse is any attack on another person's physical safety and bodily integrity: from hitting, kicking, strangling, burning, punching and assault with weapons through to murder. It includes physically harming children.

Sexual abuse

Sexual abuse is any actual or threatened sexual contact without consent, such as unwanted touching, exposure of genitals, making someone engage in a sexual act or view pornography against their will, and rape. An expectation of sex from another person after using violence is a form of sexual violence as the victim is unable to withhold consent for fear of further violence.

While some forms of sexual violence are criminal acts – for example, sexual assault and rape – other forms, such as using degrading language, are not.

Online abuse

Online abuse takes advantage of new technologies to stalk, harass or intimidate someone and includes behaviours such as carrying out social media smear campaigns, tracking someone using smart technology, and sending unwanted explicit photos or messages to a person or posting explicit pictures of the person online without consent. These behaviours might be captured by the definitions of emotional, psychological or sexual abuse but may also be captured by the Harmful Digital Communications Act.

Financial abuse

Financial abuse includes not giving someone access to their share of the family's resources; expecting them to manage the household on an impossibly low amount of money and/or criticising and blaming them when they're unable to; monitoring their spending; and incurring debts in their name. It could also include preventing them from getting or keeping a job.

Social abuse

Social abuse is behaviour that limits, controls or interferes with another person's social activities or relationships with others, such as controlling/monitoring their movements and social contact, isolating them or denying them access to family and friends. This could include a situation like a man frequently 'losing' the car keys or being late to look after the children when his partner wants to do something he disapproves of.

Spiritual abuse

Spiritual abuse is any behaviour that denigrates a person's religious or spiritual beliefs or prevents them from attending religious gatherings or practising their faith. It also includes harming or threatening to harm people via religious or occult rituals or forcing them to participate in religious activities against their will.

5.1.5 The effects of family violence on victims

Family violence has short and long-term physical, emotional, psychological, financial and other effects on victims. Every victim is different and the individual and cumulative impact of each act of violence depends on many complex factors. While each person will experience family violence uniquely, there are common effects of living with violence and living in fear.

The obvious physical effects of family violence are physical injury and death. Other effects on a victim's physical health include insomnia, chronic pain, reproductive health problems and post-traumatic stress disorder (PTSD) that aren't necessarily the result of physical injuries. Female victims also have higher rates of miscarriage and pregnancy is often a time when family violence begins or gets worse.

Cognitive effects of family violence include poor concentration, confusion and intrusive thoughts, or flashbacks, about traumatic experiences. Victims are more likely to experience depression, panic, phobia, anxiety, sleep disorders, eating disorders and emotional problems. They have higher stress levels and are at greater risk of using minor tranquillisers and painkillers, abusing alcohol and other drugs, and attempting suicide.

Victims often can't act on their own choices because of physical restraint, fear and intimidation. They're frequently silenced and unable to express their point of view or experience. They often make the abuser's needs and feelings the constant focus of their attention as a survival strategy and avoid asserting themselves at all costs. They live in constant fear of further violation.

One of the most insidious effects of family violence is the damage it does to a victim's perceptions over time; they often lose confidence in their own perception of reality. Some begin to see the abuser's behaviour towards them as normal or as something they deserve. This can lead victims to ignore or play down the violence. However, the behaviour is still violent or controlling, even if the victim doesn't recognise this. It's also still violent or controlling even if victims manage to defend themselves and avoid some of the intended effects.

People experiencing violence are often more socially isolated, including from their extended family and whānau. This isolation can be due to the abuser's controlling behaviour or the level of stress, anxiety, shame, physical exhaustion, substance abuse, physical injuries and fear experienced by the victim.

Watching the effects of family violence on their children can be very damaging for a victim. Their ability to parent can be affected by the physical, emotional and cognitive effects of family violence and by the abuser's attempts to undermine their confidence. They may feel they are, or they may be, unable to protect their children.

5.1.6   The effects of family violence on children

Family violence, particularly IPV, and child maltreatment are closely linked. Children can be both the direct victims of violence and witnesses of violence against others, most likely a parent. Both forms of abuse have serious negative psychological and developmental consequences for children (Bagshaw and Brown 2010). Children who are victims of family violence are at greater risk of becoming perpetrators of family violence themselves (Kitzmann et al 2003).

Children don't have to be physically present during family violence incidents to be negatively affected. Exposure to family violence can take the form of witnessing it, hearing it – for example, being in another room in the house – being aware of it, being used or blamed as a trigger for the violence, or seeing the consequences of it.

A review by the Australian Domestic Violence Clearinghouse (2011) found:

'More than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social, and developmental impacts to their wellbeing from the traumatic ongoing experiences of domestic violence.'

These impacts are often cumulative and compound over time. Research also shows that family violence affects unborn children – it often starts or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death (Humphreys and Kiraly 2009). Exposure to family violence doesn't pre-determine outcomes for children but it does influence them significantly – particularly when the exposure is in a child's early years. This is partly because of the complex neuropsychological impacts of compromised attachment and living in a state of heightened fear (Perry 2002).

Infants and young children exposed to family violence are more likely to miss key developmental experiences. Because these milestones are foundational, this can have a cascading effect on their developmental progress.

The effects of family violence are different for every child and are mediated or filtered by other factors such as poverty or marginalisation on the basis of culture or race. The secondary effects of violence – for example, unstable housing, lack of access to education, poor access to ante and post-natal care – can also have a significant impact on a child's safety and wellbeing.

Children's anger at the abused parent tends to increase with age. Older children and adolescents commonly see the abused parent as causing or being complicit in the violence or they blame the abused parent for 'failing' to protect them or not taking them away from the abusive situation.

As well as being at risk of severe physical injury and death at the hands of family members, children manifest physical symptoms of stress or distress – for example, bedwetting, stomach upsets, headaches and chronic illnesses. The immediate emotional effects of experiencing family violence tend to differ with age (Department of Attorney General and Justice 2012). However, children demonstrate and articulate the impact of family violence in a wide range of behaviours and responses.

5.1.7 The effects of family violence on parenting

Understanding the effects of family violence on victims' and perpetrators' parenting and, equally importantly, on other people's perceptions of their parenting, is critical in addressing a child's safety and wellbeing.

An abused person's parenting capacity might be undermined by the effects of violence such as depression, anxiety or substance abuse. However, other less direct effects of violence might be equally or more detrimental. For example, being belittled or humiliated in front of a child can undermine the authority needed to parent confidently; needing to prioritise their own and their children's survival might make it difficult to provide the intensive involvement and engagement a distressed child needs (Department of Human Services 2007).

Conversely, with resilience, many people continue to parent their children well under adverse circumstances. For some, their form of resistance to the violence is to live 'as normal' a life as possible.

Parenting by female victims of family violence

Practitioners carrying out family violence screening, risk assessment or risk management have a responsibility to be cautious and respectful in how they discuss women's parenting and its impacts on children.

Family violence can have significant impacts on a mother's ability to parent her children. It can reduce their ability to be emotionally available and to provide a safe and predictable environment for her children. Some mothers may resort to physical discipline to protect their children from worse physical discipline from their father.

Where there are concerns about a woman's ability to parent adequately, it's essential to screen for family violence. Failure to do so may lead to a woman being inappropriately blamed for poor parenting. Even more damaging, by failing to challenge and address the perpetrator's behaviour and the victims' safety and recovery needs, an opportunity may be lost to support a mother to create a stable and safe home environment for her children.

Women are often regarded as having primary, and sometimes exclusive, responsibility for a child's health, wellbeing and developmental outcomes. This social expectation creates a concurrent expectation that women will also deliver the conditions of safety required to achieve these outcomes. As a result, a child being unsafe is attributed primarily to a woman's 'failure' to leave the relationship, protect or otherwise keep her child safe rather than to the perpetrator's failure not to cause harm.

Women face intense pressure to take responsibility for their children's exposure to violence, for example, by leaving the abusive relationship. However, it's also important to acknowledge that some women offend against their children.

Children and mothers at risk

Men who abuse women are more likely to abuse children too, at approximately 7 times the rate of physical abuse than other men and at 6 times the rate for sexual abuse (Bancroft 2007).

A wide-ranging literature review on women's parenting in the context of family violence identified several key themes and issues in the violence that fathers use against their partners and children (Domestic Violence Resource Centre 2009). Tactics might include:

- taking advantage of women's self-identities and identities as mothers to attack their confidence as mothers and undermine their relationship with their children
- preventing women attending to their babies, insulting them in front of their children, depriving them of sleep, dominating their attention and time so they have little of either to spend with their children, or otherwise making them physically or psychologically unavailable to parent
- using their persuasive power and influence to induce children into abusing and belittling their mother
- repeatedly denigrating women's character and sense of worth with the effect of lessening the child's regard or respect for their mother
- undermining women's sense of parental authority by portraying them as incompetent and manipulating their ability to apply parenting skills
- involving children in their acts of violence against their partner – for example, by making them watch the violence – as a means of deliberately adding to women's distress and trauma

Another common tactic is exercising control over conception and pregnancy via rape, other forms of sexual coercion and manipulating the use of contraception. These forms of abuse can trap women in relationships and create dependency. Entrapment can be intensified when men make their partners feel they won't be able to survive as single parents, where there are cultural or religious norms about not leaving relationships, where men sponsor a woman's entry into the country or when a woman has a disability and depends on a man to help with parenting.

The dynamics of coercive and controlling violence must be understood when working with children who live in homes where violence occurs. Programmes that depend on equal participation by adults such as relationship counselling, parenting programmes and restorative justice must be approached with great caution.

In many situations, such interventions will further traumatise and undermine the victim (who is unlikely to be able to meaningfully participate in such programmes) and may even increase the risks to her and her children. It's essential that practitioners remember it's perpetrators who create risk to children, not victims.

Children's relationships with a perpetrator father

Despite these and other forms of violence many, if not most, children will have positive experiences of being parented by their father at some point in their lives and may hold a range of positive feelings towards him. Their attachment to their father might be strong, despite his violence, and they're likely to want his continued love and affection.

Most children want their father to stop being violent; they don't want him to go away. This attachment is usually reciprocal – while some men might struggle to prioritise a child's needs over their own, they nevertheless hold feelings for the children in their life and feel responsible towards them.

Men's attitudes towards children

Children can be an important motivating factor for men to seek help to stop their violence. However, there's a need to be cautious about their claims about the relationships they have with the children in their lives.

In reviewing research, Hunt (2010) and Bancroft (2003) found abusive men's construction of love and care for their children was based largely on the men's own needs and not the children's, and the children were presented as a possession or an 'investment' of the man. The studies found violent men tended not to acknowledge the impact of their violence on their children and prioritised their right for contact over consideration of the potential trauma for their child.

Both Hunt and Bancroft also found that men saw abuse, violence and force as sometimes acceptable features of good parenting, largely because they expected rigid compliance with their rules and expectations, and focused on their own needs with the needs of their children considered secondarily or not at all. Men who perpetrated violence were generally uninvolved in parenting, expecting mothers to be responsible for day-to-day care.

Among perpetrators of family violence, there's a continuum of practice regarding optimal parenting. Other research by Bancroft (2002) has found that the parenting styles of men who perpetrate violence are often authoritarian, inconsistent, manipulative, and self-centred with unrealistic expectations of the child's behaviour.

Focus (02)

5.2 A CONSISTENT APPROACH

Practitioners need to take a consistent approach to screening/routine enquiry, risk assessment and risk management.

When they encounter people affected by family violence, or suspect someone is affected by family violence, practitioners should be able to start the conversation and ask the right questions safely and appropriately.

These are often difficult conversations but there are many ways organisations can support their practitioners in this process. For example:

- reviewing and implementing the Workforce Capability Framework to support staff training and development
- training and development that includes practising difficult conversations and responses
- providing practice guides and tools including those associated with this Framework
- having champions and mentors available to support practitioners
- having a clear understanding of the actions they need to take to ensure client safety and the relationships they have in place with service providers in their communities
- having clear organisational policies and practices that support staff to be proactive in taking action to meet client needs – this includes policies to support staff who may be a victim or perpetrator of family violence themselves.

Having a standardised risk assessment process and evidence-based tools will improve consistency and effectiveness across the family violence sector, and allow for a more suitable, tailored response. It will also:

- enable violence to be identified more quickly
- allow for quicker, consistent and effective interventions
- help build trust between victims, perpetrators and practitioners and confidence that the system is working.

5.2.1 A staged screening and risk assessment process

The Framework proposes a staged screening and risk assessment process:

- Practitioners working in every level of the sector – generalist, statutory or specialist –are expected to undertake screening/routine enquiry for family violence and link those affected with specialist services or wider social services.

- Specialist services, and statutory services with the required training and capacity, should be able to competently carry out a preliminary risk and needs assessment and link those affected by family violence to the appropriate services.

- Appropriately skilled family violence specialists should lead a comprehensive risk assessment and manage ongoing risk and case management.

The process aims to ensure victims are attended to at each stage by the practitioners who are most qualified and able to help them.
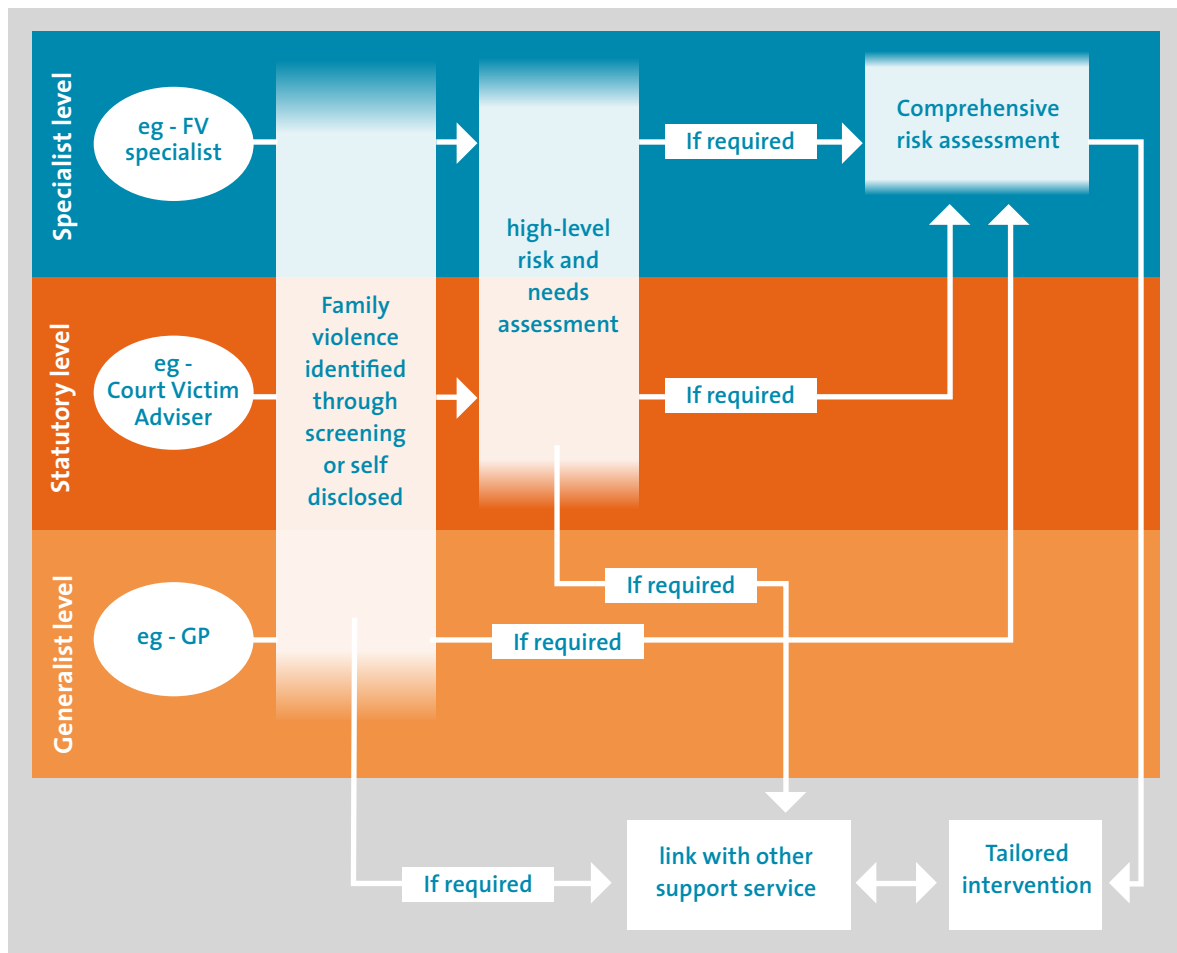
5.2.2 A consistent approach to screening/routine enquiry

Screening/routine enquiry is undertaken to find out if someone is experiencing or perpetrating family violence. The practitioner asks the person a set of questions and has a conversation with them designed to help them feel comfortable enough to disclose their experience. Ideally, screening/routine enquiry will help identify family violence at an early stage. However, it may also elicit disclosures of severe and long-term violence.

Victims and sometimes perpetrators may proactively disclose their experience of family violence to some providers especially where the inquirer is someone they trust, for example, their GP or midwife.

It can take enormous courage for a person to disclose family violence; they may have been building to such a moment for months or years. How practitioners react in that moment to the disclosure could determine the outcome for a family for years to come.

The goal is to identify individuals, families and whānau who need further assessment and help to reduce the likelihood of further violence.

To successfully screen or undertake routine enquiry for family violence, practitioners must understand the dynamics and forms of family violence (see Focus Area 1), be familiar with its indicators, know how to interact with the person, and know what to do next. They must also be confident the system won't let them or their client down.

5.2.3 A consistent approach to risk assessment

Broadly, risk can be thought of as the combination of the **likelihood** that something will happen, and the **negative consequences**, should it happen. In assessing the risk of family violence, practitioners need to reach an objective and informed view of both these components of risk. However, as risk can change quickly in the family violence context, on-going assessment is also required in response to dynamic risk factors.

There are 3 key components to effectively assessing family violence risk:

- **using evidence-based risk factors (from multiple sources)** – the psychological and situational risks that drive or point to violent and abusive behaviours as well as factors pertinent to family violence
- **the victim's own view of their risk (likelihood and level of harm)**
- **the practitioner's professional judgement** – combined, where possible, with peer review and multi-agency discussion.

Evidenced-based risk factors are factors which research indicates are closely linked with the perpetration of violence and abuse. For example, antisocial attitudes, anti-social personality types, anti-social peers, sense of entitlement, poor emotional regulation, impulsivity, history or propensity to use violence.

It's also important to consider whether there are ongoing patterns of violent behaviour and determine if this is increasing in frequency and/or severity.

There are various evidence-based indicators that point to potentially serious harm or death. These are discussed below (see Identifying high-risk indicators). Understanding and being able to identify these indicators is an essential part of assessing risk. It's also important to remember that, for family violence, harm isn't only physical and is often cumulative, meaning serious harm can be inflicted through possible future actions that, in and of themselves, could seem minor. The state of mind of the victim and how the victim (including children witnessing violence) may be affected or harmed by a future incident are therefore highly relevant to assessing risk.

The comprehensive risk assessment process should only be carried out by skilled family violence practitioners. An accurate interpretation of risk requires a good understanding of the psychological and situational drivers for behaviour as well as risk factors pertinent to family violence and its likely impact on victims. It also requires skill and sensitivity in obtaining and interpreting information from victims who may be reluctant to speak freely for many reasons.

Specialist practitioners also need to understand how using a holistic assessment model such as Dutton's nested ecological model (Dutton 2006) (see 5.2.5) can affect a risk assessment by taking cultural and social contexts into account and how some population groups experience higher than average rates of family violence.

5.2.4 Preliminary risk and needs assessment

A preliminary risk and needs assessment should be carried out when:

- a person presents as a victim or perpetrator of family violence to a statutory or specialist organisation or practitioner, or
- a person has been linked to a statutory or specialist organisation or practitioner by the person who identified that family violence was present.

The assessment will focus on collecting client information, carrying out a structured interview to assess immediate risk to or from the client, identifying other co-morbid needs, and taking the appropriate action required after the assessment has been completed.

Identifying high-risk factors

Research has identified factors that are strong indicators of a victim being at increased risk of serious harm or homicide from family violence. The preliminary assessment needs to focus on these indicators so that immediate threats can be identified and prevented as early as possible. The indicators are:

- the victim's own assessment of likelihood and seriousness of harm
- strangulation or choking
- recent separation
- pregnancy or new birth
- escalation or intensification of abuse
- isolation
- stalking
- sexual assault

- threats to kill
- use of weapons
- controlling or jealous behaviour
- abuse of children
- abuse of pets
- alcohol and other drugs (AOD)
- mental health
- suicidal or homicidal ideation.

Recent literature ('Are You OK 2016') has simplified these indicators to 7 signs that someone may be at risk of being killed by a partner or ex-partner. This simple list will probably be of most use to generalist services and the wider community. The behaviours identified are:

- controlling behaviour
- intimidation
- threats to kill
- strangulation and 'choking'

- worsening violence – more severe, more frequent
- intense jealousy or possessiveness
- stalking

Completing the preliminary risk assessment will enable a practitioner to make an initial risk classification and decide on an effective response. For example, identifying a high-danger situation means contacting the Police and Oranga Tamariki if children are involved, and an emergency housing organisation such as Women's Refuge so the risk can be mitigated until it can be removed. Alternatively, a different risk classification may mean the most appropriate response is to link the victim to an agency that can provide broader support.

Strangulation as a high-risk factor

The New Zealand Family Violence Death Review Committee has identified strangulation as a key lethality factor in the cases it has reviewed. It notes the seriousness of these incidents is often minimised when victims report them and could be referred to by the victim as 'choking' or 'having his or her hands around my neck'. Or they may not mention it at all unless directly questioned.

'Despite strangulation often being minimised in victim reports, investigations and prosecutions, it is in fact, extremely dangerous and potentially lethal.' … 'There is a fine line between a non-fatal and a fatal strangulation.'

(Family Violence Death Review Committee 2014).

Identifying and responding to need

The preliminary risk assessment should also look at co-morbidity factors like AOD, mental health, and other stressors that might contribute to or exacerbate violence, for example, overcrowding, poverty, and unemployment.

The practitioner will also be able to assess whether any factors are missing that would normally help build the resilience of a person, family or whānau and link them with appropriate support and services.
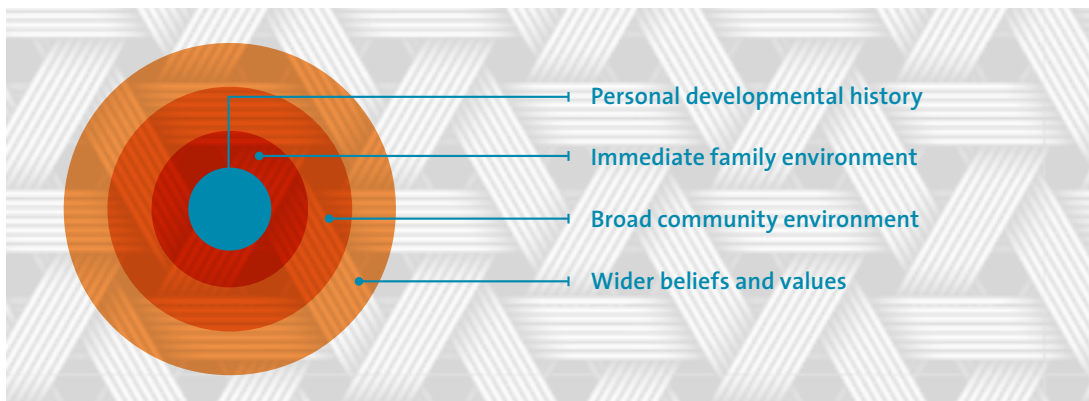
5.2.5 Comprehensive risk assessment

A comprehensive risk assessment requires specialist knowledge, skills and networks and is most appropriately carried out by specialist practitioners with the necessary training. This maximises safety for victims, including children. Clients can access these services directly, for example, by going to a specialist provider or statutory agency. The organisation they first presented to – either when the family violence was first identified or disclosed, or as a result of an initial assessment – may also link them to the appropriate provider or agency.

Risk assessment, lethality assessment and safety planning are all core components of a comprehensive assessment and while they may overlap, they're not the same (Colorado Domestic Violence Offender Management Board 2010). Different approaches and skills are also needed when working with victims rather than perpetrators and not every specialist provider will be a 'specialist' for both groups.

Working with perpetrators

Specialist practitioners working with perpetrators must be able to assess the extent to which the person poses a safety risk to the victim (including children), themselves, or the public.

(a) Nested Ecological Model

- Personal developmental history
- Immediate family environment
- Broad community environment
- Wider beliefs and values

The Nested Ecological Model (NEM) (Dutton 2006) is one applicable model that holds that an individual's attitudes, beliefs, values, skill set and typical reactions will be influenced in various ways by 4 distinct but related factors:

1. Developmental history of the individual (ontogenic level) – what the person has experienced and learned in their life to this point.

2. Immediate family environment (micro-system) – the patterns of interactions which the person has had modelled and reinforced in their close relationships over time, as well as environmental factors directly related to their immediate relationships. Particularly for Māori, this concept also needs to be expanded to acknowledge wider whānau relationships.

3. Broad community environment (exo-system) – the patterns of interactions at a broader social level, and situations and circumstances which impact on the individual in the context of their community environment (job, finances, other stressors).

4. Wider ideological beliefs and values (macro-system) – the prevailing social mores, beliefs and values of any particular society at any particular time in history, which can have an influence across what happens in the other contexts.

A model like this is a tool to help specialist assessors take a holistic view of the perpetrator and their behaviour, identify where it has multiple causes or influences, tailor the most suitable response and more effectively target the risk. The NEM model can also be applied to assessing victims, family and whānau.

(b) Assessment content

The assessment should address certain key areas no matter which specialist organisation is carrying out the assessment. Organisations can use their own tools and materials as long as the core content is covered, or they can use the assessment tools and resources that will be developed as part of Phase 2 of the Framework.

The core content that must be covered when assessing perpetrators includes:

- family violence/offence mapping
- participant's background and mood check
- treatment/rehabilitation pathway model
- goals and values
- cost benefit of change
- motivation and readiness to change
- strengths and supports
- risk and lethality assessments.

(c) Victim-informed assessment

Organisations providing specialist perpetrator assessment services must be able to carry out a victim-informed assessment as part of triangulating behaviours and risk. This allows assessors to get another account of the violence and understand what's important to the victims of the abuse. This might mean employing a specialist victim contact person or up skilling assessment staff to be able to carry out this process. In all cases the safety of the victim, including any children, is paramount and contact with the victim is solely at their discretion. Contact with the victim will also include:

- ensuring they're aware of services available to them and their children, and linking them with a service if this is what they want
- ensuring their perspective and experience is considered in the perpetrator's risk assessment
- establishing their contact details so they can be informed of any high-risk situations that may emerge from the perpetrator's risk assessment.

Working with victims

Specialist practitioners working with victims (adult and child) must be able to address risk and work with them to develop an appropriate safety plan. Risk assessment seeks to determine the likelihood of the victim being exposed to violence in the future and takes into account:

- the victim's views about the level and nature of the risk

- the presence or absence of evidence-based risk factors in themselves and the perpetrator

- the considered professional judgement of the assessor.

(a) Lethality or dangerousness assessment

Lethality or dangerousness assessment looks for indicators that someone is more likely to kill or attempt to kill or severely injure the victim including children. It contributes to risk assessment, safety planning, and risk management. Assessing lethality isn't solely trying to predict whether or not the victim will be killed by the perpetrator; it also requires assessing the risk of life-threatening behaviours against others or self by the perpetrator, the victim, or any children.

Assessment for risk of injury or death is difficult – dangerousness assessments aren't precise, scientific tools but they do attempt to identify where a perpetrator is more likely to kill their victim.

Phase 2 of the Framework will develop tools and resources for specialists to use when assessing lethality including how to gather information, what information to gather, and factors to consider.

(b) Determining the level of risk

Once an assessor has gathered as much information as possible about the victim, they'll need to use their professional judgement to determine the significance of the risk. In general, the greater the number of risk factors present, the greater the risk to the victim. The likelihood of risk factors recurring will also need to be considered. A risk and danger response process will be developed as part of Phase 2 of the Framework's development.

Focus 03

5.3 INTEGRATED RESPONSE PATHWAYS

One of the aims of the Framework is to provide easy, safe and timely pathways for people who need support services and enable practitioners to provide a proportionate, versatile and coordinated response, including kaupapa Māori approaches.

Government agencies and NGOs must be more proactive and take greater responsibility for ensuring the needs of individuals, families and whānau are met. Services to protect victims must engage effectively with each other and with services for perpetrators (and vice versa). This focus on integrated response pathways has links to Domain 6: 'Working as part of an integrated team' of the Workforce Capability Framework.

5.3.1 Entry points

As described in 5.2 'A consistent approach', a person may enter the family violence system through multiple entry points, for example, through a generalist service such as a GP or teacher, a statutory service such as the Police or the courts, or through a specialist family violence provider. No matter how they enter though, the process and tools to screen and assess the person for family violence risk should be consistent, enabling a 'no wrong door' approach and more effective integration across and between agencies and organisations.

5.3.2 Linking with wider support or wraparound services

Supporting clients to access services

At any stage of the screening and risk assessment process, a person may be identified as needing access to wider support or wraparound services. The professional who identified the need is responsible for making that link for the person. That is, it's their responsibility to arrange the next step in the process for the person, whatever that may be.

If family violence is the core business of their organisation, it's expected that the professional's leadership role will be even greater. This means, for example, a practitioner at the specialist end of the spectrum will be the person's case manager and will help and support them to navigate the system from the beginning to the end of the response process.

Integrated response

While professionals across the justice, health and social services sectors have a lot of the skills and knowledge required to help family violence victims, specialist family violence practitioners are best qualified to coordinate or support an integrated response. This involves ensuring agencies are working together effectively on behalf of the client, sharing relevant information and that their responses are informed by each other.

Generalist and statutory services need to know how to connect a client who needs more help to the appropriate 'next step' in the process, in a way that's trouble-free for the client and doesn't cause them to be revictimised, for example, by having to retell their story. They should use the techniques of a 'warm' transfer or referral. This means the professional:

- leads the referral process
- contacts the next relevant provider to make an appointment on behalf of their client, and
- follows-up with the client to ensure they have successfully connected with this provider.

Where possible, clients should be supported and facilitated to engage with an approved agency in their local area. All providers should be aware of the specialist services that are available in their communities, for example, women's refuges, family violence programme providers, or specialist providers for Māori, Pacific peoples, immigrants and refugees.

Providers also need to know when to contact the Police or Oranga Tamariki, and the correct protocols for this.

Working with perpetrators

It's less likely that non-specialist services will have contact with, or receive a disclosure from, perpetrators. However, the increasing profile of family violence and changes in attitudes may increase the number of people looking for help to stop their violence. For this reason, all practitioners should know how to take the first step to direct them to appropriate support.

It's important practitioners know which agencies to approach and how to support perpetrators to engage with these providers, including kaupapa Māori services, while keeping them engaged in the system.

Crucially, practitioners must also be able to recognise the signs that indicate an emergency response is needed – for example, suicidal or homicidal ideation.

Applying the RNR model will help practitioners refer perpetrators to the most appropriate service. RNR principles are supported by research gathered over the past 30 years as fundamental to effective interventions with offenders. The model is the foundation for Department of Corrections' stopping violence programmes. Also, an adapted version of the principles forms the basis for the Ministry of Justice's non-violence programmes.

The diagram on the next page outlines the Integrated Response Pathways process.

Integrated Response Pathways for Assessing and Managing Family Violence

VICTIMS AND PERPETRATORS, INCLUDING CHILDREN

INITIAL IDENTIFICATION AND ENTRY POINTS

Generalist services	Statutory services	Family violence specialist services

CONSISTENT RISK ASSESSMENT

Identify, initial response and refer	Preliminary and follow-up risk assessment and securing immediate safety	Comprehensive risk assessment

More consistent and effective risk assessment

FAMILY AND WHĀNAU RISK MANAGEMENT STRATEGY

Strategy for victims	Strategy for children as victims and/or perpetrators	Strategy for perpetrators

Integrated risk management strategies proportionate to risk and need

INTEGRATED RESPONSE EXAMPLES

Examples of integrated suite of interventions to address risk, secure safety and facilitate long-term recovery

Emergency accommodation	Alcohol and drug services	Mental Health services	Safety programmes
Social housing assistance	National Home Safety Service	Perpetrator behaviour change programmes	Whānau and family support services
Family violence advocacy service	Court victim advisors	Income assistance	Corrections & Police statutory interventions
Youth services	Oranga Tamariki services	Legal advice and tools	Perpetrator outreach

Case management allocated toward risk management and need

Information sharing, monitoring of effectiveness, assessing and responding to changes in risk

37

Focus 04

5.4 EFFECTIVE INFORMATION SHARING

Information sharing enables effective and safe practice among and between NGOs and government agencies and is an important focus area of the Framework.

5.4.1 Information sharing between agencies

International and local effective practice suggests that to deliver better services, government and NGOs must be able to share information about their clients' circumstances, risks and needs.

Information sharing supports agencies to:

- identify family violence
- assess risk and safety needs
- make decisions about what actions to take in response
- assess the risk of a perpetrator continuing their behaviour
- determine the appropriate response to hold a perpetrator to account for their violence and challenge them to change their behaviour.

The Privacy Act 1993 (the Act) provides that agencies, both public and private, can only use and disclose personal information for the purpose for which it was collected. An individual can consent to their personal information being shared for another purpose but this consent isn't always possible or practicable to obtain.

The Act provides general tools to deal with situations where it's necessary to share personal information for another purpose. For example, personal information can be shared when specific circumstances mean this will prevent or lessen a serious threat to someone's life or health. The Act also provides a general mechanism allowing government and NGOs to disclose information routinely through approved information sharing agreements.

5.4.2 Proposed information sharing process

A more targeted process is necessary to help agencies share information with each other to identify and manage the family violence risks individuals may face.

Many providers hold discrete pieces of information about victims, perpetrators, families, and whānau which, by themselves, don't clearly identify a situation as high-risk. This information is often not shared with other providers working with the individual, family or whānau.
These gaps mean agencies can't effectively identify, assess or manage risks or provide an appropriate response.

Bespoke information sharing provisions have been introduced as part of the Family and Whānau Violence Legislation Bill (Family and Whānau Bill). These will clarify when and who the family violence sector can share information with to support risk assessment and management. The Family and Whānau Bill will allow the development of codes of practice which may include provisions on information sharing.

The Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Bill (Oranga Tamariki Bill) has a similar information sharing process and many people who work in the family violence sector will be covered by this Bill. Immunity from legal and disciplinary proceedings following disclosure of information by professionals is included in the Oranga Tamariki Bill, but this doesn't apply if information was disclosed in bad faith.

Note: Once the Family and Whānau Bill and Oranga Tamariki Bill are passed, this section will be updated with detail of the relevant provisions and/or specific information sharing practice guidance will be provided.

Focus 05

5.5 ONGOING RISK AND CASE MANAGEMENT

The Framework's risk management approach and strategies aim to ensure the dynamic or changing safety needs of victims and risk factors for perpetrators are continually reassessed and responded to appropriately.

Risk management is a conscious and planned approach to identify and prioritise risk factors and remove, reduce, or mitigate them. Risk factors aren't static and, in many cases, will change over time as the needs of victims, perpetrators, families and whānau change. It's critical for practitioners to recognise this and be able to identify – or encourage victims and perpetrators to identify – changes in risks and respond with suitable options.

Risk assessment is an ongoing process requiring the practitioner to regularly review risk factors (stable, acute and protective), for example, when a client's circumstances change or when the practitioner contacts the client.

5.5.1 A consistent approach to risk management

A vital component of the Framework is being able to manage risk appropriately and safely.

Knowing when and where to support and facilitate victims and perpetrators to access services is key to successful risk management. The wider community response to family violence, outside professional practitioners, should also enable informal helpers to access a pathway to specialist services.

Effective risk and case management involves interagency communication, coordination, and collaboration

All service providers should proactively seek to manage family violence risk by prioritising actions that promote victim safety and recovery or that contain, challenge and change the behaviour of perpetrators. Intensity and urgency of response will vary depending on the level of risk assessed – that is, the likelihood of more violence and the level of harm that would cause.

5.5.2 Integrated risk and case management

It's crucial all providers in the family violence sector work as part of an integrated team in managing family violence risk, sharing information, giving feedback and using each other's expertise to inform their own practice. Inviting each other to spend time in their services will help widen the team's understanding of roles and responsibilities and strengthen working relationships. This approach links to Domain 6 'Working as part of an integrated team' of the Workforce Capability Framework.

Good practice is that providers know about and understand each other's roles and services and establish strong working relationships. Practitioners should know what resources, generalist, statutory and specialist agencies are available in their local area, including culturally specialist providers, and be aware of the multi-agency response pathways.

Multi-agency safety teams and strategies

Agencies involved in specialist responses, including statutory agencies and associated practitioners, should work as part of a multi-agency safety team and take an integrated case management approach. Multi-agency best practice is characterised by dynamic team actions and regular feedback loops between agencies (Family Violence Death Review Committee 2016).

The team approach should include the following actions:

- contribute knowledge, expertise and actions to develop a multi-agency safety strategy for clients
- enable proactive outreach and risk management of perpetrators – for example, agencies should have a plan to curtail and respectfully challenge the perpetrator's abusive behaviour, keep them connected and in sight
- collectively maintain safety zones for victims – that is, making safe spaces for victims at home, in the community, at school and work
- assigning agency or practitioner responsibility for working with clients
- focus on lessening the risk of further violence and providing ongoing support to clients
- record all follow-up actions such as timeframes, responsibility for tasks, monitoring and reviewing case plans and give a copy to all team members
- hold regular strategy meetings to share information and feedback about family violence cases and to help identify the level of risk that exists and protection needed by clients – regular meetings will also help the team monitor how well each member is aligned to team strategy
- try to reach consensus.

5.5.3 Risk-based case management and navigation

Cases with indicators of high-level risk, or involving people with complex needs and fewer protective factors, need a higher level of response. These cases should be considered a high priority and a family violence case manager or navigator should be assigned. This practitioner will most likely be from a specialist family violence service; they may or may not be the practitioner who initially assessed the client. They would support the client, help them navigate the system, and be a single contact point for service. It's important to note, however, that specialist agencies will usually have separate practitioners working with victims and perpetrators, and if a couple is using the same service, both practitioners would liaise with each other.

Effective practice is that a case manager or navigator is responsible for:

- working with victims to:
  - identify changes to their level of risk and protection
  - link them to support services and advice about specialist services in or outside their own agency (such as Ministry of Justice safety programmes, Ministry of Social Development-funded programmes, or longer-term therapeutic options)
  - support them to engage with services and programmes
- working with perpetrators to:
  - link them with specialist services in or outside their own agency for ongoing and regular risk assessment
  - ensure regular risk assessment actually occurs
  - respond to breaches and refusals to engage with appropriate referring agencies (such as the Ministry of Justice or Department of Corrections)
  - inform specialist services working with victims (including children) associated with the perpetrator, about anything that may adversely affect their safety
  - support them to engage with services and programmes
- considering if a statutory or family violence sector agency has hindered past disclosures and/or access to safety or behaviour change services through inaction or by responding inappropriately, and put in place steps to manage future interactions.

The ongoing risk and safety management process should also ensure that the Framework principle of a whānau-centred approach is met. This can be achieved by focusing on protecting and improving the wellbeing of the whole whānau without compromising the wellbeing of the individual. This involves taking a holistic approach that recognises the personal and cultural impacts of violence on the whānau and providing support, education and advice.

Working with victims

Victim's safety planning will be managed by an advocacy or support services case manager who will act as a single point of contact or navigator for the victim and wider family/whānau. Where there are high-risk concerns for victims, a multi-agency safety strategy should be developed in consultation with specialist family violence services and statutory services as noted above. The safety strategy needs regular monitoring and peer review processes.

(a) Safety planning

Practitioners need to support victims to take specific actions to:

- reduce the frequency or level of violence they or their children are exposed to

- maximise their chances of escaping safely (survival rates)

- attend to practical matters that might otherwise be a barrier to helping them stop the violence or leaving the violent situation.

It's crucial to recognise that a victim isn't responsible for developing their own safety plan – this is the responsibility of the agency and practitioner. For this reason, a case manager must know the key aspects and issues of a victim's case that the safety plan is intended to address, including if the victim is still living with the perpetrator or planning to leave, and ensure it also meets the safety needs of any children involved.

(b) Risk management

Case managers should plan, document and implement strategies that minimise the effects of family violence on victims. These strategies (outside the development of a safety plan) should be covered throughout a safety programme. Again, risk management strategies must not become the sole responsibility of the victim. The case manager must work as part of the integrated family violence system to ensure perpetrators are held accountable and associated services support the victim from the beginning to the end of the process.

Risks with the empowerment approach

Providers of services for victims should be aware of the risks of taking an 'empowerment' approach to risk management and safety planning. Practices informed by the idea that it's necessary to empower victims by allowing them to decide what actions to take in response to victimisation, are often a barrier to victims receiving appropriate support, especially those at high risk of serious or lethal harm.

While empowerment is an ultimate goal for victims in ongoing risk management, the primary goal must be the victim's safety. Family violence death reviews have shown that empowerment can only occur when victims are in a long-term safe environment and able to make informed choices. The very nature of coercive control makes it close to impossible for many victims to leave a violent situation. For ongoing risk management, victims also need agencies to enact integrated safety strategies aimed at stopping the violence of the perpetrator (Wilson et al 2015).

Working with perpetrators

The case manager will act as a single point of contact or navigator for perpetrators and their family and whānau. Maximising the victim's safety requires practice from a clearly defined set of principles which prioritise:

- the safety of child and adult victims
- a victim's informed choice
- the perpetrator taking responsibility for their violence, and
- ensuring appropriate measures are in place to monitor the perpetrator and keep them accountable.

(a) Safety planning

Practitioners need to support perpetrators to take specific actions to:

- stop and manage their risk of violent behaviour ongoing
- engage with support services like violence prevention programmes – these could include culturally specific programmes that promote respectful egalitarian relationships and non-violent behaviour, for example, learning about tapu and reclaiming positive tikanga
- remedy other urgent risk factors that could cause their violence to increase – for example, financial problems, access to weapons, use of alcohol and other drugs, no accommodation.

Safety planning can help a perpetrator recognise the stressors that cause them to be violent. By teaching alternative thinking and decision-making strategies, safety planning can challenge the perpetrator to take responsibility for their actions, help them change their behaviour, and stop the violence.

(b) Risk management

Maintaining a focus on preventing escalation and repetition of violence is crucial in risk-managing perpetrators. This approach should be culturally responsive, including a whānau-centred approach, recognising that risk to the whānau isn't solely physical but includes social isolation that may be even more damaging.

The case manager is part of the wider family violence system which includes specialist statutory services like the Police, courts and probation service which may also be monitoring the perpetrator's behaviour. A proactive approach of engaging with the perpetrator in a way that builds respect and trust will help the case manager monitor changing risk and respond appropriately with partner agencies. The case manager also works in partnership with the victim's support network, and makes any safety concerns from the victim's perspective a priority, taking these into account in their risk management of the perpetrator. They will regularly liaise with programme facilitators, counsellors and wider social support networks when necessary.

Perpetrators who are parents

There's growing recognition that the ongoing risk management of perpetrators – particularly perpetrator fathers – requires the perpetrator to recognise that they need to support their families rather than damage and disengage from them (Mandel 2017).

Providers need to ensure perpetrators who are also parents understand:

- family violence is a harmful parenting choice
- their violent behaviour makes it extremely difficult for the victim to effectively parent their children – this, in turn, harms the children and risks them continuing the cycle of violence when they're adults, due to the inappropriate parenting practices that were modelled to them.

An expectation that perpetrators will be part of the solution

Acknowledging that victim safety must remain paramount, providers should help perpetrators to be positively involved with their children and wider family or whānau as far as possible and strengthen these bonds, whatever their form. Crucially, this means understanding the perpetrator's dysfunctional pattern of behaviour and supporting them to change (Mandel 2017). Our approach to perpetrators must move from relying on victims to keep themselves and their children safe to an expectation that perpetrators will step forward and play a critical part in the solution.

Past approaches have tended to absolve perpetrators from responsibility for supporting their families by incarcerating them or applying other punitive measures. There has often been little in the way of targeted support to help them change their behaviour. Services need to encourage perpetrators to feel engaged in the wellbeing of their families and in changing their behaviour. Disengagement of perpetrators from their families and whānau risks more pressure on, and less supports for, families, whānau and perpetrators and greater ongoing family violence risk.

Focus 06

5.6 RESPONSIVE PRACTICES

Practitioners and services must respond to the needs of diverse population groups and individuals who are experiencing family violence, in a timely and safe way. This focus area links to Domain 2: 'Upholding the dignity, values and beliefs of people and their cultural identities' of the Workforce Capability Framework.

The information in this section is in no way intended to label people as 'other' based on their cultural, sexual, physical, mental or intellectual well-being, religious, linguistic or other identity. Rather, it's a way to acknowledge that agencies and organisations must adapt their practices in response to diversity, individual needs, and people's lived experiences.

To effectively screen, assess, and manage risk, professionals must recognise that, in a family violence context, diversity is a wider concept than that typically associated with culture, race, and ethnicity.

Family violence occurs among all communities, ethnicities, cultures, ages, and socio-economic groups. However, there are particular populations where the number of people experiencing family violence is disproportionately high. In these cases, the causes of the violence must be understood in the context of factors related to these groups and providers should tailor their responses with these factors in mind.

5.6.1 Māori experience of family violence

Māori are significantly overrepresented as victims and perpetrators of family violence. However, research shows that violence within the whānau wasn't the norm for traditional Māori society; rather, that violence within whānau is a societal issue developed over many years (Māori Reference Group 2013). Erosion of traditional support networks provided by whānau and hapu has contributed to loss of cultural connection and traditional Māori values and beliefs. In the past, strong cultural connections and traditional Māori values helped to eliminate or prevent whānau violence.

Whānau violence has been defined as 'the compromise of te ao Māori values and can be understood as an absence or disturbance of tikanga and transgressions against whakapapa' (Te Puni Kōkiri 2009: 3).

The causes of family violence within Māori whānau are consequently complex and difficult to isolate. Factors causing compounded disadvantage rather than individual risk factors may underlie the risks of wāhine and tamariki Māori being victims of family violence and tāne Māori being apprehended and convicted of a family violence offence. These factors may include poverty, social marginalisation, racism, historical trauma and unemployment (Ministry of Social Development 2002).

Additional factors leading to the prevalence of violence in Māori whānau may also include:

- the breakdown of the traditional Māori way of life through the loss of te reo Māori, traditional beliefs, values and philosophy, identity, traditional social structures and systems of discipline and justice with particular negative impacts on the status of Māori women, children and whānau – for example, traditionally, acts of violence towards a whānau member were considered transgressions of tapu, as acts of violence against the whole whānau and sometimes hapu and iwi

- family violence concerns moving from the public sphere (iwi and hapū) to the private sphere (the whānau) mirroring Pākehā values and attitudes

- urbanisation (living in cities) has resulted in social isolation and dislocation from vital support networks for some Māori

- hardship associated with low educational achievement, low income and restricted employment opportunities (Ministry of Health 2002).

Violating tapu

Violating tapu in the context of family violence includes acts of coercive control, harm or omission that compromise an individual's physical, sexual and psychological wellbeing. For many Māori, family violence affects the individual's whānau and wider kinship entities, for example, hapū and iwi.

It's critical for providers to acknowledge that, for Māori, tapu is a distinct lens through which family violence behaviours are viewed. Without this acknowledgment, interventions that support Māori whānau to address family violence will be ineffective.

Fundamental tasks for achieving whānau wellbeing

The Māuri Ora Framework identifies 3 fundamental tasks for achieving whānau wellbeing in the context of family violence:

- dispelling the illusion (at an individual and collective level) that whānau violence is normal and acceptable
- removing opportunities for whānau violence to be perpetrated, through better education, empowerment and liberation of whānau, hapū and iwi
- teaching transformative practices based on Māori cultural imperatives that provide alternatives to violence, which are mana-enhancing ways of interacting with others (Kruger et al 2004).

There are a range of kaupapa Māori tools and programmes, including the Māuri Ora Framework, based on the expertise of Māori who have worked on family violence involving whānau Māori (Te Puni Kōkiri 2010a, 2010b and 2011; Dobbs and Eruera 2014). They all apply Māori therapeutic models and paradigms and draw upon te ao Māori cultural constructs and practices to support transformative and empowering thinking, and behavioural change. To empower is to provide the powerless, whether a victim or perpetrator, with the self-realisation that integral power is nurtured rather than plundered. However, ultimately power must be reclaimed. (Kruger et al 2004).

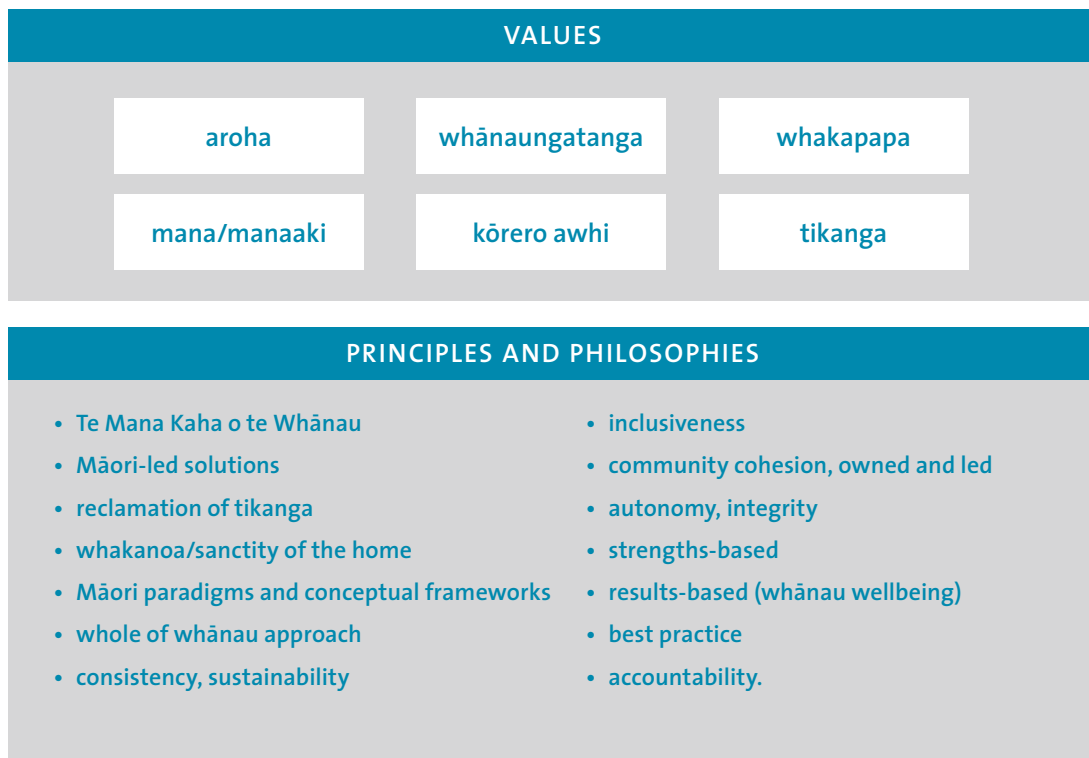## Services should reflect Māori values

Screening, risk assessment or risk management services for Māori, or that will be delivered in circumstances where participants are primarily Māori, must be able to demonstrate an understanding of Te Āo Māori (Māori worldview) and the following values, principles, and philosophies (adapted from E Tu Whānau):

Charter of commitment:

- all violence towards whānau is unacceptable within Te Ao Māori and such acts of violence are transgressions that breach the mana and tapu of the individual, their whānau and their entire whakapapa
- violence against wāhine and tamariki within whānau is not part of Māori cultural tradition and the actions and solutions that work best for Māori lie within Māori values and practices.

Providers should also know what attempts have already been made to seek help in the community, whānau, hapu, iwi and neighbourhood. Monitoring the progress and healing of victims, perpetrators and their whānau is also part of a kaupapa Māori approach.

VALUES

aroha	whānaungatanga	whakapapa
mana/manaaki	kōrero awhi	tikanga

PRINCIPLES AND PHILOSOPHIES

- Te Mana Kaha o te Whānau
- Māori-led solutions
- reclamation of tikanga
- whakanoa/sanctity of the home
- Māori paradigms and conceptual frameworks
- whole of whānau approach
- consistency, sustainability

- inclusiveness
- community cohesion, owned and led
- autonomy, integrity
- strengths-based
- results-based (whānau wellbeing)
- best practice
- accountability.

Acknowledging the mana of local iwi

Practitioners providing screening, assessment, or risk management services for Māori, or in circumstances where participants are primarily Māori, must also work with iwi and other kaupapa Māori providers to ensure that their services are culturally accountable and whānau centred. A 'whānau-centred approach' means a culturally grounded, holistic approach which focuses on maintaining and improving the wellbeing of whānau, and addressing an individual's needs in a whānau context.

5.6.2 Pacific peoples in New Zealand

More than one Pacific community

Pacific peoples make up around 7% of New Zealand's total population and are highly urbanised and diverse communities, with nearly two-thirds living in Auckland (Statistics New Zealand 2014). New Zealand's Pasifika population is made up of different ethnic groups mainly from the Cook Islands, Fiji, Niue, Samoa, Tokelau, Tonga, and Tuvalu.

Police data shows that in 2015, Pacific peoples comprised 5% of respondents named in protection order applications (NZFVC 2016a). Data from the National Collective of Independent Women's Refuges for 2014/15 shows that 6% of women using refuge services were from Pacific cultures (NZFVC 2016a).

While these figures nearly correspond with the proportion of Pacific peoples in New Zealand, they're unlikely to reflect the prevalence of actual family violence in Pacific communities due to under reporting. The Nga Vaka o Kāiga Tapu research plan noted that Pacific peoples were over-represented both as victims and perpetrators of family violence (Taskforce for Action on Violence within Families 2013).

Relevant literature points to 3 key factors contributing to family violence among Pacific peoples, experienced by these families in New Zealand:

- social and economic inequalities
- the impact of migration on families, and
- issues of identity and culture.

One of the underlying concerns of identity and culture is the urgent need to understand ethnic-specific perceptions, beliefs and practices with regard to relationships between family members and the impact of violence on kinship wellbeing. There's a significant lack of information in this area (Taskforce for Action on Violence within Families 2013). However, Nga Vaka o Kāiga Tapu exists as a Pacific cultural framework for addressing family violence in 7 Pacific communities (Taskforce for Action on Violence within Families 2012).

Working with Pacific peoples

Screening, risk assessment, and risk management services designed for Pacific peoples, or that will be delivered in circumstances where participants are primarily from a Pacific culture, must incorporate an understanding of the complex issues – for example, the effects of migration and hardship – that underpin family violence for them.

Being responsive to Pacific peoples also means valuing Pacific cultures, values, beliefs, heritage and languages. Policies and practices should be developed in collaboration with local communities to ensure responses are meaningful, effective and appropriate to them.

Services reflect Pacific values and principles

Providers in areas with concentrated populations of Pacific peoples are expected to help build a vibrant Pacific social sector by meeting the following elements of good practice (Ministry of Social Development 2013):

- working with Pacific peoples in strengths-based ways to attain and maintain their cultural identity, roles and responsibilities, traditional or contemporary, as well as their safety and wellbeing

- understanding and seeking to minimise the socio-economic factors that negatively impact on Pacific peoples' livelihoods, wellbeing, and resilience

- maintaining strong, responsive links to Pacific communities through communication, consultation and opportunities for representation

- having sufficient Pacific staff to respond appropriately to Pacific peoples using the language of their choice

- including Pacific indigenous values and cultures in how policies, practices, and services are informed

- inviting regular evaluative feedback from the Pacific peoples that are supported

- demonstrating an understanding of cultural frameworks for the Pacific communities the organisation works with.

5.6.3 Violence against children

Extent of violence against children in New Zealand

Large numbers of children in New Zealand experience family violence either directly or indirectly each year. The New Zealand Family Violence Clearinghouse reported that in 2014/15 Child, Youth and Family received 150,905 reports of concern. As a result of further action, there were 16,472 findings of abuse or neglect (NZFVC 2016b). In 2015, the Police recorded 10 homicides of children and young people aged under 20 by a family member (NZFVC 2016b). In 2014, 64 children aged under 16 were hospitalised for an assault perpetrated by a family member (NZFVC 2016b).

Measures to support vulnerable children

On 1 July 2014, the Vulnerable Children Act became law in New Zealand. This legislation aims to protect and improve the wellbeing of vulnerable children by introducing cross-agency accountability for developing and implementing a plan to protect children from harm, working with families, whānau and communities.

Oranga Tamariki was also established as a new stand-alone ministry on 1 April 2017, incorporating Child, Youth and Family. The new Ministry signals a 'whole of sector', child-centred approach aiming to transform the way we work with vulnerable children and young people. It's a single point of accountability for ensuring vulnerable children and their families and whānau get the services they need.

The Children's Action Plan also documents the initiatives and actions to achieve improved wellbeing for vulnerable children. The Ministries of Health, Education, Social Development, Justice, the Department of Corrections and the Police must now jointly ensure that children identified as vulnerable get the services and support they need to thrive. These measures are intended to place the needs of children at the centre of future services.

Working with children

Protecting vulnerable children is everyone's responsibility – not just those who work directly with children. All organisations must make children's safety and wellbeing a priority. This is particularly important where family violence is known to be present. Ensuring the safety of children is paramount applies to all organisations implementing the Framework (Ministry of Social Development 2013). They need to have practices, policies, and processes that:

- ensure all staff know how to recognise and respond to signs of child abuse, neglect, and harm and understand the process for reporting concerns
- demonstrate an understanding of relevant legal processes such as protection and parenting orders
- have a clearly visible and demonstrated commitment to looking out for the safety of vulnerable children
- make information available for staff and people using services about protecting children, parenting, and other child-related matters
- ensure plans and policies are in place to continually strengthen the organisation's capacity to look out for the safety of vulnerable children
- invite feedback and advice from staff about additional ways the organisation can support them to take well-informed action on behalf of a child at risk
- include an understanding of Māori and other culturally relevant perspectives, practices, and aspirations in informing responsiveness to the safety of children.

All organisations working directly with children will need to have robust and detailed child-centric practices, policies, and processes, including vetting practices for all of their staff who have contact with children.

5.6.4 Violence against older people

Elder abuse and neglect is a single or repeated act, or lack of appropriate action, occurring within any relationship where there's an expectation of trust, which causes harm or distress to an older person.[4]

When an older person experiences abuse from a family member the consequences can be devastating. Abuse can involve psychological, financial, physical neglect or a combination of more than one form of abuse. Many alleged abusers are family members and the abuse often continues when the older family member has moved into residential care.

Almost half of alleged abusers are adult children and are as likely to be female as male. The personal losses associated with abuse include the loss of independence, homes, lifesavings, health, dignity, and security. This can lead to debilitating long-term health problems such as depression, anxiety disorders, low self esteem and, as a consequence, the exacerbation of chronic health conditions. The abuse can also result in the person lacking the resources and savings to buy essential medications and support for their other health needs (Age Concern).

Working with older people

Organisations and practitioners must commit to developing relationships with local service providers that work with older people. There need to be practices, policies and processes ensuring all practitioners know how to recognise and respond to signs of elder abuse, neglect, and harm. Providers also need to understand the process of helping older people to access appropriate support from the specialist agencies in their local community.

5.6.5 Violence against people with disabilities

Perpetrators of family violence often use a person's disability to increase their power and control over them. Also, when people with a disability have diminished autonomy – for example, in family or institutional settings – perpetrators are often perceived as having greater credibility.

For these reasons, and those described below, people with a disability may be vulnerable to experiencing family violence and encountering barriers that prevent them getting help. Types of barriers include:

- dependence on the perpetrator (for personal care, mobility, income, transport)
- lack of independent access to financial resources
- social isolation (which often stems from marginalisation of people with disability)
- lack of access to appropriate communication or information
- normalisation of 'controlling' experiences.

Working with people with disabilities

It's important that providers working with people with disabilities:

- check whether the person identifies with having a disability
- makes sure they're able to communicate and exchange information
- find out how to help them access other support services – for example, alternative accommodation
- make specific provisions for their safety planning – for example, find solutions for mobility or communication issues.

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4   Definition adopted from WHO Toronto Declaration on the Global Prevention of Elder Abuse, 2002.

5.6.6 Diverse ethnic communities

New Zealand has a growing number of immigrants from diverse ethnic communities, including refugees. People from more than 200 different ethnicities live in this country. The 2013 census showed 11.8% of the population identified as being Asian, up from 9.2% in the 2006 census (Statistics New Zealand 2014). In 2013, 1% of the population identified as being Middle Eastern, Latin American or African.

Many recent immigrants to New Zealand don't speak English as their first language. They also bring with them their traditional cultural beliefs and practices, some of which derive from a patriarchal model where men are the head of their household and women are expected to be subservient. These beliefs can make women in these communities more vulnerable than others to family violence and reduces their likelihood of seeking help.

Police data on the ethnicity of respondents named in protection order applications shows that, in 2015, 5% were Asian and 1% were from 'other' ethnic groups (NZFVC 2016a). Corresponding data from the National Collective of Independent Women's Refuges on the ethnicity of women who use their services, shows Asians comprised 3% and 'other' ethnicities comprised 2% (NZFVC 2016a).

In 2010, the Ministry of Women's Affairs reported there was very little New Zealand research on culturally appropriate interventions for family violence in diverse ethnic communities. In 2014, the Family Violence Death Review Committee reported on the increasing need to raise awareness among family violence workers about forced or underage marriage, dowry abuse and honour-based violence in some ethnic and immigrant communities in this country.

The honour code in some of these communities means women must follow rules that are set and interpreted at the discretion of male relatives. Breaking the rules is seen as destroying the good name of the family, for which women must be punished, also at the discretion of male relatives. Honour crimes are as much about family and community norms, social policing and collective decisions as about individual men controlling the lives of individual women.

Women from minority ethnic groups may also be more vulnerable to family violence because of:

• a lack of services or resources offered in their language – this makes it much harder for women to proactively seek support services or legal protection

• their status as a migrant being dependent on their partner's sponsorship

• limited access to information about family violence, their rights and support services in this country

• barriers at the point of service delivery – for example, a lack of interpreter services and limited cultural competence among providers.

Some women may also have beliefs that can make them vulnerable. For example, a belief that separation or divorce is wrong and therefore they feel they must stay in a violent relationship.

Organisations providing screening, risk assessment, and risk management services need to be able to demonstrate safe and ethical practices, that they understand the needs of different client groups, and can match their services to these needs.

Working with refugee and migrant communities

Refugee and migrant groups have a wide range of cultures, languages, beliefs, and settlement needs. They may have experienced trauma in their home country or while in transition which can have a lasting impact on how they view those in authority. If they've had experiences of corrupt police and government officials in their home country, it may be hard for them to trust people in these positions in New Zealand.

On top of this, they're dealing with the challenges of living in a new country such as being unfamiliar with social services, language difficulties, and limited support networks. They need services which are tailored for their culture to help them increase their access to services and improve their outcomes.

In 2010, the Ministry of Women's Affairs identified ways of ensuring that interventions better met the needs of IPV victims from ethnic groups other than Pākehā, Māori and Pasifika:

- employing bilingual staff, using interpreters, and providing information in multiple languages
- providing support groups in their language, and
- developing services that consider their cultural beliefs and practices.

Ideally, women and children from ethnic communities would have clear referral pathways to specialist services tailored for them. To support this, organisations implementing the Framework should commit to developing cultural capabilities and knowledge so they can communicate, engage and practice in a culturally appropriate way. All organisations working in a coverage area with significant refugee and migrant communities should meet the following elements of good practice (Ministry of Social Development 2013):

- have leaders and staff who demonstrate a clear commitment to meeting the needs and aspirations of refugee and migrant communities, including knowledge of specialist referral pathways
- endeavour to match cultural ethnicity between practitioner and client (person informed choice), and refer clients to, and work in partnership with, appropriate cultural supports, supervision and services
- engage with refugee and migrant communities to build trust, understand their needs and aspirations, and remove barriers to their wellbeing and participation
- provide services that are warm, welcoming, accessible, respectful, affirming and responsive to clients' needs and aspirations
- value and use clients' skills and knowledge
- recognise the differences in people's backgrounds, needs, supports and resources and tailor services in response
- adhere to relevant national and international obligations appropriate to the status and wellbeing of refugee and migrant communities.

5.6.7 Violence against a same-sex, transgendered or intersex partner

Research conducted by the NSW Attorney-General's Department in 2003 found:

- during the previous 12 months, 56% of homosexual people experienced homophobia or violence
- during their lifetime, 85% of gay men and lesbians experienced harassment or violence
- 1 in 4 gay men and lesbians had been assaulted or physically attacked at some time in their life.

This broader societal context of homophobia and transphobia needs to be recognised and understood as it provides the backdrop to the experiences and help-seeking practices of LGBTIQ people who perpetrate or are victims of family violence.

International studies on the prevalence of violence in LGBTIQ relationships indicate that rates are similar to those perpetrated by men against women in heterosexual relationships (Brown 2008).

Additional power and control factors in LGBTIQ relationships

The effects of violence are similar for all those who experience it, regardless of gender, sexuality or sex diversity. However, while forms of violence are also generally the same, there are some additional tactics of violence that have particular power because of homophobia and transphobia. These are:

- threats to reveal a person's sexual orientation, transgender or intersex to their friends, colleagues, family or people in positions of power, for example, landlords
- homophobic or transphobic insults
- playing down or denying violence by saying family violence only happens in heterosexual relationships
- telling the person that support services are homophobic or only for female victims
- attempting to normalise the violence by claiming it is a feature of LGBTIQ relationships and lifestyles – this is particularly powerful if the victim is young, not out or recently out, or not connected with a broader LGBTIQ community.

There are also forms of abuse that are quite specific to the context of intersex and transgender intimate relationships. For example:

- withholding or threatening to restrict access to hormones, medications, medical treatment or support services
- ridiculing or disrespecting a partner's gender identity or intersex
- demanding that a partner present as a certain gender
- insisting that a partner has treatment to look more male or more female
- drawing attention to anatomical differences
- using inappropriate pronouns.

Working with LGBTIQ people

The potential for homophobia and transphobia amongst agencies and services means people in the LGBTIQ community might be less likely to seek help. They also often have little confidence in the willingness or capacity of the legal system or other support services to respond to their needs in relation to family violence. Their lack of confidence might be justified; research in NSW found:

' … significant variation in services regarding their competence and confidence in working with LGBTI community members and understanding their specific needs. Some services were well informed and sensitive to these needs, while others lacked a basic awareness.'

(Constable et al 2011)

With a lack of specific LGBTIQ group programmes, it's important that LGBTIQ people can access mainstream services in a safe way which delivers results for them. Special consideration will need to be taken of LGBTIQ issues – not only by professionals delivering services directly to them but also by providers delivering services for their children – to ensure a safe space for their children.

Mainstream violence services need to build relationships with their local LGBTIQ communities so people know where to go to get help. Providers should commit to developing LGBTIQ-related capabilities and knowledge so they can communicate, engage and practice in a way that respects sex, sexuality and gender diversity.

Examples of inclusive practices are:

• talking about ways that patriarchy also oppresses people in LGBTIQ relationships

• addressing homophobia and transphobia in discussion reflecting on masculinity and femininity

• engaging with people around their homophobia or transphobia and associated stereotypes

• referring to acts of violence specific to LGBTIQ relationships, such as threats of 'outing'

• acknowledging different sexualities, gender and intersex diversity in discussions about sexual violence.

5.6.8 Intergenerational violence

Intergenerational violence is a pattern of violence, abuse and/or neglect that's repeated from one generation to the next in a family. In 2014, the government specifically recognised the problem of intergenerational violence in announcing a whole-of-government approach to break the cycle of family violence (Turia 2014). The Associate Minister of Social Development stated:

'We know that children who are exposed to family violence in their childhood are at greater risk of becoming perpetrators and victims of family violence in their adulthood – perpetuating the cycle. So we must work together to break that cycle.'

In its 2013 annual report, the Family Violence Death Review Committee also commented on the cumulative pattern of harm inflicted by family violence in this context (Family Violence Death Review Committee 2014).

Prolonged and repeated exposure to family violence results in many long-term health and social issues for victims and their children, for example, poor mental health, problematic use of alcohol and other drugs, suicide attempts and the inability to hold down a job.

In its review of family violence-related deaths in New Zealand between 2009 and 2012, the committee noted a number of victims and perpetrators had experienced multiple forms of abuse as children. Victims had also frequently been abused in prior relationships and carried the effects of the trauma into subsequent relationships.

Children living in families where family violence is occurring are frequently at heightened risk of physical harm from the perpetrator. In the committee's 4 regional reviews where fatal injuries had been inflicted on children, all the abusive stepfathers had Police-recorded histories of alleged abuse inflicted on multiple previous partners and/or physical abuse against children (Family Violence Death Review Committee 2014). Fatal child abuse most frequently occurs in the context of family violence that is often intergenerational in nature.

The overrepresentation of Māori in family violence deaths was of significant concern to the committee and its regional reviews have revealed patterns of normalisation of violence within whānau (Family Violence Death Review Committee 2014). Māori women are especially vulnerable to the effects of family violence as they're often dealing with serious levels of victimisation and social entrapment, extreme economic deprivation and high levels of historical and intergenerational trauma. This affects the victim and their children (including the unborn), extended family and whānau, and support networks (Hall 2015).

Māori men, including perpetrators of family violence, can also be victims of historical and intergenerational trauma. Most men who use violence have themselves been exposed to abuse and neglect in childhood with a continuum of exposure to violence into adulthood (Family Violence Death Review Committee 2015: 105). Trauma remains embedded in the whānau system until patterns of behaviour can be corrected by intervention (Hall 2015: 72).

Appendices

APPENDIX 1: GLOSSARY

CAN

Child abuse and neglect: one of the three broad forms into which family violence is frequently classified. See also, IFV and IPV.

Children's Action Plan

The Children's Action Plan was released in 2012 and documents the initiatives and actions to achieve improved wellbeing for vulnerable children. The Ministries of Health, Education, Social Development, and Justice, and the Police must now jointly ensure that children identified as vulnerable get the services and support they need to thrive. These measures are intended to place the needs of children at the centre of future services.

Domestic relationship

As defined in section 4 Domestic Violence Act 1995:

(1) For the purposes of this Act, a person is in a domestic relationship with another person if the person –

    (a) is a spouse or partner of the other person; or

    (b) is a family member of the other person; or

    (c) ordinarily shares a household with the other person; or

    (d) has a close personal relationship with the other person.

Exclusions are also set out in this section of the Act.

Domestic Violence	Section 3 of the Domestic Violence Act 1995 defines domestic violence as:
	
	(1) In this Act, domestic violence, in relation to any person, means violence against that person by any other person with whom that person is, or has been, in a domestic relationship.
	
	(2) In this section, violence means–
	
	   (a) physical abuse:
	
	   (b) sexual abuse:
	
	   (c) psychological abuse, including, but not limited to,–
	
	      i. intimidation:
	
	      ii. harassment:
	
	      iii. damage to property:
	
	      iv. threats of physical abuse, sexual abuse, or psychological abuse:
	
	      v. financial or economic abuse (for example, denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education):
	
	      vi. in relation to a child, abuse of the kind set out in subsection (3).

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

Domestic Violence Act 1995	The governing legislation that supports the access to and management of domestic violence programmes within New Zealand.
IFV	Intrafamilial violence: one of the three broad forms into which family violence is frequently classified. IFV covers family violence other than intimate partner violence and child abuse and neglect. IFV includes elder abuse, sibling violence, and violence of a child against a parent. See also, CAN and IPV.
IPV	Intimate partner violence: one of the three broad forms into which family violence is frequently classified. IPV includes past and present married, civil partnered, or defacto couples, gay and straight, and couples in an intimate relationship who regularly spend time together. See also, CAN and IFV.

Protection Order

A Protection Order is a formal court order to protect people who are in a domestic relationship from 'domestic violence'. Protection Orders have standard conditions giving protection from any physical, sexual, or psychological abuse (including threats or harassment), but are also flexible enough to deal with an individual's situation. A Protection Order may be 'temporary' or 'final'.

Respondent

A person against whom an order has been applied for or made under the Domestic Violence Act 1995 (eg a Protection Order).

Victim Advisor

A court victim advisor is an employee of the court who works with victims in the criminal court to advise on rights under the Victims Rights Act 2002, provide information about the court case, and help victims through the court process.

Violence

As defined in section 3(2), (4), and (5) Domestic Violence Act 1995.

Vulnerable Children Act 2014

On 1 July 2014, this Act and related legislation passed into law. The Act forms a significant part of comprehensive measures to protect and improve the wellbeing of vulnerable children and strengthen our child protection system.

APPENDIX 2: FAMILY VIOLENCE LEGISLATION

Family violence law influences and reflects society's expectations about behaviour that is considered unacceptable and how the state and communities should respond. The law also provides victims with legal tools to stop perpetrators being violent, and gives the Police, courts and Department of Corrections the powers and responsibilities to take action to ensure the tools are effective.

The Domestic Violence Act (the Act) was groundbreaking when enacted in 1995. It emphasised the safety of victims, gave the Police the ability to arrest for breaches of protection orders without a warrant or a complaint from the victim, focused on re-education for perpetrators and safety support for victims, and included psychological violence in the definition of 'domestic violence.'

The Act has been amended several times since its enactment. Social norms and expectations continue to change and new evidence about how to stop violence occurring continues to emerge. The amendments have gone some way to keeping the law up to date with these developments.

A review of the Act in 2007 largely focused on improving and expanding the existing set of tools and powers. The Domestic Violence (Enhancing Safety) Act 2009, which followed the review, gave police the power to issue Police safety orders, removed 2 tiers of penalty for breaching a protection order, and empowered judges to issue a protection order on sentencing for family violence offences in the criminal court.

Further amendments in 2011 focused on keeping children safe, while an amendment to the Act in 2013 added financial and economic abuse to the definition of domestic violence, increased the maximum penalty for breaches of protection orders, and improved court-ordered family violence programmes.

The Act has generally been considered to be sound. However, after 20 years it is timely to look more broadly at the legal response to family violence, and to assess whether it has kept up to date with developments in the understanding of family violence. There is also an opportunity to review the legislation in light of the aims of the wider work programme, such as developing a more coordinated system for responding to family violence.

The review of family violence legislation is a central part of the current Ministerial work programme on family and sexual violence. This has culminated in the Family and Whānau Violence Legislation Bill in Parliament currently, which proposes significant amendments to the Domestic Violence Act to ensure victims are safer and perpetrators are held to account.

The law underpins our response to family violence, so we need to make sure it has kept pace with local and international advances in understanding of family violence and how to address it. We need to ensure the broad set of laws that apply in this area are effective and work well together.

Existing and proposed family violence legislation includes:

Family and Whānau Violence Legislation Bill (currently before Parliament)

An omnibus Bill to ensure that family violence legislation is more complete, fit for purpose, and supports better a co-ordinated and effective response to family violence. The Bill amends the criminal and civil law to contribute to a legislative framework that:

- keeps victims of family violence safe
- holds perpetrators to account for their behaviours and reduces family violence
- ensures adequate responses to family violence in all its forms
- promotes consistent and collaborative practice.

Domestic Violence Act 1995

This is the key Act about family violence. The Act provides for protection orders, property orders, Police safety orders, and programmes for both victims and perpetrators of family violence.

Care of Children Act 2004

This Act supports parents to make decisions about care of their children after they have separated, including situations where family violence is occurring. The children's welfare and best interests are the first and paramount consideration in all decisions under the Act.

Vulnerable Children Act 2014

On 1 July 2014, this Act and related legislation passed into law. The Act forms a significant part of comprehensive measures to protect and improve the wellbeing of vulnerable children and strengthen our child protection system.

Crimes Act 1961, the Bail Act 2000 and the Sentencing Act 2002

These Acts and other criminal legislation set out criminal offences and their consequences, including those that may relate to family violence.

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