



**Toward a transformed system to address
child abuse and family violence
in New Zealand**

A report to
The Glenn Inquiry

by

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Toward a transformed system to address child abuse and family violence in New Zealand

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Contents

Figures	7
Tables.....	7
Executive Summary.....	8
1. Introduction	18
2. Our Approach.....	18
3. Our Sources.....	19
Literature	19
Qualitative modelling.....	20
The People’s Inquiry.....	20
Collaborative workshops with sector experts	20
4. Matters of definition and indicators	21
5. What is the goal and focus for a transformed system?.....	22
The goal	22
The situation	22
6. What needs to change?	31
The current system	31
Qualities of the desired system?.....	32
7. A model to ensuring change will work and will last	34
7.1 Designing for operational effectiveness	39
7.2 Designing for coordinated activity	47
7.3 Tasking, resourcing and monitoring performance	49
7.4 Scanning and Planning	50
7.5 Purpose and guidance	54
8. Conclusion.....	55
Critical properties for social viability.....	55
Specific areas for improvement or innovation.....	56
Getting it together	58
References	60
Appendix 1: Summary of Literature	65
1 Introduction	65
2 Overview of theoretical explanations for family violence and child abuse	67
3 Public health approach	69

4	Developing indicators and monitoring trends in New Zealand	71
5	Incidence and prevalence in New Zealand	73
6	Intimate Partner Violence (IPV).....	78
7	Child Abuse and Neglect	82
8	Multidirectional relationships between family violence, child abuse and mental health ...	83
9	Other forms of family violence.....	84
10	Responses to family violence and child abuse	85
11	Primary Prevention	88
12	Secondary and Tertiary prevention	92
13	Kaupapa Māori models	98
14	Significance of Gender Effects and Violence Typologies on Policy and Treatment	99
15	Family Court changes	100
16	Frontline Workers	100
17	Evidence gaps and methodological challenges	101
18	Conclusion.....	103
	References	104
	Appendix 2: Methodology for our participatory systems approach	125
	Developing a systemic model of a transformed system – our approach	125
	Interactive Planning methodology	125
	Soft Systems Methodology	126
	Critical Systems Heuristics	126
	Viable System Model	127
	Appendix 3: A reading of <i>The People’s Report</i>	129
	Appendix 4: Modelling the System	139
	Appendix 5: Abbreviations, Acronyms and Glossary.....	147
	Appendix 6: The research team	148

Figures

Figure 1: The 'total' environment	23
Figure 2: The transformed system as a viable system model.....	36
Figure 3: Multilevel application of VSM approach	38
Figure 4: System One - Operational activities	39
Figure 5: A generic model of the intervention, family violence, and child abuse and neglect system	40
Figure 6: System Two – Coordination	47
Figure 7: System Three – Tasking, Resourcing, and Monitoring Performance	49
Figure 8: System Four – Planning and Scanning.....	51
Figure 9: System Five – Purpose and guidance	54
Figure 10: The Viable System Model.....	56
Figure 11: System map of Child abuse and family violence system	139
Figure 12: Multiple scales of the Child Abuse and Family Violence System.	141
Figure 13: Causal Loop Diagram of the coordination and collaboration system	143
Figure 14: Causal Loop Diagram showing effect of funding	144
Figure 15: Causal Loop Diagram, shifting the burden on to the symptomatic solution.	145

Tables

Table 1: Properties of the desired system	32
Table 2: NZ Police family violence investigations 2006-2013.....	75

Executive Summary

Introduction

The Glenn Inquiry (TGI) has contracted ESR to bring together the relevant experience and expertise to collaboratively model a transformed system to address child abuse and neglect (CAN) and family violence (FV) in New Zealand.

Our approach

We have treated the task of reducing FV and CAN as a ‘wicked problem’¹; that is, reducing FV and CAN is a problem that cannot be solved once and for all, and is not a matter of simply applying expert knowledge. The methods used in this project have been chosen because they are appropriate for working with wicked problems: stakeholder engagement, systems thinking and inter-disciplinary analysis.

In this report, we refer to both CAN and FV. We recognise that, for some purposes, *dealing with CAN* requires particular strategies and treatment; however, the purpose of this report is to develop a transformed system that will *reduce* both CAN and other forms of FV. While the underlying causes of CAN and other FV may be considered independently, and some responses to each form of abuse will need to be particular, this report proposes a wider system of responses that will enable targeted interventions for each form of abuse.

We use the term ‘family violence’ in this report in the sense it has come to be understood in Aotearoa, and is used in *Te Rito: New Zealand Family Violence Prevention Strategy*. In this use, FV includes intimate partner violence, child abuse and neglect, elder abuse, inter-sibling abuse and parental abuse.

The project consisted of four work-streams:

1. A review of the international and national literature on what would constitute a high performing system to address CAN and FV, including a review of New Zealand’s current approach with a focus on government legalisation, policies and initiatives;
2. Qualitative modelling of the system dynamics associated with the existing way in which New Zealand has responded to CAN and FV;
3. A secondary (sociological) analysis of suggestions for system improvement from the *People’s Report*; and,
4. Developing a systemic model of a transformed system through collaborative workshops with sector experts.

¹ The idea of wicked problems was formulated by Rittel and Webber in 1973. More recently, Kolko has summarised what makes for a wicked problem: “A wicked problem is a social or cultural problem that is difficult or impossible to solve for as many as four reasons: incomplete or contradictory knowledge, the number of people and opinions involved, the large economic burden, and the interconnected nature of these problems with other problems” (Kolko, 2012, p. 10).

Literature

Four appraisals of the literature have been carried out to inform what would constitute a high performing system to reduce CAN and FV:

1. New Zealand's current approach to addressing CAN/FV, with a focus on government legalisation, policies and initiatives;
2. Research on prevalence, incidence, different types, impacts and challenges in responding to intimate partner violence;
3. Research on the prevalence, incidence, risk and protective factors and key interventions associated with child maltreatment/sexual abuse, including the interface between intimate partner violence and child abuse; and
4. Review of international frameworks for addressing violence against women, including the need to adopt a holistic framework to guide interventions.

The literature appraisals are summarised in an appendix to this report, and are reported fully in a separate document.

Qualitative modelling

Drawing on key informant interviews and published accounts of system dynamics, our analysis has identified the key elements and inter-dependencies that constitute New Zealand's response to CAN and FV; the main stakeholder groups; and the complex sets of relationships, roles and responsibilities that make up 'the system'².

The People's Inquiry

TGI has gathered the views of people in New Zealand about how CAN and domestic violence can be addressed. The prompting question was, if New Zealand was leading the world in addressing child abuse and domestic violence, what would that look like? The inquiry heard from around 500 people, including 113 frontline workers. The insights shared with the inquiry and some discussion on how to respond to them has been published by TGI as *The People's Report*. That report provides a basis for greater understanding of the lived experiences of people directly affected by CAN or FV, and the perspectives of frontline workers.

Collaborative workshops with sector experts

Three full day workshops were held with a range of people with expertise (both academic expertise and practitioner experience) in areas such as child abuse, family violence, elder abuse, and sexual violence. Throughout this report we have referred to the participants in these workshops as 'sector experts'. The purpose was to bring together a range of perspectives to imagine a transformed system to deal with FV and CAN. To structure the dialogue, we drew on principles and methods from a number of systems methodologies including Interactive Planning, Soft Systems Methodology,

² The inverted commas indicate our choice to view the range and network of responses to FV and CAN as if it were a system. It is our contention that a systemic approach, or systemic intervention, to improving how various initiatives and functions work together to reduce FV and CAN is needed.

Critical Systems Heuristics, and the Viable System Model. Systems methodologies seek to develop a 'bigger picture' understanding of hard-to-address issues, and they also provide methods to support the design of viable organisational responses that can meet social needs with minimum unwanted side-effects.

What is the goal of a transformed system?

Consistent with the declared purpose of TGI, we have focused on developing a system that reduces the rate of child abuse and/or family violence by giving credence to the experience of those most affected by such violence, and by changing how New Zealand deals with these problems. The ultimate goal, specified by TGI, is to make New Zealand a great place for families; particularly women and children.

What is the context and focus for change?

Drawing on all four work streams, we developed a rich picture of relevant social, technological, economic, ethical, political and legal features that provide the context and focus of actions to reduce FV and CAN. Key attributes include:

- Various populations, including the community, family, hapū, whānau, those at risk, service users, victims, perpetrators and supportive relationships such as family/friends.
- Prevalence and incidence of various types of violence, such as intimate partner violence (IPV), child abuse and elder abuse along with risk and protective factors, and typologies of victim and perpetrator types.
- Societal 'normalisation' of violence, and the binge drinking culture in New Zealand.
- Lack of political leadership and facilitation of a national strategy impacts on the availability, appropriateness, co-ordination, continuity and review of service resources and staff capacity.
- Different ways of framing family violence and/or child abuse, including the issue of gender symmetry and the relationship between family violence and child abuse.

The level of family violence in New Zealand is unacceptably high.

In terms of fatalities, between 2009 and 2012 there were 63 people killed in intimate partner violence, 37 children killed through child abuse and neglect, and 26 intrafamilial violence deaths. Additionally, 47 per cent of all homicide and related offences were considered due to family violence or related to family violence.

Given only a small proportion of family violence is reported, the enormity of the issue is indicated when considering reported incidents to Police during 2012 was 87,650 (which equates to Police attending a family violence incident every six minutes).

In relation to child abuse, notifications to Child, Youth and Family (CYF) that required further action rose between 2007 and 2012, and those where abuse was substantiated after investigation

increased in number between 2007 and 2010, and remained fairly constant in the following two years.

Reported incidents of FV are considered to be only a small proportion of the FV that is experienced. The New Zealand Crime and Safety Survey (NZCASS), 2009 found that three quarters of those who claimed they were victims of partner offences did not contact the police (Ministry of Justice, 2011). Similarly with elder abuse, one agency alone reports over 1600 elder abuse and neglect referrals each year, of which two thirds are substantiated.

The impacts of family violence do not fall evenly on the population. NZCASS 2009 (Ministry of Justice, 2011) data suggest that about 85% of serious partner offenses are against female victims, and police statistics show about 84% of those arrested for family violence are men. Of the homicides resulting from intimate partner violence (2009-2012), almost all of the women involved had been abused in the relationship. Over three quarters of children killed are less than five years old and nearly half of the children killed have a history with CYF. Māori are disproportionately represented in all forms of family violence homicides, compared with non-Māori. It also appears that “family deaths occur more commonly among people living in areas of high socio-economic deprivation” (Family Violence Death Review Committee, 2014). However, family violence is experienced in all socio-economic groups, even if less is known about the experiences of middle and higher income families.

The impacts of family violence can be intergenerational; for example, intimate partner violence can affect the life trajectories and later health of children and adolescents.

The People’s Report stated that most of those who contributed to that inquiry felt that “the normalisation of child abuse and domestic violence” is a major issue facing New Zealand. Key factors linked to this normalisation included a general apathy toward child abuse and domestic violence, New Zealand’s drinking culture, and ‘system failures’.

In our analysis of the various commentaries from the sector, a telling criticism of how New Zealand currently addresses family violence and child abuse is that it is like a patchwork. While skilful patchwork does involve careful attention to coherence and design, the metaphor here suggests a range of differing responses that have been developed and implemented without sufficient regard to the overall effect. Clearly the patchwork includes some outstanding projects. But practitioners, researchers and those represented in *The People’s Report* have told us of variable quality; variable resourcing; insufficient coordination; poor levels of evaluation and evidence to support some approaches; insecurity of funding; lack of national strategy; and contracting, funding and accountability processes that can undermine service delivery.

Overall, the ‘patchwork’ of planning and provision in this area varies in its quality, evidence-base, and resourcing, lacking overall coherence.

The task, then, is to outline a more integrated approach to reducing both the incidence and the impacts of family violence that will deliver more than is possible through a patchwork of provision, and that includes informal systems in the community (e.g., family, whānau, clubs and associations).

What qualities are important in the desired system?

To be politically and socially viable, the transformed system needs to be sufficiently relevant, credible and legitimate in the eyes of all key stakeholders.

- The system will improve the situation of those who have been subject to family violence, those vulnerable to such abuse, those who have perpetrated abuse, and those who are vulnerable to doing so.
- Monitoring the performance of the system will incorporate evaluation evidence (outcomes data) as well as the experiences of individuals and communities directly affected.
- Governance decisions will include representation of service users, and balance the advice of experts with that of communities and practitioners, informed by the experiences of those most affected.
- How the system is planned and implemented will include a focus on prevention, response and recovery that involves stakeholders, uses the best evaluation evidence, and balances central control with local context.
- The system will have cross-party political commitment and government capacity to advise on direction and interventions.
- The system will use accurate documentation and well-designed evaluations that are culturally responsive.
- The system will be based on commitments to the dignity of persons, the application of human rights and respect, and will recognise cultural diversity.

Designing change that will work and last

We have viewed the national response to family violence as if it were a purpose-built system to reduce the rate of child abuse and neglect and other forms of family violence. What is required is a 'viable system'; that is, an integrated approach that produces the desired outcomes and will remain effective over time. Viability means that the necessary functions in the system work together coherently, and that the system is seen by key stakeholders as relevant, credible and legitimate.

We model a transformed system drawing on Beer's Viable System Model³ which sets out five critical functions needed to work together to sustain a system:

- **Operational effectiveness:** a range of operations or activities that carry out the main work of the system to meet needs in the situation to be addressed (the 'environment'), or add value in some way (System One).

³ Beer, S. (1981). *Brain of the firm: the managerial cybernetics of organization* (2nd ed.). Chichester: Wiley, Beer, S. (1985). *Diagnosing the System for Organizations*. London: John Wiley & Sons, Devine, S. (2005). The viable systems model applied to a national system of innovation to inform policy development. *Systemic Practice and Action Research*, 18(5), 491-517, Fitcha, D., Parker-Baruab, L., & Watt, J. W. (2014). Envisioning Public Child Welfare Agencies as Learning Organizations: Applying Beer's Viable System Model to Title IV-E Program Evaluation. *Journal of Public Child Welfare* 8(2), 119-142.

- **Coordination:** sufficient coordination of the operations or activities so they do not undermine or diminish the overall effectiveness of the system through how they work together, or fail to work together (System Two).
- **Tasking, resourcing, monitoring performance:** ways to ensure the operations or activities are appropriately tasked and resourced, and that they are held accountable for their performance (System Three).
- **Scanning and planning:** ways to keep the system alert to new developments and future opportunities that could affect the ability of the system to achieve its purpose (System Four).
- **Purpose and guidance:** ways of providing a clear focus or purpose for the system, and to ensure that the system is both looking to the future to adapt, and maintaining high performing and well-resourced activities in the present (System Five).

In relation to FV and CAN, each of these five functions will need to be present at multiple levels: national, regional and local; and will need effective communication between these levels.

Designing for operational activity

The first critical function, then, is a set of operational activities to reduce FV and CAN.

Having modelled various ways of understanding how to respond to CAN and FV we chose a framework to classify the range of activities or services that carry out the main work of the system. Drawing on a public health framework that found support from key sector experts, we have classified activities under five headings: prevention, targeted prevention, response, recovery and advocacy.

It is generally agreed by experts and practitioners in the fields of CAN and FV that too few programmes or interventions are based on robust evidence of efficacy and effectiveness. Evidence is patchy. Our report suggests a number of ways to improve provision, with further work required to determine what specific interventions would best meet these requirements.

Prevention and targeted prevention. Prevention activities aim to stop abuse from happening. Prevention activities are needed in at least four areas: education in schools, parent education, public awareness, and programmes of social support.

While some current programmes in schools are considered worthwhile, we recommend a clear nation-wide integrated approach to dealing with family violence and child abuse themes in schools and pre-schools; the approach needs to support adaptation and targeting for particular communities while maintaining a degree of standardisation and integration with the national curriculum.

Again, in relation to parent education, credible programmes already exist and are happening. The focus needs to be on ensuring that such programmes are well run, widely available, integrated with other initiatives, and designed or tailored well for particular communities. A more systematic and integrated use of health and social services (e.g., midwives) to support parent education is worth exploring.

A number of public awareness campaigns have been carried out. What appears to be needed is a greater understanding of what works and what does not work in terms of preventive campaigns, and a stock-take of who is doing what in community settings. In addition, a programme of systematically

gathering and reporting relevant indicator data may serve to focus public attention on progress or otherwise in addressing family violence.

More evidence is needed on the effectiveness of various forms of social support in reducing family violence.

Policy initiatives are needed that diminish the social conditions under which FV particularly flourishes, such as conditions of poverty or social isolation.

Response. Once family violence of any kind has been reported, response focuses on victim safety and support, and on perpetrator accountability.

The trialling and evaluation of a specialist family violence court is to be welcomed, and specialist training of the judiciary and the potential of court processes that do not rely on victim testimony need to be explored.

Greater attention needs to be given to tailoring responses designed both for victims and perpetrators that are appropriate to the person's needs, age, culture, ethnicity and abilities. We recommend learning from the strengths and weaknesses of the family group conference approach used in New Zealand for youth offenders. Special attention and expertise is required when considering the appropriateness of any form of restorative justice process due to the risks posed by a perpetrator and the dynamics of their controlling behaviour.

Recovery. The aims of recovery activities include the restoration of health and wellbeing for victims of violence, stopping re-victimisation, and stopping recidivism by perpetrators. Recovery approaches include community and peer support activities, mandated programmes for perpetrators, and therapeutic services.

We recognise the value in recovery of support networks, peer groups and the role of family and whānau. Sector experts have suggested the strategic use of the justice and corrections systems to provide and mandate effective recovery interventions for perpetrators. Interventions could include the strategic use of supervision during probation, with judicial review. Such approaches have been more common in relation to child abuse than domestic violence.

Therapeutic interventions need to include specialist counselling and therapeutic services for victims of family violence. It is not clear what the long-term value of brief interventions is, and so further evidence is needed; however, new research does support using 'bridge services' so victims with multiple needs can receive concurrent treatment and services as needed.

There is a need for programmes for women that address repeat re-victimisation.

Meanwhile, there are already a number of programmes designed to support the recovery of perpetrators, including culturally responsive programmes by Māori and Pasifika providers. More research is needed to establish what components of group programmes create change for perpetrators.

Advocacy. The task of advocacy is to seek change; change to social attitudes, services, policy, legislation, regulation and institutional practices. The continuous critique of the system by those

affected by it and by emerging evidence is vital for continuous adaptation and improvement. Therefore, we suggest, an advocacy function should be supported as part of contracting and funding services, and that insights from service users need to be actively sought and considered. The promotion of advocacy at the neighbourhood and community levels needs to be explored.

If the first critical function to reduce FV and CAN is a set of operational activities that address prevention, targeted prevention, response, recovery and advocacy, the second critical function for a viable system is the coordination of these activities.

Designing for coordinated activity

In our research, sector experts highlighted the importance of clear pathways of communication between agencies and greater coordination between the different service offerings. They identified a variety of initiatives to ensure good coordination, from understanding the range and offering of the various services (through mapping and knowledge sharing processes) to developing national best practice guidelines and tools that reflect a common language and set of core values, but can be customised to local contexts. International research indicates that, noting the trends towards coordinating efforts to limit duplication of services and to improve outcomes, special attention must be paid to the intersection between CAN and FV as central components in any intervention response. The effects of improved coordination include reducing trauma to victims because they are less likely to have to tell their story so many times. Contributors to *The People's Report* noted that better integration through a case management approach can enable more effective use of informal community resources and supports. The holistic approach underpinning whānau ora, requiring coordination across services and communities, was seen as a good model for intervention, especially for Māori families.

Of prime importance, we believe, is maintaining an integrated approach that ensures prevention and advocacy activities are not 'traded-off' against response and recovery initiatives.

Designing for tasking, resourcing and monitoring performance

The third critical function in a system to reduce FV and CAN is responsible for implementing policies and strategies, allocating resources, monitoring performance and ensuring the accountability of operational interventions.

There is a need to improve the way funding agencies identify, implement and evaluate effective interventions. Four challenges need to be addressed:

- Methods to incorporate the experience and perspectives of communities when it comes to decisions about funding or purchasing of services and monitoring performance (one size does not fit all);
- The sustainable resourcing of programmes that provide for staffing, internal audits and external evaluation, with longer-term contracts;
- Ensuring a system for receiving, assessing and acting on monitoring data that suggests poor or unpredicted performance;

- Sustaining the ability for new providers to enter the ‘market’ and for local practice to be responsive to context.

To enable evaluation and auditing of outcomes from operational activities, funding agreements would stipulate desired outcomes along with meaningful and measurable performance indicators. This focus on desired outcomes within a ‘viable system’ framework would help avoid a narrow, piecemeal and fragmented approach.

Designing for scanning and planning

There is a need to keep the system alert to new developments and future opportunities that could affect the ability of the system to achieve its purpose. We propose three initiatives for consideration:

- Establish a ‘national family safety authority’ as a crown agency with responsibility to ensure decision-makers in the system are well informed on national and international trends and research findings. This work will include regularly comparing current capacity in the system with estimates of forthcoming demand.
- Standardisation of terminology, data sets and variables so that data on family violence is meaningful and comparable; and a systematic triangulation of administrative data, self-report data and qualitative data from practitioners, to determine trends.
- Develop a national data strategy and supporting infrastructure. This needs to include methods and protocols for gathering, accessing and disseminating data and research findings, along with improved capacity and capability for research and development in the field of reducing family violence. Supporting infrastructure is needed to streamline data collection from service providers. This may be a national electronic platform.

A number of research gaps are also noted such as the lack of attention in the literature to women as perpetrators; men as victims; Lesbian/Gay/Bisexual/Transgender violence; sibling violence; violence toward parents; violence toward persons with disabilities; and practice research on programme fidelity, worker-client relationships and organisational factors contributing to the success of interventions.

Designing for purpose/guidance

There is a need to provide a clear focus or purpose for the system, and to ensure that the system is both looking to the future to adapt, and maintaining high performance and well-resourced activities in the present.

There is also a need for a national policy framework that has commitment and ownership across political parties and sector stakeholders. Such a framework would facilitate and express broad ‘buy-in’ to the underlying values, strategies and desired outcomes to drive the system to reduce family violence, including child abuse and neglect.

Toward a transformed system

In considering how to transform the way in which New Zealand responds to FV and CAN we have reviewed the international literature, consulted sector experts and taken account of views expressed through *The People’s Report*. We have outlined a viable system model that indicates where

improvements need to be made. Our analysis of how to respond to the wicked problem of reducing FV highlights three challenges:

- What if the limiting factor to reducing FV is not more or better programmes, but lack of strategy, coordination and intelligence? We believe that this is the place to start.
- In relation to programmes and activities to reduce family violence we recommend a greater commitment and resourcing to establish what works, what might work, and how to determine effectiveness.
- There will always be pressure to add programmes and services that support victims and reduce reoffending by perpetrators. However, a system to *reduce family violence* needs to innovate and resource effective measures for prevention and advocacy.

A further report is in preparation by ESR for TGI that will provide an evidence-based means to select interventions to support a transformed system to reduce family violence, including child abuse and neglect.

1. Introduction

The Glenn Inquiry (TGI) contracted ESR to bring together relevant experience and expertise to collaboratively model a transformed system to address child abuse and family violence in New Zealand.

The project consisted of four work-streams:

1. A review of the international and national literature on what would constitute a high performing system to address child abuse and family violence, including a review of New Zealand's current approach with a focus on government legalisation, policies and initiatives;
2. Qualitative modelling of the system dynamics associated with the existing way in which New Zealand has responded to child abuse and family violence;
3. A secondary (sociological) analysis of suggestions for system improvement from the People's Inquiry⁴; and,
4. Developing a systemic model of a transformed system through collaborative workshops with stakeholders and sector experts.

These work-streams are the four sources that inform the present report.

2. Our Approach

TGI recognised that the task of reducing the rate of child abuse and family violence could be considered a 'wicked problem'. We have approached this project using methods appropriate to exploring wicked problems: stakeholder engagement, systems thinking and interdisciplinary analysis.

The idea of wicked problems was formulated by Rittel and Webber in 1973. More recently, Kolko has summarised what makes for a wicked problem:

A wicked problem is a social or cultural problem that is difficult or impossible to solve for as many as four reasons: incomplete or contradictory knowledge, the number of people and opinions involved, the large economic burden, and the interconnected nature of these problems with other problems.

(Kolko, 2012, p. 10)

Unlike 'tame' problems, wicked problems cannot be definitively solved once and for all, and they are not susceptible to a simple application of expert knowledge. As Rittel and Webber state,

... there are no value-free, true-false answers to any of the wicked problems governments must deal with. To substitute expert professional judgment for those of contending political groups may make the rationales and the repercussions more explicit, but it would not necessarily make the outcomes better. The one-best answer is possible with tame problems, but not with wicked ones.

(Rittel & Webber, 1973, p. 169)

⁴ The analysis was done on the basis of the published report, Wilson, D., & Webber, M. (2014). *The People's Report: The People's Inquiry into Addressing Child Abuse and Domestic Violence: The Glenn Inquiry*.

To support planning for the wicked problem of how to address family violence (FV) and child abuse and neglect (CAN), we have framed our work in terms of Systemic Intervention (Midgley, 2000, 2006).

Systemic Intervention recognises that there may be different perspectives or worldviews, and that a system is not adequately understood without engaging with these. Moreover, as some perspectives or worldviews are more dominant or powerful than others, deliberate efforts need to be made to ensure that sufficient views are included. The systems methods used in this project were chosen to meet these challenges.

The chosen methods engage stakeholders that come from differing perspectives in dialogue with one another. The methods focus on how outcomes are a result of a whole system of interactions, and they promote critical thinking about what and who is to be considered important in addressing the problem.

As Ulrich and Reynolds (2010) state, there are three reasons for such a choice:

“

- Making sense of situations: understanding assumptions and appreciating the bigger picture;
- Unfolding multiple perspectives: promoting mutual understanding; and
- Promoting reflective practice: analysing situations – and changing them.

”

(p. 245-247)

3. Our Sources

Literature

We have appraised four sets of literature to inform what would constitute a high performing system to reduce child abuse and family violence:⁵

1. New Zealand’s current approach to addressing family violence/child abuse, with a focus on government legalisation, policies and initiatives;
2. Research on the prevalence, incidence, different types, impacts and challenges in responding to intimate partner violence;
3. Research on the prevalence, incidence, risk and protective factors and key interventions associated with child maltreatment/sexual abuse, including any interface between intimate partner violence and child abuse; and
4. Review of international frameworks for addressing violence against women, including the need to adopt a holistic approach to interventions.

The literature appraisals are summarised in Appendix 1, and are reported fully in a separate document.

⁵ See Appendix 1.

Qualitative modelling

Our modelling has identified key elements and inter-dependencies that make up New Zealand's response to child abuse and family violence; the main stakeholder groups; and the complex set of relationships, roles and responsibilities that constitute 'the system'⁶.

The approach taken uses qualitative systems dynamics (Maani & Cavana, 2007; Senge, 1990) to describe the current child abuse and family violence system in New Zealand. This involves taking a step back and looking at both the 'forest and the trees'. The modelling has been informed by insights from key informant interviews, workshops and relevant literature.

A system approach has previously been applied to child abuse. Examples include, *The Munro Review of Child Protection* (Department for Education, 2011), *Adapting a Systems approach to Child Protection* (Wulczn et al., 2010) and *The Underlying Instability in Statutory Child Protection* (Mansell, 2006).

The People's Inquiry

TGI has gathered the views of people in New Zealand about how CAN and domestic violence (DV)⁷ can be addressed. The prompting question was, *if New Zealand was leading the world in addressing child abuse and domestic violence, what would that look like?* The inquiry heard from around 500 people including 113 frontline workers. The insights shared with the inquiry and discussion on how to respond to them have been published by TGI as *The People's Report* (Wilson & Webber, 2014). That report provides a basis for greater understanding of the lived experiences of people directly affected by CAN and/or FV, and the perspectives of frontline workers.

Collaborative workshops with sector experts

We held three full day workshops with participants representing a range of expertise (both academic and practitioner) in areas that included CAN, FV, elder abuse and sexual violence. Throughout this report we have referred to the participants in these workshops as 'sector experts'. The purpose of the workshops was to bring together a range of perspectives to imagine a transformed system to deal with FV and CAN.

To structure the dialogue, we drew on principles and methods from a number of systems methodologies including Interactive Planning (Ackoff, 1981), Soft Systems Methodology (Checkland, 1999; Checkland & Poulter, 2006), Critical Systems Heuristics (Ulrich, 1983, 2002; Ulrich & Reynolds, 2010) and the Viable System Model (Beer, 1981, 1985; Pérez Ríos, 2012)⁸.

⁶ The inverted commas indicate our choice to view the range and network of responses to FV and CAN as if it were a system. It is our contention that a systemic approach, or systemic intervention, to improving how various initiatives and functions work together to reduce FV and CAN is needed.

⁷ While *The People's Inquiry* did use the term 'domestic violence', we have generally preferred the term 'family violence' for its more inclusive meaning. This is discussed in Section 4.

⁸ More detail on the methodologies used can be found in Appendix 2.

4. Matters of definition and indicators

In this report we often refer to both CAN and FV. We recognise that, for some purposes, *dealing with* CAN requires particular strategies and treatment; however, the purpose of this report is to develop a transformed system that will *reduce* both CAN and FV. While the underlying causes of CAN and FV may be considered independently, and some responses to each form of abuse will need to be particular, this report proposes a wider system of response that will enable targeted responses to each form of abuse.

Apart from frequently highlighting the inclusion of CAN, we use the term ‘family violence’ in this report in the inclusive sense in which it has come to be understood in Aotearoa, and is used in the *Te Rito: New Zealand Family Violence Prevention Strategy* (Ministry of Social Development, 2002). In this use, FV encompasses intimate partner violence (IPV), child abuse, elder abuse, inter-sibling abuse and parental abuse.

The Domestic Violence Act 1995 (DVA) broadened previous legal definitions of DV to include violence against a person by any other person with whom that person is, or has been, in a domestic relationship, including a spouse or partner, a family member, a person who ordinarily shares a house or has a close personal relationship with the other person (as defined by the Act). ‘Violence’ includes physical abuse, sexual abuse and psychological abuse (including intimidation, harassment, damage to property, threats of violence; financial abuse; and causing a child to witness to violence). A recent amendment (September 2013) to the DVA was the addition, under psychological abuse, of financial or economic abuse (for example, denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education). The act clearly defines both the relationship element and the behavioural element of DV; both being important to consider when developing indicators of FV (Gulliver & Fanslow, 2013).

The DVA also recognises that either a single act or a number of acts that form a pattern of behaviour may amount to abuse, “even though some or all of those acts, when viewed in isolation, may appear to be minor or trivial” (DVA Section 3 (4a)).

A recent literature review by the Ministry of Women’s Affairs (MWA), *Current Thinking on Primary Prevention of Violence Against Women* (2013), notes that the term ‘domestic violence’ is more commonly associated with ‘intimate partner violence’ (IPV), which can lead to confusion as the broad definition in the DV Act 1995 more accurately describes ‘family violence’. Their preference is to avoid the term ‘domestic violence’ for the purposes of clarity. As mentioned above, New Zealand’s family violence prevention strategy, *Te Rito* (Ministry of Social Development, 2002), replaces the term ‘domestic violence’ with ‘family violence’ and provides a definition consistent with the DV Act 1995, although it specifies relationships: spouse/partner abuse; child abuse/neglect; elder abuse/neglect (older persons aged 65 years and over by a person with whom they have a relationship of trust); parental abuse; and sibling abuse.

MWA do suggest it may be time to update these definitions to reflect current thinking in the New Zealand context and to include definitions framed within Māori and Pacific worldviews (Ministry of Women’s Affairs, 2013, p. 17).

For the purposes of this report we use the terms FV and CAN to encompass the range of abuse covered by the DVA and *Te Rito*, although we use specific terms where necessary, and where other authorities have used them.

5. What is the goal and focus for a transformed system?

The goal

In designing an improved system around FV and CAN in New Zealand it is important to agree on just what is to be included and what the ultimate purpose of that system is.

While most people readily agree on the importance of reducing both FV and CAN in our society, just what that means and how to achieve it will vary depending on each person's point of view. In order to focus our inquiry we defined a transformed system by interpreting the stated purpose of TGI⁹. The statement was refined with sector experts in workshop 2:

The goal is: a system that reduces the rate of child abuse and/or family violence by giving credence to the experience of those most affected by such violence, and by changing how New Zealand deals with child abuse and family violence, in order to make New Zealand a great place for families, particularly women and children.

We will refer to this system as the 'desired system'.

The situation

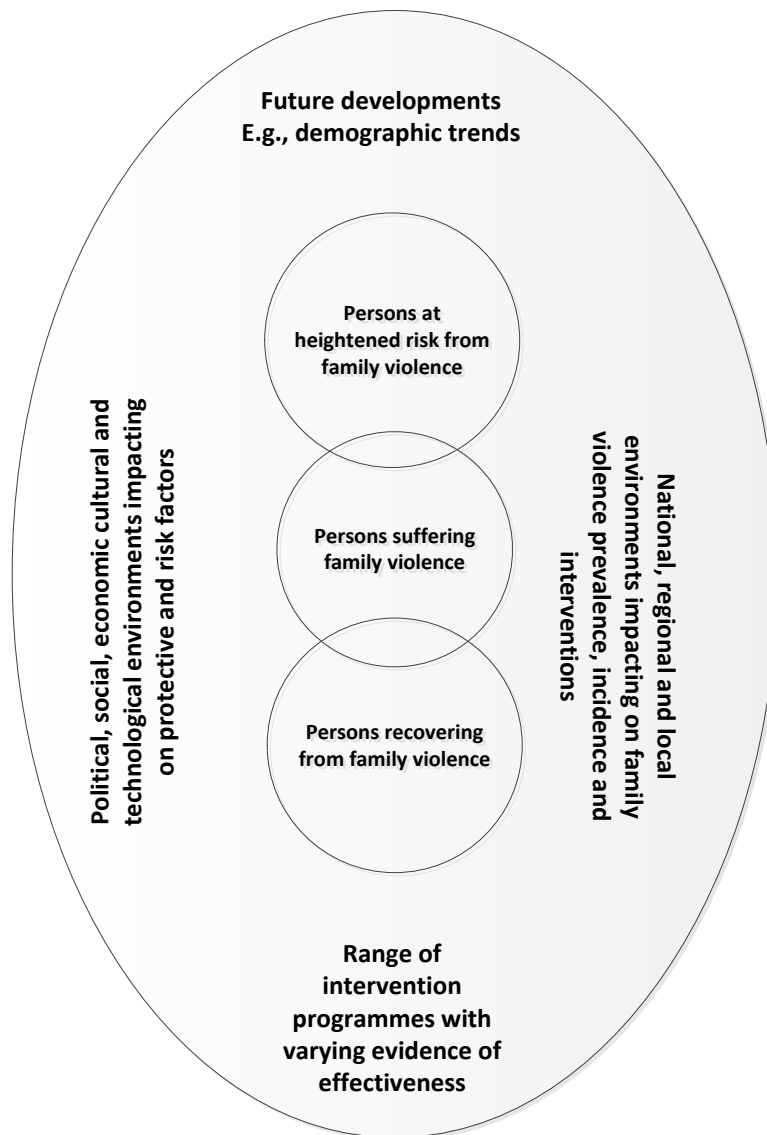
A system for reducing the rate of FV and CAN must make a difference in the real world. The desired system, then, must make a difference to the prevalence and incidence of the various forms of FV and CAN and their various settings in New Zealand. The real world is complex and evolving, and includes physical geographies, as well as a myriad of social, cultural, technological, economic, ethical, political and legal features that are both the context and the focus of intended action.

Our understanding of the real world as complex and evolving has been developed from a critical reading of *The People's Report*, sector workshops and a review of the international and national literature.

We use the term 'total environment' to depict different factors that the desired system must address. Figure 1 shows a simplification of that environment, showing three needs to be address and critical social and political factors that impact on the prevalence and incidence of family violence and on how family violence is addressed (see Figure 1). As we will explain later, a system to reduce family violence in New Zealand will at least need to address the risk and experience of the various forms of family violence and recovery from family violence. Later we will use the language of prevention, response, recovery and advocacy.

⁹ We drew on key phrases on The Glenn Inquiry website that suggested the goal or purpose of the Inquiry.

Figure 1: The 'total' environment



The context or environment evident in *The People's Report* focused on people's experiences of the system and what respondents to the inquiry saw as changes required in the system.

These insights included:

- CAN and DV in New Zealand occur across social-economic and ethnic groups, but likely risk factors include poverty, unemployment, ethnic discrimination and a lack of education.
- The lack of political leadership and facilitation of a national strategy impacts upon the availability, appropriateness, co-ordination, continuity and review of service resources and staff capacity.
- CAN and intergenerational violence were two key aspects of FV that participants deemed priorities for targeted intervention.

- Alongside what participants saw as societal ‘normalisation’ of violence, a binge drinking culture in New Zealand was noted as a risk factor.
- A perceived need for changes in the court system.

A number of those participating in the *People’s Inquiry* appeared to be motivated by the opportunity to ‘have a voice’, and in so doing ‘make a difference’ in reducing FV in New Zealand.

Sector experts in our workshops were invited to reflect on what aspects of the ‘total environment’ a transformed system would need to take into account, particularly at local, regional, national and international scales. Key elements noted were:

- The **prevalence and incidence** of various types of violence, such as IPV, CAN and elder abuse, along with risk and protective factors, and typologies of victim and perpetrator types.
- **Various populations**, including the community, family, hapū, whānau, those at risk, service users, victims, perpetrators and people offering supportive relationships, such as family/friends.
- Implications of **demographic trends**, such as structural ageing.
- Different **ways of framing** FV and/or CAN, including the issue of gender symmetry and the relationship between FV and CAN.
- The **political milieu**, including the priority given to family violence/child abuse by each political party, the length of the electoral cycle, international conventions, and how the Government of the day influences policy, funding and practice.
- The **technological (research) milieu**: a weak evidence base, influence of research priorities and overseas frameworks (e.g., the Duluth Model¹⁰), and a poor uptake of existing evidence in policy and practice.

¹⁰ Historically the development of non-violence programmes for male perpetrators of IPV developed from the Minnesota Domestic Abuse Intervention Project (DAIP) and is commonly known as the ‘Duluth model’. This model is based on feminist analysis that family violence is men asserting power and control over women which reflects patriarchal structures and attitudes in societies. Violence is regarded as a product of cultural conditioning and this model aims to change behaviour by giving male perpetrators a better understanding of gender relationships, redefining their conception of masculinity, and challenging them to take responsibility for their violence. Integral components of the Duluth model include a coordinated community response (CCR) involving the criminal justice system and social service providers with a focus on victim safety and offender accountability. The Duluth non-violence programme, *Creating a Process of Change for Men who Batter*, was designed to be delivered in conjunction with CCR including monitoring of offenders progress and imposing criminal justice sanctions for noncompliance with conditions of probation, civil court orders, or programme violations. Paymar, M., & Barnes, G. (n.d.). Countering Confusion about the Duluth Model. Retrieved 26 August, 2014, from <http://www.theduluthmodel.org/pdf/CounteringConfusion.pdf>.

- The broader **social environment**, including societal norms and beliefs about the acceptability of violence (e.g., male entitlement). Sector experts reflected on the way that media can positively and negatively shape community understandings and attitudes.

Our review of the literature provides further detail of the environmental complexity noted by sector experts, and helps paint a rich picture of the prevalence, incidence, impact, types, and protective and risk factors associated with IPV, CAN and elder abuse that will govern the response of a transformed system. For example, estimating incidence and prevalence rates is critical for targeting resources, responding to shifts in these rates and determining the impact of government legalisation and policy frameworks. The relevant literature is summarised below. For a more thorough summary of the literature, see Appendix 1.

Prevalence and incidence of intimate partner violence, child abuse and elder abuse

The World Health Organisation (WHO) recognises violence against women as a major public health problem. A WHO (2005) multi-country study on domestic family and women's health has estimated the global prevalence of DV as approximately a third of all women (over a lifetime).

In New Zealand, the Ministry of Social Development developed a set of family violence indicators in May 2011 that attempted to answer major questions on trends in family violence in New Zealand (Ministry of Social Development, 2011).

Data collection is largely shaped by legislative definitions and statutory functions, and therefore is not necessarily an adequate basis for monitoring change in societal outcomes or for planning improved policies and implementation. Also, current definitions do not include some significant behaviours (e.g., neglect in relation to adults) (Gulliver & Fanslow, 2013).

On the basis of available data it is clear that only a small proportion of family violence is reported to the police or other agencies. For example, the New Zealand Crime and Safety Survey (NZCASS), 2006, found that 79% of victims of partner offences reported they did not contact the police, and in 2009 this was 75%. There is also evidence that while men experience similar prevalence of partner confrontational violence to that experienced by women, it tends to be of a less serious nature¹¹ and have less impact than that experienced by women. Women are more likely to be injured, more likely to need medical care, and more likely to be murdered by an intimate partner. The NZCASS 2009

¹¹ The NZCASS asked victims to rate on a scale of 0-20 their perception of seriousness of an incident, 0 being a minor incident such as the theft of a newspaper from the gate, while 20 represented the most serious crimes such as murder. The scale ranked seriousness as low 0-4; medium 5-9; and high 10-20. The authors note that while participants may have interpreted the seriousness scale differently, as it did not specify particular groupings of crimes associated with the cut off points, it provides an indication of incidents victims regarded as serious. Ministry of Justice. (2011). Confrontational Crime in New Zealand: Findings from the 2009 New Zealand Crime and Safety Survey. Retrieved from <http://www.justice.govt.nz/publications/global-publications/n/NZCASS-2009/publications/global-publications/c/NZCASS-2009/documents/NZCASS%20Confrontational%20crime.pdf>

found that 85% of serious partner offences were against female victims during 2008. This aligns with Police statistics that 84% of those arrested for family violence are men.

The Family Violence Death Review Committee's Fourth Annual Report (Family Violence Death Review Committee, 2014) reported that from 2009 to 2012 there were 126 family violence homicides of which:

- 63 were intimate partner violence (IPV) deaths
- 37 were child abuse and neglect (CAN) deaths
- 26 were intrafamilial violence (IFV) deaths

FV and related¹² deaths were 47% of all homicides and related offences during 2009 to 2012.

With regard to IPV homicides, 76% of offenders were men and 73% of those killed were women. Half of the homicides occurred after the couple had separated or where separation was planned.

In nearly all cases of IPV homicide there was a history of abuse:

- 93% of women had been abused in the relationship (of these 51 women, 41 were killed by their abuser and 10 killed their abuser)
- 96% of men had been abusers
- 38% of IPV offenders (all male) had a police history of abusing one or more previous partners.

(Family Violence Death Review Committee, 2014, p.35)

The 'gender symmetry' of FV is a hotly debated area, with different theoretical perspectives determining research design and outcomes. While some researchers have found little or no gender effect relating to mild-to-moderate levels of DV, it is apparent that a clear majority of severe and lethal DV is perpetrated by men against women.

Research on different types of IPV can be used to better understand the relationship between gender and violence.

There has been a sharp rise in care and protection notifications to Child, Youth and Family (CYF) between 2002 and 2011. This change may be attributable to causes such as increased public awareness, increased police referrals (due to the Family Violence Interagency Response System), introduction of the Differential Response Model¹³ resulting in changes to social work practice, and

¹² "Family violence related deaths are homicides, and sometimes suicides, that are related to family violence but fall outside the Committee's terms of reference (e.g., a bystander or intervener who died at the event but is not related to the victim)" (Family Violence Death Review Committee, 2014, p.35). From 2009 – 2012 13 family violence related deaths were recorded.

¹³ In New Zealand the differential response model was introduced by Child, Youth and Family in 2009 and is a model for deciding on responses to notifications of concern about children. It provided flexibility to allow CYF

changes to business processes, including national reporting systems. Notifications where further action is required (FAR) have increased between 2007 and 2012. Meanwhile, the number of FAR where abuse was substantiated after an investigation increased between 2007 and 2010 and has remained fairly constant from 2010 to 2012.

Statistics on the deaths of children highlight the vulnerability of the very young: 78% of children killed were less than five years old. Nearly half of the children killed had a history with CYF.

Three quarters of the offenders of fatal inflicted injuries of children were male, and all of the offenders of neonaticide¹⁴ and fatal neglectful supervision deaths were female.

Between 2004 and 2010, there was also a substantial increase in the number of recorded substantiated emotional abuse findings. Almost 85% of emotional abuse findings were associated with FV situations.

Between 2004 and 2010, levels of physical and sexual abuse have remained relatively constant (Ministry of Social Development, 2011; New Zealand Family Violence Clearinghouse, 2013).

The relationship between IPV and CAN is evident, as nearly half of the offenders were known to police for abusing the mother of the child or the female carer.

Māori are disproportionately represented in all forms of family violence homicides compared with non-Māori:

- IPV – Māori were 2.8 times likely to die and 2.5 times more often offenders than non-Māori .
- CAN – Māori were 5.5 times more likely to die than children of other ethnicities; Pacific children were 4.8 more likely to die from CAN than other ethnicities.
- IFV – Māori were 5 times more likely to die, and 13 times more often offenders than non-Māori.

As with all other types of family violence, elder abuse is under reported. In New Zealand, Age Concern's elder abuse and neglect prevention services receive over 1600 referrals each year, and two thirds are substantiated as abuse. Age Concern report that the most common types of abuse are psychological (62%); material/financial (50%); physical (20%); and neglect (20%). Most abuse (79%) is committed by family members; 50% are adult children; and abusers are equally likely to be female or male. The victims of reported abuse are predominantly women (two thirds). Abuse can occur in private homes or institutional settings (Age Concern, 2013).

to refer children and their families to non-government service providers during the initial responses to notifications, particularly at an early intervention stage. Assessment and investigations of serious abuse or violence cases continue to be completed by CYF and Police.

¹⁴ The killing of a child within the first 24 hours of its life.

The impact of intimate partner violence, child abuse and elder abuse

The impact of IPV is well documented, and there is a thorough understanding of the effects and consequences on women, children, families and wider society. For example, impacts of IPV affect the life trajectories of adolescents and the mental health of victims, and are associated with substance abuse and depression. International studies have shown some particular forms of IPV impact:

1. Sequelae (resulting later pathologies) for children who witness and are the victims of family violence are long term, debilitating and significant (Chan & Yeung, 2009). A wealth of studies point to high rates of depression, suicide and Post Traumatic Stress Disorder (Yount, Di Girolamo, & Ramakrishnan, 2011). Child sexual abuse has particular sequelae that require specialist responses (Trask, Walsh, & DiLillo, 2011). Childhood sexual abuse contributes to the risk of mental health problems in significant but sometimes different ways to other forms of abuse (Briere & Runtz, 1990; Krupnick et al., 2004; Trask et al., 2011). Recent research has explored the long term health consequences for victims/survivors, including high rates of presentation to a raft of health services.
2. A number of variables will influence the impact of IPV on children. These include age at exposure to IPV, gender, ability to manage challenging situations, quality of social supports (Clements, Oxtoby, & Ogle, 2008) and the prevalence of co-occurring abuse (Gardner, Kelleher, & Pajer, 2009). It is important to recognise that there is not a single or universal response to children or adolescents who are direct or indirect victims of IPV (Osofsky, 2003). Just as women's experiences of IPV can be varied, so too can children's experience of DV, but little is known about how age, gender, race, class, disability and sexuality might influence children's experiences and understandings.
3. Costs associated with IPV relate to services provided, economic losses, and human and emotional costs, but the task of estimating the economic impact of IPV is complex and inter-country comparisons are problematic. In the United States, the costs of direct medical and mental health service provision is estimated at approximately US\$4.1 billion per year (Department of Health and Human Services, 2003). In New Zealand, one study in the early 1990s (now out of date) estimated that the direct medical, welfare, legal and policing costs were between \$NZ 1.2 billion to \$NZ 5.3 billion (Snively, 1994), but Fanslow (2005) suggests this estimate is conservative. Employment related costs for individuals include loss of income, training and promotion potential and for employers include sick days taken and loss of productivity. While most studies have found that current experiences of IPV have a negative impact on work attendance, Reeves and O'Leary-Kelly (2007) note that, for current victims, attending work may be a way of coping with the violence or a sign of victims' strong motivation to retain employment in order to have the financial means to leave the violence and abuse. On the other hand, they found that people who had experienced IPV in the past were likely to have higher rates of absenteeism than current victims.

Several studies have explored the impact of child maltreatment and the relationship between adult risk and resilience after experience of maltreatment (e.g., Topitzes, Mersky, Dezen, & Reynolds, 2013). A subset of these studies noted that children who experience child maltreatment and adverse

outcomes do not necessarily go on to maltreat their children, and this raises the question of what might make the difference. Also, these studies suggest that institutions need to provide trauma recovery care, and short and long term interventions to treat PTSD symptoms and anxiety; and that indigenous young people's experiences need to be more fully investigated, given their over-representation in custodial environments.

Types of IPV

Understanding the different forms of IPV is important in developing the appropriate interventions. IPV can be categorised in terms of different types of violence, different types of male perpetrator and different types of female perpetrator. Johnson (2008) has identified four types of IPV¹⁵, including coercive controlling violence, violent resistance, situational couple violence and mutual violent control.

There is a growing field of research which clearly argues that not all perpetrators of IPV are alike. As noted above, conclusions of gender symmetry, where women and men use violence equally in intimate partner relationships, are contentious. Male perpetrators can be categorised into two subtypes – those who use violence actively with their intimate partners *and others*, and those who are less likely to use violence against those outside the family. There is a lack of research about women who use intimate partner violence, and knowledge about female perpetration is necessary in order to develop services that respond appropriately to those involved in such situations.

Risk and protective factors for intimate partner violence, child abuse and elder abuse

To inform an effective and comprehensive approach to family violence prevention at primary, secondary and tertiary levels, it is essential to identify risk and protective factors at all levels, from individual to structural factors in wider society. The public health approach conceptualises risk and protective factors using an ecological model:

- **Individual:** includes biological and personal history factors that may increase the likelihood that an individual will become a victim or perpetrator of violence.

¹⁵ Johnson (2008) has identified four types of IPV: *Coercive controlling violence* is described as the sort of IPV that most practitioners will come in contact with: “a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence” toward one partner by the other (Kelly & Johnson, 2008, p. 478). *Violent resistance* is based on the idea that women may use violence as a way of protecting themselves against the coercive controlling violence of their male partners. *Situational couple violence* is described as being carried out equally by men and women (Wangmann, 2011), and, is not considered to be based in power and control. Rather, situational couple violence is likely to be related to a specific situation where an argument escalates into one or both partners using violence. *Mutual violent control* refers to intimate partners who use coercive, controlling violence to exert power over each other [Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476–499, Wangmann, J. (2011). *Different Types of Intimate Partner Violence: An exploration of the literature* (Issues Paper No. 22). Sydney: Australian Domestic & Family Violence Clearinghouse.].

- **Relationship:** includes factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person's closest social circle and can shape their behaviour and range of experiences.
- **Community:** refers to the community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods – and seeks to identify the characteristics of these settings that are associated with people becoming victims or perpetrators of intimate partner and sexual violence.
- **Societal:** includes the larger, macro-level factors that influence sexual and intimate partner violence, such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people.

(World Health Organization & London School of Hygiene and Tropical Medicine, 2010, p. 19 [WHO, 2010])

Level of education appears to be a significant protective factor for both women and men. Women with secondary schooling or higher were 20-55% less likely to be victims of intimate partner violence or sexual violence compared to less-educated women (Brown et al., 2006; Fehringer & Hindin, 2009; Flake, 2005 cited in WHO 2010, p.31). One study showed that men who were more highly educated were approximately 40% less likely to perpetrate intimate partner violence compared to less-educated men (K. B. Johnson & Das, 2009).

Other factors that may decrease or buffer against risk include:

- having benefited from healthy parenting as a child (protective against intimate partner violence and sexual violence);
- having own supportive family (protective against intimate partner violence);
- living within extended family/family structure (protective against intimate partner violence);
- belonging to an association [club or community organisation]; and
- women's ability to recognize risk (protective against sexual violence)

(Ellsberg et al. 1999; Gidycz et al., 2006; Schwartz et al., 2006; all cited in WHO, 2010, p.31).

Family violence is experienced in all socio-economic groups, but less is known about the experiences of middle and higher income families and what the related risk and protective factors are for them. Middle and higher income families may not have the stressors of poverty, unemployment and housing, but the conditioning of socio-cultural factors that perpetuate gender inequalities in society may be similar. The individual factors that can influence offending and victimization, such as trauma history, substance abuse and/or mental health issues, also cut across socio-economic groups.

In relation to risks and protective factors for child maltreatment, a meta-analysis by Greenfield (2010) has established child abuse as a life-course determinant of adult health in a number of domains independent of, and combined with, other child adversities such as low socio-economic status and lack of social support. A number of risk factors underpinning child maltreatment were identified, including parent perception of the child as a problem; parent-child relationships; parent

anger/hyper-reactivity; parent stress; parent self-esteem; family conflict; family cohesion; and child social competence. In addition, a number of mental health issues were highlighted as risk factors in child maltreatment, including anxiety, depression and other forms of psychopathology.

Other studies suggest that greater attention needs to be paid to resilience factors. In addition to specific treatment approaches, systemic interventions are necessary to address family cohesion and family conflict in order to prevent future maltreatment.

Particular community and family-based programmes deemed worthwhile include home visitation, the Triple P parenting programme, greater application of public health measures, managing youth transitions from educational institutions and out of foster care, and early interventions alongside improvements to child welfare systems (Nowak & Heinrichs, 2008).

Douglas and Mohn's (2014) analysis of US children who were fatally maltreated found that families that do not utilise services are more likely to have a child die. Less definitive results relate to socioeconomic status, prior childhood victimisation and child behavioural and emotional problems. Protective factors include family use of a range of social services and also engagement with education and legal services, but in general little attention has been paid in meta-analyses to protective factors, resilience and family strengths in dealing with child maltreatment.

In relation to risk and resilience after experience of child maltreatment, as noted above, a number of studies explored the impact of child maltreatment and the relationship between adult risk and resilience after experience of maltreatment (e.g., Topitzes et al., 2013). It appears that children who experience child maltreatment and adverse outcomes do not necessarily go on to maltreat their children.

Social environment

The literature confirms that CAN and DV can be seen as behaviours that occur within a psycho-social system that is dysfunctional. Not only are individual factors important in family violence, but so too are socio-cultural and anthropological factors including (but not limited to) social and gender norms, poverty and inequality, freedom and participation and cultural engagement. It is likely that greater incorporation of such factors through interagency collaboration with child abuse and domestic violence programmes will increase their effectiveness in reducing reoffending and increase quality of life and care of children in this country.

6. What needs to change?

The current system

We invited sector experts to identify features of the current system for responding to FV.¹⁶ Key insights were:

¹⁶ We used questions adapted from Critical Systems Heuristics (Ulrich, 2002, 1983; Ulrich & Reynolds, 2010).

- The current system can serve to reinforce “Western” worldviews at the expense of Māori perspectives. In particular, some experts saw the current system focusing on individuals and not adequately recognising the role of whānau, hapū and iwi, and the impact of FV in terms of wairua, whakapapa and whanaungatanga.
- Current system performance focuses overly much on outputs and quantities rather than quality of service and outcomes.
- There is a tendency for the current system to be subject to popularism¹⁷ and simplistic analyses about what matters, and to ignore more complex approaches like structural analysis¹⁸.
- There is concern among some experts about a ‘disconnect’ between service providers and government in planning and shaping the system, and there is a need for the experiences of those most affected by FV to be better heard.
- There is a need for greater use of research findings and evaluation to assess potential interventions and current programmes.

Qualities of the desired system?

There are some qualities or properties of a transformed system that, if they were present in the design and operation of the system, would help the system be seen as more relevant, credible and legitimate by those affected by it

We developed a set of such properties by drawing on our four sources: stakeholder feedback in *The People’s Report*; engagements with sector experts; a review of the international and national literature (see Appendix 1); and modelling the system (see Appendix 4).

The most important properties of the desired system are listed in Table 1. The list of properties includes some areas on which there is active debate or disagreement among those with expertise and experience in the sector.

Table 1: Properties of the desired system

<p>Who is this system designed to benefit?</p>	<ul style="list-style-type: none"> • The system needs to improve the situation of those who have been subject to CAN or FV, and those who are vulnerable to such abuse. • It also needs to improve outcomes of those who have perpetrated abuse and those who are vulnerable to doing so. • Service providers and agencies in the field of CAN or FV will benefit from an improved system. • The whole of society will benefit from a high performing system to reduce CAN and FV.
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¹⁷ For a discussion on how popularism has shaped policy on in the justice sector in New Zealand see, Pratt, J. (2013). *A Punitive Society: Falling Crime and Rising Imprisonment in New Zealand* (eBook ed.). Wellington: Bridget Williams Books.

¹⁸ In sociological terms, structural analysis examines the underlying structures in society that impact on the particular problem being investigated. Structures can be defined as sets of interrelated political, legal, social and cultural systems and institutions which are defined as sets of beliefs, rules, norms and values that are relatively stable over time (See Appendix 3).

	<p>An important tension exists between an immediate focus on victims and perpetrators (response), and a focus on the longer term outcome of a society free from the effects of violence (prevention and recovery).</p>
<p>How should performance of the system be measured?</p>	<ul style="list-style-type: none"> • Performance needs to be measured using time-series statistical data. • Performance measured against reducing rates of CAN and FV. • It needs to take into account multiple perspectives: victims and perpetrators, service providers, communities – including families, whānau, hapū, migrant communities, and age related perspectives. • Performance measurement needs to draw on evidence from systematic trials as well as qualitative studies. • Performance measurement needs to support innovation and service improvement, rather than just decision making on what services to open and close. • It is important to include in performance measurement the extent to which interventions support positive contributions by informal parts of the system (e.g., families, neighbours, friends, community organisations). <p>An important tension exists between a focus on robust evidence of effectiveness and outcomes data, and qualitative improvement in a personal and community context. Both focuses are necessary.</p>
<p>Who will have the real power to decide what matters and what success will look like?</p>	<p>An important tension exists between the role of government or funders informed by experts, and the role of communities and practitioners informed by the experience of those most affected.</p> <p>The credibility and legitimacy of a transformed system will depend on ensuring that both sides of this tension are influential in determining what matters and what success will look like.</p>
<p>What will shape how things are planned and implemented in this system?</p>	<ul style="list-style-type: none"> • A framing of the need that includes primary (prevention), secondary (crisis response), and tertiary (rebuilding lives). • Stakeholder participation: cross-government agencies, service providers, researchers, iwi, and service user feedback. • Evidence from well-planned evaluations: outcome evaluations, implementation evaluations, service user feedback, cost/benefit analysis, and analysis of fit for particular populations. <p>An important tension exists between centralised and standardised planning and implementation, and context dependent planning and implementation.</p>
<p>Who and what will be listened to in shaping the planning and implementation of this system?</p>	<ul style="list-style-type: none"> • Evidence from published research. • Those affected. • Practitioners. • Communities.

	Participants contributing to <i>The People's Report</i> were hopeful that the experiences reported there would influence change.
Who and what will provide confidence that the system will produce the desired results?	<ul style="list-style-type: none"> • Well-designed, culturally responsive evaluations. • Capacity within government to advise on evidence and options of programmes and practice. • Sector leadership at multiple levels. • Commitment and 'buy-in' across the main political parties. • The experience of service users. • Effective inter-agency collaboration. • Accurate case documentation. • Responsive and informed front-line workers (including health and education professionals).
How will the experiences and needs of those most affected by the success or failure of this system be respected in planning and implementation?	<ul style="list-style-type: none"> • Representation of service users on governance. • Engagement with service-users and communities in developing strategies and solutions. • Development of well supported 'consumer' advocacy groups. • Feedback mechanisms such as surveys. • Review of sentinel events¹⁹.
What values, assumptions or worldviews will need to underlie this system?	<ul style="list-style-type: none"> • The dignity of all people, the application of human rights and respect for all. • Voices of potentially marginalised people, including young people, old people, and migrant communities are listened to. • Zero tolerance in society for FV and CAN. • A primary commitment to safety. • An integration of prevention, response and recovery approaches. • An acknowledgement of varying worldviews. • A commitment to bicultural and culturally relevant approaches. • Recognising the role of family, whānau, hapū and community contexts. • A system that includes restorative processes with perpetrators. • Equitable access to services for elders, disabled people, migrants, all ethnicities, and those outside mainstream sex and gender orientations.

7. A model to ensuring change will work and will last

One of the criticisms of how New Zealand currently addresses family violence and child abuse is that it is like a patchwork²⁰. While skilful patchwork does involve careful attention to coherence and

¹⁹ In this context a 'sentinal event' would be one which can stand for a class of events and from which inferences can be made for wider application.

design, the metaphor here suggests a range of differing responses that have been developed and implemented without sufficient regard to the overall effect. Clearly, the patchwork of services and responses does include outstanding activities and achievements, and the range of responses to family violence is not restricted to formal or 'official' responses. Contributors to *The People's Report*, among other informants, point to the importance of a vast informal system of family, friends, community, hapū and voluntary activities that help reduce the rates and effects of child abuse and family violence. But practitioners, researchers and those represented in *The People's Report* have also told us of variable quality; variable resourcing; insufficient coordination; poor levels of evaluation and evidence to support some approaches; insecurity of funding; lack of national strategy; and contracting, funding and accountability processes that can undermine service delivery.

Overall, the 'patchwork' of planning and provision of services in this area is not consistent in quality, evidence or resourcing, and lacks overall coherence.

As Dalziel and Saunders (2014) state in a recent discussion of wellbeing economics in New Zealand, "good evidence supports the contributions to wellbeing that can be obtained from participation in community groups." They quote from Nobel Laureate Elinor Ostrom's Nobel Prize acceptance speech: "a core goal of public policy should be to facilitate the development of institutions that bring out the best in humans."

The task, then, is to outline a system that delivers more than is possible through a patchwork of provision, and that facilitates approaches that build upon the informal systems in the community (e.g., family, friends, neighbours and community organisations). To achieve this task we will use the concept of a viable system (Beer, 1981, 1985).

The concept of a 'system' is simply a way of thinking of the whole rather than the parts in isolation from one another, and of recognising that the whole (system) has properties that are more than the sum of its parts because of synergistic effects. Systems thinking helps focus on how different activities interact with one another and influence outcomes in what are sometimes intended and sometimes unintended ways.

The concept of viability, on the other hand, means that the system has all it needs to sustain its continued existence and effectiveness over time.

Systems research has identified five critical functions that need to work together to sustain a system. These come together in the 'Viable System Model' [VSM] (Beer, 1981, 1985). Critical to system viability are²¹:

- **Operational effectiveness:** a range of operations or activities that carry out the main work of the system to meet needs in the situation to be addressed, the 'environment' (e.g., New Zealand communities needing to address child abuse and family violence through prevention

²⁰ The patchwork metaphor was used by more than one sector expert, and represents other expressions others have used to describe the sector as ad hoc or piecemeal.

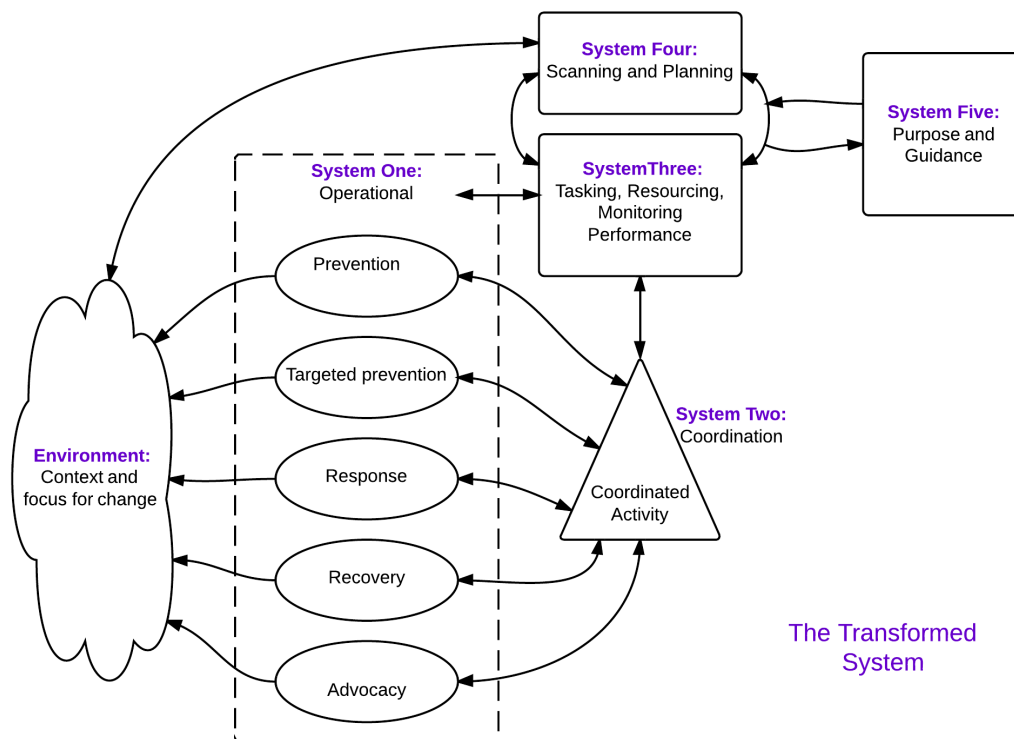
²¹ See Appendix 2 for further detail.

initiatives, response initiatives, recovery initiatives, and advocacy initiatives²²), or add value in some way (System One).

- **Coordination:** sufficient coordination of the operations or activities so they do not undermine or diminish the overall effectiveness of the system through how they work together or fail to work together (System Two).
- **Tasking, resourcing and monitoring performance:** ways to ensure the operations or activities are appropriately tasked and resourced, and that they are held accountable for their performance (System Three).
- **Scanning and planning:** scanning the environment for new developments and future opportunities and threats that could affect the ability of the system to achieve its purpose (System Four).
- **Purpose and guidance:** ways of providing a clear focus or purpose for the system, and to ensure that the system is both looking to the future to adapt, and maintaining high performing and well-resourced activities in the present (System Five).

Figure 2 shows how the various functions of the VSM relate to one another.

Figure 2: The transformed system as a viable system model



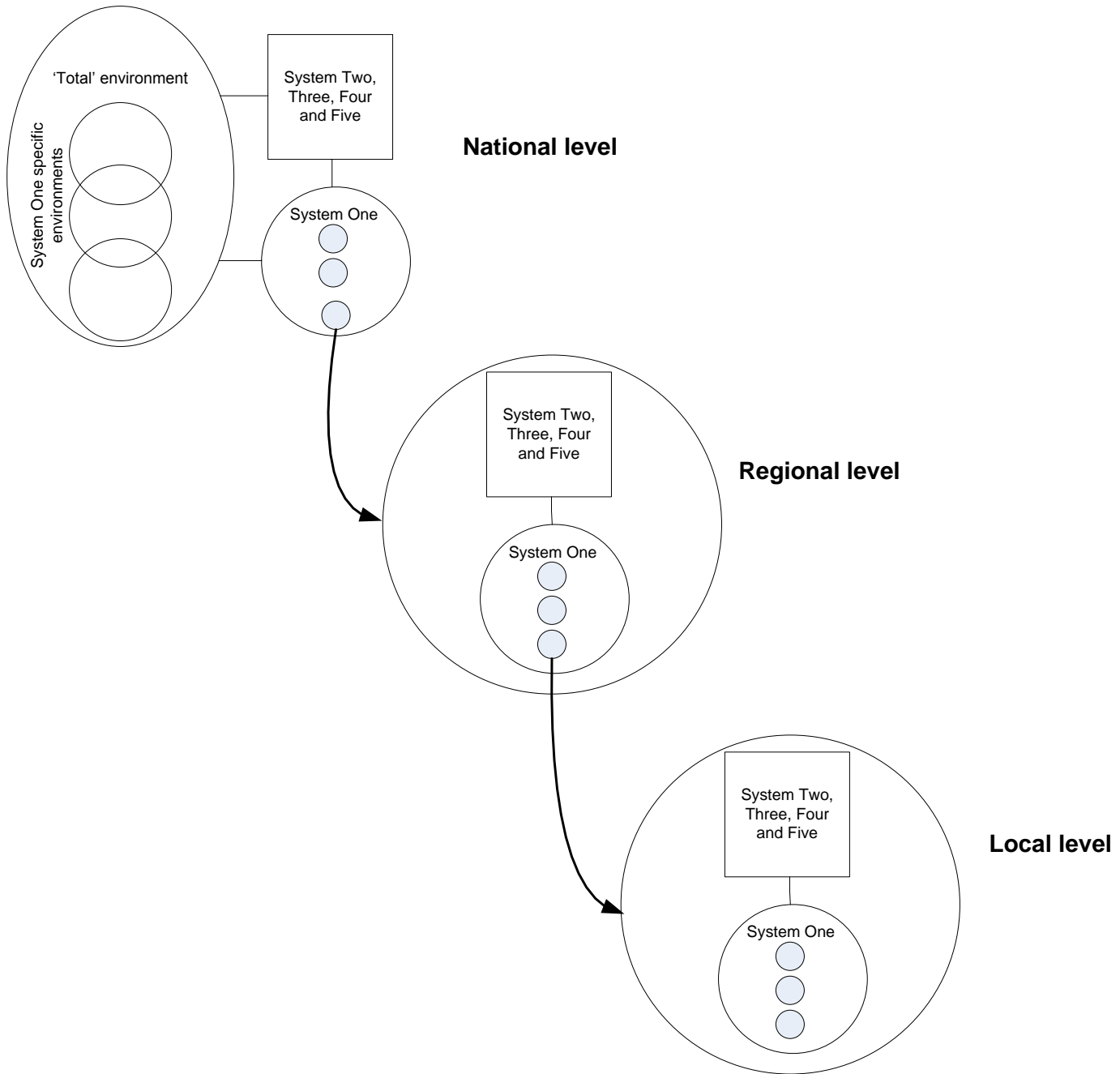
²² Each of these kinds of initiative is explained below.

What is important is that these functions are working effectively as a whole, and appropriate communications between the functions are maintained. The model does not assume any particular organisational structure and can be applied at any level of a system to reduce FV and CAN (local, regional, national and international levels). Such levels are referred to as 'levels of recursion'. In this way, a viable system at the national level can be usefully thought of as a number of viable systems at the regional level (e.g., regional activities), which in turn can consist of a number of viable systems at the local level (e.g., specific services or collaborations). This concept of multiple levels of VSM is illustrated in Figure 3.

The VSM requires that each level (e.g., national, regional or local) of the system has a way of deciding and articulating what its overall purpose is (System Five) in relation to some complex environment. The core purpose of the overall system at a given level is then expressed by System One activities positively changing the 'environment'. However, the effectiveness and efficiency of these activities depends on making sure they do not undermine each other, overlap unproductively or unnecessarily compete. System Two, then, is how the various activities are organised so that they complement one another in achieving the overall aim. The effectiveness of the various System One activities also depends on appropriate tasking, resourcing and monitoring (System Three); how are particular activities engaged, funded and held accountable to their part in achieving the goals of the system? The way in which the system learns, adapts and improves depends on taking in changes in the 'environment', analysing learning and innovation from practice, and communicating relevant 'intelligence' to shape decision-making in the other subsystems (System Four).

The remainder of this report focuses on each of the five systems in the VSM and proposes necessary elements and improvements for each. In this report we have not systematically applied the VSM to each level of recursion (national, regional and local). While it will be obvious how some proposals below will relate to particular levels, more work is required to show the implications of each proposal at each level of recursion. This work will form an important part of our subsequent report for TGI developing an intervention framework.

Figure 3: Multilevel application of VSM approach

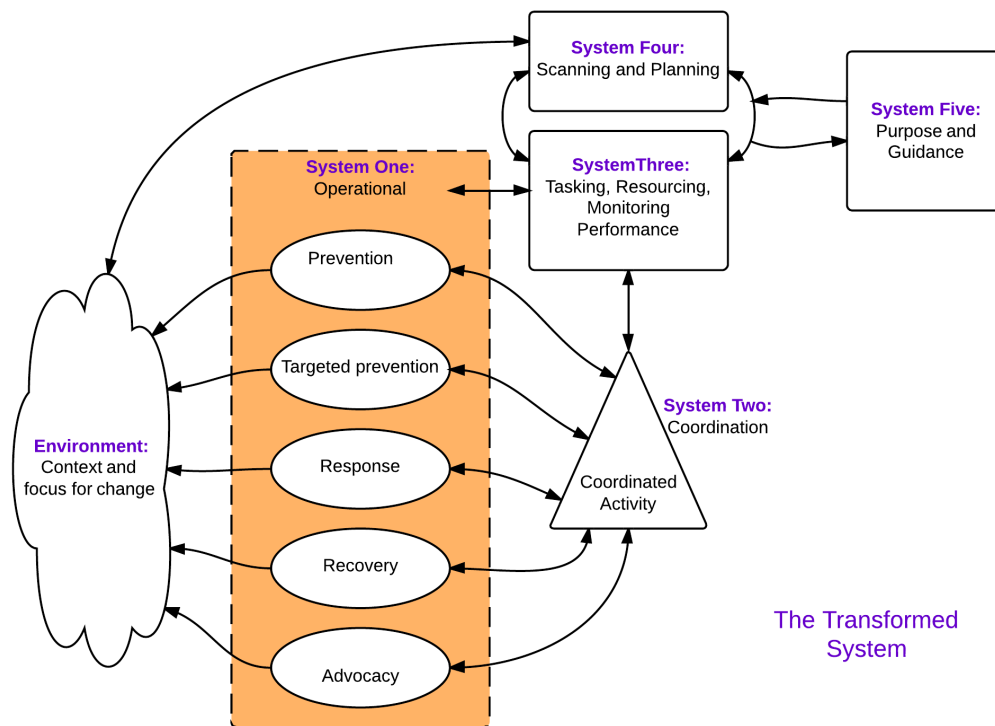


7.1 Designing for operational effectiveness

System One of the viable system model (Figure 4) encompasses the range of operations or activities that carry out the main work of the system.

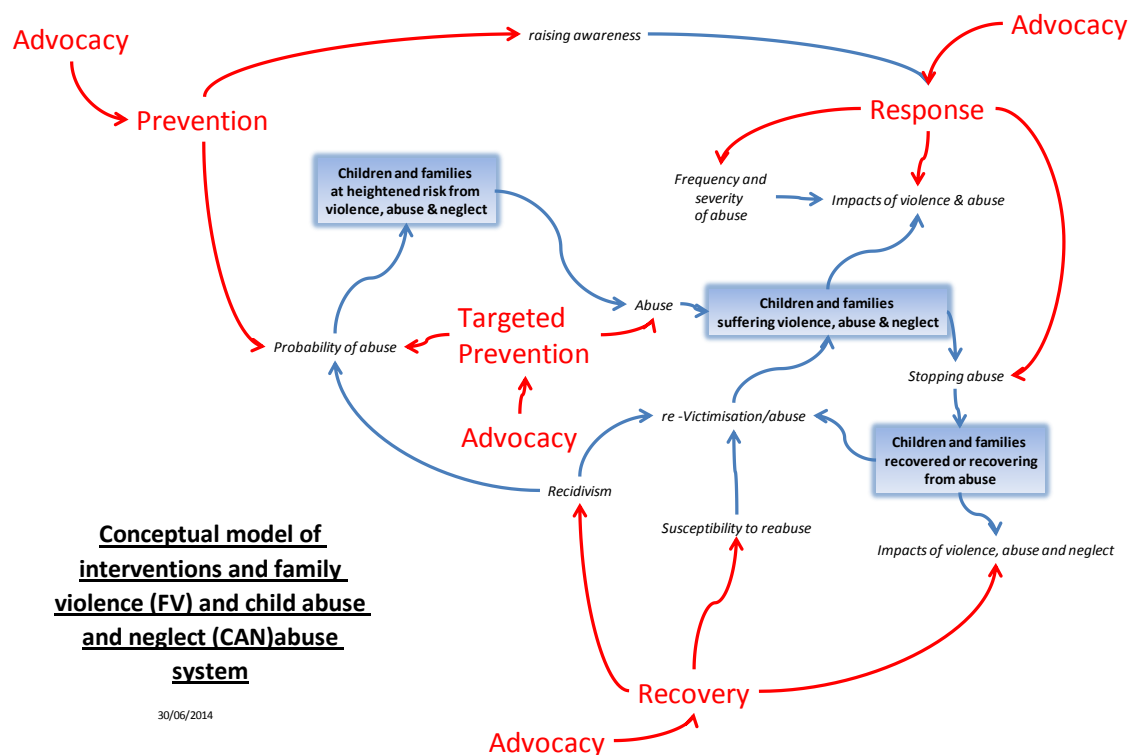
Having modelled various ways of understanding how to respond to family violence or child abuse, we chose to classify the range of operations or activities that carry out the main work of the system by drawing on a public health framework that found support from key sector experts. Figure 5 builds on that framework and shows critical interactions between different responses to FV and CAN.

Figure 4: System One - Operational activities



We developed the model in Figure 5 after stakeholder engagement as a way of conceptualising what the critical activities are to reduce FV and CAN, and how those activities are related. It has assisted the scoping of this project. We have also used it when engaging with sector experts to ensure that the wider system to reduce FV and CAN is in view. Following this model we have classified *System One* operational activities under five headings: prevention, targeted prevention, response, recovery, and advocacy.

Figure 5: A generic model of the intervention, family violence, and child abuse and neglect system



When considering operational effectiveness, it is generally agreed by experts and practitioners in the fields of FV and CAN that too few programmes or interventions are based on robust evidence of efficacy and effectiveness²³. Evidence is patchy. It is therefore not possible to support and implement only evidence-based interventions. Where an intervention is well researched and found to be effective, that approach needs to be evaluated for use in the local context. Where not enough is known about the effectiveness of a proposed intervention, the decision to proceed needs to incorporate three requirements:

1. The intervention needs to target a known critical gap in what is currently available, offer improved outcomes compared with what is currently available, or have the potential to improve uptake of service, or add resilience or opportunity for innovation of practice through increased variety of response.
2. Decision-makers need to be clear that the proposed intervention has unknown effectiveness and is chosen for its potential to meet one of the conditions in requirement 1.
3. The intervention needs to be implemented and evaluated in ways that generate evidence of effectiveness.

²³ The terms 'efficacy' and 'effectiveness' refer, respectively, to evidence that an intervention works in principle, and to evidence that an intervention has the desired effect in practice.

The weight of evidence on effective interventions for family violence supports multi-systemic and holistic approaches that take into account prevention, response and recovery approaches at different population levels from micro to macro contexts.

The United Nations recommends a holistic response to FV and child abuse by taking into account the political, economic and institutional factors that contribute to high rates of abuse (Manjoo, 2011). This holistic approach seeks to make more explicit the relationship between structural and interpersonal forms of violence and also recognises that structural inequalities (e.g., poverty, racism, gender inequalities, etc.) in and of themselves are forms of violence (Adelman, Haldane, & Wies, 2011; Deere, 2005; Farmer, 2003; Friederic, 2013; Manjoo, 2011).

The holistic approach has particular resonance when addressing violence within Māori whānau, in that it includes the impact of colonisation and structural stressors facing many Māori, including poverty, unemployment, parenting, health and education needs. This approach would require interventions focused, not just on the victim and/or perpetrator, but on the wider whānau and the community in which they live (Dobbs & Eruera, 2014; Slabber, 2012). Kaupapa Māori models of response to whānau violence have been developed within a Tikanga Māori conceptual framework, and now within the Whānau Ora policy initiative. There has also been considerable research and development of Pasifika models of response in New Zealand. However, these frameworks cannot tackle larger structural issues without considerable commitment and response across government, iwi, NGOs, and the private sector.

The New Zealand government has undertaken a number of initiatives across various sectors and, since the 1980s, successive governments have recognised the importance of a ‘joined up’ or ‘whole-of-government’ approach. The types of activities conducted at both national and local levels tend to be organised into the public health model promoted by the World Health Organisation (WHO):

- Early intervention (or primary prevention);
- Crisis response (secondary intervention); and
- Rebuilding lives (tertiary intervention).

These three types of activity have informed the five headings illustrated in Figure 4 and Figure 5 above.

We now look at the five kinds of operational interventions in more detail.

What is offered here are suggested kinds of intervention. Further work is required to determine what specific programmes would meet these requirements. We do not presume that there are not already services or institutions that carry out the needed activities; what is important here is to develop a coherent and viable system of what is required to support a sufficient range of activities. Further work is needed to consider how adequate the current arrangement is, where there are gaps and where some approaches may be shown not to work.

Prevention

Prevention approaches aim to stop family violence or child abuse happening. While some activities are easily seen as preventive, activities aimed at response, recovery and advocacy may also have a prevention goal.

Suggested interventions can be grouped under five headings:

- Education programmes in schools
- Parent education
- Public awareness campaigns
- Programmes of social support
- Policy initiatives to diminish social conditions in which FV is more likely to occur.

One innovative suggestion proposed during our consultation, however, cuts across these categories. The prevention approach used to reduce the road toll has been characterised as: enforcement, education, engineering, encouragement. This framework could be adapted to reducing family violence and child abuse.

Education programmes in schools are needed. Current examples that are supported include the New Zealand Police School Community Service programme, *Keeping Ourselves Safe*, and its early childhood module, *All about Me*.

Sector experts have called for greater standardisation of school programmes addressing child abuse and family violence themes, and for better integration into the national curriculum. This call needs to be balanced with the need to design and deliver programmes in culturally responsive ways.

The People's Report identified classroom presentations and programmes for understanding healthy relationships, learning about safe sex, and life skills, including communication and building self-esteem as likely to make a contribution, as well as providing a space for children's direct or indirect disclosure of abuse and/or family violence.

Parent education is needed. Current programmes that are supported include positive parenting programmes, *SKIP* (Strategies with Kids, Information for Parents), and *HIPPY* (Home Interaction Programme for Parents and Youngsters; a home based programme that supports parents in becoming actively involved in their four and five year old children's learning).

An important question is how to target and effectively deliver such programmes.

Public awareness campaigns are needed. Recent examples well-supported by sector experts were the "It's not OK" campaign and "Never shake a baby."

The MWA paper, *Current Thinking on Primary Prevention of Violence against Women* (2013), provides an overview of trends in primary prevention internationally and identifies areas where New Zealand could enhance the primary prevention response. A stock-take is required of primary prevention activities in the family violence and child abuse areas, as many of these initiatives are community led and it is difficult to get an overview of activities, identify gaps and effective approaches (MWA, 2013, p.11). A stock-take of sexual violence primary prevention activities in

Aotearoa/New Zealand was conducted in 2013 that included tauwiwi and bicultural activities (Dickson, 2013).

Another approach suggested is a systematic collection of relevant data on family violence and child abuse and neglect deaths, and the deliberate reporting of such data to heighten public awareness. This would be supported by agreeing on terminology and definitions.

Programmes of social support may contribute. In particular, a parent helpline, and making available universal free child care are supported.

Promising approaches for preventing child abuse come from 'guardian theory'. Guardians are those who offer protection to children and young people. A grandparent can be a guardian – these are people who check that children are home from school and who look out for children's safety. Neighbourhood Support networks may appoint guardians in the street so children know safe houses where they can seek safety if necessary. Any initiatives that increase the number of guardians in a community stand to enhance safety (Wortley & Mazerolle, 2008). A system of accredited guardians at community level may be a significant intervention to trial.

Policy initiatives are needed that diminish the social conditions under which FV particularly flourishes, such as conditions of poverty or social isolation.

Targeted prevention

Targeted prevention simply means that some approaches are best tailored to particular communities, groups or populations. Targeting may be appropriate because it would enable more effective engagement and uptake of concepts and services, or because a population is particularly vulnerable in some way.

Examples of targeted prevention initiatives for consideration are:

- Teenage education on healthy relationships.
- "Shaking babies" education for parents and caregivers.
- Whānau and whānau ora programmes.
- Mandated attendance at positive parenting programmes as an early intervention.
- Well-designed home visiting programmes.
- Targeted parenting skills programmes such as the *Incredible Years* and *Triple P*.
- Midwife education.
- Programmes based on perpetrator accountability.

Response

Response is after family violence or child abuse has occurred.

Sector experts have called for consideration of changes to the court system, and for responses for both victims and perpetrators that are appropriate to the person's needs, gender, age, culture, ethnicity and abilities.

The courts. Consideration needs to be given to implementing a specialist court²⁴, to education of the judiciary and to processes that do not rely on victim testimony.

Tailoring responses to the person includes the appropriate use of therapeutic services, particularly psychological and mental health services. A focus on individuals is not always appropriate and consideration needs to be given to when and how response should involve family, whānau, hapū, or other expressions of a person's community. Special attention and expertise is required when considering the appropriateness of any form of restorative justice process due to the risks posed by a perpetrator and the dynamics of their controlling behaviour.

Immediate responses that have been proven to be effective in terms of removing the immediate interpersonal violence from a victim's life, and to offer a series of supports that are required that may allow a victim to move away from violence more permanently, include:

- The offering of crisis services in the form of refuge/shelters, counselling and other coordinated responses;
- Training in issues of FV for personnel working in law enforcement, education and varied health fields;
- Providing services to victims who have experienced some form of abuse to ensure they benefit from interaction with knowledgeable service providers; and
- Raising awareness of legal options amongst victims.

Recovery

Recovery is any measure that supports a victim or a perpetrator and their community in dealing with the effects of family violence or child abuse. The aims of recovery include restoration of health and wellbeing for victims of violence, stopping re-victimisation, and stopping recidivism by perpetrators. Recovery approaches can be classified under three headings: community and peer support, mandated approaches for perpetrators, and therapeutic services.

In our research, sector experts highlighted the importance of **support networks**, peer groups and the role of family and whānau.

Sector experts have suggested the strategic use of the **justice and corrections systems** to provide and mandate effective interventions for perpetrators. This approach envisages a strategic use of supervision during probation time, and judicial review. Such approaches have been more common in relation to child abuse than with domestic violence.

Therapeutic interventions are also needed. Sector experts proposed fully funded specialist counselling and therapeutic services for victims of family violence and child abuse. An example is *Footsteps to feeling safe* (a Barnardos programme for children that may have experienced or witnessed domestic violence).

The Sensitive Claims Unit of the New Zealand Accident Compensation Commission (ACC) provides essential long term funding for therapeutic services for victim/survivors of sexual abuse. Lump sums

²⁴ A specialist family violence court has recently been trialled and evaluated.

are also essential for enabling victims/survivors in recovery, and, on the death of a family member, for supporting surviving family members.

Our literature review has identified services for victims as a response to violence that offers short term benefits for a victim and in many cases her children. There is limited information as to the long-term benefits of these services. Brief interventions seem to have inconsistent effectiveness, and it remains unclear whether brief safety interventions produce longer-term reductions in IPV re-victimization.

New research points in the direction of offering 'bridge services' in response to the multiple needs of victims so they can receive concurrent treatment and other services as appropriate.

There is also a need for programmes for women that address repeat victimisation.

Theoretical explanations for FV underpin the development of perpetrator programmes. Increasingly programmes are based on a combination of two models for understanding and responding to FV: structural explanations, based on feminist analysis of gender inequality that promotes male power and control in societies, commonly known as the Duluth model, or psychological explanations of violence, that use modalities such as cognitive behavioural therapy (CBT) to change the thinking and behaviour of individuals.

Family violence perpetrator interventions that incorporate both individual responsivity factors (trauma history, substance abuse and/or mental health co-morbidity) as well as psychosocial responsivity factors (poverty, support, housing, social norms, cultural participation) tend to fare better in terms of effectiveness and efficacy than interventions that use only one of these approaches. The Good Lives Model (GLM) has been developed in New Zealand by Tony Ward and colleagues for offender populations such as sex and violence offenders (Ward & Stewart, 2003; Whitehead, Ward, & Collie, 2007), and more recently has been posited as an effective strengths-based treatment for family violence offenders (Langlands, Ward, & Gilchrist, 2009). The incorporation of mental health and substance abuse treatment into offence reduction programmes for general violent offenders and child sex offenders contributed to an increased effectiveness.

The GLM can be easily adapted to Kaupapa Māori models of treatment (such as the Department of Corrections Māori Focus Units) and Kaupapa Māori and Pasifika models of mental health, such as Te Whare Tapa Whā, (Durie, 1994), and the Fonofale model (Pulotu-Endemann, Annandale, & Instone, 2004). It is flexible enough to be adapted to our many family structures and dynamics, particularly important for working with children and young people who are under or involved in CYF's care (Leve et al., 2012).

While the Duluth and CBT models, or a blend of the two, dominate interventions with perpetrators in New Zealand, culturally responsive programmes have also been developed by Māori and Pasifika providers. Some of the underlying conceptual frameworks of these models have been brought together in the work of the Māori Reference Group (MRG) and the Pacific Advisory Group (PAG) who work alongside the Taskforce for Action against Violence within Families. The MRG *E Tu Whānau Programme of Action* (2008 – 2013) and (2013 – 2018) outlines the approach and principles to address whānau violence; and Dobbs' and Eruera's (2014) *Kaupapa Māori wellbeing framework: The*

basis for whānau violence prevention and intervention. The PAG work, *Nga Vaka o Kāiā Tapu – the Pacific Conceptual Framework* (Taskforce for Action on Violence within Families, 2012b), and *Falevitu: A literature review on culture and family violence in seven Pacific communities in New Zealand* (Taskforce for Action on Violence within Families, 2012a). These conceptual frameworks are designed to be used at the policy level as well as to guide practitioners in both culturally specific services and mainstream services. Evaluations of these initiatives are yet to be conducted.

Research on identifying different personality types of perpetrators has implications for tailoring interventions; this work has predominantly focused on male perpetrators (Edleson, 2012; Fowler & Westen, 2011; McMaster, 2006).

Meta-analyses and reviews of perpetrator programmes (predominantly group programmes for male perpetrators using Duluth model, CBT or a combination of these approaches) found:

1. Meta-analyses of group programmes show a very modest positive impact on ending violence although there are well documented methodological issues with many studies.
2. A comprehensive study of group programmes in the United States tracked 840 men over a four year period and found if re-assaults occur they mostly take place within 15 months after intake into a programme. Over time the recidivism rate decreased and in interviews with men's partners four years after intake approximately 90% of men had not re-assaulted their partners in last year. The authors suggested that the increasingly low recidivism rates over time points to success of programmes (Gondolf, 2002, 2004 as cited in Edleson 2012).
3. It is not yet clear which components of group programmes help create these changes and no one treatment modality showed any significant difference in effectiveness.
4. Group programmes incorporating motivational enhancement components help more men change.
5. Group programmes that are part of coordinated responses with the criminal justice system achieve better outcomes e.g. more timely access to treatment; ongoing monitoring of mandated referrals; courts responded swiftly with consequences for men who violated their mandates.

(Akonensi, Koehler, Losel, & Humphreys, 2012; Eckhardt et al., 2013; Edleson, 2012; Slabber, 2012).

A report on perpetrators' narratives prepared for the TGI (Roguski & Gregory, 2014) found that community-based mentors who had been on a journey to be violence-free were overwhelmingly influential alongside the availability of stopping violence programmes. We suggest there needs to be a minimum time (say two years) violence-free, and suitable training to qualify such mentors.

Advocacy

The term 'advocacy' is used at various levels of responding to child abuse and family violence in society. We use the term here for activities aimed at changing how society deals with family violence and child abuse. Advocacy in this sense will include efforts to change social attitudes, improve services, or change policies, legislation, regulations or institutional practices. For example, the National Collective of Independent Women's Refuges includes, as one of its main purposes, "providing social commentary on domestic violence in order to create a violence-free New Zealand".

We provide expert comment on relevant government legislation, regulation, policies, and programmes – including some monitoring and evaluation of how these are working. We do this to contribute to and influence change within systems, attitude, policy, and laws.

(Women’s Refuge website, 2014)

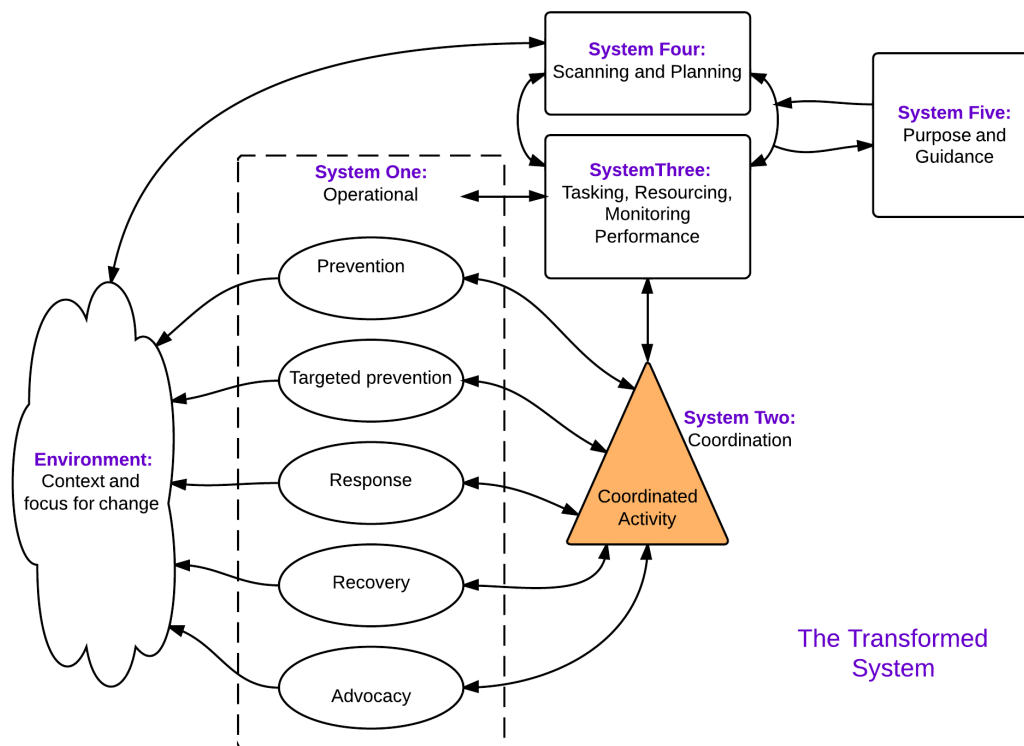
One expression of this commitment by women’s refuges is their programme called ‘Shero’; a Shero is a woman or a man who stands up specifically for female rights.

Sector experts proposed neighbourhood based advocacy, neighbourhood plans and champions for safety and advocacy. A further suggestion was for community based advocates for women to be in every court.

7.2 Designing for coordinated activity

This is **System Two** of the VSM (Figure 6). Its role is to ensure sufficient coordination of the operations or activities so they do not undermine or diminish the overall effectiveness of the system.

Figure 6: System Two – Coordination



Sector experts are clear on the need for paths of communication between agencies and for greater coordination between and within the different service offerings. They identified seven kinds of initiative needed to ensure good coordination between activities.

1. There is a need to understand the range and offerings of the various services. This calls for mapping and knowledge sharing processes.

2. Users and potential users of services need to gain access to the right service at the right time. A Canterbury initiative *Right Services, Right Time* was offered as an example. Other suggestions were the use of case managers to support a family in accessing services, or the use of a 'one-stop shop' approach. It is possible that service providers could improve a 'right services, right time' outcome by working as consortium rather than independently.
3. Another model of inter-agency collaboration that was suggested was the initiative among government agencies developed in the 1990s, *Strengthening Families* (Bazley, 2000). That initiative introduced inter-agency case management, local coordination to identify gaps and avoid overlap, developing local preventative initiatives, and taking measures to strengthen communities.
4. Protocols are needed for inter-agency sharing of information about cases and families at risk.
5. There is a need to develop national best practice guidelines and tools that reflect a common set of core values and a common language that can be customised to local contexts.
6. There is a need for agreed training standards and qualifications for working in the fields of FV. [We suggest that such standards should apply to all those working with victims or perpetrators of FV, including police, judges, prosecutors, probation officers, and facilitators in restorative justice.]
7. There is a need to develop a 'common analysis' of the causes and impacts of CAN and FV.

In addition to necessary coordination within and between the various System One activities, it will be vital to arbitrate the most effective and efficient balance between the prevention, response, recovery and advocacy initiatives. Insofar as that balance is a matter of resource allocation and tasking it can be seen as a function of System Three; however, insofar as the balance between the five System One activities is a matter of coordination to ensure complementarity rather than undermining the value of activities, there needs to be explicit commitment within each activity and overarching the five activity areas to the critical value of each activity and effective linkages between them.

Among sector experts there is a debate about the role of the community in relation to key tasks of coordination. Simply put, this debate is between top-down or bottom-up approaches. Historically, those working in child abuse response services have been used to a top-down approach, with statutory bodies in control. Alternatively, providers with a background in the voluntary sector are more likely to favour community involvement decision-making and coordination. While the debate is likely to be influenced by the particular perspective and experience of individuals, the appropriate application of 'top-down' or 'bottom-up' coordination will depend on context.

Sector stakeholders noted existing attempts to coordinate service delivery, including the Family Interagency Response System (FVIARS). FVIARS, which was rolled out nationally in 2006, was designed to enhance interagency coordination between the three founding agencies, Police, CYF and the National Collective of Independent Women's Refuges (NCIWR). Key elements of the model are regular interagency meetings at the Police Area/CYF site level to assess the risks of reported cases of family violence, plan responses and monitor cases.

An evaluation of FVIARS across four sites demonstrated many positive benefits of interagency collaboration to enhance victim safety and offender accountability. The structured approach was beneficial in developing interagency relationships and collaboration. Evaluation analysis (up to

2008/09) of indicators such as repeat victimization and offending showed a levelling off after the introduction of FVIARS, although Police advised caution in interpretation of these findings due to multiple factors (Carswell et al., 2010). Barriers for agency participation in FVIARS were capacity issues as well as the support required from their organisations to attend FVIARS meetings and follow-up on actions. In particular there was uncertainty about the level of Child, Youth and Family’s commitment as an agency to FVIARS at that stage. While this evaluation highlighted the good practice that was developing and emerging positive outcomes, there has been no recent public reporting on the efficacy of FVIARS and how it has evolved (Carswell et al., 2010).

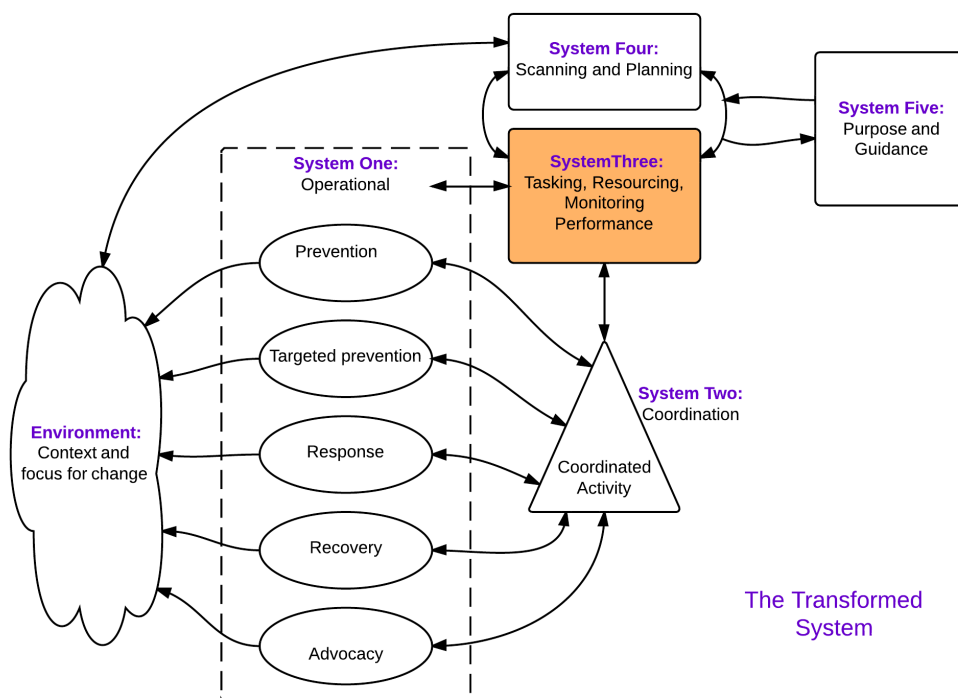
Contributors to *The People’s Report* did not focus on either top-down or bottom-up approaches but how these could be better integrated through a case management approach that enabled more effective use of informal community resources and support. The holistic approach underpinning Whānau Ora requiring co-ordination across services and community was seen as a good model for interventions, especially for Māori families.

International research indicates that, noting the trend towards coordinating efforts to limit duplication of services and to improve outcomes, special attention must be paid to the intersection between child abuse and family violence as central components in any intervention response.

7.3 Tasking, resourcing and monitoring performance

This is **System Three** of the VSM (Figure 7).

Figure 7: System Three – Tasking, Resourcing, and Monitoring Performance



This function deals with the ‘here and now’, ensuring that the set of interventions making up the operational activities are managed as a coherent whole (Pérez Ríos, 2012). In this way, System Three is responsible for implementing policies and strategies, allocating resources, monitoring

performance and ensuring that the operational interventions are held accountable. As noted by Devine(2005), this subsystem (along with the coordination function described above) is part of real-time management.

Sector experts envisioned a strong tasking, resourcing and monitoring system, with representation from the community. *The People's Report* contributors also wanted a voice in reviewing, evaluating and designing services. The purpose is to ensure policy and strategy implementation, resource allocation and performance management. Sector experts were unclear whether these functions should be undertaken by a single organisation (e.g. a Ministry). Nevertheless, they highlighted the need for clarity on underlying strategies and appropriate funding to match the scale of the issues (from government, philanthropic or charitable sources).

Sector experts desired a sustainably resourced sector with long-term contracts that provide adequate funding for service provision that includes staffing, internal audits and external evaluations. Reporting and evaluation requirements need to be commensurate to funding.

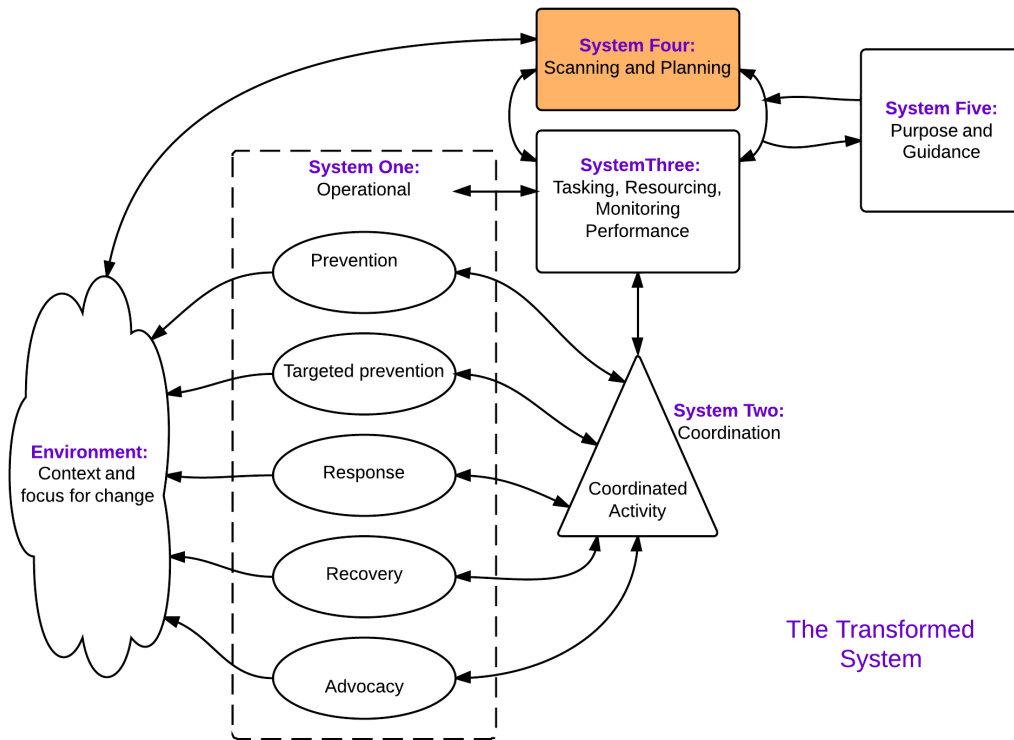
Sector experts called for a simpler system of contracting. Although they were critical of the way the current system of competitive contracting encouraged 'scrapping for dollars', some form of competition was seen as desirable to encourage new providers to enter the 'market'. To enable auditing of the outcomes from operational activities, funding agreements would need to stipulate desired outcomes along with meaningful and measurable key performance indicators. In this way, contracting would help avoid a narrow, piecemeal and fragmented approach. However, caution is needed in determining success indicators. Ultimately what is important is a reduction in violence or a cessation of violence, and the satisfaction of the victim with the assistance they receive. Other measures, such as those based purely on administrative data, risk being misleading because they may simply reflect reporting rates and/or do not take account of the way a positive choice by a victim (e.g., to return to the offender) may appear perverse.

Sector experts acknowledged that the capacity of funding agencies to identify, implement and evaluate effective operational interventions needed to be enhanced.

7.4 Scanning and Planning

This is **System Four** of the viable system model (Figure 8). The scanning and planning function is to keep the system alert to new developments and future opportunities that could affect the ability of the system to achieve its purpose.

Figure 8: System Four – Planning and Scanning



Sector experts identified three areas for consideration: the establishment of a national family safety authority, improvements in the research system, and the need for clear and agreed indicators and data collection to monitor trends in FV.

National family safety authority. There is a need for an appropriately mandated and resourced national facility to gather and interpret data and insights on both trends in FV and effective ways of addressing FV, and then to disseminate knowledge to support the adaptation of the system to new demands and new approaches. This would be a commission or crown owned enterprise that has responsibility for ensuring that decision-makers in the system to reduce CAN and FV are well informed on national and international research findings, social and political trends, and trends and innovations in best practice. To ensure such a body was seen as credible, relevant and legitimate it would be made up of representative heads of organisations (governmental and NGO) and researchers, and be served by a secretariat.

Improved research system. Currently information is gathered but not “pulled together.” The proposal, then, is to develop a national data collection strategy, ensure appropriate access to data, ensure capacity and capability for research and development, and for making research findings known. Sector experts envisaged data collection from service providers being streamlined by introducing a national electronic platform for data entry. Key attributes of an improved research system are its transparency, the mix of emphasis on both service level questions and ‘blue skies’ research, sufficient agreement across the sector about which data are to be collect and what measurements are relevant, and a mix of research methods. The research system needs to interpret data from service providers in the light of social and political trends. This will require capability and capacity in both quantitative and qualitative approaches.

If a national family safety authority were established then that body would be a logical owner and coordinator of robust data collection, analysis and knowledge creation.

Data and definitions. Our literature review identified a number of characteristics associated with a high functioning System Four, including ways in which inadequacies in that system limit the effectiveness of service delivery. Gulliver and Fanslow (2013) have identified the importance of clear definitions and good quality data to monitor trends in the incidence and prevalence of FV. Their recent review of New Zealand FV indicators identified issues and areas for improvement in the current administrative data sets from government and the New Zealand Crime and Safety Survey (NZCASS). The aims of the review were to inform the on-going development of national outcome indicators to measure the prevalence, incidence and frequency of family violence. The review provided a very useful discussion on legislative definitions of family violence and how this informs what is collected by agencies (theoretical and operational definitions²⁵).

With the exception of the Taskforce definition, the examples drawn from New Zealand government legislation ... have been written to guide civil (DVA) or criminal (Crimes Act 1961) procedure, or to specify the statutory function of an agency (Children, Young Persons and their Families Act 1989). Because these statutes guide the type of information that will be collected by specifying the type of application sought, the offence committed, or the nature of the violence that a child or adult should not be exposed to, they provide a basis on which the agencies included in this project could identify a component of family violence in their data sets (Gulliver & Fanslow, 2013, p.19).

Intersecting jurisdictions can accentuate overlap, as well as piecemeal approaches and gaps arising from different pathways of entry and unconnected operational services. But there is an opportunity for the data to be collected in similar ways, and shared at aggregate levels for evaluation, planning and innovation.

Gulliver and Fanslow (2013) identified that the current definitions used to define family violence behaviour in the DVA did not include 'neglect' for adults, and this has implications for types of data recorded and for the services offered. For example, 'neglect' as a form of violence may have a disproportionate impact on the very young, very old and disabled members of the community (Gulliver & Fanslow, 2013, p.14). 'Neglect' is included in CYPF Act and Crimes Act and is also internationally recognised in defining child maltreatment and elder abuse by the US Centre of Disease Control (Gulliver & Fanslow, 2013, p.17).

²⁵ Theoretical definitions explain what is meant by a concept in the abstract, allowing a common understanding of it; operational definitions translate theoretical definitions into practical, concrete terms based on observable, measurable variables. Gulliver, P., & Fanslow, J. (2013). *Family violence Indicators – Can national administrative data sets be used to measure trends in family violence in New Zealand?* Wellington: The Families Commission. (p.16).

In regards to operationalising definitions of FV into outcome indicators, Gulliver and Fanslow (2013, p.55) note the following:

- A clear definition of FV is imperative for the development of an outcome indicator.
- Assessment of the quality of the data on which an outcome indicator is based is a vital component of development.
- Government agencies and other organisations should be encouraged to specify their own operational definitions of FV, or identify the component of FV for which they collect information.

Some actions were recommended for developing New Zealand FV indicators:

- Consistent use of terminology
- A clear description of the variables contained in each data set that allows the extraction of data on family violence
- Investigating the representativeness of the measures proposed
- Investigating the possibility of generating more appropriate measures of intimate partner violence from NZCASS
- Collecting a core set of variables in each data set
- Regular staff training on the importance of good-quality data and the current standards for data collection within each agency (Gulliver & Fanslow 2013, p.78).

The Netherlands provides a good practice example of how to overcome the limitations associated with inconsistent definitions and data collection methods. They consistently and routinely collect child maltreatment data from three key data sources: administrative data; self-report data from secondary school students; and from interviews with a large sample of care and protection services personnel. The data are triangulated to analyse trends and provides an evidence base for effective interventions.

We also note the lack of attention in the literature to some important areas:

- women as perpetrators,
- men as victims,
- LGBT community,
- sibling violence,
- parental violence,
- research on programme fidelity²⁶, worker/client relationships and organisational factors contributing to success of interventions.

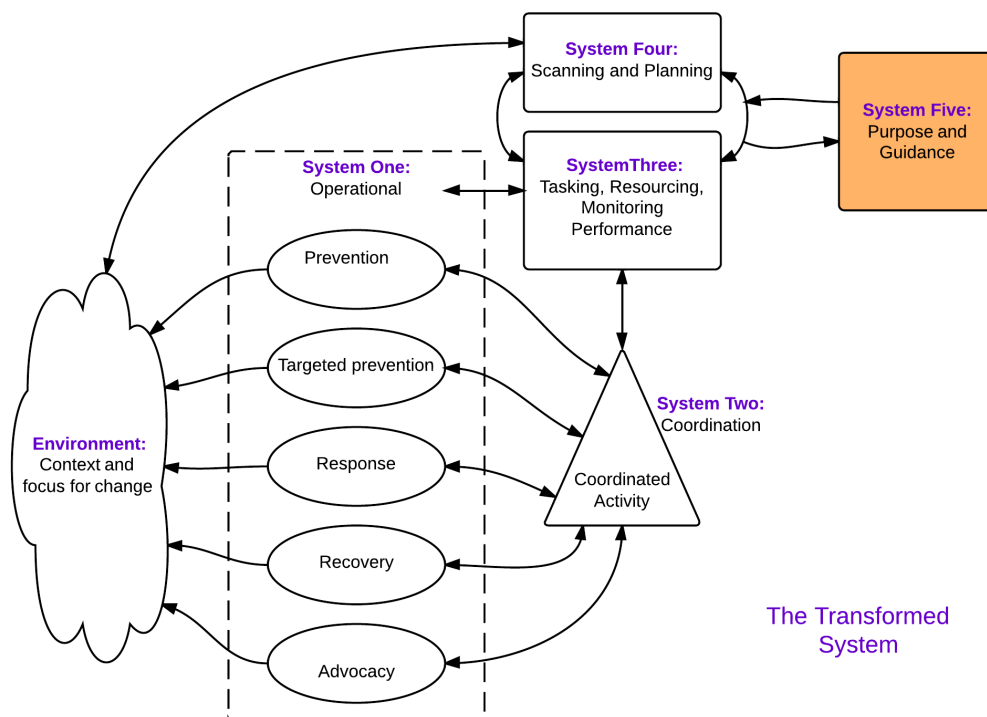
²⁶ “Traditional evaluation aims to control and predict, bring order to chaos, by carefully specifying and measuring fidelity of implementation and attainment of predetermined priority outcomes.” Patton, M. Q. (2012). *Developmental Evaluation for Equity-Focused Evaluations*. In M. Segone (Ed.), *Evaluation for equitable development results*. New York: UNICEF Evaluation Office.

7.5 Purpose and guidance

This is **System Five** of the VSM (Figure 9). This function is to provide a clear focus or purpose for the system, and to ensure that the system is both looking to the future to adapt, and maintaining high performing and well-resourced activities in the present. A key responsibility of this function is to maintain a balance between the future information-led function of ‘scanning and planning,’ and the maintenance and performance function of ‘tasking, resourcing and monitoring performance.’

A recurring theme from sector experts was the need for a national policy framework that had commitment and ownership across political parties and sector stakeholders. There was also a call for investment that matches the scale of the issues. A national policy framework would facilitate and express broad ‘buy-in’ to the underlying values, strategies and desired outcomes to drive a system to reduce FV and CAN.

Figure 9: System Five – Purpose and guidance



8. Conclusion

This report sets out the findings of a participatory and interdisciplinary systems approach to developing a system to reduce FV and CAN in New Zealand.

We have developed a number of critical properties for a transformed system and have used the VSM to identify specific areas for improvement or innovation. These insights have been based on a review of relevant literature, engaging with sector experts, taking account of views expressed in *The People's Report*, and modelling the dynamics of the current system.

Overall what is needed is a more integrated approach to reducing both the incidence and the impacts of family violence; a systemic approach that will deliver more than is possible through a patchwork of provision, and that recognises and incorporates community knowledge, experience and practice.

To achieve a more integrated approach, we have looked at the national response to family violence as a purpose-built system to reduce the rate of child abuse and neglect and other forms of family violence. Using the VSM as a conceptual model, we worked with sector experts to identify and understand the attributes of a 'viable system' that could produce the desired outcomes and remain effective over time. Viability requires that the necessary functions in the system work together coherently, and that the system is seen by key stakeholders as relevant, credible, and legitimate. To ensure social viability, our application of the Critical Systems Heuristic questions identified some critical properties that would need to be met.

Critical properties for social viability

At least seven properties are required for the social viability of the transformed system:

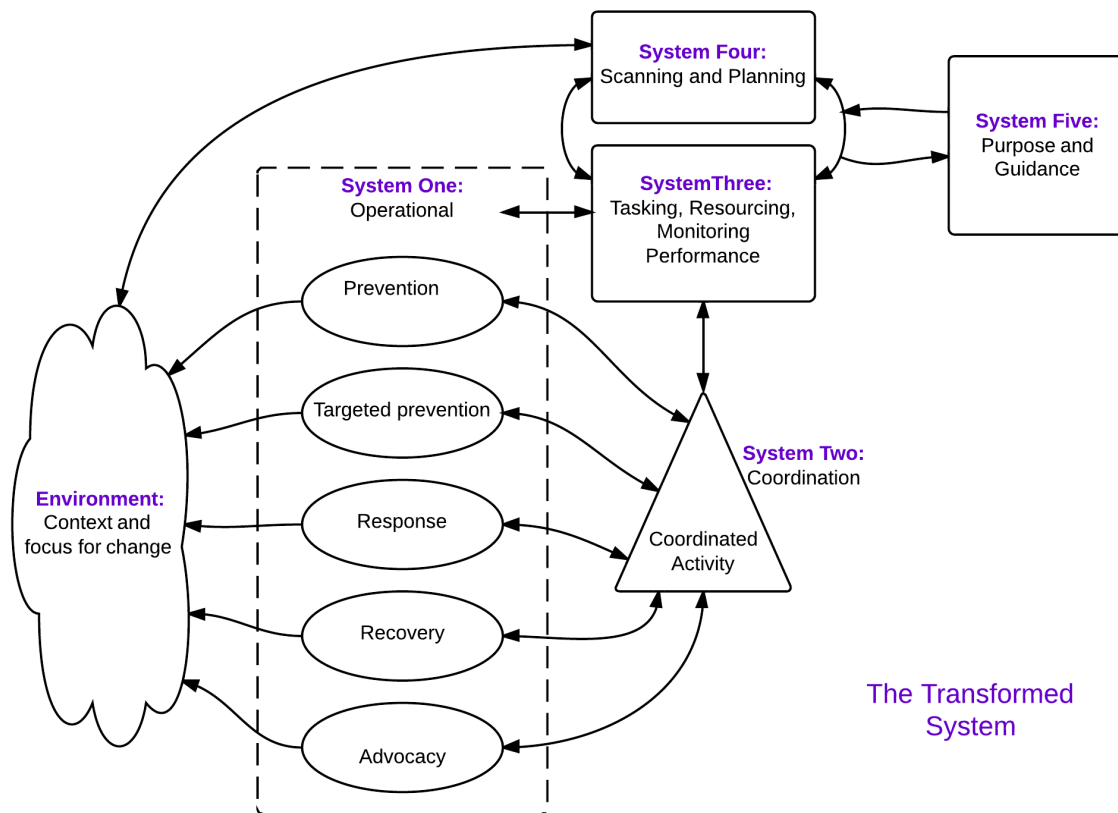
- The system will improve the situation of those who have been subject to family violence and its effects, those vulnerable to such abuse, those who have perpetrated abuse, and those who are vulnerable to doing so in the future.
- Monitoring the performance of the system will incorporate evaluation evidence (outcomes data) as well as the experiences of individuals and communities directly affected.
- Governance decisions will include representation of service users, and balance the advice of experts with that of communities and practitioners informed by the experience of those most affected.
- How the system is planned and implemented will include an operational focus on prevention, response and recovery that involves stakeholders, uses the best evaluation evidence, and balances central control with local context.
- The system will have cross-party political commitment and government capacity to advise on direction and interventions.
- The system will use accurate documentation and well-designed evaluations that are culturally responsive.
- The system will be based on commitments to the dignity of persons, the application of human rights and respect, and a recognition of cultural diversity.

Specific areas for improvement or innovation

We outline the areas for improvement or innovation under the five system headings of the VSM (Figure 10). A system to reduce family violence must include three types of activity: responses when FV happens (response and recovery), measures that address the very likelihood of such violence happening (prevention), and initiatives that seek to change the prevailing structures, attitudes and behaviours in society that help perpetuate family violence (advocacy). Inevitable tensions and inefficiencies between these functions will need to be deliberately managed (system 2), resources and accountabilities will need to be appropriately administered (system 3), new developments in society and in knowledge about what to do will need to be actively canvassed and used to improve the overall response (system 4), and strategic policy directions will need to be protecting and guiding how all these different functions and activities contribute to desired outcomes (system 5).

While highlighting issues of balance and evidence in relation to System One activities, we recommend that the focus for change be on enhancing coordination, contracting and the gathering and using of intelligence (systems 2-4).

Figure 10: The Viable System Model



Operational activities (System One)

The range of activities needs to incorporate five distinct but overlapping types: prevention, targeted prevention, response, recovery and advocacy. While activities that address response and recovery

are attractive because of their immediacy, **deliberate attention needs to be given to prevention and advocacy** if the aim is to reduce the incidence of FV and CAN.

Also, the deployment of activities and services needs to be more **evidence based** and to generate more **evidence of effectiveness**. Where the effectiveness of an approach is supported by evidence its local application will still require monitoring and evaluation. Where not enough is known about effectiveness, any initiative that appears to have potential and to address a known gap needs to be implemented and evaluated in ways that generate evidence of effectiveness.

Coordination (System Two)

Sector experts are clear on the need for paths of communication between agencies and for greater coordination between the services offered. Seven areas for improvement have been identified:

1. There is a need to **understand the range of services** and what they offer. This calls for mapping and knowledge sharing processes.
2. Users and potential users of services need to gain **access to the right service at the right time**.
3. There is a need to improve **inter-agency case management**, local coordination to identify gaps and avoid overlap, the development of local preventative initiatives, and measures to strengthen communities²⁷. Such inter-agency coordination and local initiatives require adequate recognition and resourcing.
4. Protocols are needed for inter-agency **sharing of information** about cases and families at risk.
5. There is a need to develop national **best practice guidelines and tools** that reflect a common set of core values, common language and that can be customised to local contexts.
6. There is a need for agreed **training standards and qualifications** for working in the fields of FV.
7. There is a need to develop a '**common analysis**'; a coherent and replicable framework to document and analyse the causes and impacts of CAN and FV.

Tasking, resourcing, monitoring (System Three)

There is a need to improve the way funding agencies identify, implement and evaluate effective interventions. Three problems need to be solved:

- Methods found to incorporate the **experience and perspectives of communities** when it comes to decisions about funding or purchasing of services and monitoring performance (one size does not fit all);
- The **sustainable resourcing** of programmes that provides for staffing, internal audits and external evaluation, with longer-term contracts;
- The ability for **new providers** to enter the 'market'.

²⁷ This concept was explored and recommended by the initiative among government agencies developed in the 1990s, in: Bazley, M. (2000). *A collaborative approach to improving outcomes for children and enhancing the quality of government services to families: the Strengthening Families strategy*. Paper presented at the Reducing Criminality: Partnerships and Best Practice Conference.

To enable auditing of outcomes from operational activities, funding agreements would stipulate desired outcomes along with meaningful and measurable performance indicators. This focus on desired outcomes would help avoid a narrow, piecemeal and fragmented approach.

Scanning and planning (System Four)

We propose three initiatives for consideration:

- **Establish a ‘national family safety authority’** as a crown agency with responsibility to ensure decision-makers in the system are well informed on national and international trends and research findings. Such a body would be made up of representative heads of agencies (governmental and NGO) and researchers, and be served by a secretariat.
- **Standardise terminology, data sets and variables** so that data on family violence is meaningful and comparable; and establish **systematic triangulation** of administrative data, self-report data and qualitative data from practitioners to determine trends.
- **Develop a national data strategy and supporting infrastructure.** This needs to include methods and protocols for gathering, accessing and disseminating data and research findings, along with improved capacity and capability for research and development in the field of reducing family violence. Supporting infrastructure is needed to streamline data collection from service providers. This may be a national electronic platform.

Purpose and guidance (System Five)

There is a need for a **national policy framework** that has commitment and ownership across political parties and sector stakeholders. Such a framework would facilitate and express broad ‘buy-in’ to the underlying values, strategies and desired outcomes to drive a system to reduce family violence, including child abuse and neglect.

Getting it together

So, what would it take to change New Zealand’s response to family violence from a patchwork of programmes and policies that collectively have not succeeded in reducing family violence, to a viable system seen, particularly by those most affected by it, as being relevant, credible and legitimate?

In response to this question we offer three challenges:

- What if the limiting factor is not more or better programmes, but lack of national and regional strategy, coordination and intelligence? We believe that this is the place to start. In other words, and in terms of the VSM (Figure 1), we recommend focusing on innovation and development in systems 2 – 4. Of course, to carry out such a reform will require renewed vision and commitment at system 5.
- In relation to programmes and activities to reduce family violence (system 1 in the VSM), we recommend a greater commitment and resourcing to establish what works, what might work, and how to determine effectiveness. Of course this implies strengthening systems 3 and 4.

- There will always be pressure to add programmes and services that support victims and reduce reoffending by perpetrators. However, a system to *reduce family violence* also needs to innovate and resource effective activities for prevention and advocacy.

A further report is in preparation by ESR for TGI that will provide an evidence-based means to select interventions to support a transformed system to reduce family violence, including child abuse and neglect.

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A further list of references can be found attached to Appendix 1 (Summary of Literature).

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Appendix 1: Summary of Literature

Toward a transformed system to address child abuse and family violence in New Zealand - Literature Review Summary Report

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1 Introduction

The following summary report provides an overview of the main findings from our literature review, *Toward a transformed system to address child abuse and family violence in New Zealand – Literature Review*. The literature review informs the broader project on a transformed system commissioned by the Glenn Inquiry and led by the Institute of Environment Science and Research Limited (ESR). To inform the different phases of the project our review has been divided into two parts. This summary primarily reports on Part One which focused on current knowledge about the dynamics of family violence (FV) and child abuse and neglect (CAN), how they interrelate and the long term consequences to individuals, families and to society. To identify elements of an effective systems response we examined international responses to address FV and CAN and how the New Zealand government currently structures its response. This included a high level overview of the government’s legislation, policies and initiatives and work done in developing frameworks from Māori and Pacifica perspectives at a national level.

This summary also includes some of the key findings from Part Two of our literature review which examined the evidence on what interventions work for whom; ranging from universal and targeted population based prevention, to interventions with victims and perpetrators, families and whānau.

Methodology

The review canvassed international and national literature with a focus on peer reviewed, systematic reviews and meta-analyses (randomised controlled trials; quasi-experimental designs; and reviews of qualitative or mixed method studies that incorporated the views and experiences of victims, perpetrators, workers and managers. The primary database used for the search of peer reviewed journals was Science-Direct. We also searched for grey literature on government and community organisation websites for reports related to strategies, initiatives and statistics.

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Due to the wide scope of the review our search terms canvassed a large number of different areas related to different forms of family violence and child abuse and included aetiology; prevalence; prevention and intervention systems and initiatives.

New Zealand Government definitions

The Domestic Violence Act 1995 (DVA) broadened previous legal definitions of domestic violence in regards to what relationships and behaviours constituted this type of violence. The DVA defined relationships as violence against a person by any other person with whom that person is in a domestic relationship including spouse or partner; family member; ordinarily shares a house, or has a close personal relationship with the other person as defined by the Act (DVA section 4). This means that those in a domestic relationship do not have to be physically living in the same house. The following co-habiting relationships are excluded from the definition of domestic relationship: landlord-tenant; employer and employee; employee and employee relationships.

‘Violence’ is defined as physical abuse, sexual abuse and psychological abuse (intimidation, harassment, damage to property, threats of violence; and causes a child to witness violence). A recent amendment to the DVA in September 2013 added financial or economic abuse under psychological abuse, for example “denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education” (DVA section 3 [2 iva]).

The DVA also recognises that either a single act may amount to abuse or a number of acts that form a pattern of behaviour may amount to abuse, “even though some or all of those acts, when viewed in isolation, may appear to be minor or trivial” (DVA Section 3 [4a]).

There has been criticism about the effectiveness of the Domestic Violence Act across diverse ethnic groups in New Zealand and authors suggest it may be time to update these definitions to reflect current thinking in the New Zealand context and to include definitions framed with Māori and Pacific worldviews (Lievore & Mayhew, 2007; Ministry of Women’s Affairs, 2013; Pond & Morgan, 2005).

The Children, Young Persons, and their Families Act 1989³² (CYPF Act) defines the type of behaviours regarded as child abuse in section 4 (b, d, e) as harm, ill-treatment, abuse, neglect or deprivation. Under the DVA the living arrangements and domestic relationships described implicitly encompass children and the types of violence specified by the act. The DVA explicitly specifies that a person psychologically abuses a child if they cause or allow the child to hear or see abuse of a person they have a domestic relationship with, excluding the person who has suffered the abuse (DVA 3(3)). One difference between the CYPF Act and the DVA is that the DVA does not specify neglect or deprivation.

Alongside the term ‘domestic violence’, ‘family violence’ has been used in policy, practice and research initiatives in New Zealand. *Te Rito: Family Violence Prevention Strategy* (Ministry of Social

³² <http://www.legislation.govt.nz/act/public/1989/0024/latest/whole.html#whole>

Development, 2002) is New Zealand's national prevention strategy and aligns with the definitions of domestic violence in the DVA.

There are difficulties in the mixed and sometimes interchangeable use of 'domestic violence' and family violence that risks precipitating confusion among those involved with the field. A recent literature review by the Ministry of Women's Affairs *Current Thinking on Primary Prevention of Violence Against Women (2013)*, notes the term 'domestic violence' is more commonly associated with 'intimate partner violence' (IPV) which can lead to confusion as the broad definition in the DV Act 1995 more accurately describes 'family violence'. Their preference is to avoid the term 'domestic violence' for the purposes of clarity.

Throughout this literature review we have preferred the term 'family violence' as an umbrella term to refer to all forms of violence denoting a domestic or special relationship. These relationships were defined in Te Rito as: Intimate Partner Violence (current/former spouse/partner abuse); child abuse/neglect (including child sexual abuse); elder abuse/neglect (older persons aged 65 years and over by a person whom they have a relationship of trust); parental abuse; sibling abuse (Ministry of Social Development, 2002).

2 Overview of theoretical explanations for family violence and child abuse

Socio-historical background

Theories and perspectives inform individual and public opinion which in turn inform individual, community and government responses to child abuse and family violence. Both sectors have been subject to a particular historical realism which has resulted in different explanatory stories. However, both sectors share key historical shifts and where a set of attitudes has changed in the direction of women's rights, so have attitudes changed towards children's rights. Indeed the early women reformers were most concerned not just with suffrage but also with social conditions and especially those of children (Dalley, 1998; McClure, 1999). Whilst children were historically considered similar to property in status in the family and community, so were women up until the late 19th century. The industrial revolution, greater economic prosperity, the women's suffrage movement along with other momentous historical shifts saw a gradual shift from regarding women and children as the property of their husbands and fathers to individuals with their own rights and protections. Whereas in the past, a break down in family support and family economy would risk child abandonment and wife desertion; in the 20th century increasingly the state intervened in families' lives in order to rescue and protect. Western societies have come to view child welfare as an essential purpose of the apparatus of the state with the development of child protection systems.

Along with major societal and economic shifts, responses to child welfare and child abuse have been informed by explanatory theories that provided a rationale as to why families disintegrated and why women and children may be abused in the domestic sphere and how to respond. Responses became predicated on particular explanations. Where it was once thought that children were masters of their own demise by their sinful natures, corrective processes became enforced in order to restore them to obedience and duty. Similarly gendered assumptions about the behaviour of women and their subordinate role in the family led to the legal system enforcing obedience and duty by women. Such traditional views of the role of women and children were supported by conservative religious

beliefs primarily based on the Old Testament. Vestiges of such beliefs are still evident in those religious cultures that support patriarchy today.

The women's movement beginning in the late nineteenth century, was to have a profound effect on social thinking in challenging conservative cultural and religious views. Social reform that led to the emancipation of women and the protection of children can be broadly seen as a result of waves of feminist activism which culminated in the Universal Declaration of Human Rights signed in 1948, the Declaration on the Elimination of Violence against Women (1993) and United Nations Convention on the Rights of the Child (1990).

Explanatory theories

Feminist perspectives today argue that traditional control of women and their children still exists in the West, but in more subtle and structured ways and that severe male to female violence remains the key feature of intimate partner violence (Dasgupta, 2002; Dobash & Dobash, 2003). The term 'intimate partner violence' (IPV) has come in recent years to represent all forms of violence in intimate relationships which may include violence between homosexual partners and female to male violence.

The feminist perspective generated a number of explanatory theories in relation to IPV, based on a structural analysis of patriarchy and gender inequality that promotes male power and control in societies. Theories informed by a feminist analysis include: the cycle of violence, learned helplessness, battered woman syndrome, and the Duluth Power and Control Wheel (Ali & Naylor, 2013a). In addition to the feminist perspective and the range of theories within this tradition, the understanding of intimate partner violence has been influenced by other sociological and psycho-biological theories which have explored the phenomenon from a variety of different standpoints (Ali & Naylor, 2013a, 2013b).

Broadly, there are two clusters of theories which derive from individualistic perspectives versus structural or collective perspectives of the social world. Individual perspectives include: biological, psychological, and genetic perspectives and tend to focus on psychopathology of individuals in order to explain their behaviour. Psycho-biological explanations refer to a range of endogenous factors which impact on both perpetrators and victim/survivors of IPV. Traumatic brain injury, neurotransmitters, genetics, personality theories, attachment theory, self-esteem and substance and alcohol abuse have all been tested and found relevant to understanding violence causation and recovery processes (Ali & Naylor, 2013b).

Structural explanations refer to a range of exogenous factors related to IPV to explain the social world and its influence on individuals. These include social learning theory, resource theory, ecological and ecosystems theory, and cultural theory (Ali & Naylor, 2013a). Core elements of a structural perspective take into account the socio-economic position of various populations and the role of power dynamics in relation to class, ethnicity and gender. Structural violence is any form of structural inequality or institutional discrimination that maintains an individual in a subordinate position to other people within their family, their household, or their community. Gender ideologies that dictate men should control women or allow for men to physically control their partners or offspring, are forms of gender-based structural violence. Therefore, when a woman is abused by a

husband because he believes he has the right to physically assault her, the woman is experiencing interpersonal and structural violence simultaneously (Adelman, Haldane, & Wies, 2011; Friederic, 2013; Manjoo 2011; Parson, 2013; Wies & Haldane, 2011).

It is common to find elements of both structural and individualist world views expressed in research concerning IPV as researchers recognise the limitations of a single, salient-featured approach and also as they re-evaluate dichotomised perceptions that potentially limit practice responses (Ali & Naylor, 2013a; Ali & Naylor, 2013b; Andersen, 2005; Bell & Naugle, 2008; Emery, 2011; Eisikovits & Bailey, 2011).

The field of research related to family violence and child abuse is by no means immune from dynamic and contested academic and practice debate about its causation and what responses are necessary in order to reduce violence. Given the estimated costs of IPV and child abuse it is hardly surprising that governments all over the world have developed extensive legislation, policies and systems of response in order to protect women and children. The challenge for theorists, researchers and governments is that the phenomenon is difficult to investigate and appears deeply entrenched and difficult to reduce.

In the extensive meta-reviews undertaken by Ali and Naylor (2013a, 2013b) the authors conclude that:

“It is evident that every perspective contributes to the explanation of violence in intimate relationships. Each perspective has been supported as well as challenged by researchers and each perspective provides an important insight into the issue of IPV” (Ali & Naylor, 2013a, p.617).

This literature review traverses an extensive range of theories and explanations which all contribute to “important insights”. As a research team we do not resile from the hotly contested debates in the field and there is attention paid to the gender symmetry debate and to the interface between child abuse and intimate partner violence, as two of these contested domains in this field of research. Our aim is to bring analytical rigour and a balanced perspective that respects different points of view.

3 Public health approach

The public health approach, advocated by the World Health Organisation (WHO), provides a framework for preventing family violence in society as it takes into account the multiple levels of response required. The public health approach “is a science-driven, population-based, interdisciplinary, intersectoral approach based on the ecological model which emphasizes primary prevention” (WHO, 2010, p.7). Various WHO reports have conducted large reviews of the international evidence on preventing violence, particularly focused on women and girl children due to the gendered nature of much of the violence and their consequent prevalence as victims (Dahlberg & Krug, 2002; WHO, 2010). Their conclusion is that preventing IPV and other forms of family violence requires a multi-sectoral response due to the complexity of the problem,

“It has been proved time and again that cooperative efforts from such diverse sectors as health, education, social welfare, and criminal justice are often necessary to solve what are

usually assumed to be purely “criminal” or “medical” problems. The public health approach considers that violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, interacting at four levels of a nested hierarchy (individual, close relationship/family, community and wider society).” (WHO, 2010, p.7)

The ecological model used by WHO provides a framework for conceptualising how different levels of the ‘ecosystem’, from individuals, families, communities to wider society interact. In regards to IPV and other forms of family violence this is useful when examining the dynamics of risk and protective factors as the model allows for the incorporation of psychological models on individual risk factors as well as structural analysis of cultural gender norms and institutionalised violence that discriminate against women (WHO, 2010, p. 18). WHO incorporates a life course perspective into their approach to identify risk factors for children, adolescents and adults. Unfortunately, in the WHO 2010 report *Preventing intimate partner and sexual violence against women: taking action and generating evidence*, ‘adults’ are not differentiated by older persons to examine elder abuse.

It is worth noting the steps involved in the public health approach which outline an evidence based system to inform interventions:

“1. Defining the problem conceptually and numerically, using statistics that accurately describe the nature and scale of violence, the characteristics of those most affected, the geographical distribution of incidents, and the consequences of exposure to such violence.

2. Investigating why the problem occurs by determining its causes and correlates, the factors that increase or decrease the risk of its occurrence (risk and protective factors) and the factors that might be modifiable through intervention.

3. Exploring ways to prevent the problem by using the above information and designing, monitoring and rigorously assessing the effectiveness of programmes through outcome evaluations.

4. Disseminating information on the effectiveness of programmes and increasing the scale of proven effective programmes. This step also includes adapting programmes to local contexts and subjecting them to rigorous re-evaluation to ensure their effectiveness in the new setting” (WHO, 2010, p.7).

The public health model is originally based on the prevention of disease, and the three prevention levels have been translated to relate to violence prevention:

- **Primary prevention** – approaches that aim to prevent violence before it occurs.
- **Secondary prevention** – approaches that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted infections following a rape.
- **Tertiary prevention** – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempt to lessen trauma or reduce long-term disability associated with violence. (Dahlberg & Krug, 2002, as cited in WHO, 2010, p.7)

There has been a tendency for countries to focus on responding to known violence via secondary and tertiary interventions. Internationally there has been a shift to include primary prevention as an

essential component of a system to prevent violence (Ministry of Women's Affairs 2013, p.13; WHO 2010). The framing of interventions in this way is evident in various government strategies, for example New Zealand's Taskforce for action Against Family Violence frames their family violence responses using three tiers:

- Early intervention
- Crisis response
- Rebuilding lives

4 Developing indicators and monitoring trends in New Zealand

In order to understand the extent and scope of social phenomena, an estimation of incidence³³ and prevalence³⁴ is necessary in order for resources to be planned for, to respond to shifts in these rates and to gain some estimation of the effects of government legislation and policy frameworks. To understand trends in the incidence and prevalence of FV and CAN it is critical to have clear definitions and good quality data which agency staff have been trained to collect in the same way over time (Gulliver & Fanslow 2013). This is also extremely pertinent to cross country comparisons of family violence and child abuse where different definitions and data collection methods make comparisons difficult and sometimes meaningless (Hughes, 2004; Knickerbocker et al., 2007; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Muldoon, Himchak & Lemond, 2011).

New Zealand data sources that provide indications of the incidence and prevalence of family violence primarily come from reported violence to government agencies (e.g. administrative data from NZ Police, Ministry of Justice, Child, Youth and Family, and Ministry of Health); and data from community organisations such as the National Collective of Independent Women's Refuges (NCIWR).

Due to the under-reporting of family violence and child abuse and neglect (Koloto, 2003; Mayhew & Reilly, 2007) it is important to have other data sources such as population based survey's to provide an indication of the actual prevalence of violence in society. For example, the New Zealand Crime and Safety Survey (NZCASS)³⁵ is a national survey that provides an indication of the actual incidence and prevalence of crime and victimization in New Zealand society including confrontational violence by partners and people well known to the victim (Ministry of Justice, 2011).

A recent review of Family Violence indicators in New Zealand by Gulliver and Fanslow (2013) identified issues and areas for improvement in the current government administrative data sets and the NZCASS. The aims of the review were to inform the ongoing development of national outcome indicators to measure the prevalence, incidence and frequency of family violence.³⁶ The review

³³ The number of new cases arising in a population in a given period (typically over a year) (Gulliver & Fanslow, 2013, p.11).

³⁴ Proportion of the population who have experienced a certain event in a specified period of time. Counts people rather than events (Gulliver & Fanslow 2013, p.11).

³⁵ The NZCASS has been conducted twice, in 2005 (NZCASS 2006) and 2008 (NZCASS 2009).

³⁶ There have been previous attempts by the New Zealand government to answer major questions on trends in family violence in New Zealand, for example the Ministry of Social Development (MSD) developed a set of family violence indicators in May 2011.

provided a very useful discussion on legislative definitions of family violence and how this informs what is collected by agencies and differentiating between theoretical and operational definitions³⁷.

“With the exception of the Taskforce definition, the examples drawn from New Zealand government legislation ... have been written to guide civil (DVA) or criminal (Crimes Act 1961) procedure, or to specify the statutory function of an agency (Children, Young Persons and their Families Act 1989). Because these statutes guide the type of information that will be collected by specifying the type of application sought, the offence committed, or the nature of the violence that a child or adult should not be exposed to, they provide a basis on which the agencies included in this project could identify a component of family violence in their data sets.” (Gulliver & Fanslow, 2013, p.19)

The authors identified current definitions used to define family violence behaviour in the DVA did not include ‘neglect’ for adults and this has implications for types of data recorded and for the services offered. For example, ‘neglect’ as a form of violence may have a disproportionate impact on the very young, very old and disabled members of the community (Gulliver & Fanslow, 2013, p.14). ‘Neglect’ is included in CYPF Act and Crimes Act and is also internationally recognised in defining child maltreatment and elder abuse by the US Centre of Disease Control (Gulliver & Fanslow, 2013, p.17).

In regards to operationalising definitions of family violence into outcome indicators Gulliver and Fanslow (2013, p.55) note the following:

- A clear definition of family violence is imperative for the development of an outcome indicator.
- Assessment of the quality of the data on which an outcome indicator is based is a vital component of development.
- Government agencies and other organisations should be encouraged to specify their own operational definition of family violence, or identify the component of family violence for which they collect information.

Summary of actions recommended for development of New Zealand family violence indicators:

- Consistent use of terminology
- A clear description of the variables contained in each data set that allows the extraction of data on family violence
- Investigating the representativeness of the measures proposed

³⁷ Theoretical definitions explain what is meant by a concept in the abstract, allowing a common understanding of it; operational definitions translate theoretical definitions into practical, concrete terms based on observable, measurable variables (Gulliver & Fanslow, 2013, p.16).

- Investigating the possibility of generating more appropriate measures of intimate partner violence from NZCASS
- Collecting a core set of variables in each data set
- Regular staff training on the importance of good-quality data and the current standards for data collection within each agency. (Gulliver & Fanslow, 2013, p.78)

5 Incidence and prevalence in New Zealand

5.1 Population surveys

The extent of under-reporting of family violence in New Zealand is indicated by population based surveys, for example, Fanslow & Robinson's (2010) survey of a representative sample of New Zealand women found that only 12.8 per cent spoke to the police about violence they experienced. The NZCASS found that in 2005, 79 per cent of victims of partner offences reported they did not contact the police and in 2008 this decreased slightly to 75 per cent. The NZCASS (2009) was conducted with 6,106 people aged fifteen years and over found that one in four females experienced partner confrontational crime at some point in their life, compared to one in eight males (Ministry of Justice 2011).

Key findings from NZCASS 2009 in relation to IPV

- 85% of serious partner offences were against female victims during 2008; half of the offences against females were viewed as highly serious³⁸ by the victim compared to only 15% of offences against males.
- 31% of partner offences against females were reported to the Police, compared with 16% of offences against males.
- There has been a slight decline in the percentage of females in relationships who were victims of a partner offence between compared to the previous NZCASS survey 2006 (from 7% to 5%). Males down from 6% to 3%. These prevalence rates include all forms of partner offences from petty threats to serious assaults and they exclude offences by ex-partners.
- Above average risk factors associated with partner confrontation crime included: sole parents with children, young people, Māori, unemployed and beneficiaries. (Ministry of Justice, 2011)

5.2 Government administrative data

While the current data collection methods limit the ability to examine trends over time the following administrative data provide a picture of family violence reported to government agencies drawn

³⁸ The NZCASS asked victims to rate on a scale of 0-20 their perception of seriousness of an incident, 0 being a minor incident such as the left of a newspaper from the gate, while 20 represented the most serious crimes such as murder. The scale ranked seriousness as low 0-4; medium 5-9; and high 10-20. The authors note that while participants may have interpreted the seriousness scale differently, as it did not specify particular groupings of crimes associated with the cut off points, it provides an indication of incidents victims regarded as serious. (Ministry of Justice 2011)

from the New Zealand Family Violence Clearinghouse (NZFVC) data summaries (2013; 2014) and government agency reports and websites.

Homicide (murder, manslaughter and infanticide)

The Family Violence Death Review Committee's Fourth Annual Report (2014) reported that from 2009 to 2012 there were 126 family violence homicides of which:

- 63 were intimate partner violence (IPV) deaths
- 37 were child abuse and neglect (CAN) deaths
- 26 were intrafamilial violence (IFV) deaths

Family violence and family violence related³⁹ deaths were 47 per cent of all homicide and related offences during 2009 to 2012.

In regards to IPV homicides 76 per cent of offenders were men and 73 per cent of deceased were women. Half of the homicides occurred after the couple had separated or where separation was planned. In nearly all cases of IPV there was a history of abuse:

- 93 per cent of women had been abused in the relationship (of these 51 women, 41 were killed by their abuser and 10 killed their abuser)
- 96 per cent of men had been abusers
- 38 per cent of IPV offenders (all male) had a police history of abusing one or more previous partners. (Family Violence Death Review Committee, 2014, p.35)

The statistics in relation to the deaths of children highlight the vulnerability of very young children as 78 per cent of children killed were less than five years. Nearly half of the children killed had a history with Child, Youth and Family. The relationship between IPV and CAN is evident as nearly half of the offenders were known to police for abusing the mother of the child or female carer. Three quarters of the offenders of fatal inflicted injury deaths of children were male and all of the offenders of neonaticide and fatal neglectful supervision deaths were female.

Māori were disproportionately represented in all forms of family violence homicides compared to non-Māori:

- IPV – Māori were 2.8 times more often deceased and 2.5 times more often offenders
- CAN – Māori were 5.5 times more likely to die than children of other ethnicities; Pacific children were 4.8 more likely to die than other ethnicities
- IFV – Māori were 5 times more often deceased and 13 times more often offenders

³⁹ Family violence related deaths are homicides, and sometimes suicides, that are related to family violence but fall outside the Committee's terms of reference (eg, a bystander or intervener who died at the event but is not related to the victim)" (Family Violence Death Review Committee, 2014, p.35). From 2009 – 2012 13 family violence related deaths were recorded.

Police Family Violence Investigations

The following table provides data on the number of family violence investigations conducted by NZ Police from 2006 to 2013. In December 2012 Police made changes to the way they record family violence offences and these data are therefore not comparable with previous years⁴⁰ (New Zealand Family Violence Clearinghouse, 2013d). Our analysis therefore focuses on 2006 to 2012.

There has been an increase in the number of family violence investigations from 61,947 in 2006 to 87,650 in 2012 (this equates to Police attending a family violence incident every six minutes). Approximately half of these investigations had no offence recorded. It should be noted that increased reports of violence do not necessarily reflect increases in actual family violence but can be due to increased awareness and changing attitudes towards family violence and child abuse that lead to more reporting.

From 2009 to 2012 offenders were predominantly male (72%) compared with females (20%) (unknown proportion approximately 8%).

Between 2009 and 2012 there was an increase in the number of children linked to a family violence investigations.

Since Police Safety Orders (PSOs) were introduced on 1st July 2010 under the DVA provisions the number issued has increased while the proportion breached has remained fairly constant.

Table 2: NZ Police family violence investigations 2006-2013

	2006	2007	2008	2009	2010	2011	2012	2013
TOTAL NUMBER OF FAMILY VIOLENCE INVESTIGATIONS	61947	69729	73280	79257	86763	89884	87650	95080
Investigations with at least one offence recorded	26156	31106	34784	42517	45496	44489	40683	37880
Investigations with no offence recorded	35791	38623	38496	36740	41267	45395	46967	57200
Number of children linked to FV investigations^a	-	-	-	73121	87368	94442	101293	-
Investigations where at least one child aged 0-16 was linked to the investigation	10683	16187	24794	35906	42520	46207	49955	59137
TOTAL NUMBER OF OFFENDERS LINKED TO FV INVESTIGATIONS^b	-	-	-	36575	37958	35516	31423	-
Male	-	-	-	26821	27363	25237	22666	-

⁴⁰ The new data set is under development and has different counting rules, for example the new data set counts offences based on when the investigation are entered into the Police database (National Intelligence Application – NIA) and not when the investigation occurred as previously occurred.

				73%	72%	71%	72%	
Female	-	-	-	6960 19%	7645 20%	7089 20%	6407 20%	-
Other / Unknown	-	-	-	2794 8%	2950 8%	3190 9%	2350 7%	-
TOTAL POLICE SAFETY ORDERS (PSOs) ISSUED^c	-	-	-	-	2261	7133	10064	12490
Number of PSOs breached	-	-	-	-	158	463	634	832
% of PSOs issued	-	-	-	-	7%	6%	6%	7%

Source: New Zealand Family Violence Clearinghouse (2014a) Data Summary: Violence Against Women June 2014

^a Since the release of the 2013 data summary, the Police have not updated the data for the number of children linked to family violence investigations

^b Similarly, the Police have not updated the data for the number of offenders linked to family violence investigations

^c PSOs were introduced in July 2010

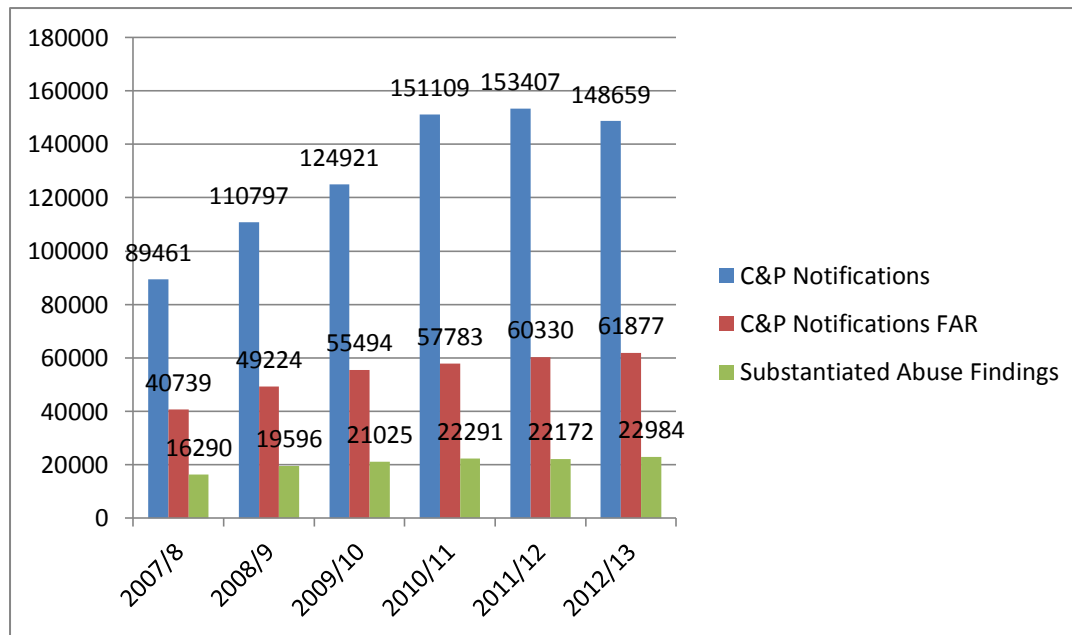
Child, Youth and Family data

There has been a sharp rise in care and protection notifications to Child, Youth and Family (CYF) between 2007/08 and 2011/12. This may be attributed to multiple reasons including: increased public awareness; increase in Police Family Violence referrals due to the Family Violence Interagency Response System (FVIARS); introduction of the Differential Response Model⁴¹ (CYF) resulting in changes to social work practice, and also changes to business processes including national reporting systems. In 2012/13 there was a decline in notifications, with 4,748 less notifications than the previous year, however this was not matched by the number where abuse was substantiated which increased slightly (New Zealand Family Violence Clearinghouse, 2014b).

Notifications where further action is required (FAR) have increased from 2007/08 to 2012/13 although the increases have been getting smaller each year. The number of FAR where abuse was substantiated after an investigation increased from 2007/08 to 2010/11 and has remained fairly constant from 2010/11 to 2012/13 with slight increases each year.

⁴¹ In New Zealand the differential response model was introduced by Child, Youth and Family in 2009 and is a model for deciding on responses to notifications of concern about children. It provided flexibility to allow CYF to refer children and their families to non-government service providers during the initial responses to notifications, particularly at an early intervention stage. Assessment and investigations of serious abuse or violence cases continue to be completed by CYF and Police.

Graph 1: Care and Protection Notifications, further action required (FAR), and substantiated abuse findings



Source: New Zealand Family Violence Clearinghouse (2014b) Data Summary: Children and Youth affected by Family Violence June 2014

Substantiated abuse includes emotional abuse, physical abuse, sexual abuse and neglect. Between 2004/05 and 2009/10 there has been a substantial increase in the number of emotional abuse findings which have gone from 11% of all substantiated abuse findings to 23% (New Zealand Family Violence Clearinghouse, 2014b). The proportion of emotional abuse findings appears to have levelled out in the last three financial years (2010/11-2012/13) to 21-22% of all substantiated abuse. The increase in emotional abuse findings is largely associated with family violence situations, and correlates with the increase of Police referrals to CYF due to family violence incidents where children are present. Between 2004/05 and 2012/13 levels of physical and sexual abuse have remained relatively consistent (New Zealand Family Violence Clearinghouse, 2014b; Ministry of Social Development, 2011).

Age Concern data for elder abuse and neglect

As with all other types of family violence, elder abuse is under reported. In New Zealand Age Concern's Elder Abuse and Neglect Prevention services receive over 1600 referrals each year (two thirds are substantiated as abuse). Age Concern reported for the 2013 year the most common types of abuse were psychological (62%); material/financial (50%); physical (20%); and neglect (20%). Most abuse (79%) is committed by family members, 50% are adult children and abusers are equally likely to be female or male. The victims of reported abuse are predominantly women (two thirds). Abuse can occur in private homes or institutional settings (Age Concern, 2013).

6 Intimate Partner Violence (IPV)

6.1 Types of IPV and impacts

The impact of IPV is well documented and there is a thorough understanding of the disturbing effects and consequences on women, children, families and wider society (Abrahams, 2010; Campbell, et al., 2002; Graham-Bermann & Levondovsky, 2011; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Among other effects it has shown to impact on life trajectories for adolescents, on mental health of victims (Houry, Kaslow & Thompson, 2005; Menard, Weiss, Franzese, & Covey, 2014; Sussex & Corcoran, 2005; Fanslow & Robinson, 2004), and to be associated with substance abuse and depression (van Dulman, et al., 2012; Fergusson, Horwood & Ridder, 2005; Fowler & Faulkner, 2011).

Studies have identified various forms of IPV and the following typologies have been developed based on the different motivations of perpetrators: *coercive controlling violence*; *violent resistance*; *situational couple violence*; and *mutual violent control* (Johnson, 2008; Johnson, 2011; Kelly & Johnson, 2008; Wangmann, 2011). *Coercive controlling violence* is based in power and control as perpetrators use violence to control their partners (and other family members) through fear (Kelly & Johnson, 2008, p. 478). This is mainly perpetrated by men and can result in serious harm to women and child victims. It is this form of violence that predominantly comes to the attention of Police, Courts and family violence services.

Violent resistance is based on the idea that women may use violence as a way of protecting themselves against the coercive controlling violence of their male partners. *Situational couple violence* is described as being carried out equally by men and women (Wangmann, 2011), and, is not considered to be based in power and control. Rather, situational couple violence is likely to be related to a specific situation where an argument escalates into one or both partners using violence. *Mutual violent control* refers to intimate partners who use coercive, controlling violence to exert power over each other.

Gender symmetry (the idea that women are equally as violent as men in intimate relationships) is a hotly debated area with different theoretical perspectives determining research design and outcomes (Allen, 2011; Ali & Naylor, 2013; Bell & Naugle, 2008; Caldwell, Swan & Woodbrown, 2012; Chan, 2011; DeKeseredy, 2011; Eisikovits & Bailey, 2011; Emery, 2011; Fergusson & Horwood, 1998; Fergusson, Horwood & Riddler, 2005; Flynn & Graham, 2010; Johnson, 2011; Kar & O'Leary, 2010; Saunders, 2002; Straus, 2008; Straus, 2011; Winstock, 2011). While some researchers have found little or no gender differences relating to mild to moderate levels of intimate partner violence, it is apparent that a clear majority of severe and lethal domestic violence is perpetrated by men against women.

Simple comparisons of male to female ratios of victimisation and perpetration have been the norm in research thus far. But, do not adequately address the differences between violence type and severity nor do they adequately incorporate the wider relationships between gender and sexuality, gender and family role, gender and culture, and gender and society. The work on different types of IPV can be used to better understand the relationship between gender and violence and has

potential to resolve the issue of gender symmetry. Typologies may also help us to understand the most appropriate interventions for different forms of IPV.

6.2 Risk factors for IPV

To inform an effective and comprehensive approach to family violence prevention at primary, secondary and tertiary levels it is essential to identify risk and protective factors for all levels of society from individuals, families, whānau, and communities, to structural factors in wider society. The WHO public health approach conceptualises risk and protective factors utilising the ecological model:

- **Individual:** includes biological and personal history factors that may increase the likelihood that an individual will become a victim or perpetrator of violence.
- **Relationship:** includes factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person's closest social circle and can shape their behaviour and range of experiences.
- **Community:** refers to the community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods – and seeks to identify the characteristics of these settings that are associated with people becoming victims or perpetrators of intimate partner and sexual violence.
- **Societal:** includes the larger, macro-level factors that influence sexual and intimate partner violence such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people. (WHO, 2010, p.19)

Evidence about the risk factors associated with IPV victims and perpetrators at each level are outlined below. This material was drawn from a WHO (2010) review of international literature that, where possible, selected only higher-quality studies from systematic reviews and large studies with good methodologies (WHO, 2010). Due to the gendered nature of IPV, WHO have identified perpetrators as male and victims as female. Therefore, more research is needed to examine risk factors for female perpetrators and male victims. There is also limited information on protective factors. Considering much of the research comes out of the United States, how these risk and protective factors relate to the New Zealand context and to Māori and Pacifica would require further research.

Most studies on risk factors have been carried out at the individual level and only those factors found in studies to strongly and consistently be associated with IPV victims are included, so this is by no means a definitive list. The presence of a risk factor does not indicate a causal relationship with IPV, rather the presence of these factors have been found to be strongly associated with women who are victims of IPV and men who perpetrate IPV.

1. Risk factors for IPV – victimization of women

Individual level:

- low education

- exposure to child maltreatment – intra-parental violence; sexual abuse
- acceptance of violence
- exposure to prior abuse/victimization

Relationship level:

- marital dissatisfaction/discord

Community level:

- A number of community risk factors identified but none have yet to be shown strongly and consistently associated with IPV. These include poverty, unemployment, community acceptance of violence, low proportion of women with high level of autonomy or higher education.

Societal:

- divorce regulations by government
- lack of legislation on IPV within marriage
- protective marriage law
- Traditional gender norms and social norms supportive of violence (weaker association in studies to date)

2. Risk factors for IPV – perpetration by men

Individual level:

- exposure to child maltreatment - sexual abuse
- mental health – antisocial personality
- acceptance of violence
- past history of being abusive

Relationship level:

- marital dissatisfaction/discord

Community level:

- A number of community risk factors identified but none have yet to be shown strongly and consistently associated with IPV. These include poverty, unemployment, community acceptance of violence, high proportion of households that use corporal punishment.

Societal:

- Traditional gender norms and social norms supportive of violence - (weaker association in studies to date)

Adapted from WHO (2010, p.27)

Substance abuse, particularly the harmful use of alcohol is associated with the perpetration of intimate partner and sexual violence and can be considered a contributory factor. The evidence does not support a causal link “as not everyone who drinks is at equally increased risk of committing violence, and intimate partner and sexual violence can occur at high rates in cultures where alcohol use is taboo” (WHO, 2010, p.15). In terms of considering prevention strategies, the WHO states,

“It seems clear, however, that individual and societal beliefs that alcohol causes aggression can lead to violent behaviour being expected when individuals are under the influence of alcohol, and to alcohol being used to prepare for and excuse such violence. To date, research focusing on the prevention of alcohol-related intimate partner and sexual violence is scarce. There is, however, some emerging evidence suggesting that the following strategies aimed at reducing alcohol consumption may be effective in preventing intimate partner violence.” (WHO, 2010, p.51)

Among adult victims, there are a number of psychological factors that increase levels of risk of violence victimisation. For example, the incidence of domestic violence victimisation among mental health sufferers has been found to be high (Howard et al, 2010), as too are victimisation rates among individuals with intellectual disabilities (Pestka & Wendt, 2014) suggesting that these adults (more often women; Chang et al., 2011) tend to be ‘doubly-vulnerable’ populations. This is particularly the case, given the tendency for mental health professionals to neglect to question clients on their or their family’s risk of violence (Waalén, Goodwin, Spitz, Petersen, & Saltzman, 2000; Chang et al., 2011).

6.3 Protective factors for IPV

The level of education appears to be a significant protective factor for both women and men. Women with secondary schooling or higher were 20-55% less likely to be victims of intimate partner violence or sexual violence compared to less-educated women (Brown et al., 2006; Fehringer & Hindin, 2009; Flake, 2005, as cited in WHO 2010, p.31). One study showed that men who were more highly educated were approximately 40% less likely to perpetrate intimate partner violence compared to less-educated men (Johnson & Das, 2009).

Other factors that may decrease or buffer against risk include:

- having benefited from healthy parenting as a child (protective against intimate partner violence and sexual violence);
- having own supportive family (intimate partner violence);
- living within extended family/family structure (intimate partner violence);
- belonging to an association; and
- women’s ability to recognize risk (sexual violence).

(Ellsberg et al. 1999; Gidycz et al., 2006; Schwartz et al., 2006, as cited in WHO 2010, p.31).

7 Child Abuse and Neglect

There is a significant gap between studies of self-report compared with the number of children on child protection plans in child protection services (Radford, Corral, Bradley & Fisher, 2013), suggesting high levels of unmet need in the general population of children and young people.

7.1 Risk and protective factors

It is important to understand risk and protective factors in terms of predicting future maltreatment and for prevention and treatment responses. There is a need to be aware of age-related risks, accumulated risk impacts and the relationship between child abuse and other forms of child victimisation (Greenfield, 2010).

A range of parental risk factors have been identified such as anxiety, depression, low self-esteem, stress, anger and perceptions of children's behaviour along with other forms of psychopathology (Stith, et al., 2009).

Overall there has been less focus and therefore less research and evidence concerning neglect as a form of child abuse (Nikulina, Widom & Czaja, 2010).

Similar to IPV research, less attention has been paid in meta-analyses to protective factors, resilience and family strengths in dealing with child maltreatment. The four domains of family functioning, emotional support, concrete supports and nurturing and attachment are indicators of protection for at risk families.

In terms of child homicide risks ranged from age of parent (young parents most at risk), both parents being present, financial and housing instability and lack of involvement with any form of social service. Protective factors related to family use of a range of social services from counselling, substance abuse treatment, to case management at higher intervention levels and also engagement with a range of lower level services such as education and legal services (Douglas & Mohn, 2014).

7.2 Interface between child abuse and family violence

The interrelationship between child abuse and family violence is being increasingly recognised in regards to the impact on child witnesses of family violence and their increased risk of abuse including serious physical harm (Spatz-Widom, Czaja & Dutton, 2013). There is substantial evidence that victims of child abuse have increased risk of becoming victims or perpetrators of family violence as adults.

Sequelae for children who witness and are the victims of family violence are long term, debilitating and significant (Chan & Yeung, 2009). A wealth of studies point to high rates of depression, suicide and PTSD (Yount, Di Girolamo, & Ramakrishnan, 2011). There are some good examples of new treatment modalities for PTSD and co-morbid psychopathology. Child sexual abuse has particular sequelae that require specialist responses (Trask, Walsh & DeLillo, 2011). Childhood sexual abuse contributes risk of mental health problems in significant but sometimes different ways to other forms of abuse (Briere & Runtz, 1990; Krupnick, 2004; Trask, Walsh & DeLillo, 2011).

A number of aspects will influence the impact of IPV on children. These include age at exposure to IPV, gender, ability to manage challenging situations, quality of social supports (Clements, Oxtoby & Ogle, 2008) and the prevalence of co-occurring abuse (Gardner, Kelleher & Pajer, 2009). It is important to recognise that there is not one universal response to children or adolescents who are direct or indirect victims of IPV (Osofsky, 2003).

The evidence in regards to the policies, initiatives and tools used to identify and assess risk of family violence and child abuse victimisation or perpetration will be examined in Part Two of our literature review.

8 Multidirectional relationships between family violence, child abuse and mental health

Associations between family violence and mental health problems (broadly defined as impairing levels of emotional, cognitive or personality psychopathology; DSM-V, 2013) are multi-factorial and multidirectional. Literature reviews reveal evidence relating to both mental health outcomes associated with child abuse victimisation (including witnessing caregiver domestic violence) and intimate partner victimisation, as well as the identification of mental health difficulties (particularly including substance abuse disorders and trauma) as possible causative or mediating factors that may increase the likelihood of perpetration of family violence.

The effects associated with child abuse victimisation (severe/ chronic/ interpersonal) can be conceptualised as those among a number of life adversities (along with poverty, attachment problems and separation and loss, social or political instability adversity or conflict or other traumatic experiences) that may constitute a developmental vulnerability. Many of these factors are correlated with child abuse victimisation (Nock, Borges, & Ono, 2012) and are likely to be compounding factors in predicting adverse adult outcomes (Turner and Lloyd, 1995; Schilling, Aseltine, & Gore, 2007). Trying to isolate or distinguish the influence of victimisation on mental health outcomes is a methodological challenge.

Meta-analyses that incorporate these constraints have provided good evidence for the mental health effects of child abuse. For example, Springer and colleagues (2007) in a large population based study found that childhood physical abuse predicted increased rates of depression, anxiety, somatoform symptoms and physical ill health. In a large meta-analysis of childhood abuse data Nanni and colleagues (2012) found that child abuse victimisation predicted both depression and poor treatment outcomes. Childhood victimisation has also been found to be associated with lifetime prevalence of suicide attempts (Nock et al., 2012, Dunn, McLaughlin, Slopen, Rosland, & Smoller, 2013). In the New Zealand context, Scott and colleagues (2012) found that childhood maltreatment was associated with later mood, anxiety and drug use disorders and that there was no difference in significance between prospective and retrospective report. These authors similarly found that early abuse was related to poor treatment and prognosis of depression. Of importance to the current report, there is longitudinal evidence that earlier (preschool age) exposure to childhood abuse predicts poorer outcomes for youth in terms of depression and suicide (Dunn et al., 2013) and Wekerle (2013) has connected the ample evidence on poor outcomes associated with childhood abuse with a human rights argument in support of mandatory reporting.

9 Other forms of family violence

9.1 Elder Abuse and Neglect

Reviews of elder abuse interventions, including a recent systematic review which assigned an evidence grade to 590 articles found little evidence to support any intervention to prevent elder abuse (Daly, Merchant, & Jogerst, 2011; Fallon 2006). Intervention studies could be grouped around three types of solutions: education of caregivers, adult protective service workers and health care workers; support group meetings; and a daily money management programme. Some of the education interventions aimed at caregivers showed significant improvements regardless of length of education session. The themes emerging from the literature reviews that have implications for policy and practice included: comprehensive approach involving multifaceted interventions across multiple sectors of society; the importance of a multidisciplinary approach to the management of elder abuse and/or neglect; the need for a commitment to the prevention of elder abuse and/or neglect; and the centrality of local/community level responses (Fallon, 2006).

9.2 Parental violence

The lack of investigation of violence of adolescents towards their parents has been widely reported and although this has been gaining greater attention, this continues to be a neglected area (Bobic, 2004; Coogan, 2011; Cottrell & Monk, 2004; Eckstein, 2004; Routt & Anderson, 2011). The limited number of studies completed to date suggest that this is a widespread problem with few established interventions developed to support parents and young people. Routt and Anderson (2011) describe how “Adolescents use violence and abuse to take power away from their parents and to control decision making in their families” (p.10). Family risk factors include the influence of violent images and language on more susceptible young people; single parenthood and the impact of divorce and separation; and unclear parental authority in the context of step-parenting and intimate partners (Routt & Anderson, 2011). Responses need to take account of the fact that mothers do not wish to lose contact with their adolescents but at the same time they may fear for their own and family safety. Individual risk factors include various psychopathologies particularly ADHD and bipolar disorders. Early childhood experience of witnessing domestic violence and the likely development of PTSD and depression can lead to adolescent aggression. Male adolescents appear to be the more likely to become aggressive towards their parents and to express the attitudes and beliefs of their fathers (Routt & Anderson, 2011). As with family violence recent research suggests that coordinated community responses are necessary along with increased education of mental health professionals in this type of violence.

9.3 Sibling violence

Studies suggest that sibling violence is perhaps one of the most prevalent forms of family violence yet receives the least attention as it is often regarded as a normal occurrence correlated with age and socio-cognitive development (Button & Gealt, 2010; Krienert & Walsh, 2011; Tucker, Finkelhor, Shattuck, & Turner, 2013).

A telephone survey conducted with 1,705 children aged 10-17 years, or an adult caregiver for younger children, found that sibling victimization rates were 37.6 per cent for the full sample and higher for younger age groups and also higher for brother-brother pairs (Tucker et al. 2013).

Button & Gealt (2010) examination of data collected from the 2007 Delaware Secondary School Student Survey (n= 8,122) found that 42 per cent of respondents experienced sibling violence within the last month. The most common forms of violence reported by siblings were shoving, pushing and slapping. Sibling violence occurred more frequently than other forms of child abuse and that it was significantly related to substance use, delinquency and aggression (Button & Gealt, 2010).

Krienert & Walsh (2011) analysed the United States National Incident-Based Reporting System (NIBRS) for the six year period 2000 to 2005 (n=33,066). The NIBRS receives reports of sibling assaults from participating law enforcement jurisdictions and, while not nationally representative, it provides a substantial database of reported assaults that meet standardised legal definitions. Their findings suggest gender based victim and offender differences with males more likely to be offenders and female siblings involved in more serious injury incidents than their male sibling counterparts.

10 Responses to family violence and child abuse

10.1 Multi-systemic and holistic approaches

The weight of evidence on effective interventions for family violence supports multi-systemic and holistic approaches that take into account primary, secondary and tertiary responses working at different population levels from micro to macro contexts.

The United Nations recommends a more holistic response to family violence and child abuse by taking into account the political, economic, and institutional factors that contribute to high rates of abuse. This holistic approach seeks to make more explicit the relationship between structural and interpersonal forms of violence and also recognises that structural inequalities (e.g. poverty, racism, gender inequalities etc) in and of themselves are forms of violence (Adelman et al., 2011; Deere, 2005; Farmer, 2003; Friederic, 2013; Manjoo, 2011).

The holistic approach has particular resonance to address violence within Māori whānau by also addressing the impact of colonisation and structural stressors facing many Māori including poverty, unemployment, parenting, health and education needs. This would require interventions that are not just focused on the victim and/or perpetrator, but on the wider whānau and the community they live in (Dobbs & Eruera, 2014; Slabber 2012). Kaupapa Māori models of response to whānau violence have been developed within a Tikanga Māori conceptual framework and now within the Whānau Ora policy initiative. There has also been considerable research and development of Pacifica models of response in New Zealand. However these frameworks cannot tackle the larger structural issues without considerable commitment and response across government, iwi, NGOs, and the private sector.

Countries such as the UK, Australia, Canada and New Zealand have instituted various mechanisms to coordinate strategy and actions across government agencies, the NGO sector, local government and communities. For example, the UK has an Inter-Ministerial Committee chaired by the Home Office Secretary to oversee their action plan to end violence against women and girls. The underlying principles of this strategy are: prevention; provision of services, partnership working, justice outcomes and risk reduction. Initiatives include: coordination of policies across sectors; primary prevention campaigns; reviewing and enhancing justice response for victims and perpetrators including changes to legislation; workforce development; ring fenced funding; initiatives to support voluntary sector; working with employers and economic empowerment of women.

The UK government has recognised that for laws and policies to have 'real world impact' it is vital there is a culture within agencies which is focused on the needs of the victim and they take a partnership approach to address violence. They place emphasis on leadership, accountability of professionals and consistent messaging about expected outcomes for victims. This strategy also includes monitoring and evaluation of outcomes and building on the evidence base to inform prevention and intervention and engagement with national 'what works' research centres.

Since the 1980s successive New Zealand governments have recognised the importance of a 'joined up' 'whole-of-government' approach towards preventing family violence. In 2002 government released the Te Rito Family Violence Prevention Strategy which resulted in a number of initiatives, notably the regional Te Rito networks promoted by dedicated coordinators (now Family Violence networks 2013). The national level mechanisms for coordinating the government's approach are the Family Violence Ministerial Group; the Taskforce for Action against Violence within Families (Taskforce); the Māori Reference Group (MRG) and the Pacific Advisory Group (PAG).

There is a lack of public reporting on the Taskforce's recent activities and their 2012/13 programme of action so it is uncertain what progress has been made.

10.2 *Interagency collaboration and coordination*

Reflecting the need for a more comprehensive approach the trend internationally and in New Zealand has been towards an interagency collaboration and coordination. In an evaluation of New Zealand's Family Violence Interagency Response System (FVIARS), the authors state,

A more holistic approach towards family violence that works with the whole family has been recognised as important for successful outcomes. Conversely lack of information sharing and collaboration can lead to inadequate risk assessment and insufficient service provision that were highlighted in the cases of James Whakaruru and the Aplin sisters. Collaborative approaches and co-location models between agencies with different foci and services are one way to provide a more 'wrap around approach'. (Carswell et al., 2010, p. 71)

FVIARS, which was rolled out nationally in 2006, was designed to enhance interagency coordination between the three founding agencies, New Zealand Police; Child, Youth and Family (CYF); and the National Collective of Independent Women's Refuges (NCIWR). Key elements of the model included

regular interagency meetings at the Police Area/CYF site level to assess risk of reported cases of family violence, plan responses and monitor cases.

An evaluation of FVIARS across four sites demonstrated many positive benefits of interagency collaboration to enhance victim safety and offender accountability. The structured approach was beneficial to developing interagency relationships and collaboration. Evaluation analysis (up to 2008/09) of indicators such as repeat victimization and offending showed a levelling off after the introduction of FVIARS, although Police advised caution in interpretation of these findings due to multiple factors. Barriers for agency participation in FVIARS were capacity issues, resourcing and the support required from their organisations to attend FVIARS meetings, and follow-up on actions. In particular there was uncertainty about the level of Child, Youth and Family's commitment as an agency to FVIARS at that stage (Carswell et al., 2010). The evaluation recommended that national level support for FVIARS required strengthening including stronger collaborative leadership and governance, resourcing, training, monitoring and evaluation, and mechanisms for identifying and sharing good practice nationally (Carswell et al., 2010, pp. 83-90). While this evaluation highlighted the good practice that was developing and emerging positive outcomes, there has been no recent public reporting on the efficacy of FVIARS, how it has evolved, and to what extent national level collaboration and coordination is being implemented, monitored and evaluated.

Internationally Coordinated Community Responses or Community Councils are growing in popularity in response for calls for more wrap-around and holistic services for victims, as well as the development of other multi-agency or multi-scale efforts (Decker et al., 2013; Dixon & Graham-Kevan, 2011; Hien & Ruglass, 2009; Kamimura, Parekh, Olson, 2013; Prost et al., 2012; Rose, 2013; Gul, 2013; Shorey, Tirone, & Stuart, 2014; Wells & Briggs, 2009; Zauszniewski, 2012). While numerous countries have implemented forms of coordinated responses, where local agencies are horizontally and vertically tied to regional and even national level councils and/or agencies, there are similar gaps present in these responses:

- Coordinating and sharing of data;
- Resources for on-going, consistent and prescribed collection of data;
- Development of identical outcome measures and the evaluation tools and protocols to measure areas of success or failure;
- Long-term programme planning; government funding is often short-term or ad hoc;
- Staff turnover; non-profits experience higher rates of staff turnover than statutory agencies, thereby impacting the development of social networks and collaborative bonds that allow the sharing of data and trust relationships necessary for success;
- Lack of longitudinal studies for evidence of best practices.

International research indicates that, noting the trend towards coordinating efforts to limit duplications of services and to improve outcomes, special attention must be paid to the intersection between child abuse and family violence as central components in any intervention response (Arruabarrena & De Paul, 2012; Barbee, Christensen, Antle, Wandersman, & Cahn, 2010; Calheiros, Graca, & Patricio, 2014; Collins, 2010; de Silva Franzin et al., 2014; Darlington, Healy, & Freeney, 2010; Friend, Shlonsky, & Lambert, 2008; Fusco, 2013; Gennetian, Castells, & Morris, 2010; Hill & Thies, 2010; Holt, Buckley, & Whelan, 2008; Horton et al., 2014; Lansford et al., 2014; Larrivee,

Mahelin-Brabant, & Lessard,2012; LaLiberte, Bills, Shin, & Edleson,2010; Leveille & Chamberland, 2010; Mair,, Cunradi, & Todd, 2012; Oberg & Aga, 2010; O'Connor, Forrester, Holland, & Williams, 2014; Ogonnaya & Pohle, 2013; Overbeek, de Schipper, Lamers-Winkelman, & Schuengel, 2013; Peled, 2011; Rizo, Macey, Ermentrout, & Johns, 2011; Saile, Neuner, & Catani, 2014; Saini, Wert, & Gofman,2012; Stanley & Humphreys, 2014; Sullivan, 2011; Svevo-Cianci, Herczog, Krappmann, & Cook,2011; Tavkar &Hansen, 2011; Theobald, Farrington, & Piquero,2013; Yoo & Huang, 2012).

11 Primary Prevention

Primary prevention aims to stop violence before it occurs through initiatives that are designed to promote healthy non-violent relationships and change negative attitudes and behaviours.

Interventions at this level are population based and can be applied universally to the whole population or targeted at specific populations identified at risk of becoming perpetrators or victims (Ministry of Women's Affairs, 2013).

New Zealand's Campaign for Action on Family Violence is an example of a primary prevention universally applied to the New Zealand population and includes the social marketing campaign 'It's Not Ok'; a suite of resources providing education, support and promotional material; media advocacy training; and an 0800 line for the public to freely access information. The Campaign targets individuals in family violence situations and communities generally with messages about the unacceptability of violence and advice on where to get support. The Campaign also provides a suite of resources for communities and local government wanting to promote non-violence; and businesses wanting to promote awareness of family violence and support their workforce affected by it (www.areyouok.org.nz). Another example of a universal primary prevention initiative is Child, Youth and Families', 'Never Shake a Baby' social marketing campaign.

The Ministry of Women's Affairs (MWA) paper, *Current Thinking on Primary Prevention of Violence against Women* (2013), provides an overview of trends in primary prevention internationally and identifies areas where New Zealand could enhance our primary prevention response. A stocktake is required of primary prevention activities in the family violence and child abuse areas as many of these initiatives are community led and it is difficult to get an overview of activities, identify gaps and effective approaches (MWA, 2013, p.11). A stocktake of sexual violence primary prevention activities in Aotearoa/New Zealand was conducted in 2013 that included tauiwi and bicultural activities (Dickson, 2013).

MWA noted that while the public health model conceptualises three levels of intervention they sit on a continuum and are not mutually exclusive with some interventions encompassing all three levels. It is nevertheless useful to retain a distinction for planning and implementation purposes and workforce development as different training and skill sets are required at different levels (Ministry of Women's Affairs, 2013, p.6).

The Ministry of Women's Affairs (2013, p.2) states that New Zealand polices primarily focus on the secondary and tertiary levels of response and there needs to be a greater focus on primary prevention. The Campaign for Action on Family Violence and local derivatives of this campaign, have shown positive outcomes in terms of raising awareness about family violence. However, they argue that this needs to be built on and include a wider set of prevention activities across all levels of the socio-ecological model.

WHO (2010) review of international studies on primary prevention initiatives (universal and targeted population initiatives) identified the following strategies where some evidence was available. Research on effectiveness of primary prevention approaches is still relatively underdeveloped. WHO graded the strength of the findings on effectiveness:

“Effective: strategies which include one or more programmes demonstrated to be effective; ‘effective’ refers to being supported by multiple well-designed studies showing prevention of perpetration and/or experiencing of intimate partner and/or sexual violence;

Emerging evidence of effectiveness: strategies which include one or more programmes for which evidence of effectiveness is emerging; emerging evidence refers to being supported by one well-designed study showing prevention of perpetration and/or experiencing of intimate partner and/or sexual violence or studies showing positive changes in knowledge, attitudes and beliefs related to intimate partner violence and/or sexual violence;

Effectiveness unclear: strategies which include one or more programmes of unclear effectiveness due to insufficient or mixed evidence;

Emerging evidence of ineffectiveness: strategies which include one or more programmes for which evidence of ineffectiveness is emerging; emerging evidence refers to being supported by one well-designed study showing lack of prevention of perpetration and/or experiencing of intimate partner and/or sexual violence or studies showing an absence of changes in knowledge, attitudes and beliefs related to intimate partner violence and/or sexual violence;

Ineffective: strategies which include one or more programmes shown to be ineffective; ineffective refers to being supported by multiple well-designed studies showing lack of prevention of perpetration and/or experiencing of intimate partner and/or sexual violence;

Probably harmful: strategies which include at least one well-designed study showing an increase in perpetration and/or experiencing of intimate partner and/or sexual violence or negative changes in knowledge, attitudes and beliefs related to intimate partner and/or sexual violence;

Not applicable (NA).”

(WHO, 2010, p.40)

A summary of the key findings are presented in the following table which categorises primary prevention strategies targeted at different stages of life and universal strategies for all stages of life at the end of the table. The effectiveness of each strategy is identified in separate columns for IPV and for sexual violence. A review of available evidence after 2010 will be completed for the second part of the literature review.

Table 3: Effectiveness of primary prevention strategies for IPV and Sexual Violence adapted from WHO (2010)

Primary Prevention Strategy	IPV	Sexual Violence
During infancy, childhood and early adolescence		
Interventions for children and adolescents subjected to child maltreatment and/or exposed to IPV	Emerging effectiveness	Unclear
School-based training to help children recognize and avoid potentially sexually abusive situations	Unclear	Emerging effectiveness
During adolescence and early adulthood		
School-based programmes to prevent dating violence	Effective	NA
Sexual violence prevention programmes for school and tertiary populations	NA	Unclear
Rape-awareness and knowledge programmes for school and tertiary populations	NA	Ineffective
Education (as opposed to skills training) on self-defence strategies for school and tertiary populations	NA	Ineffective
Confrontational rape prevention programmes	NA	Probably harmful
During adulthood		
Empowerment and participatory approaches for addressing gender inequality: microfinance and gender-equality training	Emerging effectiveness	Unclear
Empowerment and participatory approaches for addressing gender inequality; communication and relationship skills training (e.g. Stepping Stones)	Emerging effectiveness	Unclear
Home-visitation programmes with an IPV component	Unclear	Unclear
All life stages		
Reduce access to and harmful use of alcohol	Emerging effectiveness	Unclear
Change social and cultural gender norms through the use of social norms theory	Unclear	Emerging effectiveness
Change social and cultural gender norms through media awareness	Emerging	Unclear

campaigns	effectiveness	
Change social and cultural gender norms through working with men and boys	Emerging effectiveness	Unclear

Adapted from WHO (2010, p.40)

There is now more focus on engaging men and boys in preventing family violence (Baker, 2013; MWA 2013; WHO, 2010).

Cismaru and Lavack (2011) conducted a review of 16 primary prevention campaigns targeted at perpetrators of family violence from five countries, including the ‘It’s Not OK’ campaign from New Zealand. To analyse the effectiveness of each campaign for persuading IPV perpetrators to change their behaviour they combined two well-known models: the Trans-theoretical Model (TM) (Prochaska, DiClemente & Norcross, 1992) and Protection Motivation Theory (PMT) (Rogers, 1975, 1983) to create an analytical framework (Cismaru & Lavack, 2011). The authors identified the most salient PMT variable⁴² for each stage of change⁴³ and described the characteristics of people found in that stage, and then posited the most effective strategies for persuasion (Cismaru & Lavack, 2010).

The ‘It’s Not OK’ campaign along with one other campaign showed the most comprehensive set of elements to prevent violence and covered all stages of change and PMT variables. The authors state “addressing all stages of change in the same place (e.g. the same website or booklet) is important because if, for example, one perpetrator accesses a website that only targets pre-contemplators, he might be inclined to get help but be left with no information on how to do it. Similarly, if only information about available services is found (action stage) when the perpetrator is not yet convinced that he needs to change, he might refuse to act” (Cismaru & Lavack 2011, p.194).

An evaluation of ‘It’s not OK’ campaign conducted in 2010 found

“the Campaign is highly visible and recall of Campaign messages is high across all groups; the understanding of the behaviours that constitute family violence appears to be increasing; the Campaign has had an impact on people’s motivation to act; the Campaign has given strength to local initiatives, including giving them the confidence to use a wide range of social marketing strategies; the Campaign is contributing towards increased reporting of family violence and more people are seeking help from agencies; and family violence is being reported in the media with greater accuracy and is more likely to be portrayed as a serious social problem” (cited in Cismaru & Lavack 2011, p.194).

The evaluators highlighted the importance of any media campaign being supported by ‘layers of activities and interventions’ so that people had access to the resources and services they required.

⁴² PMT proposes five variables that influence a person’s decision to change their behaviour: vulnerability; severity; response efficacy; self-efficacy; and costs.

⁴³ TM identifies stages of change a person may pass through when they try to modify their behaviour: pre-contemplation; contemplation; preparation; action; maintenance; termination; and relapse.

12 Secondary and Tertiary prevention

The public health model categorises secondary prevention taking place in the immediate aftermath of violence and includes crisis response by government agencies and non-governmental organisations: police, women's refuges, sexual assault services; child protection agencies; court protection orders; and helpline services. The purpose of secondary interventions is to immediately prevent further violence from occurring and have a focus on victim safety. Legal orders such as protection orders, police safety orders, non-trespass orders may be used to try and prevent further violence. Where children have been abused or at risk child protection services are notified. The second part of the literature review will review studies of criminal justice, child protection and NGO crisis initiatives to identify effective responses.

Secondary level initiatives also include identifying if family violence and/or child abuse has occurred through screening and risk assessment in health, education and social service settings. Early intervention initiatives with high risk individuals and families also come under secondary interventions.

Tertiary prevention includes longer term responses to prevent further violence occurring and to reduce the long term negative effects of violence. Examples are: victim and perpetrator programmes; counselling and treatment services; parenting programmes and home visiting services for families with young children at risk.

As stated the levels of prevention can be seen on a continuum with some initiatives addressing more than one level.

12.1 Early intervention for children

Early intervention is widely understood as essential for breaking intergenerational cycles of abuse. Holzer and colleagues (2006) supported the notion of an integrated approach to early intervention where each level of strategy plays a part in child abuse prevention and in enhancing child and family wellbeing. Both parent education and home visitation programmes have been heavily researched and internationally governments invest significantly in home visitation responses (Daro, 2005; Dodge et al., 2014; Guterman et al., 2013; Kitzman, 2005; Holzer, Higgins, Bromfield, & Higgins, 2006; Manninga, Homel, & Smith, 2010; Olds, 2005; Peacock, Konrad, Watson, Nickel, & Muhajarie, 2013; Santos, 2005). Not all parent education or home visitation models are effective with diverse populations. Tailored responses are required to meet particular population needs based on gender, culture and ethnicity (Al et al., 2012; Alonso-Marsden et al., 2013; Azzi-Lessing, 2011; Caplan & Caplan 2000; MacLeod & Nelson, 2000; Nievar, van Geren, & Pollard, 2010; Santos, 2005).

The Triple P parenting education programme has demonstrated positive results and the authors of the meta-analysis which analysed efficacy of this programme maintain that other parent education interventions may be just as effective (Nowak & Heinrichs, 2008). A meta-analysis of the Incredible Years parent training programme has also found positive outcomes for children's behaviour coupled with improved parenting practice (Menting, de Castro, & Matthys, 2013).

Preventive education with children and young people in school or community-wide campaigns needs to heed the gender and age-related features of both child abuse and other forms of victimisation

and their impact. For younger children there is greater risk within family, and for older children greater risk from within family, from peers and from other adults. Focus on bullying needs expanding to IPV, sexual, and parental and peer maltreatment.

The overwhelming finding in the meta analytical reviews related to parent education and home visitation is the need for interventions to be embedded in wider socio-economic supports impacting on family wellbeing. Adequate housing, income, education, health and social supports are all identified as protective factors, which supports the implementation of a broader more holistic approach. (Avella & Supplee, 2013; Daro, 2005; Dodge et al., 2014; Hermanns, Asscher, Zijlstra, Hoffenaar, & Dekovic, 2013; Holzer et al., 2006; Kitzman, 2005; Nievar et al., 2010; Olds, 2005; Peacock et al., 2013; Santos, 2005; Wade & Fordham, 2005)

12.2 Victim interventions

This review identified services for victims/survivors as a response to violence that offer short term benefits for a victim and in many cases her children. There is limited information as to the long-term benefits of these services. Very few studies have been conducted that assess the benefits of crisis response over the life course for a survivor of violence, and thus there is a limitation as far as making claims as to what best practices may be for survivors of violence generally. What is identified are interventions that have been proven to be effective in terms of removing the immediate interpersonal violence from a victim's life, and to offer a series of supports that are required and may allow a victim to move away from violence more permanently.

The enacting of laws that criminalize forms of domestic violence and child abuse

The introduction of legislation that defines forms of abuse and paves the way for criminalization of acts of abuse is a critical step in the prevention and eventual elimination of violence. Studies point to the importance of laws providing a framework from which the government and non-governmental sectors can begin to identify the rates of violence and provide the necessary services to assist victims. Law is also an important step in changing social perception (Ghosh, 2013; Heo, 2010; Merry, 2006; Ramli & Yahya, 2014; Rose, 2013; Gul, 2013; Svevo-Cianci et al., 2011; Whitaker & Lutzker, 2009).

However, passing laws is not effective in ending abuse alone. Some examples of this from the international literature highlight the disjuncture between a country's legislation and women's everyday realities (Ghosh 2013). Merry's (2006) cross-cultural research in five countries highlights the effort to enact laws, change the criminal justice and legal response, and comprehensively integrate the social services apparatus that provides the direct services to victims. However, it appears that the integration and shared responses between social services, the law, and victim wellbeing is minimally developed. Thus the research points to questions as to the financial support to integrate institutional domains and the political will to share resources/collaborate across sectors.

Crisis services in the form of refuge/shelters, counselling, social support and other coordinated responses (Davila, Mendias, & Juneau, 2013; DeGue et al., 2014; Dixon & Graham-Kevan, 2011; Eisikovits & Bailey, 2011; Kamimura et al., 2013; Peter, 2006; Reisenhofer & Taft, 2013; Sa'ad,

Yusoof, Nen, & Subhi, 2014; Safta, Stan, Iurea, & Suditu, 2010; Gul 2013; Sullivan, 2011; Tiwari et al., 2012)

Evidence suggests that crisis services have been a necessary component of the effort to end violence for the past 40 years. Refuges were the foundation of the anti-violence movement in many countries, and have continued to provide essential services to women and their children throughout the decades.

The types of emergency housing services have been well documented, and while there is little empirical work that tracks the wellbeing of women and children upon departure from a refuge or transitional housing setting, studies indicate that short term (30 day), temporary (90 day) and long-term supported housing (2 years) have had a net benefit for the women who access these services in terms of keeping the women who occupy these facilities safe from violence.

Similarly, counselling and support group services indicate either neutral or positive outcomes of offering these services to women in the immediate aftermath of violence. Studies continually demonstrate the importance of social support for helping women and children move away from abuse, and leads to better health overall. For example, Kamimura et al. found that social support was the most critical element of helping a victim in a time of crisis, and was correlated with overall better physical health (2013).

A recent review of randomized or quasi-experimental design interventions for IPV victims examined 16 studies of brief interventions and 15 studies of more extended intervention programmes. The more extended interventions showed that supportive advocacy in community settings reduced the frequency of re-victimization relative to no-treatment controls, although they noted rates of re-victimization were still very high. Brief interventions had inconsistent effects and it remains unclear whether brief safety interventions produce longer-term reductions in IPV re-victimization (Eckhardt et al. 2013).

Social support stands as the most consistent factor of any programmatic attempt to assist victims. Across studies in the legal, health, and educational domains, more researchers identified social support as the key element to: move victims away from violence; support behaviour changes necessary to decrease a victim's own use of violence; and to improve overall physical and psychological health as related to behavioural changes and the cessation of violence.

Identification of victims of family violence

Victims are more likely to interact with health care professionals cross-culturally than any other sector (inclusive of traditional healers, midwives, and other healthcare providers) (Akyuz, Yavan, Sahiner, & Kilic, 2012; Alio et al., 2011; Almutairi, Alkandari, Alhouli, Kamel, & El-Shazly, 2013; Bacchus et al., 2010; Bair-Merritt et al., 2014; Dartnall & Jewkes, 2013; Davila et al., 2013; Feder et al., 2011; Finnbogadottir & Dykes, 2012; Gamlin, 2013; Hathaway, Zimmer, Willis, & Silverman, 2008; Kohler et al., 2013; Mackenbach, 2014; O'Campo, Kirst, Tsamis, Chambers, & Ahmad, 2011; Olagbuji, Ezeanochie, Ande, & Ekaete, 2010; Shuib et al., 2013; Stadler, Delany-Moretlwe, Palanee, & Rees, 2014).

For example screening for family violence with pregnant women, if done by trained and knowledgeable service providers and health care professionals, has a slight positive impact on victim wellbeing. Pregnant women are more likely than others to come into contact with care providers at some point during the gestational period. Research is conclusive that social support, including financial support, is necessary for a woman to move away from violence, especially due to the increased vulnerability owing to the care of an infant (Baid, Salmon, & White, 2013; Farrokh-Eslamlou, Oshnouei, & Haghighi, 2014; Han & Stewart, 2014; Mendez-Figueroa, Dahlke, Vrees, & Rouse, 2013; Olagbuji et al., 2010).

In wealthier nations, law enforcement is the second most likely sector to engage with a victim due to community police responses and the availability of emergency personnel (Sun & Chu, 2010). Therefore, the literature is conclusive that law enforcement and healthcare providers are critical populations for receiving training and education to identify victims of violence, to have a protocol in place to assist the victim/s, and to simultaneously serve as a resource for assistance and be aware of other sector providers to provide immediate care to the victim.

Victims benefit from interaction with knowledgeable service providers (Calheiros et al., 2014; Day, Carson, & Saebel, 2010; Eisikovits & Bailey, 2011; Horn, 2010; Larrivee et al., 2012; Peter, 2006; Rose, 2013; Sanchez-Lorente, Blasco-Ros, & Martinez, 2012; Sullivan, 2011; Tiwari et al., 2012; Walker, Bowen, & Brown, 2013; Wells & Briggs, 2009; Wies & Haldane, 2011);

There is compelling evidence that victims are most satisfied when working with knowledgeable service providers in the immediate aftermath of a crisis event. Where there is less evidence is on the long-term benefits of this crisis intervention work since there are few empirically grounded studies that have followed victims into survivorship and over the life course. However, qualitative research demonstrates definitively that victims a) benefit from having a clearly identified case worker to minimize the number of times they have to repeat their story in order to get assistance; b) experience a measurable benefit when engaging with someone who they feel understands their experience; c) support that emphasis empowerment, empathetic listening, and the clearly defined provision of resources results in a measurable improvement in victim experience of the services; d) a sense of social support was critical.

Aspects of service that mitigate against victim wellbeing include a) a sense of paternalism or condescension on the part of the care provider; b) the inability of a worker to answer a victim's questions; c) the directing of the victim to multiple agencies; d) the inability of a service provider to offer support due to limited resources and full case loads.

Research suggests victims are empowered when they are aware of their legal options

The value of the provision of legal services and legal support for victims and their children cannot be understated. Short term support for legal services is empirically marked as having a neutral or slightly positive benefit, particularly in providing the victim with the knowledge of her rights. The main areas of legal rights include child custody issues, temporary protection orders, housing rights, and availability of medical services owing to their status as a victim of a crime. (Merry, 2006)

Responding to multiple needs

New research points in the direction of offering 'bridge services' in response to the multiple needs of victims/survivors so they can receive concurrent treatment and other services as appropriate, as numerous gaps have been exposed by contemporary service provision. One example is the need for the co-treatment for substance use and abuse issues (Brackley, Williams, & Wei, 2010; Haynie et al., 2013; Stafstrom & Ostergren, 2008); and PTSD (Bomyea & Lang, 2012; Dutton, Bermudez, Matas, Majid, & Myers, 2013; Meredith et al., 2014).

One of the most understudied populations in the domestic violence literature is that of persons with disabilities. There is research to suggest that parents of children with disabilities show a cessation of violence with increased social support. Children with disabilities must also be considered in terms of the non-familial abuse, for example in institutional settings. (Anderson, Leigh, & Samar, 2011; Lin et al., 2010)

An extensive literature review was undertaken under the auspices of the New Zealand Ministry of Social Development which found that refugee and migrant women and children in New Zealand are more adversely impacted by family violence due to their isolation and lack of access to appropriate support (Boutros, Waldvogel, Stone, & Levine, 2011). Among its key recommendations are strengthening community-level interventions and ensuring organisations are aware and constantly sensitive to the needs of refugee and migrant communities. There is a need for greater resourcing of interpreter services as fundamental to enable refugee and migrant women to communicate their needs (Boutros et al., 2011).

The most successful interventions appear to deal with what could be termed structural violence and interpersonal violence simultaneously. This includes attention to homelessness or housing security issues (Baker, Billhardt, Warren, Rollins, & Glass, 2010); improving the social welfare net (Oberg & Aga, 2010; Peter, 2006; Gul, 2013); and improved nutrition (Sobkoviak, Yount, & Halim, 2012).

12.3 Perpetrators interventions

Theoretical explanations for family violence underpin the development of perpetrator programmes. Structural explanations based on feminist analysis of gender inequality that promotes male power and control in societies, commonly known as the Duluth model⁴⁴, or psychological explanations of

⁴⁴ Developed from the Minnesota Domestic Abuse Intervention Project (DAIP) the 'Duluth model' is based on feminist analysis that family violence is men asserting power and control over women which reflects patriarchal structures and attitudes in societies. Violence is regarded as a product of cultural conditioning and this model aims to change behaviour by giving male perpetrators a better understanding of gender relationships, redefining their conception of masculinity, and challenging them to take responsibility for their violence. Integral components of the Duluth model include a coordinated community response (CCR) involving the criminal justice system and social service providers with a focus on victim safety and offender accountability. The Duluth non-violence programme, *Creating a Process of Change for Men who Batter*, was designed to be delivered in conjunction with CCR including monitoring of offenders progress and imposing criminal justice sanctions for noncompliance with conditions of probation, civil court orders, or programme violations. (Pyamar & Barnes n.d.)

violence that use treatment modalities such as cognitive behavioural therapy (CBT) to change individuals thinking and behaviour inform models. Increasingly programmes are based on a combination of these models in recognition of the interrelationship between structural and individual factors.

Family violence perpetrator interventions that do incorporate both individual responsivity factors (trauma history, substance abuse and/ or mental health comorbidity) as well as psychosocial responsivity factors (poverty, support, housing, social norms, cultural participation) tend to fare better in terms of effectiveness and efficacy (e.g. Multisystemic Therapy for Child Abuse and Neglect, Swenson et al, 2010; systemic therapy for couples experiencing *mutual* physical conflict; Stith, McCollum, Boadu, & Smith 2012). The Good Lives Model (GLM) has been developed in New Zealand by Tony Ward and colleagues for offender populations such as sex and violent offenders (Ward & Stuart, 2003; Whitehead, Ward & Collie, 2007) and more recently, has been posited as an effective strengths-based treatment for family violence offenders (Langlands, Ward & Gilchrist, 2009). GLM is a strengths based treatment model that is responsive to both individual needs and sociocultural context, particularly pertinent to New Zealand, and it is increasingly used internationally to inform offender treatment programmes. The incorporation of mental health and substance abuse treatment into offence reduction programmes for general violent offenders and child sex offenders contributed to an increased effectiveness.

The GLM can be easily adapted to Kaupapa Māori models of treatment (such as the Department of Corrections Māori Focus Units) and Kaupapa Māori and Pasifika models of mental health, such as Te Whare Tapa Wha, (Durie, 1994) and the Fonofale model (Pulotu-Endemann, Annandale, & Instone, 2004) and is flexible enough to be adapted to our many family structures and dynamics, particularly important for working with children and young people who are under or involved in CYFS care (Leve et al., 2012).

Perpetrator intervention programmes in New Zealand have primarily been based on the Duluth and CBT models or a blend of these two dominate interventions. Culturally responsive programmes have also been developed by Māori and Pacifica providers. Some of the underlying conceptual frameworks of these models have been brought together in the work of the Māori Reference Group (MRG) and the Pacific Advisory Group (PAG) who work alongside the Taskforce for Action against Violence within Families. For example, the MRG *E Tu Whānau Programme of Action* (2008 – 2013) and (2013 – 2018) outlines the approach and principles to address whānau violence; and Dobbs' and Eruera's (2014) *Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention*. The PAG work, *Nga Vaka o Kāiāga Tapu – the Pacific Conceptual Framework* (2012), and *Falevitu: A literature review on culture and family violence in seven Pacific communities in New Zealand* (2012). These conceptual frameworks are designed to be used at the policy level as well as by practitioners in both culturally specific services and mainstream services to guide practice. Evaluations are yet to be conducted of these initiatives.

Research on identifying different personality types of perpetrators has implications for tailoring interventions; this work has predominantly focused on male perpetrators (Edleson 2012; Fowler & Westen, 2011; McMaster, 2006).

Meta-analyses and reviews of perpetrator programmes (predominantly group programmes for male perpetrators using Duluth model, CBT or a combination of these approaches) found:

6. Meta-analyses of group programmes show a very modest positive impact on ending violence although there are well documented methodological issues with many studies.
7. A comprehensive study of group programmes in the United States tracked 840 men over a four year period and found if re-assaults occur they mostly take place within 15 months after intake into a programme. Over time the recidivism rate decreased and in interviews with men's partners four years after intake approximately 90 per cent of men had not re-assaulted their partners in last year. The authors suggested that the increasingly low recidivism rates over time points to success of programmes (Gondolf, 2002, 2004 as cited in Edleson 2012).
8. It is not yet clear which components of group programmes help create these changes and no one treatment modality showed any significant difference in effectiveness.
9. Group programmes incorporating motivational enhancement components help more men change.
10. Group programmes that are part of coordinated responses with the criminal justice system achieve better outcomes e.g. more timely access to treatment; ongoing monitoring of mandated referrals; courts responded swiftly with consequences for men who violated their mandates.

(Akonensi, Koehler, Losel, & Humphreys, 2012; Eckhardt, Murphy, Whitaker, Sprunger, Dykstra, & Woodard, 2013; Edleson, 2012; Slabber, 2012)

The New Zealand government is moving towards more flexible individualised responses reflected in DVA amendments scheduled for introduction in late 2014. This approach recognises that some groups of family violence offenders may have additional needs and/or responsivity issues such as difficulties with motivation, serious mental illness, personality disorders and substance abuse.

13 Kaupapa Māori models

Slabber's review of New Zealand studies found few that focused on responses to family violence among Māori. The existing literature

“supports the importance of developing Kaupapa Māori programmes that address the impact of colonisation and include the whānau and broader community. This is consistent with the Department's [of Corrections] Māori Strategic Plan and the Māori Reference Group's E Tu Whānau Ora framework, but stands in contrast to current domestic violence approaches. Interventions for Māori would need to be localised, strengths-based kaupapa Māori programmes that support not only the offender but also the community and risk factors in that community” (Slabber, 2012, p. 8).

Dobbs & Eruera (2014) also note that the whole-of-whānau focus of the MRG E Tu Whānau and the emphasis on addressing some of the structural stressors facing many Māori,

“including whānau being able to meet basic and fundamental family needs such as education, parenting, health needs and healthy relationships; a focus on solutions that

address the wider whānau issues (not just those of the victim and/or perpetrator); ensuring that the safety of women and children is paramount within this focus; the importance of role modelling; and the importance of more men being involved in the solutions for change” (p.18).

Dobbs and Eruera (2014, p.28) state that “Māori academics, health, welfare, education and justice professionals also argue that models of analysis and intervention methodologies based on Western models have been consistently ineffective for Māori . Māori service providers in the area of whānau violence have identified that the application of a mainstream framework to whānau violence policy and services:

- “Failed to recognise the negative impact of colonisation on whānau, hapū and iwi;
- Endorsed interventions focused on concepts of individual harm, as opposed to whānau, hapū and iwi development and well-being;
- Created barriers to flexibility within programme provision;
- Failed to recognise the importance of addressing issues such as systemic violence and the endemic nature and acceptance of family and whānau violence within communities;
- Failed to value prior learning amongst Māori providers; and
- Did not recognise the value of Māori methods and models.” (as cited in Dobbs & Eruera 2014, p.28)

Kaupapa Māori models of response to family violence have been developed within a Tikanga Māori conceptual framework. For example the Mauri Ora framework developed by the Amokura Family Violence Prevention Consortium described by Dobbs and Eruera (2014). To evaluate the effectiveness of these frameworks in reducing family violence Dobbs and Eruera call for “clearly developed research strategies that enable in-depth, strengths-based research to be undertaken. Adequate funding for both research and interventions is required”. (Dobbs & Eruera, 2014, p.42)

14 Significance of Gender Effects and Violence Typologies on Policy and Treatment

It is important that treatment programmes rely on operational definitions of IPV that are broad and flexible enough to both redress the influences of gender inequality on the beliefs and expectations of some male perpetrators of family violence, as well as encompass the mechanisms associated with female perpetration of domestic violence and child abuse. Denial of gender effect in severe and lethal forms of violence is a disservice both to perpetrators and victims of such violence (Straus, 2011). If we conceptualise intimate partner violence as encompassing *both* ‘*situational couple conflict*’ and ‘*coercive controlling violence*’, there may be a tendency to take a ‘one stop-shop’ approach to treatment and intervention for domestic violence. Indeed, some (e.g. Fergusson, Horwood & Riddler, 2005; Dutton, 2012) have taken a step from the relatively equal gender effect found in ‘*situational couple conflict*’ to negate the need for feminist-grounded interventions that seek to redress gender and age-biases among male perpetrators and focus instead on relationship functioning:

“this conclusion implies a need for policies that encourage couples to work together to harmonize their relationships and to overcome the collective adversities that they face”. (Fergusson et al., 2005; p.1116).

However, such a couples-therapy or family-therapy approach does little to address the safety and risk concerns with perpetrators of moderate to severe IPV that may use the relationship dynamic to intimidate or threaten their partners. Such an intervention model may be less likely to be a safe or effective model for the significant minority of women who are at direct risk of harm from their partners (e.g. 6% threatened with a weapon [14% Maori women]; Morris et al, 2003). Nor does it address the significant number of (often) women who experience intimate partner violence perpetrated by their ex-partners (12.2% for women compared with 4.1% men: Morris, Reilly, Berry, Ransom, & Lanka, 2003; Walby & Allen, 2004).

But similarly, a lack of responsivity to female perpetration in treatment programmes would mean that female- male or female – female perpetration of domestic violence may not be addressed. So too, opportunities for effective early intervention in IPV may be missed (as milder, bilateral acts of violence may predict latter severe acts of violence (Martin, Langley, & Millichamp, 2006) and couples who experience milder severity or lower risk mutual conflict may benefit from intimate partner violence focused-couples therapy (DVFCT) which has been found to be an effective early intervention modality (Stith, McCollum, & Rosen, 2003).

15 Family Court changes

Changes to the Family Court system that came into effect at the end of March 2014 have shifted the focus to mediation to resolve custody disputes rather than utilising court processes, which are reserved for more complex, intractable cases and those where violence is alleged. The government has established a new mediation service, Family Disputes Resolution (FDR), and extended the Parenting through Separation programme. It is now mandatory for couples who have custody disputes to attend these services prior to going to the Family Court, unless there are concerns for safety and matters are urgent. It is unclear how issues of violence will be assessed, particularly if there are no protection orders in place. Commentators have highlighted the importance of mediators being properly trained to identify if family violence is an issue and particularly the ability to recognise psychological abuse.

Concerns have also been raised about the Family Courts ability to assess whether family violence is present particularly in light of the repeal of the Bristol clauses that requires Judges to undertake a risk assessment before granting day to day care of the child(ren) to a violent parent and sets out the matters to be considered (s61 repealed).

16 Frontline Workers

Research is conclusive that offering services staffed by well-trained, well-paid and supported staff is essential (Calheiros et al., 2014; Davila et al., 2013; Day, Carson, & Saebel, 2010; DeGueet et al., 2014; Dollard & Naser, 2013; Horn, 2010, Larrivee et al., 2012; Littleton, Buck, Rosman, & Grills,- Taquechel,2012; Overbeek et al., 2013; Reisenhofer & Taft, 2013; Sa’ad et al., 2014; Safta et al., 2010; Saftlas et al., 2014; Shorey et al., 2014; Sullivan, 2011; Walker et al., 2013; Wells & Briggs, 2009; Zauszniewski, 2012).

Worker burnout and lack of salary increases limit the ability of social service agencies to maintain a knowledgeable and experienced staff (Haldane, 2011; Leach, 2011; Richter, 2011; Smith, 2007; Wies 2011).

A risk made in programme development is the interpretation that “knowledge” equates formal education on the part of the worker. Davis (2006), Gilmore (2007), Smith (2007) and Wies (2008, 2009) have effectively challenged the notion that workers must possess university degree qualifications and other post-graduate credentials in order to successfully deliver client-centered services to victims of violence. The qualitative research demonstrates no significance in quality of service delivery based on educational qualifications alone. Therefore, it is strongly suggested that educational qualifications be considered in line with other factors and that providing better support and quality workplace environments, in conjunction with on-going training opportunities, could be essential factors in meeting outcome deliverables over the value placed on the degree held by the worker.

There is empirical evidence that frontline workers are often working within structures that exacerbate the problems victims face rather than alleviate them (Davis, 2006; Craven & Davis, 2013; Koyama, 2003; Smith, 2007; Haldane, 2011; Haldane, 2013; Wies, 2008). The main constraints on workers include the limited time a victim can stay in emergency housing; the lack of substance abuse/misuse treatment available in a timely fashion, often resulting in a victim being asked to leave emergency housing due to relapse; the arbitrary rules regarding male children of a certain age staying in emergency housing; the availability of government subsidies for temporary or transitional housing; limited opportunity for job training and skill development; and dearth of interpretation services for victims who may not speak a majority language. Therefore, research suggests that workers, who are obligated to follow rules often established by the funding entities for emergency services, have little to no choice but to impose constraints on victims in order to be in compliance.

Research demonstrates that frontline workers often make connections between the problems victims face in the immediate aftermath of abuse with broader, systemic issues (Collins, 2010; Haldane, 2009; Adelman, 2004; Wies, 2011; Parson, 2013; Crooms, Falcon, Haldane, 2011; Alcalde, 2010). However, due to frontline workers’ positions at the bottom of most institutional structures, they are not afforded the opportunities to inform NGO directors and even policy makers of what they see as common problems plaguing victims on a regular basis. Research centred on frontline workers illustrates their deep understanding of the relationship between poverty, homelessness, substance misuse, educational attainment, labour skills, and broader social issues such as racism, misogyny, and ableism (Reisenhofer & Taft, 2013; Robertson & Reynolds, 2010; Leveille & Chamberland, 2010; Gangoli & Rew, 2011; Hague, Thiara, & Turner, 2011; Baker et al., 2010; Holt et al., 2008). Therefore, workers are often constrained by the institutional policies and funding streams in their effort to provide the wrap-around services they recognize victims require.

17 Evidence gaps and methodological challenges

Methodological challenges

There is sufficient evidence concerning incidence and prevalence of FV and CAN to know that these are major social problems with attendant life time health care and social costs. Nevertheless there is value in discerning trends that occur in order to evaluate the effect of societal responses.

The literature identifies debates and differences in the way forms of family violence are defined and measured. Lack of consistent definitions and data collection methods has implications for gauging changes in the incidence and prevalence of family violence within populations and for cross-country comparisons. The Netherlands consistently and routinely collects child maltreatment data from three key data sources: administrative data; self-report data from secondary school students; and from interviews with a large sample of care and protection services personnel (Sentinel data). The data are triangulated to analyse trends and provides an evidence base for effective interventions. (Euser, et al., 2013)

The large meta-analyses of perpetrator intervention programmes find significant methodological problems with comparisons between interventions:

- While there are numerous evaluations published they have often not met the highest standards of research design;
- The studies predominantly use recidivism as the only measure of effectiveness and it is often defined as physical 're-assault' as reported by victims or in official records. This omits continued use of non-physical coercive behaviours; victims' perception of safety; and the behavioural and attitude changes of perpetrators.
- Few organisations can afford sophisticated data collection technologies and methods. This risks not including excellent community-based and developed interventions that may be working effectively. The lack of evaluations is certainly also true for many community initiatives conducted in New Zealand.

Various significant longitudinal studies have measured interpersonal violence in intimate relationships based on the Conflict Tactics Scale (CTS) and the revised CTS. The CTS measures behaviour and the majority of publications based on these studies recognise the difference between what is considered '*intimate terrorism*' or '*coercive controlling violence*' versus '*situational couple violence*' or '*interpersonal violence*'. A high degree of gender symmetry has been found with lower levels of interpersonal violence. Limitations of the generally RCT methodology applied to these studies include: level of attrition of participants over time (frequently the participants who leave the studies tend to be sub-groups with the most severe disadvantage, in other words those participants who are notoriously difficult to engage over time), lack of qualitative exploration as to how and why violence occurs, lack of consideration of interrelatedness of factors, lack of attitudinal measures, lack of measures of sexual assault and exploration of connection between sexual violence and other forms of control. Lack of research with separated women where it is widely known the greatest risk of violence is present.

Evidence gaps

Our overview of the literature highlighted a number of gaps in research including:

- women as perpetrators
- men as victims
- LGBT community
- sibling violence
- parental violence

- Practice research on programme fidelity, worker/client relationships and organisational factors contributing to success of interventions is relatively light.

Family violence is experienced by all socio-economic groups and less is known about the experiences of middle and higher income families and what the related risk and protective factors are for them. They clearly do not have the same structural stressors such as poverty, unemployment and housing as lower socio-economic groups, however the conditioning of socio-cultural factors that perpetrate gender inequalities in broader society may be similar. The individual factors that can influence offending and victimization such as trauma history, substance abuse and/or mental health issues also cut across socio-economic groups.

18 Conclusion

This summary identified the main themes emerging from a wide ranging review of the literature on family violence and child abuse and neglect. While there are issues defining and collecting accurate data on the incidence and prevalence of FV and CAN it is evident from the studies that have been conducted that these forms of violence are pervasive throughout the world and the majority is not reported to authorities. The extremely negative effects and life time consequences of family violence and child abuse are also well documented in the literature.

The theoretical explanations for violence have been broadly categorised into structural/collective and individualistic perspectives. Both theorists and practitioners appear to have increasingly incorporated aspects of both these perspectives in the way they explain the causes of violence and in the way they develop and deliver interventions as they recognise the importance of addressing both these perspectives. While a more nuanced and complex understanding of family violence and child abuse and neglect and their inter-relation is emerging there are still considerable knowledge gaps.

As stated in the review the weight of evidence on effective interventions for family violence supports multi-systemic and holistic approaches that take into account primary, secondary and tertiary responses working at different population levels from micro to macro contexts.

We note that approaching FV and CAN in a more holistic way resonates with kaupapa Māori approaches where a whole-of-whānau focus also requires addressing structural stressors on whānau and working across 'boundaries'. Māori and Pacifica are developing prevention initiatives using their own cultural frameworks and it will be important to support this with adequate resourcing for interventions, monitoring and evaluation.

There is an emerging emphasis on primary prevention and early intervention given the extremely negative and long term consequences of family violence, child abuse and child witnesses to family violence. A strong finding in the literature is for early intervention initiatives such as parental education and home visitation to be embedded in wider socio-economic supports impacting on family wellbeing. Adequate housing, income, education, health and social supports are all identified as protective factors, which supports the implementation of a broader more holistic approach.

Part two of the literature review will provide a more in-depth analysis of the intervention literature and what works for whom.

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Appendix 2: Methodology for our participatory systems approach

This appendix outlines our methodology whereby we developed a participatory systems approach to design a transformed system to FV and CAN in New Zealand. Given a very tight timeframe to meet the client's needs, we selected and adapted methodologies for problem structuring, to rapidly canvass and make sense of international and local knowledge, and to present the findings systemically.

Developing a systemic model of a transformed system – our approach

Three full day workshops were held with stakeholders with sector knowledge and/or expertise in areas including child abuse, family violence, elder abuse, and sexual violence. To structure stakeholder discussions about what would constitute a transformed system to address child abuse and/or family violence, we combined Interactive Planning principles and methods (Ackoff, 1981)⁴⁵ with supporting methods drawn from Soft Systems Methodology (Checkland, 1999; Checkland & Poulter, 2006), Critical Systems Heuristics (Ulrich, 2002; Ulrich & Reynolds, 2010) and the Viable System Model (Beer, 1981). Individually, the above systems methodologies have been applied to numerous 'wicked problems' but our approach drew on Midgley's (Midgley, 2000)⁴⁶ creative design of methods to address the following purposes:

- How to encourage sector stakeholders/experts to think creatively about the elements that constitute a transformed system?
- How to encourage shared learning about the future that attempts to move beyond entrenched views?
- How to ensure a design for an idealised future that moves beyond merely patching up what some see as unfunded and fragmented service delivery?
- How to build on the significant systems building that has occurred at the national and regional levels?
- How to ensure workshop outputs are socially robust and can be triangulated with a literature review, system dynamics modelling and a sociological analysis of the People's Report?

Interactive Planning methodology

While Interactive Planning methodology involves five inter-related phases⁴⁷, our approach to developing a transformed system focused on two specific phases: formulating the 'mess' and ends planning.

- **Formulating the 'mess'** involved a number of interactive exercises to surface the issues, problems, opportunities and threats ('the mess') that the transformed system needs to address. A workshop with ten sector experts on the 21st of May discussed in depth the challenges that a transformed system to reduce child abuse and/or family violence would need to address. Sector experts undertook a critique of the current approach by ascribing

⁴⁵ References for this appendix can be found in the reference list for the main body of the report (page 53).

⁴⁶ In particular, the case study in Chapter 14: Midgley, G. (2000). *Systemic Intervention: Philosophy, Methodology, and Practice*. New York: Kluwer Academic / Plenum Publishers.

⁴⁷ Formulating the 'mess'; ends planning; means planning; resource planning; and the design of implementation and control (Jackson, 2003).

formal and informal purposes to the way we address family violence and/or child abuse (using Soft Systems Methodology) and by reflecting on key system properties ('boundaries') including sources of motivation, control, expertise and legitimacy (Ulrich, 1983). In addition, sector experts discussed the current constraints to greater levels of performance and created future scenarios based on what might happen if New Zealand maintained its current approach to child abuse and/or family violence.

- **Ends planning** consists of three components: the selection of a mission; determination of what properties the desired design ought to have; and the details of the idealised design (Flood & Jackson, 1991). Key to the success of idealised design is the ability to question taken for granted assumptions that limit the creativity of participants taking part in the planning process. Ackoff (1978, p. 28) writes "the idealized design process unleashes creativity because it relaxes internally imposed constraints. It sanctions imaginative irreverence for things as they are and encourages exploration of areas previously precluded by self-imposed and culturally imposed taboos". An idealised design is "an explicit statement of what designers could have now if they could have whatever they wanted" (Ragsdell, 1996, p. 150). Ackoff (1981) details guidelines so that designs are not utopian by requiring designs that are technologically feasible, viable and adaptable. Designers are then encouraged to imagine that the current system has disappeared, and they have the power to redesign the system. A workshop held on the 4th of June with ten sector experts confirmed the mission of a transformed system and generated a list of desired properties in terms of key system properties ('boundaries') such as sources of motivation, control, expertise and legitimacy (Ulrich, 1983). Following the 4th of June, a workshop was held on the 18th of June which supported sector experts to further discuss how a transformed system might sustainably give practical effect to the desired properties. The Viable System Model (Beer, 1981; Midgley, 1997) was used to structure these discussions.

Soft Systems Methodology

Soft Systems Methodology provides a set of concepts and methods to help sector experts organise their thinking about ill-defined problem situations including naming relevant 'systems' to clarify how the existing system functions, and what desirable and feasible changes result in improvement (Checkland, 1999; Checkland & Poulter, 2006). Soft Systems Methodology was used to help sector experts name relevant aspects of the 'mess'.

Critical Systems Heuristics

Critical Systems Heuristics consists of a number of questions about key system properties ('boundaries') that will need to be taken into account as part of developing a transformed system. The project team adapted the wording of the questions so it could be easily applied to discussions about the properties of a desired system.

- Who is supposed to get the ultimate benefit?
- How is the performance of the system measured?
- Who has the real power to decide what matters and what success will look like?
- What really shapes how things are planned and implemented in this system?
- Who and what is actually listened to in shaping the planning and implementation of this system?
- Who and what provide confidence (false or justified) that this system will produce desirable results?
- How are the experiences and needs of those that are most affected by the success or failure of this system being represented in planning and implementation?

- What values, assumptions or world views seems to underlie this system?

Viable System Model

The Viable System Model (VSM) sets out five systemic functions that a system needs to possess in order to viable or adapt to changes in its social, political, economic, and technological environment (Beer, 1981; Espejo & Reyes, 2011). These five functions include:

- **Operational:** a range of activities that carry out the main work of the system to improve the environment by solving problems in that environment or adding value in some way;
- **Coordination:** sufficient coordination of the operations or activities so they do not undermine or diminish the overall effectiveness of the system through how they work together, or fail to work together;
- **Tasking, resourcing, monitoring performance:** ways to ensure the operations or activities are appropriately tasked and resources, and that they are held accountable for their performance;
- **Scanning and planning:** ways to keep the system alert to new developments and future opportunities that could affect the ability of the system to achieve its purpose; and
- **Purpose and guidance:** ways of providing clear focus or purpose for the system, and to ensure that the system is looking to the future to adapt, and maintaining high performing and well-resourced activities in the present.

The viable system model was used as a template to help the sector experts think through how the idealised properties of a transformed system might be realised.

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Appendix 3: A reading of *The People's Report*

A secondary sociological analysis

1. INTRODUCTION

The aims of this secondary analysis of data contained within the three relevant reports⁴⁸ are threefold:

1. To use a critical sociological interpretation to *complement the use of the viable systems model* to understand the present system of child abuse and family violence in New Zealand and to transform this system to provide outcomes that make New Zealand a great place for families, particularly women and children.
2. To recognise that reports accessed for this secondary analysis are not *research reports per se* governed by robust scientific methods of representativeness in sampling, and theoretical and informed rationales for interview approaches and analysis. The data available results from a considered and sensitive attempt to gather people's stories, experiences and their perceptions of an 'ideal system' and there are experiences in common that lend themselves to a more theoretically informed analysis to aid understanding and usefulness.
3. To illustrate how the application of robust theoretical perspectives can aid understanding of present and inform future systems aimed at preventing, responding to and aiding recovery and advocacy to address child abuse and family violence in the New Zealand context.

The data in these reports was generated through different interview and submission methods and included submissions from those who had experienced and/or enacted sexual abuse and/or family violence as well as those working in service provision, some of whom had also been prior victims of abuse. Views of broad, societal-wide factors that can increase the risk of sexual abuse and family violence within N.Z. society included poverty; lack of employment opportunities alongside inadequate rates of pay; housing-related issues; substance abuse (especially alcohol); and negative gender and age stereotypes that undervalue women and children, and provide potentially harmful constructions of masculinity. It was clear that most responses relating to an 'ideal system' to address these issues were,

⁴⁸ "*We might just have to be brave*" (a Report prepared by Academic Consulting Ltd for the Glenn Inquiry, April 2014) and "*Former family violence perpetrators' narratives of change*" A Report by Rogusky & Gregory for the Glenn Inquiry, April 2014; and *The People's Report*

understandably, based on particular experiences or partial views of services to address child abuse and family violence. This means that perceptions of 'ideal system' were rarely framed in a systemic way, focusing largely on behaviour change across a range of specific actors, or were abstracted to "changing New Zealand's culture" (especially the 'normalisation' of family violence and alcohol abuse such as binge-drinking). The ideal system, then, consisted of particular outcomes that respondents saw as desirable in light of their experiences. Examples included changing the processes, culture and outcomes of Family Court interventions, improved information sharing and collaboration between service providers, front-line interaction that took people's experiences seriously, treated them respectfully and initiated contact with other appropriate services; and for Māori re-connecting families with tikanga Maori and community and whānau culture and support mechanisms. While each of these outcomes can be seen as desirable in a transformed (and improved) system, if responded to, or addressed individually, the question is raised as to whether this would result in an effective and systemic approach to reducing sexual abuse and family violence in N.Z.

2. STRUCTURAL ANALYSIS

In sociological terms, structural analysis examines the underlying structures in society that impact on the particular problem being investigated. Structures can be defined as sets of interrelated political, legal, social and cultural systems and institutions which are defined as sets of beliefs, rules, norms and values that are relatively stable over time. Examples include legal and political institutions, faith-based institutions, and the institution of family. As society has become more complex multiple structures and institutions have evolved. One manifestation of this complexity is the increasing division of labour along with increasing commodification of education and training for a wide range of professional occupations and positions, and constantly changing rules and accountabilities often relating to government funding and apportioning of resources.

Critiques of structural analyses have argued that using this theoretical tool for locating and understanding and solving societal-wide problems is not sufficient; that the agency of individuals and groups and their ability to adapt, influence and change their lives and society is not given enough attention. 'Agency' in this sense does not refer to organisations but the power of individuals and groups to be 'in charge' of their lives. This theoretical perspective is, in a way, similar to the psychological concept of the nature-nurture debate. However, rather than looking at how biological and psychological factors interact with upbringing and the social environment, sociological approaches focus on the multiple forms and processes of social interaction as the building blocks of people's lives *and* societal structure.

A further critique of both structural analysis and the structure-agency tension is that the time dimension – temporality – is not given sufficient standing as a key element although Giddens' (1984) and Bourdieu's (1992) development of the concept of 'structuration'

attempts to capture the temporal and process orientation of interrelationships between structure and agency.

An example of the relative importance of taking time/temporality into account in looking critically at the interaction of structure and agency can be discerned in *The People's Report*.

Time trajectories included:

- The often long lead-in time noted when a 'happy relationship' slowly turns into an abusive relationship/situation; the eventual realisation that an abusive situation exists, and the consequent unravelling of existing family, friendship and network interactions. (This suggests that a prevention/early intervention system in these situations will need a different approach to, for example, intergenerational family violence/sexual abuse.)
- Intergenerational family violence/sexual abuse where abuse has been 'normalised' over time affecting children and adults, families and communities. (This suggests that there is a subsequent need for re-learning a whole raft of behaviours and to build self-esteem.)
- The long time it takes for those affected by subjection to and enactment of abuse to deal with the consequences and effect change. This is where the tension between structure (defined in terms of 'roles and actions of helping agencies') and agency (defined as individual/personal abilities that build resilience and effective coping strategies) continually interact.

To illustrate the complexity of structure-agency tensions that are – and will be – inherent in any system to address child abuse and family violence in New Zealand the following sections focus on (i) how the institution of family is presented, and reflected (either implicitly or explicitly) by submitters to the Glenn Inquiry; (ii) the need for different approaches informed by cultural/ethnic differences; (iii) the impacts and roles of service provision; collaboration and co-ordination; and (iv) how other theories and perspectives may be integrated into designing a transformed system. These sections do not necessarily represent or draw on all the issues identified in the three reports that inform this analysis. However, the main body of this report has been informed by ensuring relevant data and findings inform both the understanding of the current system and the development of a transformed system.

3. THE INSTITUTION OF FAMILY

'Family' is regarded as an institution because, despite increasing variability and acceptance of what is regarded as a 'family', there are strong societal beliefs, norms and practices that ensure its continuation. Examples include the legislative environment (laws relating to gay/lesbian unions, de-facto relationships), urban design, zoning, and housing and finance markets (e.g. forms of housing providing for the nuclear family), faith-based and cultural beliefs and norms that place family as a central organising feature. The family is a site of

complex structure-agency interaction and interrelationships, and the data in the Glenn Inquiry reports illustrates the tension between the family providing both positive and/or negative experiences in relation to child abuse and family violence; how cultural and ethnic conceptions of family need to be taken into account, and how the values attached to 'family' influence outcomes of Family Court interventions.

3.1 Intergenerational Family Violence

Intergenerational child abuse and family violence was an issue raised in all three reports. This takes different forms – perpetuation of violent behaviours, whereby children who are abused are at risk of becoming future perpetrators, and are also at risk of becoming future victims such as women who move from one violent relationship to another.

Participants affected by intergenerational abuse/violence were sad, angry, disempowered, and resentful of immediate and extended family members who did not speak up or intervene to stop the abuse/violence. This impacted on their ability to develop positive connotations of family and making the difficult and long journey to provide safe and nurturing environments for their own families.

Both perpetrators and 'victims' had to learn that child abuse and family violence were *not* normal or acceptable. Different experiences of learning included:

- Crisis intervention such as that by police, CYF, health professionals.
- Women's refuge: Understanding the role of gender relations and the relative power differential between men and women in society was a central part of this learning. This approach is a pertinent example of the structure-agency tension.
- Repeated media messages that family violence is not ok.
- Community intervention.

3.2 The Family Court

The Family Court was viewed negatively by nearly all submitters to the Glenn Inquiry. Their experiences illustrated considerable power differences between the Family Court institution (structural norms, practices and culture) and those reliant on court decisions to address the impacts of sexual abuse and family violence whereby their agency (ability to influence, change situations) is difficult or challenged. Three examples are provided here:

- The rational-legal culture, practices and norms of the court setting, and sometimes mediation processes, can reflect unhelpful and/or demeaning gender stereotypes in the form of binary oppositions and consequent value judgements such as male = objective and rational, female = subjective and emotional.
- The adversarial nature of the courts and legal representation can exacerbate discord between family members.

- The concept of shared care represents the strength of positive connotations associated with the institution of family, and is seen as a positive way to maintain this. However, submitters stated that shared care did not necessarily reflect understanding of the negative impacts of that contact. The negative impacts related to the ways in which the non-custodial parent did not actually provide “care” as it applied to ensuring adequate clothing, hygiene, nutrition and protection from harm. This neglect is regarded as another form of abuse targeted at children and/or the estranged partner. This example illustrates the tension between supporting children’s safety and well-being and promoting family as an important - and desirable - societal institution. Sometimes they are not compatible.

4. INDIGENOUS MODELS AND PERSPECTIVES

There were a number of references to experiences of Māori whānau and the need for Māori-centred services for Māori. Being culturally connected included returning to the marae, learning traditional values and restoring tikanga were seen as essential for encouraging violence-free Māori families and communities and especially in intervening in intergenerational patterns of abuse, violence and substance misuse. A holistic approach was seen as desirable to ensure that individuals, families and communities are all engaged in addressing these issues – a model underpinning *Whānau Ora* service provision.⁴⁹ This holistic approach is a different example of how structure and agency is interrelated *within* cultural/ethnic contexts, and how wider societal and institutional structures need to change to support cultural differences.

5. ORGANISATIONS AND SERVICES AND STRUCTURE-AGENCY TENSIONS

The issue of organisational and service collaboration was a recurring issue identified throughout *The People’s Report*. A considerable number of submitters noted how different services were premised on different mandates underpinned by particular legislative, funding and professional divisions. Jurisdictional boundaries resulted in some people being turned

⁴⁹ See also Williams Tuwhakairiora, Robinson David, (2004), Social Capital and Philanthropy in Māori Society, *The International Journal of Not-for-Profit Law* 6 (2) http://www.icnl.org/research/journal/vol6iss2/special_4.htm

Williams & Robinson’s research over three years is used to present an overview of Māori social capital. They state that “social capital theory focuses on the collection of resources that an individual or group has access to through their membership of an on-going network of mutual acquaintance and which features social structure, such as relationships, norms and social trust within which coordination and cooperation for common benefit is developed. In sum, social capital is the network of relationships amongst actors that creates a capacity to act for mutual benefit or a common purpose”

away and advice about whom – or what service – they should or could contact was not provided. The complexity related to mandates, roles and responsibilities and professional divisions was seen as a barrier to accessing help and resources needed. Information about the roles and services of different agencies was seen as helpful, as was information sharing across agencies (as long as there were mechanisms in place to respect people’s privacy). Some submitters working in service provision found collaborative practices were effective and used resources more efficiently, reducing duplication, and contributed to reduced burn-out of front-line workers. Collaboration was enabled by sharing premises, and creative and supportive managers who valued worker autonomy and a holistic approach to service provision.

Roadblocks included the lack of a single provider that had an overview of the family situation, lack of agreement or power struggles about the efficacy of different interventions, the competitive funding environment that fostered ‘patch protection’ and continued ‘silos’; and the need for genuine relationships rather than tokenistic engagement. An ‘ideal’ service was described as a “one-stop-shop” and co-location of services along with an overview provided by one umbrella agency. At the same time it was recognised that agencies also needed to provide specialist services, but that these could be grouped in some way.

Submitters explicitly illustrated the agency-structure tension within front-line institutions whereby there are always questions about the extent to which positive experiences of those requiring interventions result from training and knowledge of those within certain institutions or from specific personal and individual knowledge and behaviours of those working in those front-line institutions. For example, many submitters were positive about the ways in which police now respond to family violence stating that specific training for those working in this area was beneficial in terms of being non-judgemental, ability to listen and to put in place interaction with other agencies required for a longer-term intervention programme. Personal characteristics of front-line workers that were seen positively included the way in which they interacted with those needing their help - treating them like people, listening and believing their stories - along with the ability and commitment to work beyond institutional boundaries.

Resolving some of the structure-agency tensions implicit in organisations and service provision will include:

- The extent to which a ‘new system’ focuses on personal abilities and knowledge when recruiting staff.
- The extent to which formalised (institutional) training and education can be provided to inculcate the qualities needed for effective front-line workers.
- The extent to which either or both of these approaches engender a collaborative approach for the longer term interventions for recovery.

6. THE CONTRIBUTION OF RELEVANT THEORIES AS ORGANISING FRAMEWORKS

If one takes the stance of regarding theoretical perspectives and approaches as tools to aid understanding and inform change, rather than applying one particular theory (because it is easier), then opportunities to improve outcomes and efficacy of change which may be missed or constrained will be increased. This section draws on social capital literature accessed for the ESR-led Community Resilience project, *Living in the Colour-coded City: Understanding and Building Community Resilience*. Resilience literature has also been noted in the main body of this report, especially in relation to risk.

6.1 Social Capital

Many issues raised by the Glenn Inquiry can be viewed in terms of principles related to social capital. Social capital can be defined in the following way:

- “Social capital theory focuses on the collection of resources that an individual or group has access to through their membership of an on-going network of mutual acquaintance and which features social structure, such as relationships, norms and social trust within which coordination and cooperation for common benefit is developed. In sum, social capital is the network of relationships amongst actors that creates a capacity to act for mutual benefit or a common purpose” (Williams & Robinson, 2004).

In the post-disaster literature, social capital is deemed to promote and build resilience for preparedness, response and recovery which indicates potential salience for prevention, crisis response and recovery interventions associated with sexual abuse and family violence.

The three key characteristics of social capital include

- Trust
- Reciprocity
- Regular interaction and relationship-building over time.⁵⁰

Each of these elements has been identified in different forms within the Glenn Inquiry reports. For example, lack of trust is evident in the stories of abuse and in some interactions with those working in organisations and institutions involved with interventions. Others emphasise how important it was to them when front-line workers engaged in a respectful

⁵⁰ It is important to note that ‘reciprocity’ in the social capital context is not an expected ‘duty’ of exchange. There is not an explicit ‘contract’ that says “if we do this, you must do this”: reciprocity is a mutually beneficial emergent property of the trust relationship.

and meaningful way.⁵¹ Perpetrators' narratives stressed the overwhelming importance of having a mentor or support person within the community. All respondents, at some time, mentioned the long-term nature of prevention of and recovery from sexual abuse and family violence. This suggests that there are opportunities to build relationships of trust and reciprocity within a 'new' system.

While there is ample literature relating to social capital and how to develop and use indicators for different purposes, in this context it is important to consider both horizontal and vertical expressions, opportunities, and outcomes for the development of social capital.

Horizontal social capital is about trust, reciprocity and relationships *across* similar people, groups, organisations etc. This includes within families, across extended families and friends, across groups within communities (whether geographic or communities of interest), and within and across organisations bound by common interests, social outcomes etc. and even by a 'whole of government' approach to social issues. Given that interagency collaboration, for example, has been identified as an element of an 'ideal system', the concept of social capital provides a framework for asking what form collaboration would take that will contribute to building trust, reciprocity and relationships within services over time.

Vertical social capital relates to elements affecting interactions between different groupings or organisations etc. This requires thinking about the nature of relationships between, for example, families and community, family and organisations, organisations and government (policies and funding arrangements). Data provided examples of effective interagency collaboration and relationships, but these appeared to be largely individual initiatives (working together, a supportive manager) that can be enabled (e.g.co-location) or disabled by structural arrangements.

Both horizontal and vertical forms of social capital are important and would need to be considered and eventually 'operationalised' in developing a 'new system'. Williams and Robinson (2004) have also claimed that the elements of social capital have salience for Maori whānau and community.

6.2 Combining theories and perspectives

It is also useful to combine a social capital framework with other frameworks that enable a more nuanced approach to developing a system to tackle sexual abuse and family violence.

⁵¹ This is relevant to the literature review finding that home visits, while resource-intensive, appear to provide positive outcomes. One of the reasons why this is effective is likely to be related to the strong social norms associated with going into people's homes and 'hospitality' therefore this setting would be more conducive to developing social capital.

For example, a *life cycle or life stage framing* would be useful if wanting to develop social capital between organisations such as those relating to children (such as schools, health services, CYFS, Plunket)⁵². A life cycle approach would not exclude an holistic approach such as that relating to the whole family, but would also enable the deployment of specialist services relating to prevention, crisis response and recovery interventions needed for specific ages (e.g. children, youth, adults, elders).

Maslow's hierarchy of needs is another well-known framework that could guide prioritisation of interventions and indicate where social capital relations need to be built and supported. This model could also contribute to prioritisation of needs and what resources need to be deployed and by whom.

In relation to child abuse, attachment theory provides a good understanding of the need for and how to build parent-child attachment. The "*Babies Can't Wait*" initiative in Greymouth (CYFS and community) is one such initiative based on using play as the medium for building attachment between babies and the mothers whose living situations are seen as posing a risk to family well-being.

Different organisational roles and responsibilities, accountabilities and legislative mandates and requirements along with the different knowledge and skills base of those who work in different organisations – or in voluntary community-based work – will draw on different disciplinary theoretical models or common sense understanding to help structure their interventions. Theories and models are, essentially, tools, not reality. They provide a way of understanding issues and problems, and mixing and matching these tools can provide a basis for addressing complexity and interrelationships. One way forward would be to examine the range of theories that underpin current work and interventions undertaken in the areas of family violence and child abuse, and assess their usefulness against desired outcomes that could be achieved through multi-agency collaboration. Developing an overarching theoretical framework that different organisations and workers can buy in to can help provide the evidence-base for assessing what works and what doesn't work, and a rationale for adaptation or change.

7. Conclusion

This report has provided a secondary sociological analysis of important experiences and issues arising from those who contributed to the Glenn Inquiry. Not all experiences and issues are presented here, but have been referred to in the main body of this report to contribute to the purpose of developing a transformed system to address child abuse and family violence.

⁵² See Fattore et al, 2009.

The aim of using the theoretical structure-agency framework for the secondary analysis of the Glenn Inquiry data was to provide a consistent way of thinking about and organising available and disparate information in order to consider solutions and approaches to tackle child abuse and family violence in a systemic way. Making the tensions between structure and agency visible is useful when there are competing or differing experiences and perspectives that characterise a 'wicked problem' where there are no right or wrong solutions but a plurality of ways in which the problem may be addressed.

The final section has noted that application of just one theory or perspective has been useful in the above context, but to develop a transformed and coherent system there are a number of theories and approaches that could be examined and potentially integrated into an organising framework to inform organisational and community-based interventions and practices, as well as evaluation of outcomes.

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Appendix 4: Modelling the System

The aim of the work is to investigate the dynamics of the current system including:

- Key pressures, demands and responses;
- The impact of key soft indicators including contract cycles;
- Resulting patterns/trends including e.g. crisis management, short and long term views; and
- Any unintended consequences and what implication these have for efforts to address child abuse and family violence.

Approach

The approach taken uses qualitative systems dynamics (Maani & Cavana, 2007; Senge, 1990) to describe the current child abuse and family violence system in New Zealand. This involves taking a step back and looking at both the forest and the trees. The modelling has been informed by insights from key informant interviews, workshops and relevant literature.

Examples of where the system approach applied to child abuse include *The Munro Review of Child Protection* (Department for Education, 2011), *Adapting a Systems approach to Child Protection* (Wulczn et al., 2010 Feldman, Glocek, 2010) and *The Underlying Instability in Statutory Child Protection* (Mansell, 2006).

The Big Picture-Child Abuse and Family Violence System

New Zealand's Child Abuse and family violence system involves a large number of governmental, non- governmental organisations, formal and informal groups and individuals as well as those who are currently, previously and or potential victims and perpetrators of abuse, violence and neglect. Basic modelling has identified and named a number of systems and sub-systems (Figure 11). The lines in Figure 11 indicate the strength of the relationships and the general direction of influence. Only the key relationships are mapped. Each of these systems is complex in its own right and a description is given below.

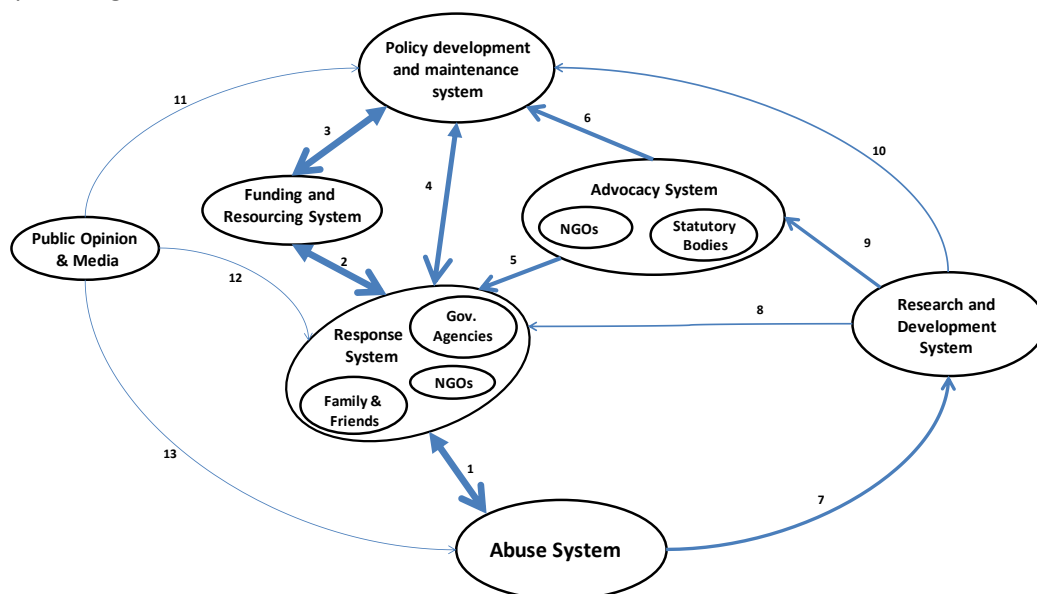


Figure 11: System map of Child abuse and family violence system

Description of components of the Child Abuse and Family Violence System

The **abuse system** includes the currently, previously and or potential victims and perpetrators of abuse.

The **response system consists** of multiple agencies and sectors. The response system covers the health, justice, social and education sectors. There are multiple statutory agencies involved, the Police and CYF are two examples. There are also NGOs such as Women's refuge and Victim Support. As well as the State and NGOs who focus is on managing abuse there are many other providers of services in civil society that make up the response system include family and friends as well as clubs and societies. The **response system** goal is to influence the **abuse system** (link 1). There is a double headed arrow in link 1 which signifies the two way relationship, so as well as the response system influencing the abuse system the abuse system influences the response system.

A **Funding and resourcing system** allocates resources from the government and philanthropic sectors to support the response system activities, capabilities and capacity. There are various mechanisms for allocating funding including competitive processes and other budgetary mechanism. Funding is a determinant of what gets done in the NGO and governmental sectors (link 2).

A number of government departments form **Policy development and maintenance system**. The key departments include the Ministries of Social Development, Health, Justice and Education. Their role is the development and maintenance of policy including the administration of legislation. These agencies not only influence the parameters that the Response system operates in (link 4), they also have a significant influence on the **funding and resourcing system** (link 3)

The **Advocacy system** aims to influence government policy (link 6) and the operation of the response system (link 5). Many of the NGO agencies in the response system are also represented in the advocacy system often through coalitions of agencies. The Glenn inquiry is fulfilling an advocacy function. As well as NGOs there are statutory agencies with an oversight responsibilities which is an advocacy function such as the Families Commission.

The **Research and Development** system aims to increasing the level of knowledge about child abuse and family violence system. The goal is to influence policy and practice. Based on the opinions expressed by key informant interviewees' and workshop participants that the relationships between R&D policy and practice (Response System), links 8,10 are not as strong as people want them to be. The formation of Social Policy Evaluation and Research Unit (SuPERU) is strengthening link 9 between **Advocacy** and **Research and Development** system.

It is noted that **public opinion and the media** play in important role in the child abuse and family violence system. High profile cases reported in the media create pressure on the **Policy and Development system** (link 11). In addition the media focus on abuse can result in an increase in the number of notification which Child Youth and Family receive from the public (link 12). It is hypothesises that changes in public opinion can directly influence the abuse system (link 13).

Multiple scales

The Child Abuse and Family Violence System have multiple scales. The Social-Ecological Model (Dahlberg & Krug, 2002) emphasising social scales and the Life Course Model (Ben-Shlomo & Kuh, 2002) emphasis the temporal scales, risk accusation as well as social scales. As well as the temporal and social violence, abuse and neglect and their impacts also take multiple forms.

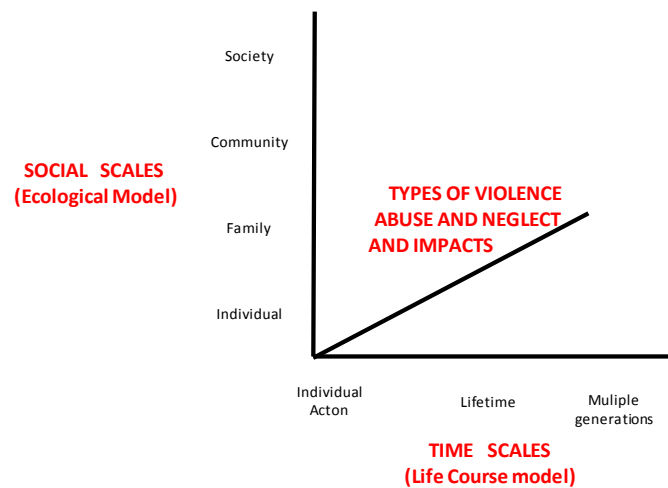


Figure 12: Multiple scales of the Child Abuse and Family Violence System.

Dynamic of the child abuse and family violence system

The Child abuse and family violence system is changing over time. Notable the boundaries of what is included in the child abuse and family violence system have expanded as the definitions of what behaviours constitute violence and abuse has evolved.

Dynamics of the response system

Violence and abuse encompasses a range of behaviours, actions or inactions including physical, sexual, psychological violence and neglect. The definition of violence, abuse and neglect helps to determine the behaviour of the response system. What behaviours constitute violence and abuse has and is changing in terms of both societal attitudes and legal definition. Certain behaviours which were once regarded as acceptable, such as physical punishment of children, are now regarded now as abuse.

The approach society is taking to respond to child maltreatment is evolving, for example moving away from placing children in care to providing greater support for the family whilst holding the perpetrator to account.

The amount and types of activity in the statutory child protection system is growing. The number of care and protection (C&P) notifications received by Child Youth and Family has grown significantly. Between 1999-2005 there was a 77% increase in C&P notifications which (Mansell, 2006) ascribed to endogenous factors associated with the behaviour of the child abuse response system itself not exogenous factors such as increasing levels of abuse. Among the exogenous factors Mansell identified was the moving from a local branch-based approach to a centralised call centre decoupled

notification from the consequences of these notifications, investigations, and this led to an increase in referrals. Between 2008 and 2012 C&P notifications have increased by a further 70% and the rate of substantiated abuse cases increased by 33%. This increase has been ascribed to activity of the Police⁵³. At one stage the police were responsible for very few notifications, a total of four notifications by Police to CYF in 1993⁵⁴, but in 2013 there were 57,776 Police Family Violence Referrals⁵⁵.

Though over the period when the C&P notifications increased there is no evidence to suggest that the level of abuse has increased. The average yearly rate of family violence deaths has changed between 2002-2012, based on the data published by (Family Violence Death Review Committee, 2014)

Key informant interviews, workshops and literature review

Information from key informant interviews, workshops and literature reviews was used to identify key issues, modelling was then undertaken to understand the relationship between the issues

Key issues identified included: problems associated with funding, collaboration, need to move towards earlier intervention/prevention, lack of evidence around efficacy and cost benefits of interventions, accountability, underreporting and difficulty of victims and perpetrators accessing services and the performance of the current response system. The issues identified reflect the interest and experience of the participants in the workshops and those interviewed, which did not include representatives who were currently employed in the public sector, nor did it include people who identified themselves and victims or perpetrators of abuse and violence.

The focus below is on:

- Coordination and collaboration
- Funding
- Early intervention vs response

Further work is being carried out to validate these models and expand the scope of the models and identify policy options.

Coordination and collaboration

It has been noted that there are multiple agencies involved in the response to child abuse and family violence. In recent times there has been pressure to increase the efficacy for example by reducing the number of people falling through the cracks and increase the efficiency of the response system by reducing unnecessary duplication. Both efficiency and efficacy have been addressed via greater

⁵³ http://www.areyouok.org.nz/files/statistics/ItsnotOK_recent_family_violence_stats.pdf accessed 27/6/14

⁵⁴ As reported by Mansell (2006)

⁵⁵ <http://www.cyf.govt.nz/about-us/who-we-are-what-we-do/notifications-national-and-local-level-data-back-up.html>

collaboration, the Family Violence Interagency Response System is an example of this (Carswell et al., 2010).

Coordination, by the sharing of information can improve the quality of risk assessment. Risk assessment is a key component of responses systems and not just at the stage of investigating the presence of abuse. Coordination can also improve the quality of response and reduce duplication. However, there are limits to both the reduction of duplication and improvements in the quality of risk assessment. There are costs involved with coordination, not just the time spent on coordination activities but also the loss of control of some agencies workload. The coordination system has some ability to manage its workload by agreeing “thresholds for action”. But as the level of coordination increases, the autonomy individual agencies have to manage their workload can be reduced. This provides negative feedback to counteract pressures to increase collaboration. The Causal Loop Diagram, Figure 13, identified a number of balancing loops associated with coordination and collaboration. Changing one part of the collaboration and coordination system can have unintended consequences. B1 in the figure illustrates a balancing loop, it has an odd number of “-” signs. For simplicity other balancing loops around duplication have been omitted.

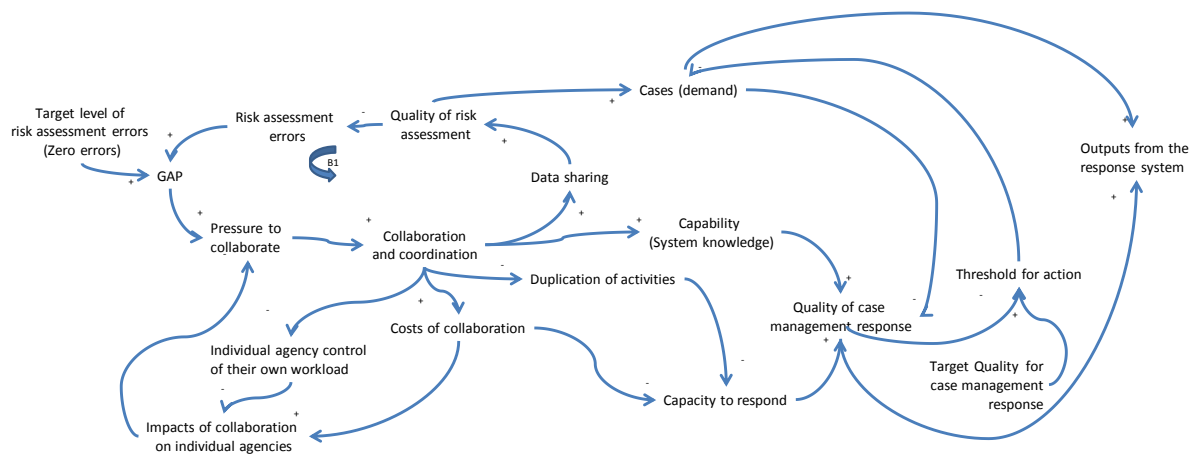


Figure 13: Causal Loop Diagram of the coordination and collaboration system

Funding

Funding was identified as an issue. Funding is a constraint on the activities of both the NGO and Government Agencies which form part of the response system.

Funding is seen as a particular issue for the NGO sector. The funding for this sector comes from both philanthropic and government sources. The demand for funding in most cases exceeds the funding available. To solve this problem, funding is allocated through a competitive process. The intention is to get the best outcomes and demonstrate value for money. However demonstrating value for money can be difficult to achieve in practice.

The resource allocation processes uses a couple of mechanisms which are seen as problematic by the NGO, one is competition process and the second is the frequency of bidding and length of

contracts. Both of these components of the resource allocation mechanism are intended to improve outcomes.

In order to be successful an organisation has to put effort into bidding to beat the competition. Grass root types of initiatives means it is relatively easy for new providers to enter the formal response system. The competition for funding is intensified by the number of providers. Providers are not in the funding market for economic reasons and this creates barrier to exit the market, the result is intensified competition (see B1, Figure 14). B1 is not effective at reducing the number of providers, so competition intensifies. The level of completion consumes funding thereby reducing the capacity of providers to deliver services.

The length of contracts is suggested to create uncertainty both for providers when planning their investments in services but also for people working in these services. The lack of certainty can undermine the systems capability, as experienced staff exit the sector in search for job security. Increasing certainty does not immediately lead to improvements as the outcome of investments can take time to be realised.

Additional resources to the sector can be obtained and this depend in part on government priorities, perceived needs for funding and a level of assurance around value for money. However the competitive processes may consume some of the extra resources particularly if the funding attracts new providers.

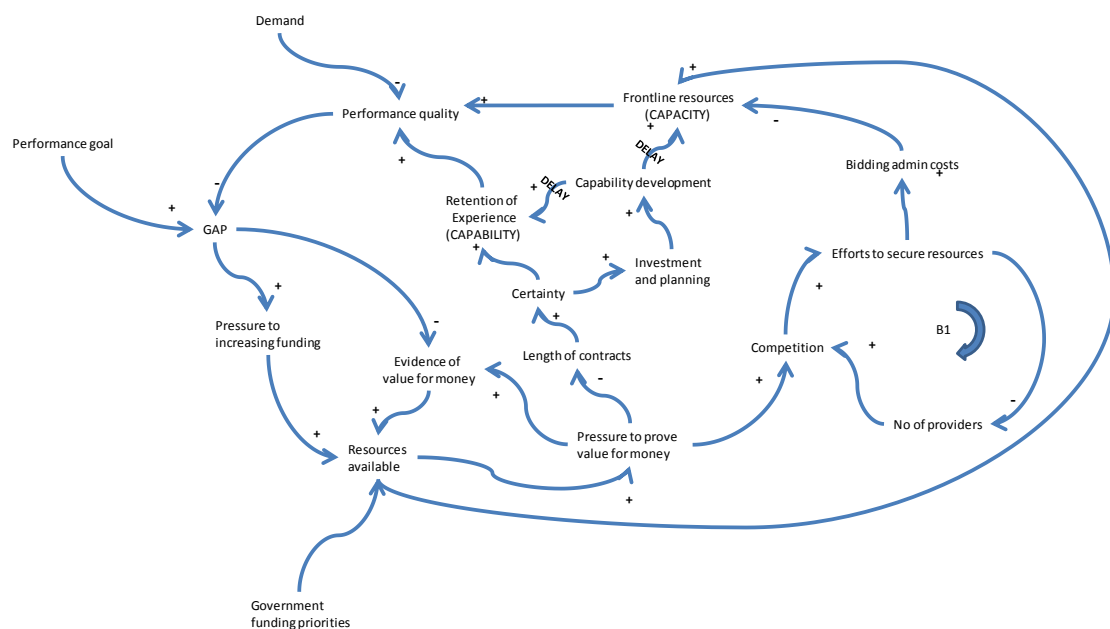


Figure 14: Causal Loop Diagram showing effect of funding

Early intervention vs response

The majority of the overall spent on the child abuse system is on the immediate results of abuse and neglect (Infometrics, 2008). The general opinion expressed by workshop attendees and key

informant interviewees is that there should be greater focus on early intervention and prevention as this is believed to reduce both overall costs to society and the number of victims.

Though the emphasis on prevention relative to demand does appear to be changing, for example there are increased levels of social marketing. Increased prevention activities also can increase the demand for response services, particularly where there is latent demand. Various prevention campaigns and media reports have been credited with increasing the reporting rate.

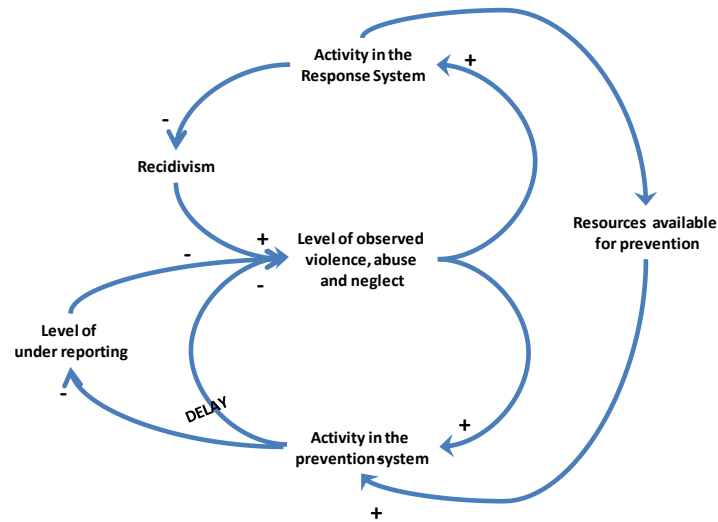


Figure 15: Causal Loop Diagram, shifting the burden on to the symptomatic solution.

The structure of the Prevention and Response system displays a type of behaviour known as “shifting the burden” (Figure 15). Though in the long term Prevention is believed to be the fundamental solution to reducing the levels of abuse, it takes time for the impact of prevention to be felt resulting in under investment in the fundamental solution. Though there may be evidence that prevention is an effective use of resources, it is not simply a question of efficacy or cost efficiency there are ethical dimensions as to where resources should be applied particularly when there is uncertainty as to the outcome of any investment. It is better to target funding to provide greater support a child that has been abused or towards children that might be abused if the money was not spent on prevention?

Discussion

The above models highlight the behaviour of the NGO elements of the Response System, which is constrained by resources. There appears to be a hidden unmet demand from the Response System. Various activities expose this demand the capability and capacity is not always there for fulfil this demand. The response system has various mechanisms from managing its workload. Though some solutions such as coordination can improve the situation there are feedback mechanisms which can result in these initiatives being less successful than intended. Competition which is intended to improve performance can divert resources away from the frontline reducing capacity. Competition in some circumstances can reduce the systems capability. It is also clear that solution is not simply increased resource; this may help in the short run but not the long run.

Further work is underway to look at the overall effectiveness of the system. Some of the current structure of the system and behaviour of service providers appear to unintentionally undermine the performance of the system.

Prepared by David Wood

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Appendix 5: Abbreviations, Acronyms and Glossary

CAN	Child abuse and neglect
CBT	Cognitive Behavioural Therapy
CSA	Child sexual abuse
CYF	Child, Youth and Family – New Zealand government child protection agency
CYPF Act	Children, Young Persons, and their Families Act 1989
DVA	Domestic Violence Act 1995
ESR	Institute of Environmental Science and Research Limited
FV	Family violence
FVIARS	Family Violence Interagency Response System
IPV	Intimate partner violence
LGBT	Lesbian, Gay, Bi-sexual, Trans-gendered
MoJ	Ministry of Justice
MSD	Ministry of Social Development
MWA	Ministry of Women’s Affairs
NGO	Non-governmental organisation
NZCASS	The NZCASS is a national population based survey that provides an indication of the actual prevalence of crime and victimization in New Zealand society. The survey has been conducted twice, in 2005 (NZCASS 2006) and 2008 (NZCASS 2009).
NZFVC	New Zealand Family Violence Clearinghouse
NZCIWR	New Zealand Collective of Independent Women’s Refuges
PSO	Police Safety Order – introduced into New Zealand July 2010
PTSD	Post-traumatic Stress Disorder
Qualitative systems modelling	The premise of system dynamics is that the behaviour of a system is determined by the interactions of structural components via feedback. The interaction of feedback and delays can produce complex and sometimes counterintuitive behaviour in a system.
SVS	Stopping Violence Services
TGI	The Glenn Inquiry
UN	United Nations
VSM	Viable System Model (see Appendix 2)
WHO	World Health Organization

Appendix 6: The research team

Dr Sue Carswell

Sue is a Research Associate at the Te Awatea Violence Research Centre, University of Canterbury and also works as a research and evaluation consultant. Sue has a doctorate in social anthropology and over eighteen years research and evaluation experience working for government agencies, community organisations and universities.

Primarily working in the justice and social service areas, Sue's focus has been on identifying effective service delivery and interventions to inform policy and organizational development. Her particular areas of interest are family violence, care and protection of children, and offender rehabilitation and reintegration.

For this project Sue was part of the four person team who conducted the literature review and was responsible for coordinating and integrating their work. Sue also participated in the synthesis and analysis of the overall project.

Dr Jeff Foote

Jeff is a Senior Systems Scientist, Social Systems Group, ESR. His research focuses on developing systemic and participative methods to support people and organisations with multiple and conflicting viewpoints reach robust decisions in areas as diverse as community environmental action, health service transformation and social service engagement with 'hard to reach' populations.

Jeff holds postgraduate qualifications in public health, health economics, technology and management systems.

For the current project Jeff was the project leader and contributed to the design, facilitation and analysis of the workshop with sector experts as well as the overall analysis and reporting.

Maria Hepi

Maria is a bi-cultural researcher in the Social Systems Group ESR.

Being Pākehā and being involved in te ao Māori, Maria has developed an interest in how central and local government agencies enact biculturalism and Treaty obligations. Maria specialises in applying social science methods to expand the understanding of Pākehā representatives of mainstream organisations past their own cultural viewpoint to include an understanding of how Māori may address the same issue.

Maria holds a Master's Degree in Māori from Canterbury University.

Maria led the coordination of the workshops and contributed to the overall analysis and reporting.

Graeme Nicholas

Graeme is an action researcher in the Social Systems Group at ESR with a research focus on service innovation. He specialises in research methods that engage and make sense of diverse sets of experience and expertise. Approaches include systems thinking, service science, complexity science and sense-making.

Graeme's qualifications, training and experience include microbiology, theology, systems oriented consulting, psychotherapeutic theory, dialogue design and facilitation, organisation consultancy, and professional training services. Previous to working in ESR Graeme ran a consulting business offering organisation development, facilitation and training.

For the current project Graeme led the design, facilitation and analysis of workshops with sector experts, and contributed to the overall analysis and reporting.

Dr Annabel Taylor

Senior Lecturer Social Work and Human Services Programme, Director Te Awatea Violence Research Centre, Chief Editor Te Awatea Review the Journal of Te Awatea Violence Research Centre, Galpin Fellow, Quinnipiac University, Connecticut, US, 2013/14

Criminal justice social work has been the primary social work practice experience for Annabel in working with women prisoners. She has been a full time academic with the University of Canterbury since 2001. Up until 2013 she has been the chair of the Family Help Trust board and of the Ka Wahine ki Otautahi trust which provided housing for women on release from prison. She was until recently on Study Leave where she was the Galpin Fellow at Quinnipiac University in Connecticut, US. Her research interests are wide and varied and primarily focus on social work, social justice, criminal justice, and gender and on child abuse prevention and domestic violence prevention. In her role as Director of Te Awatea Violence Research Centre she has completed a number of research projects including a study of women moving away from violence and the role of peer support for victim/survivors of domestic violence and for perpetrators of domestic violence.

For the current project Annabel has led the University of Canterbury team preparing the literature review, and has contributed to the overall analysis and reporting.

Dr Ann Winstanley

Ann has a working background as a nurse, nursing tutor, and a more recent disciplinary background in sociology which was completed to doctoral level. She has been a member of the Social Systems Group in ESR for thirteen years where she has applied her knowledge and skills to a diverse range of projects relating to health, water resource management, capacity-building in Fijian villages and understanding community resilience in post-earthquake Christchurch. Ann's particular skills include research design, methodology and analysis.

In the current project Ann has integrated theoretical perspectives with a secondary analysis of reports made available by The Glenn Inquiry in order to contribute to the systems-based approach towards transformative change.

Dr David Wood

David is an Operation Research Analyst at ESR.

David studied geology, geochemistry and mineral physics before joining the UK civil service as an Operations Researcher. As a Civil Servant he developed an interest in systems thinking whilst working on issues associated with the welfare system. In 2005 he joined ESR to provide modelling and statistical support to policy makers and biophysical and social science particularly on the management of water.

For the current project David has been looking at the behaviour of the current CAN and FV system using qualitative systems dynamics. The premise of system dynamics is that the behaviour of a system is determined by the interactions of structural components via feedback. The interaction of feedback and delays can produce complex and sometimes counterintuitive behaviour in a system. In this work the issues of funding, collaboration and multiple intervention approaches (prevention vs response) have been considered.