

Te Kāwanatanga o Aotearoa New Zealand Government

Family Violence Risk and Safety Practice Framework

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About the
Family Violence Risk
and Safety Practice
Framework



The safety and wellbeing of people, **whānau**, **and families** is everyone's responsibility. Reducing risk and enabling safety requires a whole-of-community response and a capable, coordinated system working together to protect **victim-survivors** and promote **accountability of people using violence**. The *Family Violence Risk and Safety Practice Framework (RSPF)* supports the implementation of the <u>Family Violence Act 2018</u> and benchmarks the organisational and workforce capabilities needed to provide a consistent and integrated approach to responding to risk.

INFORMED BY LEGISLATION AND EVIDENCE

Te Aorerekura

25 year National Strategy to Eliminate Family Violence and Sexual Violence

Outcomes:

Skilled, culturally competent and sustainable workforces

Specialist Family Violence Organisational Standards

<u>Family Violence Entry to</u> <u>Expert Capability Framework</u>

FAMILY VIOLENCE RISK AND SAFETY PRACTICE FRAMEWORK (RSPF)

Te Tiriti o Waitangi

Victim-survivor and whānau-centred

Trauma- and violence-informed

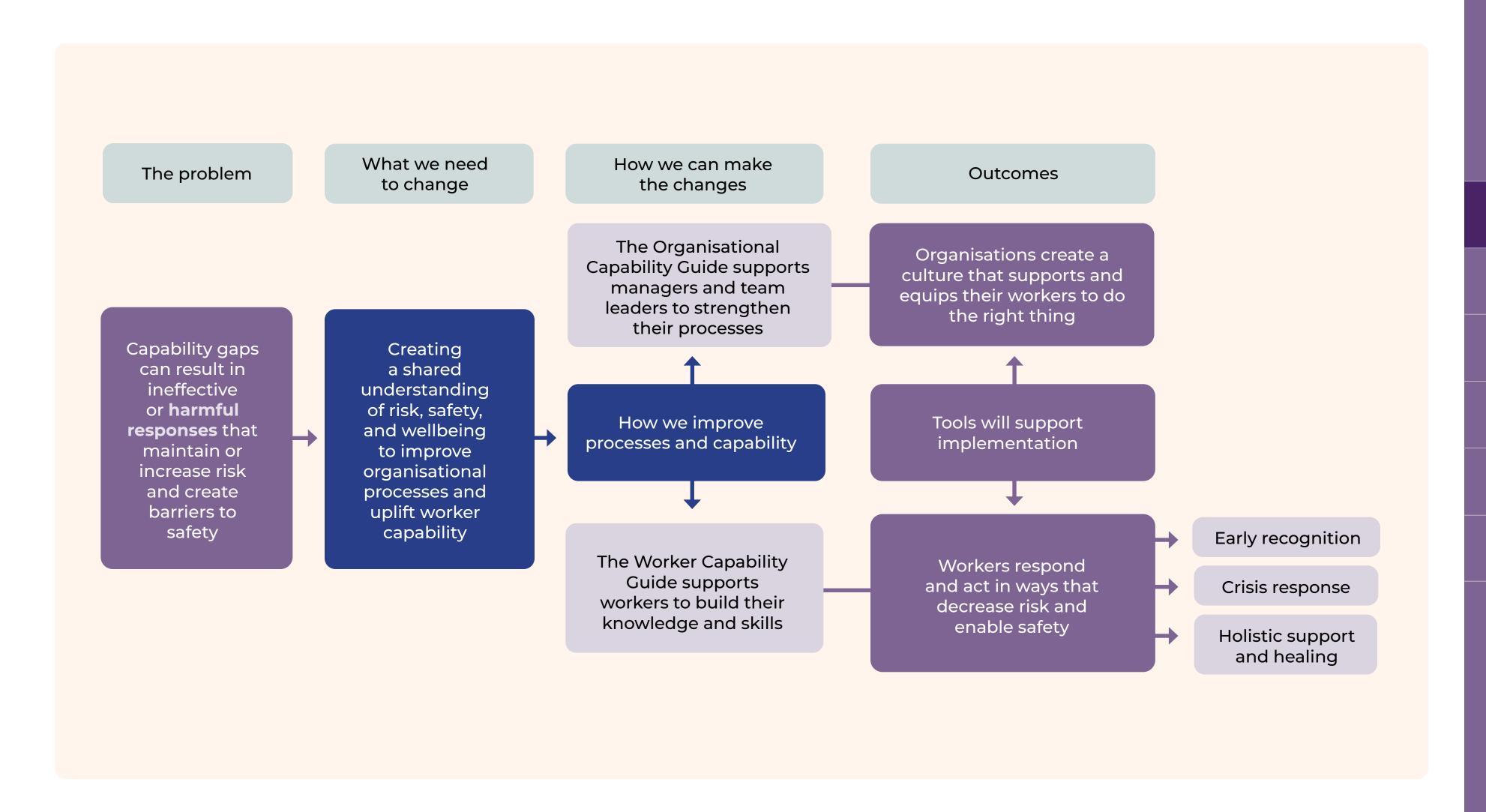
The RSPF is for frontline organisations and workers

Generalists – whose core business is not family violence intervention, but they respond to people who may be a victim-survivor or a person using violence, as part of their work.

Statutory - whose core business is not family violence intervention, but they provide statutory or legal responses to victims-survivors or people using violence as part of their work.

Specialists – whose primary focus <u>is</u> family violence intervention and prevention.

Why do we need the Risk and Safety Practice Framework?



What does the Risk and Safety Practice Framework include?

Understanding Family Violence Risk, Safety, and Wellbeing

- · Defines what we mean by family violence risk, safety, and wellbeing
- · Outlines what we need to change and what we could achieve

Organisational Capability Guide

 Describes the values, policies, and procedures needed to strengthen organisational processes and embed safe and effective practice Tools will support the implementation of the RSPF

Worker Capability Guide

- Describes the capabilities needed to improve practice, allowing for capabilities to be adapted, where relevant, for different roles
- The capabilities sit across four **levels**, and each level builds on the previous level/s

ESSENTIAL LEVEL

Equips workers to recognise risk and safely respond and refer

ENTRY LEVEL

Equips workers to recognise risk and safely respond, screen, participate in multi-agency teams, and refer

ENHANCED LEVEL

Equips workers to provide specialist support and services, involving complex family violence risk analysis, management, and advocacy

EXPERT LEVEL

Applies to specialist family violence leaders, trainers, and researchers



How will the Risk and Safety Practice Framework help?

When workers are equipped and supported to do the right thing at the right time, people, whānau, and families will experience safe and effective responses that reduce, and manage risk and enable safety and wellbeing.

Worker level	ESSENTIAL	ENTRY	ENHANCED
		Each level builds on the previous level	
Early recognition	 I was relieved that someone noticed. The worker was kind and respectful. I was referred to a specialist family violence service. I was supported until the referral was actioned. 	 I was asked questions. I felt ok to talk about what was happening. They made the right referral for me. They asked about my children and talked to me about services that could support them. We discussed safety strategies. 	 We talked about what was going on for me. The worker understood my needs. They provided the services and support I needed/they supported me while linking to the right services and support for me. They touched base with me to ask how things were going.
Crisis response	 The worker expressed their concerns. They called 111 and a specialist family violence service straight away. I was supported until the referral was actioned. 	 The worker talked to me about safety strategies and risk management. They engaged with the multiagency team to ensure the violence stopped. I understood what was happening and was able to engage. The right service for me was involved. 	 The worker guided the multiagency team to ensure risk was safely managed. They worked as part of a team making sure everyone played a role in actioning the safety and wellbeing strategies. We contacted each other regularly to talk.
Holistic support and healing	I have a counsellor to help me ad	address all the issues I was facing. I now have dress my trauma who understands trauma in Iti-agency response team are still monitoring	the context of family violence.



Understanding
Family Violence
Risk, Safety, and
Wellbeing

Defining family violence risk, safety, and wellbeing

In most situations, family violence is when someone chooses to use violence to maintain power and control over someone they're close to. Legislation in Aotearoa New Zealand defines family violence as a pattern of behaviour that coerces, controls, or harms another, within the context of a **personal relationship**. Our legislation covers physical, **sexual violence**, financial, and/or psychological abuse, including **coercive control**, strangulation, dowry-related violence, child abuse, animal abuse, harassment, and damage to property. It covers hindering or removing access to necessary aids, devices, medication, or other support, the neglect and ill-treatment of adults at risk, and sustained efforts to change or supress a person's sexuality, gender expression, or gender identity. Child abuse also includes abandonment and exposure to family violence, by hearing or witnessing violence, and/or living with the impacts.

Family Violence Act 2018

Crimes Act 1961

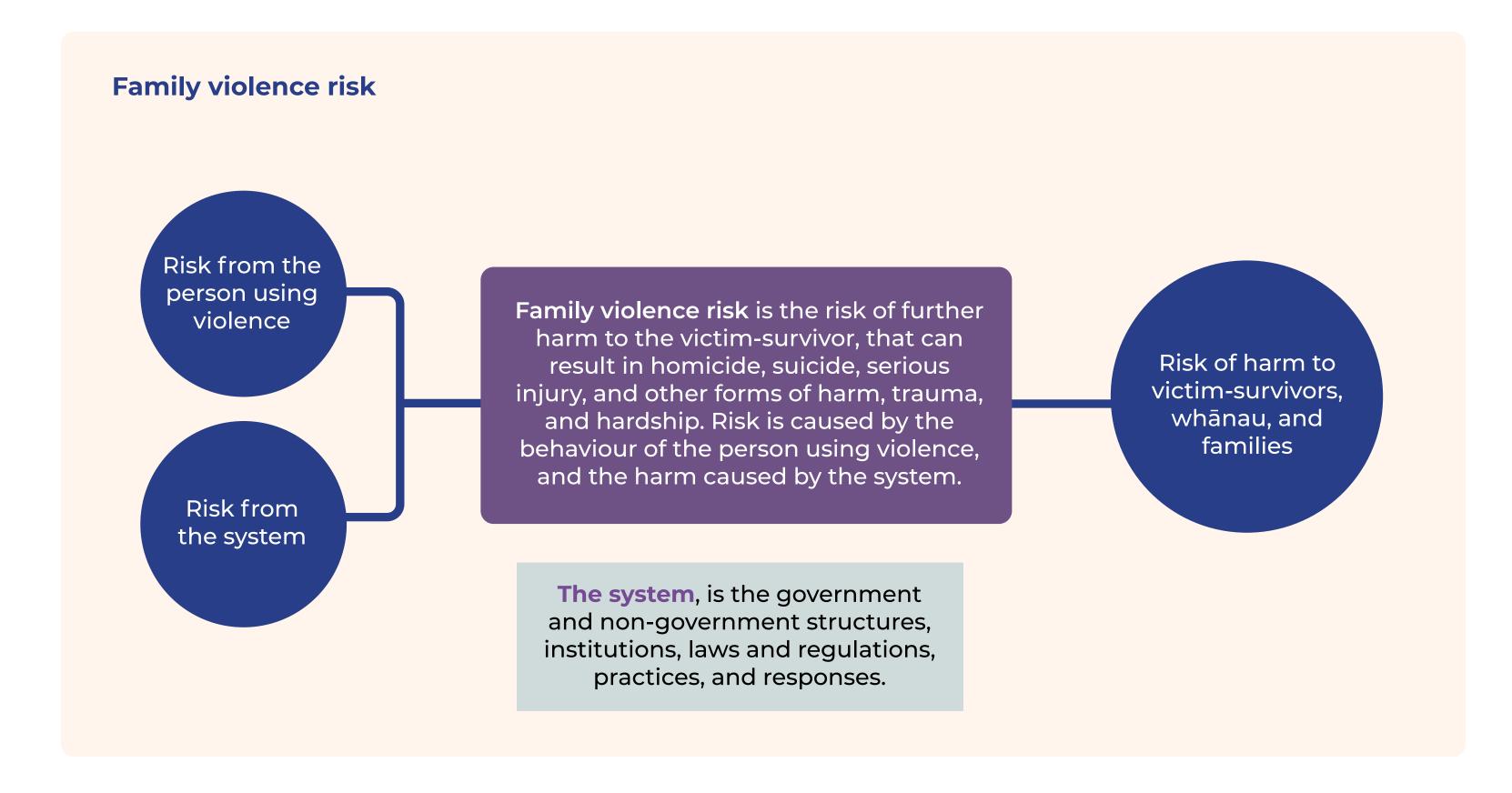
Oranga Tamariki Act 1989

Conversion Practices Prohibition Legislation Act 2022 Family violence is an attack on people's human rights to dignity, freedom, and autonomy. Victimsurvivors can be disempowered and entrapped not only by the behaviour of the person using violence, but also by ineffective or harmful responses and by social inequities they may be experiencing.

Tangata whenua understand family violence as a desecration of whakapapa and a violation of the tapu of another person, impacting their ability to exercise mana. Violence harms the whānau, hapū, and iwi emotionally, socially, spiritually, and mentally.

While family violence impacts all sections of society regardless of gender, sexuality, age, social status, or ethnic group, it is heavily shaped by gender inequities. The 2020 New Zealand Crime and Victims Survey reported that three quarters of all family violence offences were towards women victim-survivors. Further, women, particularly wāhine Māori, disabled women, trans women, and bisexual women, experience higher levels of **intimate partner violence** and sexual abuse than men. At the

same time, family violence impacts people across a diversity of gender identities, social, and cultural contexts, and within various intimate, family and family-like relationships. For this reason, the RSPF uses the terms 'victim-survivor' and 'people using violence' without assigning binary gendered terms (such as, women and men) or pronouns (such as, she/her and he/him) to acknowledge the complex ways family violence manifests.



Many factors can increase or decrease the likelihood of someone using violence. Red flags are the known behaviours and factors that increase the likelihood of someone causing serious harm, injury, or death. However, red flags can vary for different people and groups. Racism, bias, and oppression increase risk and create additional barriers to safety for tangata whenua and whānau, children and young people and for people from marginalised communities. Also, risk is dynamic and can change suddenly because of the circumstances and/or the constantly changing behaviours of the person using violence, and the system can further increase risk, through ineffective, inequitable, and harmful responses.

Safety and wellbeing refer to the safety and protection of victim-survivors, whānau, and families to enable wellbeing. "Recovery is not possible for victim-survivors unless they are safe from abuse" (Backbone Collective). Recognising and safely managing risk and identifying and strengthening protective factors is critical to achieving safety and wellbeing. While protective factors and wellbeing can vary for different people, there are common outcomes to achieving wellbeing that include: being safe and protected, having a network of trusted relationships, having autonomy and freedom of choice, being respected for who you are, and feeling nurtured and cared for.

Family Violence Act 2018

The Family Violence Act is the foundational legislation for family violence work in Aotearoa New Zealand.

The Act sets out the definition of family violence, and names those organisations that are **family violence agencies**. It encourages these agencies and workers to intervene early, collaborate, identify risk, share information safely, and have sustained responses.

The principles in the Act, emphasise that family violence in all its forms is unacceptable. Family violence can appear trivial when viewed in isolation, but it may form part of a pattern of behaviour that is cumulatively harmful. It often is, or includes, coercive or controlling behaviour.

Other key principles provide that:

- children and young people are particularly vulnerable to family violence, and are at risk of harm to their current and future wellbeing
- factors such as **disability**, health, and age may also mean that some people are particularly vulnerable to family violence
- early intervention helps to stop and prevent family violence

- victims of family violence should have access to services to help secure their safety
- perpetrators of family violence should face effective responses and sanctions, and have access to (or be required to engage with) services to help them stop and prevent their violence
- arrangements that support the ongoing safety and wellbeing of the victim should be sustained, e.g. in terms of housing, education, community involvement and employment
- responses should be culturally appropriate, and responses involving Māori should reflect Māori customary values and practices
- the views of victims should be considered and respected unless a good reason exists for not doing so, e.g. where these views may compromise victims' safety
- access to the court should be as speedy, inexpensive, and simple as is consistent with justice
- family violence agencies are referred to as 'decision-makers' and they should collaborate to identify, stop and prevent, and respond to family violence.

What we need to change

Family violence affects everyone, with disproportionate impacts for people who are experiencing inequity, bias, and discrimination. Risk is increased, and there are extra barriers to safety, for tangata whenua and whānau, children and young people, women, older people, Pacific peoples, disabled people, ethnic communities, and Rainbow communities.

How organisations and workers understand risk, and how they act and respond can have positive and/or negative impacts on safety. Sometimes, even when well-intentioned, responses can be ineffective, or even worse, lead to more harm. Building capability requires an understanding of the problems listed below, to provide a road map of what we need to improve.

Understanding how the impacts of colonisation increase risk for tangata whenua and whānau

Colonisation, structural racism, oppression and intergenerational trauma contribute to tangata whenua and whānau experiencing disproportionate impacts of family violence and extra barriers to safety and wellbeing. It distorts Māori cultural notions of whakapapa, tikanga, wairua, tapu, mauri, te reo, and mana.

To understand this significant problem, organisations and workers require the ability to analyse structural power and an understanding of the current and historic context that gives rise to the status and wellbeing of tangata whenua within Aotearoa.

Understanding the impacts of family



Many Māori described colonisation and its impact on them as an overwhelming trauma: a denial of voice, opportunity and potential on an intergenerational scale; a loss of rangatiratanga, mana and dignity; stolen identity; stolen culture and language"

— TE UEPŪ HĀPAI I TE ORA - SAFE AND EFFECTIVE JUSTICE ADVISORY GROUP

violence on children and young people

It is estimated that 70% of family violence offences in Aotearoa New Zealand occur while there are children or young people in the household. Children's experience of family violence includes seeing, hearing, being directly involved in (eg trying to intervene) or experiencing the aftermath of family violence. Further, 70% of children and young people who experience family violence indirectly are also victims of physical abuse and 30% do not receive an adequate support service.

66

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

— AUSTRALIAN FAMILY VIOLENCE CLEARINGHOUSE

Children and young people can be invisible in organisational responses to risk, and actions taken can cause them further harm. For example, when the abusive parent utilises statutory mechanisms to retain access to their children and, as a result has continuous opportunities to use violence against them and their ex-partner.

Understanding how risk is increased for people from marginalised communities

People from marginalised communities are harmed by social, economic, and political oppression, exclusion, discrimination, and bias. Discrimination and bias exist in many forms, including racism, sexism, ageism, ableism, classism, transphobia, intersex phobia, and homophobia. Experiencing discrimination and bias increases the risk of family violence. Different forms of discrimination don't exist in a vacuum – they often overlap, intersect and amplify each other. This is known as intersectionality and multiple forms of discrimination can lead to risk being further increased in severity, and frequency of violent experiences.

Marginalised communities often face higher rates of material hardship, poverty, and unemployment than the general population. When people do seek help, they often experience bias, blame and further harm, their experiences may not be taken seriously or believed, and the system becomes less accessible.

The types and impacts of abuse people experience, and the barriers they face, varies for each group. Isolation is a common tactic used by people using violence to separate victim-survivors from their loved ones and stop them from reaching out for help, increasing their dependency on the person abusing them. Isolation can be further

compounded for people from marginalised communities by language barriers, visa status, health issues, disabilities, cultural factors such as beliefs about gender roles, prejudices, and people's experience of harmful responses.

Ethnic people can face
violence generated
through culturally
sanctioned practices
like dowry, honourbased violence, forced
or underage marriage
and female genital
mutilation.

Transgender people can be repeatedly 'outed' by workers using incorrect pronouns and names.

"Re-traumatisation and barriers to safety are created by the current inadequate (or sometimes abusive) services, across all relevant government agencies" (Analysis – LGBTQIA+ communities).

Racism and harmful stereotypes can fuel prejudices against people because of the colour of their skin. These attitudes can make it difficult for people to get the help they need.

Some people may require extra support to be witnesses to the abuse and violence they have experienced - but this does not mean that what they are disclosing is not true and that the impact is not as great.

People with dementia
are especially
vulnerable because
the disease may
prevent them from
recognising or
reporting the abuse.
They may not be
heard or believed.

Withholding food, medications, money, and/ or care can be used to abuse people who are dependent on others for their day-to-day care.

They may also be unable to report the abuse, speak out, or leave.

The immigration status of ethnic and Pacific peoples can be used to abuse and manipulate victim-survivors who do not have New Zealand residency. Threats and uncertainty isolate and force compliance, and access to support is often dependent on visa status.

People using violence can exploit and distort cultural roles and expectations to justify their behaviour and exert power and control over their victim-survivors.

Understanding how to safely share information

Safe and appropriate information sharing can help form a comprehensive picture of risk and drive actions that prioritise **accountability** and safety. However, unsafe information sharing can increase risk and alienate people from the help they need, meaning "sharing information about risk with others can be helpful or very harmful" (Women's Refuge). The utmost care and consideration should be taken to ensure workers do not expose people to greater harm and, whenever possible, victimsurvivors' consent should be sought, before sharing information.

Understanding the problems in the system

Transforming the way we collectively think about family violence enables us to have a **shared understanding** about the dynamics, causes, and drivers of violence. Recognising the different types of violence and red flags, understanding power, inequity, and trauma, and making visible the behaviour of the person using violence helps to manage risk and enable safety and wellbeing.

Without a shared understanding, organisations and workers are more likely to be influenced by social norms, myths, attitudes, and biases, leading to harmful responses that can increase, rather than reduce risk.



It's crucial that practitioners have a consistent and common understanding of the dynamics of family violence and how these present as risk factors"

- MINISTRY OF JUSTICE

The system has complex and contradictory legislation, policy, and procedures that can make it difficult to access and navigate. Responses are often at odds with te ao Māori and whānau-led approaches and can fail to provide culturally appropriate support. Also, because the system is predominantly informed by western, colonial values, structures, and institutions that perpetuate racism, agism, ablism, sexism, transphobia, intersex phobia, and homophobia, structural barriers are further entrenched. This results in people lacking confidence that the system will help, and fear about how they will be treated.



One of the fundamental worries and threats is "if I speak up and share my information, do I lose my children and family?"

— HE KAUPAPA WAKA - MĀORI EXPERT ADVISORY GROUP REPORT TO THE MINISTRY OF HEALTH

Everyone in the system plays a role in responding to and managing risk. Organisations and workers who lack clarity about the purpose and limitations of their **role and responsibilities**, and the knowledge and skills needed to safely carry out their job, may respond in ways that are unsafe or ineffective.

Workers may fail to act, fail to consult with the appropriate people or organisations before acting, or they may overstep their role and work outside the scope of their capabilities.



Workers could cause more harm when they try to deliver support with good intentions but lack the expertise"

— BACKBONE COLLECTIVE

Further, organisations and workers can inadvertently collude with violence. **Collusion** is any response that inadvertently or deliberately indicates agreement with, or support for, violence-supportive beliefs, thinking, or abusive behaviour. It hides or disguises the violence, suggesting it is ok, which can lead to victim-blaming and harmful responses that increase risk and re-traumatise victim-survivors. Collusion can also limit the ability of the person using violence to take responsibility for their behaviour and engage in the services and supports that can support them.

Compounding these issues, people using violence can take advantage of the way the system works, including its faults or limitations, to further perpetrate their violence and abuse.



His psychotherapist said she had been naive and wrong to write a letter for court saying her client was not a violent man. She had written the letter, at his request based solely on what he had told her, and he had been selective about what he told her"

He later killed his two children and himself

— RNZ ARTICLE

Access to the right help quickly has the potential to significantly reduce trauma, and can prevent violence from escalating. It can reduce the need for more expensive crisis responses, such as multiagency teams, police, and justice responses.

However, early warning signs are often missed, and even when risk is recognised, many workers lack the time and/or capability to make a **warm referral**. In addition, specialist family violence services and programmes are usually only funded once violence occurs meaning early access to services can be limited, delayed, and can result in no service being provided at all.



What do you mean? I have to be arrested, charged, and sent here by the Court and then I'll get help?"

— TE KUPENGA WHAKAOTI MAHI PATUNGA

Other **service gaps** include the lack of:

• Trauma- and violence-informed services for people who have experienced family violence and/or sexual violence as children, young people, and/or adults. Services that understand the impacts of complex trauma in the context of family violence for both victim-survivors and people using violence, will improve the accuracy of assessments, provide a clearer picture of the seriousness of harm, and avoid blaming the violence on something or someone else.



if you see a counsellor they might have trauma counselling, but trauma could be like being in a car crash or drowning. Domestic violence trauma is a whole different trauma. So, I guess it is very hard to find someone that is very centred on domestic violence trauma and understanding what that is actually like for children"

— WOMEN'S REFUGE

- Specialist family violence wraparound, holistic support to help people early, address wellbeing needs and provide sustained, agile risk management services, that support meaningful shifts in the broader drivers of violence.
- Kaupapa Māori and iwi services for tangata whenua and whānau that focus on reestablishing collective pathways, reclaiming mātauranga Māori bodies of knowledge, strengthening cultural identity, and restoring connections to renew the protectiveness that cultural traditions offer.

- Specialist services for children and young people that provide support and advocacy for children who experience family violence. Services that tailor safety plans for them, that understand their unique experiences of family violence and include and support the safe adult/s in their life. Additionally, services that can activate the right support early for children and young people displaying troubling behaviours or using violence.
- Services for people from marginalised communities, compounded by mainstream organisations and workers who may be illequipped to respond and support people appropriately, leading to distrust in organisations' ability to help, and underreporting.

Understanding how to safely analyse and manage risk

Identifying red flags, triaging, and using well-designed tools to analyse and manage risk can be useful strategies to determine immediate risk and to act quickly. However, it's important to understand their limitations.

It is not possible to predict violence with any certainty as risk can change at any time. Risk tools, when used to assess and triage risk at a single point in time, can lead to workers having a false, misleading, or dangerous understanding of risk.

Victim-survivors' voices are often minimised or absent in organisational and multi-agency responses to risk, even though they are uniquely placed to provide information about the extent of risk and what is needed to enable safety. Victim-survivors can provide the fullest picture of the pattern of violence, the past behaviour of the person using violence, the strategies they and others have already tried to improve safety, and the inequities and additional barriers and challenges they may be experiencing.



Victim-survivors "are more at risk when the people around them don't 'get it' and blame or judge them for not 'making good choices', but most of the options they have to choose from have a downside and could put them at risk in other ways"

— WOMEN'S REFUGE

Multi-agency responses work best when their primary focus is to address the behaviours of the person using violence by holding them accountable for their violence, providing clear and consistent messages, and supporting them to engage with the services needed to significantly reduce their harmful behaviour.



Our current approach often blames victimsurvivors and "places the onus for changing dangerous situations on [them], instead of sharing responsibility with other agencies to curtail a perpetrator's ability to be abusive"

— D. WILSON, R. SMITH, J. TOLMIE AND I. DE HAAN.



Focusing on what adult victim-survivors are doing to keep their children safe diverts attention away from the person using violence. This results in a failure to assess and address the level of risk and danger his behaviour poses to both child and adult victim-survivors. [This] can unintentionally increase the likelihood of harm towards both child and adult victim-survivors"

— SAFE AND TOGETHER



The safety and wellbeing of victim-survivors "can only be realised through the collective actions of others - the protective actions of agencies, communities, whānau, and families. Safety is not something individual victims can achieve alone"

— FAMILY VIOLENCE DEATH REVIEW COMMITTEE.



Understanding how to monitor the quality of our work and continue to improve

Regularly assessing ways of working and establishing ways to monitor, learn, build on strengths, and embed change improves individual and multi-agency responses to risk. This should include gathering feedback from the people, whānau, and families receiving services and using this to identify what workers and organisations are doing well, and what changes need to be made.



People using services are the only people who can decide if the service has been culturally safe for them"

— I. RAMSDEN

Useful research, evaluation, mātauranga and practice knowledge related to family violence risk exists in Aotearoa New Zealand and internationally. However, there is a need to keep improving the research and data so that we better understand the nature and extent of violence and abuse experienced by a range of different groups including tangata whenua and whānau, children and young people, older people, Pacific peoples, disabled people, ethnic communities, and Rainbow communities.

It is also important that people working in the family violence system do more to share information about what works for whom, in which contexts, and participate in ongoing learning across disciplines and sectors.

What we want to achieve - our practice values

Victim-survivors and whānau are central to everything we do

Victim-survivors, whanau and families, regardless of their background and experiences, are listened to and believed. Their information and advice are taken seriously and their safety is prioritised. They have choices and are well-informed, and their strengths, experiences, and actions are respected.

Tangata whenua and whānau are flourishing

Tangata whenua and whānau have a sense of belonging and an understanding of their rights and responsibilities as individuals and as part of the collective. They recognise their strengths, resilience, and values, and their practices foster holistic, strengths-based, collective actions.



A fundamental principle for Māori in the traditional raising of their young was the underlying belief that children are gifts from Atua (spiritual deity) and Tūpuna (ancestors) through their genealogy which meant that they were tapu or sacred, special, protected under specific rules, restrictions and any negativity expressed to them was breaking that tapu"

— M. ERUERA AND L. RUWHIU

People using violence are visible and supported to change their violent behaviour

People using violence get the right support straight away. They feel respected even when they are informed that their harmful actions are unacceptable and need to stop. They have insights into the harms caused by their abuse and want to change their behaviour. With the right sustained support, they take responsibility for their violence and choose not to harm others. Safe behaviour is monitored, and eventually risk management services are no longer needed. Their decisions and actions help them achieve emotional, whānau, and family wellbeing.

Organisations and workers are capable and take action

People, whānau, and families feel safe in their interactions with the organisations and workers supporting them and trust they will do the right thing. They can access the support they need regardless of their unique circumstances and barriers to safety.

Children and young people are listened to, included, and understood. The right services are available for them.

Tangata whenua and whānau can access kaupapa Māori services that are best placed to address risk and enable safety and toiora for them. Trust in the system is strengthened, and the ability of the system to understand risk in the context of colonisation, bias, and discrimination is enhanced.

Organisations and workers collectively manage risk and support safety and wellbeing

Our system prioritises safety and protects people from further violence. People get the right support for them and receive the right combination of organisations and workers to collectively manage risk and implement **safety and wellbeing strategies**.

Victim-survivors understand and trust the multiagency process. They know their recommendations inform decisions and actions and they trust the workers to advocate on their behalf. Victim-survivors, children, and young people are safe and the collective, coordinated process keeps them together and supports them.

People understand a multi-agency approach acts on information gathered from multiple sources to gain the full picture of risk. People's information is gathered respectfully, they understand why it's needed, what it will be used for, and who will have access to it. They know they can access their own information.

People know that information sharing processes and case management systems are victim-survivor and whānau-centred. The safety, mana, and dignity of victim-survivors, whānau, and families is prioritised, and special consideration and inclusion of safe, trusted adults is actioned when sharing information involving children, young people, or adults at risk.

Peoples' holistic wellbeing is supported

People can access a range of services to support their holistic wellbeing, including specialist trauma- and violence-informed services, sexual abuse services, mental health and addictions counselling, and housing and income support.

Risk continues to be monitored and the person using violence is supported to maintain safe behaviour.

Tangata whenua and whānau are supported by whānau-centred services that focus on improving the wellbeing of whānau and affirm the strengths and capabilities to address individual needs within a whānau context. Māori values and worldviews are prioritised to ensure mana and control for those involved in the process.

Organisations continue to learn and improve

Organisations and workers are committed to growing and sustaining their capability. Workers have clear career pathways and their profession and work is valued. They can access quality training and professional development that uses a range of options to learn and embed knowledge and skills.

People have opportunities to contribute to the continuous improvement of family violence services, systems, and processes. They are asked about how responses and services supported safety and wellbeing, and managed risk.

Organisations and teams regularly review their values, processes, and mechanisms to support collective accountability, and this leads to improvements.

Organisations work together to collect relevant data that informs why and how we do things. Data is collected and shared using a safe, ethical approach.



Organisational Capability Guide

How to use this guide

This guide draws on the principles and standards in the <u>Specialist Family Violence</u> <u>Organisational Standards</u>. It outlines the organisational values, policies, and procedures needed for a range of organisations to safely respond to risk and support safety and wellbeing.

Senior leadership, managers, team leaders, and boards can use this guide to:



Map existing values, policies, and procedures and identify any gaps.



Identify what support their organisation or team needs to address gaps, including support they may have access to within their team or community, as well as support that is not currently accessible.



Guide conversations and create a plan to address gaps.



Initiate conversations with workers about how the organisation will address the gaps and what this may mean for them and their role.

Values, polices, and procedures needed to improve processes and support practice

Vision and values	 Our values state: Our commitment to Te Tiriti o Waitangi. Our commitment to a victim-survivor and whānau-centred approach. Our commitment to equity and inclusion.
Accessible and Safe Environments	 Our environment and services facilitate physical, emotional, and cultural safety. Our procedure ensures: Our physical facilities are inclusive and accessible, and support people's participation (including communication, information, and accessibility). Our organisation and services are visible and easy to find.
Te Tiriti o Waitangi	We understand that the impact of colonisation increases risk for tangata whenua and whānau. Our procedure describes: How we integrate Te Tiriti o Waitangi and whānau-centred thinking into our practice. The role and responsibilities of tangata Tiriti within our organisation and how these are actioned.
Engagement and Relationships	 We understand the importance of relationships to facilitate the best outcomes for people, whānau, and families. Our procedure outlines how we: Actively build and strengthen reciprocal relationships with mana whenua and local kaupapa Māori services. We have mechanisms in place for maintaining and regularly reviewing these relationships. Actively build, strengthen, and maintain reciprocal relationships with services for children and young people, older people and kaumātua, Pacific peoples, disabled people, ethnic communities and refugees, and Takatāpui and Rainbow communities. We work together to ensure the best outcomes for their communities.

Safe and Effective Referrals

We understand warm referrals that connect people, whānau, and families to the right services at the right time is critical to reducing risk. Our procedure outlines how we:

- Support our workers to complete and embed the training and learning needed to make warm referrals.
- Develop strategies that support warm referral processes, including building relationships between relevant services and workers, having information, flyers and contact details readily available, and having access to phones, interpreters etc to connect people quickly.
- · Support people while the referral is actioned and record outcomes.

Multi-Agency Risk Analysis, Management, and Safety and Wellbeing Strategies

Managing risk and supporting safety and wellbeing requires a collective team approach with organisations and workers who are equipped to undertake their role and play their part. We have a procedure that guides our multi-agency approach. It has been developed/reviewed by a worker at an Enhanced+ Level and outlines how we:

- · Prioritise the safety of **victim-survivors** and whānau.
- · Maintain a consistent focus on the behaviours of the person using violence.
- Support team members to achieve the Entry or Enhanced Level depending on their role of the RSPF Worker Capability Guide.
- · Whenever possible, ensure teams consist of a minimum of two Enhanced+ Level workers.
- Limit team members to workers who help ensure victim-survivors are protected, and who have, or will have, active roles in risk management and/or the implementation of safety and wellbeing strategies.
- · Utilise a process to gather risk information from multiple sources, including information from victimsurvivors.
- · Ensure decisions are guided and confirmed by workers at an Enhanced+ Level.
- · Regularly review risk and adjust plans.
- Provide evidence-based quality resources including:
 - · Red flag indicators.
 - · Information-sharing tool.
 - Risk analysis and risk management plans.
 - · Safety and wellbeing strategies.

Gathering, Storing, and Sharing Information	We understand the importance of gathering and sharing information and we have a clear and safe procedure for how this happens that adheres to the information sharing guidelines set out in the Family Violence Act 2018, the Oranga Tamariki Act 1989 and the Privacy Act 2020. It outlines how we: Contribute and adhere to an information sharing protocol. Support workers to complete information sharing training. Utilise the Information Sharing Tool. Store information ensuring safety procedures are in place about who can access what information, when and why.
	 Support decision-making for people that need it by providing information about consent and accessible formats.
	 Provide updates on progress, whilst maintaining people's privacy.
Holistic Support and Healing	Our procedure outlines how we work together to ensure people have access to ongoing support and healing including: • Specialist, holistic services, that recognises mātauranga Māori and ensure all people have access to the right service for them.
	 Trauma- and violence-informed services that understands and can address the impacts of trauma.
	 Ongoing risk management and continued visibility of the person using violence.
Staff Safety and Wellbeing	Family violence risk is complex and can be stressful. Our procedure outlines how we support our workers by: • Creating an environment where the leadership, skill, and competency of people from all
	backgrounds, cultures, ages, genders, disabilities, sexualities, and gender identities are fostered.
	 Providing regular training and meetings to ensure workers know our safety procedures and can enact them if needed.
	 Providing access to regular supervision, cultural-supervision and/or support from Enhanced+ Level workers.
	 Providing access to counselling, and support as and when needed.
	 Providing workplace support for workers who are, or have been, impacted by violence or who use violence.
	 Monitoring caseloads to prevent overload.

Recruitment and Induction required for their role. **Professional** professional development plans: **Development and Continuous Learning** organisation. **Evaluation and** outlines how we: Continuous **Improvement** improve our services. support and refer.

We understand the importance of recruiting the right workers for the job and providing a comprehensive induction process. Our procedure outlines how we:

- · Recruit workers from a range of backgrounds and maintain equity and equality of opportunity for those from different cultures, genders, age groups, disabilities, sexualities, and sexual identities.
- · Use the RSPF to inform recruitment into roles at an Entry and Enhanced Level.
- Provide the right training and support during the induction process to ensure they achieve the level

Our workers are equipped and confident to recognise and respond to risk. Our procedure outlines how

- · Implement the RSPF Worker Capability Guide to identify workers roles and support them to complete and embed the training and learning needed to carry out their role.
- Build cultural competency, ensuring safe responses and inclusive practices, at all levels of our
- · Are monitored and provide opportunities for ongoing learning to upskill across a range of topics, client groups and disciplines are provided.
- · Have mechanisms in place to mentor and support workers to understand and embed learning.

Understanding how well we are doing and how we can improve is important to us. Our procedure

- · Gather feedback from the people who use our services about their experience. What worked well for them and where we could improve. We have mechanisms in place to reflect on feedback received to
- · Gather feedback from iwi, mana whenua, and Kaupapa Māori services to inform and improve how we
- · Gather feedback from services and networks supporting people from marginalised communities to inform and improve how we support and refer.
- · Have mechanisms for workers to raise and escalate concerns about practice and processes, internally and externally.
- Provide opportunities for reflection and discussion to support learning for workers.
- · Keep up to date with evidence to improve our processes and responses.
- · Gather data including demographic information to assess how well we are meeting the needs of tangata whenua and whānau, children and young people, and marginalised communities...
- · We evaluate services as mechanisms to monitor outcomes, reflect and improve.



Worker capability guide

How to use this guide

This guide draws on the principles and capabilities from the <u>Family Violence Entry</u> <u>to Expert Capability Framework</u>. It supports frontline workers, managers, and team leaders to identify the capabilities needed to safely respond to risk and enable safety and wellbeing.

The guide is set out over four levels of capability and identifies the knowledge and skills needed for each **level**. Capabilities can be adapted depending on workers' roles within the system.

ESSENTIAL LEVEL

Equips workers to recognise risk and safely respond and refer. They will know how to find information and who to ask for help. They will be able to identify imminent risk and know what to do. It applies to workers who, as part of their day-to-day work, could encounter victim-survivors of family violence, their whānau or family, or people using violence.

ENTRY LEVEL

Equips workers to recognise indicators of family violence, screen, respond, and safely refer in a timely manner. They will have some basic knowledge about risk indicators and the legal system and be able to provide support during a referral and/or crisis situation. It applies to workers who, as part of their day-to-day work, often encounter victimsurvivors of family violence, their whānau or family, or people using violence.

ENHANCED LEVEL

Equips workers to provide specialist support and services, involving complex family violence risk analysis, management and advocacy. They will have gained the knowledge, skills, and experience needed to provide specialist support and services. It applies to specialist family violence workers whose primary role is family violence intervention.

EXPERT LEVEL

Applies to specialist
family violence
leaders, trainers, and
researchers who have
extensive experience
with family violence risk,
safety, and wellbeing.

Workers can use this guide to:



Map their existing capabilities and identify any gaps.



Initiate conversations with their manager or team leader to access training and learning to attain the capabilities needed.

Managers and team leaders can use the templates to:



Map existing training to the capabilities and identify any gaps.



Guide performance appraisal, professional development, and cross-crediting processes.

ESSENTIALLevel Knowledge

I have a basic understanding of the history of colonisation and Te Tiriti o Waitangi.

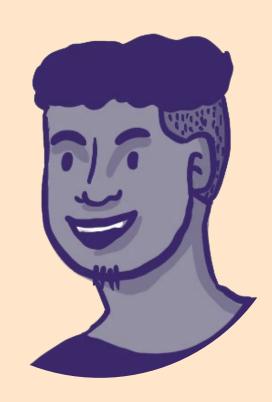
I have insights into how societal norms, inequities, discrimination and stigma can increase risk and create specific barriers to safety and wellbeing.

I have a basic understanding of the dynamics of family violence

I understand the reasons why people may be reluctant to reach out for support. I understand that this may present differently for different people.

I understand the importance of sharing relevant information about risk. I also know how this can increase risk if it isn't done safely. I understand my role as an essential level worker in relation to risk, safety, and wellbeing.

I have some insights into how people using violence can use the system to continue to abuse.



I reflect on my own attitudes and beliefs to understand and address my own biases.

I understand the importance of referring to a specialist family violence service as soon as possible. I know they are skilled in managing risk and supporting safety and wellbeing, and they will include other relevant services if needed.

I understand that making the right warm referral early is critical to reducing risk of further harm. I know what a warm referral is.

I understand the importance of organisations and workers working together to reduce risk.

ESSENTIAL Level Skills

1. I can recognise signs of family violence and risk. RECOGNISE 2. I can recognise when violence is being minimised and/or blamed on something or someone else. 3. I can talk to someone at an Entry or Enhanced Level to support how I respond. 4. If I am worried about an adult's or child's immediate safety, I know what to do and I act quickly. 5. I take into consideration that family violence and risk can present differently for different people, including tangata whenua and whānau, children and young people, and people from marginalised communities. RESPOND 6. I can safely respond and reassure victim-survivors that I have heard them and that I am going to help them to get support. 7. I can respond to people using violence in a calm and professional way, without colluding. 8. I can respond safely and appropriately when someone discloses sexual violence. 9. I know how to seek assistance for people who need interpreters or communication support. 10. I know where I can get advice or guidance about people's specific needs. 11. Whenever possible, and if it is safe to do so, I can gain consent and make a warm referral to a specialist family violence helpline or EFER, SUPPORT, AND RECORD service. I can make the referral without consent if I am worried about someone's safety. 12. I can also make a warm referral to a specialist sexual violence service when someone discloses sexual abuse. 13. I know how to reach the right services and how to get support from an Enhanced+ Level practitioner. 14. I can safely support people while referrals are being actioned. 15. I can record and safely share risk and safety information when needed. I know who to ask to help me with this.

ENTRYLevel Knowledge

I incorporate the Essential Level knowledge into my practice.

I understand
how my world
view can lead to
assumptions and
biases in my work.
I am working to
address these.

I can describe the common barriers to seeking support, for victim-survivors from a range of backgrounds and experiences.

I understand the correlation between mental health, suicidal ideation, substance abuse, or impairment, and family violence.

I understand how colonisation and racism increases risk for tangata whenua and whānau.

I understand how the impacts of inequity, discrimination, and stigma increases risk for marginalised communities.

I can describe the gendered nature of family violence, sexual violence, coercive control and entrapment and how they impact on people of all ages, ethnicities, genders, disabilities, sexualities, and gender identities.

I understand how information sharing can either increase safety or increase risk.

> I understand how holistic support and healing can look different for different people.

I understand the role of tikanga and mātauranga Māori in practice.

I can describe the ways in which people using violence use the system to further abuse

I understand that we all have a role to play in keeping people safe. I know the scope and limitations of my role and the importance of working with specialist workers.

I understand the ways that victim-survivors can resist violence and navigate risk in a way that is unique to them and the social context in which they are living.

I understand the Family Violence Act and legal tools that support safety and accountability.

I understand what the protective factors are that support safety.

I understand the importance of multi-agency approaches and collective responsibility across organisations and communities to reduce risk and maximise safety and wellbeing.

I understand the dynamics of family violence and risk. I know what **red flags** and risk factors are and how they relate to the overall picture of risk.

I understand how colluding with violence and victim-blaming can increase risk.



I understand the role trauma can play in increasing risk.

I understand the correlation between child abuse and intimate partner violence. I understand that risk can change suddenly because of the circumstances and/or the constantly changing behaviours of the person using violence.

ENTRY Level skills

1. I have achieved, or am in the process of achieving the relevant Essential Level skills. RECOGNISE 2. I can recognise family violence red flags. 3. I can recognise the signs of trauma. 4. I listen to children and young people if I suspect, or when they disclose, or partially disclose, abuse. I support them while linking to specialist services. I am guided by our child protection policy. RESPOND 5. I can respond without colluding, to ensure the person using violence is held accountable. 6. I can prioritise the safety of victim-survivors. 7. I act on the concerns and wishes of victim-survivors, acknowledging and validating their experiences and coping mechanisms. 8. I tailor my response, so it is culturally safe, appropriate, and responsive to people's age, identity, culture, and worldview. 9. I can respectfully ask more questions about the violence and listen for red flags. 10. I ensure my actions reduce risk for everyone who may be impacted or exposed to violence. 11. I can ask questions to determine a preliminary level of risk, that is based on the information I have and the red flags I have identified. I understand the risk level may change when reviewed by a worker at an Enhanced+ Level and/or when more information is gathered. 12. I can provide information about legal tools that support accountability and enable safety and can explain basic court processes.

REFER, SUPPORT, AND RECORD	13. I can make a warm referral to appropriate services that can provide culturally-informed services and advocacy to ensure people's specific situations are understood and the right support is in place.
	14. I can make a warm referral to services that can provide holistic support and healing.
	15. I support people and monitor risk and safety while referrals are being actioned.
	16. I follow up to check the referral was successfully actioned and offer other referral options if needed.
	17. I can accurately record information, including patterns of violence, actions taken, uncertainties, potential concerns, contextual issues, and structural inequalities.
MULTI-AGENCY NSES	18. I can work collaboratively with other workers to reduce risk and enhance safety and wellbeing.
	19. I can contribute to the shared development, implementation, and oversight of risk analysis and management plans. I can describe the red flags I've identified, the patterns, severity, and frequency of violence, and the protective factors.
	20. I can contribute to the shared development, implementation, and oversight of safety and wellbeing strategies that prioritises information from the victim-survivor.
ATE IN N	21. I ensure the information and advice from the victim-survivor is included. When appropriate I can gather this from advocates or trusted representatives.
PARTICIPA ^T	22. I collaborate with specialist family violence and sexual violence services, including kaupapa Māori services and specialist services for children and young people and for people from marginalised communities.
	23. I know how and who to raise concerns with when I think decisions and actions are increasing risk and creating barriers to safety and wellbeing. I speak up if I am concerned.

SHARE	24. I gain consent to share information. I explain the purpose and benefits of sharing information and reassure people that safety and privacy are the priority. I know what information to share, when and with who. I understand the situations where I can share information without consent, and I know who I can talk to if I'm not sure.
	25. I share information in accordance with the Family Violence Act, Oranga Tamariki Act, and Privacy Act.
SUPPORT HOLISTIC WELLBEING	26. I can monitor risk over time and take action early if risk indicators are identified.
	27. I recognise the different aspects of holistic support and healing, and can draw on my training to offer services. I can recognise my limitations and make appropriate warm referrals when needed that include trauma- and violence-informed therapy.
	28. I know how to access and support people to engage with a range of government and non-government services to address wider social needs.

ENHANCED Level Knowledge

I incorporate the relevant Essential and Entry Level knowledge into my practice.

I understand and can describe the relationship between colonisation and its impacts on tangata whenua and whānau.

I have an in-depth understanding of the impacts of colonisation on tangata whenua and whānau, and how it has contributed to an increased risk of experiencing violence.

I understand intersectionality and the compounding impacts of discrimination and inequity.

I understand the issues and systemic barriers faced by people from marginalised communities. I can collaborate with organisations and workers to better understand the safety and wellbeing needs, and risk indicators, for these groups.

I have an in-depth knowledge of the dynamics of family violence and risk. I understand the evidence that supports this analysis and my practice.

I understand that difficult or challenging behaviour displayed by children and young people may be the result of sexual or family violence.

I understand how my own world view influences the way that I see other people and situations, and I regularly reflect on my own biases and assumptions so that they don't lead to unsafe responses.



I understand that people who have experienced violence (including children, victimsurvivors, and people who use violence) have a range of needs, including those relating to trauma.

I understand the barriers to safety that exist in the system.

I understand the issues with, and limitations of, risk analysis and management.

I understand the different ways that risk factors present for different groups and the ways that people can either over- or underestimate risk, based on a lack of information or biased information.

Enhanced Level Skills

1. I have achieved the relevant Essential and Entry Level skills. RECOGNISE 2. I understand the relationship between different red flags and risk factors and how they relate to the overall picture of risk. 3. I recognise the impacts of trauma, and when responses may be re-traumatising. 4. I use a victim-survivor and whānau-centred approach to inform my responses. 5. I use a violence- and trauma-informed approach to inform my responses. RESPOND 6. I use tikanga and mātauranga to promote safety and wellbeing. 7. I use an intersectional approach. 8. I respond appropriately to different forms, dynamics, and complexities of family violence, including attitudes and norms which increase risk and inequality. 9. I make visible and address situations when people using violence are manipulating the system to further abuse. 10. I have strong, collaborative relationships with mana whenua and Kaupapa Māori organisations to improve referral pathways. REFER, SUPPORT, AND RECORD 11. I can work in partnership with a large range of networks and services to improve referral pathways. I know who to check with to ensure people are referred to the right organisation the first time. 12. I can refer to appropriate services that can provide culturally-informed services and advocacy to ensure people's specific situations are understood and the right support is in place. 13. I keep detailed records of events, that include the reasons why decisions were made and when possible and safe to do so, I gain informed consent to share information.

- 14. I can gather, prioritise, and analyse information.
- 15. I can gather information and map patterns of abuse to analyse risk and inform/develop risk management plans and safety and wellbeing strategies. I understand the dynamic nature of risk and how to reduce the severity or impact of risk.
- 16. I can provide safe and effective specialist family violence wrap around support, ensuring that plans and goals reduce risk and enable safety and wellbeing.
- 17. I can identify the victim-survivor and the person using violence, and recognise when acts of violence may be acts of resistance or self-defence.
- 18. I can support people from a range of backgrounds and experiences. I understand risk is navigated in ways that are unique to them and the social context in which they are living.
- 19. I can activate relevant legal tools to reduce risk, and explain court processes, legislation, and legal tools. I support people to navigate the justice system and I support people to navigate the barriers that exist in the system.
- 20. I can identify protective factors and support people to strengthen these, including reconnecting with safe people and networks.
- 21. I can challenge systemic barriers to safety and wellbeing, and societal attitudes, beliefs, and norms that increase risk.
- 22. I pro-actively build relationships and work collaboratively with government and non-government organisations and workers, to support coordinated risk analysis, management, and safety and wellbeing strategies.
- 23. I can facilitate/lead multi-agency teams to manage risk, ensuring victim-survivors are at the centre.
- 24. I actively advocate for victim-survivors in multi-agency settings, ensuring their voice is heard.
- 25. When working with others to analyse and manage risk or when developing safety and wellbeing strategies, I can support the multi-agency team to:
 - Incorporate the perspectives of a range of people safely and appropriately, including the information and advice from the victim-survivor.
 - Look at the whole picture, including structural and situational factors, the characteristics and behaviour of the person using violence, the drivers of violence, and any protective factors or strengths that can be used to reduce risk and ensure safety and wellbeing.
 - · Continue to share information about risk and safety, and review and monitor risk management plans.
 - · Develop, review, and monitor safety and wellbeing strategies.
- 26. I speak up if I am concerned decisions and actions are being made that increase risk and create barriers to safety and wellbeing.
- 27. I know how to resolve conflicting priorities across organisations to reduce risk and enable safety and wellbeing.

SUPPORT HOLISTIC WELLBEING	28. I understand that changing violent behaviour can take time. I can help to embed changes, monitor progress, and support wellbeing over time.
	29. I support people as they address their wider holistic needs and healing, and provide or access other help when needed.
GUIDE AND IMPROVE	30. I engage with cultural advisors, community leaders, and relevant stakeholders to gain insights and guidance on best practices for working effectively with a range of people.
	31. I learn about the cultural backgrounds of the communities I serve and promote ongoing training on cultural competency and sensitivity. I prioritise training on our history, Te Tiriti o Waitangi, the impacts of colonisation and mātauranga approaches.
	32. I keep up with new developments, in terms of research, legislation, risk indicators and what strategies maintain safety and wellbeing most effectively.
	33. I can guide and monitor crisis response teams to ensure we all have a shared understanding of risk.
	34.I can support and mentor other workers in a range of situations and role model safe practice. I provide feedback in a respectful and helpful way.

EXPERTLevel Knowledge

I incorporate the Essential, Entry, and Enhanced Level knowledge into my practice. I understand the evidence base about the different types of red flags and risk indicators.

I understand how my own and others' world views influence the way we view people and situations.

I regularly reflect on my own biases and assumptions, and support others to do the same, so that they don't lead to unsafe responses.



I maintain up-to-date knowledge about family violence risk and regularly engage with the research literature, including best practice in risk analysis, management, and supporting holistic wellbeing.

I understand the challenges faced by workers in my organisation, and the purpose and importance of high-quality practice and cultural supervision, for maintaining wellbeing and supporting best practice.

Expert Level Skills

CHAMPION ORGANISATIONAL AND SYSTEM CHANGE

- 1. I have achieved the relevant Essential, Entry, and Enhanced Level skills.
- 2. I can identify gaps and adapt or develop policies and procedures to ensure workers understand their role and are supported and equipped to safely respond to risk.
- 3. I can lead efforts to reduce system gaps and barriers to safety and wellbeing in the system.
- 4. I can collaborate with others to resolve conflicting priorities across organisations to reduce risk and enable safety and wellbeing.

MENTOR, GUIDE, AND TRAIN

- 5. I can provide training, supervision, and professional development opportunities to support workers to develop the capabilities outlined in the RSPF Worker Capability Guide.
- 6. I can guide workers completing individual or multi-agency risk analysis and management plans, and/or safety and wellbeing strategies to ensure consistency across workers and alignment with best practice.
- 7. I respectfully provide feedback and gather feedback from others to inform Professional Development Plans.
- 8. I respectfully challenge unsafe processes and practice, and mentor organisations and workers to address capability gaps.

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- 9. I regularly review records of events, to ensure that appropriate actions were taken and, where needed I support other workers to learn from inadequate or **harmful responses**.
- 10. I can monitor and evaluate risk analysis and management processes.
- 11. I ensure that my organisation has clear records to enable accountability, to monitor responses over time, including outcomes.
- 12. I keep up with new developments, in terms of research, legislation, risk indicators and what strategies maintain safety and wellbeing most effectively. I share them with other workers.
- 13. I ensure that my organisation has a robust process for monitoring and evaluating the outcomes and quality of our responses to risk. I share the lessons from these within, and outside, my organisation to enhance practice.



Glossary

Ableism is discrimination and prejudice against disabled people and is based on the assumption or belief that disabled people are inferior because of their impairment/s.

Accessible services are not limited to physical accessibility. An accessible service is one that is respectful and does not put up any barriers to those who need to access that service (whether physical, attitudinal, technological, or cultural) that would prevent people from effective engagement with supports.

Accountability of people using violence is the coordinated approach that focuses on the person using violence and establishes a collective, shared responsibility across organisations and workers to provide interventions to significantly reduce the person's harmful behaviour. Services and interventions include justice responses, legal tools and risk management, as well as programmes and services to support behaviour change and the wider holistic needs of the person using violence. To work safely and effectively, victim-survivors' safety must be paramount and information from services supporting victim-survivors included. They will provide important information about the past and current behaviour of the person using violence.

Ageism refers to the stereotypes, prejudice, and discrimination towards others based on age. Ageism is everywhere: from our institutions and relationships to ourselves. Ageism can change how people view themselves, can erode solidarity between generations, can devalue or limit peoples' ability to benefit from what younger and older populations can contribute, and can impact peoples' health, longevity, and well-being while also having far-reaching economic consequences.

Coercive control is a pattern of behaviour that results in entrapment and deprives a victim-survivor of their freedom. It is a strategic form of ongoing oppression and terrorism used to instil fear. Coercive control strongly correlates with family violence homicides.

Collusion is any response that inadvertently or deliberately indicates agreement with, or support for, violence-supportive beliefs, thinking, or abusive behaviour. It includes minimising or downplaying the severity of the violence, justifying or excusing behaviour, and/or blaming the violence on something or someone else.

Collusion can also include when workers agree with the motivation for the violence, for example, they may agree that a victim-survivor's sexuality or gender identity should be coercively controlled, or see abuse of a child or tamariki, young person, or rangatahi as acceptable because 'they were out of control'.

Colonisation is "the act of taking control of an area or a country that is not your own, especially using force, and sending people from your own country to live there" (Oxford Dictionary). The primary purpose of colonisation is the forced transfer of power, resources, and status from one group to another. For tangata whenua, colonisation resulted in the dispossession of ancestral lands, the erosion of te reo Māori, the fragmentation of Māori social structures, and the undermining of the ability of tangata whenua to continue transmitting their tikanga and mātauranga and teachings from te ao Māori to successive generations.

Conversion practices are any practice, sustained effort, or treatment inflicted on a person (adult, young person, or child) that is intended to change or suppress someone's sexuality, gender identity, or gender expression.

Disability happens when people with impairments face barriers in society. Disabled people: "include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (New Zealand Disability Strategy).

Elder abuse and neglect "is the single or repeated act, or lack of appropriate action, occurring within any relationship, where there is an expectation of trust, which causes harm to an older person" (World Heath Organization). Abuse can happen to older people, by loved ones, hired caregivers, or strangers. Abuse can happen at home, at a relative's home, or in an eldercare facility.

Entrapment is when family violence inhibits a victim-survivor's resistance to, or escape from, abuse. Coercive, controlling tactics, such as isolation, threats, and neglect entrap victim-survivors, preventing them from keeping themselves and their children safe or, in some instances, from leaving the relationship. Entrapment is also caused by harmful system responses and the inequities victim-survivors may be living with.

Ethnic communities in Aotearoa New Zealand are an incredibly diverse group, representing over 200 ethnicities and speaking over 170 languages. The Ministry for Ethnic Communities' remit includes people who identify as African, Asian, Continental European, Latin-American, or Middle Eastern. They include former refugees, asylum seekers, new and temporary migrants, long-term settlers and multigenerational New Zealanders.

Equity is founded in social justice and human rights and is present when all people have fair and reasonable access to opportunities to reach their full potential.

Equity acknowledges that disparities between groups in accessing essential resources and services are structural, rather than the result of individual or group deficit or choice. Equity requires different responses to groups that are differently placed. It also requires responses that acknowledge differences in culture, values, and aspirations.

Family violence agencies named in the Family Violence Act 2018 are; ACC, Ara Poutama - Department of Corrections, Ministry of Education and early childhood services, Te Whatu Ora – Health NZ, Kāinga Ora – Homes and Communities, Immigration NZ, Ministry of Justice, NZ Police, Oranga Tamariki, Ministry of Social Development, and non-government agencies that receive government funding for family violence services either to protect and help victims or support people to stop using violence, and community housing providers.

Female genital mutilation is the procedures that involve partial or total removal of the external female genitalia, or other injury to female genital organs for non-medical reasons.

Generalist organisations and workers are those whose core business is not family violence intervention, but they respond to people who may be a victim-survivor, or a person using violence as part of their work, and they sit at an Essential or Entry Level.

Harmful responses are those which either fail to appropriately mitigate risk (i.e., are ineffective), or which increase risk or result in harm to people seeking support. This can occur through failing to recognise risk indicators, not listening to disclosures, not taking action to refer to appropriate specialist services, or engaging with people in ways which create barriers to safety or negatively impact on their wellbeing.

Intersectionality refers to the ways in which different aspects of a person's identity influence their access to resources and opportunities within their environment and can expose them to overlapping forms of discrimination and marginalisation. These aspects include gender, age, ethnicity, disability, sexuality, and gender identity.

Intimate partner violence refers to behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours. This definition covers violence by both current, and former, spouses, and partners.

Levels of capability:

- Essential level equips workers to recognise risk and safely respond and refer. They will know how to find information and who to ask for help. They will be able to identify imminent risk and know what to do. It applies to workers who, as part of their day-to-day work, could encounter victim-survivors of family violence, their whānau or family, or people using violence.
- Entry level equips workers to recognise indicators of family violence, screen, respond, and safely refer in a timely manner. They will have some basic knowledge about risk indicators and the legal system and be able to provide support during a referral and/or crisis situation. It applies to workers who, as part of their day-to-day work, often encounter victim-survivors of family violence, their whānau or family, or people using violence.

- Enhanced level equips workers to provide specialist support and services, involving complex family violence risk analysis, management and advocacy. They will have gained the knowledge, skills, and experience needed to provide specialist support and services. It applies to specialist family violence workers whose primary role is family violence intervention.
- Expert level applies to specialist family violence leaders, trainers, and researchers who have extensive experience with family violence risk, safety, and wellbeing.

Marginalised communities are people and groups who are harmed by social, economic, and political oppression, exclusion, discrimination, and bias. Marginalisation creates unequal opportunities, resources, and rights in society, which lead to worse outcomes for some groups compared to others. Discrimination exists in many forms including, racism, sexism, agism, ableism, classism, transphobia, intersex phobia, and homophobia. In the RSPF, marginalised communities refers to older people and kaumātua, Pacific peoples, disabled people, ethnic communities, and Takatāpui and Rainbow communities.

Pacific peoples refers to a collective of populations from different countries within the Pacific region, including Cook Islands Māori, Fijian, Kiribati, Niuean, Samoan, Tokelauan, Tongan and Tuvaluan. This includes people born in Aotearoa New Zealand who have Pacific heritage. Understanding this diversity is vital to any Pacificled response.

Personal relationships include:

- Current or ex-partner
- · Boyfriend or girlfriend
- Whānau or family members
- Caregivers, parents, or carers
- · Housemates, flatmates.

Protective factors are the strengths that help to decrease or buffer against risk of further harm and support wellbeing. Protective factors are different for different people, but they commonly include factors like social and professional support, access to resources within society, and personal skills and attributes such as healthy coping strategies, self-control, and respectful attitudes towards others.

Racism is the process by which systems and policies, actions, and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to discriminate against, oppress, or limit the rights of others.

Red flags are the serious risk factors that may indicate increased risk of the victim being killed, or almost killed, as a result of intimate partner violence. Red flags can be useful to help workers understand the seriousness of a situation and motivate them take urgent and appropriate action. Red flags help to create a shared understanding and language for communicating risk and informing how risk is analysed and managed, and how safety strategies are decided and actioned.

Risk analysis is the process used to gather and analyse information about risk to provide an overall understanding of risk and inform risk management strategies. Ideally risk information is gathered from multiple sources and prioritises information from victim-survivors, whānau and families.

Risk management is the individual and collective actions of workers and organisations to contain and stop the violence and mitigate the risk of harm caused by the person using violence and the system. Risk management uses a combination of strategies that hold the person using violence accountable and are informed by, and centred around, victim-survivors, and their whānau or family. Risk management plans sit alongside safety and wellbeing strategies.

Safety and wellbeing strategies are the individual and collective actions of victim-survivors, whānau, families, workers, and organisations to enable safety and wellbeing. Safety and wellbeing strategies sit alongside risk management plans that focus on the person using violence and reducing the likelihood of further violence.

Sexual violence, mahi tūkino, sexual abuse, sexual assault, or sexual harm is any sexual behaviour towards another person without that person's freely given consent. It is a common tactic used in intimate partner relationships and usually occurs alongside other forms of abusive behaviour. It can occur in all types of intimate relationships regardless of age, disability, gender identities or sexuality.

Specialist family violence organisations and workers are those whose primary focus is family violence intervention, and they sit at an Enhanced or Expert Level.

Statutory organisations and workers' core business is not family violence intervention, but they provide statutory or legal responses to victims-survivors or people who use violence as part of their work, and they mostly sit at an Essential or Entry Level.

Takatāpui and Rainbow communities include people with innate sex characteristics that do not fit normative medical or social ideas for male or female bodies; people who have a gender identity or expression that does not match the sex they were assigned at birth, including people who do not fit typical binary gender norms; and/or people who are not heterosexual.

- Takatāpui is an ancient Māori term to embrace culture, spirituality, and connection to whakapapa. It has many meanings for iwi and hapū, traditionally meaning "intimate partner of the same sex." In contemporary times Takatāpui has been reclaimed to denote all those with diverse sex characteristics, gender identities, and expressions and sexualities as well as tangata whenua identity.
- **Rainbow** is an umbrella term for sex, sexuality, and gender diversity. Rainbow is an inclusive term and allows for fluid diversity.

The system is government and non-government structures, and institutions, policies and practices, laws and regulations, and the attitudes and beliefs which inform responses to violence.

Toiora is to be well and thriving. Toiora is enhanced by holistic responses that support wellbeing, when people have their narratives, histories, context values and worldview acknowledged.

Trauma-and violence-informed approaches provide a framework for understanding trauma and how the consequences of trauma could present for victim-survivors and for people using violence. Violence was added to trauma-informed approaches to emphasise how violence influences and shapes interpersonal experiences of trauma and how that affects an individual's health and wellbeing, and engagement with services.

Victim-survivor is used to refer to adults, children, and young people impacted by family violence, including people from different cultures, ages, disabilities, genders, sexualities, and sexual identities.

Victim-survivor and whānau-centred approaches put the safety, mana, dignity, rights and wellbeing of victim-survivors and whānau at the centre of all interventions.

Whānau-centred refers to a culturally grounded, holistic approach focused on improving the wellbeing of whānau and families and addressing individual needs within a whānau or family context.

A victim-survivor centred approach acknowledges that for some people their families may not be safe places. Whānau and family are not used interchangeably in order to avoid implying that family is an English translation of the term 'whānau Māori'. Whānau is used when referring to tangata whenua. Whānau are significantly different, culturally, and socially, from 'family', which tends to be a single household. Whānau encompasses a wide range of social constructs, shaped by intent and context. Whānau determine their membership. The traditional whānau concept is tangata whenua who share a common descent and kinship, and collective interests that generate reciprocal ties and obligations. More contemporary 'kaupapa whānau' share a common mission, but not necessarily whakapapa.

Warm referral is the processes of providing a supported, assisted referral rather simply giving someone a phone number. A warm referral includes a range of tasks from discussing the options through to follow-up. It aims to ensure the right referral is successfully completed the first time every time.



References

ANROWS. Australia's National Research Organisation for Women's Safety – to reduce violence against women and their children. 2022. <u>Improving accountability: The role of perpetrator intervention systems. Key findings and future directions.</u>

Australian Domestic and Family Violence Clearinghouse. 2011. The Impact of Domestic Violence on Children: A Literature Review.

Australian Human Rights Commission. Racism. It stops with me.

Australian Human Rights Commission. <u>United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) | Australian Human Rights Commission.</u>

Centers for Disease Control and Prevention (CDC). 2024. Risk and Protective Factors | Intimate Partner Violence Prevention | CDC.

College of Policing. UK. National Policing Vulnerability Knowledge and Practice Programme.

Counting Ourselves. Counting Ourselves | Aotearoa New Zealand Trans and Non-Binary Health Survey.

Domestic Violence Victoria. 2020. Code of Practice. <u>Principles and Standards for Specialist Family Violence Services for Victim-Survivors. 2nd Edition.</u>

Euera, M and Ruwhiu, L. "Eeny, Meeny, Miny, Moe" catch hegemony by the toe. Validating cultural protective constructs for indigenous children in Aotearoa.

Gender Minorities Aotearoa and Intersex Aotearoa. 2023. <u>Transgender Community Report: Seeking Help for Sexual Violence or Family Violence.</u>

Healthline. 2019. How to Recognize Coercive Control.

Hohou Te Rongo Kahukura – Outing Violence. About us – Kahukura.

Irihapeti Merenia Ramsden. 2002. Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu.

International Women's Development Agency. MODA International Women's Development Agency.

Learning Network. Mobilizing knowledge to end gender-based violence. 2020. <u>Issue 31: Trauma- and Violence- Informed Approaches. Supporting Children Exposed to Intimate Partner Violence.</u>

Ministry of Justice. 2017. <u>Family Violence Risk Assessment and Management Framework A Common Approach to Screening, Assessing and Managing Risk.</u>

Ministry of Justice. 2019. <u>He Waka Roimata. Transforming Our Criminal Justice System. First report of Te Uepū Hāpai i te Ora – Safe and Effective Justice Advisory Group.</u>

Ministry of Justice. 2019. <u>Sharing information safely. Guidance on sharing personal information under the Family Violence Act 2018.</u>

Ministry of Social Development. 2024. A report outlining family violence and sexual violence service gaps in Aotearoa.

Ministry of Social Development. Pacific People: Family Violence Support | Are You Ok.

Monash Gender and Family Violence. 2018. <u>Keeping Perpetrators in View: How do we see the 'Web of Accountability'?</u>

New Zealand Crimes and Victims Survey. Cycle 3. October 2019-November 2020. Key Findings.

New Zealand Family Violence Clearinghouse. 2015. RNZ article. <u>Coroner releases report on Livingstone filicides-suicide.</u>

No to Violence. Working together to end men's family violence. 2019. <u>Submission to the Royal Commission into Victoria's Mental Health System.</u>

Office for Disability Issues. 2016. The New Zealand Disability Strategy.

Our Watch. End violence against our Women And Their Children. <u>Practice Guidance: A Victim/Survivor-Centred Approach to Responding to Violence.</u>

Oxford Learners Dictionary. Colonization.

Parliament of Australia. 2021. Inquiry into Family, Domestic and Sexual Violence. Early Intervention.

Pasefika Proud resource. 2012. Nga vaka o kāiga tapu. 2012. <u>Nga vaka o kāiga tapu. A Pacific Conceptual Framework to address family violence in New Zealand.</u>

Pittaro, M. 2021. Coercive Control: Entrapped by Fear | Psychology Today New Zealand.

RAINN (Rape, Abuse, and Incest National Network). Intimate Partner Sexual Violence | RAINN.

Safe and Together Institute. 2019. <u>Safe and Together Model Overview.</u>

Shakti. A Kaleidoscopic View. Best Practice Guidelines for responding to Family Violence within Asian, African and Middle Eastern communities in Aotearoa New Zealand and other Western Nations.

Social Policy Evaluation and Research Unit. 2017. What works: for children exposed to family violence.

State Government of Victoria. <u>Understanding intersectionality</u>.

Te Kāhui Tika Tangata – Human Rights Commission. Human Rights and Te Tiriti o Waitangi.

Te Kāhui Tika Tangata. Human Rights Commission. Ka whakamana tāngata. A life of dignity for all.

Te Kāhui Tika Tangata – Human Rights Commission. 2022. Maranga Mai! <u>The dynamics and impacts of white supremacy, racism, and colonisation upon tangata whenua in Aotearoa New Zealand.</u>

Te Kupenga Whakaoti Mahi Patunga – National Network of Family Violence Services. 2024. <u>Call to Action.</u> A National Family Violence Strategy focused on adults who perpetrate violence/perpetrators. <u>Quote from a person using violence seeking help.</u>

Te Ohaakii a Hine – National Network of Ending Sexual Violence Together (TOAH-NNEST). 2009. Guidelines for crisis support services.

Te Puna Aonui (2022). Developing Te Aorerekura – National Strategy to Eliminate Family Violence and Sexual Violence. <u>Analysis: Ethnic, migrant and former refugee communities.</u>

Te Puna Aonui. 2022. Developing Te Aorerekura – National Strategy to Eliminate Family Violence and Sexual Violence. <u>Analysis – LGBTQIA+ communities.</u>

Te Puna Aonui. 2021. Developing Te Aorerekura – National Strategy to Eliminate Family Violence and Sexual Violence. <u>People impacted by violence analysis paper.</u>

Te Puna Aonui. 2022. <u>Te Aorerekura – National Strategy to Eliminate Family Violence and Sexual Violence.</u>

Te Puni Kōkiri. 2015. Understanding whānau-centred approaches. Analysis of Phase One Whānau Ora research and monitoring results. <u>Understanding Whānau-Centred Approaches.</u>

Te Tāhū Hauora, Heath Quality and Safety Commission. 2021. <u>Family Violence Death Review Committee:</u> <u>Fifth Report.</u>

Te Tari Mātāwaka - Ministry for Ethnic Communities. Aotearoa New Zealand's ethnic communities.

Te Whatu Ora – Health NZ. 2022. <u>He Kaupapa Waka. Māori Expert Advisory Group Report to the Ministry of Health.</u>

The Backbone Collective and Hohou Te Rongo Kahukura. 2024. <u>Make it about us: Victim-survivors' recommendations for building a safer police response to intimate partner violence, family violence and sexual violence in Aotearoa New Zealand.</u>

The Backbone Collective. 2021. <u>Victim-Survivor Feedback on The Government's National Strategy and Action Plans to Eliminate Family and Sexual Violence. A report prepared for the Joint Venture Business Unit.</u>

The Backbone Collective. <u>Victim-Survivor Perspectives on Longer-Term Support After Experiencing Violence and Abuse. 2020. A report prepared for the Ministry of Social Development.</u>

The Network of Alcohol and other Drugs Agencies (NADA). 2021. Engaging men who perpetrate domestic and family violence in the alcohol and other drugs treatment context – NADA.

Thursdays in Black Aotearoa New Zealand. 2017. 'In Our Own Words': Students Experiences of Sexual Violence prior to and during Tertiary Education.

University of Auckland. 2022. <u>Evidence to Support Safe & Together Implementation and Evaluation: The ESTIE Project.</u>

Wilson, D, Smith, R, Tolmie, J and De Haan, I. 2015. <u>Becoming Better Helpers - rethinking language to move beyond simplistic responses to women experiencing intimate partner violence.</u>

Women's Refuge. 2023. <u>Evaluation of Kōkihi ngā Rito.</u> What Kōkihi ngā Rito can teach us about building safety for tamariki who have experienced family violence.

Women's Refuge. Family Violence Risk and Safety Series. Part 1: Refuge and 'Risk'.

World Health Organization. 2021. Ageing: Ageism.

World Health Organisation. 2024. Female genital mutilation.

World Health Organization. 2004. <u>Preventing Violence: A Guide to Implementing the Recommendations of the World Report on Violence and Health.</u>

World Health Organization. 2010. <u>Preventing intimate partner and sexual violence against women. Taking action and generating evidence.</u>

World Health Organization. 2002. The Toronto Declaration on the Global Prevention of Elder Abuse.