

# Specialist Family Violence Organisational Standards



# Minister's Foreword

The specialist family violence sector has made enormous contributions to the safety, autonomy, and wellbeing of people and whānau in Aotearoa New Zealand.

Publication of these *Specialist Family Violence Organisational Standards* and the *Family Violence Entry to Expert Capability Framework* follows extensive collaboration among people working in the family violence and sexual violence sectors, tangata whenua and tauwiwi leaders from the sectors, government officials, and representatives of communities and victim-survivors.

I want to acknowledge the influence, both nationally and internationally, that non-profit family violence experts have had in developing the frameworks, specifically recognising and uplifting te ao Māori expertise, the voice of lived experience, the wisdom of people who work in this challenging and specialist sector and of the people they serve.

*Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence* guides us towards an 'enduring spirit of affection' as the means to eliminate family violence and sexual violence. Te Aorerekura identifies that consistently skilled, culturally competent and sustainable workforces are vital to eliminating family violence and sexual violence. These frameworks, and others that will follow, are key to achieving this shift.

In a real sense, we are talking about having a shared understanding of family violence dynamics, and a shared language that carries the voices of people who have experienced violence and people who use

violence; a shared language understood by all of us tasked with creating safer and more responsive approaches to helping people and children who are living with and are impacted by family violence.

People deserve consistent support that wraps around them, meeting their needs and delivering their moemoeā (dream and vision), providing safety, support and strategies to escape violence, ensuring access to pathways of healing and restoration, and to see a future where they will thrive.

These frameworks guide us – government and non-government organisations with public facing generalist and family violence workforces – to embrace a family and whānau-centred, relational approach to eliminating violence. We need to widen our focus from supporting individuals to also supporting communities and whānau Māori. Rather than reacting to each violent incident, we need to embrace a strengths and wellbeing-based approach, eliminating the thinking and culture that enables violence to be the norm.

Adopting and bringing to life the wisdom in these pages brings us closer to achieving Te Aorerekura and eliminating family violence in Aotearoa New Zealand.



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# We are guided by Te Aorerekura

*Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence* (Te Aorerekura) should guide our use of the wisdom contained within this framework.

## Moemoeā – the dream and vision of Te Aorerekura

Te Aorerekura provides a dream and vision for us all to contribute to achieving.

“All people in Aotearoa New Zealand are thriving; their wellbeing is enhanced and sustained because they are safe and supported to live their lives free from family violence and sexual violence.”

This moemoeā is central to Te Aorerekura. It was created with tangata whenua, specialist sectors, and communities. It frames Te Aorerekura whanonga pono – guiding principles – and outcomes, shifts and actions.

At the heart of the moemoeā is ora – meaning to be well and thriving, to have mana enhanced and restored, to experience safety in all parts of life. Mana and ora are important parts of a person’s wellbeing, relationships and connections.



## Whanonga pono – the guiding principles of Te Aorerekura

Principles guide how we undertake our mahi. Te Aorerekura sets out five whanonga pono – guiding principles – to shape the way we undertake our mahi and contribute to achieving the moemoeā of Te Aorerekura.

The whanonga pono are:

- Prioritising **equity and inclusion** in all spaces.
- Acting with **aroha**.
- All actions are **tika and pono**, where people act with fairness, integrity, and are accountable for their actions.
- People work together in an integrated way, reflecting **kotahitanga**.
- People practise **kaitiakitanga** – people understand their roles and responsibilities to ensure the safety and wellbeing of people and their families and whānau.

If each person and organisation is guided by these whanonga pono in the way they use the standards set out in this framework, we will achieve Te Aorerekura Shift Three: Towards skilled, culturally competent and sustainable workforces.



## Tukunga iho – the outcomes sought through Te Aorerekura

Te Aorerekura sets out six tukunga iho – outcomes – critical to achieving the moemoeā. These tukunga iho describe the changes in Aotearoa New Zealand that will result from our collective actions under Te Aorerekura. Progress towards the tukunga iho will help us understand what to do more of and what to do less of, on the journey to achieving the moemoeā.



### Haumarū – People are safe and protected

All people feel safe and protected, in their homes, neighbourhoods and communities; in the places where they learn, work, pray, and socialise; and in their interactions with government agencies. People can be who they are without fear. They are heard, valued, and know that their experiences are taken seriously. They can access the right kind of strengthening, healing or response services or supports when and where they need them. People know that if they are harmed, the person who harmed them will be held accountable. People choose not to harm others.



### Whakawhirinaki – People with a network of trusting relationships

Every person can trust those working with them to have their safety, wellbeing and best interests at heart.

Trusted people can safely hold accountable people who use violence, and people can depend on the services and supports available to them because they have been



designed to meet their diverse needs and are staffed by people who are skilled, open-minded, caring and responsive.

Trauma is recognised whenever it occurs, there is accountability for acts of violence and responses focus on rebuilding trust. Communities and organisations also focus on actions to prevent and protect against violence.



### **Mana motuhake – People have autonomy and freedom of choice**

Every person is exercising authority and autonomy over their lives – adults can live according to their own philosophies, values and practices, and access to empowering support is provided to children and adults who need it. In this context, mana motuhake means that people have real choices.

They choose not to use violence or do harm. People have access to strengthening, healing and responses that meet their needs. They can take the lead on decisions and actions that will help them achieve physical, mental, spiritual and familial wellbeing, and to realise their potential.



### **Ngākau whakautu – People are respected for who they are**

Every person is respected for who they are and how they choose to define themselves (as an individual, member of a kinship and/or chosen family, group or community). The diversity of ethnicities, age, genders, sexualities and disabilities is recognised, reflected and valued. Actions to strengthen and protect against

violence, along with services for healing and responses, meet people's diverse needs.



### **Tūhono – People are connected with others who support their wellbeing**

Every person has positive connections to their family and whānau – whether through whakapapa, kinship or self-defined ties to people in their networks, neighbourhoods and communities – that enable wellbeing and protect against family violence and sexual violence. People have pathways to (re)connect to others if they are isolated.



### **Poipoi wairua – People are nurtured and cared for**

Every person who needs to can access timely trauma informed responses to violence, which use mana-enhancing and strength-based approaches. People can access holistic supports that focus on what matters to them, acknowledging the trauma caused by family violence and sexual violence, and the harms caused by systemic discrimination.

## **Setting the scene**

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# **The importance of specialist family violence organisational standards**





## Introduction

*The Specialist Family Violence Organisational Standards (SOS), and the Family Violence Entry to Expert Capability Framework (E2E), have been designed to help organisations and workforces improve their ability to respond to family violence safely and effectively. How they do this should also be guided by the moemoeā, whanongo pono and tukunga iho of Te Aorerekura.*

In this way, we can collectively achieve the third shift of Te Aorerekura: Towards increasingly skilled, culturally competent and sustainable workforces. We can change the experience of the people and families and whānau impacted by, and the people who use violence.

*Te Hau Tangata, The National Strategy for Eliminating Violence, developed by Interim Te Rōpū in 2020 guides these frameworks:*

*“Te Hau Tangata: The sacred breath of humanity. Refers to the unique human spirit within each of us. It speaks of both the individual and the collective wellbeing of humanity. Just as Hau Whenua and Hau Moana are about people and their relationship to the land and ocean environments, respectively, Te Hau Tangata is about people and their relationships to and with each other. Creating a nation intolerant of violence and a society prepared to enact collective action to address violence.”*

The SOS, and the E2E, have been developed with the contributions of many individuals, the specialist sector and communities over a period of three years. The contributions are deeply valued, with the voices combining together to create resources to support specialist and other organisations, and honour and promote learning for all practitioners working in family violence roles.

## Developing the standards

The whakapapa of these resources began in 2017 with the *Family Violence, Sexual Violence and Violence within Whānau: Workforce Capability Framework* (Workforce Capability Framework), developed by the Workforce Capability Framework Design Group. The Workforce Capability Framework informed work carried out in 2019 by the Progressive Design Group (PDG).

The PDG included representatives from a range of specialist family violence and sexual violence lead organisations and practitioners in Aotearoa New Zealand, who came together to develop the SOS. They called themselves the ‘Progressive Design Group’ to indicate that this was a continuing journey, and that they were building on the work that had gone before, and acknowledging that people who will come after them will build on the mahi.

The work of these two design groups created the solid foundation on which the SOS and E2E could continue to grow and develop.

*“Ko te puawaitanga o ngā moemoeā me whakamahi  
Dreams become reality when we act.”*

*Te Puea Hērangi (1883–1952)*

## Applying an indigeneity lens

In developing the SOS, and informing the E2E, the PDG applied an indigeneity lens, inviting consideration and balancing of three elements: Te Tiriti o Waitangi, te ao Māori and whānau-centred thinking.

An indigeneity approach speaks to an indigenous way of looking at health and wellbeing. It is clear that indigenous values and practices foster holistic, strengths-based and collective actions for the elimination of violence in Aotearoa New Zealand. Adopting this approach brings Te Aorerekura to life, taking a relational, family- and whānau-centred approach to restoring wellbeing; an approach that takes into account past trauma and the unique strengths, circumstances and moemoeā of each person, family, whānau and community they belong to, helping to mobilise communities through sustainable, trust-based relationships.

The special status of Māori as tangata whenua and the relationships and responsibilities enshrined in Te Tiriti o Waitangi, necessitates an analysis that goes beyond the statistics to try to understand the whakapapa and context of violence occurring within and toward whānau Māori.

Tangata whenua are a dynamic indigenous people in the process of rebuilding following the detrimental impacts of colonisation.

These impacts include dispossession of land, and cultural and social fragmentation. Colonisation changed the traditional social structure of whānau, hapū and iwi and introduced social problems

that, prior to colonisation, were not present in traditional Māori society.

Statistics, as is the case with many indigenous people, paint a picture of tangata whenua as disproportionately represented as both people impacted by violence and people who use violence – highlighting a significant problem of violence within whānau.

It requires an analysis of structural power and an understanding of the historic context giving rise to the current positioning of tangata whenua within Aotearoa New Zealand. The impacts of colonisation and ongoing institutional and societal racism have entrenched structural barriers that impact on people's access to and experience of service provision.

An indigeneity framework highlights the impacts of colonisation and institutional racism as significant contributors to the intergenerational transmission of trauma.

Simultaneous institutional and systemic changes are required to give effect to Te Aorerekura to improve whānau, hapū and iwi wellbeing. These changes must address the imbalance of power and lack of participation (by tangata whenua and other communities) in decision-making and the inequitable distribution of resources to meet each community's specific needs.

Learnings from applying an indigeneity lens have followed through development of the E2E.

## The Specialist Organisational Standards

In 2021, further engagement took place across the motu, seeking feedback on the SOS and E2E from a wider range of groups and communities. This included representatives from the disability sector, ethnic communities, LGBTQIA+ communities, older people and victim-survivors. These groups focused on where layers of inequity and oppression exist and how this impacts a range of people and communities. The resulting feedback was woven into the SOS and E2E and has provided greater visibility of the differing needs of the diverse people who make up Aotearoa New Zealand.

## Specialist family violence organisations and workforces

Specialist family violence organisations, workforces and practitioners work towards eliminating family violence in Aotearoa New Zealand. They play a pivotal role in providing safe, effective restorative services and responses to people, children and young people impacted by family violence, and to people who use violence.

A specialist family violence response is a highly skilled one from a person with extensive training and experience working with family violence, and who is supported by an organisation holding expert knowledge of that field of practice embedded at all levels. Specialist family violence organisations and workforces:

- Carry considerable responsibility as dedicated organisations/practitioners for working with victim-survivors and people using violence, and their families

- Identify and manage the most extreme level of risk, and respond to high levels of need with respect to people's safety and wellbeing
- Have cultural expertise and cross-cultural literacy
- Focus on addressing people's experiences of structural and interpersonal violence
- Work in a trauma and violence informed manner
- Undertake leadership and system improvement roles requiring a range of knowledge and expertise, using a partnership and collaborative approach.

Victim-survivors have long articulated an urgent need for family violence services to be delivered with a victim-survivor centred approach – not only in the way services are delivered, but also in accountability to victim-survivors, both for how services operate and for the adequacy of outcomes achieved.

The approach should include a well-trained specialist workforce available when and where victim-survivors need it; a workforce that consistently provides an empathetic service where victim-survivors are listened to, believed and responded to in a way that makes them and their children safer as a result. Specialist family violence workers need to understand the dynamic nature of risk, the use of power and control, including psychological abuse, and the impact of violence, abuse and trauma.

Specialist family violence workers need to understand and be able to explain to people how the system works, what to expect and the risks involved.

**“The importance of being believed and taken seriously cannot be overstated.” Te Aorerekura engagement**

Specialist family violence workers who provide services to people who use violence need to balance providing a safe, respectful environment which enables people to examine themselves and their beliefs, whilst still ensuring accountability for their behaviour and monitoring their progress. This requires workers to build relationships and invite change at the same time as being mindful of safety and risk and understanding the dynamics of minimising, denying and blaming.

Specialist family violence organisations provide the vision, principles and infrastructure needed to work towards eliminating family violence in Aotearoa New Zealand.

Additionally, the unique historical and contemporary contribution of specialist family violence non-government organisations (NGOs) to eliminating family violence cannot be underestimated. They are grounded in the experiences, needs and aspirations of people affected by violence (both structural and interpersonal).

These roles carry considerable responsibility and specialist family violence workforces need to be acknowledged, resourced and equipped to undertake this demanding work.

Specialist family violence NGOs have years of practice expertise from working with people impacted by violence and supporting

restoration of dignity and self-determination. They have been early to adopt and give voice to the shared understanding of family violence articulated in this framework, and their knowledge is key to achieving an integrated victim-survivor and whānau-centred response to family violence.

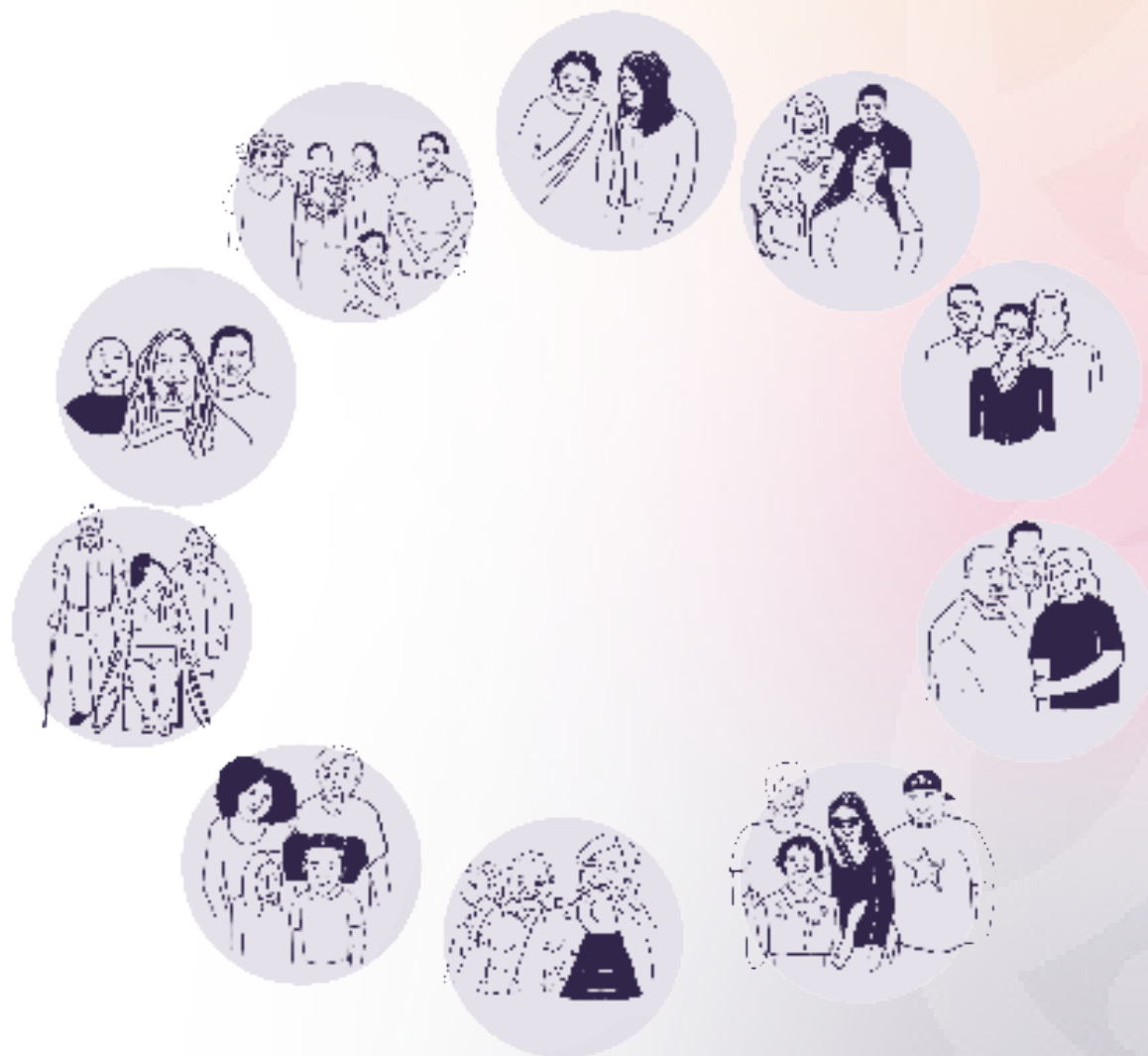


# The importance of specialist family violence organisational standards

All people of Aotearoa New Zealand have a responsibility to contribute to eliminating family violence through the six shifts described in Te Aorerekura.

These standards support Shift Three of Te Aorerekura by assisting organisations to develop safe, holistic and effective policies, processes and practices. They identify standards, values and principles needed to be a specialist family violence organisation and can be used by generalist organisations who want to improve their responses and organisational capability.

The SOS focuses on the organisational capability necessary to deliver integrated, safe and effective services that will restore wellbeing and bring Te Aorerekura to life. The SOS sits alongside the capabilities outlined in the E2E.





**A shared understanding**

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**Contextualising family  
violence in Aotearoa  
New Zealand**



## A shared language

There are many ways in which understandings of family violence are expressed. The range of vocabulary used informs the way risk and safety are understood, and therefore shapes the responses from services.

Using a shared language that carries the voice of people who have been violated, and is understood by the specialist sector, is crucial.

Language that minimises violence and/or blames the violence on something or someone else obscures responsibility and/or makes the people impacted by violence responsible. This can create inconsistent and unsafe responses from both government and non-government agencies.

The term victim-survivor is used to acknowledge the strength of people who have survived family violence. The term ‘victim’ implies a passivity and helplessness that does not always apply. The term victim is used in law (as in a victim of crime) to clearly denote that the responsibility for the violence lies with the person who uses it. For these reasons both terms are used here.

The phrase ‘people who use violence’ is used as an alternative to the word ‘perpetrator’. However, ‘perpetrator’ is used when referring to a legal context to be clear about who is being held accountable for the violence.

The terms ‘family’ and ‘whānau’ are not used interchangeably so as to not imply that family is an English translation of the term ‘whānau

Māori’. Whānau is used when referring to tangata whenua. Traditional Māori society is based on collectives.

Whānau are the foundation of Māori society and the building block for hapū and iwi. There is no universal definition of whānau but it is significantly different – culturally and socially – from ‘family’, which tends to be a single household.

## Family violence

Family violence is violence inflicted against a person, by any other person with whom that person is, or has been, in a family relationship. Violence often includes a pattern of behaviour that may be coercive or controlling and/or causes the person cumulative harm.

It can include physical, sexual, psychological, emotional, spiritual, and economic abuse or exploitation and often involves fear, intimidation and loss of freedoms for people impacted by it. Family violence occurs within a variety of close interpersonal relationships, such as between partners, parents and children, and siblings, and in other relationships where significant others are not part of the physical household but are part of the family, whānau and/or are fulfilling the function of family.

### Family Violence Act 2018

In 2019, the government enacted the Family Violence Act 2018, which included expanded definitions of family violence. The Act offers legislative protection and supports to people experiencing family violence, and measures to hold people who use violence to account.



Under the Act, family violence includes physical, sexual and psychological abuse, and dowry-related violence. Violence is defined as behaviour that is coercive or controlling and/or causes or may cause cumulative harm. Psychological abuse can include threats, intimidation, harassment, damage to a property, ill-treatment of pets/animals, financial or economic abuse, and hindering or removing access to necessary aids, devices, medication, or other support.

A single act of violence may amount to abuse, and several acts that form part of a pattern of behaviour (even if all or any of those acts, when viewed in isolation, may appear minor or trivial) can amount to abuse.

Causing or allowing a child to see or hear the physical, sexual, or psychological abuse of a family member (or putting a child at risk of this) is considered psychological abuse of the child. However, the person subjected to the abuse is not considered to have caused or allowed the child to see or hear the abuse.

It can occur in a range of family relationships, including:

- Spouses, domestic or other, current or former intimate partner relationships
- Children and young people being abused or abusing their parents or carers
- Siblings
- Other relatives, extended family members or people fulfilling the function of family and wider kinship networks

- People who normally share a household who also have a close personal relationship, including people in care arrangements
- Carers who abuse the person they are caring for
- People of all genders and sexual identities.

The relationships between parties needs to be understood and, where violence is occurring in a family context, consideration needs to be given as to whether there may be more than one person using violence and/or multiple victim-survivors.

Many forms of violence are a criminal offence, and all forms are a breach of lore – traditional codes of healthy conduct. Tangata whenua understand it as a desecration of whakapapa (family lineage). When viewed from this broader perspective, family violence also damages the wider family and whānau emotionally, socially, spiritually and mentally.

## The gendered nature of family violence

While violence in families occurs across gender, age, social status or ethnic group, it is heavily shaped by societal gender inequities. Groups of women, including wāhine Māori and Pacific women, ethnic, migrant and former refugee women, girls and young women, women on a low income, trans women, Rainbow people, women in gang-involved families and disabled women are at a higher risk of experiencing family violence than other women, and are more likely to experience secondary victimisation when seeking help.

Women, particularly wāhine Māori, girls and young women, disabled women, trans women and non-binary people are more likely to experience sexual violence and intimate partner violence (IPV), including repeat victimisation, and men are more likely to use violence than other genders.

The New Zealand Crime and Victims Survey reported that three-quarters of all family violence offences in 2020 were experienced by women.

Around 35 percent of women in Aotearoa New Zealand have experienced physical or sexual violence at the hands of a partner, and this figure increases to 55 percent when psychological and emotional abuse is included.

While both women and men can use violence, men are more likely than women to use violence and power and control towards others.

Violence against women on this scale indicates that it cannot simply be viewed as an individual pathology or relationship dysfunction. Instead, it can only be fully understood by placing it in the context of widespread social beliefs and practices which oppress women and condone violence against them.

Gender-based violence is reflective of wider social issues in patriarchal societies, such as those brought to Aotearoa New Zealand during colonisation. There are strong historical and cultural facilitators of violence supporting patriarchy, including belief around gender roles as a natural order, objectification of women, forced submission to men and overt coercion and physical force to uphold gender power imbalances.

Gender-based violence does not account for all forms of family violence. It is important to acknowledge the interconnection of all other social issues relating to power and inequity. There are additional layers of oppression for wāhine and kōtiro Māori that are not explained by a gendered analysis of the abuse of male power and privilege. It is important to understand the roles and positions of wāhine Māori in whānau, hapū, and iwi and to recognise that strict gender arguments may render cultural oppression and racism invisible.

Men, boys and other genders experience violence, and women and other genders also use violence. In particular, LGBTQIA+ people are susceptible to family violence and sexual violence outside of the gender dynamic and can be further 'othered' by the dominant heteronormative language and systems.

Men who have experienced family or sexual violence as a child report that the abuse is perpetrated by both men and women.

The disability community can also experience violence in different ways and at different rates.

Recent research in Aotearoa New Zealand shows that disabled children, young people, men and women experience violence at significantly higher rates than non-disabled children, young people, men and women.

The dynamics of sibling abuse and the abuse of older people also has a different dynamic from that of gender-based violence.

## Intimate partner violence (IPV)

IPV refers to any behaviour within an intimate relationship that causes physical, psychological, economic or sexual harm to someone in the relationship.

Examples of types of IPV are:

- Acts of physical violence, such as slapping, hitting, kicking and beating
- Sexual violence, including forced sexual intercourse and other forms of sexual coercion
- Emotional and psychological abuse, such as insults, belittling, constant humiliation, intimidation, destroying things, threats of harm, or threats to take children away from them
- Controlling behaviours, including isolating a person from family and friends; stalking and monitoring their movements; and restricting access to financial resources, employment, education or medical care.

In IPV, a 'primary victim, predominant aggressor' analysis should be applied within specialist family violence practice to ensure that people who use violence are held accountable, and people who are violated are kept safe. If this analysis is not used, there is a risk that victim-survivors who also use violence in self-defence, for instance, will be held accountable for the violence and unintentionally made more unsafe.

Some acts of violence may be acts of resistance or self-defence. It is therefore important that violence is considered not just as individual acts, but as part of a broader context or pattern.

For example, violence that is a form of resistance may be used by someone who is ordinarily the primary victim, or a push used to intimidate, frighten or control the victim-survivor is different to a push used to escape controlling behaviour or to fend off an assault. The predominant aggressor is the party who is the most significant or principal aggressor in the relationship. They may not be the first party to initiate violence on any occasion.

To analyse who is the primary victim, and who is the predominant aggressor, it is important to consider the history of the relationship, and the individuals' previous relationships.

Analysis cannot be done accurately by only using information about a one-off event. An analysis needs to take into consideration who is fearful of whom, who poses more danger to the other and who is at more risk of future harm.

### Impacts on victim-survivors

People impacted by violence cross a range of diverse groups and communities. We know that disabled people, LGBTQIA+ communities, older people, children and young people experience high levels of violence, and that violence against wāhine Māori and other women of colour is higher than for their Pākehā counterparts. Many adult male survivors of abuse were abused as children with one in seven boys experiencing some form of sexual abuse by the time they reach 16 years old.

Most forms of IPV can be understood as coercive control, in which it is extremely difficult for victim-survivors to remove themselves and their children safely from the relationship, often leading to social entrapment. Seldom is just one form of abuse used in family violence contexts, and the combination of different types of abuse has a cumulative, harmful effect.

Acts of resistance to coercive control employed by victim-survivors can take many forms (spiritual, intellectual, physical, emotional). Resistance serves to maximise their sense of dignity in demeaning and humiliating circumstances, but these acts are generally overlooked and unrecognised. Instead, acts of resistance are framed in ways that hold victim-survivors solely responsible for securing the safety of their children and the violent behaviour happening in their family.

To ensure the people using coercive control are held accountable, and supported to change their behaviour, it is critical that a 'primary victim, predominant aggressor' analysis is applied. For people impacted by violence, and their children, understanding the dynamics of IPV and how to safely respond, reduces revictimisation and supports the journey to wellbeing.

People impacted by violence need specialist family violence wraparound services to provide support through all steps of their journey, including:

- safety and risk management
- support to navigate the system
- trauma and violence informed care
- long-term healing and restoration.

“We want to be believed, safe and protected when we reach out for help.”

Te Aorerekura engagement

### Impacts on children and young people

The use of violence towards a partner also has direct consequences on the parenting of the victim-survivor, on the safety and wellbeing on children and young people and on the functioning of the household unit.

People who use violence can prevent the needs of their children being met by removing the other parent's control over parenting decisions and household functioning.

The impacts from the pattern of behaviour by the person using violence also undermines how effective the safe parent's protective efforts can be, and often results in multiple barriers impeding the stability of the safe parent's caregiving.

The erosion of parenting capacity, parenting authority, and parenting resources may impact on their ability to attend to the needs of children and young people. Having to prioritise their own and their children's survival might make it difficult to provide the intensive support and engagement a distressed child or young person needs around other issues they may face.

A victim-survivor's parenting capacity might also be undermined by subsequent effects of violence such as depression, anxiety and substance abuse. Conversely, many people continue to parent their children well under adverse circumstances. For some, their form of resistance to the violence is to live 'as normal' a life as possible.

“Te tapu o te whare tāngata me te āhua atua o nga tāmariki  
mō ngā tāngata katoa

The sanctity of women and divinity of children, which is inclusive  
of all humankind.”

Rose Pere

## Diversity in Aotearoa New Zealand

Family violence impacts all sections of society with disproportionate impacts on women, children and young people, tangata whenua, Pacific peoples, disabled people, older people, LGBTQIA+ communities, ethnic communities, and people experiencing compounding forms of disadvantage and discrimination.

The intersectionality of people belonging to one or more groups experiencing discrimination and disadvantage also increases the risk of violence.

Recognising the diversity of our population and having an awareness of the impact of intersectionality results in greater understanding of the barriers for people seeking help. This understanding is essential to enhance services to better meet complex needs and avoid perpetuating societal inequalities.



## Tangata whenua

“Whānau are the important vehicles for healing and change – even among their complex lives and trauma. To be vehicles for change they need culturally informed help, support and approaches tailored to their unique histories and requirements. This involves restoring and strengthening their cultural identity and connections to help bring back the protectiveness that cultural traditions offer. Disrupting and transforming violence experienced within whānau is about building safe and supportive communities and growing safe and healthy whānau that are culturally connected.”

Denise Wilson. (2016)

“Eliminating family violence in Aotearoa New Zealand requires a long-term commitment. Government and communities must address the impacts of colonisation, structural inequities, institutional racism and forms of violence that have contributed to the current levels of violence towards whānau Māori.”

Te Puni Kōkiri. (2017)

The factors referred to in the quotes mutually reinforce and entrench structural barriers with devastating cumulative impacts for people. These factors have systematically disenfranchised tangata whenua at all levels.

Tangata whenua maintain that their views, perspective, leadership and decision-making in developing solutions are consistently marginalised; this is an ongoing point of contention.



In 1988, Puao-te-Ata-tu described the extent and depth of grief, loss and anger voiced by tangata whenua as ‘A Litany of Sound’. Overwhelmingly, the voices of tangata whenua involved in developing the standards said this has not changed.

Pre-colonisation, tāne and wāhine Māori held complementary roles within whānau in which concepts of leadership, ownership, and authority existed but were not gendered.

Tangata whenua had well-established social controls to deter, detect, and respond if violence occurred. These ensured accountability and consequence, compensation, rehabilitation and healing for all members of the whānau. The unacceptable levels of violence experienced within whānau now are rooted in the marginalisation of tangata whenua and societal changes enforced during the colonisation of Aotearoa.

For tangata whenua, colonisation resulted in multiple losses: the disconnection from their ancestral lands, the erosion of te reo Māori and the fragmentation of Māori social structures. These losses undermined the ability of tangata whenua to continue transmitting their tikanga (cultural customs and practices) and mātauranga Māori to successive generations.

If we are to understand and respond effectively to violence that occurs and is experienced within whānau, we must acknowledge structural issues, such as the ongoing impact of colonisation.

Colonisation drastically corroded whānau structures, enforcing conformation to the patriarchal structure of European families. Male dominance was introduced, and wāhine Māori no longer held equal positions, nor could they rely on the protective korowai

(cloak of safety) of the wider whānau. As a result, today, tāne Māori are influenced by Pākehā colonial forms of masculinity, while wāhine Māori join all women in being disadvantaged by colonising patriarchal structures.

“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.”

He Waka Roimata - Oranga Tamariki. (2019)

This is a critical issue for tangata whenua, especially in view of the substantial number of whānau who do not seek help due to fear of stigmatisation, repercussions, victim-blaming, retaliation, and a lack of confidence that the ‘system’ will help. This results in increasing the risk of further exposure to violence, harm and death. A genuine fear expressed by whānau is the potential removal of their child/children.

“When our whānau go through domestic violence, they tend to refuge each other rather than reach out for help - once you call the cops, there goes your kids, there goes your whānau, there goes your everything.”

He Waka Roimata – Oranga Tamariki. (2019)

These concerns resonate with the United Nation’s (UN) Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) concerns about “very low levels of reporting and the high rate of recidivism, particularly within the Māori community, with only 20 percent of family violence and only nine percent of sexual violence reported to the police...”

Structural inequities whānau Māori experience persist, in part, because of institutional racism at the level of governance and policy-making in the public sector. This is seen in the marginalisation of tangata whenua perspectives, decision-making and leadership in developing solutions to their health and wellbeing issues.

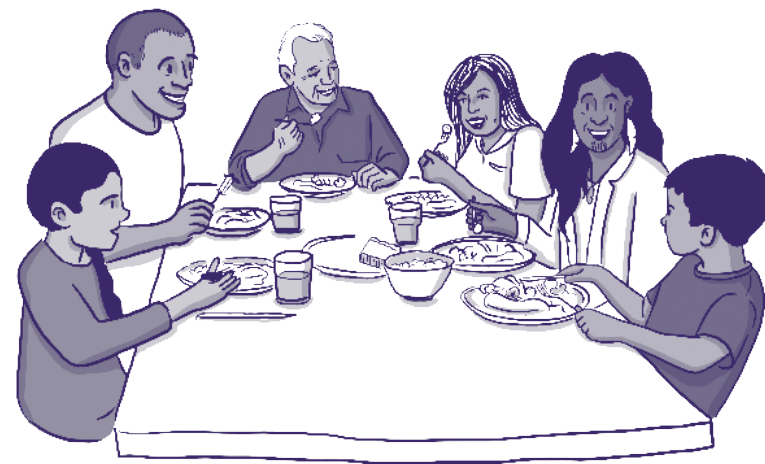
For tangata whenua, preventing violence experienced by whānau Māori involves (re)establishing collective pathways that enable their transformation and healing from trauma and violence. This involves reclaiming mātauranga Māori bodies of knowledge, strengthening cultural identity, and restoring connections to renew the protectiveness that cultural traditions offer.

Māori conceptual frameworks and tangata whenua designed and led solutions are required for preventing violence experienced by whānau Māori and reaffirming the dignity and restoring the mana of all whānau members.

Tangata whenua have long advocated for a whānau-centred approach when working with people that is holistic and strengths-based. It values the complexity of relationships within whānau and recognises the significance of relationships in helping or hindering a person's wellbeing. This approach to working with family violence means that services are open to diverse forms of whānau without preconception or judgement.

Delivering services in a whānau-centred way does not always mean reconciliation of the whānau unit; it also does not mean that people are supported only as a couple. Rather they are supported by their chosen network with awareness of the context in which they live. Safety, protection and accountability are the priority for all members of whānau, hapū and iwi, as is the safety, protection and accountability of every person in Aotearoa New Zealand.

A whānau-centred approach focuses on the wellbeing of the whole whānau. Wellbeing exists when the physical, spiritual, mental, psychological and emotional dimension of the person and collective are in balance, integrated and co-existing within all environments.





Wellbeing incorporates:

- Being safe, strong, protected, nourished, active, connected, thriving and autonomous
- Awareness of each person's potential and understanding of the roles and responsibilities within the collective to maintain wellbeing.

Each person is unique and should be able to express their personhood and potential and pursue excellence. Wellbeing is about maintaining dignity and respect for self and others. It allows people to have their own beliefs, spirituality, aspirations, visibility and voice.

Specialist family violence organisations and workers need to be responsive to the wellbeing aspirations and interests of whānau and families, including the individuals and the collectives that whānau and families are part of.

Specialist organisations and workers should prioritise protection and accountability, wellbeing and restoration when working with people impacted by, or using violence in the whānau. This can occur when building relationships of trust in the wider community and with mana whenua.

## Children and young people

Children and young people are taonga and deserve to live a good life, and these are two guiding principles from the Child and Youth Wellbeing Strategy.

About a quarter of Aotearoa New Zealand's population is under 18. Although most children do well, a large number of children and young people are struggling. Abuse and neglect is a significant issue experienced by a high proportion of children and young people. Over 12,000 children were found to have experienced child abuse and neglect in 2020, with a child dying every five weeks as a result of family violence.

Family violence impacts the safety, household stability and development of babies, infants, children and young people. Exposure to all forms of family violence can have ongoing negative impacts on children and young people's functioning, health (including physical, psychological and spiritual), education, socialisation and maintaining relationships with family, whānau and friends. Child abuse and neglect also impact on children and young people's economic wellbeing.



“Unuhia te rito o te harakeke, kei whea te kōmako e kō?  
Whakatairangitia - rere ki uta, rere ki tai

Ui mai koe ki ahau, he aha te mea nui o te ao māku e kī atu he  
tāngata, he tāngata, he tāngata.

If you should remove the central part of the flax bush, where will  
the bell bird find rest? Will it fly inland, will it fly to the sea, or fly  
aimlessly around?

But if you ask me what is the greatest thing on this earth? I will  
tell you it is people, it is people, it is people.”

This whakatauāki reflects the importance of people and demonstrates the inclusivity of tangata whenua of Aotearoa New Zealand. Māori reference the pā harakeke (flax) plant as a whānau or family group. The outer leaves are the tupuna (ancestors); the inner leaves are the mātua (parents); the most inner leaf is the rito or pepe (baby). Flax weavers are taught that only the tupuna are cut as the mātua are left to protect the pepe. Accordingly, the proverb reflects that without the sound of children in the world the next generation of humanity will not survive. We must always be mindful to place ngā tamariki at the heart of our endeavours to ensure that the protection of their wellbeing and those of our future is always paramount.

Types of abuse that children and young people experience include:

- Physical violence
- Sexual abuse
- Verbal, psychological and emotional abuse including threats and intimidation
- Technology-facilitated violence directed towards a child
- Neglect, for example, not meeting their basic needs including for food, shelter, clothing, care, and supervision or a combination of any of these
- Being exposed to violence, whether they are present or not, and/or witnessing someone they love being abused.

Abuse of children is overwhelmingly perpetrated by parents, guardians and/or caregivers, and often results in children being separated from their family or whānau. Children have limited control over their living circumstances and can lose connections with their siblings, friends and community, and become isolated and vulnerable.

IPV and child abuse and neglect often co-occur and violence after family separation often increases for victim-survivors and their children and young people.

Recognising children and young people as victim-survivors of family violence includes ensuring recognition of their identity and circumstance. Services and responses that are safe, holistic and effective will support the journey to wellbeing and enable children and young people to thrive.

Young people from LGBTIQIA+ communities face a particular set of challenges and discrimination; for example, parents and caregivers, siblings and/or wider family and whānau members imposing heteronormative expectations on them.

Also girls from ethnic communities, can experience forced and early marriage, dowry-related abuse and female genital mutilation.

Disabled children and young people also experience very specific challenges such as disability-specific neglect, isolation from other family members, and isolation from social settings including learning settings and neighbourhoods and communities. This can impact on making friends and having opportunities to participate in play, sports and recreational activities, as well as creative arts and cultural activities. There may also be fewer opportunities for them to seek help.

Key legislation and strategic documents highlight the rights of children and young people, and what protection is needed. These include the United Nations Convention on the Rights of the Child (UNCROC), the Children's Act 2014, Oranga Tamariki Act 1989 and the New Zealand Child and Youth Wellbeing Strategy 2019. The Convention on the Rights of Persons with Disabilities (UNCRPD) outlines the rights of children with disabilities.

UNCROC contains articles on the basic human rights of every child. These rights include survival, protection from harmful influences, abuse and exploitation, and full participation in family, cultural and social life.

The New Zealand Child and Youth Wellbeing Strategy 2019 developed nine principles to guide implementation and highlights the requirements of the Children's Act 2014. The principles promote wellbeing and equity for all children and young people and outline the importance of working together for real impact.

Children and young people's views must be heard and seriously considered, especially when decisions that affect them are being made, taking account of the child's age and maturity (UNCROC). UNCROC creates an obligation for practitioners to work in ways that facilitate, protect and enhance, not just agency, but the realisation of children's and young people's rights and wellbeing.

An effective workforce will consider and prioritise the wants, needs and aspirations of children and young people as clients in their own right, and work in ways tailored to children and young people's individual needs.

This requires practitioners to engage with children and young people in a manner that works for them rather than expecting them to communicate in ways that are more comfortable to adults.

Disabled children and young people's views must be considered on an equal basis to the views of other children and young people. They may need disability and age-appropriate assistance to enable their views to be heard. It is also important to understand that age is not necessarily the same as ability.

Cultural perspectives and wider dynamics must always be taken into consideration when engaging with children and young people, to be able to work together with their wider protective circle to ensure positive outcomes that do not further disempower them.

## Older people

Aotearoa New Zealand's population is ageing. It is expected there will be 1.2 million people aged over 65 by 2034.

Ageism and disrespect as well as increased ill health, disability and cognitive impairment means our older population experience high levels of abuse and are often unable to get the help they need.

Older people are at risk from elder abuse, which is a form of family violence. Elder abuse, and the needs and aspirations of older people, are largely invisible.

It is estimated that as many as one in 10 older people in Aotearoa New Zealand will experience some form of elder abuse, although, it is difficult to assess the prevalence of elder abuse and neglect as it is often not disclosed and is therefore under-reported.

Older people can experience abuse from adult children, other family members (including grandchildren), intimate partners, carers, friends, neighbours, organisations, and people they have a trusted relationship with.

Elder abuse includes any form of family violence including physical, sexual, or psychological/emotional abuse. Economic and financial abuse are prevalent, often arising from a sense of entitlement from adult children or carers. Elder abuse also includes neglect, such as not providing for the older person's physical, emotional, or social needs including food, clothing, shelter and health needs.

Elder abuse usually develops subtly at first and can be hidden within family disharmony between younger generations. Older women, who often live longer than men, experience slightly higher rates of elder abuse than older men, and from people of any gender.

Types of elder abuse include:

- Older people being dependent on the person using violence for care, support, or social interaction. This creates concern about the consequences of reporting violence, including the risk of increased isolation and potential loss of dignity and freedom
- Some traditional beliefs and values or societal ageist attitudes can stop older people and their families from recognising behaviours as elder abuse
- Older people may be less willing to engage with legal or justice services in order to keep family members out of trouble and to maintain relationships
- Cognitive capacity, language and the control over an older person's movements can be barriers to obtaining informed consent and ensuring access to services. People who are, or claim to be, in an enduring power of attorney role may also be a barrier to accessing independent assessment for elder abuse.

Organisations, services and responses that are safe and understand the holistic needs of older people support the journey to wellbeing.

“Older people are vital members of our whānau, families and communities, passing on traditions, stories, experience, and skills. Traditionally, age was a sign of wisdom, with elders respected for their knowledge and expertise.”

Ministry of Social Development. (2019)

## Pacific peoples

‘Pacific peoples’ is a term used to represent a collective of populations from different island nations in the Pacific. Pacific peoples in Aotearoa New Zealand comprise new migrants and multiple generations born in Aotearoa New Zealand, from distinct Pacific ethnic groups, with Samoan, Tongan, Cook Islands Māori, Niuean, Fijian, Tokelauan, Kiribati and Tuvaluan making up the eight main Pacific ethnic groups.

Collectively, Pacific peoples are the fourth-largest ethnic group in Aotearoa New Zealand (8.1 percent). A highly youthful and faith-based population, almost two-thirds of Pacific peoples in Aotearoa New Zealand live in Auckland, with one in five speaking more than one language. Understanding this diversity is vital to any Pacific-led response to family violence.

The Family Violence Death Review Committee in 2014 reported that Pacific children are 4.8 times more likely than others in Aotearoa New Zealand to die from abuse and neglect.

IPV is high among Pacific peoples and is mostly recorded as males using violence against female partners. While family violence and sexual violence are prevalent within Pacific families and communities, there are gaps in data and information which impact our ability to tell a clearer story of Pacific peoples’ experience of family violence and sexual violence.

From a Pacific worldview, family violence is essentially the fundamental disruption of the va or sacred space that binds families and, on a larger scale, communities. Va represents connectedness to one another, connection to the cosmos across time and space, and the understanding of self as spiritual, as well

as physical, psychological and social. Family violence is defined as violations of tapu (forbidden and divine sacredness) of people who experience violence or who use violence within their family.

Spirituality, faith, inclusivity and sacredness of family are central to Pacific peoples’ identity and belonging, any interventions to address family violence and sexual violence, must be grounded in these realities and values.

Any responses that are not holistic or inclusive of Pacific peoples’ cultural values will not be able to provide infrastructure and systems that enable protective, restorative and transformative solutions, support and services.

Pacific peoples continue to go for help to those they have a trusted relationship with. Often these are family members or friends not equipped or informed to give the support needed. Faith leaders are often trusted sources of support. Pacific peoples need available and accessible, holistic and culturally appropriate services to heal from family violence.

Responsive practice and support for Pacific peoples needs to recognise the lived experiences of Pacific peoples and acknowledge the unique and evolving identity of Pacific peoples, including Pan-Pacific, ethnic-specific and New Zealand-born identities, languages and cultures.



Practitioners need to:

- Give visibility, resource and application to Pacific cultural frameworks, values and models of care, for responding, healing and prevention
- Recognise the centrality and sacredness of family, children and young people in responses, healing and strengthening pathways
- Recognise faith and spirituality as an important part of Pacific peoples' wellbeing
- Build more culturally responsive workforces that are safe, non-judgemental, empathetic and respectful, who understand the dynamics of family violence and sexual violence through an ethnic-specific lens
- Understand cultural traditions and social norms to create pathways for change
- Address the impact and consequences of inequalities and inequities in Pacific peoples' experiences. This includes addressing issues, including poverty and its inter-generational impacts, and inadequate housing, all of which exacerbate family violence
- Promote Pacific leadership at all levels to be able to advocate for the resources required to address the issues and needs of Pacific families and communities to address family violence and sexual violence.

## Ethnic communities

Almost a million people (20 percent) of Aotearoa New Zealand's population belong to ethnic communities. Ethnic communities include migrants, former refugees, long-term settlers, and people born in Aotearoa New Zealand who identify as African, Asian, Continental European, Latin American and Middle Eastern. Over 200 ethnicities are represented in Aotearoa New Zealand, and between them they speak more than 170 languages.

Family violence experienced by ethnic communities in Aotearoa New Zealand occurs in a social context of pervasive racism which affects the way family violence and sexual violence services respond to the specific needs of these communities. It is widely recognised that there is significant under-reporting of all types of violence in these communities, therefore an accurate profile of prevalence rates in ethnic communities is difficult to establish.

While there are similarities between the types of family violence against people from ethnic and non-ethnic communities, family violence in ethnic communities can take cultural forms, with population-specific types of violence, distinct profiles of presentation, and can arise from a specific combination of risk factors.

Growing research highlights systemic and structural risks of family violence in ethnic communities resulting from a combination of factors, including gender-based cultural beliefs and socio-economic disparities. Language obstacles and a culture of shame and

saving face can get in the way of victim-survivors seeking support. Disabled and LGBTQIA+ people within ethnic communities can also experience additional systemic barriers to accessing services.

In ethnic communities, family violence can take additional distinctively cultural forms including:

- Dowry-related violence
- Coercion through visa status dependency and loss of legal immigration status
- Honour-related violence
- Forced and under-age marriage
- Female genital mutilation
- Violence from family members other than only the spouse or partner. These may include parents and in-laws, brothers and sisters-in-law, siblings (especially brothers), and uncles
- Abandonment of young people if they challenge cultural practices
- Greater risk for LGBTQIA+ and disabled people.

Delivering safe and responsive practice and understanding the barriers for people from culturally diverse communities, requires skills and knowledge.

Understanding that identities are diverse and multi-faceted, and there are intercultural/inter-faith relationships means that the cultural/faith background of each family member should be considered, along with other relevant contextual factors.

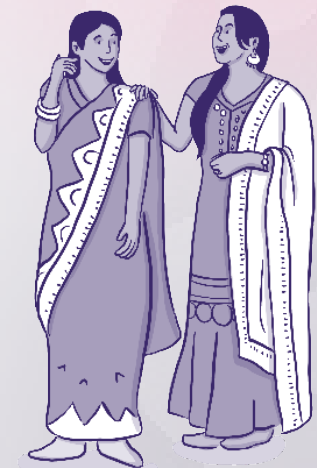
Safe and responsive practice also needs to take into consideration:

- The need for cultural, linguistic and faith-appropriate, safe service delivery
- People's lack of familiarity with services available
- The level of understanding people from ethnic communities have about their rights and responsibilities under New Zealand law
- People's fear of stigmatisation and being ostracised for disclosing violence
- Whether victim-survivors' experiences may be exacerbated by a history of displacement and exposure to violence and trauma in their country of origin.

Providing culturally safe and appropriate services and responses that understand the diversity and experiences of ethnic communities will support the safety and wellbeing of people impacted by violence and their children. Valuing diversity and improving inclusion increases access to effective support and breaks down societal racism and discrimination.

“Communities want to see an inclusive New Zealand where everyone can flourish, regardless of their background. They want to live in a society free of racism and discrimination.”

Ministry of Ethnic Communities. (2021)





## Disabled and Deaf people

One in four people in Aotearoa New Zealand are disabled or Deaf. The UNCRPD explains that this includes 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.

The diversity of disabled people needs to be understood and acknowledged to ensure that disabled people get the appropriate support to meet individual, family and whānau needs. Not all impairments are immediately apparent, such as foetal alcohol spectrum disorders (FASDs), autism spectrum disorder (ASD), learning intellectual disability and thinking differences such as attention deficit hyperactivity disorder (ADHD), dyslexia and many other long-term health conditions.

Disabled and Deaf adults and children are at higher risk of family violence than other groups. Disabled women and men experience significantly higher rates of violence than non-disabled women and men, with disabled women experiencing higher rates than disabled men.

Types of violence towards a disabled person can include:

- Impairment-specific family violence from a family member or carer; for example, using, damaging or withholding aides, medication or devices that support the day-to-day activities of the disabled person
- Verbal abuse, such as criticisms, putdowns and insults
- Neglect, such as refusing to wash or feed someone
- Performing care in cruel ways, such as washing the disabled

person in cold water

- Sexual abuse
- Withholding information
- Making decisions on their behalf without consent
- Taking control of their finances without consent, including withholding money or not allowing them to shop for themselves
- Isolating the person from family, friends and services.

Disabled people face a range of additional barriers, including being put at risk by an ableist society where systemic discrimination and prejudice against disabled people is normalised.

Organisations and systems, including those specific to disabled and Deaf people, may not be safe or accessible, making it difficult for people to escape family violence and abuse. Some disabled and Deaf people are reliant on others to assist with their care and support, creating heightened risk and entrapment if the person using violence is also the primary carer.

The New Zealand Disability Strategy explains that:

“Disability is something that happens when people with impairments face barriers in society; it is society that disables us, not our impairments, this is the thing all disabled people have in common. It is something that happens when the world we live in has been designed by people who assume that everyone is the same.”

Office for Disability Issues. (2016)

Some disabled and Deaf adults and children may be unable to remove themselves from violent or abusive situations without help and may require ‘safeguarding’.

Mainstream and specialist services need to be able to identify adults and children at risk to ensure that they have the advocacy and support services they need and remain in control of decision-making about their life and supports.

Disabled and Deaf people have called for a human rights-based, twin-track approach to providing services and supports. This means all family and sexual violence and related services (such as police, justice, health) should be accessible to disabled and Deaf people.

There also needs to be specific specialist services, programmes and safeguarding adult responses that meet the needs of disabled and Deaf people and supports their journey towards wellbeing. All services must be responsive to the intersecting nature of disabled and Deaf people’s individual identities and the effects those intersections may have on family violence risks and outcomes.

*The New Zealand Disability Strategy* shares the vision of a society that highly values the lives of disabled people and continually enhances opportunities for their full participation.

## LGBTQIA+ people

The term LGBTQIA+ refers to people who identify as lesbian, gay, bisexual, takatāpui, transgender, queer, intersex, asexual, while the ‘+’ refers to additional sexual and gender identities and expressions.

In Aotearoa New Zealand, takatāpui is a traditional Māori term which has been reclaimed to embrace all tangata whenua who identify with diverse sexes, genders and sexualities such as whakawāhine (trans women), tangata ira tāne (trans men), lesbian, gay, bisexual, transgender, intersex and queer.

Being takatāpui is about whakapapa (descent from ancestors with sexual and gender fluidity), mana (authority and power to be who they are), and inclusion (unity across all iwi, sexes, genders and sexualities). Colonisation enforced dominant Western views of gender, sexuality and sexual identity on tangata whenua who, in pre-colonisation times, had accepted ‘fluid genders or sexuality’.

MVPFAFF is used as an acronym to describe some Pasifika identities. The term refers to people who identify as Mahu (Hawai’i and Tahiti), Vaka salewa lewa (Fiji), Palopa (Papua New Guinea), Fa’afafine (Samoa), Akava’ine (Rarotonga), Fakaleiti (Tonga), and Fakafifine (Niue).

It is important to acknowledge and name these communities within a family violence context because of the high rates of family violence experienced by people identifying as LGBTQIA+. The 2019/2020 New Zealand Crime and Victims Survey results included data for lesbian, gay and bisexual participants indicating much higher rates

of offences by family members, IPV and sexual violence than the Aotearoa New Zealand average.

In an Australian study, the IPV rates for LGBTIQIA+ people were found to be similar to IPV rates for heterosexual women. However, the IPV rates for bisexual, transgender and gender diverse people were higher.

The Family Violence Act 2018 recognises family violence situations as those including people who normally share a household and have a close personal relationship. While the types of family violence experienced within LGBTIQIA+ communities have similarities to the types experienced by other family violence victim-survivors, there are some important differences including:

- Household members may not be recognised as family and yet have the same complex dynamics as other families
- Discrimination and stigma can mean the additional tactics used by people who use violence have particular power
- Coming out and transitioning can be times of high vulnerability for LGBTIQIA+ people, particularly young people
- People breaking sexuality and gender norms are often targeted with violence, including sexual violence
- Families and whānau are not always safe for LGBTIQIA+ people and often chosen families; for example, friends and community, and other LGBTIQIA+ people play a more central role in their life
- Family violence may include threats to reveal a person's sex, sexual orientation, gender identity or intersex status to friends, peers, work colleagues, family or others
- Family violence may also include, for transgender and non-binary people, threatening to withhold or actually withholding, access to hormones, medical treatment or other support

services and purposely misgendering a person. For intersex people, the threat comes from intrusive and non-consensual medical procedures and misdiagnosis.

People who identify as LGBTIQIA+ can face additional barriers to identifying and reporting family violence and accessing appropriate services. For example, LGBTIQIA+ people are more likely than other groups in Aotearoa New Zealand to experience poor mental health and they have a higher risk of addiction and suicide due to social exclusion, bullying and discrimination.

Assumptions based on gender and hetero-cisnormative relationship norms continue to influence LGBTIQIA+ people impacted by and using violence. Additionally, responses to family violence often take a gendered approach; for example, awareness-raising usually targets relationships between men and women. This does not recognise family violence in LGBTIQIA+ relationships, or people who do not fit binary norms of sex, gender or sexuality. This can lead to family violence going unaddressed in LGBTIQIA+ communities, as well as further entrenching harmful gender norms which contribute to the family violence cycle.

Aotearoa New Zealand research found most people in LGBTIQIA+ communities did not seek help in relation to partner abuse and sexual violence, and people who did seek help from specialist organisations often did not experience that help as supportive.

Previous experiences of discrimination, or a lack of understanding and awareness, may result in mistrust of mainstream services and being hesitant or unwilling to access services or report family violence.

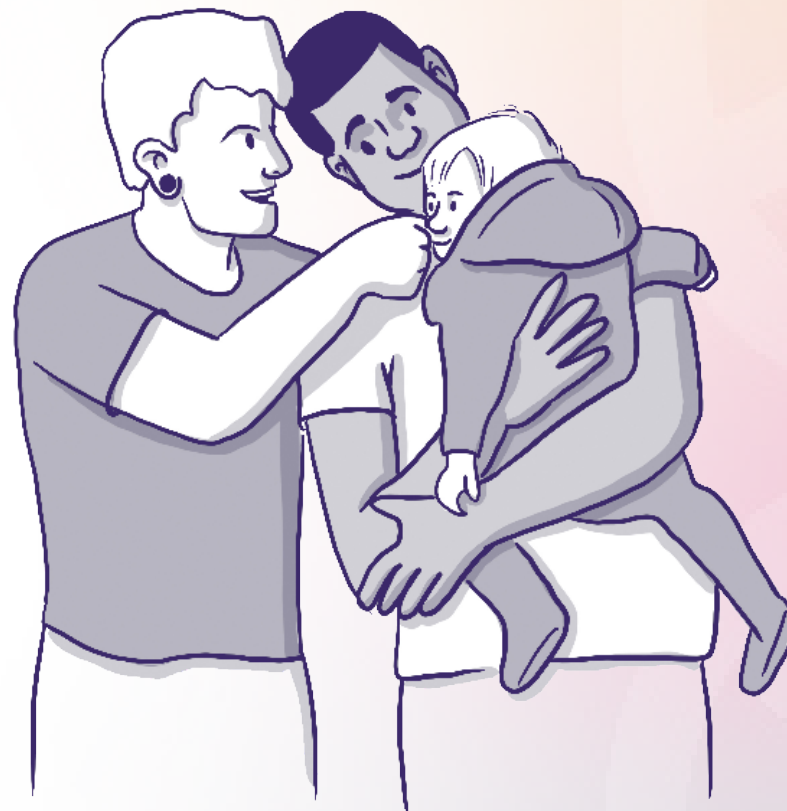
Additionally, mainstream specialist services were identified as needing training to develop knowledge and competency in order to recognise how family violence is experienced differently in LGBTQIA+ communities. Particular emphasis on a needed for these agencies to “move beyond recognition of Pākehā is gay and lesbian identities, and cover more marginalised members of the LGBTQIA+ community; in particular trans, gender diverse, asexual and bisexual people; disabled people; and tangata whenua, Pacific peoples and other non-Pākehā ethnicities”.

It is essential for practitioners to be more responsive, inclusive, accessible and affirming in working with LGBTQIA+ individuals and their families and whānau.

All people have the right to safety, autonomy, respect and wellbeing.

“Our vision is for all transgender people to be empowered by a full range of choices across all aspects of their lives, and to be able to participate fully in society.”

Gender Minorities Aotearoa



## Intersectionality

Intersectionality is where a person belongs to one or more groups experiencing discrimination and disadvantage.

An intersectionality approach examines the breadth of experiences of structural inequities; for example, gender inequity, racism, classism, homophobia, transphobia, ableism, audism, ageism and including experiences of privilege (historical privilege) along with oppression (colonisation).

The approach supports a shared understanding of how dominant social patterns of harm, such as the perpetuation of men's violence towards women, can interact and intersect with other forms of inequity and oppression. It also aims to challenge and transform structures and systems of power, privilege, and oppression that negatively shape people's life outcomes.

Structural inequity and discrimination lead to oppression of individuals and groups based on their identity markers.

Certain social processes, norms, cultural values and belief systems perpetuate and support violence. For example, patriarchy perpetuates oppressive and unhealthy gender roles. It privileges the interests of men and condones the subordination of women. Abusive men often use such ideas to justify their violence.

The underlying causes of family violence, and other violence experienced by wāhine Māori and tauīwi women, and what gives violence its mandate and strength, are the inequities that exist in society. Patriarchy has led to male privilege and sexism, and colonisation has led to white privilege and racism. This combination has created a culture of power, dominance and superiority that allows and supports violence to exist.

Different sources of oppression and discrimination, power and privilege can lead to increased risk of violence and higher severity and frequency.

These factors can never be considered in isolation. Appreciation of these sources is integral to ensuring responses are effectively and appropriately tailored to the needs of every individual – one size can never fit all. For example, the combined experience of racism and sexism in Aotearoa New Zealand produces experiences for wāhine Māori different to those experienced by Pākehā women.

**“There is no such thing as a single-issue struggle because we do not live single-issue lives.”**

**Audre Lorde**

An individual's experiences should be considered in the context of their life course, where there may be multiple issues requiring the development of an appropriate response.

Factors that need to be considered may include mental health issues, traumatic brain injury, alcohol and drug abuse, gang affiliation, and marginalisation as a result of poverty and/or homelessness. These issues can intersect and compound the impact and trauma for people experiencing violence as well as increasing the risk of further violence.



They also impact on how people using violence take accountability for their actions and change their behaviour.

- A significant relationship between mental illness and substance and alcohol misuse for people being victimised and perpetrating violence
- Brain injuries resulting in physical, cognitive, and behavioural disabilities and so have been found to have a significant relationship to family violence
- Alcohol and drug abuse is identified as a risk factor for 60 percent of people using and experiencing violence
- Alcohol and drug abuse can increase a victim-survivor's vulnerability to further violence and their ability to access support
- Violence within gang cultures which is often more frequent and severe, and therefore people involved with gangs are over-represented in family violence homicides as both victims and users of violence
- Marginalisation as a result of financial poverty and or homelessness which can exacerbate the effects of family violence for victims and users of violence.

An intersectional response to family violence acknowledges the complex inter-relationships between all identified issues in order to identify an appropriate or best response.

## Intersection of family violence and sexual violence

The intersection of family violence and sexual violence occurs where sexual violence takes place within the context of a family relationship. Family violence and sexual violence share many of the same drivers and mutually reinforce vulnerability to each other (that is, people experiencing family violence are more vulnerable to experiencing sexual violence, and vice versa).

Sexual violence in a family relationship is included in the definition of family violence within the Family Violence Act 2018 (The Act). The definition includes sexual abuse and threats of sexual abuse as a form of psychological abuse. The Act defines family relationships as intimate partners, family members, other people who ordinarily share the house, or people with whom they have, or have previously had, a close personal relationship.

The New Zealand Crime and Victims Survey reports that over half of sexual assaults against victim-survivors aged 15 years or older in 2019-2020 were perpetrated by someone known to the victim-survivor, and about a quarter of all reported sexual assaults were perpetrated by a family member, with most being by an intimate partner.

Despite this prevalence, intimate partner sexual violence (IPSV) is often overlooked and definitions of what constitutes IPSV are inconsistent. The types of behaviours by a spouse or intimate partner include coercion, manipulation and psychological abuse

tactics, forced sexual activity (including sexual acts while heavily influenced by substances) and sexual assault.

IPSV in LGBTQIA+ communities includes the same range of behaviours, as well as acts such as forcing someone to have sex in a way unaligned with their gender identity. Research also shows that people in the LGBTQIA+ community and people with diverse genders have particularly high rates of lifetime sexual violence.

The impact of sexual victimisation can be far-reaching and may affect victim-survivors' in many ways including:

- Employment issues
- Their ability to build and sustain meaningful relationships
- Their mental and emotional wellbeing and their physical health.

Victim-survivors are also more likely to demonstrate increased levels of substance abuse, risk taking, and self-harming behaviour. The consequences of IPSV are more severe and longer lasting than sexual violence perpetrated by someone who is unknown to the victim-survivor.

Sexual violence within the family relationship affects people of all genders. As gender can have a profound effect on shaping victim-survivors' experiences of violence, a gender-inclusive approach cannot be gender-neutral but must also be gender-responsive. Both males and females experience sexual violence, but research indicates that females are approximately three times more likely than males to have experienced sexual assault.

The New Zealand Crime and Victims Survey reports that about three-quarters of reported sexual assaults in 2019-2020 were

against females. However, the prevalence of children experiencing harmful sexual behaviour within the family is similar among boys and girls.

Of all crimes, sexual crimes are the most under-reported, and this issue is exacerbated with even lower reporting rates for a range of groups including disabled women, trans women and male victims of sexual violence. Although sexual abuse is primarily perpetrated by men, women also perpetrate harmful behaviours. This can include abuse by siblings.

Child sexual abuse perpetrated by a caregiver violates the child-parent attachment, destroys the child's right to be safe, and disrupts the child's development. The nature of a caregiver relationship is also a barrier to disclosure.

Given the significant intersection between family violence and sexual violence, it is critical that both sectors recognise the expertise of their counterparts, and develop collaborative and cohesive pathways between services, to enable people to receive the highest level of specialist care and support available.

In addition, both the sexual violence and family violence workforces need to understand the dynamics and context of both forms of violence.

Good practice guidelines continue to be produced by the sexual violence sector to support specialist services and practitioners working both in the 'mainstream' and within a diverse range of cultural contexts, and kaupapa Māori.



## Trauma and violence informed practice

Trauma responses are common among adults, children and young people who have experienced family violence.

It is imperative that practitioners understand the complexities of trauma related to family violence in order to respond effectively to victim-survivors as well as to people who use violence.

This includes an understanding that early experiences of trauma in childhood can negatively affect physical, emotional, behavioural, cognitive and neurological outcomes with an association between later violence and IPV with childhood trauma.

Understandings about violence and trauma have moved from trauma informed responses to trauma and violence informed practice.

Trauma informed practice investigates and addresses individuals' responses to traumatic events whereas trauma- and violence-informed practice expands on the understanding of trauma to take into account the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life.

**“The language of trauma obscures violence and resistance to oppression by pathologising people, which blames them for their own suffering and limited life choices.”**

**Vikki Reynolds. (2020)**

Trauma and violence informed practice:

- Focuses on acts of violence, not necessarily isolated to a single event, and the traumatic impact on people individually and collectively (and distinguishes violence from other sources of trauma, such as natural disasters)
- Focuses on both historical and ongoing structural and interpersonal violence and helps put the emphasis on a person's various experiences of past and ongoing violence as the cause of the trauma. It avoids seeing the problem as residing only in their psychological state, but as also due to social inequities and circumstances
- Allows for a more expansive understanding of people's experiences, particularly in cases of complex trauma, where histories of violence typically include interconnected experiences of interpersonal and systemic violence. For many victim-survivors, violence is ongoing and it can be intergenerational and connected to the violence of colonisation
- Emphasises making practices and policies safe. Service providers are encouraged to prevent and limit further harm to people experiencing violence-related trauma by taking action at all levels - in their own practices, within their own organisation and more widely in society
- Highlights how systems and services can perpetuate harm, albeit perhaps more subtly and inadvertently through - ongoing revictimisation caused by the failure of the system and services that are meant to help and protect from further harm

- Understands that discrimination, marginalisation, and stigma remain an ongoing experience for many people who have experienced trauma within systems such as child protection, health care and the justice system. Anti-oppressive practice is, therefore, a key part of a trauma and violence informed approach
- Understands the impact of trauma as affecting an individual's sense of self, their sense of others and their beliefs about the world. Trauma can significantly impact on a person's ability to access services and as a result a trauma and violence informed approach prioritises processes which increase people's sense of control, safety and trust.



# **Specialist Family Violence Organisational Standards**

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## Values and principles underpinning the organisational standards

Eight te ao Māori values and five principles are the practice benchmark for organisations, practitioners and workers delivering family violence intervention services.

They validate concepts that are inclusive regardless of a person's ethnicity, age, disability, sexual orientation or gender identity, expression and sex characteristics, and seek to restore wellbeing for people, families and whānau.

The values and principles align with the whanonga pono, the guiding principles of Te Aorerekura. Together, these support the shared, collective way of working and form the basis of how we will work together.



## Values

### Tino Rangatiratanga

Honouring of diversity, autonomy and freedom and all people's right to determine their own pathways

### Manaakitanga

Serving people with dignity and respect

### Whanaungatanga

Building effective, meaningful relationships and protecting safe connections

### Tika

Acting with integrity

### Pono

Acting with authenticity

### Aroha

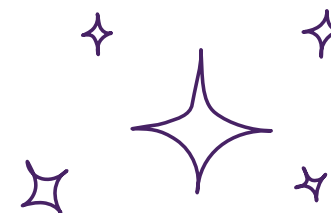
Demonstrating and applying a duty of care and respect

### Kotahitanga

Working together with purposeful and honourable intentions

### Wairuatanga

Honouring spirituality



# Principles

The desired outcomes from embedding the principles below in our mahi are that:

- Protection and accountability are a priority
- There is recognition and support for models that support positive change
- People can claim their own identity and culture, thus affirming a pathway to autonomy.

## Principle 1: Kotahitanga – Relationships and Inclusion

Organisations and workers are committed to equitable, accessible and inclusive opportunities and practices for all individuals, groups and communities while honouring tangata whenua as the indigenous people of Aotearoa.

## Principle 2: Kaitiakitanga – Protection and Accountability

Specialist organisations and workers focus on increasing the safety of people who are impacted by violence, on reducing the possibility of further harm, and on holding accountable the people who use violence.

## Principle 3: Mahi Tahi – Collaboration and Advocacy

Organisations and workers challenge systemic, social and cultural factors that enable family violence to exist in Aotearoa New Zealand and work actively with others to create safety strategies and connections for people impacted by family violence.



## Principle 4: Ora – Wellbeing and Restoration

Organisations and workers provide a holistic approach shaped by and reflecting the aspirations of all people.

## Principle 5: Koi Mahi – Innovation and Learning

Organisations and workers engage in growing practice knowledge and are responsive to new approaches to end violence.

Guided by the values, the principles, the SOS and the E2E, organisations, practitioners and workers can improve their capability to respond safely and effectively to family violence.

In this way we can achieve Shift Three of Te Aorerekura: Towards increasingly skilled, culturally competent and sustainable workforces. We can breathe life into Te Aorerekura and change the experience of the people and families and whānau impacted by, and the people who use violence.

“Ehara taku toa i te toa takitahi, engari he toa takitini.”

“I come not with my own strengths but bring with me the gifts, talents and strengths of my family, tribe and ancestors.”



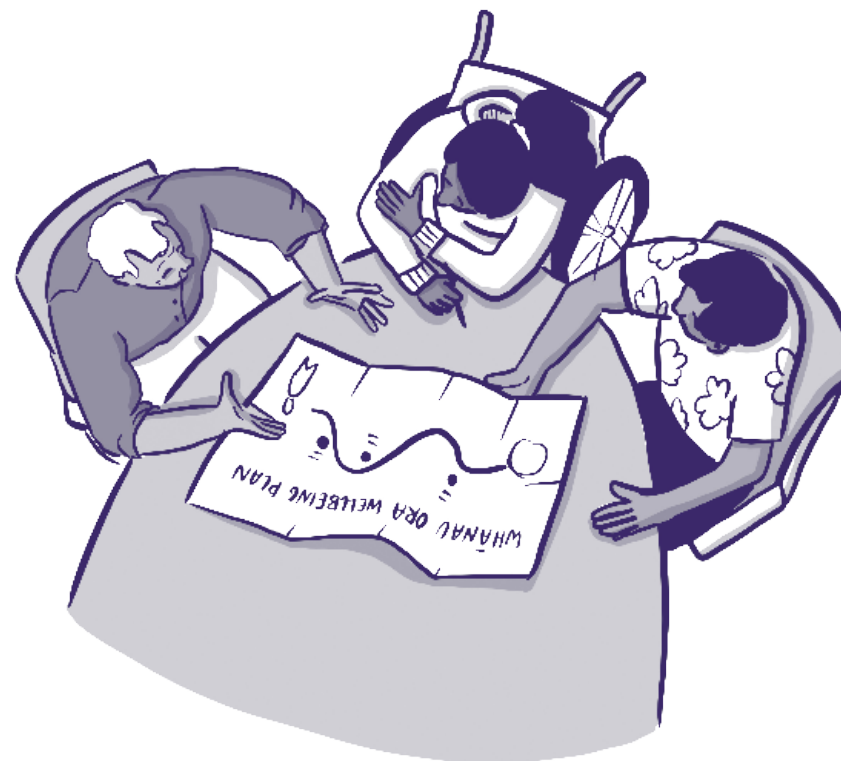
## Who these standards are for and how they can be used

These Standards are for all organisations seeking to be considered specialist family violence organisations. They are also for generalist organisations with specialist family violence workers delivering services, to ensure that their workers are well supported. Generalist organisations can also use these standards to improve their responses and organisational capability.

It is not envisaged that these Standards will replicate areas already well covered by more general accreditation frameworks for providers covering key operating policies and procedures; for example, Ministry of Justice and Ministry of Social Development accreditation frameworks. They may, however, guide the development of complementary specialist organisational accreditation frameworks across government.

They are designed to be accessed and used by senior leaders, managers, executives and boards to:

- Reflect, evaluate, review, design and continually improve their own structures, systems, processes and practices
- Promote the goal of safe, effective, trauma and violence informed specialist services.





## 1.1 The organisation demonstrates a commitment to Te Tiriti o Waitangi

### The organisation:

- a. States its commitment to Te Tiriti o Waitangi in their vision and values.
- b. Ensures practices that honour tangata whenua and demonstrates awareness of the impact of non-Māori constructs on the ability of tangata whenua to be well and thriving.
- c. Actively addresses practices that stem from individualistic cultures that do not align with a Māori worldview and therefore impact on tangata whenua wellbeing.
- d. Maintains ongoing relationships with mana whenua of their service area.
- e. Maintains good working relationships with kaupapa Māori and iwi service providers in their rohe and clear processes for safe and effective referrals.
- f. Upholds the commitment of non-Māori to Te Tiriti o Waitangi.
- g. Ensures models of intervention and recognises multiple, intersecting oppressions that impact on whānau Māori.



### 1.2 The organisation demonstrates a commitment to inclusive practice

#### The organisation:

- a. Demonstrates commitment to the values of building meaningful relationships (whanaungatanga), serving people with dignity and respect (manaakitanga), and acting with integrity (tika) and with authenticity (pono).
- b. Demonstrates culturally safe and responsiveness practices and recognises that every person and situation is unique requiring specific understandings and responses based on individual needs.
- c. Ensures services provided demonstrates ability to maintain equity and equality of opportunity for those from different backgrounds, cultures, genders, sexualities, experiences, ages, religions and spiritualities, abilities and needs of the local community.
- d. Demonstrates agility in assessing and responding to needs or changes within communities.
- e. Is visible, easy to find and accessible.
- f. Ensures services are non-disabling and accessible for disabled peoples and meets accessibility standards and requirements.
- g. Is responsive to specific issues faced by people from ethnic communities including dowry-related violence, visa status dependency and loss of legal immigration status.
- h. Ensures practice reflects the composition of the cultural and ethnic communities it operates within.
- i. Encourages stakeholder responsiveness to people's needs and addresses any discriminatory practices. People and whānau are able to offer feedback or concerns/complaints to the organisation with ease.
- j. Challenges systemic, social, cultural and access barriers that marginalised groups experience in accessing protection and support.

## 2 Kaitiakitanga - Protection and Accountability

The specialist organisation focuses on increasing the safety of people who are impacted by violence, on reducing the potential for further harm and on holding accountable people who use violence

### 2.1 The organisation has a coherent model of practice

#### The model of practice:

- a. Enhances the safety and protection of people impacted by violence and their children, family and whānau.
- b. Demonstrates an understanding of the principles outlined in this document including:
  - Integration of Te Tiriti o Waitangi, te ao Māori and whānau-centred thinking when working with all people.
  - Application of a 'primary victim-survivor, predominant perpetrator' analysis.
  - Placement of gender-based violence in the context of widespread social beliefs and practices which oppress all women including trans-women and condones violence against them.
  - Understanding that some forms of family violence may be outside the gendered dynamic of family violence.
  - Understanding of the rights and interests of children and young people.
  - Understanding of the rights and interests of disabled peoples and adults who need safeguarding.
  - Understanding of culturally safe and appropriate practice in relation to different ethnic backgrounds.
- c. Using a shared language that carries the voice of victim-survivors/ those that have been violated.
- d. Recognition of potential fear or distrust that victim-survivors might hold when accessing services, the organisation works in a compassionate and non-judgemental manner.
- e. Language that accurately frames events and the context of the situation and does not stigmatise, blame victim-survivors or enable the actions of people who use violence.
- f. Recognition of the intersection of structural inequities (i.e. racism, sexism, transphobia, intersex phobia, homophobia, classism, ableism, ageism), distorted power (i.e. hierarchy privilege), and oppression (i.e. patriarchy, colonisation, disability, heteronormativity) to create a culture that enables family violence to thrive.
- c. Is informed by victim-survivors with structures of accountability to them.
- d. Ensures appropriate government procurement obligations and relevant legislation are adhered to.
- e. Demonstrates the protection, promotion and enhancement of human rights.
- f. Ensures appropriate responses to the different manifestations and impacts of family violence.



### 2.2 The organisation prioritises safety and has processes to identify risk and protective factors

#### The organisation:

- a. Ensures policies and processes outline safety and autonomy practices for victim-survivors of violence even when they are not a direct service user.
- b. Maintains child protection policies that focus on children's safety, needs and wellbeing even when they are not a direct service user.
- c. Maintains policies that focus on response and protection for adults who require safeguarding.
- d. Ensures processes and practice remain current with sound knowledge of legislation and legal tools that promote safety, protection and accountability, and mechanisms to update working in the organisation. Triaging is victim and whānau centred and is informed by multiple sources (victim-survivors, specialist services and advocates, government and non-government agencies).
- e. Recognises the heightened risk during separation and post separation and ensures workers support safe practice.
- f. Ensures assessment tools emphasise the recording of uncertainties and potential concerns, contextual issues and structural inequities, as well as actual and concrete factors.
- g. Identifies and communicates risk internally and externally and has effective procedures and processes to manage or reduce risk on a day-to-day basis.
- h. Coordinates victim-survivor centred risk management and needs assessment plans with local government and non-government agencies to enhance the safety of victim-survivors and accountability of people using violence that include safe, ethical and confidential information sharing processes and collaborative safety planning and processes for ongoing monitoring of risk. The organisation operates from a well evidenced, trauma and violence informed approach with policies and procedures for safe practice. These include effective trauma and violence informed responses for clients and workforce wellbeing and safety.
- i. Ensures procedures outline practices and responses that work toward engagement and accountability of people using violence, without colluding with the violence, minimising actions and/or blaming something or someone else.
- j. Ensures risk assessment and management tools are underpinned by the principles and analysis outlined in this document.

### 3.1 The organisation works with other organisations and sectors

#### The organisation:

- a. Actively participates in relevant multi-agency systems that contribute to developing a community response to family violence.
- b. Develops relationships with specialist services and agencies available to all victim-survivors of family violence and people who use violence. These include specialist services for women, men, tangata whenua, Pacific peoples, disabled people, older people, adults who need safeguarding, children and young people, ethnic communities and LGBTQIA+ communities.
- c. Develops partnerships with other agencies to enhance responses and provide support (e.g. sexual violence support, alcohol and drug, mental health, health care needs, social care needs, disability support, and housing).
- d. Develops relationships with disabled people and their organisations and has a shared understanding about how to work together to prevent and respond to violence against disabled people and adults at risk.
- e. Develops partnerships and working relationships with other organisations (including non-family violence agencies) focused on preventative, restorative and transformative ways to address violence in their communities.
- f. Supports other agencies to enhance their practices to more consistently and safely respond and prioritise safety and wellbeing for all.
- g. Ensures processes are in place to support workers working across professional and organisational boundaries.
- h. Maintains effective systems to support working alongside other professionals to ensure that safety is prioritised, and risk is appropriately recognised and managed.
- i. Plays a leadership role in family violence initiatives.
- j. Recognises the intersection of family violence and sexual violence and works with the sexual violence sector to ensure people impacted by sexual violence can access appropriate services.

### 3.2 The organisation works for societal and system transformation

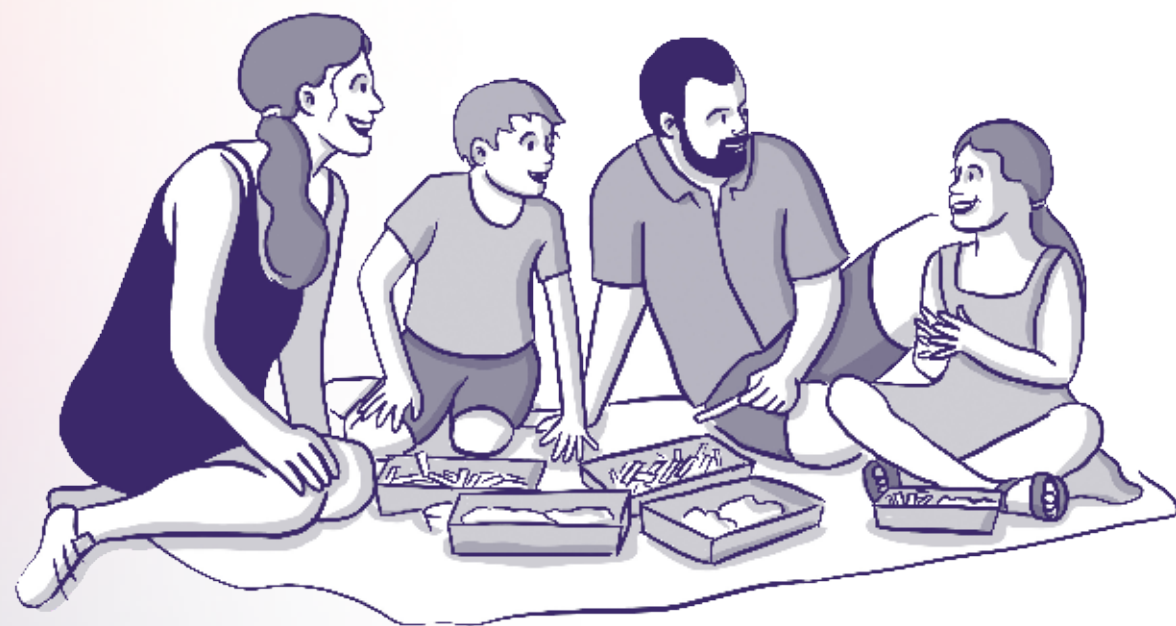
#### The organisation:

- a. Advocates for equitable resources for specialist kaupapa Māori and iwi-led responses to end violence for whānau.
- b. Advocates for equitable resources for other culturally appropriate specialist responses to end violence within family, and community.
- c. Plays an active role in challenging societal attitudes and norms that sustain and perpetuate violence.
- d. Collaborates within the sector to create safe spaces for people experiencing or at risk of violence.
- e. Shares knowledge to achieve social change that increases community wellbeing and autonomy.
- f. Identifies inadequate responses to family violence and escalates concerns to ensure services prioritise protection and accountability.
- g. Ensures processes are in place to represent the experience and voices of people impacted by family violence, and to support them to represent their own experiences.
- h. Ensures strategies challenge stigma and discrimination wherever it is experienced, to promote the inherent dignity, value and human rights of all people.
- i. Contributes to media commentary when relevant on issues pertaining to family violence in line with the organisation's media policy.

### 3.3 The organisation shares relevant information

#### The organisation:

- a. Adheres to a clear framework that outlines processes for information seeking and sharing, acknowledging data sovereignty, particularly for tangata whenua.
- b. Ethically shares information in line with relevant legislation and privacy policies to promote safety, accountability and address risk at an individual and systems level.
- c. Promotes a culture of consultation both internally and externally.



# 4 Ora - Wellbeing and Restoration

The organisation provides a holistic approach that is shaped by and reflects the aspirations and restoration of whānau, families and individuals

## 4.1 Strategies promote restorative practices

### The organisational strategies:

- a. Promote whānau and family safety, wellness, autonomy and restoration, and uphold the dignity, values and beliefs of people and their diverse cultural identities.
- b. Recognise mātauranga Māori restorative practices.
- c. Ensure wellness and restoration values inform practice and are included in strategies.
- d. Ensure disabled people and adults at risk are supported to overcome the impact of violence and abuse.
- e. Ensure that people using violence are supported to change their behaviour, attitudes and beliefs to sustainably stop their use of violence and control.

## 4.2 Trauma and violence informed responses promote whānau, family or individual transformation

### The organisation's responses:

- a. Apply an understanding of trauma and violence informed practice.
- b. Apply an understanding of colonisation and the wider range of the effects of intergenerational and historical trauma.
- c. Apply Māori models of trauma and restoration appropriately, demonstrating a clear understanding of the differences between whānau and family.
- d. Recognise the cumulative and traumatic impacts of family violence on women, tangata whenua, children and young people, disabled people, ethnic people, Pacific peoples, LGBTQIA+ people, older people, victim-survivors. Also, recognising that people who use violence may be affected by trauma.
- e. Recognise childhood trauma that may have been experienced by people.
- f. Are trauma and violence informed and integrate information that supports a strategy of inter-generational transformation for the whānau, family or individual.
- g. Encourage an enabling environment that supports whānau, families' and individuals' self-management and autonomy.
- h. Ensure that children and young people receive specialist trauma and violence informed support that aims to reduce and overcome the long-term impact of violence and abuse.



### 5.1 The organisation has a culture of learning

#### The organisation:

- a. Assesses capability regularly to determine areas of knowledge and skill development needed by the workforce to respond safely and respectfully to people impacted by family violence and people using violence.
- b. Supports and implements the innovation of new approaches to ending family violence.
- c. Monitors new interventions to ensure safe delivery and learning is captured and shared effectively.
- d. Provides opportunities for ongoing learning including health, psychological, developmental, social and economic impacts of family violence on people, including children.

### 5.2 The organisation has a safe, competent and well workforce

#### The organisation:

- a. Ensures practitioners are appropriately skilled and equipped to work with people impacted by, or using family violence according to their role.
- c. Ensures all staff have training and support to enable them to implement the organisation's safety procedures.
- d. Ensures all staff have training and support to enable them to make safe and effective referrals when needed.
- e. Provides opportunities for staff to continue to develop their skills, learn about relevant research and stay up to date with emerging approaches and evidence.
- f. Supports the workforce to develop capabilities, skills and knowledge to enhance responsiveness to people from all backgrounds, cultures, age, genders, sexualities, experiences and abilities.
- g. Ensures all staff, including contracted organisations' staff delivering interventions, attend specialised family violence practice supervision.
- h. Ensures family violence supervisors have an advanced understanding of family violence dynamics.
- i. Implements and promotes a staff wellbeing policy outlining the support of workers' holistic health and wellbeing.

### 5.2 The organisation has a safe, competent and well workforce

- j. Provides an environment in which the skill and competency of people from all communities, including tangata whenua, Pacific peoples, ethnic communities, disabled people, older people, and LGBTQIA+ communities, are fostered.
- k. Creates leadership opportunities for people from all backgrounds, cultures, age, genders, sexualities, experiences and abilities.
- l. Maintains procedures that outline and monitor appropriate caseload to protect workers from overload and burnout.

### 5.3 The organisation has a reflective organisational culture

#### The organisation:

- a. Ensures processes encourage reflection, support, discussion and debate as a part of engagement and supported learning for workers.
- b. Encourages workers to contribute to decision-making and leadership.
- c. Maintains processes to address inadequate responses to family violence (both internally and externally).
- d. Escalates concerns to ensure services prioritise protection and accountability.
- e. Evaluates responses to ensure they increase protection and accountability and family wellbeing.
- f. Monitors processes to ensure that workers are well-trained, resourced, supported and supervised.
- g. Provides opportunities for safe, accessible and meaningful feedback, through multiple channels, for all people and groups including children, and work to ensure that practice and services are adjusted accordingly to ensure safe, competent and well- managed interventions and services.
- h. Regularly monitors policies, procedures and systems, and makes appropriate improvements.
- i. Maintains processes that ensure the organisation's culture is respectful and does not replicate the dynamics of abuse.

# Glossary

## **Ableism**

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

## **Adult at risk**

An adult who has care and support needs (whether they are receiving services for those needs or not) **and** is experiencing abuse or is at risk of abuse, neglect and/or harm (including family violence and sexual violence) and because of their care and support needs is unable to protect her/himself against the abuse or neglect, or the risk of it. **All parts of the definition need to apply.**

## **Care and support needs**

Care and support needs may be physical, psychological, intellectual, spiritual and cultural. Care and support needs include the health and social care support needs that may be associated with:

- Being a carer, or an older adult; or having
- An intellectual disability
- A neuro-disability
- Physical or sensory disability
- Dementia
- Chronic and/or severe illness (both physical and mental).

## **Children's Act 2014**

The Children's Act 2014 made sweeping changes to protect vulnerable children and help them thrive, achieve and belong. The legislation includes:

- One new stand-alone Act, the Children's Act 2014
- Amendments to the Children, Young Persons, and Their Families Act 1989.

It can be found at [www.legislation.govt.nz](http://www.legislation.govt.nz)

## **Child and Youth Wellbeing Strategy 2019**

The New Zealand Child and Youth Wellbeing Strategy 2019 can be found at: <https://childyouthwellbeing.govt.nz/resources/child-and-youth-wellbeing-strategy>

## **Coercive control**

Coercive control is a term developed by Professor Evan Stark to understand intimate partner violence (IPV) as a pattern of behaviour that takes away the victim-survivor's liberty or freedom, and strips away their sense of self. It is not just bodily integrity that is violated but also the victim-survivor's human rights.

Coercive and controlling behaviours are a pattern of behaviour by an intimate partner (including current and/or past partners or dating partners). Coercion involves the use of force or threats to intimidate or hurt victims and instil fear. Control tactics are designed to isolate the victim and foster dependence on the abusive partner. Together these abusive tactics inhibit resistance and escape.

### **Coercion tactics can include:**

- Physical or sexual violence, including attempted strangulation, use of weapons or objects to inflict injury or death
- Intimidation – threats, jealous surveillance, stalking, shaming
- Financial – controlling money, restricting access and/or using money needed for essential items
- Degradation and destruction of property
- Violence directed at children and pets/animals.

### **Control tactics include:**

- Isolation – restricting the victim's contact with family, whānau, friends and networks of support, monitoring their movements or restricting their access to information and assistance
- Deprivation, exploitation and micro-regulation of everyday life – limiting access to survival resources such as food, money and cell phones, or controlling how the victim dresses.

### **Colonisation**

Colonisation is the imposition of a structural process whose primary purpose is the forced transfer of power, resources and status from one group to another. For indigenous people it involves multiple historical acts of dispossession of:

- Their lives through acts of war and violent destruction of people and property
- Lands and other material
- Social and cultural structures that maintain social order and models of collective healing.

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 (cultural customs and practices) and mātauranga and teachings from te ao Māori to successive generations.

### **Cultural facilitators of violence**

The principles and practice of patriarchal colonialism underpin cultural facilitators of violence and are exemplified in four ways:

- **Natural order** – a belief system which places the dominant party in a position of power over their victim and makes them feel legitimately entitled to obedience.
- **Objectification** – continual reinforcement of the oppressor's beliefs through objectifying their victims rather than seeing them as equals. Such objectification dehumanises the victims or places a commercial value on them. It is a practice used to diminish and subjugate a person or people.
- **Forced submission** – the practice of making the subjugated believe they are responsible for what is happening or has happened to them. It encourages them to believe that their beliefs or world reality is faulty, lesser or irrelevant. They learn to doubt or even hate themselves.
- **Overt coercion and physical force** are condoned by patriarchal colonialism and regarded as legitimate means of control. Physical force or suppression can be used without any real consequence or significant punishment.

These beliefs and attitudes are deeply embedded in the modern-day psyche of Aotearoa New Zealand society and explain the prevalence of violence witnessed towards vulnerable members of our society.

### **Deaf community**

Use of upper-case 'D' in 'Deaf' denotes a linguistic-cultural group whose members are deaf and use sign language as their first or preferred language and who identify with the Deaf community and Deaf culture. When lower-case 'd' in 'deaf' is used, this represents a wider group of people who are deaf or hard-of-hearing and who may or may not use sign language as their first or preferred language. The distinction between 'Deaf people' and 'deaf people' is not always clear and people's personal identity and preferences can shift over time.

### **Dowry abuse**

Dowry includes gifts, money, goods or property given from the bride's family to the groom or in-laws before, during or at any time after the marriage. Dowry is a response to explicit or implicit demands or expectations of the groom or his family.

The United Nations Division for the Advancement of Women defines dowry-related violence or harassment as "any act of violence or harassment associated with the giving or receiving of dowry at any time before, during or after the marriage." While dowry is practiced in many different areas of the world, dowry-related violence is most prevalent in South Asia, in India, Pakistan, Sri Lanka and Bangladesh. The most common forms of dowry-related violence are battering, marital rape, acid-throwing, wife-burning, and other forms of violence.

People who use violence also use methods of starvation, deprivation of clothing, evictions, and false imprisonment as a method of extortion. They often use violence disguised as suicides or accidents, such as stove or kerosene disasters, to burn or kill women for

failing to meet dowry demands. In New Zealand dowry abuse is not currently recognised as a form of cultural abuse.

### **Equity**

Equity is founded in social justice and human rights and is evident 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.

### **Historical privilege**

Historical privilege generally consists of three elements:

- One group of people's unprecedented increases in wealth, power and social status due to traumatic historical acts involving the forced transfer of power, resources and status from another group
- Naturalisation of this group of people's 'superiority' through structural, institutional and cultural favouritism, and denying legal, social and cultural freedoms to the dispossessed people
- Collective intergenerational accumulations of wealth, power and social positioning (structural advantages supported by government action) are passed to and added on by multiple generations.



## **Historical trauma**

Historical trauma generally consists of three elements:

- Act(s) of trauma from major historical events
- The sharing of that trauma by a collective rather than an individual
- Effects of the trauma are experienced across multiple generations.

Historical trauma links past injustice to present-day contexts. If unaddressed, historical trauma is transmitted from generation to generation, resulting in contemporary lifetime trauma, chronic stress, physiological and epigenetic changes, discrimination, family violence, sexual violence and violence within whānau.

Regarding indigenous people, the acts of historical trauma enacted through the process of colonisation exceed the term “historic”. The fact that colonisation is an ongoing process and not an event, does not negate the significance of historical acts of trauma but rather broadens and deepens the application of historical trauma to the ongoing experiences of indigenous people.

## **Information sharing**

In 2019, the Ministry of Justice developed an information sharing guide under the Family Violence Act 2018. This includes a decision-making tree to assist practitioners when deciding whether, and what to disclose. The document can be found here:

<https://www.justice.govt.nz/assets/Documents/Publications/Family-Violence-Information-Sharing-Guidance.PDF>

## **Intergenerational abuse**

A pattern of interpersonal violence, abuse and/or neglect that, if unaddressed, is repeated from one generation to the next.

## **Patriarchy**

Patriarchy is a system of social structures and practices in which men dominate, oppress, and exploit women. Social stratification along gender lines, in which power is predominantly held by men, is prevalent in European cultures.

## **Practitioner**

Practitioner means someone who practices a profession. In the context of this document, it refers to people who are practising family violence intervention workers and advocates.

## **Predominant aggressor**

The person who is the most significant or principal aggressor in a relationship involving intimate partner violence, and who is the individual with a pattern of using violence to exercise coercive control.

## **Prevention**

Previously, family violence and sexual violence were considered inevitable. Current research indicates that violence is predictable and preventable and that prevention opportunities exist in primary, secondary and tertiary settings.

**Primary prevention** aims to create an environment that increases the protective factors that foster equitable, loving, respectful relationships and change social norms that contribute to violence-supportive attitudes and behaviours. Interventions change structures, norms and behaviours so that violence is less likely to occur.

**Secondary prevention** focuses on immediate responses to family violence, often in a crisis situation. For victims, secondary prevention aims to minimise the short-term harms of trauma, as well as the risk of re-victimisation. For perpetrators it aims to reduce further violence from occurring.

**Tertiary prevention** focuses on long-term responses after family violence has occurred, such as attempts to lessen trauma or reduce the long-term impacts associated with family violence and rehabilitation and reintegration of perpetrators.

### **Primary victim**

The person who, in the abuse history of the relationship, is experiencing ongoing coercive and controlling behaviours from their intimate partner.

### **Psychological trauma**

Psychological trauma is harm caused by experiencing or witnessing terrifying events, such as actual or threatened death, serious injury or sexual violence. Such experiences can cause alteration to the way nervous systems work, and the ways people think and feel.

### **Risk assessment**

Risk assessment is usually a detailed process allowing a full examination of someone's worldview, behaviours, circumstances and interactions to begin to form a prediction about a person's risk of being harmed or harming others.

Risk assessment is both a static and dynamic process, as risk can change quickly. Static risk determines the risk level based on available evidence, which is a combination of data about an individual and their past and present behaviour. Dynamic risk refers

to regularly examining changeable or dynamic factors known to be significant precursors to behavioural changes; for example, changes in alcohol or other drug use patterns can increase risk for victims and perpetrators.

Situations may change rapidly so regular reviews are an essential part of managing and mitigating risks. Decisions should be made during and after assessment about what form an intervention will take, in consultation with the client. A full risk assessment requires skills and experience and is generally carried out by specialists.

### **Risk management**

Risk management covers the ways service providers, together with the wider family violence system, to ensure the safety of victims and children. It contains, challenges and changes the behaviour of people using violence, based on evidence collated and regular assessments.

Risk management is a conscious and planned approach to identify and prioritise risk factors and remove, reduce, or mitigate them. Everyone in the system has a role to play in risk management.

It can include actions taken by an agency or a group of agencies. Ideally, managing the risks to a victim should be coordinated with the risk management of the perpetrator.

### **Social entrapment**

This is the way IPV inhibits a victim-survivor's resistance to, or escape from, the abuse. The use, by abusive partners, of coercive and controlling tactics, including isolation, threats and violence, entraps victims, preventing them from keeping themselves and their children safe or, in some instances, from leaving the relationship.

Entrapment can also have social and structural dimensions. The quality of agencies' responses to victims seeking help, and the inequities they may be living with can compound their entrapment. Social entrapment needs to be understood so practitioners do not blame and pathologise the victim's response to the violence. The abuse needs to be understood as a harmful pattern of behaviour, rather than a series of discrete violent incidents in between which the victim is free to leave.

There is an implicit assumption that the safety measures currently available are adequate and that it is reasonable to place the responsibility for safety on the victim. Understanding how coercive control entraps primary victims of IPV is vital to changing this paradigm.

"A social entrapment analysis of IPV involves analysis at three levels:

1. documenting the full suite of coercive and controlling behaviours;
2. examining the responses of family, community and agencies; and
3. examining structural inequities." (Tolmie J, Smith R, Short J, Wilson D, Sach J. 2018).

### **Sexual violence**

Sexual violence is:

- Any sexual act or attempt to obtain a sexual act
- Sexual comments or advances
- Acts to traffic for sexual purposes against a person who has not consented to this act, comment or advance.

This includes taking images or showing sexualised or abusive images. It can be done by any person regardless of their relationship to the survivor, and in any setting, including home and work.

### **Strengths-based practice**

Professional practice that includes self-determination and strengths, viewing people as agents with resilience, rather than passive receivers of services. It is a holistic and multidisciplinary approach rather than an outcome or a process. It is less about 'what the end result is', or 'what we do', and more about 'how we do things'. The aim is to enable better outcomes and/or lives for people.

### **Tika, pono and aroha**

**Tika** can be defined as the principle concerned with the right ordering of relationships, the right response to those relationships and the right exercise of mana. In other words, the right way to do things.

**Pono** is the principle that seeks to reveal reality and to achieve integrity of relationships. In other words, it calls for honesty and integrity in all that we do.

**Aroha** is the principle of expressing empathy, compassion and joy for others in all that we do.

Tika, pono and aroha are the principles of action by which Māori exercise tapu and mana. If one wants to have mana, one must first seek tapu. To possess tapu, one must exercise tika, pono, aroha.

### **Trauma therapy**

Most trauma informed therapy broadly follows the following stages:

1. Securing safety, stabilising symptoms and fostering self-care
2. Recovering and treatment, also known as 'remembrance and mourning'
3. Reconnecting with people, meaningful activities and other aspects of life.

Specialist family violence workers are not expected to conduct therapy unless they are suitably qualified. However, they do need to understand it so that those working with people in crisis are not trying to ‘unpack the trauma’ when it is not therapeutically sound to do so.

The following is a link to a useful e-learning script in trauma informed care and therapy developed by the sexual violence sector:

<https://docs.google.com/document/d/1VnBH7ZIZcLMh6FduLjtHeKdRehaUaIVrI3vLjthcjGw/edit?usp=sharing>.

### **Twin-track**

Twin-track is when mainstream services are designed to be competent to work with particular communities, while separate services are uniquely designed for these communities. The twin-track approach allows people who need support to have choices in services that meet their needs.

### **Whānau-centred**

A culturally grounded, holistic approach focused on improving the wellbeing of whānau and addressing individual needs within a whānau context.

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.

Whānau are significantly different, culturally and socially, from ‘family’, which tends to be a single household. Policy development should work with and not seek to confine the flexible and inclusive nature of whānau. It must start from a strong understanding of issues, context and the relevant construct(s) of whānau.

### **Violence experienced by whānau**

All forms of violence that occur against and within whānau Māori, including the violence of colonisation, institutional racism and interpersonal violence. The causes of violence occurring within whānau are acknowledged as a complex mix of both historical and contemporary factors.

### **Vulnerable adult**

The Crimes Amendment Act 2011 (Crimes Act, 1961) defines a vulnerable adult as “a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person.”

**Note:** A person of any age experiencing any form of abuse is vulnerable. They may or may not fit the Crimes Act criteria of a ‘vulnerable adult’.



# Bibliography

**Age Concern New Zealand.** *Elder abuse and neglect.*

Retrieved from: [https://www.ageconcern.org.nz/Public/Information/Age\\_Well/Health\\_Topics\\_A-Z/Elder\\_Abuse/Public/Info/Health\\_Topics/Elder\\_Abuse.aspx?hkey=beed0d1e-25d8-4059-b438-81aab94546d3](https://www.ageconcern.org.nz/Public/Information/Age_Well/Health_Topics_A-Z/Elder_Abuse/Public/Info/Health_Topics/Elder_Abuse.aspx?hkey=beed0d1e-25d8-4059-b438-81aab94546d3).

**Age Concern New Zealand.** 2018. *Elder abuse hits close to home, Age Concern Elder Abuse and Neglect Prevention Services at a Glance: 1 July 2016 – 30 June 2017.*

**Bagwell-Gray, M.E, Messing, J.T & Baldwin-White, A.** 2015. *Intimate Partner Sexual Violence: A Review of Terms, Definitions, and Prevalence.* *Trauma, Violence, & Abuse* 16, no. 3: 316-335.

**Baker, L, Young, S, Straatman, A, Sfeir, M, & Etherington, N.** 2015. *Intimate Partner Violence in Rainbow Communities: A Discussion Paper Informed by the Learning Network Knowledge Exchange.* London, Ontario: Centre for Research and Education on Violence Against Women and Children.

**Barker, L. C, Stewart, D. E & Vigod, S. N.** 2019. *Intimate partner sexual violence: An often overlooked problem.* *Journal of Women's Health* 28, no. 3: 363 – 374.

**Borell, B, Moewaka Barnes, H & McCreanor, T.** 2018. *Conceptualising historical privilege: the flip side of historical trauma, a brief examination.* *Alternative: An International Journal of Indigenous Peoples*, vol. 14, no.1.

**Braveman, P & Gruskin, S.** 2003. *Defining equity in health.* *Journal of Epidemiology and Community Health*, vol. 57, no. 4, 254–8.

**Came, H.** 2014. *Sites of institutional racism in public health policy making in New Zealand, Social science and medicine* 106: pp.214–220. Retrieved from: [doi.org/10.1016/j.socscimed.2014.01.055](https://doi.org/10.1016/j.socscimed.2014.01.055).

**Came, H, & Humphries, M.** 2014. *Mopping up institutional racism: Activism on a napkin, Journal of Corporate Citizenship*, no. 54 pp. 95-108. Retrieved from: [doi.org/10.4324/9781351285926-8](https://doi.org/10.4324/9781351285926-8).

**Chen, J.** 2017. *Intersectionality Matters: A guide to engaging immigrant and refugee communities in Australia.* Multicultural Centre for Women's Health: 6.

**Child Matters.** 2021. UNICEF Innocenti Report. Retrieved from: <https://www.childmatters.org.nz/insights/nz-statistics/>.

**Coates, L & Wade, A.** 2007. *Language and violence: Analysis of four discursive operations.* *Journal of Family Violence*, 22: 511-526.

**Committee on the Elimination of Discrimination Against Women.** 2018. *Concluding observations on the eighth periodic report of New Zealand (UN).* Retrieved from: [https://women.govt.nz/sites/public\\_files/CEDAW\\_C\\_NZL\\_CO\\_8\\_31061\\_E%20%283%29.pdf](https://women.govt.nz/sites/public_files/CEDAW_C_NZL_CO_8_31061_E%20%283%29.pdf).

**Cox, P.** 2015. *Sexual assault and domestic violence in the context of co-occurrence and re-victimisation: State of knowledge paper.* Retrieved from: <https://apo.org.au/sites/default/files/resource-files/2015/10/apo-nid60675-1228771.pdf>.

**Department of Internal Affairs.** 2019. *Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction*. Retrieved from: <https://mentalhealth.inquiry.govt.nz/assets/Uploads/Summary-of-submissions-featuring-Maori-voice.pdf>.

**Department of Social Welfare.** 1988. *Puao-te-Ata-tu: The Report of the Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare*. Retrieved from: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf>.

**Department of the Prime Minister and Cabinet.** 2019. *Child and Youth Wellbeing Strategy*. Available at: <https://childyouthwellbeing.govt.nz/>.

**Dickson, S.** 2016. *Building Rainbow communities free of partner and sexual violence* (Hohou Te Rongo Kahukura: Outing Violence), pp. 14. Retrieved from: <http://www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-2016.pdf>.

**Dobbs, T, & Eruera, M.** 2014. *Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention: Issues Paper 6* (New Zealand Family Violence Clearinghouse). Retrieved from: [https://nzfvc.org.nz/sites/nzfvc.org.nz/files/issues-paper-6-2014\\_0.pdf](https://nzfvc.org.nz/sites/nzfvc.org.nz/files/issues-paper-6-2014_0.pdf).

**Durie, M.** 2004. 2019. *An Indigenous model of health promotion*. Health Promotion Journal of Australia 15, no. 3: pp.181-185.

**Family Safety Victoria.** 2018. *Family Violence Multi-Agency Risk Assessment and Management Framework*. Victoria State Government, pp. 36. Retrieved from: <https://www.vic.gov.au/sites/default/files/2019-02/MARAM-policy-framework-24-09-2018.pdf>.

**Family Safety Victoria.** 2017. *Foundational capabilities informed by Responding to Family Violence Capability Framework*. Licensed under a Creative Commons Attribution 4.0 International licence.

**Family Safety Victoria.** 2019. *MARAM Practice Guides. Responsibility 5&6: Information Sharing with Other Services, Including Secondary Consultation and Referral* (Victoria State Government), pp. 50. Retrieved from: <https://www.vic.gov.au/sites/default/files/2019-07/MARAM-practice-guides-foundation-knowledge.pdf>.

**Fanslow, J. L, Malihi, Z, Hashemi, L, Gulliver, P, & McIntosh, T.** 2021. *Lifetime prevalence of intimate partner violence and disability: Results from population-based study in New Zealand*. American Journal of Preventive Medicine. doi: 10.1016/j.ampere.2021.02.022.

**Fanslow, J. L, Malihi, Z, Hashemi, L, Gulliver, P, & McIntosh, T.** 2021. *Prevalence of nonpartner physical and sexual violence against people with disabilities*. American Journal of Preventive Medicine. doi: 10.1016/j.ampere.2021.03.016.

**Foster, G, Boyd, C & O’Leary, P.** 2012. *Improving policy and practice responses for men sexually abused in childhood*. Australian Centre for the Study of Sexual Assault 12. Retrieved from: <https://malesurvivor.nz/wp-content/uploads/2021/05/Improving-policy-and-practice-responses-for-male-survivors.pdf>.

**FVDRF Family Violence Death Review Committee.** 2014. *Fourth Annual Report: January 2013 to December 2013*, Health Quality & Safety Commission, Wellington.



**FVDRC Family Violence Death Review Committee.** 2016. *Fifth Annual Report: January 2014 to December 2015*, Health Quality & Safety Commission, Wellington.

**FVDRC Family Violence Death Review Committee.** 2020. *Sixth report | Te Pūrongo tuaono. Men who use violence | Ngā tāne ka whakamahi i te whakarekereke*, Health Quality & Safety Commission, Wellington.

**Gender Minorities Aotearoa.** Our Vision. Retrieved from: <https://genderminorities.com/>.

**Good, R.** 1988. *The cultural facilitators of violence: a Pākehā perspective*. Unpublished paper produced by the Family Violence Prevention Coordinating Committee, Wellington; Balzer, R. & McNeill, H. 1988. *The cultural facilitators of violence: a Maori perspective*. Unpublished paper produced by the Family Violence Prevention Coordinating Committee, Wellington.

**Guenther, M, Kenrick, J, Kuper, A, Plaice, E, Thuen, T, Wolfe, P, Zips, W & Barnard, A.** 2006. "The Concept of Indigeneity," *Social Anthropology* 14, no. 1: pp.17.

**Halvorsen, J.E, Solberg, E.T & Stige, S.H.** 2020. *To say it out loud is to kill your own childhood. An exploration of the first person perspective of barriers to disclosing child sexual abuse*. Children and youth services review 113: 104999.

**Hayes, B.E.** 2013. *Women's Resistance Strategies in Abusive Relationships: An Alternative Framework*. SAGE Open. doi. org/10.1177/2158244013501154.

**Interim Te Rōpū.** 2021. *Te Hau Tangata: The scared breath of humanity*, The National Strategy for Eliminating Violence. Wellington.

**Joint Venture Family Violence and Sexual Violence.** 2021. *Te Aorerekura - The National Strategy to Eliminate Family Violence and Sexual Violence*.

**Kahn, A.S, Jackson, J, Kully, C, Badger, K & Halvorsen, J.** 2003. *Calling it rape: Differences in experiences of women who do or do not label their sexual assault as rape*. Psychology of Women Quarterly 27: 233 – 242.

**Kelleher, C, & McGilloway, S.** 2009. *Nobody ever chooses this... A qualitative study of service providers working in the sexual violence sector – Key issues and challenges*. Health and Social Care in the Community 17, no. 3: 295 – 503.

**Kerekere, E.** 2017. *Growing up takatāpui: whānau journeys*. Tiwhanawhana Trust; Rainbow Youth. Retrieved from: [https://static1.squarespace.com/static/5893cf9215d5db8ef4a8dc98/t/58cf4d67f7e0ab911f7b0c02/1489980881341/Growing\\_Up\\_Takata%CC%84pui\\_Wha%CC%84nau\\_Journeys\\_Web\\_Version.pdf](https://static1.squarespace.com/static/5893cf9215d5db8ef4a8dc98/t/58cf4d67f7e0ab911f7b0c02/1489980881341/Growing_Up_Takata%CC%84pui_Wha%CC%84nau_Journeys_Web_Version.pdf).

**Kruger, T, Pitman, M, Grennell, D, McDonald, T, Mariu, D, Pomare, A, Mita, T, Maihi, M, & Lawson-Te Aho, K. Te Puni Kōkiri.** 2004. *Transforming whanau violence: A conceptual framework. An updated version of the report from the former Second Maori Taskforce on Whanau Violence, Second Edition*.

**Lim, S, & Mortensen, A.** 2013. *Best Practice Principles: CALD cultural competency standards and framework* (Waitematā District Health Board). Retrieved from: <https://www.comprehensivecare.co.nz/wp-content/uploads/2013/03/Best-Practice-CALD-Cultural-Competency-Standards-Framework-Jun13.pdf>.

**McOrmond-Plummer, L, Easteal, P & Levy-Peck, J. Y.** 2014. *Intimate partner sexual violence: A multidisciplinary guide to improving services and support for survivors of rape and abuse*. London, United Kingdom: Jessica Kingsley Publishers.

**Messinger, Adam M.** 2017. *LGBTQ Intimate Partner Violence: Lessons for Policy, Practice, and Research*, University of California Press. ProQuest Ebook Central.

**Ministry for Ethnic Communities.** *Our Communities*.  
<https://www.ethniccommunities.govt.nz/community-directory/>.

**Ministry for Ethnic Communities.** 2021. *Your Voice: Feedback on our draft Strategy*. Retrieved from: <https://www.ethniccommunities.govt.nz/news/your-voice-feedback-on-our-draft-strategy/>.

**Ministry of Justice.** 2020. *Amended Family Violence Act* 2018. Retrieved from: <https://www.legislation.govt.nz/act/public/2018/0046/latest/DLM7159322.html>.

**Ministry of Justice.** 2018. *Breaking the inter-generational cycle of family violence and sexual violence*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/Publications/breaking-the-inter-generational-cycle-of-family-violence-and-sexual-violence.pdf>.

**Ministry of Justice.** 2017. *Family Violence Risk Assessment and Management Framework*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/Publications/family-violence-ramf.pdf>.

**Ministry of Justice .** 2017. *Family Violence, Sexual Violence and Violence within Whānau: Workforce Capability Framework*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/publications/family-violence-workforce-capability-framework.pdf>.

**Ministry of Justice.** 2019. *New Zealand Crime and Victims Survey. Key findings. Cycle 1. March – September 2018*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-List-of-key-findings-Y1-fin.pdf>.

**Ministry of Justice.** 2019. *New Zealand Crime and Victims Survey. Key findings. Cycle 2. October 2018 – September 2019*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-A5-KeyFindings-v2.0-.pdf>.

**Ministry of Justice.** 2021. *New Zealand Crime and Victims Survey. Key findings. Cycle 3. October 2019 – November 2020*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Cycle3-A5-20210611-v1.0-fin.pdf>.

**Ministry of Social Development.** 2019. *Elder Abuse in Aotearoa. The role and current state of MSD's Elder Abuse Response Services*.

**Ministry of Social Development.** 2012. *Taskforce for Action on Violence within Families, Nga Vaka O Kāiga Tapu, A Pacific Conceptual Framework to address Family Violence in New Zealand*. Retrieved from: <https://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource-Nga-Vaka-o-Kaiga-Tapu-Main-Pacific-Framework.pdf>.

**Moradi, B & Grzanka, P.** 2017. *Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. Journal of Counselling Psychology*.

**New Zealand Family Violence Clearinghouse.** 2017. *Data Summaries 2017: Snapshot*. <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Data-summaries-snapshot-2017.pdf>.

**Office for Disability Issues.** 2016. *The New Zealand Disability Strategy*. Retrieved from: <https://www.odi.govt.nz/nz-disability-strategy/>.

**Office for Disability Issues.** 2006. *United Nations Convention on the Rights of Persons with Disabilities*.  
<https://www.odi.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/read-the-convention/>.

**Office for Seniors.** 2016. *Attitudes towards Ageing*. Retrieved from: <https://officeforseniors.govt.nz/assets/documents/our-work/Ageing-research/Attitudes-towards-ageing-summary-report-2016.pdf>.

**Office of the Children's Commissioner.** *Stat's on kids*. Retrieved from: <https://www.occ.org.nz/our-work/statsonkids/>.

**Oranga Tangata.** 2019. *He Waka Roimata: Transforming Our Criminal Justice System: First report of Te Uepū Hāpai i te Ora – Safe and Effective Justice Advisory Group*. Retrieved from: <https://www.justice.govt.nz/assets/Documents/Publications/he-waka-roimata.pdf>.

**Oranga Tamariki.** 2020. *Prevalence of harm to children in New Zealand*. At-A-Glance-Harm-to-Children-in-New-Zealand 2020.pdf.

**Ponic, P, Varcoe, C & Smutylo, T.** 2016. *Trauma (and Violence) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations*. Department of Justice (DOJ) Victims of Crime Research Digest. Retrieved from: <http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html>

**Rainbow Directory.** *MVPFAFF: Mahu (Hawai'i and Tahiti), Vaka sa lewa lewa (Fiji), Palopa (Papua New Guinea) Fa'afafine (Samoa) Akava'ine (Rarotonga), Fakaleiti (Tonga), Fakafifine (Niue)*. Retrieved from: <https://rainbowdirectory.co.nz/glossary/mvpfaff/>.

**Reynolds, V.** 2020. *Trauma and resistance: 'hang time' and other innovative responses to oppression, violence and suffering*. *Journal of Family Therapy* 42, no. 3: 347-364.

**Richardson, C. & Wade, A.** 2010. *Islands of Safety: Restoring dignity in violence prevention work with indigenous families*. *First Peoples Child and Family Review*, Vol 5, Number 1, pp 137-145.

**Ryan, J & Block, M.** 2019. *12 Week Review of Cases Referred to the Family Violence Integrated Safety Response (ISR) pilot (Draft): Review of 129 Cases Active with ISR from May to August 2018*. Wellington, New Zealand: ISR National Team.

**Short, J, Cram, F, Roguski, M, Smith, R & Koziol-McLain, J.** 2019. *Thinking differently: reframing family violence responsiveness in the mental health and addictions health care context*. *International Journal of Mental Health Nursing*, vol 28 no. 5, pp. 1209-1219, (doi:10.1111/inm.12641).

**Simon-Kumar, R.** 2019. *Ethnic perspectives on family violence in Aotearoa New Zealand: Issues Paper 14*. New Zealand Family Violence Clearinghouse. Retrieved from: <https://nzfvc.org.nz/sites/default/files/NZFVC-issues-paper-14-ethnic-perspectives.pdf>.

**Stark, E.** 2012. *Re-presenting Battered Women: Coercive Control and the Defense of Liberty*. Prepared for Violence Against Women: Complex Realities and New Issues in a Changing World Conference, 29 May to 1 June 2011, Montreal, Québec, Canada.

**Statistics NZ.** 2018. *Census*. Retrieved from: <https://www.stats.govt.nz/topics/census#2018-census>.

**Tarrant, S, Tolmie, J, & Giudice, G.** 2019. *Transforming legal understandings of intimate partner violence*. Australian National Research Organisation for Women's Safety.



**Te Puni Kōkiri.** 2008. *Arotake Tūkino Whānau Literature Review on Family Violence*. Retrieved from: <https://www.tpk.govt.nz/documents/download/262/tpk-family-violence-literature-review.pdf>.

**Te Puni Kōkiri.** 2017. *Understanding family violence: Māori in Aotearoa*. Retrieved from: <https://www.tpk.govt.nz/en/a-matou-mohiotanga/health/maori-family-violence-infographic>.

**Te Puni Kōkiri.** 2019. *Whānau-centred policy framework*. Unpublished.

**Te Puni Kōkiri & The Treasury.** 2019. *An Indigenous Approach to the Living Standards Framework*.

**The Backbone Collective.** *Victim-Survivor Perspectives on Longer-Term Support After Experiencing Violence and Abuse*. Retrieved from: <https://static1.squarespace.com/static/57d898ef8419c2ef50f63405/t/5f29217f4f222031501a82c5/1596531111262/>

**Tolmie J, Smith R, Short J, Wilson D, Sach J.** 2018. *Social entrapment: A realistic understanding of the criminal offending of primary victims of intimate partner violence*. New Zealand Law Review. 25;2018(2):181-217.

**United Nations Human Rights.** *Convention on the Rights of the Child*. Retrieved from: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

**United Nations.** 2006. *United Nations Convention on the Rights of Persons with Disabilities*. Retrieved from: [https://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf).

**Youth19.** 2021. *Safety and Violence: A Youth19 Brief*. A Youth2000 survey. Retrieved from: <https://www.youth19.ac.nz/publications/tag/Violence>.

**Voith, L. A, Logan-Greene, P, Strodthoff, T & Bender A.E.** 2020. *A paradigm shift in batterer intervention programming: A need to address unresolved trauma*. Trauma, Violence, & Abuse 21, no. 4: 691-705.

**Walker, D.** 2019. *What is indigeneity*. Te Kaharoa, 12(1). Retrieved from: <https://doi.org/10.24135/tekaharoa.v12i1.260>.

**Walters, K. L, Mohammed, S.A, Evans-Campbell, T, Beltrán, R.E, Chae D.H & Duranet, B.** 2011. *Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives*. Du Bois Review: Social Science Research on Race, vol. 8, no. 1, 179–89.

**Wilson, D.** 2016. *Transforming the normalisation and intergenerational whānau (family) violence*, *Journal of indigenous wellbeing: Te Mauri – Pimatisiwin* 1, no. 2: pp.32-43.

**Wathen, C.N. & Varcoe, C.** 2019. *Trauma and Violence Informed Care: Prioritizing Safety for Survivors of Gender-Based Violence*. London, Canada.

**Woody, J. D & Beldin, K. L.** 2012. *The mental health focus in rape crisis services: Tensions and recommendations*. *Violence and Victims* 27, no. 1: 95 – 108.





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## Specialist Family Violence Organisational Standards



**Te Kāwanatanga o Aotearoa**  
New Zealand Government