

FAMILY VIOLENCE

Introduction

Te Rito, the New Zealand Family Violence Prevention Strategy, defines family violence as:

“a broad range of controlling behaviours commonly of a physical, sexual and/or psychological nature, which typically involve fear, intimidation and emotional deprivation. It occurs within close interpersonal relationships” [401].

Family violence is a major problem in New Zealand. New Zealand Police statistics indicate that in 24 out of the 61 recorded homicides in 2011, the perpetrator had a family relationship to the victim [402]. In 2013 the police conducted 95,080 family violence investigations of which 37,880 had at least one offence recorded [403]. The Youth’12 survey of around 8,000 secondary school students in New Zealand identified that in the past year 7% of students had witnessed adults at home hitting or physically hurting each other and 14% had witnessed adults hitting or physically hurting children [359].

Family violence encompasses “intimate partner violence” (IPV) where harm is perpetrated by a current or former partner or spouse. The most severe and lethal forms of family violence are predominantly inflicted by men on women and children [401]. Children are harmed both by directly witnessing IPV and by awareness that their caregiver is being harmed or threatened [404]. Having their mother killed by her partner is devastating for children, who may lose their father as well if he is convicted of homicide [405]. Children exposed to IPV are at increased risk of emotional and behavioural problems including post-traumatic stress disorder, anxiety disorders, externalising behaviour, difficulties in peer relationships, school-related problems and physical health problems [404], although not all children exposed to IPV exhibit adverse effects. Factors promoting resilience in children exposed to IPV include self-esteem, self-efficacy, the availability of a supportive adult/parent, and friendships or other forms of community support [406]. Research indicates that, in a high proportion of families where there is intimate partner violence, children are also victims of violence. Policies and practices, therefore, need to address both of these forms of family violence rather than focussing exclusively on either women or children [407].

The following section reviews the number of family violence investigations occurring during 2012–2013 as documented by the New Zealand Police. In interpreting these figures, it must be remembered that research suggests that police are involved in only around 10% of the family violence incidents occurring in New Zealand each year [408] so these figures need to be viewed as the “tip of the iceberg”. It should also be borne in mind that trends in police statistics may be the result of public awareness campaigns and changes in the way the police recognise and record family violence incidents. Despite this, these figures provide some insights into family violence in New Zealand.

Data Source and Methods

Indicator

1. Number of Police Family Violence Investigations (FVI)

Data Source

New Zealand Police

Definition

The Police record “Family Violence Investigations” (FVI) in their operational database where a given investigation may relate to one or more offences and/or non-offence incidents. Only one of these offences (usually the most severe) is used to categorise the investigation. Recording incidents as FVIs is at the discretion of the Police, hence these statistics only characterise the FVIs Police have chosen to undertake.

Notes on Interpretation

Note 1: Police policy defines family violence as “*violence which is physical, emotional, psychological and sexual and includes intimidation or threats of violence*”. The term “family” includes parents, children, extended family members, whānau, or any other person involved in a relationship (e.g. partners, caregivers, boarders and flatmates). It does not include neighbours.



Note 2: Creating a Family Violence Investigation is an active choice made by the Police. Therefore, no inferences can be made about trends in the prevalence of family violence from these statistics. The decision to undertake an FVI is affected by a number of factors which may change over time. A single FVI might include several incidents that might or might not be related to a criminal offence (i.e. counts of FVIs are not counts of recorded offences).

Note 3: From 1 July 2012 the Police ceased producing data on recorded offences flagged as family violence. Currently Tier-1 statistics (the most important official statistics) are being developed from a new dataset that will include information about victims of crime and the relationship between victim and offender. This is expected to enhance the knowledge of family violence in New Zealand. These are scheduled to become available in late 2014.

Note 4: Because District Health Board boundaries do not match Police area boundaries, the data for some Police areas might be included in figures for more than one District Health Board. New Zealand totals only include each Police Area once so are less than the aggregate total for all District Health Boards. Refer to **Appendix** for Police Area boundaries.

Note 5: All of the data in this section were extracted from the Police's dynamic operational database on 27 May 2014. Data in this database are subject to change as new information is continually recorded, and the data-set was still under development. Figures reported on different dates may vary due to this ongoing development, and therefore data in this report should not be compared with data in previous NZYES reports.

New Zealand Distribution

Family Violence Investigations where Children were Present

In New Zealand, 95,082 Family Violence Investigations (FVIs) were undertaken by New Zealand Police during 2013. In 62.2% of the investigations, children were reported as being present or usually residing with the victim (**Table 1**).

Table 1. Number and proportion of police family violence investigations where children were present*, New Zealand 2012–2013

Year	Number of FVIs		Percent of FVIs where children were present*
	Children present	Total	
2012	49,954	87,647	57.0
2013	59,144	95,082	62.2

Source: NZ Police; Note: *Children were present or usually residing with the victim

Family Violence Investigations with One or more Offences Recorded

Of the 95,082 Police FVIs conducted in New Zealand during 2013, 39.8% had one or more offences recorded (**Table 2**).

Table 2. Number and proportion of Police family violence investigations where at least one offence was recorded, New Zealand 2012–2013

Year	Number of FVIs		Percent of FVIs where children were present*
	At least one offence recorded	Total	
2012	40,681	87,647	46.4
2013	37,886	95,082	39.8

Source: NZ Police; Note: *Children were present or usually residing with the victim

South Island DHBs Distribution

Family Violence Investigations in the South Island DHBs

During 2012–2013, a large number of FVIs were conducted in the Police areas that overlapped the South Island DHBs' catchments (**Table 3**). See **Appendix** for a map of the Police Area boundaries.



Table 3. Family Violence Investigations for Police Areas overlapping the South Island DHBs' catchments 2012–2013

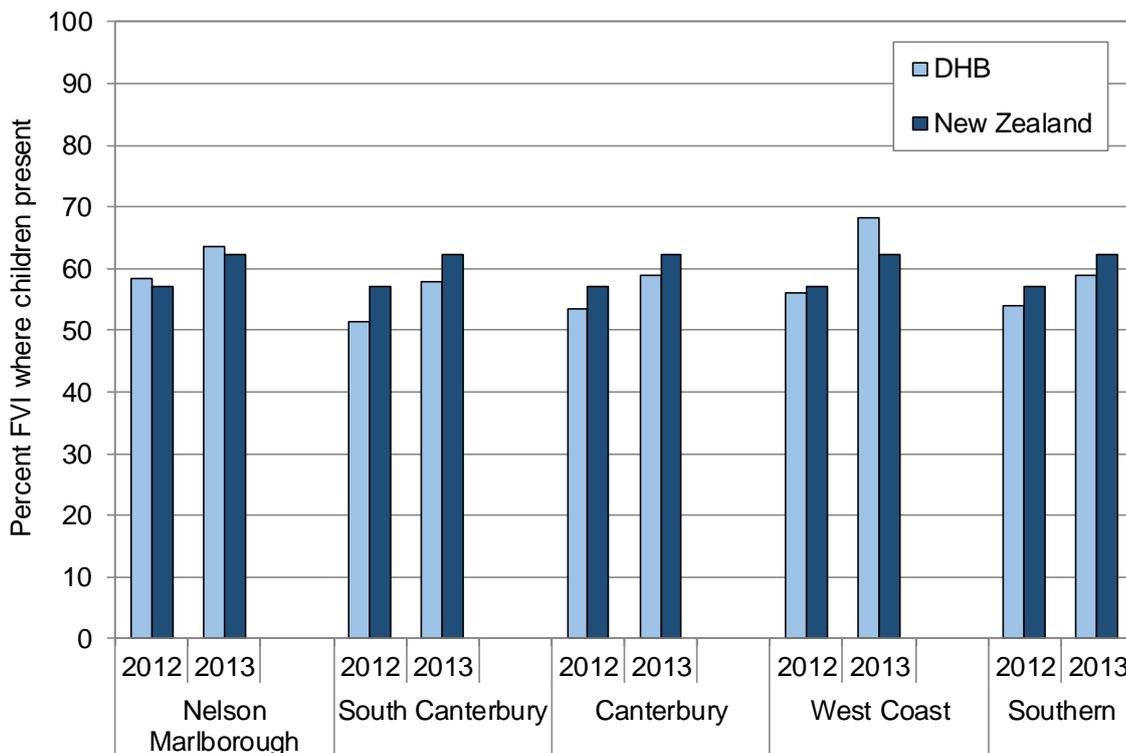
Police area	Percent of FVI where children present*	
	2012	2013
Tasman police district		
Nelson Bays	62.9	65.4
Marlborough	47.3	59.9
West Coast	56.1	68.2
Canterbury police district		
Northern Canterbury	54.0	63.4
Christchurch Central	44.8	50.1
Southern Canterbury	52.8	55.1
Mid South Canterbury	51.5	57.8
Southern police district		
Dunedin	50.7	56.7
Otago Rural	54.6	49.9
Southland	57.8	63.9

Source: NZ Police; Note: *Children were present or usually residing with the victim

Family Violence Investigations Where Children Were Present

In the South Island DHBs during 2012 and 2013, over half of family violence investigations involved children. The rates for New Zealand were 57.0% in 2012 and 62.2% in 2013 (Figure 1).

Figure 1. Percentage of Police family violence investigations where children were present or usually residing with the victim, for South Island DHBs vs. New Zealand 2012 and 2013



Source: NZ Police



Local Policy Documents and Evidence-based Reviews Relevant to Family Violence

In New Zealand there is a range of publications that address the prevention of child abuse and family violence. A large number of international reviews have also explored this issue. **Table 4** (below) summarises publications and evidence based reviews which address family violence, and publications which focus primarily on child abuse and neglect are in the relevant chapter.

Table 4. Local policy documents and evidence-based reviews relevant to family violence

Ministry of Health publications
<p>Jigsaw & Ministry of Health. 2014. Increasing VIP Programmes' Responsiveness to Māori: a whānau-centred approach for the VIP programme. Wellington: Ministry of Health. http://www.health.govt.nz/publication/increasing-violence-intervention-programme-vip-programmes-responsiveness-maori</p> <p>This resource aims to improve the responsiveness of violence intervention programme (VIP) responsiveness to Māori by sharing stories, case studies and 'lessons learned' from VIP programmes that are already working well for Māori. The stories and case studies reflect the experiences of VIP practitioners, health professionals and service providers and they are grouped into five themes: putting whānau at the centre of VIP and health practice: weaving a southern perspective; whānau strengths: seeing the patient in the context of their extended family and community; supporting Māori and their whānau: using tikanga Māori to support healing and recovery; partnerships with Māori and community providers to prevent family violence and connect whānau with support, and embedding whānau-centred approaches into policy and practice.</p>
<p>Ministry of Health. 2003. Recognising and Responding to Partner Abuse: A resource for general practices. Wellington: Ministry of Health. http://www.health.govt.nz/publication/recognising-and-responding-partner-abuse</p> <p>General practice can play an important role in early identification of partner abuse and initiating appropriate help for those who need it. This resource for general practices covers how to ask about partner abuse, provide support, and discuss options. It is intended to be used in conjunction with training covering these areas.</p>
<p>Ministry of Health. 2002. Family Violence Intervention Guidelines Child and Partner Abuse. Wellington: Ministry of Health. http://www.health.govt.nz/publication/family-violence-intervention-guidelines-child-and-partner-abuse</p> <p>These guidelines are aimed at all health care professionals and provide a framework for safe and effective interventions to assist victims of violence and abuse. They are intended for use only by healthcare providers who have received appropriate training on how to enquire about, and respond to, family violence. They contain separate sections on child and partner abuse but recommend that, because of the high co-occurrence of these forms of abuse, a process of dual risk assessment should be followed. Within each section a six-step approach to identifying and responding to victims of abuse is outlined: identify; support and empower; assess risk; safety planning and referral; document; and refer. There are also sections addressing the particular issues of Māori and Pacific families.</p>
<p>Ministry of Health. 2007. An ounce of prevention... VIP violence intervention programme. Wellington: Ministry of Health. http://www.health.govt.nz/publication/ounce-prevention</p> <p>This booklet contains a series of brief stories by a variety of health and health-related professionals concerning their thoughts and experiences in dealing with family violence. It highlights the importance of asking, rather than waiting for people to disclose that they are victims of family violence.</p>
Ministry of Social Development documents
<p style="text-align: center;">Reports from the Taskforce for Action on Violence within Families</p> <p>The Taskforce for Action on Violence within Families (the Taskforce) was established in June 2005 to lead and co-ordinate interagency action to address family violence, including abuse and neglect of children and older persons. It consists of key decision-makers from the government and non-government sectors, the judiciary and Crown agencies.</p> <p>Taskforce for Action on Violence Within Families. 2006. The First Report. Wellington: Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/taskforce-report-first-report-action-on-violence.pdf</p> <p>This report sets out the first programme of action of the Taskforce for Action on Violence within Families, under the headings of leadership, changing attitudes and behaviour, ensuring safety and accountability, and effective support services.</p> <p>Taskforce for Action on Violence Within Families. 2007. The Ongoing Programme of Action. Wellington: Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/taskforce-ongoing-programme-of-action.pdf</p> <p>This second report from the Taskforce presents its achievements to date and sets out its plans and programmes for 2007/08 and beyond, under the same four headings as the first report. The summary of this report can be found here: https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/taskforce-ongoing-programme-of-action-summary.pdf</p>

<p>The 2010/11 programme of action can be found here: https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/programme-of-action-2010-2011.doc .</p> <p>The 2011/12 programme of action can be found here: http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/taskforce-poa-2011-2012.doc</p> <p>The 2012/13 programme of action can be found here: https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/programme-of-action-2012-2013.doc</p> <p>Further reports from the taskforce can be downloaded here: https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/reports.html#TheOngoingProgrammeofAction2 .</p>
<p>Chetwin A. 2013. A review of the effectiveness of interventions for adult victims and children exposed to family violence. Wellington: Litmus, for the Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/a-review-of-the-effectiveness-of-interventions-for-adult-victims-and-children-exposed-to-family-violence-25-09-2013-tf-meeting.pdf</p> <p>This paper, which was produced for the Taskforce for Action on Violence within Families, examines the effectiveness of interventions that respond to intimate partner violence and children exposed to this form of violence. Across the research reviewed, there were several factors common to effective interventions for both victims and children: integrated services provided with multi-agency collaboration; response systems capable of addressing a variety of different needs, at different times and in different locations, and which can work with differences in culture, age, level of trauma and co-occurring issues; offering both victims and children long term, ongoing support; having skilled, experienced and well-supported staff with good understanding of the dynamics of family and other violence, and having strong links to other services which support victims and children. The review authors assessed and summarised the evidence for the effectiveness of integrated response, interventions for victims of intimate partner violence, children exposed to intimate partner violence, and elder abuse, and family-centred interventions.</p>
<p>The Māori Reference Group for the Taskforce for Action on Violence in Families. 2013. E Tu Whānau Programme of Action for Addressing Family Violence 2013–2018. Wellington: New Zealand Government. http://www.familyservices.govt.nz/documents/working-with-us/programmes-services/whanau-ora/e-tu-whanau-programme-of-action-2013-2018.pdf</p> <p>This programme of action builds on the work achieved under the first programme of action (2008–13). It provides a framework within which Te Ao Māori and government can continue to work together to address issues related to whānau violence over the five years 2013–2018. In summary, the stated aims of the programme are: to inspire and support whānau, hapū and iwi to take action to address issues of violence, to look to the past for guidance and to have big dreams for now and the future—Te Mana Kaha o te Whānau; provide an action plan that is Māori owned and led, achievable and ‘real’—that will result in actions that actually make a difference; to provide clarity and guidance around what is required of government and Te Ao Māori; and to build on the significant achievements and success of all that has gone before.</p>
<p>Paulin J. 2013. Report on monitoring and evaluation activity in New Zealand across the family violence sector. Wellington: Artemis Research, for the Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/report-on-monitoring-and-evaluation-activity-in-nz-across-the-fv-sector-19-06-2013-tf-meeting.pdf</p> <p>This report contributes to Taskforce for Action on Violence within Families Programme of Action 2012/13 by describing current monitoring and evaluation across the family violence sector. The terms of reference for the report were to ‘describe current conceptual frameworks; describe current monitoring and evaluation practice; and identify gaps and improvements so that evaluation activities help ensure that services we invest in have the greatest possible impact’. Report sections cover recent monitoring activity, recent evaluation and social research activities, monitoring and evaluation underway or planned, and gaps and improvements.</p>
<p>Thornley L. 2013. What works to prevent intimate partner violence and elder abuse. Wellington: Quigley and Watts Ltd., for the Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/what-works-to-prevent-intimate-partner-violence-and-elder-abuse-25-09-2013-taskforce-meeting.pdf</p> <p>This review draws mostly on existing reviews and literature syntheses. It focuses on five primary prevention approaches: societal-level, community-level, indigenous-led, alcohol-related, and child and youth-focused. It found that all five approaches are thought to have promise, and that there are some evaluations of interventions that have shown reductions in intimate partner and sexual violence. This review excludes family support and parenting programmes. Overall, the evidence base for preventive interventions is limited, as few interventions have been sufficiently evaluated. The literature suggests that programmes which aim only to change knowledge or awareness, and do not attempt to change attitudes, behaviours or social norms, are likely to be ineffective in preventing violence, as are short term media campaigns implemented in isolation without a comprehensive social marketing approach.</p> <p>At the societal level, examples of interventions which have been evaluated and found to be effective are setting minimum alcohol purchase ages and banning alcohol advertising. Promising societal-level prevention interventions are Australia’s Respect, Responsibility and Equality program, restrictions on the sale and supply of alcohol in Aboriginal and Torres Strait Islander communities, the US Coaching Boys into Men media campaign, and New Zealand’s It’s Not OK campaign. There is emerging evidence for community-level approaches and international researchers consider these to have great potential. Indigenous-led approaches are under-researched. Māori primary prevention programmes included the Ngāti Porou Community Injury Prevention project and the Amokura Family Violence Prevention Strategy.</p>

There are interventions to reduce problem drinking that are well-supported by evidence and could be expected to reduce intimate partner violence. There is emerging evidence that general alcohol harm reduction interventions, e.g. reducing alcohol availability, raising the price and improving the safety of drinking venues are effective. Primary prevention interventions with children and youth (often in school or early childhood education settings) are supported some of the strongest evidence in the field of violence against women. The review authors found very little information on the prevention of elder abuse and neglect.

The Expert Advisory Group on Family Violence. 2013. **Report of the Expert Advisory Group on Family Violence**. Wellington: Ministry of Social Development.

http://beehive.govt.nz/sites/all/files/Report_of_the_Expert_Advisory_Group_on_Family_Violence.pdf

In 2013, the Associate Minister for Social Development, Tariana Turia, appointed an expert advisory group (EAG) to provide independent strategic advice to assist the Government to determine key priority actions to address family violence in New Zealand. This report contains the EAG's recommendations, which are grouped into three broad areas: structural reform, research/information management, and streamlined service delivery, efficiency and partnerships. Regarding primary prevention, the EAG made two recommendations: an on-going commitment to national education/social marketing campaigns aimed at changing attitudes to family violence (in collaboration with community run projects), and closer coordination between the Ministries of Education, Health and Social Development to lead and/or support prevention initiatives. The EAG noted that there are 12 different government departments with a role in either the prevention or response to family violence: the Ministry of Social Development, the Ministry of Health, the Ministry of Education, the Ministry of Justice, the Accident Compensation Corporation, the Department of Corrections, the New Zealand Police, the Ministry of Business Innovation and Employment, Te Puni Kokiri, the Ministry of Pacific Island Affairs, the Ministry of Women's Affairs, and the Office of Ethnic Affairs.

Close L, Peel K. 2012. **Incorporating the voice of experience: Family violence—service user involvement guide**. Wellington: Ministry of Social Development for the Taskforce for Action on Violence within Families.

<https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/voice-of-experience.pdf>

This guide is intended primarily for the people in government and non-government agencies who directly or indirectly provide services for people affected by family violence, but it may also be useful to service users and service user organisations seeking to participate in service development. It focuses on ways to involve family violence service users in service provider organisations, particularly in policy and service development processes. It covers: reasons to involve service users, best practice, barriers to involving service users, ways to involve service users and working with specific populations.

Peteru MC. 2012. **Falevitu: A literature review on culture and family violence in seven Pacific communities in New Zealand**. Wellington: Ministry of Social Development. <https://www.familyservices.govt.nz/documents/working-with-us/programmes-services/pacific-framework-literature-review-fa2.pdf>

This literature review aimed to cover: perceptions of and cultural beliefs on family violence; concepts that promote the wellbeing and 'sacredness' of Pacific people; contemporary influences on families; relationships between culture, religion, social norms and family violence; impacts of family violence; relevant national and international literature on indigenous people and family violence, migration, inequalities and identity; and information gaps and areas for further research and exploration. The review authors found a paucity of both statistical and narrative research literature in the areas of interest and they stated that their review "affirms that there is no literature or critical research that focuses on understanding the conditions under which violence enters the family, and the cultural pathways taken to restore harmony and wellbeing in the family". They outline areas where further research is needed.

Pacific advisory group on family violence. 2012. **Nga vaka o kāiā tapu: A Pacific conceptual framework to address family violence in New Zealand**. Wellington: Ministry of Social Development. <http://www.ppdvp.org.nz/wp-content/media/2014/04/pacific-framework-fa2.pdf>

This document sets out a conceptual framework to address the high prevalence of violence in families belonging to one or more of seven ethnic Pacific communities in New Zealand. It is intended as a guide for policy-writers and to inform the development of a training programme to assist those working with Pacific families affected by family violence, both ethnic-specific practitioners and others. The framework takes a strengths-based approach and its overall vision is to achieve wellbeing, and strong and vibrant families and individuals, in Cook Islands Māori, Fijian, Nuiean, Sāmoan, Tokelau, Tongan and Tuvaluan communities. It contains seven ethnic-specific frameworks which describe and explain key cultural concepts and principles of each ethnic community that promote family wellbeing, and outline practice imperatives for dealing with family violence in a culturally relevant manner.

Boutros N, Waldvogel J, Stone G, et al. 2011. **Family violence in migrant and refugee families and successful models of prevention and intervention: A summary analysis and annotated bibliography**. Wellington: Ministry of Social Development. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/annotated-bibliography-family-violence-in-migrant-and-refugee-communities.doc>

This publication provides a summary of research relating to family violence within refugee and migrant communities both in New Zealand and overseas. It includes information about the prevalence, dynamics, causes, risk and protective factors and the impact of family violence in various ethnic communities. It also discusses the barriers that victims face in seeking help and the challenges for service providers attempting to address victims' needs. Research indicates that migrant and refugee women are more negatively impacted by family violence than mainstream women because they have fewer realistic options to escape from, or change, their situation.

Levine M, Benkert N. 2011. **Case Studies of Community Initiatives Addressing Family Violence in Refugee and Migrant Communities: Final Report**. Wellington: Ministry of Social Development and Ministry of Women's Affairs. <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/case-studies-report-fv-refugee-and-migrant.doc>

This report presents two case studies of community initiatives addressing family violence in refugee and migrant communities that were perceived by community members and service providers to be working well, and also brief descriptions of six other initiatives. The two case studies involved the Umma Trust, which provides services and support aimed at overcoming isolation, empowering women, and preventing family violence, to Muslim communities in Auckland, and Second Chance, which offers post-refuge education and training to promote independence for survivors of intimate partner violence from Asian, Middle Eastern and African immigrant backgrounds.

Interviews with key informants from central, regional and local government, and from community organisations, consistently indicated that the most effective interventions were those that were well networked with other groups and had deep community ties. This report discusses various types of community initiatives, including service and support providers which address a range of community needs, refuges which are aimed at the immediate safety of victims of family violence, and women's networks that address the isolation that makes women vulnerable. Systemic issues relevant to family violence in migrant communities include isolation, immigration policy requirements, men using their culture, religion and community standing to rationalise their coercive behaviour, and poverty and unemployment. The research identified three broad good practice principles: taking a holistic approach (building trust and good networks, involving men and male community leaders, and dealing with perpetrators as well as victims), empowering the community, and effective engagement with the community.

Point Research Ltd. 2010. **An innovative approach to changing social attitudes around family violence in New Zealand: Key ideas, insights and lessons learnt The Campaign for Action on Family Violence** Wellington: Centre for Social Research and Evaluation, Ministry of Social Development. <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/campaign-action-violence-research/an-innovative-approach-to-changing-social-attitudes.pdf>

This research aimed to: articulate the key ideas, messages and approach of the "it's not OK" campaign to reduce family violence, to review the evidence on how well the campaign is working, and to highlight the lessons and insights from the campaign that can be used to inform the future development of the campaign and other government-led initiatives. It was based on interviews with 29 key informants/stakeholders and informed by a critical analysis of relevant literature relating to family violence, social change and social movements, policy documents and other research and information related to the campaign. It suggests that ways forward for the campaign could include: a holistic approach for Māori whānau, more diverse voices, talking about help giving and receiving behaviour, and increasing future campaign leverage and sustainability by continuing to build a social movement through community partnerships, social networking and mass media messages.

Other research reports from the Campaign for Action on Family Violence can be found here:

<https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/campaign-action-violence-research/index.html>

The Pacific Advisory Group for the Taskforce for the Taskforce for Action on Violence within Families. 2009. **Programme of Action for Pacific Peoples 2008 and beyond**. Wellington: Ministry of Social Development. <http://www.familyservices.govt.nz/documents/working-with-us/programmes-services/whanau-ora/programme-of-action-for-pacific-peoples-2008-and-beyond.pdf>

This programme provides a practical framework for addressing key issues and priorities in relation to violence within Pacific families and communities, and it also contains important contextual and background information. The programme has 12 stated objectives. Chapter three sets out the actions required to achieve each of the objectives, the expected outcomes, the lead and collaborating government ministries and/or agencies, and timeframes.

Lievore D, Mayhew P. 2007. **The scale and nature of family violence in New Zealand: A review and evaluation of knowledge**. Wellington: Ministry of Social Development <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/scale-nature-family-violence/>

This report was commissioned from the Crime and Justice Research Centre to support the Taskforce for Action on Violence within Families. It was intended to provide a comprehensive review of what was known about the nature and scale of family violence in New Zealand, and to assess the quality of the evidence. It covers physical, sexual, psychological and financial abuse/violence towards intimate partners, people in dating relationships, children, elderly people and siblings. It is based on a systematic search and review of published and unpublished research conducted in New Zealand, and major international studies. It also includes administrative and service-based data collected by government and non-government agencies, some of which has been reanalysed. Among the conclusions of this report are that, while there is relatively good understanding of the family psychological and demographic risk factors that predict violence, there is little understanding of the ways these factors interact with broader social structures and cultural norms that either support or inhibit violence. There is also a lack of knowledge about resilience in the face of family violence and of the factors promoting healthy outcomes for victims.

Ministry of Social Development. 2002. **Te Rito: New Zealand Family Violence Prevention Strategy**. Wellington: Ministry of Social Development. <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/te-rito/index.html>

This strategy sets out the Government's key goals and objectives and a framework to maximise progress towards the goal of violence-free families and whānau and implement the family violence prevention plan of action released in September 2001. There are five key goals and a five-year action plan detailing 18 specific, interrelated areas of action.

Ministry of Women's Affairs publications

Ministry of Women's Affairs. 2013. **Current thinking on primary prevention of violence against women**. Wellington: Ministry of Women's Affairs. http://mwa.govt.nz/sites/public_files/Final%20Current%20thinking%20on%20primary%20prevention.pdf

The purpose of this paper is to generate discussion about approaches to primary prevention of violence and how these can be implemented in New Zealand. It focuses largely on violence against women. It states that, internationally, there is widespread agreement across the research, policy and community sectors that that violence prevention involves promoting gender equality, and addressing the multiple and intersecting forms of disadvantage and discrimination that place women at risk of violence. The systemic factors that further disadvantage women from minority cultural groups, including Māori, such as racism and poverty, also need to be addressed. It also states that currently few states, if any, have been able to implement and evaluate sustained multi-sectoral measures aimed at changing the attitudes, practices and behaviours that cause and contribute to violence against women and that, as a result, there are currently no effective primary prevention models to draw on. Despite this, there are overseas strategies pointing to promising approaches and best practice guidelines and there is evidence about elements of successful primary prevention approaches, for example the positive impact of respectful relationship programmes delivered to young people.

Ministry of Women's Affairs. 2012. **Speak up, Seek Help, Safe Home: A review of literature of culturally appropriate interventions for intimate partner violence in ethnic communities**. Wellington: Ministry of Women's Affairs. http://mwa.govt.nz/sites/public_files/speak-up-seek-help-safe-home.pdf

There is little data on the prevalence of intimate partner violence in ethnic communities in New Zealand but Asians, predominantly overseas-born, were significantly over-represented as victims and perpetrators of couple-related homicides in 2002–2006 (although the overall figures are small and should be interpreted with caution). This literature review found that research on interventions for domestic violence in ethnic communities in New Zealand was scarce, therefore the majority of the research reviewed was conducted in the US, Canada and Australia. The reviewers gave priority to research on ethnic groups that are significantly represented in New Zealand. Most research involved surveying the experiences of community members, clients and workers, and soliciting their suggestions. Only two papers reported on evaluations of interventions, one in Perth and one in New South Wales. In both of these projects, participants were surveyed and both projects reported positive feedback concerning factors such as awareness of violence issues, willingness to talk about violence, knowledge of services, and willingness to access services. The review authors stated that further research is needed, particularly in the areas of evaluation and working with offenders in culturally appropriate ways.

Ministry of Justice publications

Carswell S. 2006. **Family violence and the pro-arrest policy: a literature review**. Wellington: Ministry of Justice. <http://www.justice.govt.nz/publications/global-publications/f/family-violence-and-the-pro-arrest-policy-a-literature-review-december-2006>

Since 1987, the New Zealand Police have had a pro-arrest response at domestic violence incidents. Officers have been instructed to arrest offenders where there is sufficient evidence and that the victim does not have to make an official complaint. Several studies from the US produced findings that suggest that the pro-arrest response may actually increase violence among various sub-groups in society, such as the unemployed and minority ethnic communities. Another concern is that the directive nature of the pro-arrest response has an impact on victims by taking the choice of pressing charges away from them. This review examines the validity of these concerns. It outlines the key issues and research findings from both international and New Zealand studies on pro-arrest policies. It begins by describing the historical development of family violence policy in New Zealand before discussing the most influential pro-arrest studies, the Minneapolis study and the Spousal Abuse Replication Project (SARP). While the original findings from the SARP studies suggested that arrest may actually increase the risk of violence in some groups of offenders, more recent analysis of the SARP studies by Maxwell, Garner and Faigan indicated a significant, although modest, reduction in re-offending across all five study sites. The literature on victim choice indicated that there are diverse types of family violence and no consensus among victims as to what their preferred police response would be. While most wanted the violence to stop and the offender to be removed, only half wanted the offender arrested (although fear of retaliation was a major reason for this, and is what the pro-arrest response is intended to overcome). Despite pro-arrest policies, in practice police do use their discretion, and sometimes take account of the victim's wishes. In a review of alternative models, it was found that the pro-arrest police response is a central tenet of family violence approaches internationally and that differences between models arise from the various strategies used together with the pro-arrest response.

Te Puni Kōkiri publications

Te Puni Kōkiri. 2010. **Arotake Tūkinu Whānau: Literature review on family violence.** Wellington: Te Puni Kōkiri. <http://www.tpk.govt.nz/en/in-print/our-publications/fact-sheets/safer-whanau/download/tpk-family-violence-literature-review.pdf>

This literature review forms part of the Family Violence Māori Research Agenda project led by Te Puni Kōkiri. The review affirms that there little research on uniquely Māori approaches to reducing family violence. The sections in the review are entitled: contextualising family violence for Māori traditional views of family violence for Māori, colonisation: undermining traditional knowledge and practices, transforming realities with traditional knowledge, defining family violence for Māori, Māori models, and discussion. The section on Māori models provides an overview of several kaupapa Māori based programmes, outlining key elements, values and concepts that underpinned the programmes' development. In the discussion section the review authors noted that the concept of collective responsibility through whakapapa and whānaungatanga is continually raised by Māori working in the area of family violence and they stated that this is clearly a priority area for further research.

Department of Corrections publications

Slabber M. 2012. **Community-based Domestic Violence Interventions: A literature review—2012.** Wellington: Department of Corrections.

http://www.corrections.govt.nz/_data/assets/pdf_file/0005/673025/COR_Community_Based_Domestic_Violence_Interventions_WEB_2.pdf

This publication provides an overview of the status of domestic violence interventions in Canada, the UK, Australia, the US and New Zealand. It explains that there are two approaches that dominate the domestic violence field: The Domestic Abuse Intervention Project Programme (DAIP or the Duluth Programme), which based on a feminist psycho-educational model and views domestic violence as the result of socio-political forces influenced by patriarchal philosophy, and involves teaching clients about power and control, and how to develop relationships based on respect, equality and non-violence, and cognitive behavioural (CB) approaches which assume that violence is a learned behaviour that can be replaced through the use of cognitive, emotional and behavioural analyses and skills training techniques. The author found that there have been few evaluation studies, and assessments of Duluth-type and CB programmes show few or no significant differences between them with programmes having, at best, a weak positive impact on recidivism rates. She also stated that, overall, there is more evidence on what doesn't work than on what does, but that findings from research on other interventions with general offenders suggest that the most effective interventions are those consistent with the principles of risk, needs and responsivity.

New Zealand guidelines

Ministry of Social Development. 2014. **Family violence intervention: Service guidelines version three: June 2014.** Wellington: Ministry of Social Development. <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/service-guidelines/family-violence-intervention-service-guidelines.pdf>

These guidelines are intended for use by providers contracted to the Ministry of Social Development to deliver family violence intervention services. They cover relationships between the Ministry, the provider and the client, the nature of the services, the activities and clients of services, service delivery, and measuring and reporting results.

International guidelines

National Institute for Health and Care Excellence. 2014. **Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively.** London: National Institute for Health and Care Excellence. <http://www.nice.org.uk/guidance/ph50/resources/guidance-domestic-violence-and-abuse-how-health-services-social-care-and-the-organisations-they-work-with-can-respond-effectively-pdf>

This guidance is intended for health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse. It does not deal with child abuse but it does include support for children affected by domestic violence and abuse. The recommendations in the guideline cover a broad spectrum of domestic violence and abuse including violence perpetrated on men, people in same-sex relationships, and young people. Multi-agency partnerships are stated to be the best way to approach the issue of domestic violence and the necessity for initial and on-going staff training and organisational support is emphasised. The guideline states that there was insufficient evidence to make recommendations on primary prevention programmes as most of the evidence related to interventions in educational settings and such interventions were outside of the scope of the guideline unless they were delivered by health or social care professionals. The supporting evidence on which the guideline was based, including a very comprehensive (800+ pages) review of interventions to identify, prevent, reduce and respond to domestic violence, can be downloaded here: <http://www.nice.org.uk/guidance/ph50/evidence>

The Royal Australian College of General Practitioners. 2014. **Abuse and violence: Working with our patients in general practice, 4th edn.** Melbourne: The Royal Australian College of General Practitioners. <http://www.racgp.org.au/download/Documents/Guidelines/Whitebook/whitebook-4thedn.pdf>

This comprehensive guideline gives health practitioners evidence-based guidance on identification and response in clinical practice to patients experiencing violence and abuse. It focuses particularly on intimate partner and sexual violence and on children experiencing abuse; there are also chapters on abuse of elderly and disabled people, violence in Aboriginal and Torres Strait Islander and migrant and refugee communities, legal matters and practitioner self-care. Levels of evidence and grades of evidence are presented for recommendations using the system of the NHMRC.

World Health Organization. 2013. **Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines**. Geneva: World Health Organization.
http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf

These guidelines are aimed at health care providers and they also seek to raise awareness of violence against women among health care providers and policy makers. They are based on systematic reviews of the evidence regarding identification and clinical care for intimate partner violence, clinical care for sexual assault, and training on intimate partner violence and sexual assault against women, and they also cover policy and programmatic approaches to delivering services and mandatory reporting of intimate partner violence. The recommendations in the guideline are accompanied by an indication of the evidence quality and are graded as either 'strong' or 'conditional'.

A summary of the WHO guidelines is contained in the following article:

Feder G, Wathen C, MacMillan HL. 2013. **An evidence-based response to intimate partner violence: WHO guidelines**. JAMA, 310(5), 479–80. <http://dx.doi.org/10.1001/jama.2013.167453>

Moyer VA. 2013. **Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: U.S. Preventive Services Task Force Recommendation Statement**. Annals of Internal Medicine, 158(6), 478–86.
<http://dx.doi.org/10.7326/0003-4819-158-6-201303190-00588>

This recommendation statement from the USPSTF is based on a commissioned systematic review of the evidence on screening women for intimate partner violence (IPV) and elderly and vulnerable adults for abuse and neglect. The review examined the accuracy of screening tools for identifying IPV and the benefits and harms of screening women of child-bearing age and elderly and vulnerable adults. The USPSTF considered that there was adequate evidence from RCTs to support a variety of interventions for women of childbearing age that can be delivered in, or via referrals from, primary care (Grade 'B' recommendation). Interventions include counselling, home visits, information cards, referrals to community services, and mentoring support. Depending on the type of intervention, these services may be provided by clinicians, nurses, non-clinician mentors, social workers, or community workers. The USPSTF considered that the overall benefit of screening and interventions for women of childbearing age was moderate since it has been found to be associated with moderate health improvements through reduction in exposure to abuse, physical and mental harms, and mortality and the harms are deemed to be no greater than small. The USPSTF was unable to make any recommendations regarding screening of elderly or vulnerable adults because there were no studies on the accuracy, effectiveness or harms of screening in this population.

The systematic review on which this recommendation statement is largely based is:

Nelson HD, Bougatsos C, Blazina I. 2012. **Screening Women for Intimate Partner Violence: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation**. Annals of Internal Medicine, 156(11), 796–808. <http://dx.doi.org/10.7326/0003-4819-156-11-201206050-00447>

Evidence-based medicine reviews

Fellmeth Gracia LT, Heffernan C, Nurse J, et al. 2013. **Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults**. Cochrane Database of Systematic Reviews doi:10.1002/14651858.CD004534.pub3 <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004534.pub3/abstract>

This review included 38 studies (15,903 participants). Eighteen (11,995 participants) were cluster RCTs and two were quasi-RCTs (399 participants). Results from 33 studies were included in the meta-analyses. A meta-analysis of eight studies ($n=3,405$) assessed the effect of intervention on episodes of relationship violence. The risk ratio (RR) was 0.77 (95% CI 0.53 to 1.13). There was substantial heterogeneity for this outcome ($I^2=57%$). Twenty-two studies ($n=5,256$) were included in the meta-analysis assessing attitudes towards relationship violence. The standardised mean difference (SMD) was 0.06 (95% CI -0.01 to 0.15). Four studies ($n=887$) were included in the meta-analysis assessing behaviour related to relationship violence; the SMD was -0.07 (95% CI -0.31 to 0.16). Ten studies ($n=6206$) were included in the meta-analysis assessing knowledge related to relationship violence; the results showed an increase in knowledge in favour of the intervention (SMD 0.44, 95% CI 0.28 to 0.60) but there was substantial heterogeneity ($I^2=52%$). Seven studies ($n=1,369$) were included in the meta-analysis assessing skills related to relationship violence. The SMD was 0.03 (95% CI -0.11 to 0.17). None of the included studies assessed physical health, psychosocial health or adverse outcomes. Subgroup analyses showed no statistically significant differences by intervention setting or type of participants. The review authors stated that quality of evidence for all outcomes included in their meta-analysis was moderate due to an unclear risk of selection and detection bias and a high risk of performance bias in most studies. They concluded that their review provided no evidence for the effectiveness of interventions on episodes of relationship violence or on attitudes, behaviours and skills related to relationship violence. While there was a small increase in knowledge, there was evidence of substantial heterogeneity among studies. They stated that further studies with long term follow up are needed, and that study authors should use standardised and validated measurement instruments to ensure comparability of results.

Taft A, O'Doherty L, Hegarty K, et al. 2013. **Screening women for intimate partner violence in healthcare settings**. Cochrane Database of Systematic Reviews doi:10.1002/14651858.CD007007.pub2
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007007.pub2/abstract>

This review aimed to assess the effectiveness of intimate partner violence (IPV) screening in healthcare settings for identification, referral to support agencies and health outcomes of women affected by IPV. It included 11 RCTs or quasi-RCTs involving 13,207 women in total. Of the 10 studies for which it was possible to assess risk of bias, six were judged to be at high risk. Combined data from six comparable studies ($n=3,564$) indicated that screening increased identification of victims/survivors (RR 2.33, 95% CI 1.40–3.89), particularly in antenatal settings (RR 4.26; 95% CI 1.76–10.31). Only three studies ($n=1400$) measured referral to support agencies. There was no evidence that screening increased referrals, as although numbers of referral increased in the screened group, the increase was not statistically

significant due to small numbers (RR 2.67; 95% CI 0.99–7.20). The only two studies that measured women's experience of violence after screening (one at three months and the other at six, 12 and 18 months after screening) found no significant reduction of abuse. Only one study measured adverse effects from screening; its results suggested that screening does not cause harm. This same study showed a non-significant trend towards improved mental health in the screened women. No studies included an economic evaluation and there was insufficient evidence to determine whether screening increased the uptake of specialist services. The review authors concluded that screening is likely to increase identification rates but rates of referral to specialist agencies are low and there is little information about proportions of false screening results, either negative or positive. They stated that screening does not appear to cause harm but there insufficient evidence of long term benefit to justify universal screening in healthcare settings. They suggest that further studies comparing screening with case finding (with or without advocacy or therapeutic interventions) for women's long term wellbeing would help to inform IPV policies in health care settings.

Jahanfar S, Janssen Patricia A, Howard Louise M, et al. 2013. **Interventions for preventing or reducing domestic violence against pregnant women.** Cochrane Database of Systematic Reviews
doi:10.1002/14651858.CD009414.pub2 <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009414.pub2/abstract>

Domestic violence during pregnancy threatens the wellbeing of both mother and baby. This review sought to determine the effectiveness and safety of interventions to prevent or reduce violence against pregnant women. It included RCTs including cluster RCTs and quasi-RCTs. There were nine trials in total with 2,391 women but for most outcomes there was only one study which contributed relevant data. One study provided evidence that the total number of women reporting episodes of partner violence during pregnancy, and in the postpartum period, was reduced for women receiving a psychological therapy intervention (RR 0.62, 95% CI 0.48–0.88). For depression during pregnancy and the post-partum period, there were few statistically significant differences between the control and intervention groups. Only one study reported on neonatal outcomes such as preterm delivery and birthweight: it found no clinically significant differences between groups. No studies reported on other secondary outcomes: miscarriage, stillbirth, maternal mortality, antepartum haemorrhage, placental abruption, neonatal death, and Apgar score less than seven at one minute and five minutes. The review authors concluded that there was insufficient evidence to assess the effect of domestic violence interventions on pregnancy outcomes and that high quality, adequately powered RCTs are needed in this area.

Ramsay J., Carter Y., Davidson L., et al. 2009. **Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse.** Cochrane Database Systematic Reviews doi: 10.1002/14651858.CD005043.pub2.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005043.pub2/abstract>

This review aimed to assess the effects of advocacy interventions, conducted either within or outside of health care settings, on women who have suffered intimate partner abuse. It included 10 RCTs involving 1,527 participants. There was considerable heterogeneity between studies in intensity of advocacy, outcome measures and duration of follow-up (from straight after the intervention to three years later) so meta-analysis was possible for only a few outcomes. Intensive advocacy (for 12 hours or more) may help end physical abuse in women leaving domestic violence shelters or refuges at 12–24 months follow-up (odds ratio 0.43, 95% CI 0.23–0.80), but not at up to 12 months follow-up. It may also improve quality of life at 12 months follow-up, but the confidence intervals for this outcome included zero (weighted mean difference 0.23, 95% CI 0.00–0.46). It did not improve depression nor psychological distress at 12 months follow-up (depression WMD -0.05, 95% CI -0.19 to 0.09, psychological distress SMD -0.16, 95% CI -0.39 to 0.06). It was possible to do only two meta-analyses of brief advocacy interventions (less than 12 hours' duration). These indicated that an increased use of safety behaviours was consistent with the receipt of brief advocacy both at up to 12 months (WMD 0.60, 95% CI 0.14–1.06) and at 12–24 months (WMD 0.48, 95% CI 0.04–0.92) follow up. The review authors concluded that the evidence indicates it is possible that intensive advocacy for women recruited from domestic violence refuges or shelters reduces physical abuse one to two years after the intervention but it is uncertain if it has a beneficial effect on their mental health or quality of life. They also stated that there was insufficient evidence to determine whether or not less intensive interventions in healthcare settings for women who are still living with abusive partners are effective.

Hegarty K, Taft A, Feder G. 2008. **Violence between intimate partners: working with the whole family.** 337, a389.
<http://www.bmj.com/content/337/bmj.a839>

This useful article reviews the evidence on the identification and management of intimate partner violence in families and summarises primary care guideline recommendations from an international consensus group led by the authors. It states that although systematic reviews have concluded that there is insufficient evidence to support a policy of screening in clinical settings, expert consensus recommends a low threshold for asking about intimate partner violence. It offers suggestions for questions practitioners can use if they suspect intimate partner violence, and it also covers ways to respond if women disclose intimate partner violence, referral to other agencies, stages of change and planning for safety, psychological interventions, and managing other members of the family.

Other relevant publications

Dobbs T, Eruera M. 2014. **Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention.** Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

<https://nzfvc.org.nz/issues-papers-6>

The purpose of this paper is to identify some key considerations for implementing kaupapa Māori frameworks for whānau violence prevention and intervention programmes at government and iwi level, and also at provider and practice level. The first section includes the Mauri Ora framework, E Tu Whānau, and an overview of research and evaluation in this area, and describes what Māori have had to say about preventing and intervening in whānau violence. The second gives an overview of the historical and contemporary factors that have led to the whānau violence problem. The third discusses the implementation of the Mauri Ora framework within the Amokura programme, as an example of what the framework looks like when a violence prevention intervention applies the theory, principles and values of the framework. The final section contains recommendations derived from key learnings from the Amokura programme.

MacMillan HL, Wathen CN. 2014. **Children's Exposure to Intimate Partner Violence.** *Child Adolesc Psychiatr Clin N Am*, 23(2), 295–308

This recent paper is a concise review dealing with children's exposure to intimate partner violence (IPV). It covers the definition and epidemiology of IPV, risk and protective factors, effects of IPV on children, and strategies for identifying and addressing IPV in the clinical setting under four headings: identification and assessment, prevention, treatment, and systems issues. The authors stated that there is an increasing evidence base regarding interventions aimed at responding to children who have experienced IPV but further replication studies are needed to assess the extent to which such interventions are generalisable to settings other than those of the original trials. They also stated that there is emerging evidence on specific forms of mother-child, and child-focused, therapies in families where there is IPV and this evidence offers hope that clinicians can make referrals that can improve the health and wellbeing of these children.

Ball J, Quigley and Watts Ltd. 2013. **Effectiveness of relationship education programmes in schools for years 7–13: A rapid literature review prepared for families commission.** Wellington: Families Commission.

<http://www.familiescommission.org.nz/sites/default/files/downloads/relationship-education-in-schools.pdf>

This rapid review identified three main bodies of relevant research: on 'social and emotional learning/wellbeing' (SEL); on 'dating violence', which is part of the wider field of violence prevention and overlaps with the SEL literature; and on sexuality education. Almost all of this research originated in North America. Reviews of school-based 'social and emotional learning' programmes indicate that these can produce positive outcomes in various areas, and can reduce risk factors for relationship violence among adolescents. Two school-based dating violence prevention programmes, *Safe Dates* and *The Fourth R*, are generally agreed to be affective, but others have been shown to be ineffective or even harmful. Most programmes have been evaluated using weak methodologies or not at all, so their effectiveness is unknown. The sexuality education literature is in broad agreement that emotional and interpersonal skills are an important, but often neglected, area in sexuality education. While there are some fundamental gaps in knowledge about what works in relationship education, common characteristics of successful programmes include being: informed by theory and evidence, holistic and strengths-based, integrated into the curriculum, aimed at influencing specific risk factors/protective factors/core competencies, focused on developing personal or social skills, cognisant of environmental influences, developmentally and culturally appropriate, personally and immediately relevant; delivered by well-trained and supported educators, with appropriate skills and qualities, using active teaching methods; and evaluating process and outcomes. 'One off' sessions are generally agreed to be ineffective, as are lecture style sessions that focus only on knowledge acquisition. The review author did not find any robust long term evaluations of any New Zealand classroom-based relationship education programmes, but she noted that there is good evidence that school-wide efforts to improve behaviour, school culture and relationships in general can be very successful, especially when they are based on Māori relational concepts and practices. There is little evidence regarding 'relationship education' for Māori and Pacific students but the literature stresses the importance of Māori and Pacific communities defining their own aspirations and drawing on traditional knowledge, concepts and practise to find solutions, and of involving Māori and Pacific parents and elders in developing programmes relating to sexuality and healthy relationships.

Murphy C, Farnslow J. 2012. **Building collaborations to eliminate family violence: facilitators, barriers and good practice.** Auckland: New Zealand Family Violence Clearinghouse, The University of Auckland.

<https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Issues%20Paper%201%20-%20NZFVC%207%203%2012.pdf>

This issues paper from the New Zealand Family Violence Clearinghouse offers a broad perspective on challenges and best practices relating to coordinated collaborative initiatives, both in general and specifically in the area of family violence. It explores the current New Zealand situation regarding collaborative work on family violence. It is based on a literature review and discussions with key informants (people with long experience of community-based family violence networks). A key message of this paper is that coordinated and collaborative responses to family violence lead to better outcomes for both victims and perpetrators.

Murphy C, Farnslow J. 2012. **Tools to support multi-agency collaboration.** Auckland: New Zealand Family Violence Clearinghouse, The University of Auckland. <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/tools-to-support-multi-agency-collaboration-2012.pdf>

This publication contains a list of articles, reports and tools collated during the development of the above paper. Though not exhaustive nor definitive, it is intended to provide readers with helpful tips, tools and strategies which the authors consider to be critical to the effective functioning of collaborative family violence initiatives. Topics include: tangata whenua; general information about multi-agency collaboration; case management resources; diversity resources; communication skills; prevention; real stories; gender analysis; national accountability framework; and governance.

<p>Hegarty K, O'Doherty L. 2011. Intimate partner violence Identification and response in general practice. Australian Family Physician, 40, 852–56. http://www.racgp.org.au/afp/2011/november/intimate-partner-violence/</p> <p>This is a concise, accessible and well-referenced article discussing identifying intimate partner violence in women who present to general practice.</p>
<p>Thackeray JD, Hibbard R, Dowd MD, et al. 2010. Intimate Partner Violence: The Role of the Pediatrician. Pediatrics, 125(5), 1094–100. http://pediatrics.aappublications.org/content/125/5/1094.abstract</p> <p>This clinical report from the American Academy of Pediatrics addresses the role of the paediatrician (who, in the US, is often a provider of primary health care) in identifying and responding to intimate partner violence (IPV). It states that children exposed to IPV are at increased risk of abuse and neglect, and of developing physical, behavioural, psychological and social disorders later in life, and that paediatricians should be aware of the profound effects of exposure to IPV on children.</p>
<p>Websites</p>
<p>Accident Compensation Corporation. 2014. Mates & Dates. http://www.acc.co.nz/preventing-injuries/at-school/mates-dates/index.htm</p> <p>Mates & Dates is a healthy relationships pilot programme for secondary school students. It is designed to help prevent sexual and dating violence by teaching young people relationship skills and behaviours they can carry with them throughout their lives. It is not just about dating relationships but about all kinds of relationships including those with friends and whānau. The programme is being piloted in selected secondary schools in term 3 of 2014.</p>
<p style="text-align: center;">Shine*. http://www.2shine.org.nz/</p> <p>Shine* is a national domestic abuse charity. Their website has a range of resources related to family violence, including an introductory booklet 'Safer Homes in New Zealand' which can be downloaded here: http://www.2shine.org.nz/library/Documents/1301003164shn10004safeathomebookletwebdps.pdf .</p>
<p style="text-align: center;">Ministry of Social Development. 2014. Family Violence It's not OK. http://www.areyouok.org.nz/</p> <p>The <i>It's not OK</i> campaign is led by the Ministry of Social Development in association with communities. This large site has a wide range of resources for people experiencing violence, their families, friends and colleagues, community organisations, employers and community leaders. The campaign research and evaluation publications are on this page: http://www.areyouok.org.nz/resources/research-and-evaluation/ .</p>
<p style="text-align: center;">Ministry of Justice. 2014. Family violence cross-government package. http://www.justice.govt.nz/publications/global-publications/f/family-violence-cross-government-package/family-violence-cross-government-package</p> <p>In July 2014 the Prime Minister announced a cross-Government package to better protect victims of family violence. This site contains links to the relevant page on the Beehive site, and to the relevant cabinet papers, which contain more details on the package.</p>
<p style="text-align: center;">New Zealand Family Violence Clearinghouse. 2014. Changes to domestic violence programmes by Ministry of Justice, Department of Corrections. https://nzfvc.org.nz/?q=node/1657</p> <p>Both the Ministry of Justice and the Department of Corrections are changing their domestic violence programmes. This web page provides a brief overview of changes to Ministry of Justice funded programmes, and a new domestic violence programme for community offenders to be piloted by the Department of Corrections.</p>
<p style="text-align: center;">New Zealand Family Violence Clearinghouse. https://nzfvc.org.nz/</p> <p>The New Zealand Family Violence Clearinghouse is the national centre for collating and disseminating information about domestic and family violence in Aotearoa New Zealand. It is funded by the Families Commission and located at the School of Population Health, the University of Auckland. The library on this site contains a large number of resources, particularly New Zealand publications. The library search engine does not make it easy to search for evidence-based prevention interventions specifically so the assistance of a librarian may need to be sought.</p>

Note: The publications listed above were identified using the search methodology outlines in **Appendix 1**.