

# Pathways to Equity and Wellbeing: Taking Action for Systemic Change.

Complex Community Concern:  
Family Harm—2024

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# Whakataukī

Mō tātou, ā, mō kā uri ā  
muri ake nei.

*For us and our children after us.*

This Whakataukī acknowledges the importance of creating a positive impact for those that live today, and those that will come after us.

## Our Manu taki



This design is based around the manu taki, the lead bird that guides the flock in a triangle formation during migration, the manu taki is supported and protected by rest of the flock.

This represents working together in unison for a common purpose.

Above the manu is the design known as manaia which can be used as a human form side profile of a face this represents unity of two people coming together, this forms koruru/wheku a face, this represents being transparent.

The design above the manaia/koruru is a design known as paakura it symbolises the rae of spiritual essence or spiritual belief it also represents the footprint of pukeko and is about being cautious knowing your surroundings, your environment before making decisions.

On the side of the bird's wings are two more manaia in a bird form this relates to interconnectedness our relationship with each other.

Next to this is a design known as whakarare this represents change and a new direction.

The harakeke/weave is about intergenerational relationships, it also symbolises binding of the kōrero or kaupapa.

At the bottom of the wing is a design known as pikopiko/koru this represents new beginnings and also represents nga tangata people/community.

## Te Tiriti o Waitangi—Our Commitments

The Impact Collective is committed to being responsive to Māori as tangata whenua and recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document. The principles of Te Tiriti o Waitangi, as articulated by the Waitangi Tribunal and the New Zealand Courts provides a framework for how we are to fulfil our obligations under Te Tiriti on a daily basis. More recently, as outlined by the Ministry of Health, in 2019, the Hauora Report articulated five principles for primary care that are applicable to not only the wider health care system, but also to any person, organisation or Crown Agency working with Māori in our communities.

These principles are articulated as:

- **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of community services.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable outcomes for Māori. This is achieved through breaking down barriers and enabling equity of access to ensure equality of outcomes.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner, are well informed on the extent and nature of both Māori wellbeing outcomes and efforts to achieve Māori wellbeing equity.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori services. Furthermore, the Crown is obliged to ensure that all services are provided in a culturally appropriate way that recognises and supports the expression of Te Ao Māori models of service delivery.

- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of community services. This includes enabling Māori to express Tino Rangatiratanga over participation in governance, design, delivery, and monitoring of community services.

For the members of the Impact Collective, it is important that we enable the principles to guide our mahi. The purpose of the current mahi is to provide community level insights and intelligence to enable communities to partner on the development of services to create positive impacts for the people throughout the community. These services should focus on addressing equity of access to services in a manner that is consistent with tino rangatiratanga, active protection in the co-design, provide options to ensure culturally appropriate services and developed through a solutions focused, community-led partnership approach.

# Acknowledgements

We've been privileged to collaborate with a number of individuals, organisations, and partners who have informed and supported the mahi of the Impact Collective. We extend our heartfelt thanks to each of them below:

## Community Organisations

We engaged with over 400 individuals, representing approximately 130 organisations across four regions. These interactions have been crucial in ensuring that our work is grounded in the community voice and reflects the real, everyday experiences of those within each community. Their willingness to share their stories, challenges, and successes has not only enriched our understanding but has also underscored the importance of our collective efforts towards addressing family harm.

## DOT Loves Data

Our data partner, DOT Loves Data, boasts an incredibly talented team of data scientists and data engineers specialising in building simple, smart, and beautiful data visualisation tools. They have been instrumental in creating the Community Compass Data Dashboard, allowing us to have a single source of truth to gather data insights for various communities across Aotearoa. They have also played an integral role in supporting and advising our team as we endeavour to bring together the data insights with stories from the community.

## The Impact Collective Charitable Trust

The Impact Collective established the Impact Collective (2020) Charitable Trust in November 2022. We would like to thank those that stood up as trustees, and those who continue to support the mahi through leadership, advice and significant funding contributions.

The Impact Collective maintains its charitable kaupapa by continuing to provide these essential community level intelligence reports, free of charge, to the communities that have allowed us to share the taonga of their stories.

## Blindspot New Zealand

Blindspot New Zealand Limited is a specialist consulting company that was established in 2021. Blindspot Consultants continues to work closely with the Impact Collective to ensure the delivery of community level intelligence reports through systems strategy, community engagement, governance and thematic analysis support. We would like to thank the team from Blindspot New Zealand Limited for your continued dedication to enabling a better informed Aotearoa New Zealand.

“[We] will be successful if everyone hops on the same waka, has the same focus and paddles in the same direction. We all want to be in the same waka. We don't want people going down a whirlpool or having one waka capsize. We want to be on a cruise ship, all going in the same direction. That is success.

Workshop Participant.



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# Definitions and Acronyms

**ACC** – Accident Compensation Corporation.

**Aotearoa** – Te Reo Māori for ‘New Zealand’.

**Complex Community Concerns** – Also known as systemic challenges, systemic issues, wicked problems etc.

**COVID-19** – An acute disease in humans caused by a coronavirus, which is characterised mainly by fever and cough and is capable of progressing to pneumonia, respiratory and renal failure, blood coagulation abnormalities, and death, esp. in the elderly and people with underlying health conditions. Also: the coronavirus that causes this disease.

**CVD** – Cardiovascular Disease.

**CYF** – Child Youth and Family.

**EAP** – Employee Assistance Programmes.

**Equity** – In Aotearoa New Zealand, people have differences in economic, social and environmental outcomes that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable economic, social or environmental outcomes.

**Good Mahi** – Te Reo Māori for ‘good work’.

**GP** – General Practitioner.

**Hapū** – Te Reo Māori for ‘Sub-tribe’.

**HIP** – Health Improvement Practitioner.

**IPV** – Intimate Partner Violence.

**Iwi** – Te Reo Māori for ‘Tribe’.

**Kainga** – Te Reo Māori for ‘home’.

**Kaupapa** – Te Reo Māori for ‘purpose’.

**LAWA** – Land Air Water Aotearoa.

**Mahi** – Te Reo Māori for ‘work, do, perform, make, accomplish’.

**Mana motuhake** – Te Reo Māori for ‘Self-determination, autonomy’.

**Manu Taki** – Manu means bird. Taki means to entice, to lead, to bring along. Here the term Manu Taki is used as the general term for leadership. We are using the term Manu Taki to refer to our leaders who have stepped up to take a leadership role in catalysing the Impact Collective – Rangitīkei, Ruapehu, South Taranaki and Whanganui into action. It symbolises leadership, uplift and succession. Our Manu Taki are not alone if we share the load, together we will go further. This further applies to our movement, where the combined efforts of many are needed to achieve our targets.

**Māori** – Indigenous person of Aotearoa/New Zealand.

**Marae** – Te Reo Māori for ‘symbols of tribal identity that are considered to be tūrangawaewae – a standing place, a place of belonging. Most marae include a meeting house (wharehui) and a dining hall (wharekai). These are used for important events like funerals, tribal celebrations and educational workshops’.

**Maturity-based system** – Any structured framework or methodology that evaluates and categorises entities, such as organisations, processes, technologies, or individuals, based on their level of development, sophistication, or effectiveness in specific areas. These systems often use predefined criteria to assess maturity and are designed to help in identifying strengths, weaknesses, and areas for improvement.

**NGO** – Non-Government Organisation.

**Pākehā** – Te Reo Māori for ‘English, foreign, European, exotic - introduced from or originating in a foreign country’.

**PTSD** – Post Traumatic Stress Disorder.

**Rangatahi** – Te Reo Māori for ‘younger generation, youth’.

**Recidivism** – The tendency of a previously convicted person to reoffend or commit further crimes after their initial punishment or intervention.

**Rohe** – Te Reo Māori for the ‘territory or boundaries of Iwi’.

**SDG** – Sustainable Development Goals - Part of the United Nations 2030 Global Agenda.

**Socioeconomic** – The interaction between the social and economic habits of a group of people.

**Tangata whenua** – Te Reo Māori for ‘the Iwi or Hapū, that holds mana whenua over that area’.

**Te Ao Māori** – Māori world view.

**Te Reo / Te Reo Māori** – Māori language.

**Te Tiriti o Waitangi** – New Zealand’s founding document.

**TSL** – Treasury Living Standards.

**Tūrangawaewae** – Te Reo Māori for ‘where one has the right to stand’.

**Whakapapa** – Te Reo Māori for ‘a line of descent from one’s ancestors’.

**Whakatauki** – Te Reo Māori for ‘proverb, significant saying’.

**Whānau** – Te Reo Māori for ‘family’.

# The Impact Collective Operational Team



Tēnā koutou katoa  
Ko Kōtirana te whakapaparanga mai engari  
Ko Ahuriri te whenua tupu  
Ko Ahuriri te kāinga  
Kei Te Awahou au e noho ana  
Ko Steve Carey tōku ingoa  
Tēnā tatou katoa

**Steve Carey**  
Executive Director

*Dedicated to supporting businesses, whānau and individuals realise and live to their full potential.*

A compelling sense of commitment to the community, to inspire, to acknowledge, to enable has driven the Impact Collective to support the removal of organisational and territorial boundaries to ensure positive impact for change is made possible. Bringing extensive experience in community engagement, authentic co-design principles has enabled the Impact Collective to deliver the presentation of data and people insights in a way that is mana enhancing for the people throughout the rohe.

Having worked in both public and private sector, I understand the importance to enabling those with lived experience and those who reside in the community to have a voice and be supported to remove the power imbalance in decision making. Only then can we enable communities to thrive.

Pathways to Equity and Wellbeing—Family Harm



Ko Ruahine te Pai Maunga  
Ko Rangitikei te Awa  
Ko Tākitimu te Waka  
Ko Ngāti Hauti tōku iwi  
No Whanganui ahau  
Ko Caleb Kingi tōku ingoa

**Caleb Kingi**  
Creative Director

I'm a cinematographer based in Whanganui. My craft has allowed me to travel over Aotearoa and the world shooting for a range of govt organisations, SME's, NGO's, brands and individuals.

I have a passion for telling stories that bring positive change to people, communities and organisations. I love the place I call home, it's my place of belonging and I feel privileged being connected to the whenua and the people.



Ko Whakarara te Maunga  
Ko Wainui te Moana  
Ko Mataatua te Waka  
Ko Ngāpuhi tōku Iwi  
No Whakatāne ahau

**Briar Goldie**  
Senior Systems Strategist

I am an experienced strategist and innately curious thinker who combines several years of industry experience with wellbeing training to explore, connect, and create new possibilities that drive positive change. Over the years, my vision has remained the same: to create a world that fosters equity and connection, where individuals can thrive as whole beings, regardless of their background.

By empathising deeply, working collaboratively, and caring wholeheartedly, my mahi (work) strives to connect with experiences, uncover hidden strengths, and empower people to be the leaders of their own change. Through a shared vision and collective action, I believe we can achieve positive change that reaches far beyond individual wellbeing to the wellbeing of our community.



Ko Ruapehu te Maunga  
Ko Whanganui te Awa  
Ko Aotea te Waka  
Ko Te Āti Haunui a Pāpārangi rāua ko  
Ngā Rauru Kiitahi ōku Iwi  
No Whanganui ahau

**Dayna Stevenson**  
Systems Strategist

As an experienced researcher with a passion for community engagement, I am privileged to use community voices and lived experiences to shape the transformative work we do at the Impact Collective.

By actively listening to the community and their needs in all aspects of my work, I am able to provide valuable insights, strategies, and outcomes. These contributions not only align with my personal values but also resonate with the collective goals of our team.

Dedication to equity and well-being is at the heart of what we do, guiding us as we strive to create empowering, meaningful and sustainable impact in the communities we serve.



# The Impact Collective Operational Team



Tēnā koutou katoa  
Ko Aerana te whakapaparanga mai engari  
Ko Te Papaioea te kāinga  
Kei Te Papaioea au e noho ana  
Ko Josh Ace tōku ingoa  
Tēnā tatou katoa

## **Josh Ace** Senior Designer

I am an experienced graphic designer based in Palmerston North with 10 years in the industry. I enjoy the challenge of telling stories visually and have been lucky enough to have undertaken a wide scope of work with various companies throughout Aotearoa.

All of the skills learnt from those endeavours will serve me well in the exciting future opportunities and mahi with the Impact Collective Team.

“In Aotearoa New Zealand, the shadows of domestic violence may hide in the quiet corners of our homes, but as a community, it is our collective duty to bring light to these dark places. By standing together, speaking out, and refusing to accept violence as a norm, we not only confront this complex community concern but also foster a culture where safety and respect thrive in every household. Domestic violence is not merely unacceptable—it is a breach of our deepest values, and we must treat it as such.

Steve Carey  
Executive Director  
Impact Collective



# Our Kaupapa

## For our people, our whenua and our communities.

Working together to gather data and people insights across our region to inform and support the best actions to improve equity and wellbeing for all of our people.

### Our Principles

#### Unite together

Breaking down silos and developing genuine and enduring relationships between communities and organisations.

#### Listen together

Listening and emphasising to ensure everybody within our communities have an opportunity to share their knowledge and lived experiences.

#### Act together

Working collaboratively to uncover and take action on collective insights, knowledge and experiences.

### Our Promises

- 1 We strive to create equity and wellbeing for all** - Through breaking down traditional organisational and territorial boundaries and focusing on our communities holistically, the Impact Collective strives to enrich foundational data with people's lived experiences in order to support the co-design of pathways and initiatives across our region that will create positive and enduring impact for all.

We seek to shift from viewing our communities solely in terms of health, wealth, access, or vulnerability, to viewing it in terms of the whole person and their whānau – a mana-enhancing approach.

- 2 We serve our people, our whenua and our communities** - We are for all individuals, communities and organisations, should they be tangata whenua, tūrangawaewae to the region, or align to the purpose of the Impact Collective.
- 3 We utilise a collective response** - In response to the goals and aspirations of our communities, the Impact Collective will seek not only the data, but also the real-life stories and lived experiences that sit behind it. The data is just our starting point – the stories will provide us with a wealth of insight and the 'why'.

Together, these provide the foundation for us to craft truly collective insights representative of what matters most to our communities.

### Our Communities

On the facing page, we highlight the communities across Aotearoa where we've had the opportunity to engage deeply and complete comprehensive Equity and Wellbeing Profiles. These profiles represent our ongoing commitment to understanding and capturing the unique strengths and opportunities of each community. As we move forward, our aim is to expand this valuable work, creating profiles for more communities throughout Aotearoa to enrich our collective understanding.

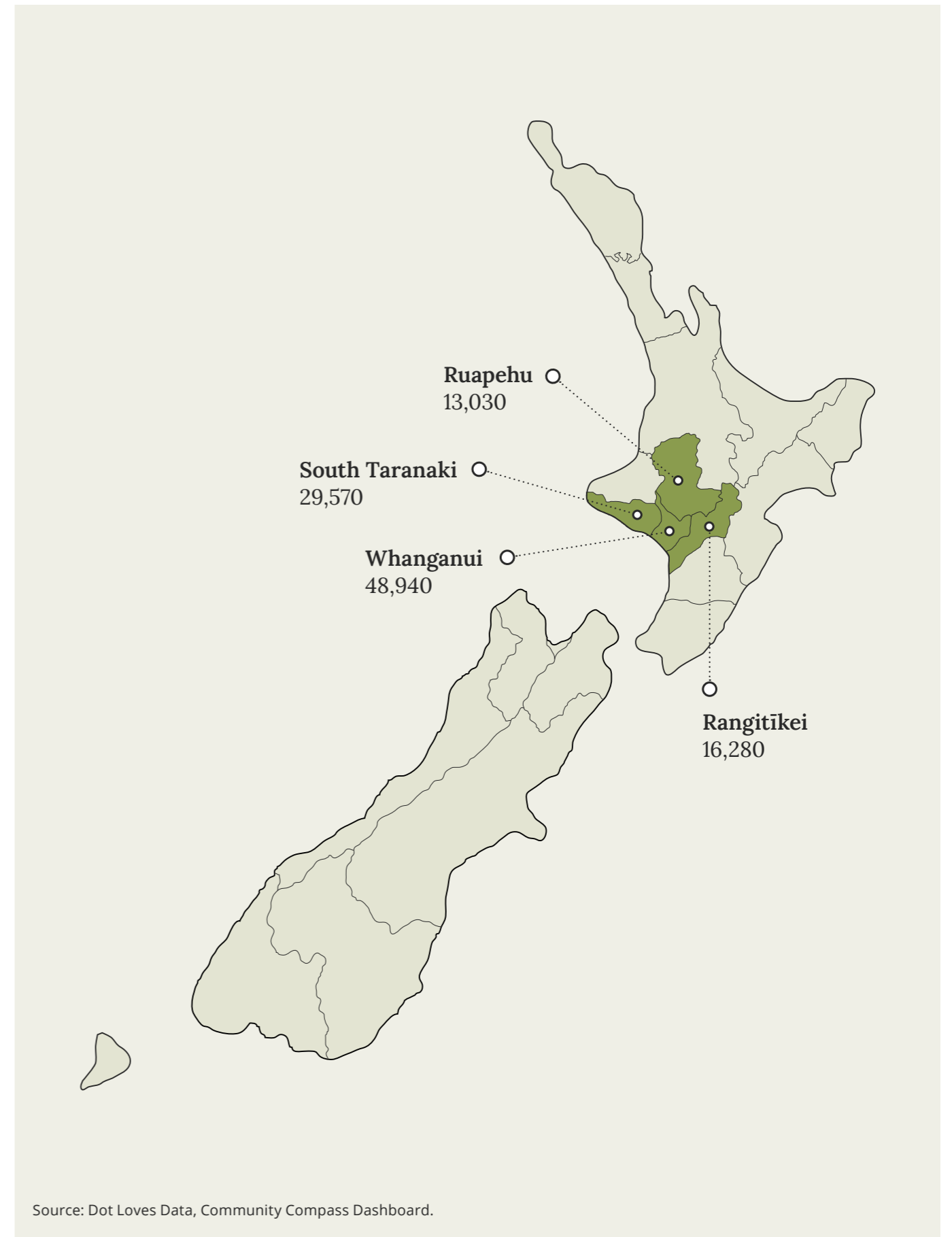


Figure 1 - Snapshot of Communities Engaged by Impact Collective.

# Executive Summary

The “Pathways to Equity and Wellbeing: Taking Action for Systemic Change” report, published by the Impact Collective in collaboration with Blindspot New Zealand Limited, embarks on a critical examination of family harm within New Zealand communities, with a profound focus on systemic change as a vehicle for improvement. Recognising family harm as a complex issue that transcends socio-economic, cultural, and ethnic boundaries, the report emphasises an integrative approach grounded in Te Tiriti o Waitangi principles, advocating for equity and wellbeing across all layers of society.

Central to the report is the conviction that addressing family harm requires more than immediate interventions; it necessitates a deep, structural transformation within communities and the systems that support them. By intertwining global initiatives, national policies, and local insights, the report not only highlights the multifaceted nature of family harm but also champions the empowerment of communities through knowledge, co-designed solutions, and a commitment to partnership and active protection as stipulated by Te Tiriti o Waitangi.

The document underscores the disproportionate impact of family harm on Māori communities, drawing attention to the historical and ongoing effects of colonisation. It advocates for solutions that are responsive to the needs of Māori as tangata whenua, ensuring that the principles of tino rangatiratanga, equity, and partnership guide the pathway to mitigating family harm.

Through a dual-phased approach that aligns data-driven insights with community narratives, the report outlines a pathway towards systemic change. It encourages the co-design of community-led services and interventions, rooted in a deep understanding of the local context and informed by the lived experiences of those most affected. Furthermore, it highlights the importance of evaluating the impact of these initiatives, ensuring they contribute meaningfully to reducing family harm and enhancing community wellbeing.

“Pathways to Equity and Wellbeing” is a call to action, urging stakeholders across sectors to unite in their efforts to dismantle the structures that perpetuate family harm. It envisions a future where communities are not only informed and empowered but also actively involved in creating a safer, more equitable society. The report stands as a testament to the power of collective action, guided by principles of equity and partnership, in addressing one of New Zealand’s most pressing social issues.

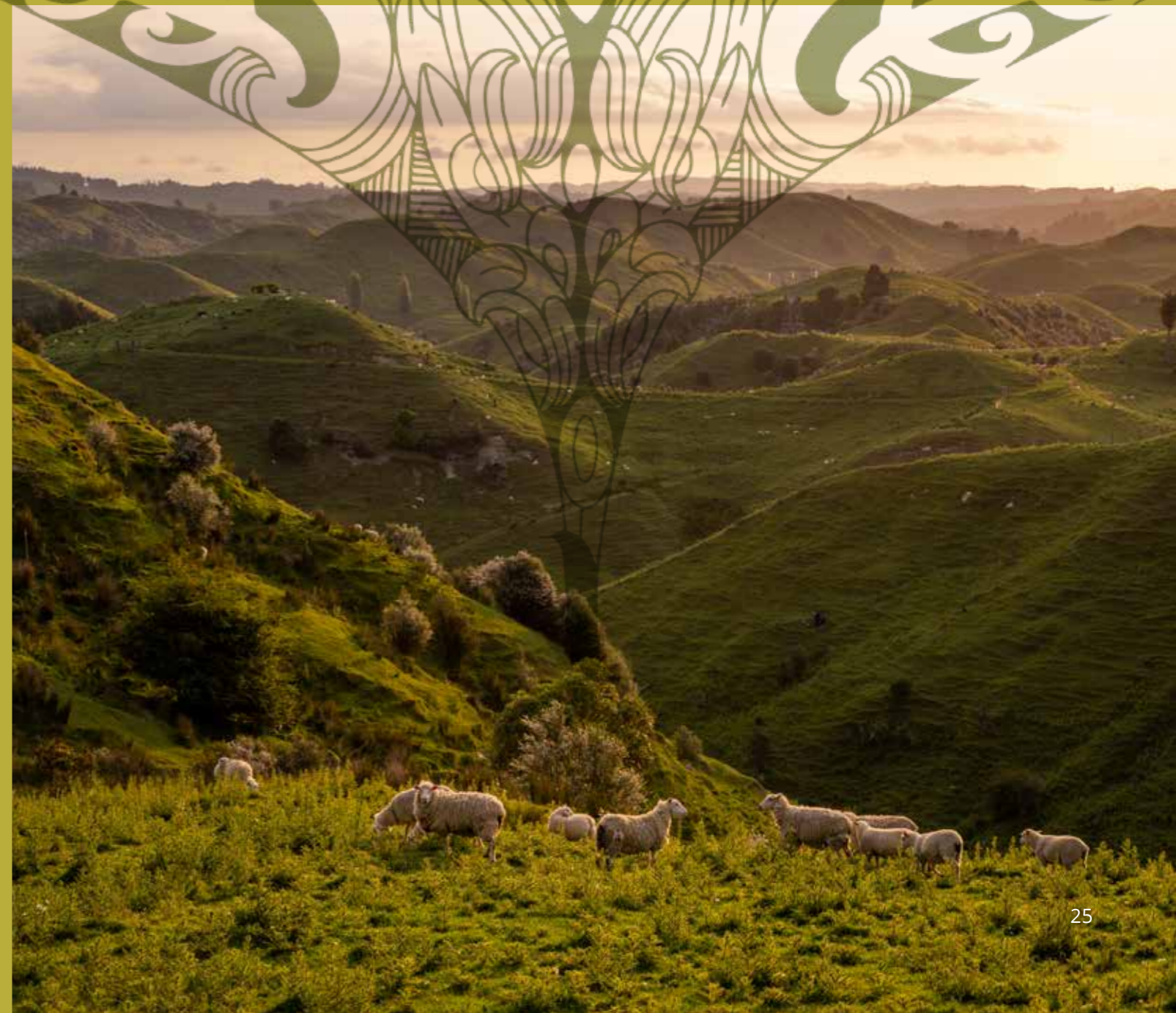
**Whaowhia te kete mātauranga.**  
Fill your basket of knowledge.

## **Disclaimer and Acknowledgement of Research Scope**

As we navigate the complexities of family harm, it is crucial to acknowledge that this report serves merely as an entry point into a much broader conversation. While we strive for accuracy and depth, we acknowledge our role as facilitators of conversation rather than experts in the field. This report, derived from a high-level analysis of data, literature and community insights, underscores the need for further research and deeper investigation. Such efforts are essential to fully comprehend the complexity of the issue and to develop effective, informed actions for addressing family harm.

*We therefore invite our readers to approach this report not just as a collection of insights, but as an open call for further inquiry, discussion, and action.*

# Context Framing



# Our Equity and Wellbeing Framework



Figure 2 - Impact Collective Equity and Wellbeing Framework.

## Think global, align national, act local.

In order to identify opportunities and measure outcomes within our communities, we have developed a three-tier framework encompassing global, national, and local equity and wellbeing frameworks.

Together, these provide us with over 150 individual indicators with which we can measure equity and wellbeing – acting as a benchmarking tool to begin to explore data insights within our region and identify priority areas that we will seek to understand in much more detail.

The purpose of this combination of global, national, and local frameworks is to ensure that we encompass all elements of equity and wellbeing. While the goals of each can be individually interpreted, each goal has a relationship with all other elements - as such, we have designed the framework to represent the most logical alignments.

## Whānau Ora Goals

Whānau Ora is an innovative approach to improving whānau wellbeing that puts whānau at the centre of decision making. The Whānau Ora approach focuses on the whānau as a whole and addresses individual needs within the context of the whānau. Whilst this is a National Framework, the focus on individuals and whānau as its core tenant has inspired the Impact Collective to place these goals at the heart of our framework.

Whānau are supported to identify the aspirations they have to improve their lives and build their capacity to achieve their goals. Iwi and the Crown have agreed to a shared Whānau Ora Outcomes Framework to guide their work to improve outcomes for whānau.

The Outcomes Framework confirms that Whānau Ora is achieved when whānau are self-managing, living healthy lifestyles, participating fully in society, confidently participating in Te Ao Māori, economically secure and successfully involved in wealth creation, cohesive, resilient and nurturing and responsible stewards of their natural and living environments.

## Treasury Living Standards

The Living Standards Framework (LSF) represents a perspective on what matters for New Zealanders' wellbeing, now and into the future. It is a flexible framework that prompts our thinking about policy impacts across the different dimensions of wellbeing, as well as the long-term and distributional issues and implications.

Updated in October 2021, the LSF consists of three levels - Wealth of Aotearoa New Zealand, Our Institutions and Governance and Our Individual and Collective Wellbeing. Level One, Our Individual and Collective Wellbeing, includes 12 domains that have been shown to be important for the wellbeing of both individuals and collectives, such as families, whānau and communities of place, identity and interest. Level Two, Our Institutions and Governance, refers to formal rules, informal norms, and the formal and informal organisations those rules and norms are embedded within.

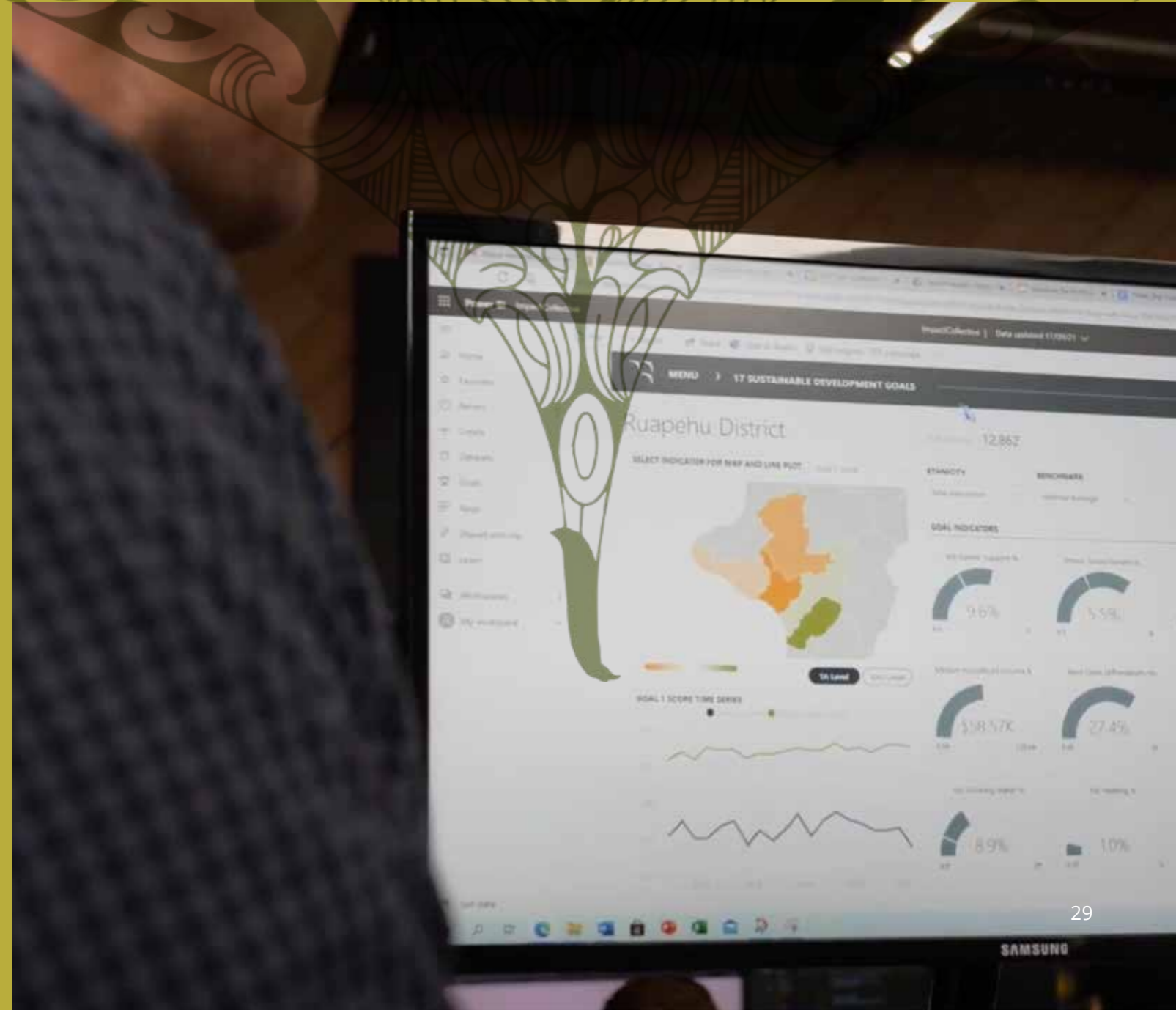
Institutions are often nested in complex relationships. Level Three, outlines the four categories of Wealth of Aotearoa New Zealand; natural environment, financial and physical capital, social cohesion and human capability. These categories recognise that wealth generation in Aotearoa New Zealand is not limited to the historical categorisation of 'GDP', but rather the wider determinants of wealth creation - including our people and our environment.

## United Nations 17 Sustainable Development Goals

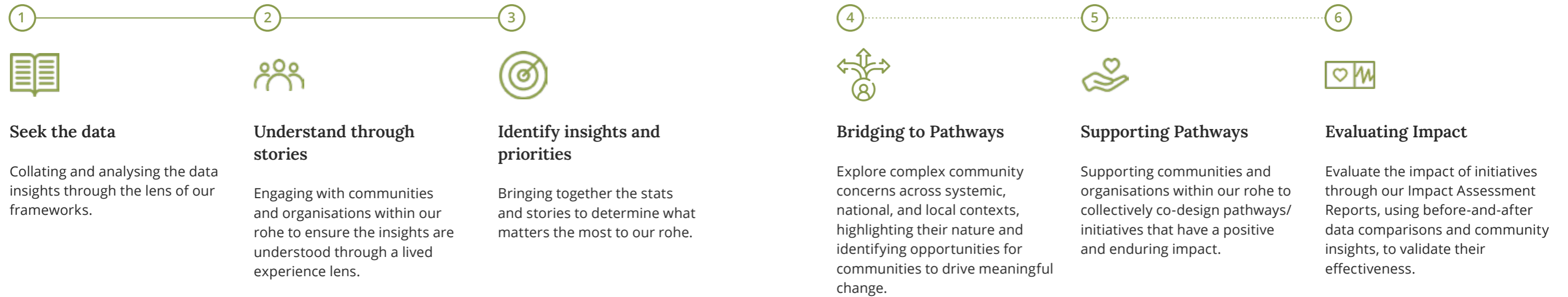
The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future.

At its heart are the 17 Sustainable Development Goals, which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling environmental and climate concerns and working to preserve our oceans and forests.

# Our Methods



# A Dual-phased Approach



## Phase One

In Phase One, we gather and present community level insights through Equity and Wellbeing profiles, which represent the collective strengths, barriers, and opportunities of specific regions. Phase One includes steps 1, 2, and 3 of our methodology. To date, we have completed four Equity and Wellbeing profiles, dedicated to highlighting the unique characteristics of the Whanganui, Rangitikei, Ruapehu, and South Taranaki communities.

## Phase Two

In Phase Two, we empower community organisations, Iwi, and government agencies to leverage insights from our Equity and Wellbeing profiles so that they can pinpoint opportunities for community-led initiatives that aim to respond directly to community needs. The Impact Collective can assist by working alongside changemakers to bring community members together for the co-design of these initiatives. Covering steps 4, 5, and 6 of our dual-phased approach, Phase Two is where action begins to take shape.

Alongside this, the Impact Collective intends to conduct an Impact Assessment Report to demonstrate the impact various initiatives have had on addressing the strengths, barriers, and opportunities of each community. While we understand that initiatives can take time to demonstrate impact, by leveraging a maturity-based system, we will be able to monitor and support these new initiatives, helping to validate the effectiveness of their efforts through data and insights gathered from people at the community level.

*The aim of the Impact Collective's work is to continue on an ongoing basis, following a continuous cycle of the two phases and their respective steps for the regions we serve.*



# Phase One—Delivery of the Equity and Wellbeing Profiles

Phase One commences upon request, with the aim to meet the evolving needs of our communities on a continuous basis.

This phase encompasses the initial three steps of our process, tailored to gather deep insights from the unique perspectives within our communities. These steps include:

- 1 Seeking the data.
- 2 Understanding through stories.
- 3 Identifying insights and priorities.

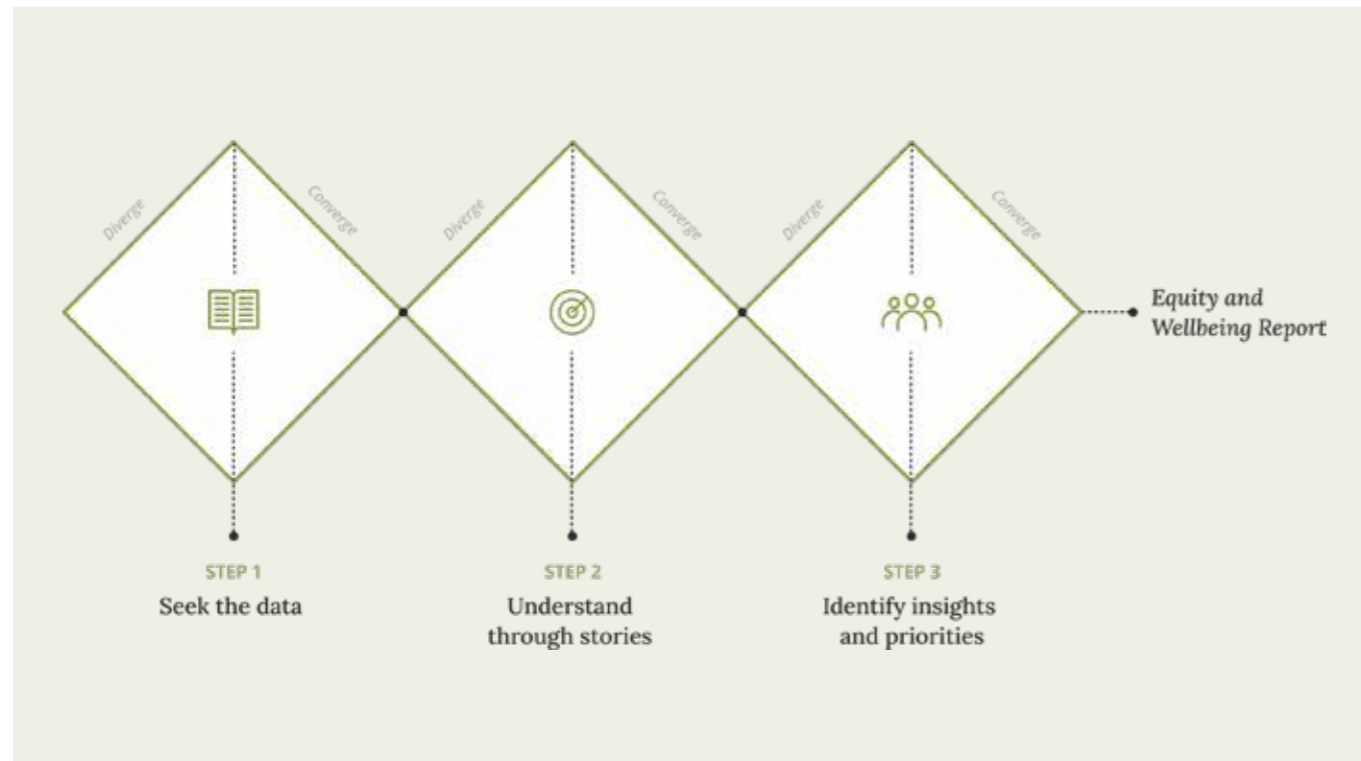


Figure 3 - Phase One of the Impact Collective Process.

## Step 1—Seeking the Data.

This step involves collating and analysing data insights through the lenses of our frameworks. Central to this is the Community Compass Dashboard, which pulls up-to-date data from over 100 data sources to measure how communities within Aotearoa are tracking. These include over 150 individual indicators that we are able to measure against.

This provides us with a tool to explore data insights with members of our community, and identify areas that require a deeper understanding through their lived experiences.

Tasks included in this step:

- Collate, analyse, and cleanse data.
- Identify key areas for further exploration through community workshops.

## The Community Compass Dashboard

This dashboard has been developed by our data partner, DOT Loves Data, which has an incredibly talented team of data scientists and data engineers specialising in building simple, smart, and beautiful data visualisation tools.

The dashboard itself is a leading tool in New Zealand that achieves as close to real-time and collective data representation of equity and wellbeing across our communities as possible, unlocking the potential to track and measure the impact of certain initiatives within our communities across the systems they exist within.

It brings together cross-sector statistics to understand the components and dynamics of community wellbeing from multiple perspectives. While it provides a means to measure progress towards wellbeing objectives, this data is most valuable when contextualised alongside community stories and experiences. This dashboard is innovative in measuring wellbeing at the sub-national and local levels and also highlights current data gaps in understanding wellbeing for Māori.

## Data sources

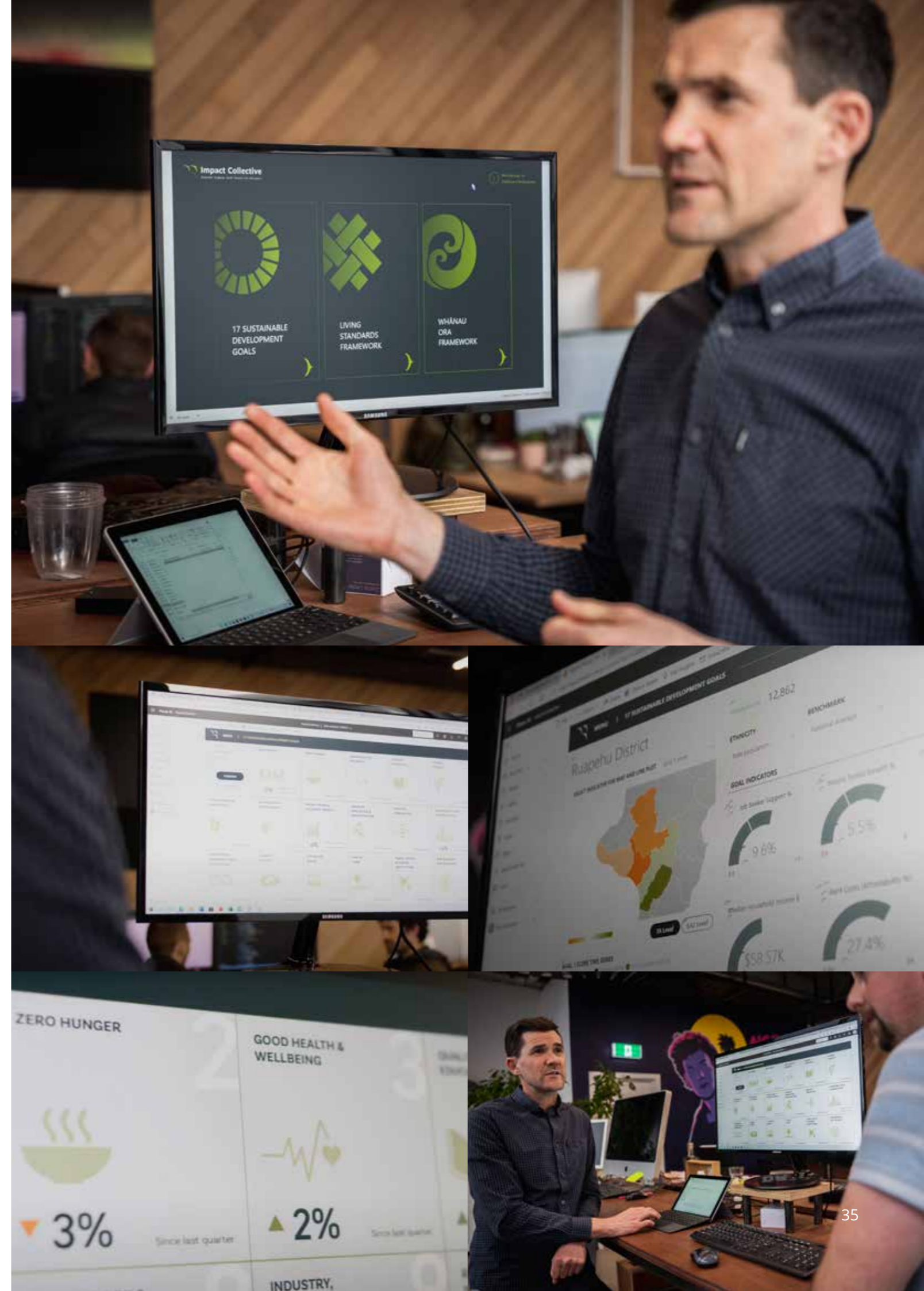
The Community Compass dashboard draws from many validated national and regional data sources to ensure comprehensive coverage across all frameworks and indicators. It was important for the Impact Collective to present data from these validated sources to ensure that, when working with our communities and agencies, the data presented reflects the information held by the government. This will better enable the data to be used by communities when developing community-led services. The primary data sources are listed below:

- NZ Census of Populations and Dwellings (Statistics NZ)
- Ministry of Social Development
- Tenancy Services
- ACC
- Statistics NZ
- Statistics NZ - Child poverty data
- Statistics NZ - New Zealand business demography statistics
- Eftpos NZ
- Ministry of Business, Innovation and Employment
- NZ Police
- DOT Loves Data
- Dynamic Deprivation Index: DOT Loves Data product
- Bizmomento - DOT Loves Data product
- Waka Kotahi
- NZ Transport Agency
- NZ Transport Agency Motor Vehicle Register
- Education Counts
- Ministry of Health
- Ministry of Health - Health survey
- Water New Zealand - National Performance Review
- Open Street Maps
- Electricity Authority
- HealthSpace
- Infometrics
- Chorus
- Tūao Aotearoa
- LAWA

## Data gaps and limitations

Throughout the process of data collation, it has become evident that across Aotearoa New Zealand, there are areas where data collection is lacking or non-existent. For example, data can only be provided at a national level, or the intervals between data updates are slow. The significance of this cannot be understated, as it indicates a fundamental lack of quantitative data available to support communities in addressing issues that may be impacting them. Government agencies involved in these areas must support more regionalised and timely access to data to enable communities to design services to ensure a positive impact in the future.

It was also further identified that while ethnicity data is beginning to be collected more frequently, there is still a significant gap in what is being measured and how that impacts Māori communities and Māori service development. Throughout this report, we have ensured that the narratives of Māori participants are portrayed as authentically as they were gifted to us, and that where possible, Māori data is presented.



## Step 2—Understanding Through Stories.

By gathering stories through engaging with individuals, groups, and organisations across diverse communities, we ensure the insights collected are understood through the lens of lived experiences. This ensures our insights remain genuine and reflective of the community's voice and prevents assumptions from being made.

*We cannot understate the importance of this step. Without it, we risk relying on assumptions and potentially targeting the wrong issues, disconnected from the real needs of the community members who are most impacted.*

Tasks included in this step:

- Facilitate Equity and Wellbeing Workshops with community organisations.
- Conduct in-depth Good Mahi Stories, and podcasts with inspiring individuals and groups across the community.

## Equity and Wellbeing Workshops

The purpose of these workshops is to gather stories and lived experiences from communities across Aotearoa, directly from those actively working in and belonging to these communities.

The key objectives of these workshops:

- *To understand their kaupapa (purpose) and why they exist.*
- *To identify the specific needs their organisation or group aims to address.*
- *To determine who their organisation or group partners with to meet these needs.*
- *To look beyond their day-to-day mahi (work) to identify and discuss broader community needs, challenges, strengths, and opportunities.*
- *To discuss current data insights from their community and identify whether they align with or differ from the lived experiences.*

Over the course of our research, we have run approximately 94 workshops with over 400 individuals from across four regions, representing 130 organisations. Please see relevant Equity and Wellbeing profiles for individual acknowledgements.

## ‘Good Mahi’ Stories

In parallel with the workshops, we identified and captured success stories, known as Good Mahi Stories, of individuals, groups, or organisations contributing positively to their community. This allowed us to engage in one-on-one discussions with many local heroes, delving deeper into the needs they aim to address within the community.

Throughout our research, we gathered Good Mahi Stories from approximately 50 individuals, groups, or organisations. Each inspirational story is available on the Impact Collective website in the ‘Our Work’ section; please take a look when you have the time.

## Qualitative Data Gaps and Limitations

While we aim to capture a diverse range of lived experiences to accurately reflect the strengths and opportunities of each region, we can face numerous challenges and gaps in gathering qualitative data. Despite these challenges, we remain committed to capturing and incorporating a wide array of lived experiences into our findings to ensure they accurately represent each region.



## Step 3—Identifying Insights and Priorities.

In this step, we bring together the wealth of narratives collected through our research, alongside statistics, to pinpoint the areas that matter most to each community. These insights form the foundation of our Equity and Wellbeing Profiles, which aim to capture the collective strengths, challenges, and opportunities of each community.

Tasks within this step include:

- Synthesise stories from community engagements.
- Conduct thematic analysis to unearth insights.
- Validate and refine initial themes with community input.
- Identify systemic connections within our frameworks.
- Compile comprehensive Equity and Wellbeing reports.
- Present findings to stakeholders and the wider community.

## Process Overview

Our Systems Strategists undertake a rigorous process to develop each Equity and Wellbeing profile. This begins with capturing the wealth of lived experiences shared during workshops and Good Mahi Stories. To achieve this, each narrative is meticulously transcribed and summarised as anonymised statements, utilising voice transcription tools for precision. A thorough thematic analysis follows, grouping and examining stories to uncover key insights that represent the community.

This initial analysis leads to a set of core themes, which are subsequently validated with the community to ensure that our findings accurately reflect the community's experiences. Feedback and additional narratives are then integrated, further refining these themes into their final iteration (see figure 4). At this stage, data is incorporated to enhance the analysis and a Community Systems Map is formed to articulate the interconnected nature of each theme. This comprehensive approach results in a detailed profile that showcases each community's unique strengths, challenges, opportunities, and success stories.

Goals of each Equity and Wellbeing Profile:

- To accurately reflect each community's voice and experience.
- To provide a holistic overview that merges lived experiences with data.
- To spotlight the invaluable contributions of community members and organisations.
- To identify and present the strengths, challenges, and opportunities of each region, inspiring community-led action that enhance existing strengths or overcome current barriers.

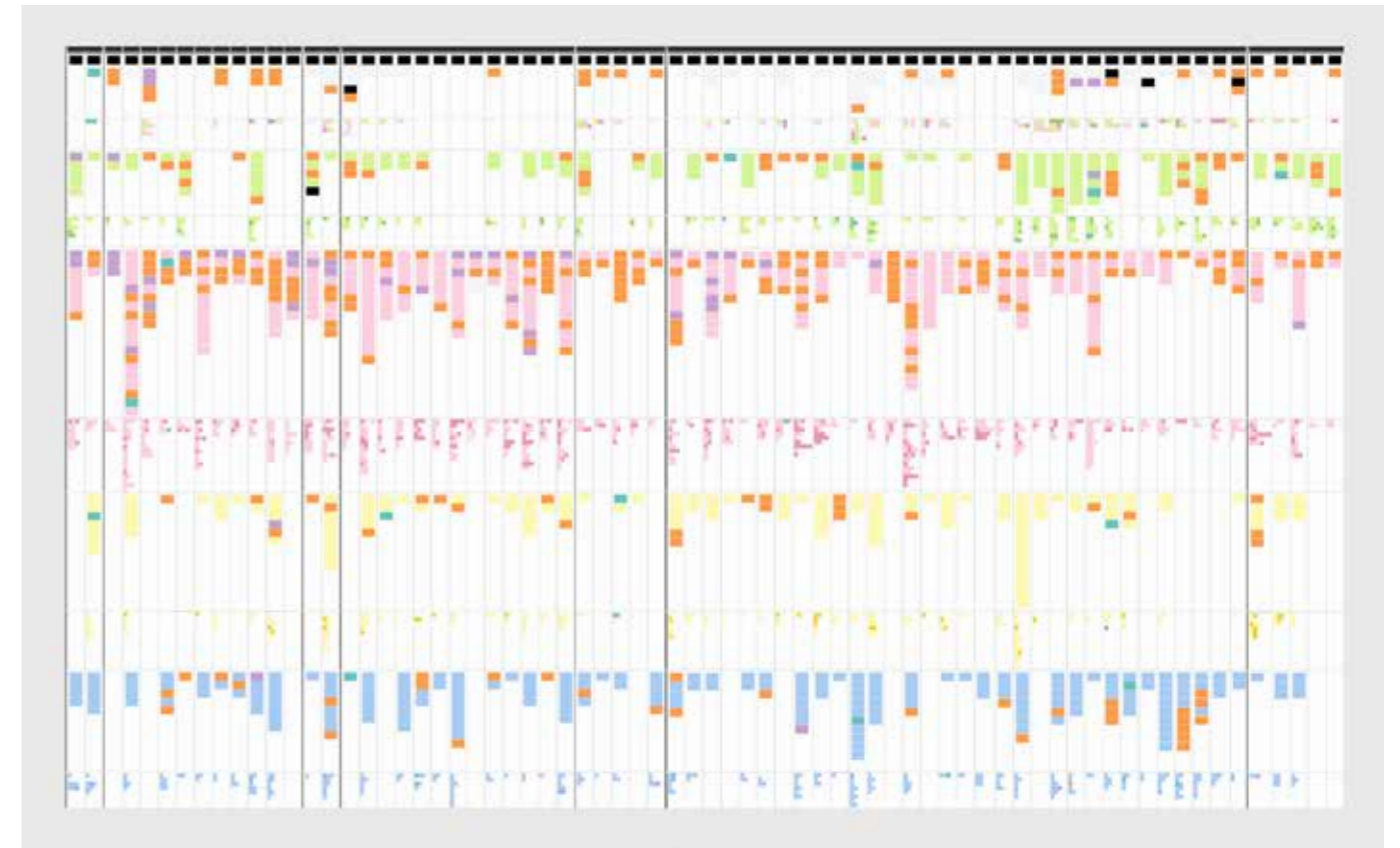


Figure 4 - Comprehensive Insights Map: Final Step in the Insights Process.

## Engagement and Presentation

We are prepared to present or discuss the Equity and Wellbeing Profiles' insights, either in person or online, to help you gain a deeper understanding of the findings nuances. For those interested in a more detailed discussion, we invite you to contact us directly to arrange a session.

# Phase Two—Supporting Collective Action

Following the completion of the Equity and Wellbeing Profiles in Phase One, Phase Two initiates a strategic shift towards turning insights into community actions and initiatives.

This phase encompasses the remaining three steps of our process, designed to foster a collective approach to addressing the needs and opportunities within our communities. These steps include:

- 1 Bridging to Pathways.
- 2 Supporting Pathways.
- 3 Evaluating Impact.

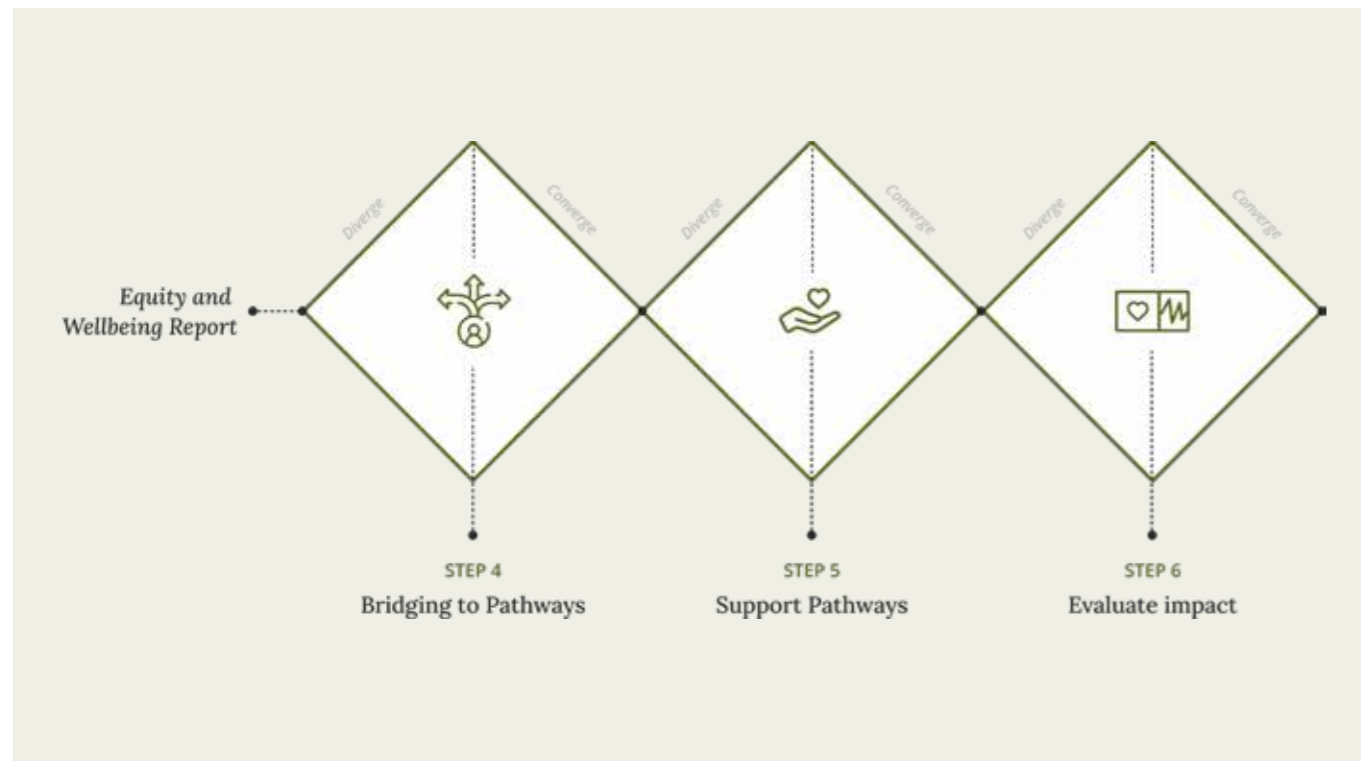


Figure 5 - Phase Two of the Impact Collective Process.

## Step 4—Bridging to Pathways

This step serves as a bridge from understanding community needs to taking action to address them.

Here, we delve into specific complex community concerns, highlighting their nature across systemic, national, and local contexts and pinpointing opportunities for individuals, groups, and organisations to initiate meaningful change.

*The Impact Collective does not intend to prescribe specific actions. Instead, this step aims to equip people with the knowledge and insights they need to forge their own pathways (with or without our support) towards greater equity and wellbeing.*

Tasks included in this step:

- Perform high-level thematic analysis to identify key community concerns.
- Collate statistics to enhance our understanding of each concern.
- Review national literature and media to contextualise data and community findings.
- Understand community-specific concerns through a detailed review of local stories.
- Gather and document opportunities identified by the community.
- Highlight examples of successful organisations, models and interventions.

## High-level Thematic Analysis

We begin with an expansive review of community findings to identify the most pressing concerns, referred to in this report as The Big Five. This step is conducted at a high-level, aiming to identify concerns that have widespread impact across different areas related to equity and wellbeing.

## National Literature and Media Review

Following this, we compile national literature and media reports to underscore the significance of each complex community concern at a national scale. This review helps contextualise the data and community voices collected, ensuring that our analysis also resonates with the national discourse on these issues.

## Local Findings Analysis

In parallel with the National Literature and Media Review, we gather stories from communities within Aotearoa to identify and delve deeper into each complex community concern at a local level. This approach allows us to understand the key findings specific to each issue according to the community, enriching our insights and ensuring they are grounded in both data and the community's lived experiences.

Further enriching this analysis we re-engaged with organisations who are actively working to address specific concerns within their community. These discussions offer in-depth insights into the challenges and outcomes of specific issues, providing perspectives from experts in the field. These discussions aim to:

- Explore the contributing factors of social issues within communities.
- Understand the short-term and long-term impacts of these issues.
- Highlight broader challenges exacerbating these issues.
- Discuss successful local, national, and international interventions.
- Highlight specific individuals, groups, or organisations making a positive impact.

In recognition of their contributions, we extend our heartfelt gratitude to each service provider willing to share their expertise and experience with us for this report. Special thanks to:

- *Jigsaw Whanganui*
- *South Taranaki Whānau Centre*
- *Te Ara Pae Trust*

*Considering the sensitive nature of many complex community concerns and the high level nature of this report, we have ensured the safety and sensitivity of those by focusing our discussions on those indirectly involved, such as industry experts and service providers, rather than directly engaging with affected individuals.*

### **Opportunities from the Community**

With insights in hand, we shift towards action-oriented strategies, starting with a catalogue of community-identified opportunities, ideas, and pathways. These are articulated as clear opportunity statements, inviting readers to explore and engage with each further.

### **Success Stories and Local Good Mahi**

We highlight the impactful work of various models, interventions, and organisations that have made a significant difference in addressing complex community concerns, drawing from both local and international examples.

Here, we also pay tribute to the Good Mahi undertaken by groups and organisations within Aotearoa's communities. By featuring their dedicated efforts, we shine a light on the initiatives that are tackling complex community concerns head-on and highlight their invaluable contributions to fostering wellbeing at the community level.

## **Step 5—Supporting Pathways**

This step marks the transition from gathering and analysing insights to enabling communities to take action.

The primary aim here is to support communities and organisations in collaboratively co-designing pathways and/or initiatives that will have a positive and enduring impact on equity and wellbeing. This involves building on the community-identified strengths and opportunities and translating these into tangible actions.

Tasks to support in this step:

- Present insights by sharing detailed findings from regional Equity and Wellbeing Profiles, offering an in-depth understanding of local needs and opportunities.
- Validate pathways and initiatives by collaborating with the community to evaluate the potential impact of proposed pathways and initiatives, ensuring they align with the insights previously identified.
- Co-facilitate sessions that bring diverse community voices together to collaboratively design interventions, initiatives, or services.
- Connect community groups with essential resources, such as funding opportunities, expert advice, and potential partnerships, to actualise co-designed plans.

### **Role of the Impact Collective**

Our role at the Impact Collective is to facilitate and empower others to take action. By leveraging our expertise and the insights we've gathered, we aim to support and empower communities in discovering and implementing interventions, programmes, and services that drive positive change.

The Impact Collective will walk alongside the community to support the co-design process, bringing together community members, local leaders, and stakeholders to envision, plan, and enact further programmes of work, from exploratory research to implementing new services.

## **Step 6—Evaluating Impact**

With many initiatives facing the common challenge of quantifying their impact to secure continued support or funding, this step is dedicated to understanding and measuring the impact of initiatives at the community level.

Through our Impact Assessment Reports, we evaluate the impact of initiatives through a before-and-after comparison of data and community insights. This comparative analysis not only validates the effectiveness of their efforts, but also surfaces new strengths and opportunities emerging within the community.

Additionally, we assess the impact of these initiatives in relation to the Impact Collective framework and the larger system they exist within, using community narratives as a guide.

This evaluation equips communities and service providers with the vital information needed to refine existing services or, if necessary, create new ones, ensuring that interventions remain effective and aligned with the needs of the communities they serve.

Tasks to support in this step:

- Gathering the latest data insights through the Community Compass dashboard.
- Collecting fresh community narratives through workshops, interviews, and Good Mahi Stories.
- Measuring change in both data and community perspectives.

# Key Concerns





# The Big Five

Drawing on insights gathered from our Equity and Wellbeing profiles and the latest data, we introduce The Big Five. These focus areas encompass the top five complex community concerns within the community. Not only do these concerns highlight key systemic challenges, but they also serve as the foundation for our series of Pathways to Equity and Wellbeing reports. In these reports, we will delve into each concern in more detail, aiming to understand their impacts and connections, with the ultimate goal of inspiring community-led action and fostering change where it is most needed.

## Secondary Education

While education is a cornerstone of equity and wellbeing, schools grapple with a myriad of challenges that impact access to and quality of learning for many. Overpopulated schools, a one-size-fits-all curriculum, and prevalent bullying are among the critical challenges. These issues not only affect academic achievement but also student wellbeing and engagement, leading to an array of downstream impacts, such as low achievement rates and increased dropouts. Addressing these concerns includes, but is not limited to, tailoring curricula to diverse learning needs and fostering inclusive, safe learning environments to ensure every child can thrive in their educational setting.

**IN 2022, 52.64% OF SECONDARY SCHOOL STUDENTS IN NEW ZEALAND GRADUATED WITH NCEA LEVEL 3 AS THEIR HIGHEST QUALIFICATION.**

Source: Dot Loves Data, Community Compass Dashboard.



**IN 2022, 78.72% OF NEW ZEALAND SECONDARY SCHOOL STUDENTS WERE 17 YEARS OR OLDER WHEN THEY COMPLETED HIGH SCHOOL.**

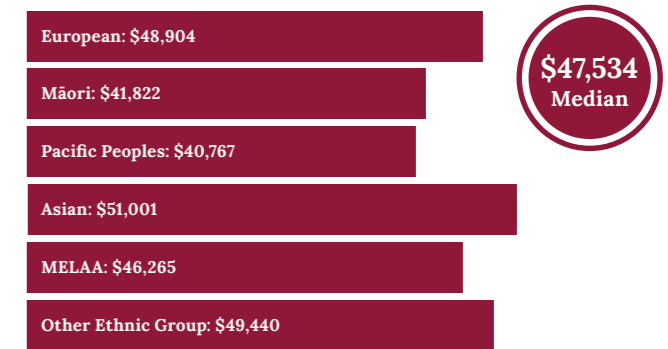
Source: Dot Loves Data, Community Compass Dashboard.



## Financial Health and Employment

The economic landscape within our regions reveals a complex interplay of unemployment and financial insecurity that underpins community equity and wellbeing. Financial health and stable employment are foundational to the prosperity of individuals, families, and communities. Yet, current economic challenges, including pervasive unemployment, the escalating cost of living, and increasing levels of debt, not only exacerbate financial strain but also contribute to a cascade of related social issues, such as substance abuse, family harm, and mental health struggles, ultimately perpetuating the cycle of poverty. Addressing this concern is undoubtedly complex; however, by ensuring communities have access to the opportunities and support they need, we can pave the way for a more prosperous future where families can thrive.

**THE MEDIAN HOUSEHOLD EQUIVALISED DISPOSABLE INCOME, WHICH IS CALCULATED AS HOUSEHOLD INCOME MINUS HOUSEHOLD COSTS, STANDS AT \$47,534. HERE IS THE BREAKDOWN BY ETHNICITY:**



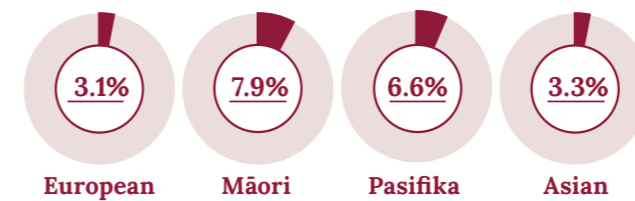
Source: Dot Loves Data, Community Compass Dashboard.

**AS OF JANUARY 1, 2024, THE MEDIAN HOUSEHOLD INCOME IN NEW ZEALAND STANDS AT \$99,424.**

Source: Dot Loves Data, Community Compass Dashboard.



**IN DECEMBER 2023, THE UNEMPLOYMENT RATES ACROSS DIFFERENT ETHNIC GROUPS WERE AS FOLLOWS:**



Source: Dot Loves Data, Community Compass Dashboard.

## Mental Health and Wellbeing

Mental health challenges such as anxiety, depression, and trauma are widespread, significantly affecting the quality of life and wellbeing of individuals and their families. The causes of mental health concerns are multifaceted, including factors such as isolation and economic stress, and can lead to various downstream effects like family harm and suicide. Barriers to accessing care, including long waiting times, high costs, and insufficient crisis support, exacerbate these challenges. The widespread impact of mental health concerns underscores the urgent need not only to address immediate needs but also to tackle the deeper factors contributing to mental distress. By ensuring that mental health support is accessible, inclusive, and effective, we can create a supportive environment where everyone has access to the resources they need.

THE PROPORTION OF PEOPLE WITH POOR MENTAL WELLBEING, IS UP FROM 22 PERCENT IN 2018 TO 28 PERCENT IN 2021.

Source: General Social Survey, Statistics New Zealand, 2022.

1 IN 5 ADULTS AGED 15 YEARS AND OVER ARE DIAGNOSED WITH A MOOD AND/OR ANXIETY DISORDER.



Source: Ministry of Health, 2019.

DEMAND FOR MENTAL HEALTH AND ADDICTION SERVICES IS INCREASING. OVER THE LAST 5 YEARS, THE NUMBER OF PEOPLE ACCESSING SECONDARY MENTAL HEALTH AND ADDICTION SERVICES HAS INCREASED BY 10 PERCENT.



Source: Ministry of Health, 2021.

## Rental and Emergency Housing

Across Aotearoa, secure and affordable housing remains an elusive goal for many. The apparent housing crisis, characterised by a critical shortage of affordable, secure, and quality homes, stands as a significant barrier to equity and wellbeing. This crisis leads to devastating downstream impacts, including homelessness, housing insecurity, and compromised health, disproportionately affecting the most vulnerable in our society, such as low-income families, single households, and those with disabilities. Addressing this crisis requires a comprehensive approach to ensure that everyone in our community has access to their fundamental right: a safe, affordable home. By tackling the housing crisis, we can pave the way towards a more equitable and healthy future for all residents.

THE MEDIAN RENTAL PRICE IN NEW ZEALAND AS OF JANUARY 2024 IS \$554.11.

Source: Dot Loves Data, Community Compass Dashboard.



ON AVERAGE, NEW ZEALAND HOUSEHOLDS SPEND 28.98% OF THEIR INCOME ON RENT EXPENSES.

Source: Dot Loves Data, Community Compass Dashboard.



## Family Harm

Family harm, a critical symptom of broader societal issues deeply entrenched within our communities, has devastating impacts on individuals and their families. Perpetuated by factors including economic stress, substance abuse, and trauma, the prevalence and severity of family harm, described by some as an epidemic, leads to long-term psychological, physical, and social consequences for those directly and indirectly involved. The significance of these impacts underscores the necessity for intervention, including improved support services and community awareness, to break the cycle of harm and ensure safety and support for individuals and their families so that they can thrive across generations.

INCIDENTS OF FAMILY HARM HAVE INCREASED BY 60% IN THE LAST FIVE YEARS AND ARE PREDICTED TO INCREASE BY AN ADDITIONAL 35% BY 2025.

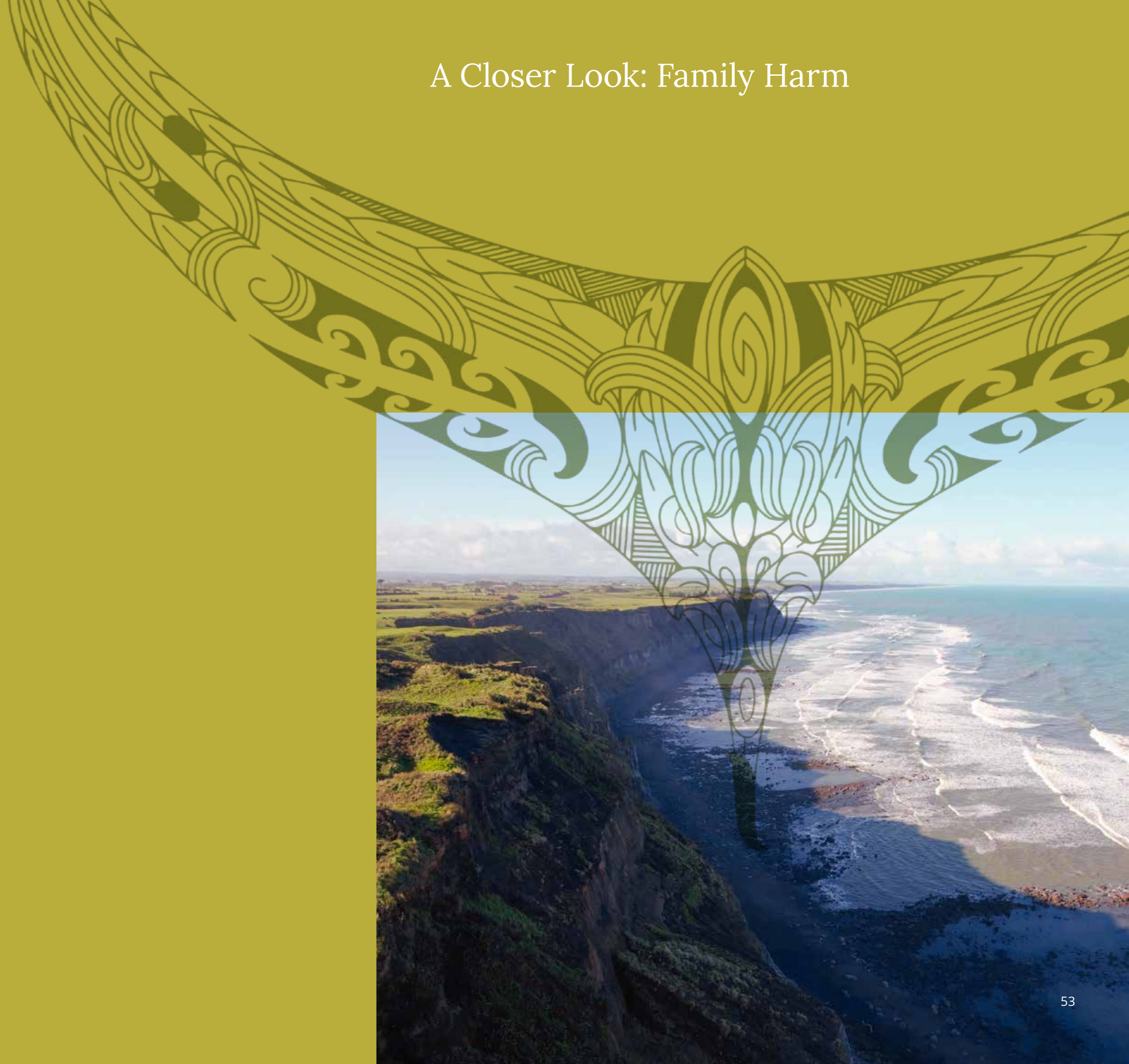
Source: NZ Police Annual Report, 2021.



INTIMATE PARTNER VIOLENCE STANDS AS THE LEADING CAUSE OF FEMALE HOMICIDE DEATHS AND REMAINS THE MOST PREVALENT FORM OF VIOLENCE EXPERIENCED BY WOMEN.

Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

# A Closer Look: Family Harm



To pave the way for meaningful action, it's essential to first gain a deeper understanding of the complex community concerns that hinder our path to equity and wellbeing. A Closer Look is dedicated precisely to this, by delving into an issue that profoundly affects communities across generations—family harm. We explore this topic through systemic, national, and local lenses by utilising quantitative data, national research, and community narratives to uncover the underlying factors contributing to and stemming from family harm. In doing so, our goal is to highlight its significance and relevance, as well as underscore the urgent need to address this pressing concern.

What's in this Section:

- **Problem Statement:** Serving as the cornerstone of our exploration, the Problem Statement offers a comprehensive summary of family harm, setting the scene for the reader to grasp the intricacies of the issue.
- **Framework Alignment:** In this section, we revisit the Impact Collective Framework, aligning family harm with global, national, and local frameworks to illustrate its extensive influence on equity and wellbeing.
- **System Map:** Presented as a complex visual representation, we illustrate the ecosystem surrounding family harm. This tool is instrumental in capturing the complex web of factors that contribute to and stem from the concern, highlighting both direct and indirect influences.
- **Systemic Context:** Through data, national research and/or community insights, the Systemic Context section provides a baseline understanding of family harm, capturing core themes that shape and add context to the concern.
- **National Context:** Leveraging national research, literature, and media reports, the National Context section explores insights at the national level, embedding our findings within the context of Aotearoa.
- **Local Context:** Anchored in the lived experiences, the Local Context section aims to capture the landscape of family harm from the communities perspective, translating findings into tangible human experiences at the local level.

## Problem Statement

Throughout our community level research to date, family harm, also known as family violence, domestic violence, and domestic abuse, has been identified as a pervasive and complex issue that transcends socio-economic backgrounds, cultures, and genders, significantly affecting individuals, families, and communities across the country. It encompasses a broad spectrum of behaviours, including physical, sexual, emotional, economic and psychological abuse, which can profoundly impact the physical and mental wellbeing of those involved and undermine the very foundations of relationships. Despite increased awareness and efforts to address it, family harm continues to persist as a widespread epidemic, deeply rooted in a complex interplay of cultural, societal, and individual factors that together, fuel the cycle of abuse.

To effectively address family harm in Aotearoa, we must consider immediate interventions alongside long-term preventative measures, while placing lived experience at the heart, in order to dismantle the underlying factors that sustain patterns of harm. Only through this approach can we truly hope to achieve meaningful change.

# Framework Alignment

In this section, we circle back to the Impact Collective Framework, an essential tool that ties together global, national, and local perspectives through the lenses of the United Nations Sustainable Development Goals, the Living Standards Framework, and Whānau Ora Goals. This framework enables us to systematically assess how family harm touches on critical areas of the human experience, highlighting its extensive impact on equity and wellbeing at various levels.

The visual representation provided (see figure 6) is designed to clearly illustrate the various touchpoints of family harm across global, national, and local contexts. These encompass Sustainable Development Goals, such as No Poverty, Good Health and Wellbeing, Gender Equality, Reduced Inequalities, and Peace, Justice, and Strong Institutions.

- To navigate the visual representation effectively:
- Full-coloured segments indicate areas most impacted by family harm, highlighting where the issue has significant influence.
  - Half-coloured segments highlight areas partially impacted, suggesting a moderate influence of family harm.
  - Grey segments represent areas not directly impacted by family harm, showcasing limited its influence.

This framework alignment not only highlights the multidimensional nature of family harm but also showcases how addressing this concern has the potential of positively impacting diverse aspects of equity and wellbeing.



Figure 6 - Impact Collective Equity and Wellbeing Framework: Impact of Family Harm.

# Understanding the Family Harm Ecosystem

## Community System Map

Before diving into the Family Harm Ecosystem, let's first examine the landscape of interconnected social issues as shown in the Community System Map from previous Equity and Wellbeing profiles. These maps showcase the complex interplay between themes such as employment, education, and crime, demonstrating their impact on specific communities, such as the South Taranaki district (see Figure 7).

The Community Systems Map not only highlights the complexity of and relationships between these themes but also sets the stage for a more focused exploration of family harm. For a detailed view of the Community System Map, refer to the 'Snapshot of the Community' section within our Equity and Wellbeing Profiles.

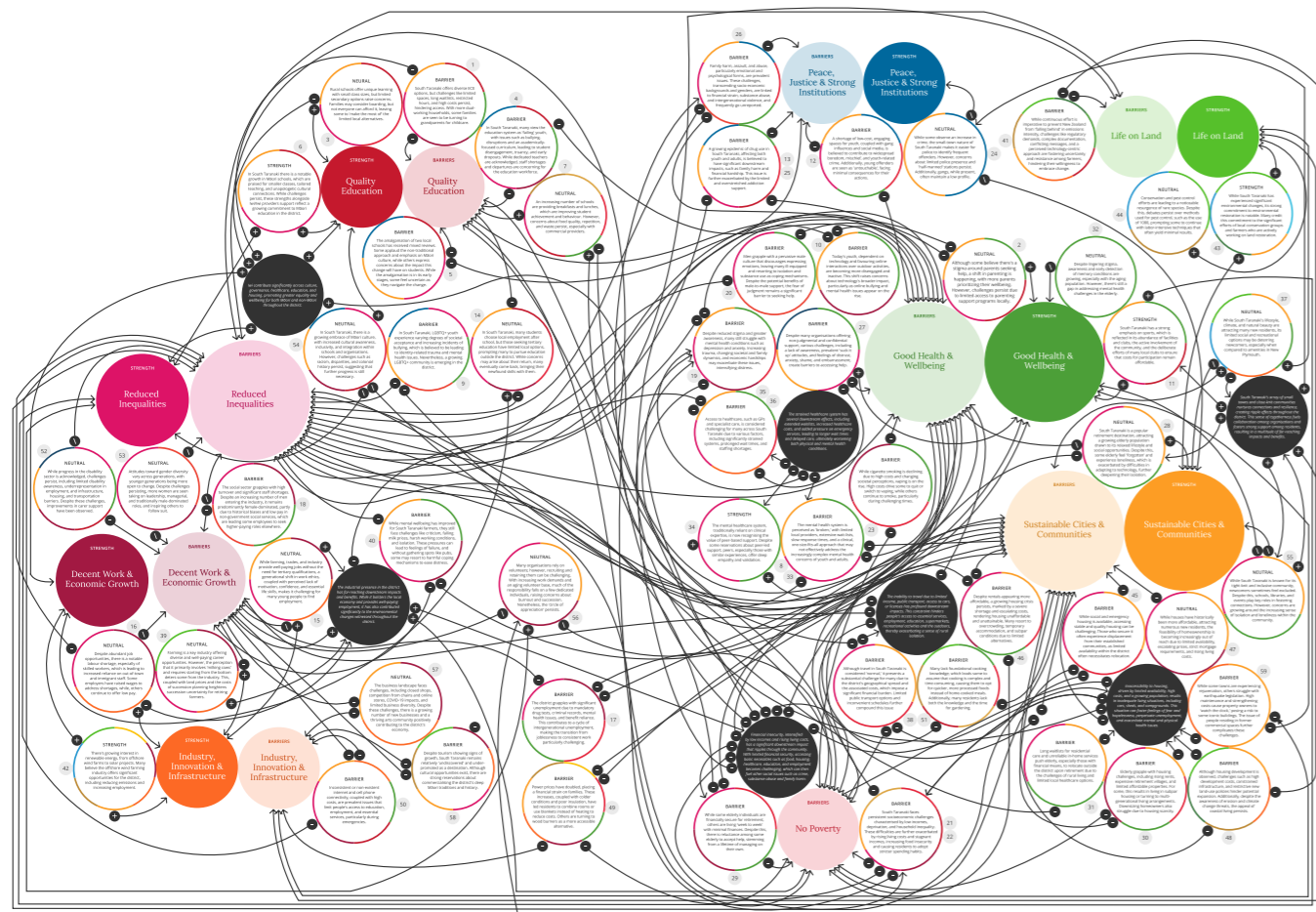


Figure 7 - Example of Community Systems Map: South Taranaki District.

As we shift our focus from the broader landscape captured by the Community System Map, we zoom in on the issue of family harm (see figure 8). This closer perspective allows us to uncover the specific themes, and their relationships, that uniquely contribute to this concern.

On the following page, we introduce the Family Harm Ecosystem (see figure 9). This visualisation draws on our findings from both local and national contexts, to capture the complex interplay of causes, effects, and influences related to family harm in Aotearoa. It provides you, the reader, with an overview of the ecosystem that contributes to and perpetuates family harm. Many aspects of this map will be explored in greater detail in the coming sections of the report.

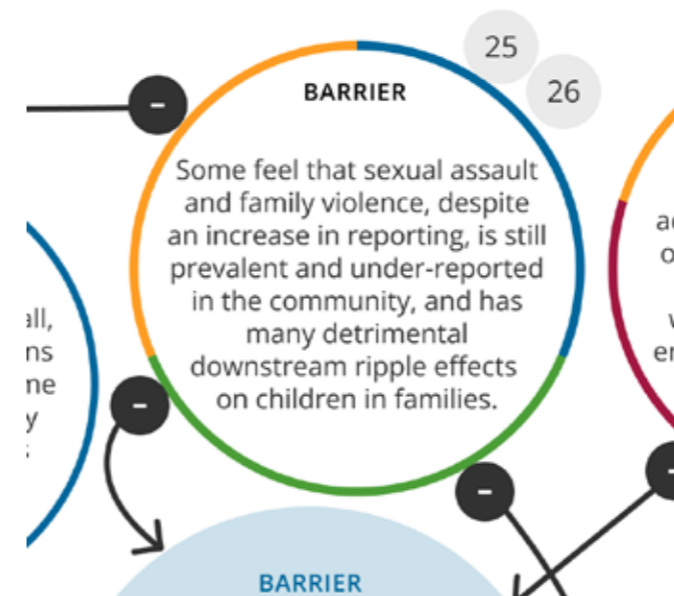


Figure 8 - Example of Community Systems Map: Close-up on Family Harm in South Taranaki.

# Family Harm Ecosystem

## KEY

- Upstream factors contributing to the concern.
- Downstream factors resulting from the concern.
- Factors that are both contributing to and resulting from the concern.
- Factors that intensify the concern.
- Direction and connection

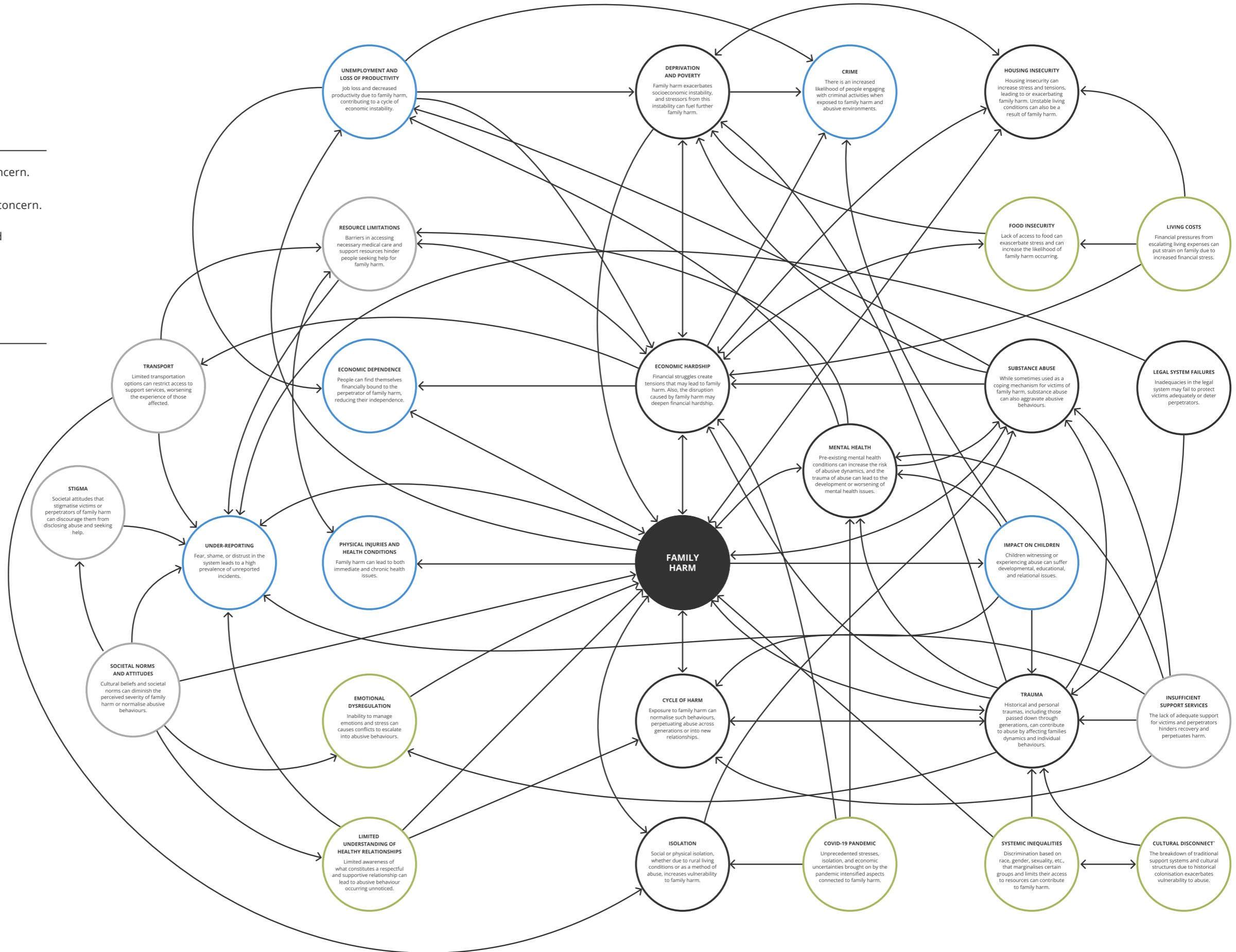


Figure 9 - Family Harm Ecosystem.

# Systemic Context

## Foundational Insights

This section highlights foundational insights focused on systemic issues, such as age, gender, and cultural factors, that are deeply embedded within the family harm landscape. By using data, national research, and local stories, this section provides a broad perspective of the systemic challenges at play, laying the groundwork for more detailed analyses in the National and Local Contexts sections.

## Prevalence

Reports from the community indicate an alarmingly high rate of family harm, painting a picture of a troubling landscape where violence, psychological harm, and controlling behaviour are prevalent and possibly escalating.

*“I know the number of family violence cases that come through, and it hasn't decreased, to put it that way. If anything, it's increasing.”*

*“A lot of the people I meet in South Taranaki disclose sexual abuse, so much so that I think South Taranaki is facing a pandemic of sexual abuse, to be honest. It seems to be a backdrop in most of the households we visit because the mental health issues stem from that.”*

*“We still have the physical side of family violence. However, there's a lot more psychological family violence, which, over the years, has always been harder to address or for people to disclose because there's no actual physical evidence like bruising.”*

*“Yes. What I've heard directly from the police is that their main concern is dealing with family violence. Family violence is significant here.”*

*“So I know that the rates are quite high for domestic violence and drug offences.”*

*“I would agree that family violence is higher in Taihape, but incest and sexual violence within families would also be high in Taihape. That's based on my experience 20 years ago with women's groups, but I doubt the situation would have changed.”*

*“Just look at the section in the newspaper outlining what incidents have happened over the week, and a lot of them involve family violence.”*

*“We have a local paper that comes out with the police report on family harm. I think that shows we know we have a problem with domestic issues.”*

*“Sexual abuse is prolific in South Taranaki, it seems. I definitely agree that it's becoming more challenging.”*

*“I'd actually have to say that I think psychological abuse is more prevalent in South Taranaki, and it's the psychological issues that have a long-lasting impact.”*

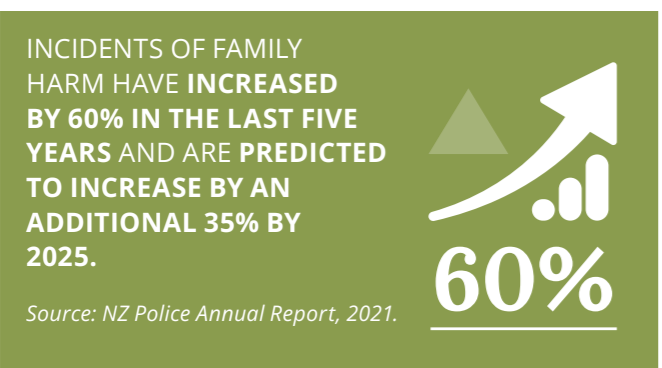


“A lot of households still have budgets, and sometimes... you have to take the shopping list home so the partner can make sure everything you got on the shopping list is actually a necessity... because that’s his hard-earned money. That controlling behaviour around finances is very rampant.”

“So you can’t actually see it physically. It’s the emotional stuff. So, when you start to delve into things, it involves the perception of how individuals see themselves, being belittled, or restricted in various ways, and that contributes to the emotional and psychological wellbeing of that particular person.”

“Everyone thinks family violence is physical, but it’s not; it’s mental and emotional violence. They break them down.”

“I see a lot of verbal abuse and mental abuse, like put-downs and control—control and abuse regarding power, money, and work.”



50% OF WOMEN IN NEW ZEALAND HAVE EXPERIENCED DOMESTIC ABUSE.

Source: Faculty of Medical and Health Sciences, University of Auckland, 2023.

UP TO 60% OF HIGH SCHOOL STUDENTS HAVE REPORTED EXPERIENCING EMOTIONAL OR PHYSICAL ABUSE WITHIN THEIR RELATIONSHIPS.

Source: Dr Melanie Beres, New Zealand Family Domestic Violence Clearinghouse, 2015.

### Economic

Contrary to common misconceptions, family harm can occur across various socioeconomic backgrounds, impacting individuals and families at all income levels. Economic hardship, however, can exacerbate household stress, with research suggesting that financial resources are crucial in enabling people to escape abusive situations.

“Some of them have been quite well off, and you’re like, ‘Really?’ And yeah, it turns out to be true. It doesn’t matter what background you come from.”

“Family harm happens on Saint Johns Hills as well. Just because we are fortunate doesn’t mean it doesn’t exist.”

“When we think about these types of figures, we think of a particular type of people, but I see a lot of people who would fit into, some of them middle-aged, some of them well-off Pākehā families, that would still, unfortunately, fall into this category.”

“So I know that the rates are quite high for domestic violence and drug offences.”

“Family violence occurs at all income levels but having financial resources can enhance options for leaving a violent relationship or keeping children safe. Financial demands on parenting are high, and economic disadvantage increases household stress and reduces access to safe housing, healthcare and help (Gerrard & Lambie, 2018, p. 27).”

IN NEW ZEALAND, 1 IN 4 WOMEN (25%) FROM HIGH-INCOME HOUSEHOLDS EARNING OVER \$100,000 ANNUALLY, EXPERIENCE SEXUAL OR PHYSICAL HARM BY AN INTIMATE PARTNER DURING THEIR LIFETIME.



Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

### Gender

While women and children are disproportionately affected by family harm, men also experience abuse. Many in the community report numerous cases where women perpetrate harm, yet incidents of violence by women towards men often go under-acknowledged and unreported. According to some, this is rooted in feelings of shame and embarrassment. This perspective challenges the prevailing narrative that family harm is primarily perpetrated by men, suggesting a more complex gender dynamic at play.

“Because it’s a shame or embarrassment. They’re telling you ‘you can’t be a man if you’ve got a woman that’s bumping you around a bit,’ things like that. So, I think we’re still unrecorded a lot in that area.”

“It’s always been portrayed that men are violent, and statistically, you see it’s recorded that way...but a lot of men still will not stand up and say that they’re being abused by a woman.”

“I think it’s been portrayed over the years that men can be abusers, but so can females.”

“There was a couple in their late 30s... and her partner got to a point where he was scared to call the police. Because the guys think, you know, we should be able to stand up for ourselves, but we don’t want to hurt our partners. So there’s a misconception that violence is just happening toward women or to children as well. But actually, it’s a whole range of people, range of ethnicities, range of socio-economic backgrounds.”

“Sometimes when women have been subjected to family violence situations for a long, extended period of time, they can actually snap too.”

“Some of the most violent actions are often actions taken in response to violence that has happened to them.”

“There was a couple in their late 30s... and her partner got to a point where he was scared to call the police. Because the guys think, you know, we should be able to stand up for ourselves, but we don’t want to hurt our partners. So there’s a misconception that violence is just happening toward women or to children as well. But actually, it’s a whole range of people, range of ethnicities, range of socio-economic backgrounds.”

“In a family harm situation, we’ve got some really violent females, and some of the females [are] more violent than our males, but people don’t see it like that.”

“It’s not portrayed in the media the same as a man assaulting a female. Okay, there are females out there assaulting men too.”

“We have a lot of angry women as well. I can’t say this enough: ‘let’s not blame men for family violence.’”

“But also, I have to say, I have seen a number of wahine who are the perpetrators, and it’s scary.”

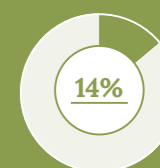
“I mean, I live in a neighbourhood where we see it all the time, and I actually see women literally chasing the men who have walked away down the street, verbalising diarrhoea and swearing, trying to encourage them to continue the behaviour.”

AROUND 29% OF BOTH MEN AND WOMEN EXPERIENCED AT LEAST ONE INCIDENT OF PHYSICAL INTIMATE PARTNER VIOLENCE (IPV) IN THEIR LIFETIME. MOREOVER, ABOUT 12.4% OF WOMEN AND 2.1% OF MEN REPORTED EXPERIENCING AT LEAST ONE INCIDENT OF SEXUAL IPV.



Source: Fanslow, Janet L. | Malihi, Zarintaj | Hashemi, Ladan | Gulliver, Pauline | McIntosh, Tracey, 2022.

IN THEIR RELATIONSHIPS, 14% OF MEN REPORT EXPERIENCING PHYSICAL VIOLENCE, WHILE 47.3% REPORT EXPERIENCING PSYCHOLOGICAL VIOLENCE.



Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

**AMONG PROTECTION ORDER APPLICATIONS, WOMEN MAKE UP 89% (5,072 CASES), WHILE MEN REPRESENT 10% (550 CASES). CONVERSELY, THE MAJORITY OF INDIVIDUALS FACING PROTECTION ORDERS ARE MEN, ACCOUNTING FOR 89% (4,940 CASES), WHILE WOMEN ACCOUNT FOR 10% (560 CASES).**



Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

**APPROXIMATELY 1 IN 8 MEN HAVE REPORTED EXPERIENCING FAMILY VIOLENCE IN THEIR LIFETIME.**



Source: Good Shepherd, 2024.

**35% OF WOMEN IN NEW ZEALAND HAVE EXPERIENCED PHYSICAL OR SEXUAL INTIMATE PARTNER VIOLENCE IN THEIR LIFETIMES. THIS FIGURE RISES TO 55% WHEN ACCOUNTING FOR PSYCHOLOGICAL AND EMOTIONAL ABUSE.**

**35%  
to  
55%  
!**

Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

**COMPARED TO HETEROSEXUAL INDIVIDUALS, GAY, LESBIAN, AND BISEXUAL INDIVIDUALS IN NEW ZEALAND ARE MORE THAN TWICE AS LIKELY TO EXPERIENCE PHYSICAL AND SEXUAL VIOLENCE FROM INTIMATE PARTNERS.**

Source: New Zealand Family Violence Clearinghouse, 2021.



## Ethnicity

While family harm is believed by some to impact people of all cultural or ethnic backgrounds, stemming broadly from upbringing and neglect, research indicates that Māori face disproportionate rates of family harm—a legacy attributed to the intergenerational trauma of colonisation and exacerbated by factors such as racism and discrimination.

*“Family violence isn’t tied to just one cultural or ethnic group. It’s often about how people are brought up.*

*“It comes from all types, not just the stereotypical “Many perpetrators are white, privileged kids who have been neglected by their parents.*

*“Despite the well reported lack of whānau violence before colonisation, Māori are now highly exposed to it. The trauma of colonisation has had an intergenerational effect on Māori, who experience disproportionate rates of family violence, combined with other negative social effects of racism, discrimination, and dislocation, alongside strengths and resilience factors that endure”. (Gerrard & Lambie, 2018, para.7)*

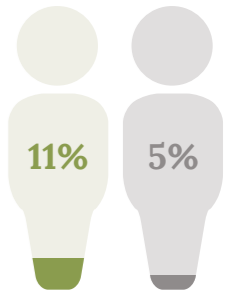
**APPROXIMATELY 58% OF MĀORI WOMEN EXPERIENCE PHYSICAL AND SEXUAL INTIMATE PARTNER VIOLENCE (IPV) DURING THEIR LIFETIME. WHEN CONSIDERING ADDITIONAL FORMS OF VIOLENCE, SUCH AS EMOTIONAL AND PSYCHOLOGICAL ABUSE, THIS PREVALENCE MAY INCREASE TO AS MUCH AS 80%.**



**80%  
of Māori  
women**

Source: Leigh-Marama McLachlan RNZ, March 2020.

WHILE OVERALL RATES OF INTIMATE PARTNER VIOLENCE ARE DECLINING, **STATISTICS REVEAL THAT 11% OF MĀORI INDIVIDUALS ARE AT RISK OF EXPERIENCING INTIMATE PARTNER VIOLENCE (IPV), COMPARED TO 5% OF THE GENERAL POPULATION.**



Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

**34% OF EUROPEAN WOMEN AND 32% OF PACIFIC WOMEN EXPERIENCE PHYSICAL AND SEXUAL INTIMATE PARTNER VIOLENCE (IPV) OVER THEIR LIFETIME.**



European



Pasifika

Source: NZ Family Violence Clearinghouse, 2024.

ASIAN WOMEN HAVE A REPORTED LIFETIME PREVALENCE OF 11.5%; HOWEVER, **THERE’S A BELIEF AMONG ADVOCATES THAT REPORTING RATES ARE LOW WITHIN ASIAN COMMUNITIES.**

Source: NZ Family Violence Clearinghouse, 2024.

## Complexity and Intersectionality

Family Harm exists within a complex system of intersecting challenges, making it more than just an isolated issue. According to some, family harm is intricately linked with broader societal issues, including mental health concerns, substance abuse, financial hardship, unemployment, racism and trauma. This amplifies the difficulties for those involved as they often confront a multitude of interconnected stressors alongside the direct impact of family harm.

*“There’s a very poor understanding of the intersections around abuse and violence. For instance, there’s generally a very poor understanding of how racism significantly contributes to intimate partner violence and how to bring a different understanding.”*

*“We know that those whānau who experience family violence, those who are going through that journey, [they] have way more needs than just family violence. It is the stuff that underpins that.”*

*“There’s some people coming in with intense needs i.e. one person with multiple huge issues like incest, suicide, drug addictions. That’s just one person, which is in the whole family.”*

*“It’s simply complex. And I think we, my team and I, and others in the field, see there are many, many intersections. To actually have some intersections with some of those other key community concerns that you’ve mentioned. Those are pretty obvious.”*

*“Those whānau who experience family violence, those who are going through that journey, have way more needs than just family violence. It is the stuff that underpins that. It’s the drugs and alcohol, it’s the stresses of the family, it’s the schooling, the education, the mahi. While we do the family violence lens, we need to work in collaboration with our partnering agencies to get all those other needs met.”*

*“There’s a poor understanding of the intersections of violence, such as how racism contributes to violence.”*

*“It’s exacerbated by poverty, lack of employment, a fairly high drug problem in town; it all sort of blends in.”*

*“But we know that those whānau who experience family violence, those who are going through that journey, have way more needs than just family violence. It is the stuff that underpins that.”*

*“Some kids have more stress on their whānau, there is money stress, there is all this kind of stress, as well as, a lot of them have had historical abuse.”*

**75% OF INCARCERATED WOMEN HAVE REPORTED EXPERIENCING SEXUAL AND/OR FAMILY HARM.**

ADDITIONALLY, STUDIES INDICATE THAT AMONG YOUNG FEMALE OFFENDERS, A PRIOR HISTORY OF SEXUAL ABUSE IS THE MOST SIGNIFICANT FACTOR LINKED TO REOFFENDING.



Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018).

*“We’ve got to stop assuming that family violence happens to a select few or a certain group; it doesn’t. It’s in every layer of our community. Every woman you come across has seen, witnessed, or been affected by family harm in some way.”*

Workshop Participant.

# National Context

## National Literature Review

In this section, we examine a diverse array of research materials, including scholarly articles, meta-analyses, theses, reports, discussion papers, and book chapters, to gain a comprehensive understanding of the employment landscape from a national perspective. Each source provides unique insights and evidence, enriching our understanding of the factors influencing family harm across Aotearoa New Zealand.

*Please note that while we examine a diverse array of materials, this review captures high-level research and is not intended to be a comprehensive study. Instead, it aims to build on subsequent sections of this report and provide additional perspectives and considerations relevant to family harm in Aotearoa New Zealand.*

## Intergenerational Cycle of Harm

Research shows that exposure to family harm in childhood significantly increases the likelihood of individuals either perpetuating or experiencing similar forms of abuse in adulthood or relationships, due to modelling. Harm is then perceived as normal. This happens because such behaviour is presented as normal to them, leading to a perception that harm is acceptable (Gerrard & Lambie, 2018; Albrecht & den Heyer, 2022).

*“Intergenerational transmission of violence, neglect, and maltreatment is far too common but not inevitable. If both partners have been abused in childhood and witnessed violence between their own parents, the odds that their adult relationships will be violent are increased because that is what they have had modelled to them. Violence is ‘normal’.” (Gerrard & Lambie, 2018, p. 4).*

*“A large body of research supports a theory of intergenerational transmission of violence that posits that children exposed to family violence are more likely to become perpetrators or victims of violence in adulthood... That is if both partners had been abused as children themselves and both had seen their parents being violent, the odds were increased that their adult relationships would be violent.” (Gerrard & Lambie, 2018, p.22).*

*“Witnessing or being a victim of family violence during childhood can result in being a victim of family violence later in life. Research has also highlighted that those children who have experienced family violence may perpetrate violence when they become adults.” (Albrecht & den Heyer, 2022, p.236).*

## Colonisation's Lasting Impact

Research emphasises the significant impact of colonisation on Māori communities. The loss of cultural identity and values, along with the disruption of family and traditional support systems, exacerbated by the loss of land, language, and self-determination, has significantly increased the likelihood of family harm among Māori. Historically, Māori communities experienced relatively little family harm before colonisation; however, the trauma induced by colonisation has led to intergenerational effects that have spanned decades, resulting in disproportionately high rates of family harm within these communities (Dobbs & Eruera, 2014; Gerrard & Lambie, 2018).

*“For indigenous peoples such as Māori, loss of cultural identity, isolated and fragmented family systems, weakened traditional mechanisms for support, loss of land, language, and self-determination may increase the likelihood of whānau violence.” (Dobbs & Eruera, 2014, p.20).*

*“Despite the well-reported relative absence of whānau violence before colonisation, Māori are now highly exposed to it. The trauma of colonisation has had an intergenerational effect on Māori who experience disproportionate rates of family violence combined with other negative social effects of racism, discrimination, and dislocation alongside strengths and resilience factors that endure.” (Gerrard & Lambie, 2018, p.5).*

*“While trauma is an experience that can impact on all people, Māori experience trauma in distinct ways that are linked to the experience of colonisation, racism and discrimination, negative stereotyping and subsequent unequal rates of violence, poverty and ill health.” (Gerrard & Lambie, 2018, p.16).*

## Impact of Childhood Trauma

Research highlights a link between Adverse Childhood Experiences (ACEs)—traumatic events occurring before the age of 18, including abuse, neglect, and exposure to various forms of violence—and an increased likelihood of encountering family harm in adulthood, such as intimate partner violence (IPV) and violence from non-partners. This evidence highlights the profound and lasting impact ACEs have on adult relationships and personal safety. The prevalence of ACEs is notably high among those who are classified as younger, from lower socioeconomic, and Māori (Fanslow, Hashemi, Gulliver, & McIntosh, 2021; O’Neill, n.d.).

*“ACEs were prevalent and co-occurring with 55% (95% CI 53.2%–56.8%) of respondents reporting having experienced at least one ACE and 11.6% (95% CI 10.4%–12.8%) reporting at least four ACEs before the age of 18...exposure to any ACE was significantly associated with later exposure to IPV and non-partner violence.” (Fanslow, Hashemi, Gulliver, & McIntosh, 2021, p.1).*

*“Those who identified as Māori reported the greatest prevalence of almost all ACE types, followed by Pacific people.” (Fanslow, Hashemi, Gulliver, & McIntosh, 2021, p.8).*

*“Stressful or traumatic childhood experiences such as abuse, neglect, or forms of household dysfunction are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, violence or re-victimization, disease, disability, and premature mortality.” (O’Neill, n.d., p.3).*

## Socioeconomic Disadvantages

Research emphasises the complex relationship between socioeconomic disadvantages—such as poverty, crime, unemployment, lack of education, and substance abuse—and the risk of family harm, including intimate partner violence (IPV) and childhood abuse. The findings indicate that women in impoverished communities are at an increased risk of IPV, while children from disadvantaged backgrounds are more susceptible to abuse.

Furthermore, victims of family harm face greater deprivation, including homelessness and food insecurity, compared to non-victims. These studies highlight how economic hardship not only contributes to elevated stress within relationships, but also perpetuates a cycle of violence and deprivation. (Mellar, 2022; Trevillion, Oram, Feder, & Howard, 2012; Fergusson, Boden, & Horwood, 2006).

*“Women in communities with high rates of poverty, crime, violence, and unemployment are at increased risk for experiencing IPV.” (Mellar, 2022, p.4).*

*“Victims of recent violence experienced greater deprivation (e.g., eviction, homelessness, and food insufficiency) compared to non-victims.” (Trevillion, Oram, Feder, & Howard, 2012, p.8).*

*“Increased rates of socio-economic disadvantage including lower maternal age ( $p < .01$ ) reduced living standards ( $p < .05$ ) and parents lacking formal educational qualifications ( $p < .05$ ). Impaired family functioning including low levels of maternal ( $p < .01$ ) and paternal caring ( $p < .001$ ) higher levels of maternal ( $p < .05$ ) and paternal ( $p < .001$ ) overprotection a history of parental criminality ( $p < .001$ ) and a history of parental alcohol problems ( $p < .001$ ). Increased risk of child abuse including exposure to childhood sexual abuse ( $p < .001$ ) and regular or severe physical punishment ( $p < .001$ ).” (Fergusson, Boden, & Horwood, 2006, p.100).*

## Economic Abuse

Research emphasises the complex and invisible nature of economic or financial abuse within the context of family harm dynamics. Abusers commonly use strategies to ensure their victims remain financially dependent, including tactics like preventing them from working. These concerns are among the primary reasons victims struggle to escape their abusers, as this form of abuse traps them in a cycle of dependency. This abuse is not just a method of control but also greatly affects the victim’s ability to leave abusive relationships and seek assistance, and the effects of such abuse can persist long after the relationship has ended. (Kahui & Snively, 2014; Postmus et al., 2020).

*“Some abusers prevent their victims from getting to work on time in order to keep their victims financially dependent. Tactics that abusers use may include hiding car keys, materials necessary for work or even inflicting physical injury on the victim. Victims may also become distracted at work as a consequence of the violence that is experienced at the workplace (e.g. stalking or harassing at the workplace) or violence that is experienced out of the workplace (psychological abuse such as threatening not to pick up their children from school).” (Kahui & Snively, 2014, p.29)*

*“Women forced into such dependency are at greater risk...of being trapped in the relationship. This explains why women report that economic concerns are one of their top reasons why leaving the abuser is so difficult.” (Postmus et al., 2020, p.262).*

*“One frequently hidden or ‘invisible’ form of abuse perpetrated within intimate partner relationships is economic or financial abuse. Practitioners and emerging qualitative research have for some time recognised that IPV contributes to poverty, financial risk, and financial insecurity for women, sometimes long after the relationship has ended.” (Postmus et al., 2020, p.262).*

## Economic Cost of Harm

Research underscores the profound and widespread financial impacts of family harm, abuse, and trauma. It estimates that the financial toll of harm—encompassing broken bones, miscarriages, anxiety, lost productivity due to time off work, and healthcare costs—extends into the billions. This highlights the significant financial strain that family harm impose on individuals and society from an economic standpoint. (Kahui & Snively, 2014; Gerrard & Lambie, 2018).

*“The total cost of intimate partner violence and child abuse in New Zealand... is to be between \$4.1 and \$7.0 billion. The high end figure works out at \$1,509 per capita.” (Kahui & Snively, 2014, p.1).*

*“Cost drivers behind cost categories include pain suffering and premature mortality at \$3.6 billion (51%), health costs at \$377.3 million (5%), and productivity-related costs at \$954.1 million (14%)” (Kahui & Snively, 2014, p.42).*

*“The costs and impacts of childhood trauma go on to adulthood but are complex to measure and define... in New Zealand... in terms of quality-adjusted life years (QALYs) based on estimated losses associated with broken bones, miscarriage, anxiety, time off work, and so on for violent offences (\$2.77 billion) and sexual offences (\$1.19 billion).” (Gerrard & Lambie, 2018, p.32-34).*

## Substance Use

Research reveals a significant link between substance abuse, particularly alcohol consumption, and family harm, focusing notably on its influence in intimate partner violence (IPV). Findings indicate that individuals engaging in alcohol use face a considerably higher risk of both experiencing and perpetrating IPV, suggesting that substance use is a pivotal factor in the cycle of violence. This body of evidence highlights alcohol as a key risk factor in both the initiation and intensification of violence within intimate relationships. (Devries et al., 2013).

*“Cross-sectional studies showed an association between IPV and alcohol use, pooled OR = 1.80, 95% CI 1.58–2.06, but with substantial heterogeneity, I<sup>2</sup> = 60.8%, P < 0.0001.” (Devries et al., 2013, p. 1)*

*“Seven longitudinal studies provided 12 estimates of the association between alcohol and subsequent IPV; nine of 12 estimates showed a direction of increased odds of subsequent IPV, pooled OR = 1.27 [95% confidence interval (CI) = 1.07–1.52], I<sup>2</sup> = 0%, P = 0.437.” (Devries et al., 2013, p. 1)*

## Substance Dependence

Research shows that experiencing family harm significantly elevates an individual's risk of substance dependence and increased alcohol consumption. This risk is especially pronounced in young adults aged 16 to 25, who are particularly vulnerable to developing substance dependence if they have endured physical or sexual abuse during their childhood. This highlights the profound impact that early adverse experiences can have on an individual's likelihood of engaging in substance misuse later in life. (Devries et al., 2013; Trevillion, Oram, Feder, & Howard, 2012; Kahui & Snively, 2014; Schäfer, 2011).

*“Young adults (16 to 25 years old) had higher risks of...substance dependence...if they experienced physical abuse or sexual abuse as children.” (Kahui & Snively, 2014, p.23).*

*“Two studies reported increased odds of substance misuse problems (OR of 3.4 and 4.1) among people experiencing domestic violence.” (Gerrard & Lambie, 2018, p. 22).*

*“Nine longitudinal studies provided 15 estimates of association between IPV and subsequent alcohol use; 14 of 15 estimates showed a direction of increased odds of subsequent alcohol use, pooled OR = 1.25 (95% CI 1.02–1.52), I<sup>2</sup> = 0%, P = 0.751.” (Devries et al., 2013, p. 1).*

*“The majority of the resident participants had experienced physical and sexual abuse and personal neglect in their childhood and said they had tried to cope with these experiences by taking alcohol and other drugs.” (Schäfer, 2011, p.4).*

## Increased Risk

Studies indicate that individuals with pre-existing mental health conditions, including depressive disorders, anxiety disorders, and post-traumatic stress disorder (PTSD), are at a significantly heightened risk of experiencing violence from lifetime partners, as compared to individuals without such disorders. (Trevillion, Oram, Feder, & Howard, 2012; Royal Australian and New Zealand College of Psychiatrists, 2021).

*“There is a higher risk of experiencing adult lifetime partner violence among women with depressive disorders (OR 2.77, 95% CI 1.96–3.92), anxiety disorders (OR 4.08, 95% CI 2.39–6.97), and PTSD (OR 7.34, 95% CI 4.50–11.98) compared to women without mental disorders.” (Trevillion, Oram, Feder, & Howard, 2012, p.1).*

*“Though there are many complexities and variables involved, mental health plays an important role in many areas of FV. Women with pre-existing depression or major mental health disorders are more vulnerable to experiencing intimate partner violence victimisation and re-victimisation.” (Royal Australian and New Zealand College of Psychiatrists, 2021, Evidence section).*

## Mental Health Impact

Studies indicate that individuals exposed to family harm, with a particular focus on intimate partner violence (IPV), are at a significantly higher risk of being diagnosed with mental health disorders. The aftermath of IPV exposure is multifaceted, manifesting as depression, anxiety, post-traumatic stress disorder (PTSD), and an increased dependency on medications. This relationship highlights the severe impact of IPV on an individual's mental wellbeing. (Mellar, 2022; Trevillion, Oram, Feder, & Howard, 2012).

*“A significant finding was that women exposed to four or five types of IPV were almost four times more likely to have received a diagnosis for any mental health condition.” (Mellar, 2022, p.128).*

*“The findings in the present study reinforce these conclusions with women exposed to severe physical IPV almost twice as likely to report diagnosis of any mental health condition compared to those unexposed to IPV.” (Mellar, 2022, p.126).*

*“It is important to note that the associations between IPV exposure of all types and number of types experienced were consistently associated with increased risk for mental health conditions...” (Mellar, 2022, p.126).*

*“Among women with anxiety disorders, the median prevalence of any past year partner violence (4 studies) was 28.4% (IQR 25.5%–42.2%, range 20.0%–80.5%).” (Trevillion, Oram, Feder, & Howard, 2012, p.5).*

## Physical Health Impact

Research indicates a significant link between family harm, especially intimate partner violence (IPV), and various adverse physical health outcomes. These conditions include chronic pain (encompassing chronic lower back pain and chronic headaches), central sensitivity syndromes, irritable bowel syndrome, cardiovascular issues, and restless legs syndrome. (Mellar, 2022).

*“Women who experienced IPV were more likely to have higher levels of CVD [cardiovascular disease] biomarkers, experience cardiovascular symptoms, and exhibit long-term cardiovascular complications compared with women unexposed to IPV.” (Mellar, 2022, p.13).*

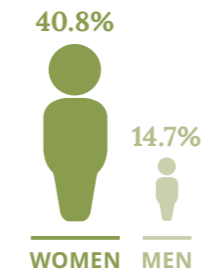
*“Women’s experience of any IPV as well as specific types of IPV were significantly associated with increased risks of experiencing worse health outcomes. For example, women who experienced any lifetime IPV were almost twice as likely to report poor general health (AOR 1.79 [1.30-2.47]) and recent pain or discomfort (AOR 1.75 [1.33-2.30]), and nearly three times as likely to have a diagnosed mental health condition (AOR 2.74 [2.03-3.71]).” (Mellar, 2022, p.8).*

*“Seventeen studies analysed the association between IPV and chronic physical health conditions; IPV was significantly associated with chronic pain in nine of these studies... Four studies reported on associations between IPV and somatoform and psychosomatic issues (including stomach pain headaches dizziness and muscular pain) though the differentiation from chronic pain is not explained.” (Mellar, 2022, p.11).*

*“In the first study to explore the association between IPV and central sensitivity syndromes (CSS), associations were observed between IPV exposure and CSS including: chronic lower back pain (AIRR 2.28 [1.85–2.80]), chronic headaches (AIRR 3.15 [1.07–9.23]), irritable bowel syndrome (AIRR 1.41 [1.25–1.60]), and restless legs syndrome (AIRR 1.89 [1.44–2.48]).” (Mellar, 2022, p.39).*

*“Women exposed to any IPV were 1.75 times more likely to recently experience pain or discomfort. Though these ‘recent’ pain-related outcomes did not specifically record chronic pain, they may serve as a proxy for chronic pain experience.” (Mellar, 2022, p.122).*

AMONG THOSE WHO ENCOUNTERED LIFETIME PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE (IPV), **40.8% WOMEN REPORTED INJURIES, COMPARED TO 14.7% OF MEN.**



Source: He Kōiira Matapopore/2019 New Zealand Family Violence Study.

BETWEEN 2009 AND 2018, THERE WERE **125 CASES OF INTIMATE PARTNER DEATHS RECORDED IN AOTEAROA, NEW ZEALAND.** AMONG THESE CASES, **76% OF THE OFFENDERS WERE IDENTIFIED AS MEN, WHILE 70% OF THE VICTIMS WERE WOMEN.**



Source: Family Violence Death Review Committee, 2021.

## Behavioural Impact

Research indicates that witnessing interparental violence during childhood has significant long-term effects on individuals' behaviour into adolescence and adulthood. Such exposure increases the likelihood of developing behavioural issues and predisposes individuals to adopt aggressive and violent behaviours themselves. This evidence points to a cyclical pattern of violence, suggesting that exposure in one generation could perpetuate violence into the next. (Fergusson, Boden, & Horwood, 2006; Albrecht & den Heyer, 2022).

*“It has been proposed that exposure to interparental violence may encourage later violence in adolescence and adulthood including aggression, violent behaviours, and the perpetuation of later interpartner violence.” (Fergusson, Boden, & Horwood, 2006, p.90).*

*“Both males and females who witnessed aggression between their parents were more likely to be involved in marital aggression as adults.” (Fergusson, Boden, & Horwood, 2006, p.90).*

*“Children who are exposed to violence in their homes are more likely to have behavioural problems and to engage in violence.” (Albrecht & den Heyer, 2022, p.12).*

## Biological Impact

Research highlights the profound impact on children exposed to family harm, who experience chronic stress from witnessing violence. This stress can detrimentally affect multiple bodily systems—including the nervous, immune, and metabolic systems—by disrupting cortisol levels and altering brain architecture. These biological changes can have adverse effects on both immediate childhood health and psychosocial wellbeing in the long term. (Gerrard & Lambie, 2018; O'Neill, 2020).

*“Exposure to family violence has substantial impact. The chronic stress a child feels when exposed to abuse and violence has effects on all the body's systems (such as the nervous, immune, and metabolic systems) resulting in increased risks of poor physical health throughout life... ‘Toxic stress’ results from chronic exposure to maltreatment and violence in infancy affecting cortisol levels and the architecture of the brain and associated with biological changes in the developing body and brain negatively affecting childhood and long-term physical and psychosocial health.” (Gerrard & Lambie, 2018, p.18).*

*“Exposure to family violence can affect many areas of the brain and is associated with physical changes to it...The stress associated with family violence can dysregulate the developing Hypothalamic-Pituitary-Adrenal (HPA) axis resulting in either elevated or lowered levels of cortisol. Changes during this critical time of development may be lasting and harder to treat if healthy functioning was never established. This is one of the ways in which, despite the absence of direct physical harm, family violence nevertheless harms children's development.” (O'Neill, 2020, p.7).*

*“Most research on the effects of family violence has focused on mental health, but there can also be physical health effects. [...] Children who've been exposed to family violence have more eating, sleeping, and pain complaints as well as reduced growth, increased tiredness, stomach issues, and headaches. Other consequences include increased risk-taking behavior in adolescence and adulthood such as smoking, substance misuse, and early sexual activity.” (O'Neill, 2020, p.8).*

## Long-Term Effects of Harm

Research indicates that the effects of childhood abuse extend far into adulthood, manifesting in a broad range of negative outcomes. These range from serious mental and physical health problems to behavioural and social challenges, such as substance abuse and engagement in criminal activities. (Gerrard & Lambie, 2018; O’Neill, 2020).

*“Child sexual abuse has significant long-term impact... higher rates of psychological disorders, suicidal thoughts and attempts, substance dependence, risky sexual behaviour, welfare dependence, and contact with medical professionals due to physical-health problems and lower rates of self-esteem and life satisfaction at age 26 follow-up.” This passage illustrates the extensive healthcare and social service needs resulting from family violence, underlining the critical requirement for preventive measures.” (Gerrard & Lambie, 2018, p.19).*

*“The costs and impacts of childhood trauma go on to adulthood...including mental-health problems and psychiatric disorders to physical-health problems such as heart disease...to many behavioural and social problems including substance abuse, antisocial behaviour, poor educational and employment outcomes, and criminal offending.” (Gerrard & Lambie, 2018, p.19).*

*“Children don’t always show the effects of family violence immediately. As can occur with other forms of early adversity, adverse effects are not necessarily apparent in the short term but may appear later in development, following a silent period. The time frame may be months or years later...Longitudinal studies help us see how this unfolds. In one such study, children who were exposed to family violence before four years of age initially had similar levels of aggressive behavior to children who were never exposed. However, by the time the children were eight years old, the levels of aggressive behavior were significantly higher among those exposed to frequent family violence.” (O’Neill, 2020, p.9).*

## Service Utilisation

Research shows that victims of domestic violence are more likely to utilise emergency services and mental health services. (Trevillion, Oram, Feder, & Howard, 2012).

*“As a consequence of the substantial physical and psychiatric morbidity associated with domestic violence, victims have increased use of health services compared to those not abused.” (Trevillion, Oram, Feder, & Howard, 2012, p.1)*

*“One paper reported that women who experienced physical assault (n = 28 women of which n = 6 reported spousal assault) were significantly more likely to have used emergency services (n = 11, 43%) (p = 0.002) and mental health services (n = 7, 24%) (p<0.001) within the past 12 months.” (Trevillion, Oram, Feder, & Howard, 2012, p.8)*

*“In relation to recency of abuse, another paper found that victims reporting past year violence were twice as likely to have received treatment for mental health problems (1.6%) than victims reporting violence prior to the last twelve months (13.6%) and were twice as likely (26.8% vs. 13.6%) to report currently needing treatment.” (Trevillion, Oram, Feder, & Howard, 2012, p.8).*

“If people were reading the stats and they were shocked by the family violence rate, I’d be angry. Because how can you not know that we have a portion of our society that’s in the shit!”

Workshop Participant.



## Snapshot of National Media

This analysis provides an in-depth review of media coverage relating to family harm in Aotearoa New Zealand. The goal of this review is to highlight the public discourse surrounding family harm and provide a current snapshot of how family harm-related issues are portrayed in the media. This ensures our understanding of the family harm landscape stays informed by the latest discussions and developments.

## Overview of Media Coverage

Our examination includes over 70 articles published in the last 12 months, dating back to February 2023, with contributions from prominent New Zealand media sources such as RNZ, Stuff, NZ Herald, One News, and Newsroom. Below, we indicate the frequency of media reports by month, highlighting notable increases in discussions during specific periods.

In addition to visualising the frequency of media coverage, we conducted a thorough review, analysing each article to identify five prominent themes, which we expand on in detail:

- 1 Personal Reports of Family Harm
- 2 Reports of Child Abuse
- 3 Systemic Challenges within Government Services
- 4 Justice System Failures
- 5 Success Stories from New Zealand

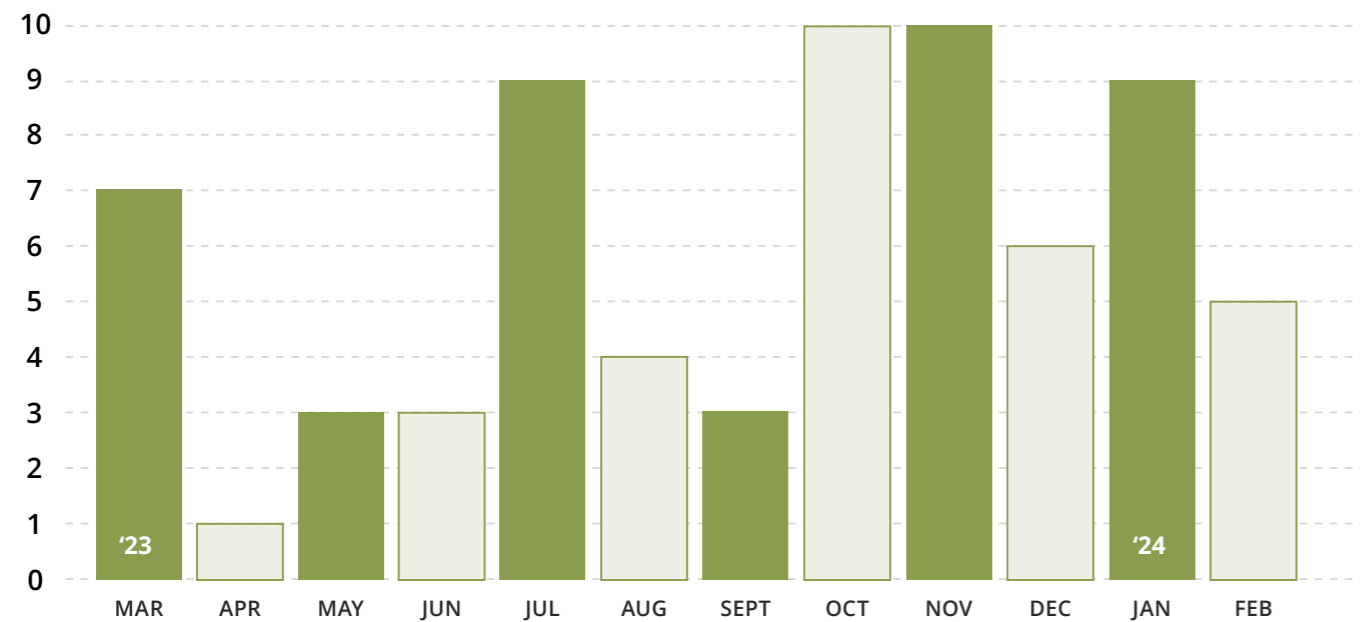


Figure 10 - Monthly Frequency of Media Publications on Family Harm.

## Personal Reports of Family Harm

The majority of media coverage focused on the personal stories of family harm, shedding light on a spectrum of incidents that range from physical assault and intimidation to psychological abuse and control. These articles underscore the alarming prevalence of family harm, with many instances spotlighting the disproportionate impact on women through both personal accounts and supporting statistical data.



28 JUL 2023

### Waikato mum credits son with saving her life from estranged partner's attack.

Claudie Thompson, formerly of Hamilton but now of Napier, has been jailed again for further violence against his partner and son and for a separate assault on another woman

Source: Feek, 2023.

## Reports of Child Abuse

Media coverage extensively highlights the prevalence of child abuse and the shortcomings within systems meant to safeguard vulnerable children. This spotlight reveals the intricate and challenging nature of child welfare, with reports indicating that, despite family efforts and professional concerns, systemic inefficiencies, resource shortages, and procedural delays frequently lead to dire consequences for children. Many instances illustrate the failure to offer timely support and intervention for at-risk families, leading to severe abuse, neglect, and tragically, fatalities.



9 OCT 2023

### The parental puzzle for the mother of a teenage girl off the tracks.

What happens when nowhere is safe for a teenage girl fighting for everyone - including her parents.

Source: Stewart, 2023.

## Systemic Challenges within Government Services

Numerous articles have highlighted substantial challenges within government services, particularly in terms of accountability and responsiveness. From the proposed restructuring of government agencies to the advocacy for more accountable and community-focused approaches to family harm, the discussions collectively push for a reevaluation of current practices. They advocate for practices that emphasise transparency, empower communities, and better understand the complexities surrounding family harm and child welfare.



14 JUN 2023

### Rainbow rangatahi share stories of abuse and discrimination in state care in Oranga Tamariki's Making Ourselves Visible report.

Nine young people shared their experiences for the new Making Ourselves Visible report.

Source: Bhamidipati, 2023.

## Justice System Failures

Many articles critique the current justice system, pointing out its shortcomings like the stringent criteria for protection orders and suboptimal practices, with others proposing improvements, including enhanced training for family court personnel. Collectively, these articles issue a call to action for a judicial system that is more knowledgeable, accessible, and responsive, one that better safeguards the safety and rights of individuals affected by family harm.



28 MAR 2023

### A crisis we just can't seem to fix.

Mandating domestic violence training for family court judges to ensure they have the evidence-based expertise to do their jobs appropriately does not threaten judicial independence – it enhances it, argues Carrie Leonetti.

Source: Leonetti, 2023.

## Success Stories from New Zealand

Several articles have spotlighted successful campaigns and programmes designed to combat and prevent family harm across New Zealand. These pieces highlight both government and non-governmental initiatives that support individuals affected by family harm. Covering a broad array of topics, such efforts include aiding young people in managing break-ups to mitigate future harm and assisting men in recovering from domestic violence and intergenerational trauma. Collectively, these articles offer a hopeful perspective on the ongoing efforts to transform the landscape of family harm.



24 JUL 2023

### innerBoy: free men's mental health app releases by She Is Not Your Rehab founders.

The innerBoy app was birthed from a cry for help from a 12-year-old boy. He contacted Brown to get help for his father who struggled with anger and violence.

Source: Foon, 2023.

## Summary of Community Insights

In this section, we delve into the lived experiences of the communities we engaged with, drawing on insights from our Equity and Wellbeing profiles and discussions with industry experts. Our focus is on identifying themes that reflect the main concerns from the community's perspective within the family harm landscape in Aotearoa New Zealand.

*Although we have aimed to capture the primary concerns, we acknowledge that we likely haven't heard everything. What we share here aims to shine a light on what these communities deemed important, providing a foundation for understanding the family harm landscape from the communities perspective.*

## Cycle of Harm

Many perceive family harm as an intergenerational cycle, in which both victims and perpetrators often come from backgrounds of abuse. This dynamic is believed to significantly contribute to the perpetuation of harm, as people mimic and normalise the unhealthy behaviours they experience and the relationships they witness, thereby enabling the cycle of harm to continue across generations.

*“Some do make a conscious decision to enter the cycle. But they have to be in the right space and also know how to have the right support around them to actually make that change. Otherwise, they just go on to continue to mimic what they've already seen. That's where we get dysfunctional family environments because they know no better; kids are sponges. What they see is what they see as normal.*

*“One of the most prominent things is that it's intergenerational. So, somebody has to break that cycle.*

*“Often, they can carry on the cycle of how they were parented, not realising that not everyone has grown up in the same way and that it is not the norm.*

*“I do have kids that see this abuse as normal, not as in 'it's good' but as in 'it's normal.' So, if they believe it's normal, that means that we're more likely to continue that cycle.*

*“Through generational abuse, sexual abuse, alcohol abuse, and drug abuse, it, in turn, has left not only that first generation but the second generation in particular, a lot more susceptible and open to violence and sexual abuse without realising that it's not okay. Because it's normalised.*

*“We're really looking at how they grew up, what life was like for them, and how they were parented, because often they will carry on that cycle. So, part of that process of really honing in and looking at that, it is often the first time they realise that, actually, not everybody has grown up in the same way, and it's not the norm.*

“So one of the things that we notice, as a local provider of family harm programmes, is that many of the perpetrators of violence who come to us are traumatised themselves from abuse they’ve experienced in their lives.

“You’ve got a child that has gone through family violence and the effects of it. So as they get older, then it can roll into the relationship.

“We work with the person who inflicted the abuse, but nine times out of 10, it’s because there’s a history of family harm or abuse.

“Both mother and father, often, that’s all they’ve known in their families and home lives, as well. So it just goes on and on and on.

“It’s also becoming a learned behaviour; a lot of these kids are going into relationships and they are learning domestic violence as teenagers.

“It’s become a normalised behaviour, which goes right back, not only to the parent but the parent before that.”

“If they see family violence all the time, that’s all that they know. They don’t know anything different.

“It’s that whole idea that, ‘My parents smacked me. So, there’s nothing wrong with that. I grew up to be a relatively good, charming person.’

“There’s a little bit of, when you talk to people about their own anger issues, it’s understanding that they have a responsibility to play. You know, just because it was what their parents did, or just because that’s what was modelled to them, it doesn’t mean that they have to model it to their kids or their grandkids.

“Some believe family violence is intergenerational for many families in the region. [It is] modelling and teaching kids to respond to challenging situations with violence from a young age.

“These children don’t even know what healthy relationships look like, and that’s where you hit the nail on the head.

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**EXPOSURE TO FAMILY VIOLENCE IS THE STRONGEST PREDICTOR OF AGGRESSION AND VIOLENCE AMONG ADOLESCENT MALES, AS WELL AS VICTIMISATION AMONG FEMALES WITHIN INTIMATE RELATIONSHIPS.**

Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

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**BOTH HARSH PARENTAL DISCIPLINE AND INTERPERSONAL PARENTAL VIOLENCE SIGNIFICANTLY INCREASES THE LIKELIHOOD OF INDIVIDUALS ENGAGING IN DATING VIOLENCE.**

Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

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**Unresolved Trauma**

Many believe that family harm, along with broader social issues such as substance abuse, mental health, and unemployment, stem from deeper, unresolved, or intergenerational trauma. This unaddressed trauma, in some cases, is thought to lead to adverse behaviours and violence, thereby feeding the cycle of harm.

Additionally, some observe that the repercussions of family harm can extend far beyond the immediate aftermath, causing substantial and ongoing trauma in those affected. This enduring distress and fear not only affects individuals’ behaviours but also has the potential to impact future generations.

“We’ve got a whole lot of people who are highly traumatised going around violating other people as a way of expressing their own trauma.

“It happened to my family... and it absolutely blew my family to bits, and that was back in the ‘90s, and the repercussions are still with us today.

“From a social work perspective, when you look at offending, and you look at things like family violence, mental health, and child abuse, those are just symptoms of underlying issues... Somewhere along the line, someone’s been traumatised by something.

“Very high levels of trauma, and lifelong trauma that people are carrying, are, you know, hugely destructive and massive contributors to family harm. I have close connections with that.

“The end result is more family violence, more poverty, more unemployment, more child abuse. Which then would come back through to us again. It just went round and round and round... We have all these huge social issues as a result of trauma.

“People who are highly distressed in themselves, carrying a lot of trauma, are going to be inflicting violence on other people. That’s pretty logical, really.

“That whole pattern, when there’s trauma that’s not dealt with, then comes out in their behaviours. It then leads them down that pathway to that type of life. It’s well documented throughout the world.

“It goes into the next generation. They are overly protective of their children. They are terrified. It just absolutely blows the world to bits.

“A lot of that is intergenerational trauma [that] causes mental health [issues] in children. It was just really evident how trauma, through the generations, affects children, and then affects their adult lives, because they don’t develop properly in their brain systems and such.

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AMONG YOUNG OFFENDERS, THERE IS A HIGH PREVALENCE OF POST-TRAUMATIC STRESS DISORDER (PTSD) STEMMING FROM EXPERIENCES OF CHILD MALTREATMENT, WITH 40% OF FEMALES AND 17% OF MALES DISPLAYING SYMPTOMS OF PTSD. HOWEVER, SOME SUGGEST THAT BOYS MAY BE LESS LIKELY TO REPORT THEIR SYMPTOMS.



Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

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## Economic Hardship

Many believe economic hardship significantly contributes to family harm in affected households. The stress of unemployment, insufficient income, food insecurity, and the inability to afford essential living costs can increase pressure and tension, as well as limit opportunities, leading to outbursts of anger and violence as people struggle to cope.

*“If you can’t pay the bills, you can’t feed the kids, life sucks. People can lash out, and sometimes, they just boil over. It’s heartbreaking.”*

*“One of the main instigators of domestic violence is the lack of income, the inability to run the household, and feed the kids. The pressure that it brings is immense.”*

*“Violence rates wouldn’t surprise me... you’re looking at lower income, food insecurity, and reliance on benefits. These factors feed into family violence.”*

*“There’s a lot of stress due to the lack of money in the household. People don’t cope well under such pressures.”*

*“Some people I’ve talked to don’t even leave their district because they can’t afford to. Being stuck in their own little area... you can see why people are angry.”*

*“It’s definitely socio-economic backgrounds that have rippled down into generations.”*

AMONG WOMEN, THOSE EXPERIENCING FOOD INSECURITY HAD THE HIGHEST PREVALENCE OF INTIMATE PARTNER VIOLENCE, WITH 69.9% REPORTING SUCH INCIDENTS.



Source: Faculty of Medical and Health Sciences, University of Auckland, 2023.

## Financial Entanglement

Some believe being financially entangled with a partner is a significant barrier preventing victims of family harm from leaving, due to fears of losing financial stability or access to benefits.

*“Some believe that being financially dependent or intertwined with a family or household may be a reason that victims of family violence cannot leave.”*

*“I won’t even lie; when I worked for Women’s Refuge, one of the big issues that the women had locally—it’s probably, I don’t know, if it’s a problem that people in the cities face, as they have a lot more access to services—was the fact that their benefits were linked to their partners. They’re in this cycle of not being able to leave because if they leave, they might miss a week’s pay, and everything gets messy, and then, you know, it doesn’t help sometimes.”*

AMONG EVER-PARTNERED WOMEN, 15% REPORTED EXPERIENCING ECONOMIC ABUSE, WITH THE REFUSAL TO PROVIDE MONEY FOR HOUSEHOLD EXPENSES REPORTED AS THE MOST COMMON FORM, CITED BY 8.8% OF RESPONDENTS. WOMEN FACING ECONOMIC ABUSE WERE ALSO FOUND TO BE AT A HEIGHTENED RISK FOR POOR MENTAL HEALTH.



15%

Mellar, Brooklyn M. | Fanslow, Janet L | Gulliver, Pauline | McIntosh, Tracey, Economic abuse by an intimate partner and its associations with women’s socioeconomic status and mental health, 2024.

FROM 2003 TO 2019, THERE WAS AN INCREASE IN THE PREVALENCE OF CONTROLLING BEHAVIOURS DIRECTED TOWARDS WOMEN, ALONG WITH A DOUBLING OF THE RATES OF ECONOMIC ABUSE PERPETRATED BY MALE PARTNERS, RISING FROM 4.5% TO 8.9%.

Source: Janet Fanslow, New Zealand Family Violence Clearinghouse, 2021.

## Substance Use

Substance abuse and addiction, particularly involving alcohol and drugs like methamphetamine, are widely recognised as key contributors to family harm. Their consumption, often intertwined with and exacerbating other concerns like mental health issues and poor emotional regulation, is believed to increase a household’s susceptibility to harm as well as the frequency and severity of violent outbursts.

*“People are basically drinking too much and causing terrible harm as a result... Drug use is what it is, and it’s a massive problem. But it doesn’t tend to lead to family violence quite the same way [as alcohol].”*

*“There’s that whole vicious cycle...and if you put marijuana and alcohol in the combination with other stressors, then we have the explosion of family violence. It becomes an argument, and the argument gets out of control.”*

*“Probably the biggest hurdles and challenges that we face are drugs and alcohol, poverty, and hardship for them... it’s the drug and alcohol use, the stresses of the family, schooling, education, and mahi.”*

*“We know there’s a massive intersection between alcohol and drug abuse and mental health and family violence. So many of the perpetrators of violence who come to us have addiction issues.”*

*“If you’ve got usage, and all those things happening, that then in turn makes the family more susceptible to violence.”*

*“Recently, the majority is drug addiction, often it’s methamphetamine, which is in the cycle that will lead to family harm.”*

*“The amount of family violence and rape that occurs as a result of drug addiction and meth. We know it’s an issue; the community knows it’s an issue.”*

*“I don’t see a lot of family violence myself. Even when they come in for mental health support, I don’t see a lot of it. I do see a lot of drug and alcohol use, and there is violence that comes with the drug and alcohol.”*

*“The sexual assaulting side of it is rising, and I put that down to alcohol and drug consumption.”*

*“Local women’s refuges were saying that the incidences of family violence have increased, but also the severity... They are becoming more extreme because of those drug and alcohol issues.”*

*“When people say they’ve got depression or something that they can just go and turn off a button, and you won’t be depressed. It’s not [like that]; it’s actually a chemical imbalance, and some people think that they can regulate it by using substances. So, whether it’s marijuana, alcohol, but all that’s doing is actually just dulling or numbing the emotions, once it wears off again, it [comes] back.”*

*“It’s a combination. So somebody that has an underlying mental health concern, and then they will be using substance or an addiction to curb that.”*

POLICE REPORTS INDICATE THAT ALCOHOL AND DRUGS ARE FACTORS IN AT LEAST ONE-THIRD OF FAMILY HARM INVESTIGATIONS. OUT OF 10,982 FAMILY HARM INVESTIGATIONS CONDUCTED IN AUGUST 2018, 3,351 (31%) WERE EXPLICITLY LINKED TO ALCOHOL AND DRUG USE, WITH ANOTHER 895 CASES WHERE ALCOHOL OR DRUG USE COULD HAVE CONTRIBUTED, BRINGING THE TOTAL TO 38% OF INVESTIGATIONS.



Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

METHAMPHETAMINE USE SIGNIFICANTLY HEIGHTENS THE LIKELIHOOD OF VIOLENT BEHAVIOUR, WITH RATES INCREASING FROM 10% DURING PERIODS OF ABSTINENCE TO 60% DURING HEAVY USAGE. THIS VIOLENCE SPANS FROM PHYSICAL ALTERCATIONS TO UNPROVOKED ATTACKS.

Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

## Mental Health and Emotional Regulation

Many believe the inability to deal with mental health issues and regulate emotions, particularly anger, plays a significant role in fueling family harm. This difficulty in navigating emotions is not isolated to any one gender; however, it is particularly noted among men, who may experience rapid escalations in their emotions. For some, substance abuse, including alcohol and drugs, is commonly adopted as a temporary solution to these concerns, yet it fails to address the underlying issues in the long term.

*“Our young people, especially our young men are not taught how to manage really big emotions.”*

*“People don’t know how to deal with their emotions. It’s the same for men. They just don’t have any regulation over their anger. It just fires. He can go from zero to 100 in a split second.”*

*“Anger is okay, but violence is never okay.”*

*“A lot of males in their 30s and 40s are suffering from major mental health issues, and they don’t know how to deal with them, so many of them will verbally abuse.”*

*“It’s a combination. So, someone who has an underlying mental health concern and then they will be using substances or an addiction to curb that. The most common thing is either alcohol, and the one that I primarily deal with is cannabis use.”*

*“When people say they’ve got depression or something and that they can just go and turn off a button and won’t be depressed, it’s not [like that]. It’s actually a chemical imbalance, and some people think they can regulate it by using substances. So, whether it’s marijuana, alcohol, but all that’s doing is actually just dulling or numbing the emotions. Once it wears off again, it’s still there.”*

*“Self-worth, self-value, opinion of yourself, you know, you lash out at other things. It’s learned behaviour.”*

**WOMEN WHO HAVE EXPERIENCED DOMESTIC ABUSE ARE THREE TIMES MORE LIKELY TO DEVELOP CHRONIC DISEASES AND NEARLY TWICE AS LIKELY TO BE DIAGNOSED WITH A MENTAL ILLNESS.**



*Source: Faculty of Medical and Health Sciences, University of Auckland, 2023).*

**FOR INDIVIDUALS WHO REPORTED EXPERIENCING PSYCHOLOGICAL, PHYSICAL, AND/OR SEXUAL INTIMATE PARTNER VIOLENCE (IPV) IN THEIR LIFETIME, 27% OF WOMEN AND 13% OF MEN STATED THAT THESE EXPERIENCES IMPACTED THEIR PHYSICAL HEALTH. ADDITIONALLY, 61.7% OF WOMEN AND 40.4% OF MEN REPORTED THAT THESE EXPERIENCES AFFECTED THEIR MENTAL HEALTH.**



*Source: He Kōiōra Matapopore/2019 New Zealand Family Violence Study.*

ACCORDING TO THE NZ FAMILY VIOLENCE DEATH REVIEW REPORT, **LEAVING AN ABUSIVE PARTNER SIGNIFICANTLY INCREASES THE RISK OF LETHAL VIOLENCE.** THE REPORT STATES THAT TWO THIRDS OF FEMALE VICTIMS WERE KILLED, OR THEIR NEW MALE PARTNERS WERE KILLED, BY THE AGGRESSIVE PARTNER IN THE TIME LEADING UP TO SEPARATION.

*Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.*

## Underreporting Harm

Many believe the prevalence of family harm exceeds what statistics indicate, suggesting that numerous incidents remain unreported and undiscussed. This underreporting can be attributed to various factors, including fears of repercussions, blame, privacy concerns, financial insecurity, and doubts about police intervention, along with a lack of viable alternatives for victims of abuse. Despite this significant underreporting, there has been an observed increase in individuals discussing and reporting their experiences, suggesting a gradual shift toward more openness and recognition of these issues.

*“These [sexual assaults] aren’t always reported to the police, so we can get people who have come in and been sexually assaulted or physically assaulted, and [the perpetrator is] out in the community.”*

*“Because a lot of people down there don’t report it, they just don’t think anyone is going to do anything about it, or it’s normal in the household, it’s a family or family friend so they don’t want to bring it up.”*

*“The insecurity of the living arrangement... Only the people who have been in it understand that it is hard for a victim to walk away because, despite the unknown of not having a man bring in a little bit of money, even though she gets a hiding, at least she’s feeding her children. So, she’s not going to say anything to get kicked out.”*

*“It is much higher than that statistic; a lot of our clients do not report sexual assaults.”*

*“Not reported, but also not talked about either. People need to talk about it before they can report it.”*

*“What the police hear is only a small amount of what is actually happening in South Taranaki.”*

*“A lot of family violence simply isn’t reported.”*

*“That’s what’s reported. So much wouldn’t be reported.”*

*“I feel like [sexual abuse] is higher. Most of the people we talk to don’t report it.”*

*“The consequences of breaking up a family that lives on the site of the business make it even more difficult, so there is probably more pressure not to report, or not to talk about it, or to make it work.”*

*“People won’t report it because the police will turn up and say, ‘Oh, you’re always causing it.’”*

*“[They’re unreported because] women don’t want everyone in the neighbourhood, or anyone else, to know that they’ve been beaten up.”*

*“If there is nowhere to go, what is the point of reporting it?”*

*“[There is the] threat of getting more if they report it.”*

**APPROXIMATELY 76% OF FAMILY HARM INCIDENTS’ REMAIN UNREPORTED.**

**76%**

**UNREPORTED**

*Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.*

**HOUSEHOLD OFFENCES, SUCH AS BURGLARY AND VEHICLE THEFT, ARE MORE LIKELY TO BE REPORTED TO THE POLICE, AT 38%, COMPARED TO PERSONAL OFFENCES LIKE INTIMATE PARTNER VIOLENCE AND FAMILY ASSAULTS, WHICH ARE REPORTED AT A RATE OF 24%.**

**38%**  
HOUSEHOLD OFFENCES

VS

**24%**  
PERSONAL OFFENCES

*Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.*

## Childhood Exposure to Harm

Many believe that children exposed to family harm carry significant emotional and psychological burdens, with many often internalising blame and concluding that they have 'done something wrong' for what has occurred. This exposure is also seen to result in additional downstream concerns, such as youth-related offending, as these children 'act out' through negative behaviours as a means of coping or seeking attention, further compounding the issue.

*"You have families out there where one parent may be in prison or living away from the family due to extensive family harm. So, how do our children actually understand it and not internalise it? It makes them think that they have done something wrong, which is a common pattern for children: to automatically think that they've done wrong, not that it is an adult problem."*

*"And who gets caught in the middle? The children. And where do they go? If they don't know how to communicate or have that support, then that's another extension of our family violence because they go off and do negative things to get attention. So whether it's stealing, vandalising, you name it, then we have the compounded issue on top."*

*"If they're a victim at home of family violence, the thing is, when you're in victim mode as a child, you will do anything, I suppose, to feel power over another human being because when it's your parents or somebody having control over you, you feel very helpless, don't you? So, if I can have that power over somebody else, then it makes me feel a little bit better. That's reverse psychology, but it is, and that's the thought pattern of an undeveloped brain. They know no better."*

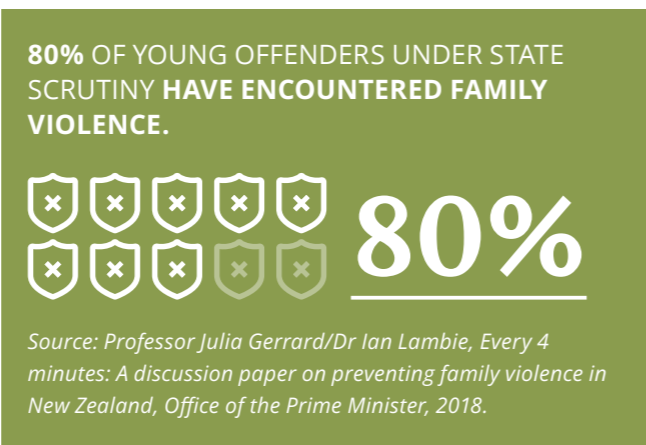
*"What impact this has on them is thoughts like, "What did I ever do?" or "What did I do wrong for my parents not to want me?" and that is really deeply seeded internally...to work through that is very difficult."*

*"Some of our kids have to carry loads they shouldn't have to. Just getting to school is a major achievement when they have to deal with a lot of stuff at home."*

*"If you are continuously worried about where the next thump is coming from, again, you are caught in that trap of not being able to see beyond that immediate fear and worry."*

*"For whatever reason, they're not loved or wanted, and mum and dad just keep on bickering about other things. Then, they'd rather do something negative to get attention than do anything positive. It becomes a cycle."*

*"A high family violence rate means you will have a corresponding youth offending rate."*



**AMONG THE NEW ZEALAND POPULATION, ADOLESCENTS AGED 15 TO 19 EXHIBIT THE HIGHEST RATES OF INTIMATE PARTNER VIOLENCE.**

Source: Dr Melanie Beres, New Zealand Family Domestic Violence Clearinghouse, 2015.



**IN THE YEAR 2016/2017, ORANGA TAMARIKI RECEIVED 158,921 CARE AND PROTECTION NOTIFICATIONS, INCLUDING POLICE FAMILY-VIOLENCE CALL-OUTS, CONCERNING NEARLY 60,000 CHILDREN. ON AVERAGE, THIS MEANS ONE NOTIFICATION WAS RECEIVED APPROXIMATELY EVERY 4.42 MINUTES.**

Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

**BETWEEN 2009 AND 2015, 52 CHILDREN IN NEW ZEALAND LOST THEIR LIVES DUE TO CHILD ABUSE AND NEGLECT.**



**52 DEATHS**  
2005 - 2015

Source: Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

**APPROXIMATELY TWO-THIRDS OF FAMILY VIOLENCE INCIDENTS ATTENDED BY POLICE INVOLVE THE PRESENCE OF CHILDREN.**



Source: NZ Police Annual Report, 2021.

**IN NEW ZEALAND, DURING THE 2016/17 PERIOD, 87% OF YOUNG OFFENDERS AGED 14 TO 16 YEARS HAD PREVIOUS CARE-AND-PROTECTION CONCERNS REPORTED TO ORANGA TAMARIKI. AMONG THESE OFFENDERS, 86% WERE MALES AND 92% WERE FEMALES.**

Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

## COVID-19's Impact on Families

Some believe the COVID-19 pandemic, particularly during lockdowns, amplified instances of family harm, particularly impacting at-risk youth. During this period, domestic tensions were heightened, especially in isolated rural areas. Nonetheless, some believe that the frequency of such incidents has declined since the peak of the pandemic.

*“COVID-19 was really bad for family violence; it was horrible.*

*“You don't hear about so many [family violence offences] now as you would have when it was COVID-19. So, from that, I would say it's reduced.*

*“But with COVID-19, it went up massively. You know, people were stuck at home together. So yeah, that was a big thing that came out of COVID-19.*

*“In 2020, lobby spaces were shut, obviously, because we couldn't have kids in there. And we saw an increase in domestic violence.*

*“The home life for at-risk youth was severely more at risk during lockdown, obviously; it's a given, really.*

*“In a city, you know, they might go to the pub to get away from their wife. Here, you can't do that. You've got to drive somewhere, and it's illegal to drive and drink.*

*“In the city, they've got more choice. You know, you might walk to a friend's house. Here, people don't have so much choice of places to go, so they kind of stay in the same house...And so, people stay home and drink, and then they get drunk, and then arguments start.*

IN A SURVEY CONDUCTED ONLINE BY THE UNIVERSITY OF OTAGO, IT WAS FOUND THAT **9% OF RESPONDENTS FROM NEW ZEALAND REPORTED ENCOUNTERING VARIOUS FORMS OF FAMILY HARM DURING THE LOCKDOWN.** THESE INCLUDED INSTANCES SUCH AS SEXUAL ASSAULT, PHYSICAL ASSAULT, HARASSMENT, AND THREATENING BEHAVIOUR.



**9%** DURING LOCKDOWN

Source: Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study, November 2020.

OVER THE COURSE OF THE 12 MONTHS LEADING TO MARCH 2021, IT IS ESTIMATED THAT AN ADDITIONAL 18,000 CHILDREN FELL INTO POVERTY. **NOTABLY, MĀORI AND PACIFIC CHILDREN FACED UP TO THREE TIMES HIGHER LIKELIHOOD OF EXPERIENCING POVERTY COMPARED TO PĀKEHĀ CHILDREN.**

Source: RNZ, July 2021.

**3X**  
HIGHER  
LIKELIHOOD



Now, we move from themes directly related to the causes or effects of family harm to focusing on factors that make this complex community concern even more challenging. The following themes delve into factors that, although not direct causes or outcomes of family harm, amplify the challenges for those involved.

## Lack of Awareness

Some believe awareness of family harm is low across the country, with some attributing this to a combination of self-centeredness and entitlement. Those not directly affected may remain ignorant and unaware, either by choice or because they deem these issues too challenging to confront.

### INTELLIGENCE FROM INSIGHTS

It would appear that this lack of awareness exacerbates family harm by creating an environment where abuse is continued unchecked, as societal indifference or denial reduces pressure for change and limits support for those affected, allowing the cycle of harm to persist.

*“If people read the stats and are shocked by the family violence rate, I'd be angry. Because how can you not know that a portion of our society is in a dire situation?”*

*“People feel entitled; at the end of the day, we only worry about ourselves. They'll pretend they're trying to make a difference. But if they truly cared, we wouldn't have the stats we do now.*

*“Like a lot of people say, 'oh, it's none of my business or, you know, I'll leave them be or whatever', it is really important that we actually acknowledge that someone's having a rough time, and that we reach out.*

*“Our ignorance is not bliss by not knowing that this is a problem in Whanganui.*

*“If you're not involved in the experience, through yourself or the community, you lack awareness.*

*“If they're not involved in that community, they're not going to see it or have an awareness of it, which is probably not a good thing.*

*“If you're sheltered from it, it's not your normal.*

*“It carries a negative stigma; people don't want to know.*

*“It's grouped in the too-hard basket because there is so much violence going on in this country that people are not aware of.*



## Support Service Shortage

Many believe there is a significant shortage of support services for those experiencing family harm, including anger management, counselling, and drug and alcohol support, which is further exacerbated by the perceived lack of compassion within these systems. While certain community organisations are making efforts to bridge this gap, the accessibility, adequacy, and empathetic quality of these services often fall short of meeting the needs of those seeking help. These challenges not only create structural barriers to support, they also deter individuals from reaching out for assistance.

### INTELLIGENCE FROM INSIGHTS

Without access to support services to address not only family harm but also underlying causes, such as substance abuse, these issues are at greater risk of persisting or worsening. Additionally, the lack of support can escalate tensions within households, as people have fewer avenues for managing these concerns, leading to increased conflict and harm within the family. Without early and ongoing support, the cycle of harm is not only maintained but can also intensify, making recovery and change more challenging to achieve.

*“You’re stuck right in the middle of a cyclical argument, basically. There’s just not the support to fix it. Even though the guy is willing to change and work, and the girl is willing to work with the issues, it’s just not helpful.”*

*“Incidents of family violence have increased, but also the severity... They are becoming more extreme because of drug and alcohol issues, which immediately links to the lack of counselling and drug services available in the area. There is not a lot of compassion in our world and in our society. So often, our services, our systems, and some of this relates back to hegemony and to our neoliberal economic system, in that it doesn’t actually encourage much compassion.”*

*“There’s no anger management that I’ve found, and I’ve actively looked. There’s nothing to help change, even with counselling. There’s no counselling available because it’s so bogged down; they say, ‘Right, look, we can do with Zoom,’ but you’re only allowed four sessions. If you don’t have Zoom access, we can’t do it.”*

*“There’s no support, not for the victim, but for changing the perpetrator.”*

*“There are a number of community organisations that deal with people that have been involved with [family harm] situations.”*

*“What they’re going through, there’s that level of shame and that inbuilt distrust of services, or ‘I’m going to be judged.’ But it’s not like that at all. In fact, all of my staff have gone through it through lived experience or have their own journeys. It’s very much wahine helping wahine.”*

*“People are prevented from seeking help because they believe they’re not going to receive a compassionate response.”*

## Limited Rural Support

Many believe that the geographical isolation of some rural areas significantly impacts both access to and the provision of support and emergency services, including the police, for family harm. This issue is often compounded by limited public and personal transportation options, making it difficult for those in rural settings to obtain timely help, seek intervention, and leave abusive environments.

### INTELLIGENCE FROM INSIGHTS

It would appear the geographical isolation of rural areas amplifies the impact of family harm, creating significant barriers to timely support and emergency services. Limited transportation options may further restrict individuals from seeking help, accessing safe spaces, or utilising services promptly. Consequently, people in rural settings may endure dangerous environments for extended periods without support, heightening their risk of harm.

*“There are others providing support in family violence situations, but geographical isolation presents another barrier.”*

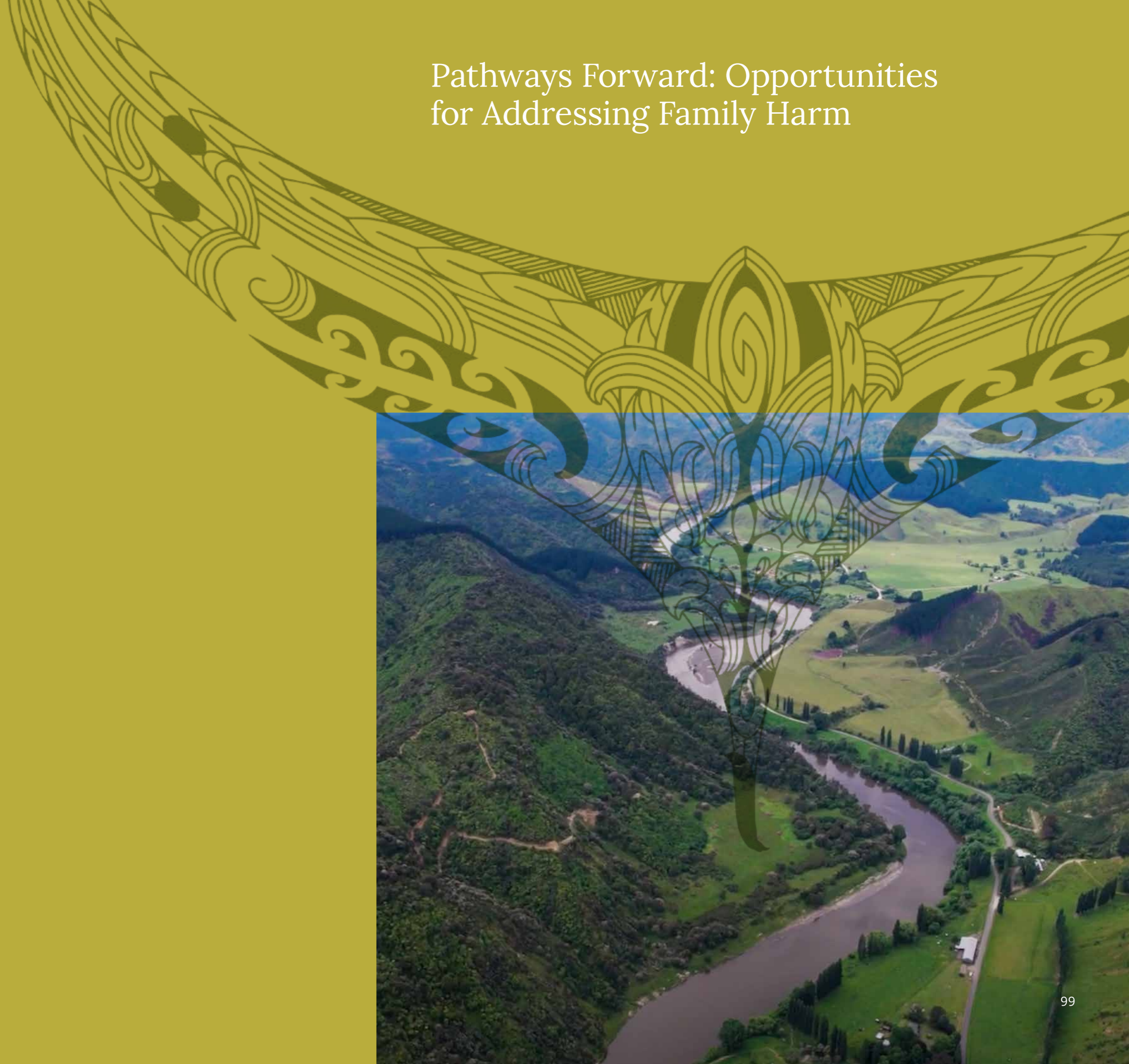
*“So, we had a meeting a couple of years ago about this, with reports coming in from areas like Ohura and Owhango, quite outlying areas. The reason people stayed in family harm situations was the lack of transport; there wasn’t a regular bus service. In order to know that, hey, I’ve got a lifeline coming at 11 o’clock, and I can jump on it and get away without having to have a service come out and intervene.”*

*“There are a number of community organisations that deal with people who have been involved in [family harm] situations.”*

*“There are so many people who will help with family violence, housing, and men and women who are angry.”*

*“They can’t access the services, and as much as some of us try to take our services to these smaller communities, it’s still an issue to have access in their community.”*

# Pathways Forward: Opportunities for Addressing Family Harm



With a solid understanding of the family harm landscape in hand, we now focus on identifying pathways for progress. The “Pathways Forward: Opportunities for Addressing Family Harm” section aims to highlight a broad spectrum of opportunities that have been identified by the community, as well as successful methods, interventions, and organisations from around the globe and New Zealand that strive to address the complex concern of family harm. By presenting these opportunities, success stories, and models, our goal is to empower people at all levels to initiate or strengthen their efforts to mitigate family harm.

What’s in this Section:

- **Opportunities From the Community:** This is an expansive collection of potential ideas and initiatives, derived from community insights and perspectives, intended to inspire action. See page 112 for the featured opportunity.
- **Good Mahi in the Community:** Celebrates the commitment of local organisations working diligently to address family harm within their communities, highlighting what they do and why they do it.
- **Models and Interventions:** Offers a review of effective frameworks and interventions from across the globe, presenting evidence-based approaches to addressing various aspects of family harm.

“It’s about understanding how to recognise healthy relationships, improving conflict management skills, and being aware of the social and cultural historical effects or impacts on people’s lives. If they’re resorting to violence, we’re identifying different tools and techniques to help them reach a place where they aren’t using violence, enabling them to be better partners and better parents.”

Workshop Participant.

# Opportunities From the Community

This section presents a comprehensive collection of opportunities, ideas, and pathways that have emerged directly from the community. Each is supported by the community's lived experience and organised by themes.

While some opportunities are directly linked to family harm, others have more indirect connections. This shows the importance of adopting a broader perspective when addressing complex community issues—a perspective that considers both the immediate factors as well as the wider ecosystem influencing the issue. For a deeper insight into the many connections associated with family harm, the Ecosystem (see page 60) offers a comprehensive view.

Alongside this collection of community-identified opportunities, we expand on select opportunities that were mentioned numerous times by the community. These featured opportunities offer insight into pathways with significant potential for positive impact.

## Cultivating Healthy Relationships

Providing people with the skills and tools needed for recognising healthy relationships, practising effective communication, and managing conflicts, to help prevent family harm and support individuals in becoming better partners and parents.

*“Identifying different tools and techniques so that they can reach a place where they aren't resorting to family violence, enabling them to become better partners and better parents.”*

*“Demonstrating what good communication looks like so that they can break away from their normal.”*

*“It's about understanding how to recognise healthy relationships, improving conflict management skills, and being aware of the social and cultural historical effects or impacts on people's lives. If they're resorting to violence, we're identifying different tools and techniques to help them reach a place where they aren't using violence, enabling them to be better partners and better parents.”*

*“At the end of the day, there should be education about what constitutes a healthy relationship.”*

*“With family violence, it could start at schools by learning what a healthy relationship is.”*

## Empowering Generational Change

Empowering people to challenge what they perceive as 'normal' to disrupt intergenerational cycles and pave new paths for future generations.

*“Somebody has to break that cycle... But to be able to break that cycle, you have to feel strong enough within yourself to go, 'Just because I was raised this way doesn't mean it was right... I don't want this for my children.' So, to be really conscious and aware of how we interact.”*

*“It comes back to what people perceive as normal; it gets perpetuated through generations. This is where we have to challenge them. It is jolly hard.”*

*“We need to change expectations, hopes, and goals to break out of intergenerational patterns.”*

*“We need to really look at how they grew up, what life was like for them, how they were parented... Often, they can carry on the cycle of how they were parented, not realising not everyone has grown up the same way and it is not the norm.”*

## Trauma Recovery Centre

Establishing a comprehensive trauma recovery centre to directly address the underlying causes of family harm, mental health, substance abuse, and trauma, and facilitate a path toward healing, recovery, and rehabilitation in the community.

*“We need a trauma centre to help support and get to the underlying issues. Because to me, that's a starting point. A rehab would be amazing, a detox centre would be amazing. But a trauma centre is needed.”*

*“If I could wave a magic wand, I would start with a trauma centre. A trauma centre is much needed.”*

## Healing Underlying Trauma

Addressing the root causes of family harm and other societal concerns, such as addiction, by understanding and healing the hurt underneath to offer more sustainable solutions rather than merely funding temporary fixes.

*“You could pour money into fixing family violence, but you have to look at the causes. If the causes aren’t addressed, you will just have another generation coming through of the same.”*

*“They’ve got to look at the issue of why it’s a problem. It’s not just drugs and alcohol; there are a whole lot of things in society. And it’s generational. It’s been going on for two or three generations.”*

*“Because under the addiction, and then under there again, and under that again, when you peel all those layers back, a lot of the time, there are incredibly hurt people.”*

*“If you don’t get to the root cause, chances are something’s going to poke there again at some point down the track.”*

## Reviving Cultural Connection

Empowering Māori to rediscover and engage with their cultural identity and heritage in order to heal from past traumas.

*“Being able to help those, mostly men, discover their true identity and reconnect them with their Hapū or Iwi because most of them didn’t have that opportunity growing up.”*

*“Helping people reconnect with their identity as Māori so that they know who they truly are.”*

*“Engaging in and celebrating their culture has been a turning point for some families.”*

*“A lot of our Māori are... just in survival mode, or need benefits, or they’re traumatised from their own past.”*

## Streamlining Access to Addiction Services

Enhancing the drug and alcohol addiction referral process to prevent inefficiencies, time wastage and reliance on the GP system.

*“It needs a whole different approach to how people are referred to services, and bottlenecking it on the GP causes a huge amount of wasted GP time.”*

*“So the HIP concept is a really nice thing if you’re lucky enough to have access to it, but let’s not set those around GP clusters, please.”*

## Walk-in Support Services

Offering walk-in support services for those dealing with addiction to provide immediate, localised assistance.

*“We want to base a Waimanako style hub concept, but for that concept to have a bit more addiction walk-in support available.”*

## Emotional Regulation Programmes

Providing early intervention programmes that focus on emotional regulation and coping strategies for young people, particularly young men, to manage their emotions effectively and build distress tolerance.

*“Our young people, especially our young men, are not taught how to manage really big emotions. Part of our job is to give them those tools and to recognise that it’s okay to be angry, but it’s what you do with it that counts. Anger is okay, but violence is never okay.”*

*“We can’t start unpacking the specific trauma because it is specialised and, ethically, it needs to stay in that space. But what about helping kids get strategies, coping strategies, so that they’re not just flipping out?”*

*“If we can get in there sooner, if there was more to attend to those needs, I’m talking about emotional regulation and distress tolerance.”*

*“We need spaces for people to manage emotions at a young age... What a difference we could have made if we got them at eight, nine, or 10.”*

## Fostering Community Support

Facilitating connections among people affected by mental health conditions to build mutual support and help navigate the healthcare system.

*“They understand; they find ways to work together, and even hearing someone, feeling heard, is really important. So connecting people who are suffering from various mental health issues and connecting whānau to support each other is an absolute no-brainer in my mind.”*

*“It’s about individuals who have mental health issues supporting each other and whānau supporting each other too, because actually, there are whānau who are struggling with mental health, wondering where to get help, how to navigate the system, and actually, when they connect, it is invaluable.”*

## Building Collective Responsibility

Building a sense of community responsibility and connection to aid those facing mental health challenges.

*“We couldn’t have done more, we could just have pointed fingers and said, ‘well, it was somebody else’s fault’. But overall, it’s the community’s responsibility to help and to hold people as well... Clinical supports form a part of that, but they are only one piece of that.”*

## Creative Prescriptions

Offering mental health support that combines professional interventions, like therapy and medication, with creative outlets to help people not just survive but also thrive by providing a means of enjoyment and expression.

*“It’s a new idea where, because of [the] increase [in] mental health issues, of course, one part of it is therapy and being able to talk to a medical professional, and being able to work through those issues, possibly with medications. So, that helps you survive, yes, but getting into something creative helps you thrive.”*

## Free Mental Health Care

Providing free access to mental health services to enable greater community engagement, especially for those unable to afford private practice clinicians.

*“Unless you’re part of an employee’s EAP scheme or things like that, the general public cannot afford to be forking out for clinicians and private practice. So keeping the access to be able to get the services free of charge gets more of a buy-in from the community and the members of the community that are needing help and support.”*

## Enhancing Financial Literacy

Integrating financial literacy and essential life skills into the school curriculum to equip young people with the knowledge to manage their finances.

*“Understanding how to manage your finances or the basics around, say, interest rates. They are real things, and they can make a big difference in how you manage your life.”*

*“Financial literacy needs to be something that schools pick up.”*

*“In terms of the fundamentals, we’re not teaching them at school. We’re not teaching children or people how to manage their money, how to manage relationships, and that ‘no’ is actually a complete sentence.”*

*“We need to be teaching life skills, essential skills you might need to survive, to be self-reliant, or resilient, like money management and budgeting. I don’t remember learning anything about that at school.”*

*“There is a huge need for some form of financial education to become compulsory in schools.”*

*“I would love for everyone to be able to manage their money better.”*

## Expanding Employment Opportunities

Increasing employment opportunities to address and significantly reduce societal concerns, like poverty and family harm, by lifting income streams, particularly for low income households, and providing people with a sense of purpose.

*“Providing jobs may not necessarily fix all of the woes but would go a long way in improving a number of these things.*

*“Some people sit around drinking or getting high, and they start fighting. It’s horrendous, really. The only way I can think to improve on this is by having jobs, having a reason to get out of bed in the morning.*

*“Lifting people’s income streams becomes really important. It’s a challenge for policy, workforce development, and education.*

*“For a number of our clients, people are facing poverty or deprivation, or some form of it, in any given capacity. I think, first and foremost, it’s really important to address those sorts of needs first.*

*“The difference between low income and high income is not going to change. But if we get these people on the ground up a little, that’s gonna be the start of something... But that’s what my belief is; we need to be worried about the people at the bottom.*

*“If we can’t get our lowest income people up a wee bit further, society is never going to get any better.*

## Improving Awareness of Services

Enhancing community awareness of available support services through active community engagement and education ensures that people are well-informed and can effectively utilise these resources. This approach may help reduce misinformation and prevent individuals from falling through the cracks.

*“It’s more about making people aware of what supports are actually out there.*

*“I’ve held four health expos over the last decade, and I got a lot of pushback from certain people in the community saying, “You only have to have these every two years,” but it has to happen every 12 months because people don’t know that information. They go to the wrong organisations or the wrong people and get the wrong information.*

*“A big part of my role is being out in the community and being face-to-face, so that they know they can come to me for information instead of getting misinformation from people who think they’re doing the right thing.*

*“I’m hoping people out there know enough about us to not fall through the cracks.*

*“I work for Youth Services Trust, which works with young people. We’ve been here for 25 years and still find people who don’t know about us. We go to all sorts of concerts to sell ourselves, and all schools know about us, but still.*

## Improving Access to Services

Improving access to support services by adopting an open-door policy to ensure that anyone facing mental, emotional distress, or addiction can receive help in a non-discriminatory and readily accessible manner.

*“It’s about making help accessible, and not discriminating; having an ‘open door policy’.*

*“It’s not really fair to say that we work only with specific things. We have an open-door policy, and anyone can access help. Anyone can experience mental or emotional distress or addiction, it’s not discriminatory; so neither are we.*

## Up-skilling the Workforce

Building a competent and sustainable workforce across all levels of a service, from reception to clinicians, to ensure everyone is equipped to respond effectively to those experiencing family harm and mental health concerns.

*“I think building a strong, competent workforce would be the biggest thing, a strong, competent, sustainable workforce. That would be the biggest change maker. People seeking help would be responded to compassionately, in ways that they are most needing at a particular time.*

*“Mental health is much wider than just men in white coats. Family violence support and care is much wider than that. So, my question is, how can we develop a workforce where we can have these broad competencies that people can be responsive to?*

*“For instance, we would see the administration and reception staff at our agency as people who need to have the skills when someone walks in the door. They know how to respond, and we would see that as critical right across our communities. Anybody in the service, they may not be an expert, but they need to know how to do a first response, how to recognize and respond to situations.*

## Empowering the General Public

Enhancing the collective response to family harm and mental health issues by equipping community members with the skills to identify and address these challenges with compassion.

*“We couldn’t have done more; we could have just pointed fingers and said, ‘Well, it was somebody else’s fault.’ But overall, it’s the community’s responsibility to help and to hold people well... Clinical supports form a part of that, but they are only one piece of that.*

*“[If the community knows how to respond,] it means there will be no tolerance for family abuse and violence. People can respond in compassionate ways.*

*“There’s a lot of concern in our community around mental health and wellness. I think one of the things I would say about that, in my view, is that everybody is a mental health practitioner. Everybody needs the skill set you would want from a good mental health practitioner; don’t just leave mental health to the men in white coats.*

*“We want to create a community environment in which everybody knows how to respond, you know, and again, how to do a first response and how to recognise and respond to intimate partner violence. Because too often, we see family members, friends, all those sorts of things. They know something’s going on, but they don’t know how to respond.*

## Harnessing Lived Experience

Leveraging the power of lived experience in family harm, mental health, trauma, and addiction services to provide empathetic and understanding support. This approach has the potential to foster genuine connections and offer assistance to those on similar paths, as long as it is supported by robust policies and meticulous procedures.

*“All of my staff have gone through it, through lived experience, or have their own journeys. It’s very much about women helping women.”*

*“All of our volunteers have been through their own experiences, which has given them something to connect over.”*

*“It’s about being able to understand them and connect with them on an intimate level, and being able to walk where they’ve walked... I have walked that path, and for me, there is something really special about engaging with and meeting someone who has travelled that journey and actually knows what it’s like.”*

*“It works well if it’s really backed by good policy and procedure and care. We have a comprehensive and extensive manual that guides us on how to do that, and we take that stuff really seriously. Otherwise, it can go very wrong, very quickly.”*

*“Lived experience should be involved in all areas of mental health and addiction services. We’re there to uphold people’s human rights. We’re there to be the people who understand exactly how it feels to go through that, exactly how it is to be under the Mental Health Act, and to be restrained, secluded, and medicated. We would really like to be there for those people and accompany them on their journeys.”*

*“Legislation has a big impact on the journeys of those going through mental health and addiction. Lived experience support needs to be mandated so that they are not alone.”*

## Uniting for Comprehensive Care

Strengthening collaboration and trust among service providers to deliver cohesive and comprehensive support for people in need. By pooling resources and expertise, services have the potential to create a cohesive approach that eliminates the need for those impacted to repeat their stories to multiple providers.

*“While we apply the family violence lens, we need to work in collaboration with our partnering agencies to meet all those other needs.”*

*“We have to work together; that’s because we have no option, really. We have a specialty, and we need other specialties to help complete the picture.”*

*“It’s not just us in it; it’s a collective. We work with other service providers; we work with each other.”*

*“It’s not a one-stop shop. It’s more like organisations that retain their individual identity but work much closer together, sharing staff, resources, tips, you know, that sort of thing.”*

*“That’s something we’re probably sitting on as well, with different organisations having that conversation. How does it work? Where just one person needs to know the story, and then they come alongside and work in a way that the family doesn’t have to retell every time they meet the next person.”*

## Building Trusted Relationships

Building authentic relationships through patience and consistency to earn trust, ensuring individuals feel supported by someone they can depend on.

*“You just have to play the long game; it’s about taking time and making connections... and also being consistent.”*

*“What’s really important is that we’re not having transactional relationships, [that] we’re meeting on a deeper level of understanding.”*

*“Earning the trust of those they work with is massive to ensure people come back, knowing we’re there to help and support them.”*

*“If we can at least show these families that not all professionals suck. Even if the work isn’t accomplished straight off the bat, we’ll still have families coming back to us.”*

## Providing Proactive Care

Implementing early intervention and support programmes to proactively address and prevent negative downstream outcomes, such as uncontrolled anger, violence, and crime, and foster better long-term outcomes.

*“The bigger picture, funding, everything—if more things are put in place earlier, maybe we would see better outcomes.”*

*“Focusing on prevention rather than being an ambulance at the bottom of the cliff.”*

*“We are able to offer families some counselling for children we see exhibiting quite strong anger and violence, becoming quite deregulated pretty quickly, so intervening earlier may lead to better outcomes.”*

*“Maybe we need to start early rather than starting later. When you look at support structures for whānau and rangatahi as well, not waiting until there is an episode or event to happen.”*

*“Identifying issues early and dealing with onset rather than waiting for crime [to happen], because I think that [has] a lot to do with it as well.”*

## Wrapping Around Families

Providing holistic and wraparound support services for individuals and families, ensuring that assistance is tailored, targeted, and conveniently accessible, such as a one-stop-shop, for more effective and empowering outcomes.

*“With family harm, you have to help the whole family. Fully support the children... it’s a family network, kids still have networks with mum and dad. You have to rehabilitate the family as a whole to understand what a healthy family is. There is no point in being whānau based if you’re not actually whānau based.”*

*“We’re just trying to create that one-stop shop because it’s very disempowering for anybody who’s suffered any form of trauma to go agency to agency to tell their story from scratch. It’s actually disempowering and it’s actually retraumatising them.”*

*“So just a big wrap-around, we just wrap around the client in any way that they need. Sometimes they want nothing, sometimes they just want to be on their own.”*

*“Around those times of tragedy, I think people really need tailored, targeted, and wraparound care and support of all kinds, holistically, and for that to be very freely and readily available.”*

*“If more can be done under one roof regarding the support mechanisms for the whole family unit, that is more empowering for change than going from organisation to organisation.”*

*“If more can be done under one roof, around the support mechanisms for the whole family unit, that is more empowering for change than going from organisation to organisation.”*

## Sustaining Support

Providing long-term, flexible support that is tailored to individual needs and timelines to facilitate the healing and wellbeing of those experiencing trauma.

*“They may only see us once a month for a check-in, but that’s really, really important for them to be able to keep moving forward for their wellbeing.*

*“ [We need] to not rush people through their sessions.*

*“ Even though we have a 4-week programme... Some clients have been with us for a good year because they need that constant support due to the trauma of what they’ve been subjected to. They need someone to walk alongside them.*

*“ We don’t rush people through the system. We’ve got a couple of people who’ve been coming, it’s around sexual violence, for three years and they will stay as long as they want.*

*“ Just because we’ve had this amazing conversation does not mean they are healed; there needs to be ongoing work.*

We now direct our attention to a singular opportunity that resonated strongly within our communities. In this opportunity, we will examine its potential impact on family harm before asking a thought-provoking question aimed at sparking further reflection and exploration into how we can collectively translate these insights into actionable pathways.

“It’s not until they feel confident to tell you what’s really going on. That’s our experience; it’s like cheese, isn’t it? Good things take time.

Workshop Participant.



### Creating Safe Spaces

With many in the community facing challenges within the current support system, particularly around family harm, substance abuse, mental health, and trauma, the need to “create safe spaces” naturally emerged as a response. Together, the collective voice stresses the critical need for safe, non-judgmental, and confidential environments where those affected can trust that they will be seen, heard, and valued. This opportunity underscores the vital role of providing spaces for people to talk openly and receive genuine, face-to-face care. It seeks to address the longstanding neglect and judgement faced by people who have been underserved by existing support systems, aiming ultimately to empower them to overcome their experiences and heal.

### Community Voice

*“In the study, he tries to understand what elements of the environment help people, and they lead with one, it’s not rocket science; it’s that people experienced what they called genuine care. People have to experience what equates to genuine care.*

*“Providing people with a safe space to talk about their trauma enables understanding and closure.*

*“It’s all about creating that safe space so that people feel safe and supported to share.*

*“If we don’t have confidentiality, we don’t have anything. You can’t build trust without it. So for us, confidentiality is number one.*

*“When we sit and listen to people, and we create a space where they feel valued, you see slight changes.*

*“People don’t want to be medicated for trauma; they want to just talk about it.*

*“For whatever reason that distrust exists, we do a lot of work around creating a space where everyone feels safe, where they’re not going to be asked challenging questions, or they’re not going to be judged.*

*“We have to feel safe as a prerequisite for getting better. If we don’t feel safe and secure, then we won’t get better. We’re just fighting, fleeing, or freezing all the time.*

*“We would really like to see a welcoming space that people come into, to get all their needs met.*

*“It’s not about sitting in the judgmental seat. Because we’re not here to sit in a judgmental seat. We’re here to give them the support and some tools they need to navigate through what they’re going through.*

*“When you have the opportunity to talk about stuff that’s been traumatising for you, that’s very healing.*

*“It’s not until they feel confident to tell you what’s really going on. That’s our experience; it’s like cheese, isn’t it? Good things take time.*

*“A space without judgement to talk about what is going on in her life.*

*“If you think about it, people always talk about that person who heard me, who understood me, who gave me their time, who saw me for who I was and didn’t judge me, etc.*

*“Sometimes their family can be very dysfunctional, or they get lectures, and that is not what they need...*

*They just need to be listened to and not lectured.*

*“We want to set up a safe place for people to talk about it. You might not even talk about drugs, but it’s that mental health support and the safe space.*

*“There needs to be somewhere for those people to come and talk... People want somewhere where it’s okay to stop and chat with other humans.*

*“Building that trust is really important too. Gaining that trust and being in a position to have these conversations is really important.*

### Envisioned Impact

The “Create Safe Spaces” opportunity holds significant potential to transform how support is provided for those affected by family harm, substance abuse, mental health issues, and trauma. By establishing environments where individuals feel safe, it aims to foster a trusted space where people can express themselves without fear of judgement or breaches of confidentiality.

This opportunity seeks to address a critical shortcoming of the current system, which often leaves people feeling stigmatised. By ensuring that each person is seen, heard, and respected, “Create Safe Spaces” has the potential to restore trust in support mechanisms and empower individuals to seek the help they need without hesitation. Ultimately, it could lead to a broader societal shift toward more compassionate and effective support networks that facilitate the healing journey for each person with care.



*How might we design and nurture inclusive, accessible, and safe spaces that foster trust so that people impacted by family harm feel seen, heard, and empowered on their path to recovery?*

# Learning from Success

In the Learning from Success section, we showcase effective methods, interventions, and organisations from New Zealand and around the world that are making significant strides in addressing the complex issue of family harm. This includes spotlighting Good Mahi in the Community and examining Models and Interventions that have contributed to the concern at local, national, and global levels. Our goal is to celebrate community excellence and leverage the lessons from these successes to inform and inspire ongoing and future efforts to combat family harm.

# Good Mahi in the Community

Here, we highlight various local organisations featured in our Equity and Wellbeing Profiles and celebrated for their exceptional contributions to their communities. Many of these organisations tackle not only family harm but also broader underlying issues that contribute to such abuse.

In this report, we showcase the remarkable efforts of three organisations from the Whanganui, Ruapehu, and South Taranaki regions, whose dedication to their communities deserves special recognition:

- Te Ara Pae Trust
- Jigsaw
- Women's Refuge & Support Centre

The stories of these organisations continue on the next page, providing deeper insights into the vital work they are committed to, in support of their communities.

# Te Ara Pae Trust South Taranaki



*“That’s what we’re really aiming for here is to walk beside the community, empower people, that they can then go back into the community and empower others.”*

“

Te Ara Pae Trust is a not-for-profit organisation that aims to promote family and community wellbeing by providing services for individuals and families affected by family and sexual harm. These services include Anger Management programmes, Safe Place programmes, and confidential counselling, which includes counselling for young people and the rainbow community (Te Ara Pae Trust, n.d).

*“What we focus on really, are the dynamic individuals within this community, who, like all of us, reach a point in their life where they need support. For us, the privilege is that they reach out. We are humbled every day that people trust us, that people will come here and they will expose their deepest darkest secrets and fears, and allow us the privilege to walk beside them.”*

*“That’s what we’re really aiming for here is to walk beside the community, empower people, that they can then go back into the community and empower others.”*

*“[We’re] finding ways to reach the most unreachable. So how do we bring them in and make this their place, [so that] this is an extension of their community, this is their home?”*

*“I had a pretty rough life and I actually wanted to do something for people who’ve been through some of what I’ve been through. So often, when I’m working with people, I will say, I know ‘what you mean, I know what you’re going through’. I always reiterate to them, ‘I don’t say this unless I have been through it’.”*

*“It’s so easy now to just prescribe medication. I’m getting clients that are overdosed. We’ve lost our way to be grounded and that’s why I got sick, [we’ve] forgotten to be grounded in this world.”*

*“Not going out anymore catching up at the local coffee [shop] for a lot of people, I’m finding more and more are staying isolated at home and don’t know how to leave. The more you become isolated the less you become.”*

*“We get people coming through the door here that have fallen through so many cracks. By the time they get to us they are so disillusioned and so desperate that it takes us so much longer just for them to even believe they can trust someone.”*

*“When they go and meet with a clinician, they will sign and go through what confidentiality means to us, and they will then sign with the clinician confidentiality agreement. If we don’t have confidentiality, we don’t have anything. You can’t build trust then. So for us, our number one is confidentiality.”*

*“To me, sitting down face to face with someone and being privileged enough to share their innermost pain and struggles is such an honour. Sometimes you go home and you think, ‘oh, gosh, I haven’t really made a difference’. But yeah, you have, because when you get people walking out, thanking you so much or saying, ‘I feel so much lighter’ then you know that you’ve done something good.”*

*“I think everyone here, they just want to give, they just want to take a little bit of pain away.”*

# Jigsaw Whanganui



“

“Our young people, especially our young men, are not taught how to manage really big emotions. Part of our job is to give them those tools and to recognise that it’s okay to be angry, but it’s what you do with it that counts. Anger is okay, but violence is never okay.”

Jigsaw Whanganui is a social service organisation deeply committed to working alongside families across the Whanganui region. Their goal is to work with the unique strengths, resources, and aspirations of each family to empower them to be the best for their children. Through various services spanning social work, family harm prevention programmes, and programmes for parents, Jigsaw Whanganui equips families with the necessary tools and knowledge to navigate parenthood. Additionally, they offer support in managing emotions, addressing violent and abusive behaviours, and guiding people towards other services like healthcare, education, and counselling, so that families can thrive (Healthpoint, 2023; Jigsaw Whanganui, n.d.).

“Jigsaw exists to support families to be really great for their children. For children to thrive, they need a family environment that is safe, that is warm, and where they can grow and develop. That’s basically why Jigsaw exists.”

“The other part about it is working very, very clearly to uphold the mana and dignity of the families we are privileged to work alongside. Probably now, we meet a lot of families that are isolated and isolated from wider support.”

“Our young people, especially our young men, are not taught how to manage really big emotions. Part of our job is to give them those tools and to recognise that it’s okay to be angry, but it’s what you do with it that counts. Anger is okay, but violence is never okay.”

“It’s looking at how to be aware of healthy relationships, better ways of conflict management, and awareness of the social and cultural historical effects or impacts on people’s lives. If they’re using violence, we’re identifying different tools and techniques so that they can get to a place where they aren’t using violence so that they can be better partners and better parents.”

“We’re really looking at how they grew up, what life was like for them, and how they were parented because often they will carry on that cycle. So part of that process of really honing in and looking at that, it is often the first time that they realise that, actually, not everybody has grown up in the same way and it’s not the norm.”

“Building relationships with the whānau is really important. We work alongside families to make sure it’s as easy as possible for them to come along, remove some of the barriers or help support them to remove barriers. We really get to know them and what they’ll need in that space to be at their best. It’s a really big part of the group process as well.”

“We don’t meet whānau with intention or expectation, it’s really to get to know them and to understand what’s happening for them first.”

“Everyone comes along because they love their tamariki and they want the best for them. Really, we just help to hold āhurutanga, a safe space, so that whānau have the chance to reflect on what they’d like to strengthen.”

“One of the big things for us as social workers is to understand the context in which whānau are living, and then for us to be responding authentically to that.”

“It brings a greater understanding of what their resources are, what their strengths are, and often it’s strengths whānau aren’t even aware that they have. Often, we’re working in those spaces where there is vulnerability, and we may be meeting somebody where for the very first time they’ve reached out outside of their own whānau or social support networks.”

“There’s a big advocacy role there because often we see that some of those survivors of violence do get lost in the system. So it’s about supporting them to have their voice heard.”

# Women's Refuge & Support Centre Ruapehu



*“Those whānau who experience family violence, those who are going through that journey, have way more needs than just family violence. It is the stuff that underpins that. It's the drugs and alcohol, it's the stresses of the family, it's the schooling, the education, the mahi.*”

“

Women's Refuge is New Zealand's largest nationwide organisation dedicated to assisting those affected by family harm. They offer a range of support services, including a 24-hour crisis line and safe housing for women, young people, and children experiencing abuse. Additionally, they provide education programmes, advocacy, and research initiatives, ultimately working towards a future where all women and children live in an environment that is free of family harm. (National Collective of Women's Refuges, n.d.).

*“We [Women's Refuge] have safe housing; we deal with crises in the middle of the night, and all of that mahi that gets generally associated with Women's Refuge.*”

*“We're [also] doing the preventative stuff, we're doing courses, we're doing programmes, we're trying to be more than the ambulance at the bottom of the cliff, and trying to get preventative work in there as well.*”

*“Women's Refuge is unique in the way that we don't tell our clients what to do. It's their voice, it's their journey. We come from a place where, as long as it's legal and safe for them, we're going to help them achieve their goals. And as our community realises that, and as our wāhine realises that, we are getting more and more in, so it's been really good.*”

*“We looked at the research from Backbone Collective, who interviewed a lot of family violence victims, and the predominant feedback was, they don't want to be just a number; they don't want to be a tick box of the agency. So we got rid of all those boxes, we've got rid of the majority of our intake paperwork; we only have the mandatory paperwork now.*”

*“We have this tool that we use called the Empowerment Star... it just gives us a feel of these nine main points that we recognise as being consistent with most family harm experiences... One of those points is empowerment. So, to see our clients' empowerment grow from having no confidence at all to [them] coming into the office and saying thank you is huge.*”

*“Their whole journey is getting better and safer. And we want to take all the other responsibilities off of them.*”

*“We have tried to make our service all about relationships, relationships with our clients, with our partnering agencies... our whole service is about maintaining these good relationships.*”

*“Those whānau who experience family violence, those who are going through that journey, have way more needs than just family violence. It is the stuff that underpins that. It's the drugs and alcohol, it's the stresses of the family, it's the schooling, the education, the mahi. While we do the family violence lens, we need to work in collaboration with our partnering agencies to get all those other needs met.*”

*“I think we really have the opportunity to build some really good relationships with people through living in the community and knowing them.*”

*“People also grow after we've become involved with them, and their levels of confidence. Ultimately, they're doing all of this for the children because they want the children to have a better life.*”

*“We are a Women's Refuge, but we help tāne. If a man were to come through our doors and say, 'I'm unhappy at home, things are not healthy, I've been a victim of family harm', then we will help. We're not going to say no to anybody who comes in. So just talk to us [and] talk to each other. No matter who you are; women, men, family, a professional, a community person, come in and talk to us, we're happy to talk to you.*”



# Models and Interventions

Over the years, a diverse range of innovative models and interventions have been developed, each tailored to address the unique cultural, social, and legal challenges of their respective location. These initiatives represent a spectrum of approaches, from legislative reforms, enforcement strategies, community-based support, to prevention programmes. Highlighted in this report are several key models, including:

- The Duluth Model, United States.
- One Stop Crisis Centres (OSCC), Malaysia.
- Multi-Agency Risk Assessment Conferences (MARACs), United Kingdom.
- Primary Prevention Strategies, Global and New Zealand.
- Whānau Ora, New Zealand.

Each of these models and interventions provides a comprehensive framework for addressing family harm, ensuring victim safety, and fostering societal change. They offer valuable insights and best practices that can be adapted and applied globally. As we explore each model in detail, it becomes clear that combating family harm requires a multifaceted approach. This approach must integrate the collaborative efforts of various stakeholders, including government agencies, non-profit organisations, healthcare providers, and community members, to effectively address and mitigate the complexities of family harm.

## The Duluth Model

**Location:** United States

**Year Implemented:** Early 1980s.

**What it is:** The Duluth Model is an approach to family harm that focuses on community collaboration and prioritises victim safety while holding abusers accountable. It's known for its Power and Control Wheel (figure 11), a tool used to illustrate the common tactics used by abusers to maintain power and control over victims (Domestic Abuse Intervention Programs, 2017).

*“It is grounded in a theory of intimate partner violence based on power and control and applies a survivor-centred strategy. The programmes use the full extent of the community’s legal system to protect survivors, hold perpetrators accountable, and enforce the community’s intolerance of intimate partner violence. With several decades of practice and learning associated with it, the model is not rigid, but provides space for ‘updates’ and adaptation to different (national/cultural) contexts.” (World Future Council, n.d., para. 4)*



Figure 11 - The Duluth Model, Power and Control Wheel. Source: Home of The Duluth Model, n.d.

**Purpose:** The purpose of the Duluth Model is to reduce family harm through comprehensive intervention strategies that prioritise the safety of victims. Interventions, such as the Coordinated Community Response (CCR), aim to provide a unified support system through educational programmes, victim advocacy and support, and public awareness campaigns. By implementing these interventions, the Duluth Model seeks not only to protect victims and address the behaviour of abusers but also aims to educate the community on the dynamics of abuse and change societal norms that perpetuate family harm. (Domestic Abuse Intervention Programs, 2017).

**Impact:** The Duluth Model has been influential in shaping family harm policy and is commonly viewed as one of the early pioneering models (Domestic Abuse Intervention Programs, 2017). While this model is commonly mentioned, there are several arguments against its effectiveness. For instance, the Duluth Model's reliance on gender-political assumptions, which assumes violence is perpetrated primarily by men, overlooks evidence of mutual violence in intimate partnerships. Additionally, the Power and Control Wheel only identifies males as perpetrators, which is disputable as motives can be similar across genders (Dutton & Corvo, 2007). Despite this, interventions that have been created as a result of the Duluth Model have proved to be successful. For example, the Coordinated Community Response (CCR) was awarded the 2014 Future Policy Award for Ending Violence against Women and Girls or Gold Award (The Duluth Model, n.d.).

*“Coordinated Community Response has already been widely recognised and recommended as a ‘best practice’ at the international level, and has been implemented and integrated in the development of intimate partner violence policy and legislation in countries around the world.” (World Future Council, n.d., para. 4).*

## One Stop Crisis Centre (OSCC)

**Location:** Malaysia

**Year Implemented:** Late 1990s.

**What it is:** One-Stop Crisis Centres (OSCCs) is an approach to addressing the immediate needs of victims of family harm and other forms of abuse. These centres consolidate essential services into a single location, making it easier for survivors to access medical care, legal assistance, psychological support, and social services (Dhanhyaa, 2019).

*“Victims are admitted through the emergency department’s triage counter, where a health care worker assesses the victim’s clinical severity. The victim is then moved to the OSCC area for medical assessments by the emergency department, before being referred to other specialists such as pediatrics, O&G, geriatrics, surgery and psychiatry for treatment. A medical social worker will also assess the victim to decide the safe placement of the victim if necessary. If the victim is below 18 years old, a child protection team known as the SCAN (Suspected Child Abuse and Neglect) team will assess the case.” (Dhanhyaa, 2019, para. 6)*

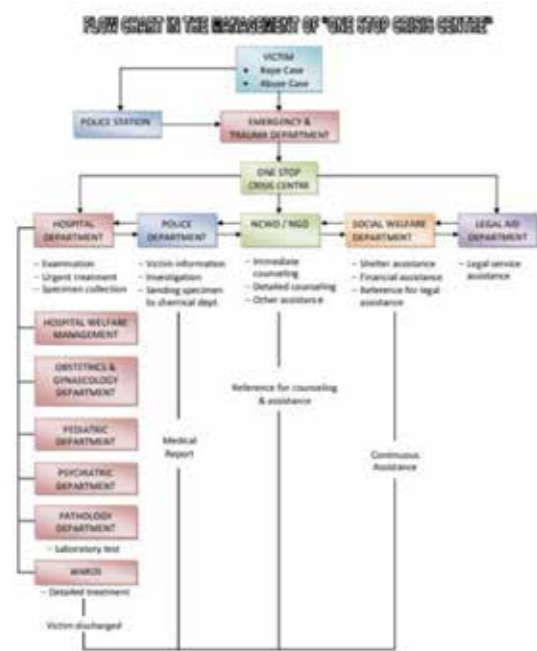


Figure 12 - Flow Chart in the Management of "One Stop Crisis Centre". Source: Cilisos, 2019.

**Purpose:** OSCCs provide comprehensive and immediate support to victims of violence, enhancing their access to care and reducing the barriers to reporting abuse. The effectiveness of OSCCs lies in their holistic and integrated approach to victim support, which aims to reduce the trauma associated with navigating multiple agencies for help (Colombini et al., 2011).

**Impact:** Studies have shown that One Stop Crisis Centers (OSCCs) are successful in providing immediate, comprehensive support for victims and survivors of family harm, as well as enhanced case management. For instance, a study by Colombini et al. (2011) demonstrates how partnerships between non-governmental organisations (NGOs) and health professionals have greatly improved the accessibility and quality of care for those affected by such harm.

Although there are concerns about OSCCs in Malaysia, including financial limitations of NGOs and the need for clear policies, operational details and flexible service models, these centres serve as foundational models for providing comprehensive and integrated support within Malaysia’s healthcare system (Colombini et al., 2011; Colombini et al., 2012).

## Multi-Agency Risk Assessment Conferences (MARACs)

**Location:** United Kingdom.

**Year Implemented:** Early 2000s.

**What it is:** Multi-Agency Risk Assessment Conference (MARACs) are meetings where representatives from multiple agencies, such as local law enforcement, probation services, healthcare, child welfare, housing services, Independent Domestic Violence Advisors (IDVAs), and other experts from both governmental and non-profit organisations, gather to discuss and collaborate on some of the most severe family harm cases. Representatives then work together to identify strategies that will enhance the victim’s safety, before transforming these strategies into unified action plans (Devon County Council, n.d).

*“After sharing all relevant information about a victim, representatives discuss options for increasing safety for the victim and turn these options into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim.” (Devon County Council, n.d., para. 1).*

**Purpose:** The purpose of MARACs is to prevent the escalation of family harm and mitigate the risk of recurrence. Through the collaborative efforts of participating agencies, these conferences focus on identifying early warning signs and triggers, implementing preventive measures, and closely monitoring situations with a history of violence (Devon County Council, n.d).

**Impact:** MARACs have been shown to improve information sharing between agencies, enhance the safety planning for victims, and reduce the risk of harm. SaveLives (2014) states that early analysis shows that up to 60% of domestic abuse victims report no further harm following intervention by a MARAC and an IDVA service. Additionally, by proactively engaging with identified high-risk victims and establishing safety plans as quickly as possible, MARACs substantially reduce the costs associated with severe harm, suggesting their effectiveness in reducing harm and protecting victims (SaveLives, 2014; Home Office, 2011).

## Primary Prevention Strategies

**Location:** Global and New Zealand.

**Year Implemented:** Varies by locations. New Zealand implemented primary prevention strategies for family harm in 2002.

**What it is:** Primary Prevention Strategies operate alongside secondary and tertiary violence prevention approaches, aiming to address violence proactively. This can include educational programmes, community engagement initiatives, and policies aimed at changing attitudes and behaviours related to gender equality and respectful relationships (Ministry of Women’s Affairs, 2013).

*“Primary prevention aims to stop violence before it occurs, by promoting respectful, non-violent relationships. To be effective, primary prevention approaches need to sit alongside secondary and tertiary violence prevention approaches which respond to violence after it occurs. At present, New Zealand policies primarily focus on responding to violence. A greater focus on primary prevention will ensure that New Zealand does not fall behind other countries” (Ministry of Women’s Affairs, 2013, p.2).*

**Purpose:** Primary Prevention Strategies aim to prevent violence before it happens, by addressing and mitigating the root causes of family harm and promoting respectful, non-violent relationships through community and societal change.

**Impact:** While measuring outcomes from Primary Prevention Strategies can be challenging due to their preventive nature, where they are designed to prevent issues from occurring, insights from the Ministry of Women’s Affairs (2013), alongside the study by Wessels et al. (2013), indicate a positive change. Both sources highlight the positive potential of primary prevention in addressing the root causes of harm, including improving societal norms around family harm, changing gender-biased attitudes and behaviours, and strengthening parent-child relationships to reduce maltreatment.



## Whānau Ora

**Location:** New Zealand.

**Year Implemented:** 2010.

**What it is:** Whānau Ora uses a kaupapa Māori approach to provide services and opportunities to those who identify as Māori. It empowers whānau through the integration of health, education, and social services, focusing on self-determination and holistic wellbeing. This comprehensive service model is believed to offer personalised, wrap-around support that addresses the unique needs of each family (Robertson et al., 2013).

*“The aim of the Whānau Ora Wellbeing Service is ‘to strengthen and achieve whānau ora through interventions which empower (whānau) to live their lives free from violence (Te Whakaruruhau, p.4). It is based on an assumption ‘that whānau empowered are whānau who can manage and reduce crisis while increasing opportunities and pathways to success’ (Te Whakaruruhau, 2010, p.3), (Robertson et al., 2013, p.i).*

**Purpose:** Whānau Ora aims to enhance the wellbeing of Māori individuals and whānau by empowering them to take control of their lives and futures. It addresses various aspects of wellbeing, including family harm, through a culturally responsive lens (Robertson et al., 2013).

**Impact:** Whānau Ora’s innovative approach to service delivery, which prioritises a holistic and whānau-centred strategy, has received widespread praise for its significant contributions to the wellbeing of Māori people. Whānau Ora’s success, as detailed by Robertson et al. (2013), highlights its efficacy in promoting increased engagement with services, enhancing family dynamics, and improving overall wellbeing. Moreover, Whānau Ora has initiated significant systems-level transformations, notably enhancing interagency collaboration between Te Whakaruruhau and Child Youth and Family (CYF). This improvement not only fosters stronger cooperation among agencies but also integrates innovative practices in child protection services, streamlining efforts to safeguard and support families more effectively (Robertson et al., 2013).

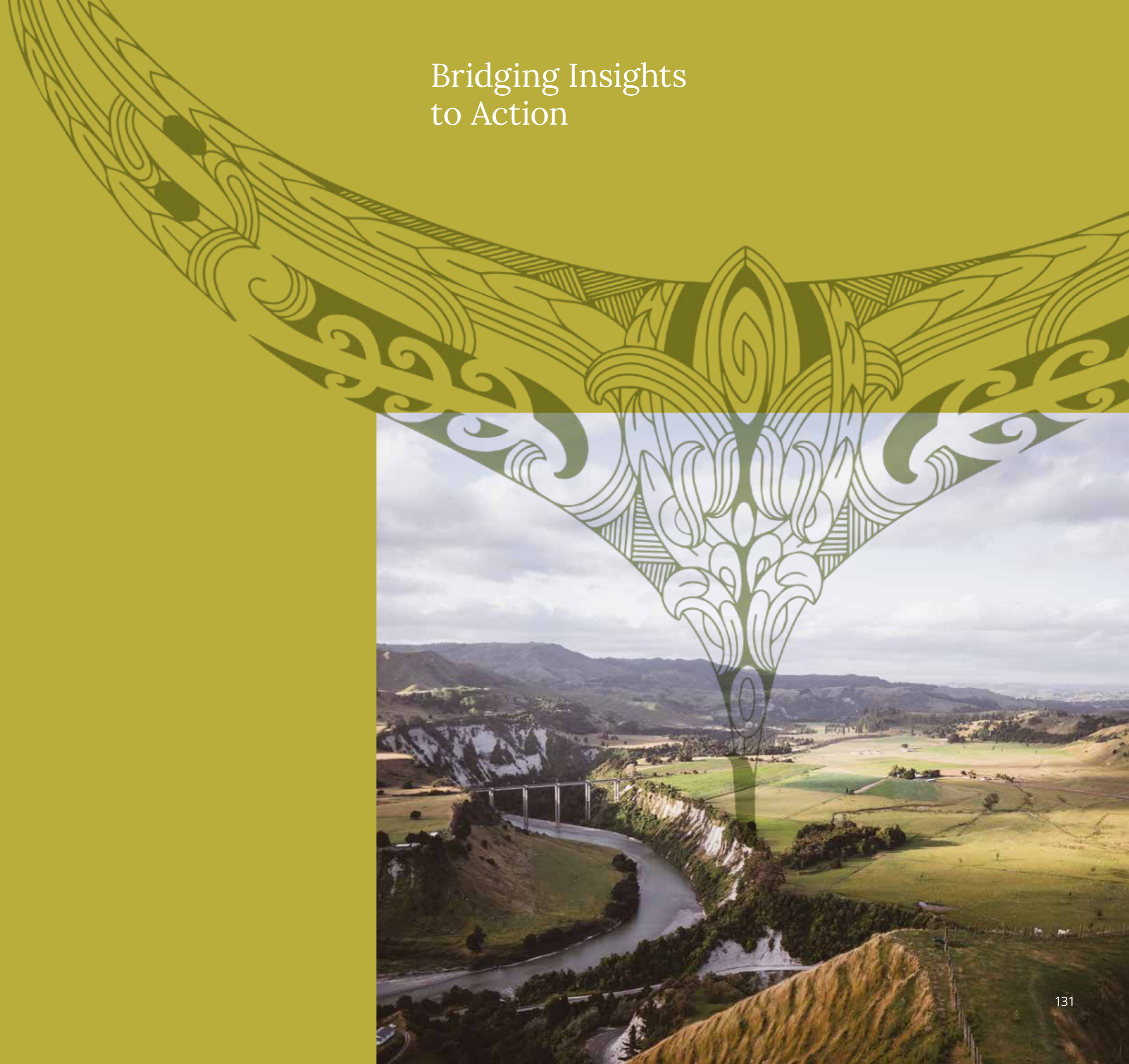


Figure 13 - Governments Delivery Mechanisms for Whānau Ora Kaupapa. Source: Te Puni Kōkiri, 2023.

“Building a strong, competent workforce would be the biggest thing, a strong, competent, sustainable workforce. That would be the biggest change maker. People seeking help would be responded to compassionately, in ways that they are most needing at a particular time.

Workshop Participant.

# Bridging Insights to Action



As we conclude this report, we shift from exploring various aspects of family harm to offering practical steps forward. In this final segment, we present high-level recommendations and key considerations that individuals and organisations can utilise to help them address family harm within their communities, regardless of their current stage in the process.

What's in this Section:

- **Recommendations:** We outline three strategic recommendations to transform the insights from this report into concrete actions. These include enhancing research methodologies, fostering community-led initiatives, and promoting ongoing learning—all supported by the Impact Collective to facilitate the collection of additional data necessary for refining and advancing these initiatives.
- **Considerations:** We identify key considerations in addressing complex community concerns, such as cultural sensitivity, ethical practices, and adaptable strategies, to ensure actions meet diverse community needs. These considerations are essential for guiding the development of initiatives and ensuring any actions effectively implemented.

## Recommendations

This section outlines three high-level recommendations designed to guide efforts in addressing family harm. Each recommendation represents an important component in the broader Impact Collective co-design process (see Figure 14), from initial understanding through to the implementation and subsequent evaluation of solutions.

These recommendations are intentionally broad to avoid prescribing specific actions, instead they offer flexibility for individuals or organisations to adapt them based on their current stage in the journey toward addressing family harm.

The recommendations include:

- **Deepen Research:** This initial component focuses on enhancing understanding of family harm through comprehensive research, laying the groundwork for informed action.
- **Establish Community-Led Initiatives:** Following a deeper understanding, this recommendation advocates for the ideation and co-design of solutions with direct community involvement.
- **Engage in Continuous Learning:** The final recommendation emphasises the importance of ongoing evaluation and adaptation of implemented solutions to ensure they remain effective and responsive to evolving community needs.

Whether you are just beginning to gather knowledge, are in the process of developing and testing ideas, or are evaluating and evolving existing interventions, these recommendations aim to provide a structured roadmap for navigating the complex challenge of addressing family harm.

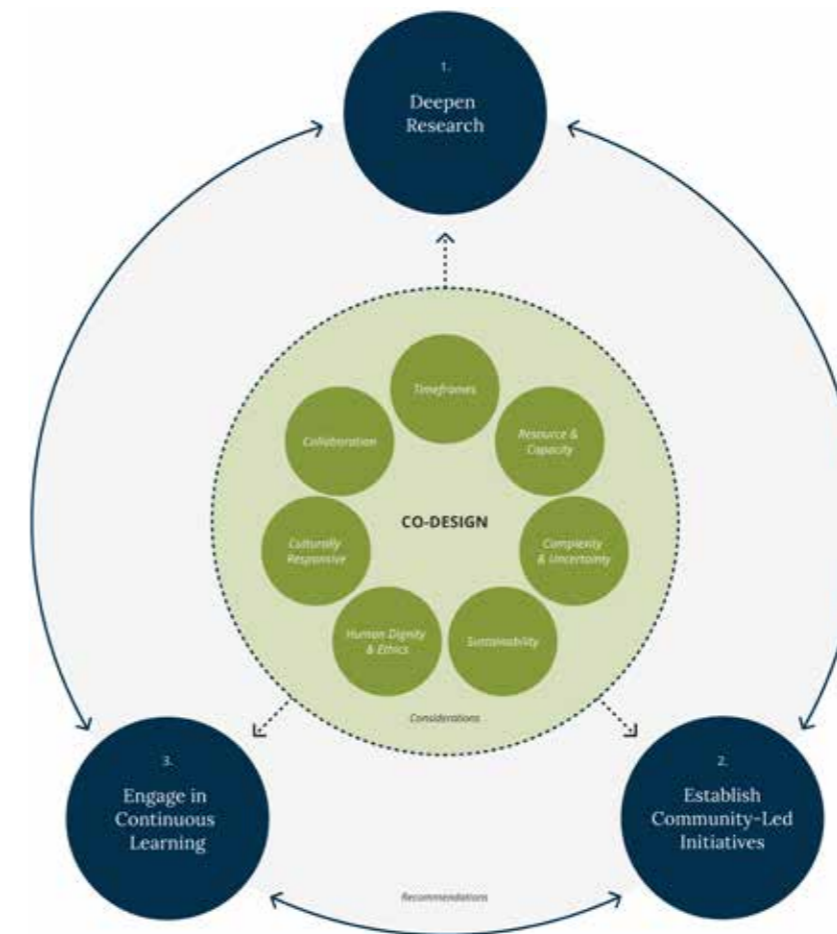


Figure 14 - High-level Impact Collective Co-Design Process.

## Deepen Research

While this report provides an introductory view into the complexities of family harm at both systemic and individual levels, it represents just a ‘window’ into this intricate issue. To comprehensively understand the myriad factors contributing to family harm and its diverse manifestations across different communities, we recommend undertaking further in-depth research. This is crucial as family harm is influenced by a multitude of socio-economic, cultural, and personal factors which are often interlinked in complex ways.

Additional research is necessary to fully grasp these complexities, ultimately ensuring that interventions are effectively tailored and responsive to the actual needs they aim to address.

Specific Considerations:

- **Diverse Stakeholder Involvement:** It is essential to involve a broad range of stakeholders, including victims, perpetrators, community leaders, and support service providers. This diverse engagement helps to capture an array of perspectives and deepens insights, ultimately avoiding one-sided or biased perspectives.
- **Inclusive Research Design:** Ensure the research methodologies include both qualitative (data) and quantitative (personal narratives and experiences) to enhance the validity of research.

Potential Action Steps:

- **Conduct Focus Groups and Discussions:** Conduct focus groups and one-on-one discussions with diverse stakeholders to capture in-depth qualitative insights.
- **Partner with Support Programmes:** Partner with established support organisations, such as Manline or Man Up, to gain insight into their on-the-ground experiences.
- **Engage with National Experts:** Working with the Impact Collective, bring together experts from various fields to discuss their knowledge on the latest research, findings and best practices through engagement forums.

## Establish Community-Led Initiatives

Building on the insights and opportunities identified through this report and further research, we strongly recommend initiating further community-led co-design processes to examine options in addressing family harm. This process serves as a crucial bridge from research to practical application, ensuring solutions are not only grounded in the community’s actual needs but also driven by their direct involvement. By embedding the voices and priorities of those impacted by family harm—victims, perpetrators, community leaders, and support service providers—into every stage, we enhance the solutions’ relevance and ensure they address real needs.

Active participation and ongoing collaboration with these key people from the outset are crucial. Their involvement not only improves the solutions’ effectiveness but also fosters a sense of ownership and commitment to the outcomes. By empowering participants to have a significant role in shaping the interventions that will impact their lives, community-led initiatives dramatically increase the likelihood of long-term success and sustainability.

The outputs from this co-design process can vary widely, ranging from policy changes and service enhancements to community awareness campaigns. However, what matters most is that outputs respond to and directly address the authentic needs of the community.

Specific Considerations:

- **Diverse Representation:** Ensure the co-design process includes a broad and diverse representation of community members, especially those who are often marginalised or underrepresented.
- **Building Local Capacity:** Building capacity within the community is important for effective participation in the co-design process. This can empower them to not only contribute more but also sustain and evolve the initiatives independently over time.
- **Supportive Facilitation:** Effective facilitation is key to managing the co-design process. Facilitators should be adept in conflict resolution and encouraging productive discussions to ensure every participant feels heard and valued.
- **Design with Adaptability in Mind:** Design interventions with flexibility in mind, allowing for adjustments and pivots as new feedback is received. This adaptability is key to responding to the complex and ever-changing nature of complex community concerns.

Potential Action Steps:

- **Identify Areas for Intervention:** Utilise the insights from research to identify specific areas for potential interventions, focusing on those with the highest potential for addressing community needs.
- **Identify and Engage Key Stakeholders:** Identify and engage a diverse group of stakeholders who represent all facets of the family harm issue within the community. Ensure that all voices, especially those less heard, are included in the co-design process.
- **Facilitate Co-design Workshops:** Conduct workshops that bring together the identified stakeholders to collaboratively define problems, brainstorm solutions, and design interventions.
- **Prototyping and Testing Solutions:** Pilot the co-designed solutions in controlled settings or real-world contexts to monitor and evaluate their effectiveness. Iterate and adjust the solutions based on both stakeholder and community feedback and observed outcomes.
- **Share Successes with the Community:** Communicate the successes and lessons learned with the broader community to maintain trust, support, and engagement with those directly and indirectly involved.

## Engage in Continuous Learning

As interventions addressing complex community concerns like family harm are implemented, their initial effectiveness must remain relevant over time. This relevance can only be sustained if interventions continuously evolve to meet the changing needs and dynamics within the communities they serve. Therefore, we recommend establishing a cycle of continuous learning where stakeholders can actively participate in a dynamic process of reflection and adaptation. This ongoing cycle is crucial for assessing what is working, what could be improved, identifying new challenges, and integrating lessons along the way.

The importance of continuous evolution cannot be overstated—it ensures interventions remain responsive to the changing landscape of complex community concerns, preventing them from becoming outdated as needs shift. By using a process of continuous learning, interventions can adapt to new challenges and opportunities, thereby enhancing their long-term impact and relevance. This adaptive approach not only prevents stagnation but also ensures that solutions continuously align with the evolving needs of the community.

### Specific Considerations:

- **Support a Learning Culture:** It is important to cultivate a culture that values learning and adaptation, where stakeholders are encouraged to view adaptations as opportunities for improvement rather than failures.
- **Inclusive Research Design:** Gathering feedback through both qualitative and quantitative methods is essential. This dual approach allows for a more comprehensive understanding of the impacts of interventions.
- **Assessing and Allocating Resources:** Assigning adequate resources for the continuous learning process is essential to ensure sufficient funds, personnel, and time are dedicated to effectively support the iterative process of feedback collection, analysis, and implementation of changes.

### Potential Action Steps:

- **Implement Feedback Mechanisms:** Establish continuous feedback mechanisms to gather regular feedback and monitor the effectiveness of interventions. This can involve digital tools, feedback forms, and community meetings.
- **Conduct Reviews and Impact Evaluations:** Schedule regular review sessions and impact evaluations to assess the effectiveness of interventions in achieving desired outcomes.
- **Facilitate Reflective Workshops:** Conduct workshops where stakeholders can reflect on their experiences, share successes, and discuss challenges, enabling them to collaborate on effective practices and areas needing adjustment.

“You could pour money into fixing family violence, but you have to look at the causes. If the causes aren’t addressed, you will just have another generation coming through that is the same.”

Workshop Participant.

## Considerations

When addressing complex community issues such as family harm, it is important to identify and understand specific factors that can influence the outcomes of any intervention. This section summarises the important factors to consider and explains their significance in tackling these complex community concerns.

By considering these factors, stakeholders can improve the chances of addressing the root causes effectively and maintaining positive outcomes in both the short and long term. Moreover, taking these factors into account ensures that interventions are culturally sensitive, ethically sound, and responsive to the complex dynamics within the communities they aim to serve.

Following are a list of considerations to guide decision-making and action-taking processes.

### Timeframes

When addressing complex community concerns, it is important to set clear and realistic timelines for achieving milestones and objectives. Recognising that some goals may require extended periods to accomplish is essential. Additionally, maintaining flexibility to accommodate the evolving complexities of these challenges ensures that responses can adapt as situations change.

### Resource and Capacity

It is essential to evaluate the availability and adequacy of resources—financial, human, and material—to determine if current resources meet the needs of family harm interventions. This evaluation will help ascertain whether additional funding is required, if staffing levels are adequate, or if there is a need to expand collaborations to effectively support and sustain initiatives.

### Complexity and Uncertainty

Acknowledging the intricate and ever-evolving nature of complex community concerns, such as family harm, is crucial to avoid oversimplification. These problems, often characterised by complexity, uncertainty, and intersectionality, cannot be effectively addressed with simple, isolated, one-size-fits-all solutions. Instead, they require continual learning, flexible approaches, and more nuanced and tailored interventions.

### Sustainability

It is vital to adopt a long-term perspective when addressing complex community concerns to ensure approaches are resilient and responsive, as well as capable of adapting to and withstanding evolving conditions over time. With this approach, interventions are more likely to contribute to lasting benefits rather than providing temporary relief.

### Human Dignity and Ethics

When addressing complex community issues, it is important to respect and uphold the rights, dignity, and wellbeing of everyone involved. Discussing topics such as family harm can be particularly sensitive, especially for vulnerable individuals. Therefore, adopting this approach is vital for creating safe, inclusive, and trusted environments, and supporting the development of long-term, positive change within communities.

### Culturally Responsive

With some populations disproportionately affected by complex community concerns, particularly family harm, it's essential to understand and respect the cultural backgrounds and specific needs of the community being served. Cultural sensitivity is key to ensuring that approaches to addressing family harm are culturally reflective and appropriately tailored. This involves aligning interventions with the diverse values, traditions, and challenges of varied communities to ensure effectiveness and acceptance.

### Collaboration

Fostering collaboration among diverse stakeholders—including healthcare providers, law enforcement, social services, and community organisations—is important when addressing complex community concerns. This collaboration ensures that individuals receive holistic support, addressing various aspects of their wellbeing comprehensively. By working together, interventions can significantly enhance their impact, providing more integrated and effective solutions for the community.

# Conclusion

As we delve into the recommendations arising from our research into family harm, it is paramount to acknowledge the pervasive and multifaceted nature of this societal issue. Throughout this report, we have explored how family harm, characterised by physical, sexual, emotional, economic, and psychological abuse, transcends socio-economic, cultural, and gender boundaries, impacts individuals, families, and communities across Aotearoa New Zealand. Despite growing awareness and efforts, the challenge persists, deeply embedded in a complex interplay of cultural, societal, and individual factors. The urgency to address family harm requires not only immediate interventions but also a strategic focus on long-term preventative measures that consider the lived experiences of those affected.

In concluding our exploration, we reaffirm the purpose of this report—to highlight the path towards effective and sustainable interventions. We extend an invitation to organisations and funders to join the Impact Collective in a united effort to address family harm. By leveraging the foundational insights and opportunities identified throughout this report, together, we can pursue impactful community-led initiatives. The Impact Collective is committed to supporting this collaboration by facilitating the ongoing collection and analysis of data. This endeavour is not only crucial for measuring the effectiveness of current interventions but also for uncovering deeper insights that will inform the continuous development of tailored strategies.

*Together, let us take this opportunity to make a significant, positive impact on our communities, guided by the knowledge we have gained and partnerships with the communities.*

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