

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

## Literature Review – Part One

Annabel Taylor (PhD), Sue Carswell (PhD), Hillary Haldane (PhD),  
Mairin Taylor (PhD)

Submitted to ESR as part of its contract with  
The Glenn Inquiry

*Te Awatea Violence Research Centre*

University of Canterbury

Private Bag 4800

Christchurch 8020, New Zealand

Tel: +64-3-364 2444 ext. 6444

Fax: +64-3-364 2498

[administrator@vrc.canterbury.ac.nz](mailto:administrator@vrc.canterbury.ac.nz)

[www.vrc.canterbury.ac.nz](http://www.vrc.canterbury.ac.nz)



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This literature review informs a broader project, ***Toward a transformed system to address child abuse and family violence in New Zealand***, commissioned by The Glenn Inquiry and led by the Institute of Environment Science and Research Limited (ESR). The review was conducted by Te Awatea Violence Research Centre at the University of Canterbury.

To inform the different phases of the project our review has been divided into two parts:

**Part One** (the current document) focuses on current knowledge about the dynamics of family violence (FV) and child abuse and neglect (CAN), how they interrelate, and the long term consequences to individuals, families and to society. To identify elements of an effective systems response we examined international responses to address FV and CAN and how the New Zealand government currently structures its response.

**Part Two** of our literature review will examine the evidence on what interventions work for whom; ranging from universal and targeted population based prevention, to interventions with victims and perpetrators, families and whānau.

**Annabel Taylor (PhD)**

**Sue Carswell (PhD)**

**Hillary Haldane (PhD)**

**Mairin Taylor (PhD)**

*Te Awatea Violence Research Centre*

*University of Canterbury*

*Private Bag 4800*

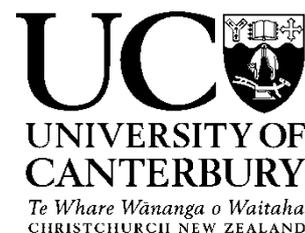
*Christchurch 8020, New Zealand*

*Tel: +64-3-364 2444 ext. 6444*

*Fax: +64-3-364 2498*

*administrator@vrc.canterbury.ac.nz*

[www.vrc.canterbury.ac.nz](http://www.vrc.canterbury.ac.nz)



## Key themes

This literature review informs a broader project, *Toward a transformed system to address child abuse and family violence in New Zealand*, commissioned by the Glenn Inquiry and led by the Institute of Environment Science and Research Limited (ESR). To inform the different phases of the project our review has been divided into two parts:

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**Part Two** of our literature review will examine the evidence on what interventions work for whom; ranging from universal and targeted population based prevention, to interventions with victims and perpetrators, families and whānau.

Due to the complexity of the review and the volume of information from canvassing different aspects of FV and CAN we have extrapolated key themes to emerge from Part One, which are outlined below, in order for the reader to have an understanding of the main learnings from the literature. The literature review provides detailed evidence from international and national studies and government and community reports. We have endeavoured to select high quality and relevant literature. The broad nature of the topic coupled with time constraints means there will be gaps and areas that could have received more in-depth coverage.

Overwhelmingly studies internationally and from New Zealand evidence the enormity of family violence and child abuse and neglect and demonstrate the gap between the small proportion of violence **reported** to authorities and **actual** violence in society.

A major challenge to consistent and coherent data is the fact that no country keeps on-going, national surveys over a period of time to track changes in rates of violence, and to use these data to compare to various prevention and intervention efforts. New Zealand has conducted several population based victimization surveys, but also faces the challenge of consistency over time.

Research on intimate partner violence has increased understanding about the dynamics of violence and differentiated between different types of IPV behaviour and different types of perpetrators. The work on typologies is useful for developing appropriate prevention and intervention initiatives.

An important distinction in type of IPV has emerged in the debate over gender symmetry (the idea that women are equally as violent as men in intimate relationships) between what has been referred to as 'situational couple violence' and 'coercive controlling violence'. These debates highlight the importance of taking into account the severity and impact (physical and mental) of violence. Reported family violence statistics and population surveys show the most severe and lethal violence is primarily perpetrated by men against women and is not gender neutral.

Current understandings of the causes of intimate partner violence (IPV) increasingly take into account elements of both individual and structural explanations. Individual perspectives include: biological, psychological, and genetic perspectives and tend to focus on psychopathology of individuals in order to explain their behaviour. Structural violence is any form of structural inequality or institutional discrimination that maintains an individual in a subordinate position to other people within their family, their household, or their community. Gender ideologies that dictate men should control women or allow for men to physically control their partners or offspring, are forms of gender-based structural violence. Feminist perspectives today argue that traditional control of women and their children still exists in the West, but in more subtle and structured ways and that severe male to female violence remains the key feature of intimate partner violence.

The impact of IPV and CAN is well documented and there is a thorough understanding of the disturbing effects and consequences on women, children, families and wider society. There is a strong interrelationship between CAN and FV and children's exposure to family violence can have detrimental consequences including heightened risk of victimization and perpetration as adults; mental health problems; substance abuse disorders; and a range of negative social and cognitive outcomes. The evidence very strongly supports early intervention.

The weight of evidence on effective interventions for family violence supports multi-systemic and holistic approaches that take into account primary, secondary and tertiary responses working at different population levels from micro to macro contexts. The United Nations recommends a more holistic response to family violence and child abuse by taking into account the political, economic, and institutional factors that contribute to high rates of abuse.

The holistic approach has particular resonance to address violence within Māori whānau by also addressing the impact of colonisation and structural stressors facing many Māori including poverty, unemployment, parenting, health and education needs.

Many elements of a high functioning system appear to be in place in New Zealand such as legislation that focuses on family violence and the protection of victims and children; government and community partnerships, networks, and initiatives at national and local levels to coordinate a multi-systemic approach; and Māori and Pacifica strategies and initiatives. However it is difficult to assess the overall effectiveness of what difference these activities are making to the lives of victims (adult and children), perpetrators and families and whānau as there is limited information to gauge changes to **actual** FV and CAN over time due to lack of consistent population based surveys.

We were reliant on publically available information and there was a lack of evaluations and reviews that examined how effectively New Zealand government systems that address FV and CAN are functioning, particularly at the national level. If we view the 'system' through the different levels of the viable system model as outlined in the accompanying ESR report, most available evaluations and reviews are focused on operational initiatives and their effectiveness (system 1). There is less evaluative material available on the effectiveness of coordination of operations (system 2); tasking, resourcing and monitoring frameworks (system 3); planning and providing an evidence base to inform future development (system 4); and governance to ensure a high performing system (system 5).

We absolutely recognise that the New Zealand government, NGOs, and communities are undertaking a large number of activities across different sectors related to the prevention and reduction of child abuse and family violence. Part Two of the literature review will focus on examining the New Zealand evidence on interventions for victims (adult and children), perpetrators and family/whānau. We will contextualise this within the international evidence on what works for whom.

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## Acronyms

CAN	Child abuse and neglect
CBT	Cognitive Behavioural Therapy
CSA	Child sexual abuse
CYF	Child, Youth and Family – New Zealand government child protection agency
CYPF Act	Children, Young Persons, and their Families Act 1989
DVA	Domestic Violence Act 1995
ESR	Institute of Environmental Science and Research Limited
FV	Family violence
FVIARS	Family Violence Interagency Response System
IPV	Intimate partner violence
MoJ	Ministry of Justice
MSD	Ministry of Social Development
NZCASS	The NZCASS is a national population based survey that provides an indication of the actual prevalence of crime and victimization in New Zealand society. The survey has been conducted twice, in 2005 (NZCASS 2006) and 2008 (NZCASS 2009).
NZFVC	New Zealand Family Violence Clearinghouse
NZCIWR	New Zealand Collective of Independent Women’s Refuges
PSO	Police Safety Order – introduced into New Zealand July 2010
PTSD	Post-traumatic Stress Disorder
SVS	Stopping Violence Services
UN	United Nations
WHO	World Health Organization

# 1 Introduction

## 1.1 Purpose

The following literature review provides a valuable opportunity to comprehensively examine the current evidence about how to effectively address family violence (FV) and child abuse and neglect (CAN). The opportunity was provided by the Glenn Inquiry, an independent inquiry funded by Sir Owen Glenn to answer the question *'If New Zealand was leading the world in addressing child abuse and domestic violence, what would that look like?'* (Wilson & Webber 2014) This review contributes to a broader project commissioned by the Glenn Inquiry to answer that question. The project *'Toward a transformed system to address child abuse and family violence in New Zealand'* is led by the Institute of Environmental Science and Research Limited (ESR) who have modelled an 'ideal' system based on four work streams:

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

Coupled with this opportunity, was the enormous challenge of identifying and synthesising such a large volume of material on diverse aspects of CAN and FV within the timeframe. The literature review is organised into two parts. Part One provides an overview of current knowledge about the dynamics of FV and CAN, how they interrelate and the long term consequences to individuals, families and to society. To identify elements of an effective systems response we examined international responses to address FV and CAN and how the New Zealand government currently structures its response. This included a high level overview of the government's legislation, policies and initiatives.

For any system of response to work in New Zealand, the cultural perspectives of Māori, Pacifica and other ethnic groups must be taken into consideration. There has been considerable work done in developing frameworks from Māori and Pacifica perspectives at a national level, which will require both adequate resourcing to implement, and monitoring and evaluation to gauge effectiveness.

Part Two of our literature review contributes towards the development of an intervention framework and examines the evidence on what interventions work for whom; ranging from universal and targeted population based prevention, to interventions with victims and perpetrators, families and whānau.

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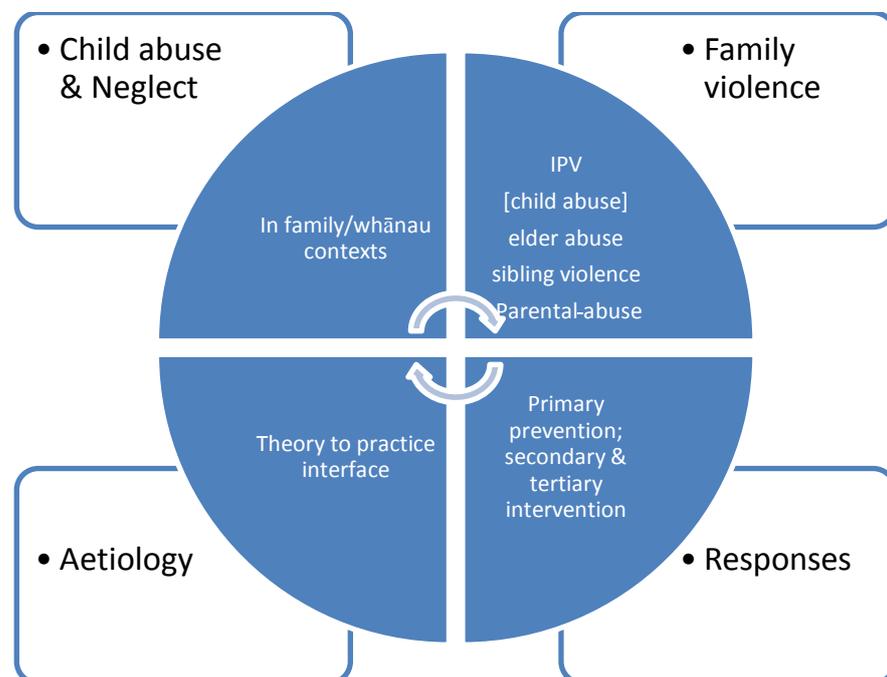
<sup>1</sup> The analysis was done on the basis of the published report, Wilson, D., & Webber, M. (2014). *The People's Report: The People's Inquiry into Addressing Child Abuse and Domestic Violence: The Glenn Inquiry.*

## 1.2 Methodology

### 1.2.1 Framework

In developing a framework that incorporates the many complex parts of the following review, we have treated child abuse and neglect as fundamentally related to family violence, where children are present in the relationship. The way we have conceptualised the considerable literature relating to child abuse and family violence is represented by the following matrix in figure 1. In this figure, child abuse and family violence are viewed as theoretically and pragmatically linked; both family systems and the wider social, cultural and societal systems have multi-directional influences on individuals and their safety and wellbeing within families. To conceptualise responses to FV and CAN we have utilised the World Health Organisation (WHO) public health approach<sup>2</sup> of primary, secondary and tertiary prevention (WHO, 2010). This encompasses initiatives that seek attitudinal and behavioural changes at a population level and interventions ranging from crisis response to long term prevention at the individual and family/whānau level.

**Figure 1:** Conceptual framework for managing literature related to child abuse and family violence



### 1.2.2 Process

The literature review team was managed by the Te Awatea Violence Research Centre at the University of Canterbury. This review canvassed international and national literature with a focus on peer-reviewed, systematic reviews and meta-analyses (randomised controlled trials; quasi-experimental designs; and narrative reviews of qualitative or mixed method studies). The primary database used for the search of peer reviewed journals was Science-Direct. Due to the wide scope

<sup>2</sup> The public health approach advocated by WHO is outlined in section 7.2 of this review.

of the review, our search terms canvassed a large number of different areas related to different forms of family violence and child abuse including aetiology; prevalence; systems response; prevention and interventions. To ensure we had the most current research our search parameters primarily focused on publications from 2009 to 2014. Exceptions were made for seminal and important publications prior to 2009 pertinent to the review. The broad nature of the topic coupled with time constraints means there will be gaps and areas that could have received more in-depth coverage.

To examine the New Zealand context, we also searched for grey literature on government and community organisation websites for reports related to legislation, policies, strategies, initiatives and statistics. It is not possible to give in-depth account of the total system due to both constraints on time and scope, for example government departments were not consulted for this review. We were reliant on publically available material and are aware that there will be numerous ongoing activities in this area that are not yet public and therefore our précis should not be viewed as a comprehensive overview of the New Zealand system.

### **1.3 Review outline**

The review begins with a synopsis of theoretical explanations for family violence and child abuse and neglect which underlie many of the current system responses and interventions. The next section examines definitions of FV and CAN and how relationships define the different types of FV such as CAN, intimate partner violence (IPV), elder abuse and neglect, sibling violence and parental violence. IPV has been differentiated by type of violence and type of perpetrator including debates about evidence regarding gender symmetry.

Defining and measuring the incidence and prevalence of CAN and FV are problematic, particularly as the majority of violence goes unreported. Section 4 reviews examples of systems used to collect information on FV and CAN in other countries. It also outlines the current challenges New Zealand faces in collecting data and provides the most recent statistics for this country (released in June 2014).

The following section (section 5) looks at the impact and social and economic costs of FV. The available information was primarily focused on IPV and the impact on women and children. The impact of child abuse can be detected from the literature on outcomes for children and long term consequences for their health and social outcomes. Section 6 examines what is currently known about risk and protective factors for FV and CAN and the interrelationship between intimate partner violence (IPV) and child abuse and neglect.

We then go on to examine approaches and frameworks used by governments and communities to respond to CAN and FV. International responses are reviewed to identify trends and good practice. Section 8 provides a high level overview of New Zealand's current approach to responding to CAN and FV.

Section 9 concludes Part one of the review with a summary of the major themes to emerge from the literature.

## 2 Theoretical overview

### 2.1 Socio-historical background

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

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

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

### 2.2 Explanatory theories

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

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

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

Structural explanations refer to a range of exogenous factors related to IPV to explain the social world and its influence on individuals. These include social learning theory, resource theory, ecological and ecosystems theory, and cultural theory (Ali & Naylor, 2013a). Core elements of a structural perspective take into account the socio-economic position of various populations and the role of power dynamics in relation to class, ethnicity and gender. Structural violence is any form of structural inequality or institutional discrimination that maintains an individual in a subordinate position to other people within their family, their household, or their community. Gender ideologies that dictate men should control women or allow for men to physically control their partners or offspring, are forms of gender-based structural violence. Therefore, when a woman is abused by a husband because he believes he has the right to physically assault her, the woman is experiencing interpersonal and structural violence simultaneously (Adelman, Haldane, & Wies, 2011; Friederic, 2013; Manjoo 2011; Parson, 2013; Wies & Haldane, 2011).

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

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

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

“It is evident that every perspective contributes to the explanation of violence in intimate relationships. Each perspective has been supported as well as challenged by researchers and each perspective provides an important insight into the issue of IPV” (Ali & Naylor, 2013a, p617).

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

## 3 Defining family violence and child abuse and neglect

### 3.1 Introduction

This section reviews the debates on terminology internationally and how New Zealand has come to define the relationships and behaviour that are now recognised as family violence and child abuse and neglect through legislation, policy and practice. We also examine how studies of IPV are differentiating between types of IPV and types of perpetrators and what the evidence tells us about the debate regarding gender symmetry (i.e. whether IPV is equally perpetrated by men and women).

### 3.2 Definitions

#### 3.2.1 Family violence

The term 'domestic violence' has been used universally to describe violence in intimate partner relationships as it signifies the domestic nature of the context within which much violence against women occurs. Intimate partner violence (IPV), though defined in different ways, is violence that occurs between intimate partners (former and current). It is predominantly thought of as men's violence toward women, though there is a growing controversy and debate about women's use of violence toward their male partners (Allen, 2011; Ali & Naylor, 2013a, 2013b; Bell & Naugle, 2008; Chan, 2011; Eiskovits & Bailey, 2011; Flynn & Graham, 2010; Johnson, 2011; Kar & O'Leary, 2010; Saunders, 2002; Straus, 2008; Straus, 2011).

There is a debate in the literature over terms and definitions used to describe the phenomenon of IPV. Various expressions, none of which are entirely satisfactory, include intimate violence, partner violence, wife beating, women battering, wife abuse, and marital violence and spouse abuse. Walker (1990) states that terms such as 'wife beating', 'women battering', and 'wife abuse', have been "extrapolated from the existing discourse on child abuse, already 'discovered' and designated as a 'syndrome' " by medical practitioners in the 1960s' (p. 96). Johnson (1995) asserts that expressions such as " 'marital violence', 'wife abuse' and 'spouse abuse' "...presume that the partners are married, and fail to recognise that violence between partners is overwhelmingly male violence against women" (p. 101). The terms 'wife beating' and 'women battering' suggest that the violence is constant, repetitive and of a serious physical nature and, therefore, dismiss the range of psychological behaviours employed by the perpetrator to maintain a woman's fear of violence.

Controversy surrounds the term 'family violence', however, as it includes a range of victims and perpetrators and, as a result, may, in fact, minimise women's experiences of violence as the result of the abusive behaviour of their (usually) male partners. Walker (1990) has argued that the term family violence is "objectified professional language" (p. 98); where a structural analysis of men's violence against women is abandoned in favour of an approach that focuses on interpersonal relationships between individuals. The World Health Organization defines IPV as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002, p. 89). In addition, while the term 'intimate partner violence' has been criticised for its gender neutrality (Gavey, 2005), it is the gender neutrality that enables the incorporation of violence that may occur in non-heterosexual relationships, including lesbian, gay, bisexual or transgender (LGBT) relationships. It also recognises that many incidents of violence between adults within a family context, occur between ex-partners

and that violence may also occur between young adults who may not be co-habiting or may not have clearly defined intimate relationships.

### 3.2.2 New Zealand Government definitions

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

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

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

The Children, Young Persons, and their Families Act 1989<sup>3</sup> (CYPF Act) defines the type of behaviours regarded as child abuse in section 4 (b, d, e) as harm, ill-treatment, abuse, neglect or deprivation. Under the DVA the living arrangements and domestic relationships described implicitly encompass children and the types of violence specified by the act. The DVA explicitly specifies that a person psychologically abuses a child if they cause or allow the child to hear or see abuse of a person they have a domestic relationship with, excluding the person who has suffered the abuse (DVA 3(3)). One difference between the CYPF Act and the DVA is that the DVA does not specify neglect or deprivation.

Alongside the term ‘domestic violence’, ‘family violence’ has been used in policy, practice and research initiatives in New Zealand. *Te Rito: Family Violence Prevention Strategy* (Ministry of Social Development, 2002) is New Zealand’s national prevention strategy and was the culmination of extensive consultation and collaboration between government and non-government agencies and communities. The definition of ‘family violence’ aligns with the definitions of domestic violence in the DVA as ‘a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation’ (2002, p. 8).

There are difficulties in the mixed and sometimes interchangeable use of ‘domestic violence’ and ‘family violence’ that risks precipitating confusion among those involved with the field. A recent literature review by the Ministry of Women’s Affairs *Current Thinking on Primary Prevention of*

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<sup>3</sup> <http://www.legislation.govt.nz/act/public/1989/0024/latest/whole.html#whole>

*Violence Against Women* (2013), notes the term 'domestic violence' is more commonly associated with 'intimate partner violence' (IPV) which can lead to confusion as the broad definition in the DV Act 1995 more accurately describes 'family violence'. Their preference is to avoid the term 'domestic violence' for the purposes of clarity.

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

There has been criticism about the effectiveness of the Domestic Violence Act across diverse ethnic groups in New Zealand. Pond and Morgan (2005) state: "The legal system is a Pakeha institution, the distance between women's lives and the justice system was conceived as even greater for women who are Māori, Pacific Island, or from non-European ethnicities" (p. 49). With particular reference to the Domestic Violence Act (1995), Lievore and Mayhew (2007) note:

"Although the Domestic Violence Act 1995 adopts a broad definition of family relationships, most research on family violence reflects the conjugal, nuclear family orientation of European New Zealand, or at best includes single-parent families. There is little discussion of differences associated with the role of whanau or other extended family forms" (p. 55).

The MWA review suggests it may be time to update these definitions to reflect current thinking in the New Zealand context and to include definitions framed with Māori and Pacific worldviews (MWA 2013, p.17).

### **3.3 Differentiation in intimate partner violence**

Over the past decade there has been a growing array of research suggesting that a number of categories of IPV exist (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Kelly & Johnson, 2008; Leone, Johnson, Cohan, & Lloyd, 2004). Wangmann (2011) proposes that differentiation in IPV includes three typologies: (1) different types of IPV; (2) different types of male perpetrator; (3) different types of female perpetrator. Typologies focused on different types of IPV can be used to better understand the relationship between gender and violence. Typologies may also help us to understand that different IPV types might require potentially different interventions.

#### **3.3.1 Different types of IPV**

The focus of recent research interest in IPV is on the idea that it is not a solitary and specific phenomenon. The most notable work in this area is that of Johnson (2008), who argues that this typology of IPV is based on determining the primary motivation of perpetrators of violence. Johnson (2008) has identified four types of IPV:

1. 'Coercive controlling violence' is described as the sort of IPV that most practitioners will come in contact with: "a pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence" toward one partner by the other (Kelly & Johnson, 2008, p. 478).

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

Gender symmetry (the idea that women are equally as violent as men in intimate relationships) is a hotly debated area with different theoretical perspectives determining research design and outcomes (Allen, 2011; Bell & Naugle, 2008; Caldwell, Swan & Woodbrown, 2012; Chan, 2011; DeKeseredy, 2011; Eisikovits & Bailey, 2011; Emery, 2011; Flynn & Graham, 2010; Johnson, 2011; Kar & O'Leary, 2010; Saunders, 2002; Straus, 2008; Straus, 2011; Winstock, 2011). Section 3.4 provides an overview of these debates and examines the latest evidence.

### **3.3.2 Different types of male perpetrator**

The growing field of research clearly argues that not all perpetrators of IPV are alike (Cavanaugh & Gelles, 2005; Johnson, 2008). A consistent message in the literature is that in order to appropriately target interventions for men and women, the multiplicity of men's risk factors for violence against women needs to be understood; power and control are a factor, but a number of other variables, such as cultural and family background, current context, personality and relationship dynamics, also have an influence (O'Leary & Woodin, 2009; Stark & Buzawa, 2009). An understanding of the different dynamics and patterns of male partner violence is necessary if effective programmes are to be developed for male perpetrators and for victim/survivors.

Fowler and Westen's (2011) research identified three subtypes of IPV male perpetrators which confirmed typologies identified by previous research. The first subtype is someone who is considered to have used violence from an early age, have a history of delinquency in early life and have used violence actively with their intimate partners and others. They called this subtype *Psychopathic partner-violent men* because of the similarities with psychopathic personality as described by Cleckley (1941), such as impulsivity, remorselessness, and a lack of empathy. Men in the psychopathic group had experienced the most childhood trauma of the groups studied. "Half witnessed violence, half experienced physical abuse themselves, nearly one third experienced state involvement in response to abuse or neglect, and roughly one quarter reported to their clinicians credible histories of sexual abuse" (Fowler & Westen, 2011, p.628).

The second subtype of perpetrator is described as *Hostile/controlling partner-violent men*, who have a 'hair-trigger' propensity for rage. The authors state that although this subtype awaits replication, "it paints a clinically coherent picture of a suspicious, paranoid, and controlling person who cannot

take responsibility for his actions or for negative events (e.g., job losses) that are his own doing and instead attacks his partner” (Fowler & Westen, 2011, p.630). Of all the groups these men were the most likely to have grown up with alcoholism in the home (64%). They had similar forms of childhood trauma to psychopathic partner-violent men, “but to a lesser extent (e.g., one third vs. one half witnessed and personally experienced violence in the home as a child, and few reported histories of sexual abuse)” (Fowler & Westen, 2011, p.630).

The third subtype is described as *Borderline/dependent partner-violent men* who are described as unhappy, fragile and less likely to use violence against those who are not familial. “They may engage in partner violence when feeling their lowest, creating a spiral in which they feel ‘bad’, unworthy of love, and abusive; fuelling their fears of abandonment. . . this is the type of partner-violent man who could be especially likely to beg for forgiveness after the assault and frantically promise not to do it again” (Fowler & Westen, 2011, pp.630-631). They can be “particularly prone to violence if their partner attempts to leave because of extreme fears of abandonment... Like the psychopathic partner-violent men, approximately half of the borderline/dependent partner-violent men appear to have a history of physical abuse, and slightly less than one fifth report a history of sexual abuse” (Fowler & Westen, 2011, pp.630-631).

A developing area of research is to investigate what type of treatment approach is the most effective with different types of perpetrators and provide a more tailored approach to traditional perpetrator programmes (Edleson, 2012; Fowler & Weston, 2011; Mc Master, 2006). Walker et al.’s 2013 systematic review of 15 studies that examined desistance from IPV found:

“No single theory was identified that explains desistance from IPV. However, empirical studies reveal that the severity and frequency of violence is associated with desistance, with those using moderate levels of violence being more likely to desist than those who engage in severe violence. Typology research suggests differences in individual characteristics (e.g., low psychopathology and impulsivity) can distinguish desisters from persisters.” (Walker, Bowen, & Brown, 2013, p.271)

Holtzworth-Munro and Meehan (2004) argue against categorizing men into one type or another and suggest a multi-dimensional approach with variation along several factors (as cited in Edleson, 2012, p.5).

### **3.3.3 Different types of female perpetrator**

There is a lack of research about women who use intimate partner violence. This category of IPV, rather than focusing on typologies of women who use violence, explores “gender differences in the motivation, context and impact of IPV” (Wangmann, 2011, p. 9). Referring to the work of the Duluth Domestic Abuse Intervention Project in Minnesota, United States, Hamlett (1998) cites a number of reasons why women might use violence in their relationship: women may act in self-defence; women who have experienced abuse as a child and by partners in adulthood may use protective violence to reduce the possibility of further victimisation; and women may use violence to control their partners. These factors are supported by more recent literature (see, for example, Gilfus, O’Brien, Trabold, & Fleck-Henderson, 2010).

Building our knowledge of female perpetration of IPV is necessary if we are to develop services that respond appropriately to women's needs. A unitary approach to all people who use violence in their relationships assumes that the dynamics of violence are the same for all. Recent research clearly questions this.

## 3.4 Gender

### 3.4.1 Symmetry and differentiation in research

Just as a unitary response to all perpetrators of violence does not adequately address the wide variation in characteristics and intervention needs of individuals, there are also pitfalls associated with a bivariate model of gender symmetry in the research literature. Simple comparisons of male to female ratios of victimisation and perpetration have been the norm in research thus far. But, as illustrated in the coming section, these male to female comparisons do not adequately address the differences between violence type and severity nor do they adequately incorporate the wider relationships between gender and sexuality, gender and family role, gender and culture, and gender and society.

For example, there is on-going debate relating to gender differences among children and adolescent outcomes associated with witnessing intimate partner violence. While Fergusson and Horwood (1998) did not find a significant gender effect in their New Zealand sample, several other studies have found significant gender differences in the outcomes associated with witnessing IPV. A large meta-analysis by Evans et al. (2008), found that young males witnessing IPV were more likely to exhibit externalising behaviours compared with females. However, methodological problems are apparent with this meta-analysis and others that do not demonstrate a method for controlling for the known gender differences between girls and boys on rates of externalizing / internalizing behaviours (Nolen-Hoksema, 2012). Well-designed meta- and 'mega-analyses' that have controlled for existing gender differences in psychopathology, have failed to demonstrate a gender effect in relation to severity and typology of psychological outcomes associated among children and young people who witness IPV (e.g. Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006; Moylan et al., 2010). This suggests that the deleterious effects of IPV may affect girls and boys fairly equally, including increased risk of violence perpetration as they age (Moretti, Bartolo, Craig, Slaney, & Odgers, 2014).

This is important as these research findings help to illustrate possible developmental trajectories in terms of possible causal mechanisms of child abuse and family violence perpetration in adulthood. If children and adolescents are found to be fairly equally negatively affected by child abuse victimisation and witnessing IPV, it is likely that there are additional psychosocial factors that contribute to a higher rate of male to female perpetration of severe or lethal family violence in adulthood.

While some researchers (e.g. Magdol, et al., 1997; Fergusson, Horwood, & Ridder, 2005; Straus & Ramirez, 2007) have found little or no gender effect relating to mild to moderate levels of intimate partner violence, it is apparent that a clear majority of severe and lethal intimate violence is perpetrated by men against women (Morris, Reilly, Berry, Ransom, & Lanka, 2003; Fulu-Jewkes, Roselli, & Garcia-Moreco, 2013; Stöckl et al., 2013).

Research studies with large samples and/or stratified group designs that have been able to ‘capture’ these higher risk or higher severity groups, tend to mirror the gender *perpetration* effect with a gender *victimisation* effect in terms of mental health outcomes among adult victims (see Martin, Langley, & Millichamp, 2006 for a stratified review of the Dunedin Multidisciplinary Health and Development Study data; Millet, Kohl, Jonson-Reid, Drake & Petra, 2013; Devries, Mak, Bacchus, Child, Falder, Petzold, ... & Watts, 2013). These studies suggest that the psychological ill effects of intimate partner violence tend to be more prevalent among women and further that these acts of violence tend to be perpetrated by men (Morris, et al., 2003; Tsai, 2013).

### **Defining IPV in Research**

Some researchers and commentators have argued that gender symmetry is the norm in IPV, ie. that males and females are equally likely to be violent towards their partners and spouses. However, research (e.g. Morris et al., 2003; Tsai, 2013; Ministry of Justice, 2011) supports the opposite argument, that men are more likely to engage in significant harmful violence towards women. This means that structural and socio-cultural perspectives that promote gender inequality and a sense of male entitlement *are* significant for a number of perpetrators, particularly those that engage in more severe forms of domestic violence. These differences in gender effects between mild-moderate and moderate-severe forms of violence, both in terms of perpetration and psychological outcome, suggest that we should operationalize (or define) intimate partner violence very clearly as a phenomenon that is distinct from ‘mutual relationship conflict’, or ‘situational couple violence’ as defined by Johnson and colleagues in section 3.3.1 (Johnson, 2008; Kelly & Johnson, 2008; Martin et al., 2006; Wangmann, 2011).

The definition of IPV should reflect the phenomena that are evidenced in our hospitalisation and mortality rates in New Zealand including moderate to severe physical, sexual and/ or mental abuse and have clear reference to violence that includes power imbalance and abuse, fear and intimidation, the use of social isolation and threat (often towards children and animals). The distinction has been clearly made in the literature between IPV and mutual relationship conflict (e.g. Martin, et al., 2006) and there are existing well- normed tools that are in wide use internationally to differentiate between the two (e.g. the WHO Violence Against Women Interview (VAMI; WHO, 2005) and other tools discussed in 3.4.2). This need for clear operationalization in research is reflected in the New Zealand findings by Fergusson et al., 2005, who found that with mild to moderate levels of relationship violence, there is nearly equal perpetration and victimisation between men and women. However, in research where sexual violence is included as forms of intimate partner violence (consistent with Te Rito and Domestic Violence Act, 1995), and the above qualifiers of fear, intimidation and moderate to severe violence; there is a clear gender effect with males engaging in higher levels of perpetration of severe and lethal IPV (e.g. Straus, 2011). In addition, differential rates of female and male perpetration and victimisation among sexual minorities provide further support for the inclusion of gender as a moderating factor in IPV perpetration and victimisation. In a very large (n=51,048) randomly sampled California Health Interview Study, the highest rates of intimate partner violence among sexual minorities, was experienced by bisexual women and homosexual men. In both dyads, the perpetrators of violence (within the past year) were males (95% and 97%) respectively (Goldberg et al., 2013).

## **A Stratified Model of Family Violence (distinguishing ‘mutual relationship conflict’ from IPV)**

It would be very difficult to argue that severe or lethal acts of IPV (including sexual violence) are typologically similar to mutually perpetrated mild events of physical or verbal conflict (such as the findings by Fergusson et al., 2005). This re-framing of the definition of intimate partner violence is supported by research by Johnson (2008) who reviewed raw data sets and stratified the findings according to typology (see section 3.3.1). Johnson found a very clear gender effect for ‘intimate terrorism’ or ‘coercive controlling violence’ and no gender effect for ‘mutual relationship conflict’. Ehrensaft and colleagues used specific parameters to operationalize ‘clinically abusive’ partner violence (Ehrensaft, Moffit, & Caspi, 2004), consistent with Johnson’s definition of ‘coercive controlling violence’. Using these definitions, Martin, Langley, and Millichamp (2006) found a higher rate (55%) of violence perpetrated by fathers only versus 16% perpetrated by mothers against fathers. The authors also found that using a definition of intimate partner violence that includes abuse of power and harm (hit/ hurt and/or threatened) rather than the ‘partner conflict’ behaviour often measured by tools such as the CTS; the results closely resembled the rates of the 2001 New Zealand national crime victims survey (Morris et al., 2003) and more closely aligned with the IPV phenomena that are understood to occur by our community and front-line staff. While less severe forms of interpersonal violence are not to be minimized, the need to concentrate on more severe forms of violence is supported by research that demonstrates that higher severity is associated with more adverse outcomes and conversely, mild events of mutual or even unilateral violence are not always associated with negative psychosocial outcomes or relationship dissatisfaction; for either gender (Williams & Frieze, 2005). There is a good argument for the greater impact (and urgency) for the present report to concentrate on IPV that is defined by moderate- severe forms of physical, emotional and sexual violence, typified by fear and intimidation and defined by imbalances in power and control.

### **3.4.2 Psychometrics Used to Measure Intimate Partner Violence**

Some examples of psychometric tools that measure IPV as defined above, with adequate research properties are: the WHO Violence Against Women Interview (VAMI; WHO, 2005), the Composite Abuse Scale (CAS; Hegarty, Sheehan, & Schonfeld, 1999) and the NorVold Abuse Questionnaire (NorAQ; Wijma, Schei, & Swahnberg, 2004). These measures are aligned with the generally ‘agreed’ definition of intimate partner violence as ‘coercive controlling violence’ (Nybergh, Taft, & Krantz, 2013). This is in contrast to the behaviours measured by the Conflict Tactics Scale (CTS; Straus, 1979) which includes broadly defined mutual relationship conflict (and may in fact ‘dilute’ any findings related to intimate partner violence).

The CTS has a problem with construct validity when it is used to measure IPV. The CTS was developed in 1979 for the purpose of reviewing the type and range of ‘tactics’ (reasoning, verbal aggression, physical aggression) to resolve conflict within the family context (Straus, 1979). With such a broad and exploratory focus, it could be argued that the purpose of this measure was never to identify rates and severity of intimate partner violence, a construct with qualitatively different focus. There is paucity in the CTS of reference to power imbalance, intimidation, control and fear, all phenomena that help to *define* intimate partner violence, both methodologically and legally. A number of criticisms have been levelled at the CTS, not least the ideological presumption that violence in relationships *originates* from mutual conflict rather than power or control; it also misses violent behaviours that come ‘out of the blue’ and may not be directly preceded by an argument or

dispute (DeKeseredy, & Schwartz, 1998). As such, many researchers argue that the CTS should not be relied upon to accurately gauge rates and severity of intimate partner violence (as distinct from mutual relationship conflict) without additional measures with reference to factors such as motivation (Kimmel, 2002), power & control (DeKeseredy, & Schwartz, 1998) and a stratified research design to differentiate levels of severity (Fergusson et al., 2005).

### **Incorporating Sexual violence in Research Definitions**

Another methodological mismatch is apparent between research practices and policy and legal definitions of IPV. A number of research surveys, (many of which are relied upon as seminal works) that demonstrate gender equality in their findings have not included sexual violence as a variable of intimate partner violence (e.g. Magdol et al., 1997); Sexual violence is abusive behaviours that have a very clear gender effect (Morris et al., 2003) and are legally defined in New Zealand as acts of domestic violence if they occur within a cohabitation or close adult relationship (NZ Domestic Violence Act, 1995). It could be argued that studies that purport to measure intimate partner violence rates and effects within New Zealand are not measuring this phenomenon if sexual violence is excluded.

### **Inclusion of sexual and gender minority groups**

Similarly, sexual and gender minority groups must also be acknowledged in terms of the effects of intimate partner violence. Male versus female perpetration comparisons do little to reflect the changing landscape of our family structures. Whilst such research models were more synonymous with how intimate relationships were historically defined; they are increasingly less relevant in today's context where the nuclear heterosexual family structure has become less of a norm. It is questionable whether many of the psychometric measures commonly employed to assess IPV are valid reflections of IPV in relationships in society in general as many such measures were normed with heterosexual relationships only. For example, in the 1996 revision by Straus et al. of the Conflict Tactic Scale (CTS2), non-heterosexuality was an explicit exclusion criteria for participants. It is unsurprising then, that rates of intimate partner violence among lesbian, gay, bisexual and transgender (LGBT) relationships are significant but often under-measured and under-supported (Messinger, 2014).

When inclusive (and societally reflective) research definitions of intimate partner relationships are utilised, there is increasing evidence that individuals in LGBT relationships are also likely to experience IPV. For example, a meta-analysis by Ard and Makadon (2011) found that rates of IPV among same-sex couples tend to be higher for both men and women (21.5 and 35.4% respectively) than men and women in opposite sex relationships (7.1% and 20.4% respectively). Individuals who self-identify as transgender tend to be even more at risk of experiencing IPV (34.6%). These disparities between heterosexual IPV rates and sexual minorities have been found in other research studies (Balsam, Rothblum, & Beauchaine., 2005; Katz-Wise, & Hyde, 2012) and have led to some speculation about an additional risk factor of minority stress (e.g. Balsam, & Szymanski, 2005). Given that sexual minority relationships may be additionally vulnerable to IPV, it would appear that further research (of an inclusive nature) and inclusive intervention models are urgently needed as part of any national response to family violence.

In any discussion on gender symmetry in IPV, it is important to point out that male victimisation in both heterosexual and homosexual relationships must not be neglected nor minimised, given the significant mental health outcomes also found among men (Okuda et al., 2011; Buller et al., 2014) as well as the low rates of self-report by male victims (Tjaden & Thoennes, 2000). However, overlooking or negating an apparent gender effect that is reported in the majority of local and international crime statistics, which repeatedly point to a higher rate of male perpetration of 'clinically abusive' partner violence; may have some very negative effects for the treatment of family violence. A stratified model of IPV perpetration and victimisation ensures that research conducted in this area accurately reflects the socio-cultural context of family violence. Not only would such a multi-variate model communicate and express the anecdotal experiences of families and front-line workers, it would also be more synonymous with our legal system and our models of intervention and treatment. In addition, if our research definitions clearly differentiate between 'mutual relationship conflict' and intimate partner violence, we are measuring and assessing phenomena that is consistent with international perspectives. For example, the WHO (2013) refer to

“any behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. “ (WHO Fact sheet no. 239, 2013)

### **3.4.3 Significance of Gender Effects and Violence Typologies on Policy and Treatment**

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

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

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

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

In addition, some gender neutrality is important in systematic intervention work with at-risk families (those that may experience family violence and/ or child abuse and neglect) due to the smaller but very significant rate of child abuse and neglect perpetration by female caregivers (Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002).

### **Summary**

In summary, the role of gender is an important part of victim and perpetrator responsivity. We are beholden to use in our research, operational definitions that reflect our society's views of family violence (Domestic Violence Act, 1995, The Children, Young Persons, and their Families Act 1989 WHO and UN policies) and use such synonymous definitions to inform our intervention policies. If we do not use these policies to inform our research methodologies, we may conduct research that results in conclusions which are far-removed from the socio-legal context of these real experiences of family violence (e.g. the problematic suggestion that couple's therapy be the standard response to IPV). In addition, symmetry between research and treatment definitions, enable more accurate and easier methods of testing the efficacy and effectiveness of our interventions and more valid comparisons between the New Zealand and international models of family violence treatment.

### **Implications for Practice**

- Child abuse and neglect has an equally negative effect on females and males.
- Apart from child sexual abuse, female and male caregivers are likely to be perpetrators of most types of child abuse and neglect.
- Different types of Intimate Partner Violence have been identified including
  - 'coercive controlling violence' pattern of psychologically abusive intimidation and control with physical violence;
  - 'violent resistance' women using violence to protect themselves;
  - 'situational couple violence' or 'mutual relationship conflict' equally carried out by men and women and not considered to be based in power and control;
  - 'mutual violent control' both partners coercive, controlling violence to exert power over each other.
- IPV involving 'coercive controlling violence' tends to be perpetrated by men more than women with moderate to severe or lethal consequences.
- Gender symmetry is found more in 'situational couple violence' or 'mutual relationship conflict' and tends to be mild to moderate forms of violence.
- The coercive controlling violence is more commonly reported/identified and responded to by frontline services due to its more serious nature.

- Reported family violence statistics and population surveys show the most severe and lethal violence is primarily perpetrated by men against women.
- Clear distinctions need to be made when designing and implementing research on IPV between ‘mutual relationship conflict’ and ‘coercive controlling violence’.
- Interventions must be flexible enough to address ‘mutual relationship conflict’, as well as pay specific attention to gender-influenced IPV.
- More research is required on the gender dynamics of IPV within LGBT communities.

### 3.5 Elder Abuse and Neglect

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

### 3.6 Parental violence

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

### 3.7 Sibling violence

Studies suggest that sibling violence is perhaps one of the most prevalent forms of family violence yet receives the least attention as it is often regarded as a normal occurrence correlated with age

and socio-cognitive development (Button & Gealt, 2010; Krienert & Walsh, 2011; Tucker, Finkelhor, Shattuck, & Turner, 2013).

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

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

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

## 4 Incidence and prevalence

### 4.1 Introduction

In order to understand the extent and scope of social phenomena, an estimation of incidence<sup>4</sup> and prevalence<sup>5</sup> is necessary in order for resources to be planned for, to respond to shifts in these rates and to gain some estimation of the effects of government legislation and policy frameworks. To understand trends in the incidence and prevalence of family violence and child abuse and neglect it is critical to have clear definitions and good quality data which agency staff have been trained to collect in the same way over time (Gulliver & Fanslow 2013).

Defining violence is an important matter because, as Itzin (2000) stated, “how violence is conceptualised and defined will determine what is visible and seen and known; how it is understood and explained; and what is and is not done about it through policy and practice” (p. 357). This is also extremely pertinent to cross country comparisons of family violence and child abuse where different definitions and data collection methods can make comparisons difficult and sometimes meaningless (Hughes, 2004; Knickerbocker, Heyman, Smith, Jouriles, & McDonald, 2007; Krug et al., 2002; Muldoon, Himchak, & Lemond, 2011).

This section first examines international examples of how data on IPV and CAN are collected and analysed and then examines the New Zealand context including the current methods of collection and the latest available statistics on FV and CAN.

### 4.2 International context

#### 4.2.1 Intimate partner violence

A number of countries have well established and widely agreed incidence and prevalence data collection which enables them to discern more accurately shifts in incidence and prevalence rates and to more effectively direct research and evaluation resources.

While it is important to note the variations produced by different survey and research instruments, there is a consistency across sites of a minimum average of 20 per cent of women in a given national context experiencing violence. There is variation between women living in rural and urban areas, with more or less education, with more or less access to economic resources, and depending on the woman’s own acceptance of the violence as a social norm.

According to the World Bank Group’s 2014 report *Voice and Agency, Empowering Women and Girls for Shared Prosperity*, the rates of gender-based violence across the globe are variable, but consistently high. The World Bank Group listed rates of violence by region, with South Asia ranking the worst, with 43 per cent of women in the region experiencing some form of gender-based violence in their lifetime. Africa and the Middle East had a rate of 40 per cent of women experiencing violence in their lifetime; for Latin America and the Caribbean the rate was 33 per cent; East Asia and the Pacific was identified as having 30 per cent of women experience violence; Europe and Central Asia were listed at 29 per cent, with Australia and New Zealand at 28 per cent. North

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<sup>4</sup> The number of new cases arising in a population in a given period (typically over a year) (Gulliver & Fanslow 2013, p.11).

<sup>5</sup> Proportion of the population who have experienced a certain event in a specified period of time. Counts people rather than events (Gulliver & Fanslow 2013, p.11).

America was listed as having the lowest rates at 21 per cent. Drawing from information gathered in the Demographics and Health Surveys conducted in 30 countries, around 28 per cent of women experience less severe violence, with 12 per cent experiencing severe violence. Eleven per cent of women have experienced sexual violence. The DHS defines the forms of abuse as follows:

“Less severe: pushing, shaking, slapping, punching, and kicking

Severe: trying to strangle or burn, threats with a weapon, and attacks with a weapon”  
(World Bank Group, 2014).

Unfortunately, the data on rates of emotional abuse or other forms of psychological violence are unavailable. However, the World Bank Group’s report importantly identifies the role of social and cultural norms found across cultures where women hold views that some forms of abuse are acceptable, thereby they would not be inclined to indicate that they are experiencing emotional or psychological abuse; they would view the behaviour and their condition as “normal” and culturally appropriate.

The most comprehensive international survey of violence to date is the 2007 World Health Organization’s survey of 10 countries, which examined rates of violence in rural and urban populations. Over 24,000 women participated in the survey. The majority of sites in the survey ranged between 23-49 per cent of women experiencing physical violence, with the lowest rates being 13 per cent of women in a Japanese city to the highest at 61 per cent in rural Peru. Emotional abuse rates were much higher, with rates as high as 75 per cent of women having experienced some form of emotional abuse in their lifetime.

The recently published report in March 2014 by the European Union Agency for Fundamental Rights found shockingly high rates of family violence across the Union. 42,000 women across 28 member countries were included in the study. The main findings include:

- 1 in 10 women has experienced some form of sexual abuse over the age of 15
- 1 in 20 has been raped
- 1 in 5 has experienced either physical or sexual abuse from a current or former partner
- 1 in 10 women experienced a form of abuse before the age of 15
- Only 14 percent of women reported their incident to the police

There was considerable variability between countries’ reporting rates of the experience of sexual and physical abuse since the age of 15. The countries that reported the highest rates were Denmark (52%); Finland (47%); Sweden (46%) and the Netherlands (45%). The countries with the lowest reporting rates were Poland (19%); Austria (20%); Hungary (21%) and Cyprus, Spain, Malta, and Slovenia (22%). The authors note a couple of important issues related to the differential rates. Many of the countries with higher reporting rates have had public intervention programmes and institutional supports to end IPV for two to three decades, whereas other countries in the EU have nascent programs, and have not fully developed public education models. Secondly, the higher rates in some countries correspond to overall higher education rates and opportunities for women, indicating that while women may be experiencing abuse in these countries, they are aware it is not acceptable, as opposed to women who do not recognized the experience “as abuse” per se.

The value of the EU's FRA project is the systematic attempt to implement a baseline data collection instrument that will allow for comparisons across countries over time. While the countries in the EU currently have different ways of collecting data and measuring outcomes for programmatic intervention, the FRA will serve as a gauge of a common set of variables for improvements or changes over time (European Union Agency for Fundamental Rights, 2014).

The main statistics used for the United States' rates of violence is the Department of Justice's Bureau of Justice Statistics report. The latest report for non-fatal domestic violence rates in the US for 2003-2012 indicates that domestic violence accounts for 21% of all violence crime in the country; females accounted for 76% of the victims, with males accounting for 24%. It is important to note that the BJS does not indicate in the cases where males were victims if the partner who perpetrated the abuse was also a victim of abuse. The BJS also does not indicate the gender of the perpetrator, only of the victim.

A major challenge to consistent and coherent data is the fact that no country keeps an on-going, national surveys over a period of time to track changes in rates of violence, and to use these data to compare to various prevention and intervention efforts (European Union Survey for Fundamental Rights, 2014; World Bank Group, 2014). The majority of countries that do collect data on intimate partner violence gather the data via the criminal justice system. As was clear in the FRA project, a minority of abused women access the criminal justice system, meaning there are substantial numbers of cases of IPV that are going unaccounted for in official data collection efforts.

Another problem is other than the few studies that use the same survey instruments across countries, nations that do conduct research on their own rates of violence use very different instruments, definitions, and databases for the research. Therefore it is difficult to compare rates of violence since the statistics are based on different measures.

#### **4.2.2 Child abuse and neglect**

The Netherlands consistently and routinely collects child maltreatment data from three key data sources. The following information is taken from the work of Euser et al., (2013). In 2010 data were collected from 22,661 substantiated child abuse cases, from 1127 interviews with care and protection services personnel who had assessed presence of child abuse in specific cases and self-report data from 1920 secondary school students. Results showed an overall incidence rate of 33.8 per 1000 children and a rate of 94.4 per 1000 based on the retrospective self-report data. The same authors discussed recent increases in the rate of notifications of child maltreatment in the period 2005-2010 and compared these increases with data collected in Australia and Canada where similar increases in notifications had been detected albeit over different time periods. In regards to the Netherlands increase, similar increases did not translate into the Sentinel data collected on specific cases that the care and protection professionals were dealing with and nor did they translate into the self-report data. The authors' conclusion was that that the increase was due to heightened public awareness about child maltreatment owing to a number of government public health measures instituted in the relevant period. The Canadian study by Trocme, Fallon, MacLaurin, Daciuk, Felstiner, Black, Tonmyr, Blackstock, Barter, Turcotte, & Cloutier (2010) reported a 79% increase in child abuse notifications between 1998 and 2003. The increase was attributed to improvements in investigation practices and increased awareness of emotional neglect and the impact of witnessing IPV. In 2008 Canada had an estimated incidence rate of 39.16 investigations

per 1000 children (Trocme et al., 2010). In Australia, a 2008 article (O'Donnell, Scott & Stanley) refers to a rate of 52.4 child abuse notifications between 2004 and 2005 and also to rapid increases in reported incidence over particular periods. Over longer periods the Australian data showed a slight decrease overall with an increase in the specific geographical area of the Northern Territory (Euser et al., 2013). The authors express concern about data collection systems and the likelihood that only the tip of the iceberg of prevalence is currently being detected internationally.

In a UK study reported in 2013 (Radford, Corral, Bradley, & Fisher), a representative population sample were interviewed comprised of 2160 parents and caregivers, 2275, children and young people and 1761 young adults via computer-assisted self-interviews. The retrospective data indicated that 21.9 per cent of young people aged 11-17 years and 24.5 per cent of young adults had experienced physical, sexual, or emotional neglect by a parent or caregiver at least once since childhood (Radford et al., 2013). High rates of sexual abuse were reported with 7.2 per cent of females aged 11-17 and 18.6 per cent of females aged 18-24 reporting childhood experiences of sexual victimisation by any adult or peer that involved physical contact and victimisation experiences increased with age and also overlapped. There were higher rates of victimisation reported by those children who had been maltreated by a parent or caregiver with higher reported symptoms of trauma (Radford et al., 2013). 65.9 per cent of contact sexual abuse toward older children was perpetrated by other young people under the age of 18.

*Policy implications:*

- Significant gap between self-report compared with the number of children on child protection plans, suggesting high level of unmet need in general population of children and young people.
- Need to be aware of age-related risks, accumulated risk impacts and relationship between child abuse and other forms of child victimisation.
- Preventive education with children and young people in school or community-wide campaigns needs to heed the gender and age-related features of both child abuse and other forms of victimisation and their impact. For younger children greater risk within family and for older children greater risk from within family, from peers and from other adults. Focus on bullying needs expanding to IPV, sexual, and parental and peer maltreatment.
- Incidence and prevalence leads on to concerns about the sequelae from family victimisation and identifying issues of risk and protection in child maltreatment.

### **4.2.3 Child sexual abuse**

Child sexual abuse (CSA) has for many years been recognised as a significant subcategory of child abuse with its own aetiology and sequelae. Finkelhor's seminal work established a baseline understanding of impact and prevalence rates in 1994. This line of research continues to grow with comparison methodologies developed in order to measure incidence and prevalence more uniformly and across different jurisdictions. The psychological impacts are widely accepted to relate to PTSD symptoms, in some instance across the life course along with externalising and internalising problems (Trask, Walsh, & DeLillo, 2011). Recent research has explored the long term physical health consequences for victim/survivors of CSA as victim/survivors have a higher rate of presentation to a raft of health services (Irish, Kobayashi & Delahunty, 2010).

Incidence and prevalence rates indicate some international variation but results for Western nations have been consistent during the last 20 years. In a recent study (Stoltenburgh, Ijzendoorn, Euser, & Kranenburg, 2011) the overall incidence rate of child sexual abuse in self-report data was 127/1000 and in informant studies 4/1000. Self-reported CSA was higher for females at 180/1000 than for males 76/1000. Highest rates were found in Australia where 215/1000 females reported CSA. Barth et al. (2013) found prevalence rates across 24 countries of 8-31% for girls and 3-17% for boys. Nine girls and 3 boys out of 100 are victims of forced intercourse. In an extensive review of ten years' research and meta-analyses Putnam (2003) described risk factors of gender, age, disabilities and parental dysfunction. Along with the symptoms referred to above depression and substance abuse in adults and sexualised behaviour of children are widely understood outcomes.

#### **4.2.4 Interface between IPV and CAN**

In recent years research and writing has shifted to consideration of the interface between child abuse and intimate partner violence. Recent incidence data suggest that this is an underreported phenomenon although across studies 7-23 per cent of youths had experienced exposure to domestic violence and 36-39 per cent of youths in IPV cases witnessed violence. Forty-five – forty six per cent of primary caregivers in child abuse investigations had experienced IPV (Cross, Matthews, Tonmyr, Scott, & Ouimet, 2012). In a meta-analysis reported in 2009 (Chan & Yeung), a complex interplay of factors appears to play a part in regard to family violence effects. PTSD has been reported as an adjustment outcome of experience of IPV and internalising and externalising problems. The domains of interpersonal relationships and competence appeared to be less impacted. Cross et al. (2012) noted wide variation in children's responses and differences in their residential contexts.

Spatz-Widom, Czaja, & Dutton (2013) found that child abuse was strongly associated with IPV although both the control group and subject group experienced high levels of IPV (at over 80%). The IPV consisted of mainly psychological abuse. An important finding was that child maltreatment increases the risk of the most serious form of IPV involving physical injury. The authors recommend that greater attention is paid to cases involving histories of neglect.

### **4.3 New Zealand context**

#### **4.3.1 Developing indicators and monitoring trends in New Zealand**

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

Due to the under-reporting of family violence and child abuse and neglect (Koloto, 2003; Mayhew & Reilly, 2007) it is important to have other data sources such as population based survey's to provide an indication of the actual prevalence of violence in society. For example, the New Zealand Crime and Safety Survey (NZCASS)<sup>6</sup> is a national survey that provides an indication of the actual incidence and prevalence of crime and victimization in New Zealand society including confrontational violence by partners and people well known to the victim (Ministry of Justice, 2011).

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<sup>6</sup> The NZCASS has been conducted twice, in 2005 (NZCASS 2006) and 2008 (NZCASS 2009).

A recent review of Family Violence indicators in New Zealand by Gulliver and Fanslow (2013) identified issues and areas for improvement in the current government administrative data sets and the NZCASS. The aims of the review were to inform the ongoing development of national outcome indicators to measure the prevalence, incidence and frequency of family violence.<sup>7</sup> The review provided a very useful discussion on legislative definitions of family violence and how this informs what is collected by agencies and differentiating between theoretical and operational definitions<sup>8</sup>.

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

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

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

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

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

- Consistent use of terminology

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<sup>7</sup> There have been previous attempts by the New Zealand government to answer major questions on trends in family violence in New Zealand, for example the Ministry of Social Development (MSD) developed a set of family violence indicators in May 2011.

<sup>8</sup> Theoretical definitions explain what is meant by a concept in the abstract, allowing a common understanding of it; operational definitions translate theoretical definitions into practical, concrete terms based on observable, measurable variables (Gulliver & Fanslow, 2013, p.16).

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

### **4.3.2 Incidence and prevalence in New Zealand**

#### ***Population surveys***

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

#### **Key findings from NZCASS 2009 in relation to IPV**

- 85% of serious partner offences were against female victims during 2008; half of the offences against females were viewed as highly serious<sup>9</sup> by the victim compared to only 15% of offences against males.
- 31% of partner offences against females were reported to the Police, compared with 16% of offences against males.
- There has been a slight decline in the percentage of females in relationships who were victims of a partner offence between compared to the previous NZCASS survey 2006 (from 7% to 5%). Males down from 6% to 3%. These prevalence rates include all forms of partner offences from petty threats to serious assaults and they exclude offences by ex-partners.
- Above average risk factors associated with partner confrontation crime included: sole parents with children, young people, Māori, unemployed and beneficiaries.  
(Ministry of Justice, 2011)

#### ***Government administrative data***

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

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

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

### **Homicide (murder, manslaughter and infanticide)**

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

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

Family violence and family violence related<sup>10</sup> deaths were 47 per cent of all homicide and related offences during 2009 to 2012.

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

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

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

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

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

### **Police Family Violence Investigations**

The following table provides data on the number of family violence investigations conducted by NZ Police from 2006 to 2013. In December 2012 Police made changes to the way they record family

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<sup>10</sup> "Family violence related deaths are homicides, and sometimes suicides, that are related to family violence but fall outside the Committee's terms of reference (eg, a bystander or intervener who died at the event but is not related to the victim)" (Family Violence Death Review Committee, 2014, p.35). From 2009–2012 13 family violence related deaths were recorded.

violence offences and these data are therefore not comparable with previous years<sup>11</sup> (New Zealand Family Violence Clearinghouse, 2013d). Our analysis therefore focuses on 2006 to 2012.

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

From 2009 to 2012 offenders were predominantly male (72%) compared with females (20%) ('unknown' approximately 8%). During the same period there was an increase in the number of children linked to a family violence investigations.

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

**Table 1: NZ Police family violence investigations 2006-2013**

	2006	2007	2008	2009	2010	2011	2012	2013
<b>TOTAL NUMBER OF FAMILY VIOLENCE INVESTIGATIONS</b>	<b>61947</b>	<b>69729</b>	<b>73280</b>	<b>79257</b>	<b>86763</b>	<b>89884</b>	<b>87650</b>	<b>95080</b>
Investigations with at least one offence recorded	26156	31106	34784	42517	45496	44489	40683	37880
Investigations with no offence recorded	35791	38623	38496	36740	41267	45395	46967	57200
<b>Number of children linked to FV investigations<sup>a</sup></b>	-	-	-	<b>73121</b>	<b>87368</b>	<b>94442</b>	<b>101293</b>	-
Investigations where at least one child aged 0-16 was linked to the investigation	10683	16187	24794	35906	42520	46207	49955	59137
<b>TOTAL NUMBER OF OFFENDERS LINKED TO FV INVESTIGATIONS<sup>b</sup></b>	-	-	-	<b>36575</b>	<b>37958</b>	<b>35516</b>	<b>31423</b>	-
Male	-	-	-	26821 73%	27363 72%	25237 71%	22666 72%	-
Female	-	-	-	6960 19%	7645 20%	7089 20%	6407 20%	-
Other / Unknown	-	-	-	2794 8%	2950 8%	3190 9%	2350 7%	-
<b>TOTAL POLICE SAFETY ORDERS (PSOs) ISSUED<sup>c</sup></b>	-	-	-	-	<b>2261</b>	<b>7133</b>	<b>10064</b>	<b>12490</b>
Number of PSOs breached	-	-	-	-	158	463	634	832
<b>% of PSOs issued</b>	-	-	-	-	<b>7%</b>	<b>6%</b>	<b>6%</b>	<b>7%</b>

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

<sup>11</sup> The new data set is under development and has different counting rules, for example the new data set counts offences based on when the investigation are entered into the Police database (National Intelligence Application – NIA) and not when the investigation occurred as previously occurred.

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

<sup>b</sup> Similarly, the Police have not updated the data for the number of offenders linked to family violence investigations

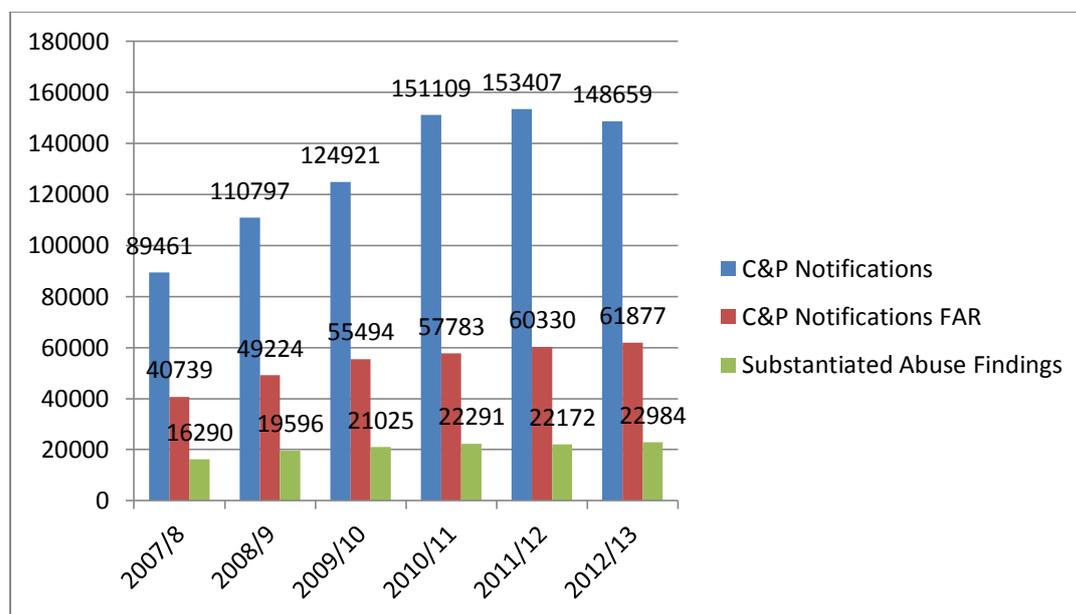
<sup>c</sup> PSOs were introduced in July 2010

### Child, Youth and Family data

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

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

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



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

<sup>12</sup> In New Zealand the differential response model was introduced by Child, Youth and Family in 2009 and is a model for deciding on responses to notifications of concern about children. It provided flexibility to allow CYF to refer children and their families to non-government service providers during the initial responses to notifications, particularly at an early intervention stage. Assessment and investigations of serious abuse or violence cases continue to be completed by CYF and Police.

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

### **Age Concern data for elder abuse and neglect**

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

## 5 Impacts and costs of IPV

### 5.1 Impacts of Intimate Partner Violence

The impact of IPV is well documented (Abrahams, 2010; Arias, 1999; Graham-Bermann & Levondosky, 2011; Krug et al., 2002) and there is a thorough understanding of the disturbing effects and consequences on women, children, families and wider society. Among other effects it has shown to impact in life trajectories for adolescents (Menard, Weiss, Franzese, & Covey, 2014) on mental health of victims (van Dulman et al., 2012; Fergusson, Horwood & Ridder, 2005) and to be associated with substance abuse and depression (Fowler & Faulkner, 2011).

#### 5.1.1 The impact of IPV on women

There is ample evidence to suggest that IPV has long-term physical and psychological health consequences for women and children (Arias, 1999; Graham-Bermann & Levondosky, 2011). Physical outcomes include immediate injuries directly related to an incident of IPV, but also include a range of longer-term physical consequences including back pain, digestive problems and chronic fatigue (Campbell et al., 2002). Women may also experience illnesses associated with chronic fear and stress; examples include gastrointestinal disorders and loss of appetite (Campbell et al., 2002). Psychological consequences can include depression and anxiety (Houry, Kaslow & Thompson, 2005; Roberts, Lawrence, Williams & Raphael, 1998) along with behavioural consequences, such as alcohol and drug abuse, smoking and unsafe sexual behaviour (Krug, et al., 2002). Sussex and Corcoran (2005) in their study of 286 teen mothers found that emotional and physical violence have a “significant impact on depression for young mothers 18 and older” (p. 117). Furthermore, “even the fear or the threat of IPV is sufficient to have some adverse impact on depression” (p. 118).

The link between abuse and mental illness is also noted (for example, BC Society of Transition Houses, 2011). Moffit and Caspi (1999) have reported that abused women “were three times more likely to suffer a mental illness than non-abused women” (p. 5). These effects are confirmed by Fanslow and Robinson (2004) in a study of IPV undertaken in the Auckland and Waikato regions of New Zealand, where they found that women who had experienced IPV were more likely to have attempted suicide.

#### 5.1.2 The impact of IPV on children

While concern for women as victims of IPV has been expressed for a number of decades, it was only in the 1980s that discussions about the impact of IPV on children began to feature in the literature. Children may witness the violence by viewing the violent event, hearing the event or seeing the results of the violence; they may have been directly harmed as a result of attempting to intervene in order to protect their mothers from the violence (Koloto, 2003).

Just as a woman’s experiences of IPV can be varied, so, too, can children’s experiences of IPV. In addition, just as women may not name the abuse they are experiencing as IPV, children may not name the violence they are exposed to in the same way as adults. In addition, little is known about how age, gender, race, class, disability and sexuality might influence children’s experiences and understandings. As Edleson et al. (2007) state, “current notions of child exposure to domestic violence tend to assume a universal experience that anecdotal evidence and a review of the literature refute” (p. 969).

The impact on children can be considered in a number of ways, including consideration of the range of children's experiences of exposure to IPV, consideration of how exposure to IPV affects the course of healthy child development and examination of the factors that provide protection against the potentially harmful effects of exposure to IPV.

To estimate the impact of IPV on children, studies have compared children exposed to violence in the home with children from non-violent homes. These studies have primarily focused on measuring aspects of child functioning, such as:

- (1) externalizing behaviours (such as aggressive behaviour, conduct problems);
- (2) internalizing behaviours (such as depression, anxiety, low self-esteem);
- (3) intellectual and educational functioning;
- (4) social development (social competencies with peers and adults, for example); and
- (5) physical health and development (Fantuzzo & Mohr, 1999, p. 26).

Yount, Di Girolamo, and Ramakrishnan's (2011), research built on the plethora of studies and reviews which have in recent years covered the link between child maltreatment and IPV. In this study, the health consequences are significant and affect a range of psycho-biological responses in children from heart rates to nervous system impacts. The authors express particular concern about the impact of parental IPV on mother's prenatal health where low birth weight is widely understood to be a consequence. Smoking and substance abuse have found to be correlated in mothers who experience IPV.

Infants need a consistent caregiver and a safe, predictable environment in which to develop. In the context of IPV, the infant's capacity to grow and explore the world is limited. As a result of IPV, infants may display a failure to thrive, have difficulty feeding and exhibit unsettled sleeping patterns (Harne & Radford, 2008). Studies show that pre-school and school-aged children who are exposed to IPV are more likely to display higher levels of aggression and that, as a child becomes older; this level of aggression is more likely to be displayed toward peers (Graham-Bermann & Levondosky, 2011). Other impacts include nightmares and hyper-vigilance, described by Graham-Bermann and Levondosky (2011) as trauma responses to IPV. Being exposed to IPV also has an impact on child health, with addiction to substances and depression also possible outcomes later in life (Pinheiro, 2006).

There are differences between the effects of IPV exposure on adolescents and on young children. It is important to note that adolescents are under-represented in research studies about the impact of IPV. Reasons for under-representation include mothers leaving violent relationships before the child reaches adolescence; the adolescent leaving the home to live elsewhere (either choosing to leave or being made to leave) and, therefore, having less exposure to the violence; and the adolescent, as a result of the violence, being placed outside the home by a statutory organisation (Cunningham & Baker, 2004).

Adolescents are better able to perceive the problem of violence from a range of perspectives; they have a greater variety of coping strategies available to them, and are physically stronger than younger children. Yet studies have found that adolescents who have been exposed to IPV present

for mental health treatment more than adolescents who have not had that exposure (Graham-Bermann & Levondosky, 2011). Adolescents are sensitive to the views and acceptance of their peers, and may feel shame in relation to their family lives. In seeking peer acceptance, adolescents may make choices that are poor or risky, or they may demonstrate resilience in their coping choices (Graham-Bermann & Levondosky, 2011).

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

### ***Child abuse and risk of youth offending***

In three studies related to adolescents and abuse, the first in 2011 (Gold, Sullivan & Lewis) reiterates the now widely accepted relationship between child maltreatment and risk of juvenile delinquency. These authors explore the cognitive and emotional process that affects this process and determine that abusive parenting converts into shame experienced by the young person, which in turn translates into blaming others and to violent delinquency. In an extensive meta review, Hovee et al., (2009) confirmed a link between different types of parenting behaviour and consequent delinquency. Poor parental monitoring and extreme rejection, neglect and hostility were predictive of later delinquency. Lansford et al. (2007) confirmed a link between experience of early physical abuse and later violent delinquency although gender differences are significant in this study.

In a population of young offenders, Moorea, Gaskin & Indig, (2013) found that over half of the young offenders (60%) reported child abuse or neglect and one in five met the diagnostic criteria for lifetime PTSD and childhood trauma was the strongest predictor of PTSD. There were higher rates of all kinds of child maltreatment in this population. Gender differences have been reported in a number of studies and in this case females were much more likely to report any form of child abuse or trauma than males at 79% versus 57%.

#### ***Implications for practice:***

- Institutions need to provide trauma recovery care
- Provision of short and long term interventions to treat PTSD symptoms and anxiety
- Indigenous young people's experience needs to be more fully investigated given their over-representation in custodial environments

## **5.2 The economic impact of IPV**

For the past 20 years or so, a number of countries around the world have attempted to estimate the economic costs of family violence, in particular IPV (Laing & Bobic, 2002). Estimating the economic costs of IPV is a complex task and inter-country comparisons are problematic. Estimates vary depending on which costs are included (Chan & Cho, 2010); these may be costs to individuals, employers, health, justice, education and welfare sectors. Additionally, many intimate partner events are unreported, and, therefore, "the effects of such abuse on investments in human capital and productivity inside and outside the home are difficult to estimate" (Waters et al., 2004, p. 19).

Walby (2004) proposes that costs to the community and to the individual can be divided into three main areas: *services provided*, such as health care, housing, social services, and criminal justice services; *economic losses*, such as those borne by employers and employees; and the *human and emotional costs* experienced by the individual victim(s).

### **New Zealand estimates**

In New Zealand, Snively's study conducted in 1994 estimated that direct medical, welfare, legal and policing costs were in the range of NZ\$1.187 billion to NZ\$5.3 billion for 1993/94. Fanslow (2005) suggests this estimate is conservative given that a number of health costs, such as those associated with gynaecological problems or with women's future need for mental health services, were not considered in the study. While Snively's study is now considered out of date, it provides a useful indicator of the economic costs of IPV and in today's figures it has been estimated that would rise to \$8 billion<sup>13</sup> (Taskforce POA 2011/2012). The New Zealand government has indicated that work on the economic cost of family violence will be updated (Taskforce POA 2012/2013).

### **International examples**

Walby's (2004) study estimated that the total cost of domestic violence at £23 billion annually in England and Wales, which included direct costs to the economy of £6 billion and human & emotional costs of £17 billion (Walby, 2004). The estimated costs of the range of services, including criminal justice, health care, social services, housing and the civil legal system amount to approximately £3.1 billion annually (Walby, 2004).

A study on the costs of violence against women conducted in England and Wales by the New Philanthropy Capital estimated the costs to society at £40 billion each year (NPC, *Hard Knock Life*, 2008). The overall cost to society of *sexual offences* in 2003-04 was estimated at £8.5 billion, with each rape costing over £76,000. Much of this cost is made up of lost output and costs to the health service resulting in long term health issues faced by survivors (Home Office, Cross-government action plan on sexual violence and abuse, 2007).

In the United States, the costs alone of direct medical and mental health service provision in relation to IPV have been estimated at approximately US\$4.1 billion per year (Department of Health and Human Services, 2003).

### **Impact on employees and the workplace**

Employment losses due to IPV affect individual women through loss of income, training and promotion potential; and costs to employers through the number of sick days taken and loss of productivity (Costello, Chung & Carson, 2005; Walby, 2004). Women's employment is affected in a number of ways: women may be concerned that colleagues will see the visible physical signs of violence; may be unable to concentrate on the job due to emotional and psychological stress; or may be prevented from working by their male partner.

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<sup>13</sup> [http://www.areyouok.org.nz/files/news/Updated\\_Stats\\_Final.pdf](http://www.areyouok.org.nz/files/news/Updated_Stats_Final.pdf)

Pouwhare (1999), in her study of the effects of family violence on Māori women's employment, reported that "family violence severely impacted on participants' abilities to seek and retain employment and perform in the workplace" (p. viii). Pouwhare found that a range of tactics were employed by male abusers to endanger Māori women's employment possibilities. Tactics included harassing women at work, bullying women's work colleagues, refusing to assist with childcare and household duties, burning work clothes and accusing women of being unfaithful. When women are unable to hold down a job, they are not able to become financially self-sufficient and this may prevent them from leaving abusive relationships (Goodman & Epstein, 2009).

Raynor-Thomas (2013) conducted a survey of 10,000 Public Service Association (PSA) members in New Zealand received a total of 1,626 valid responses (16% response rate). Most of the respondents were women (75%) over the age of 35 years (85%). A quarter of the participants had experience of IPV and 58% of those were in employment at the time IPV occurred. IPV affected their ability to get to work due to injury or concerns over childcare (38%); over half had to take time off work due to the abuse. Of those who had experienced IPV most said it effected their work performance (84%) making them late, tired, distracted or unwell. Rayner-Thomas (2013) concluded there was a need for raised awareness of the impact of IPV in the workplace and availability of resources for victims and polices that would provide job protection.

While most studies have found that current experiences of IPV have a negative impact on work attendance, Reeves and O'Leary-Kelly (2007) note that for current victims, attending work may be a way of coping with the violence or a sign of the victims' strong motivation to retain employment in order to have the financial means to leave the violence and abuse. On the other hand, they found that people who had experienced IPV in the past were likely to have higher rates of absenteeism than current victims (Reeves & O'Leary-Kelly, 2007). As Lindhorst, Oxford and Gillmore (2007) note, "cumulative IPV can have negative effects on economic capacity many years after the violence occurs" (p. 812).

## 6 Risk and protective factors

### 6.1 Introduction

To understand where to best target prevention and intervention efforts, it is important to identify the risk and protective factors for FV and CAN. This section reviews the latest evidence on risk factors for victimization and perpetration of FV and CAN and what factors have been identified to mitigate risks to prevent and protect against these forms of violence.

To inform an effective and comprehensive approach to family violence prevention at primary, secondary and tertiary levels<sup>14</sup> it is essential to identify risk and protective factors at all levels from individual to structural factors in wider society. The WHO public health approach conceptualises risk and protective factors utilising the ecological model:

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

### 6.2 Intimate partner violence

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

#### 6.2.1 Protective factors

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

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<sup>14</sup> See section 7.2 regarding the public health approach which has been used to frame a violence prevention approach using primary, secondary and tertiary levels of prevention/intervention.

highly educated were approximately 40% less likely to perpetrate intimate partner violence compared to less-educated men (Johnson & Das, 2009).

Other factors that may decrease or buffer against risk include:

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

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

### **6.2.2 Risk factors**

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

#### **1. Risk factors for IPV – victimization of women**

##### **Individual level:**

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

##### **Relationship level:**

- marital dissatisfaction/discord

##### **Community level:**

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

##### **Societal:**

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

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

Greenfield (2010) in a meta analytic review, established that child abuse is a life-course determinant of adult health in a number of domains independent of and combined with other childhood adversities such as low SES, lack of social support and other population-based health indicators. She outlines implications for clinical practice as strengthening clinicians' ability to detect and investigate their patients' histories of abuse and how this has been linked to health status. Again, the presence of risk factors of victimisation does not indicate a causal relationship with CAN, rather the presence of these factors has been found to be strongly associated with children who are victims of violence and neglect.

## **2. Risk factors for IPV – perpetration by men**

### **Individual level:**

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

### **Relationship level:**

- marital dissatisfaction/discord

### **Community level:**

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

### **Societal:**

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

(Adapted from WHO, 2010, p.27)

Childhood experience of abuse and neglect (including witnessing intimate partner violence) contribute significant risk of perpetration of IPV in adulthood (Abramsky, 2011; Millet et al, 2013) and child abuse in adulthood (Fang & Corso, 2008), as does childhood exposure to other types of trauma and adversity (Dong, Anda, Dube, Giles, & Felitti, 2003; Theobald & Farrington, 2012). In addition, within the family context, violence begets violence. In post-mortem epidemiological

research, occurrence of IPV (and unsurprisingly, child abuse and neglect) in families contributed significant increases in risk of mortality for children through homicide (Jaffe Campbell, Hamilton, & Juodis, 2012).

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

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

### **6.3 Child abuse and neglect**

There is a significant gap between studies of self-report compared with the number of children on child protection plans in child protection services (Radford, Corral, Bradley & Fisher, 2013), suggesting high levels of unmet need in the general population of children and young people. There is a need to be aware of age-related risks, accumulated risk impacts and the relationship between child abuse and other forms of child victimisation (Greenfield, 2010).

Preventive education with children and young people in school or community-wide campaigns need to heed the gender and age-related features of both child abuse and other forms of victimisation and their impact. For younger children, greater risk lies within family and for older children, greater risk is from within family, from peers and from other adults. Focus on bullying needs expanding to IPV, sexual, and parental and peer maltreatment.

Overall, there has been less focus and therefore less research and evidence concerning neglect as a form of child abuse. This is despite the existing evidence of the scaffolding negative effects of neglect on child and adult development (e.g. Spratt et al., 2012).

#### **6.3.1 Protective Factors**

Little attention has been paid in meta analyses to protective factors, resilience and family strengths in dealing with child maltreatment. Of note is a study by Schofield et al., (2013) and another by Klika and Herrenkohl (2013) which describe the moderating influence of the factors listed below:

##### **Individual Level**

- Child’s higher levels of pre-existing adaptive functioning (learning, socialising, emotional)
- Child/ young person’s higher educational achievement
- Absence of mental health or behavioural problems (either caregiver or child)
- Caregiver role satisfaction

### **Relationship Level**

- safe, stable and nurturing parenting/ caregiving relationship
- safe, stable and nurturing relationships between caregiver and co-parent/ partner

### **Community Level**

- Community situation that enables families to break the cycle of intergenerational abuse

### **Societal Level**

- adult social resources

In research on the development of tools for measuring protective factors, Counts et al. (2010), describe four scales as having value in informing services and assisting practitioners to understand their clients better. The four domains of family functioning, emotional support, concrete supports and nurturing and attachment are indicators of protection for at risk families. The authors recommend that there is greater value in investigating what works with these types of protective factors as they are dynamic (and are therefore amenable to change), compared with static factors such as risk measures of maternal age, maltreatment as a child and marital status at child's birth.

### **6.3.2 Risk Factors for victimization**

Several psychological factors have been found to increase the risk of childhood abuse and neglect victimisation. Rather than suggest any level of victim responsibility or blame, these factors are presented as important considerations in increasing awareness of our most vulnerable individuals in society. For example, children with disabilities have been found to be significantly more at risk of abuse than those without disabilities (Jones et al., 2012); as to are children with autism spectrum disorders (Sullivan & Knutson, 2000). Children with psychological difficulties such as anxiety and depression, and anger and aggression (Campbell, Cook, LaFleur, & Keenan, 2010); and behavioural disorders such as ADHD (White & Buehler 2012) and oppositional behaviours (Vaithianathan, Maloney, Putnam-Hornstein, & Jiang, 2013) are additionally more at risk.

Interpersonal and intrapersonal factors have additionally been found to increase a child or young person's vulnerability. For example, in an analysis of offender modus operandi, Beauregard and colleagues (2007) found that children who are more isolated and neglected tend to be selected as victims by child sexual offenders. In addition, victims tend to be selected additionally for personality or behavioural factors. For example, individuals who are more submissive or fearful tend to be 'selected' by sex offenders due to their compliance (Richards, Rollerson, & Phillips, 1991; Racey, Lopez, & Schneider, 2000).

Furthermore, it has been well-documented that children are additionally vulnerable to future abuse due to past victimisation (Vaithianathan et al., 2013). For example, Cuevas and colleagues (2010) found evidence that one of the consequences of previous victimisation of child abuse (distress), may increase the risk of further victimisation, independently of other risk factors. However, the possible interaction between victim 'selection' by offenders (in the case of sexual abuse) and other perpetrator risk factors and internalised behavioural changes that may increase vulnerability; make this association very difficult to discriminate.

### 6.3.3 Risk factors for perpetration

In a recent meta-analytic review of risk factors in child maltreatment by Stith et al., (2009) the authors reinforce the importance of understanding risk and protective factors in terms of predicting future maltreatment and for prevention and treatment responses. Risk factors were described as follows:

#### Individual Level

- Parent perception of child as problem
- Parent anger/hyper-reactivity
- Parent stress
- Parent anxiety
- Parent Depression
- Other forms of psychopathology
- Parent self-esteem
- Child social competence

#### Relationship Level

- Parent-child relationships
- Family conflict
- Family cohesion

(Adapted from Stith et al., 2009)

There has been considerable work on the relationship between parental experience of physical abuse and later risk of child maltreatment and this particularly informed the debate in New Zealand concerning the reform of S59 of the Crimes Act. In a recent (2013) study strong links were found between parental experience of physical abuse and later parental maltreatment, an association that was moderated by parental psychosomatic symptoms (Lamela & Figueiredo, 2013).

In relation to adult risk and resilience factors, a study by Topitzes et al. (2013), analysed data from the Chicago longitudinal study to understand risk and resilience after experience of child maltreatment. Overall, the authors found that child maltreatment negatively predicted adult resilience. Adult adjustment was adversely impacted in a number of domains including: number of school moves and out-of-home placement, reading ability, acting out behaviour, social skills, juvenile delinquency, and commitment to education. Closer targeting the sequelae of child maltreatment was recommended, along with closer scrutiny of foster placement systems and all out-of-home care arrangements. The great majority who experience child maltreatment and adverse outcomes do not go on to maltreat their children. The important and relatively unexplored question is raised as to what goes well for this population.

Parental cognitive impairment and risk of child maltreatment has been investigated in a large Canadian population-based study which analysed 11,000 cases (McConnell, Feldman, Aunos & Prasad, 2011). Neglect was the most common form of abuse with 10.1% of cases referred to CPS involving parental cognitive impairment and 27% going on to be substantiated. Implications for policy and practice were described as; overall broad levels of support for cognitively impaired parents and providing parent training. In addition, the authors acknowledged the need for

addressing discrimination, poverty, and strengthening social ties. This work resonates with research on the impact of traumatic brain injury and parenting in the New Zealand context (McKinlay, van Ruissen & Taylor, 2014).

Parental influence on the development of depression and anxiety in children has been traversed by Yapa et al. (2014). Inter-parental conflict is cited as one of the factors that contribute to the risk of depression and anxiety, in addition to lack of warmth, and over-involvement. The authors argue that parent programmes and interventions need to target specific parenting styles.

Thornberry et al. (2013), using data from the Rochester longitudinal study have linked various factors to risk of perpetrating child maltreatment among adolescents. These authors found increased risk of perpetrating child maltreatment for adolescents who had histories of accumulated risks which included: structural adversity, being disengaged from education systems, involved with antisocial behaviours, and problematic transitions from adolescence to adulthood. Despite where risks were identified among adolescents, the authors were keen to point out that that majority in the sample who presented with high risk nevertheless did not maltreat their children. This is an important point that is made by a number of studies and suggests greater attention be paid to protective factors and resilience factors.

In a large study that used data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), which followed a cohort of 405 children from age 4 to age 8 to estimate risk and protective factors in families at risk of child maltreatment (Li, Godinet & Arnsberger, 2011), children under 4 years were identified as at the highest risk of maltreatment followed by 4-7 year olds. Risk factors related to:

- Attending preschool irregularly
- Having families with high levels of life events
- Mothers with a history of child maltreatment

Protective factors related to:

- Mothers who were married
- Mothers who attained 12 or more years of education
- Families with high levels of social support
- Adequate social support mediated the risk attendant on leaving school early

Implications were identified for interventions to prevent maltreatment as needing to focus on strengthening social supports particularly for high risk families and for efforts to increase preschool attendance and retention. (Li et al., 2011)

### ***Economic factors***

There has been less attention paid to changes in economic environments and child abuse although the recent global financial crisis (GFC) has led to a number of studies of effects. Millett, Lanier & Drake (2011) analysed whether unemployment rates, labour force participation and food stamp usage are associated with child abuse and neglect rates based on state level data. The authors acknowledged difficulties with the methodology applied but found no direct relationship with the exception of California where an association was found between child neglect and unemployment.

In another study on the relationship between unemployment and child abuse (Nguyen, 2013) it appeared that child abuse had not worsened under the recession but that as times improved in San Mateo county, child maltreatment reports increased. The author conjectured that as people re-enter the labour force in low-paid employment and lose access to a range of federal benefits it is likely that parental stress increases and parents encounter difficulty with their children's transition to school. Nguyen (2013) argues that child welfare systems need to be vigilant as the economy improves on the impact of low wage employment. This is a problematic area of research in that it is widely accepted that there are higher rates of child maltreatment in high poverty states as opposed to low poverty states in the US (Wulczyn, 2009) and poverty is frequently cited as associated with structural adversity and particularly with child neglect (Nikulina, Widom, & Czaja, 2010). Wulczyn (2009) suggests that culture, ethnicity, and community differences need to be taken into account when assessing child maltreatment prevalence.

#### **6.3.4 Child homicide**

In relation to risk of both child maltreatment and child homicide, a US study in 2014 which utilised a substantial national database on child abuse and neglect found that children who were fatally maltreated:

- were younger
- were more likely to live with both of their parents
- and their families experienced greater financial and housing instability than non-fatally maltreated children (Douglas & Mohn, 2014).

Arguably, the most significant finding from this study was that families that do not utilise services are more likely to have a child die. Less definitive results related to socioeconomic status, prior childhood victimisation, and child behavioural and emotional problems. The issue of parent disability was presented as worthy of greater exploration. Protective factors related to family use of a range of social services from counselling, substance abuse treatment, to case management at higher intervention levels and also engagement with a range of lower level services such as education and legal services.

In another US-based study it was estimated that 1570 children in the US were reported as dying from non-accidental causes in 2011 which translates into 2.1 deaths per 100,000 children (Damashek, Nelson & Bonner, 2013). This longitudinal study based in Oklahoma, analysed child deaths over a 21 year period and found that the majority of deaths occurred in children under five and the majority of cases involved neglect (71%) as opposed to physical abuse at 48%. Prior involvement with care and protection services and a higher number of children in the home increased likelihood of fatalities. The perpetrators were more likely to be mothers and related to the victim.

#### **6.3.5 Policy/intervention recommendations**

In addition to specific treatment approaches systemic interventions are necessary to address family cohesion and family conflict in order to prevent future maltreatment.

Programmes that address both the specific risks associated with particular domains such as substance abuse along with responding to the impact of accumulated risk so that young people

become overwhelmed and unable to cope. Particular community-based and family-based programmes seen to be worthwhile were:

- Home visitation
- Triple P parenting programme
- Incredible Years parenting programme
- Greater public health measures
- Managing youth transitions better from educational institutions and out of foster care
- Strongly supports early intervention along with systemic improvements in child welfare systems

## **6.4 The multidirectional relationships between FV, CAN and mental health**

Associations between family violence and mental health problems (broadly defined as impairing levels of emotional, cognitive or personality psychopathology; DSM-V, 2013) are multi-factorial and multidirectional. Literature reviews reveal evidence relating to both mental health outcomes associated with child abuse victimisation (including witnessing caregiver IPV) and intimate partner victimisation, as well as the identification of mental health difficulties (particularly including substance abuse disorders and trauma) as possible causative or mediating factors that may increase the likelihood of perpetration of family violence. In this section on associated mental health factors it is likely that there will be some cross over with earlier reported research on risk and protective factors. The rationale for including this specific section is in order to place emphasis on the interface between mental health services and family violence and child abuse and neglect responses and implications for specific types of treatment.

### **6.4.1 Interrelation between risk factors for IPV and CAN**

In adulthood, contemporary mental health problems play a key role in contributing risk of perpetration of both IPV and child abuse. These factors, many of which ‘crossover’ as risk factors for both IPV and child abuse, include substance abuse (Moore et al., 2008; Appleyard, Berlin, Rosanbalm, & Dodge, 2011; Abramsky, 2011)), depression and stress (Smith et al., 2004). Emotion dysregulation, negative affect (Smith, Cross, Winkler, Jovanovic, & Bradley, 2014) and parental empathy (Mackenzie, Kotch, & Lee, 2011) were similarly found to be related to child abuse perpetration. Neurobehavioural factors such as traumatic brain injury (Farrer, Frost, & Hedges, 2012) and intellectual and developmental disability (Lussier, Farrington, & Moffitt, 2009) have also been found to be associated with IPV perpetration. In addition, interpersonal factors, such as perceived lack of social support (O’Leary, Slep & O’Leary, 2007) and association with antisocial peers (Ramirez, Paik, Sanchagrin, & Heimer, 2012) increases the risk of IPV perpetration. Factors such as social isolation and aggressive response biases similarly predict perpetration of childhood physical abuse (Berlin, Appleyard, & Dodge, 2011), and poor attachment and loneliness increase the risk of childhood sexual abuse perpetration (Hudson & Ward, 1997; Marshal, 2010).

A repeated finding is the relationship between parental attachment problems and risk of perpetration of child abuse (Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999; Rodriguez & Tucker, 2011), often mediated by parental psychopathology, particularly substance abuse problems and stress (Taylor et al., 2009; Appleyard et al., 2011; Pereira et al., 2012). Such psychological risk factors may independently influence perpetration of violence or (more likely) be

cumulatively compounded by a history of trauma exposure (Roberts, McLaughlin, Conron, & Koenen, 2011; Appleyard, Egeland, Dulmen, & Sroufe, 2005). In a well-controlled meta-analysis by Mackenzie and colleagues (2011) it was found that cumulative risk factors appear to be the most reliable predictors of abuse rather than one single contemporary risk factor (Mackenzie et al., 2011), suggesting an ecological framework is the best approach of prediction.

Given the above associations between mental health problems and child abuse and IPV perpetration, violence treatment or intervention programmes would likely be more effective with increased responsiveness to mental health. Indeed, there is evidence (mentioned earlier) to suggest that such treatment programmes (for victims and perpetrators both) are significantly less effective without the incorporation of comorbid mental health problems (Kelley, 2010; Miller, Drake & Nafziger, 2013). As such, there is a strong argument emerging for the incorporation of psychological theories and treatment into family violence understanding and treatment using an ecological framework of risk and intervention (see Dutton and Corvo, 2006; Cantos & O’Leary, 2014).

#### **6.4.2 Child abuse - mental health effects and implications for adult outcomes**

The effects associated with child abuse victimisation (severe/ chronic/ interpersonal) can be conceptualised as those among a number of life adversities (along with poverty, attachment problems and separation and loss, social or political instability adversity or conflict or other traumatic experiences) that may constitute a developmental vulnerability. Many of these factors are correlated with child abuse victimisation (Nock, Borges, & Ono, 2012) and are likely to be compounding factors in predicting adverse adult outcomes (Turner & Lloyd, 1995; Schilling, Aseltine, & Gore, 2008). Trying to isolate or distinguish the influence of victimisation on mental health outcomes is a methodological challenge.

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

Of importance to the current report, there is longitudinal evidence that earlier (preschool age) exposure to childhood abuse predicts poorer outcomes for youth in terms of depression and suicide (Dunn et al., 2013) and Wekerle (2013) has connected the ample evidence on poor outcomes associated with childhood abuse with a human rights argument in support of mandatory reporting (this will be explored further in a later section). In addition, the WHO multi-country study on women’s health and IPV also identified early childhood abuse victimization as a predictor of later intimate partner victimisation and singled out child abuse prevention as a key preventative strategy for reducing IPV in adulthood (Abramsky et al., 2011).

It is purported that childhood sexual abuse contributes risk of mental health problems in significant but sometimes different ways to other forms of abuse (Briere & Runtz, 1990; Krupnick et al., 2004). For example, Chen et al (2010) analysed 37 well-controlled studies (n= 3,162,318), and found evidence that childhood sexual abuse victimization was associated with life-time anxiety, depression, post-traumatic and sleep disorders and suicide attempts. Whilst there are also methodological problems of reliability of retrospective report of childhood events (Fergusson, 2000), there is also good objective evidence for the potential mediating role of neurobiological changes which are associated with child abuse and neglect victimisation (Neigh, Gillespie, & Nemeroff, 2009; De Brito et al., 2013) and some evidence for reliability across reporting design (Scott, McLaughlin, Smith, & Ellis, 2012).

In this report, children and young people witnessing intimate partner or elder violence is conceptualised also as child abuse as it constitutes emotional or psychological harm for children (consistent with Te Rito Family Violence Strategy (Ministry of Social Development, 2002). This definition is consistent with research findings that demonstrate that the mental health effects of some types of abuse (physical and emotional) are indistinguishable from witnessing parental or other family violence (Kitzman, Gaylord, Holt, & Kenny, 2003). Childhood exposure to interpersonal (domestic) violence has been associated with aggression, anxiety, depression and a raft of social and cognitive problems in children (Sternberg et al, 2006; Moylan et al., 2010) and drug abuse among adolescents (Fagan & Wright, 2011). Many researchers have also found evidence of a “double whammy” in which exposure to IPV in childhood may be an additive risk, on top of victimisation of other abuse types, such as physical abuse (Sternberg et al., 2006; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008). In terms of outcomes for adult exposure, IPV victimisation has been found to be associated with a number of mental health problems, including depression, suicidal ideation (Fergusson et al., 2005) postpartum depression (Beydoun et al., 2012) and substance abuse disorders (Devries, Child, Bacchus, Mak, Falder, Graham, Watts, & Heise, 2014).

In summary, the mental health consequences of family violence are significant, far reaching and have ‘over the life course’ implications for treatment and service provision. The so called ‘sleeper effect’ described by Putnam (2003) where victim/survivors of child sexual abuse may be asymptomatic for long periods of time means that only qualified confidence can be placed in incidence and prevalence studies and the amount of investment in treatment needs to take this into account. Mental health professionals at all levels need education and training in the impacts of CAN, CSA and IPV in order to tailor treatment responses. In terms of responses that appear to hold the most promise, home visitation coupled with specific age appropriate treatment support appears to have the potential to address combined family violence factors. The next section will scan international responses to FV and CAN with heavy reliance on WHO reports in order to compare and contrast systems-based approaches to the phenomena.

## 7 Country level responses

### 7.1 Introduction

How do other countries respond to FV and CAN and how effective are these responses? No country has managed to eliminate these forms of violence and in many countries this violence is part of a continuum of violence outside the domestic sphere that is inextricably linked to gender attitudes towards women and girl children.

This section begins by looking at a conceptual framework for addressing FV and CAN promoted by the World Health Organisation (WHO). The weight of evidence on effective interventions for family violence supports multi-systemic and holistic approaches that take into account primary, secondary and tertiary responses working at different population levels from micro to macro contexts. We then look at the United Nations research and recommendations to address violence against women and children and examine how different governments structure their responses to family violence.

### 7.2 World Health Organisation's approach to prevent violence

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

“It has been proved time and again that cooperative efforts from such diverse sectors as health, education, social welfare, and criminal justice are often necessary to solve what are usually assumed to be purely “criminal” or “medical” problems. The public health approach considers that violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, interacting at four levels of a nested hierarchy (individual, close relationship/family, community and wider society).” (WHO, 2010, p.7)

The ecological model used by the WHO provides a framework for conceptualising how different levels of the ‘ecosystem’, from individuals, families, communities to wider society interact. In regards to IPV and other forms of family violence this is useful when examining the dynamics of risk and protective factors as the model allows for the incorporation of psychological models on individual risk factors as well as structural analysis of cultural gender norms and institutionalised violence that discriminate against women (WHO, 2010, p. 18).

The WHO incorporates a life course perspective into their approach to identify risk factors for children, adolescents and adults. Unfortunately, in the WHO 2010 report *Preventing intimate partner and sexual violence against women: taking action and generating evidence*, ‘adults’ are not differentiated by older persons to examine elder abuse.

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

- “1. Defining the problem conceptually and numerically, using statistics that accurately describe the nature and scale of violence, the characteristics of those most affected, the geographical distribution of incidents, and the consequences of exposure to such violence.
2. Investigating why the problem occurs by determining its causes and correlates, the factors that increase or decrease the risk of its occurrence (risk and protective factors) and the factors that might be modifiable through intervention.
3. Exploring ways to prevent the problem by using the above information and designing, monitoring and rigorously assessing the effectiveness of programmes through outcome evaluations.
4. Disseminating information on the effectiveness of programmes and increasing the scale of proven effective programmes. This step also includes adapting programmes to local contexts and subjecting them to rigorous re-evaluation to ensure their effectiveness in the new setting.” (WHO, 2010, p.7)

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

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

There has been a tendency for countries to focus on responding to known violence via secondary and tertiary interventions. Internationally there has been a shift to include primary prevention as an essential component of a system to prevent violence (Ministry of Women’s Affairs 2013, p.13; WHO 2010).

### 7.3 United Nations holistic approach to structural violence

In 2011, the United Nations published Rashida Manjoo’s report on the relationship between discrimination and violence against women on a global scale. Rashida Manjoo, the current Special Rapporteur for Violence Against Women, was responding to the findings in the World Health Organization’s 2005 multi-country study on intimate partner violence and women’s health in ten countries (New Zealand researchers duplicated the study to contribute an eleventh site). The sample included interviews with 24,000 women and the findings suggest that the global rate of violence is approximately 33 per cent of women in a given cultural context will experience violence during their lifetime. While there is variation in the rates of violence across and within countries, the average ranged from 30-60 percent of women would experience some form of violence. The World Health Organization recognizes “violence against women is a major public health problem” and can result in “a wide range of physical, mental, sexual and reproductive, and maternal health problems.”

The WHO (2005) report was the most comprehensive and detailed study of the prevalence of violence against women cross-culturally and the United Nations mandate to address violence against women has shifted from an approach that draws largely from the Duluth Model of power and control, to one that takes into account the political economic and institutional factors that contribute to high rates of abuse. This holistic approach is premised on three findings. First, that the intervention and prevention efforts to address intimate partner abuse at the individual level have been largely unsuccessful. Particularly in societies where individuals are embedded in household networks and kin based corporate groups, the relationship between individuals, and therefore any abuse that occurs between the individuals, is not experienced as separate from the wider group. Second, the recidivism rates for individuals who are treated for abusive behaviour in a psychotherapy context that is divorced from the wider political economic issues the individual faces (joblessness or underemployment; racism or other forms of bias; education level) are much higher than for those who have their abuse addressed as one component of an overall life skills approach. Third, evidence suggests that the rates of intimate partner violence within the context of wider family violence (inclusive of child abuse) are high, especially for individuals who were victims of child abuse and then experience IPV as an adult.

While the cross-cultural literature on violence against women demonstrates the variability of the problem, i.e. in terms of differences in rate of violence in rural and urban areas, level of acceptance for violence, and even which behaviours are classified as violent, within all cultures there is an understanding that there are forms of abuse that are harmful and detrimental to the wellbeing of individuals (Wies & Haldane, 2011). Manjoo's framework for identifying and addressing the cross-cultural variability is useful in that while a holistic approach has a universal characteristic, the idea is to draw upon the institutions and values found within each local context that can be harnessed to end abuse against all members of a household, family, or extended kin group.

The key approach being used in the international context to address violence is to make clear the relationship between structural and interpersonal forms of violence. Manjoo notes in her report:

“Two broad categories of violence against women are interpersonal and structural. No form of violence against women is absent of structural violence; as in all places, all forms of abuse directed from one person to another is based on culturally-held beliefs about the person's right to harm another, as no individual acts in isolation from culturally contextualized notions of gender, rights, and expression (Adelman, Haldane & Wies, 2011). However, not all forms of violence are interpersonal, meaning one person purposely directing abuse or aggression towards another individual.”

(Manjoo, 2011)

In other words, what the UN's framework acknowledges is the fact that when abuse is carried out against a vulnerable person, it is a result of the assailant's understanding of their right to carry out harm on that person, whether it is a child or a partner. In most societies, parents are given the right to discipline their children, and in many societies, adults are extended the right of correcting the behaviour of any child in their group. Therefore, to challenge culturally-held beliefs about what constitutes appropriate discipline; prevention experts must work with a wider set of community members than the individual assailant.

## Structural Violence

Structural violence is any form of structural inequalities or institutional discrimination that maintains an individual (in this case, a woman or child) in a subordinate position to other people within their family, their household, or their community. Paul Farmer describes structural violence in these terms:

“I use this term as a broad rubric that includes a host of offensives against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly [sic] human rights abuses, some of them punishments for efforts to escape structural violence, as the Jesuit Jon Sobrino notes: Statistics no longer frighten us. But pictures of the starving children of Biafra, of Haiti, or of India, with thousands sleeping in the streets, ought to. And this entirely apart from the horrors that befall the poor when they struggle to deliver themselves from their poverty: the tortures, the beheadings, the mothers who somehow manage to reach a refuge, but carrying a dead child--a child who could not be nursed in flight and could not be buried after it had died. The catalogue of terrors is endless.”(Farmer, 2003)

Structure is any restriction on a person’s capacity to act, whether physical or ideological. As previously stated in our review (section 2.2) gender ideologies that dictate men should control women are forms of gender-based structural violence. Therefore, when a woman is abused by a husband because he believes he has the right to physically assault her, the woman is experiencing interpersonal and structural violence simultaneously.

A major structural factor inhibiting women’s autonomy and their children’s wellbeing is when women’s unequal access to resources are structurally maintained by institutional factors such as differential inheritance laws, land tenure practices, property ownership and control, and notions of legitimate authority (Deere, 2005). A woman’s inability to own her own property or land may be structural factors that contribute to her experiences of interpersonal violence. If a woman is dependent on her spouse or kin-network for her economic wellbeing, she is at greater risk of vulnerability to violence and an inability to escape from harm. Therefore, programmes and interventions that seek to only ameliorate the abuse and do not factor in women’s unequal access to resources are not challenging the fundamental gender inequities that contribute to the abuse in the first place.

Karin Friederic (2013), in her work in Los Colinas, Ecuador, noted that women and their children expressed their experiences of violence embedded in a discourse of limited opportunity, economic vulnerability, and marginalization by the state. While victims recognized that they had a right to not experience abuse, they correctly noted there were no local state resources in order to report and ameliorate the abuse, and what they saw as the attendant issue: economic concerns as related to women’s rights. Nia Parson, writing about the high rates of violence against women in Chile, identified the way that macro-level conflict at the state level (Chile’s history of repression) related to the interpersonal dynamics experienced in the family (Parson, 2013).

At the interpersonal level, the scope of what is classified as a form of violence against women varies: in many countries Manjoo included female genital cutting as a form of child abuse; skin bleaching and plastic surgery as a form of violence against women in others (Manjoo, 2011). Therefore, the

holistic framework broadens perspective to take account of not only the visible signs of abuse, but the invisible yet pervasive beliefs that allow abuse to happen, and the structures within society that contribute to, and in many cases, create, the forms of violence as they are expressed.

#### **7.4 International examples of government responses**

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

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

Countries such as the UK, Australia, Canada and New Zealand have instituted various mechanisms to coordinate strategy and actions across government agencies, the NGO sector, local government and communities to address FV and CAN. For example, the UK has an Inter-Ministerial Committee chaired by the Home Office Secretary to oversee their action plan to end violence against women and girls (UK Government, 2013). The underlying principles of this strategy are: prevention; provision of services, partnership working, justice outcomes and risk reduction. Initiatives include: coordination of policies across sectors; primary prevention campaigns; reviewing and enhancing justice response for victims and perpetrators including changes to legislation; workforce development; ring fenced funding; initiatives to support voluntary sector; working with employers and economic empowerment of women.

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

#### **7.5 Coordinated responses**

Internationally Coordinated Community Responses (CCR) or Community Councils are growing in popularity in response for calls for more wrap-around and holistic services for victims, as well as the development of other multi-agency or multi-scale efforts (Decker et al., 2013; Dixon & Graham-Kevan, 2011; Hien & Ruglass, 2009; Kamimura, Parekh, Olson, 2013; Prost et al., 2012; Rose, 2013;

Gul, 2013; Shorey, Tirone, & Stuart, 2014; Wells & Briggs, 2009; Zauszniewski, 2012). While numerous countries have implemented forms of coordinated responses, where local agencies are horizontally and vertically tied to regional and even national level councils and/or agencies, there are similar gaps present in these responses:

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

International research indicates that, noting the trend towards coordinating efforts to limit duplications of services and to improve outcomes, special attention must be paid to the intersection between child abuse and family violence as central components in any intervention response (Arruabarrena & De Paul, 2012; Barbee, Christensen, Antle, Wandersman, & Cahn, 2010; Calheiros, Graca, & Patricio, 2014; Collins, 2010; de Silva Franzin et al., 2014; Darlington, Healy, & Freeney, 2010; Friend, Shlonsky, & Lambert, 2008; Fusco, 2013; Gennetian, Castells, & Morris, 2010; Hill & Thies, 2010; Holt, Buckley, & Whelan, 2008; Horton et al., 2014; Lansford et al., 2014; Larrivee, Mahelin-Brabant, & Lessard, 2012; LaLiberte, Bills, Shin, & Edleson, 2010; Leveille & Chamberland, 2010; Mair, Cunradi, & Todd, 2012; Oberg & Aga, 2010; O'Connor, Forrester, Holland, & Williams, 2014; Ogbonnaya & Pohle, 2013; Overbeek, de Schipper, Lamers-Winkelman, & Schuengel, 2013; Peled, 2011; Rizo, Macey, Ermentrout, & Johns, 2011; Saile, Neuner, & Catani, 2014; Saini, Wert, & Gofman, 2012; Stanley & Humphreys, 2014; Sullivan, 2011; Svevo-Cianci, Herczog, Krappmann, & Cook, 2011; Tavkar & Hansen, 2011; Theobald, Farrington, & Piquero, 2013; Yoo & Huang, 2012).

## **Summary**

The emphasis in this section has been on frameworks for international and national initiatives in responding to violence against women and children which have been led in recent years by the United Nations and the WHO. Human rights are the foundation of the UN reports and as an underpinning framework mean that systems must attend to both individual level and structural level causes of interpersonal violence. Multi-systemic and multi-layered responses are more likely to take account of both individual and macro-level factors that may persist in supporting inequality and discrimination. While the relative inequality and discriminatory attitudes towards women are more obvious in some countries and jurisdictions, in Western nations inequality persists particularly in regards to indigenous peoples despite legal and governmental structures with the stated mission of the protection of women and children. The international comparisons above illustrate the need to continue to develop responses that address unequal access to resources and wealth of nation states and the consequences for women and children. The last section in Part One of this review is constituted as a 'report card' on New Zealand's current responses to FV and CAN.

## 8 New Zealand's current approach to FV and CAN

### 8.1 Introduction

To identify what would 'constitute a high performing system' to reduce child abuse and family violence in New Zealand it is important to examine the current system. This section identifies elements of the New Zealand context that contribute towards an overall response to family violence and child abuse and neglect. It is not possible to give in-depth account of the total system due to both constraints on time and scope, for example government departments were not consulted for this review. We were reliant on published research and publically available material and are aware that there will be numerous ongoing activities in this area that are not yet public and therefore our précis should not be viewed as a comprehensive overview.

We start with an overview of the legislation related to FV and CAN and recent changes to legislation and Family Court processes. We outline the forums and initiatives successive governments have developed to coordinate government and community activities at national and local levels including specific Māori and Pacifica initiatives.

There is generally a lack of publically available evaluations and reviews that examine how effectively government systems that address FV and CAN are functioning particularly at the national level. If we view the 'system' through the different levels of the viable system model as outlined in the accompanying ESR report, most available evaluations and reviews are focused on operational initiatives and their effectiveness (system 1). There is less evaluative material available on the effectiveness of coordination of operations (system 2); tasking, resourcing and monitoring frameworks (system 3); planning and providing an evidence base to inform future development (system 4); and governance to ensure a high performing system (system 5) (Foote, Taylor, Nicholas, Carswell, Wood, Winstanley, & Hepi, 2014).

The New Zealand government is undertaking a large number of intervention activities across different sectors related to the prevention and reduction of child abuse and family violence. Part two of the literature review will examine the available evidence on interventions for victims (adult and children), perpetrators and family/whānau.

### 8.2 Legislation related to FV and CAN

The following legislation is central to the way New Zealand responds to family violence and child abuse and neglect as it provides the legal framework for government agencies and community organisations and guides operational policy and practice. A brief description of the purpose and implications of each of Act is provided.

#### **Domestic Violence Act 1995<sup>15</sup> (DVA)**

The purpose of the Domestic Violence Act 1995 is to "reduce and prevent violence in domestic relationships by -

- (a) recognising that domestic violence, in all its forms, is unacceptable behaviour; and

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<sup>15</sup> <http://www.legislation.govt.nz/act/public/1995/0086/latest/DLM371926.html#DLM372168>

(b) ensuring that, where domestic violence occurs, there is effective legal protection for its victims.” (DV Act 1995 Section 5 subsection (1))

As well as providing a legal definition of domestic violence, as discussed in section 3, the DVA provides for legal protection for victims and their children through a variety of orders: Protection Order, Temporary Protection Order, and Police Safety Order. The Act also provides for a therapeutic, rehabilitative function through funding programmes for applicants for protection orders, their children and respondents of orders (and associated respondents). Respondents of protection orders are mandated by the Court to attend non-violence programmes.

### **Care of Children Act 2004<sup>16</sup> (COCA)**

COCA replaces the Guardianship Act and the purpose of this Act is to:

“(a) promote children’s welfare and best interests, and facilitate their development, by helping to ensure that appropriate arrangements are in place for their guardianship and care; and

(b) recognise certain rights of children.” (COCA Section 3 (1))

COCA has always included a clause on child safety and protection from all forms of violence including family violence (section 5(e)). The Care of Children Amendment Act (2013) adds a more detailed section (5A) specifically outlining how domestic violence and protection orders are to be taken into account when applications for the care of children are made in court. For example a guardianship order or parenting order. The court must consider whether the protection order is still in force; the circumstances in which the protection order was made; and the rationale of the issuing Judge for making a protection order. (COCA Section 5A)

### **Crimes Act 1961<sup>17</sup>**

The Crimes Act 1961 defines offences under New Zealand law which guide criminal justice processes. For example NZ Police are guided by this Act and others such as Summary Offences Act 1981 and Local Government Act 2002 when charging with an offence. There is not a ‘family violence’ offence, with exception of breach of a protection order, and offences cover a wide range of criminal behaviours that are defined as family violence related if they occur within a ‘domestic relationship’ as defined by the DV Act 1995. For example in the Crimes Act 1961 crimes of interpersonal violence may occur within the family violence context include aggravated assault, male assaults female, common assault, indecent assault, culpable homicide, and sexual offences. Respondents who breach conditions of their protection order or police safety order commit a criminal offence and maybe arrested and, if found guilty, sentenced in the District Court.

The interrelation between the DVA and Crimes Act 1961 in practice can be observed when the Police identify an offence is family violence related. The Police Family Violence Policy derives its definitions of family violence from the DVA and they have evolved a number of dedicated positions, processes

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<sup>16</sup> <http://www.legislation.govt.nz/act/public/2004/0090/latest/whole.html#DLM317233>

<sup>17</sup> <http://www.legislation.govt.nz/act/public/1961/0043/latest/whole.html#DLM327382>

and practices to address reported family violence. In 2012 Police initiated changes to their recording practices to better record which offences were family violence related. For example, in 2013 93% of Male Assaults Female offences were coded as family violence related. NZ Police introduced their Situation Response Model on the 1<sup>st</sup> July 2012 which included distinguishing between IPV and non IPV occurrences by more accurately recording the relationship between victims and offenders. This makes family violence more visible in Police recorded statistics.

### **The Family Proceedings Act 1980**

The Family Proceedings Act 1980 “deals with Family Court procedures and influences the operation of the Family Court when dealing with applications for protection orders. For example, in matters of mediation and counselling where an application for a separation order has been made, the Family Court Judge may direct that the matter is not referred to counselling where the Judge is satisfied the respondent of a separation order has used violence against the applicant of the separation order or a child of the marriage or civil union.” (Ministry of Justice, 2008, p.3)

### **Children, Young Persons, and their Families Act 1989<sup>18</sup> (CYPF Act)**

The primary functions of the CYPF Act are to promote the well-being of children, young persons and their families and family groups through appropriate service provision, child protection and youth justice functions. CYF role is to assist and where necessary protect children and young people from suffering violence and to ‘assist parents, families, whanau, hapu, iwi, and family groups to discharge their responsibilities to prevent their children and young person’s suffering’ these types of harm. (CYPF Act 1989 Section 4 (b))

## **8.3 Recent legislative reform**

There have been a number of significant changes to legislation that relates to family violence, including matters concerning the safety of children. There are more reforms proposed with the introduction of the Vulnerable Children’s Bill.

In 2005/6 the Ministry of Justice began a review of the DVA in response to an evaluation<sup>19</sup> (Barwick, Gray, & Macky, 2000) of the Act and issues identified since its operation in 1996<sup>20</sup> (MoJ 2008:4). There was “general consensus the principles of the DVA are sound” and that a first principles review was not required. However, the concerns raised highlighted the need for an ‘issues based’ review. The Ministry of Justice conducted an initial round of consultation with representatives from government agencies, NGOs, Family Court Judiciary, and the NZ Law Society and then called for public submissions.<sup>21</sup> The review was widened to encompass other legislation relevant to family violence, particularly COCA.

The review found a number of themes to come through the submissions in the following areas:

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<sup>18</sup> <http://www.legislation.govt.nz/act/public/1989/0024/latest/whole.html#whole>

<sup>19</sup> In particular the issues identified in research on protection orders by Robertson and Busch (2007).

<sup>20</sup> MoJ administer the DVA and in this role record issues raised by the Judiciary, the legal profession and other stakeholders about how the legislative provisions work in practice.

<sup>21</sup> The MoJ invited submissions on the discussion document ‘A review of the Domestic Violence Act 1995 and Related Legislation’.

- Education and Training – the most consistent theme from submissions. Related to need for increased education and training for justice sector professionals to “fully appreciate the dynamics of domestic violence”. Extension of education and programmes for applicants and respondents of protection order.
- Enforcement – strengthening of provisions for arrest and prosecutions for breaches of protection orders.
- Victim safety - submissions stated the safety of children subjected to family violence should be paramount to decisions by Police, Courts and Lawyer for child. A number of submissions noted in some cases victim’s safety may override their consent e.g. in cases of safety orders or when discharge of protection orders being considered by a Judge in the Family Court.
- Communication – improve communication between government agencies and between government agencies and NGOs. The need for more consistent application of family violence policies around the country.
- Co-ordinated services – half of the submissions indicated support for an independent advocate that could assist victims in the application of protection orders. (MoJ 2008:16)

The resulting report to Cabinet (2008) identified 45 specific recommendations to changing legislation in the areas of enforcement of Protection Orders, the courts’ response, the need to widen programme provision (education being a key component of the regime), and aligning provisions relating to children between the DVA and COCA (MoJ 2008:12). Since that review there has been a change in government and a review of the Family Court system and associated legislation was conducted in 2011 and 2012 which has resulted in major changes to Family Court processes<sup>22</sup> and legislation. Many of these changes came into effect on the 31 March 2014. The focus has shifted to mediation to resolve custody disputes rather than court processes which are reserved for more complex, intractable cases and those where violence is alleged. The government has established a new mediation service, Family Disputes Resolution (FDR), and extended the Parenting through Separation programme. It is now mandatory for couples who have custody disputes to attend these services prior to going to the Family Court, unless there are concerns for safety and matters are urgent. It is unclear how issues of violence will be assessed, particularly if there are no protection orders in place. Commentators have highlighted the importance of mediators being properly trained to identify if family violence is an issue and particularly the ability to recognise psychological abuse.

Concerns have also been raised about the Family Courts’ ability to assess whether family violence is present particularly in light of the repeal of the Bristol<sup>23</sup> clauses that require Judges to undertake a risk assessment before granting day to day care of the child(ren) to a violent parent and sets out the matters to be considered (s61 repealed).

The Government perspective is that they have strengthened the response to family violence by increasing the maximum penalty for breaching a protection order from two years to three years imprisonment. They have also broadened the definition of family violence to include financial or

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<sup>22</sup> See Care of Children’s Amendment Act 2013; Family Proceedings Amendment Act 2013; and Domestic Violence Amendment Act 2013. For further information on the Family Court Review see - <http://www.justice.govt.nz/policy/justice-system-improvements/family-court-reform>

<sup>23</sup> The ‘Bristol clauses’ (COCA s58-62) were introduced in response to the murder by Alan Bristol of his three daughters.

economic abuse. The Government also states that the amendments to the Domestic Violence Act will make non-violence programmes safer and more effective and allows people under a protection order to request a safety programme at any time. There are a number of changes to the provision of programmes for protected persons and respondents that will come into effect on 1<sup>st</sup> October 2014. They aim to encourage a greater reporting of safety concerns and provide more tailored programmes for individuals in recognition that ‘one size’ does not fit all. The Ministry of Justice will establish a ‘Provider Practice Standards’ to assess programme delivery rather than the previous use of programme criteria (NZFVC<sup>24</sup>). This will be a potentially important mechanism for monitoring the changes to delivery and identifying the effectiveness of programmes. While there is substantial international literature on good practice on interventions with victims and offenders there is a lack of local independent evaluations on the effectiveness of family violence programmes.

Another significant change to the DVA was the introduction of Police Safety Orders (PSO) on the 1<sup>st</sup> July 2010. “A PSO is issued by Police at family violence events to persons at risk of committing family violence (bound person) where there is no arrest; however an officer has reasonable grounds to believe that temporary separation is necessary to ensure the safety of persons at risk in the household. A PSO aims to deescalate a violent situation as the person bound by the order has to leave the household and cannot contact the persons at risk or the children who reside with them. The effect of the PSO can last up to five days.” (Carswell, O’ Hinerangi, & Gray, 2014)

Other important amendments to the Family Court proceedings are changes to access to legal representation including children’s access to Lawyer for Child. Now people are expected to represent themselves in many cases or have to meet eligibility criteria for legal aid. The disparities in income between a separated couple could affect their ability to pay for representation. A commentator, South Auckland lawyer Hana Ellis, raised the concern that this could adversely impact on Māori as they make extensive use of the court, “especially grandparents concerned for the welfare of their mokopuna”. The amendments require people to fill out all the forms and represent themselves.

“It’s stressful enough for families trying to reach agreement about their kids let alone having to make sure they’ve got all the right information in the form, having to make sure they can represent themselves in court and a lot of the people are going to be whakama standing in front of the judge, it’s a completely foreign environment, and it’s going to be them and the other party.” ( Comment from Hana Ellis cited in Risk in Family Court Reforms<sup>25</sup>)

Concerns about the safety of children were also raised by the Glenn Inquiry in a submission to the Family Court Proceedings Reform Bill. These concerns were particularly around assessing suitability of a violent parent accessing their children. They based their concerns on preliminary findings from the People’s Inquiry and international experience of similar changes, notably the Australian experience of family law reforms. The Australian Domestic & Family Violence Clearinghouse conducted a thematic review of the impact of legislative changes to family law on families

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<sup>24</sup> See <http://www.nzfvc.org.nz/?q=node/1657>

<sup>25</sup> See [http://www.waateanews.com/Waatea+News.html?story\\_id=NjY5Nw%3D%3D#.UzxW06Flw6I.twitter](http://www.waateanews.com/Waatea+News.html?story_id=NjY5Nw%3D%3D#.UzxW06Flw6I.twitter)

experiencing family violence (Wilcox, 2012). The Australian Family Law Act 1975 was amended in 2011 to address concerns about the impact of amendments made in 2006, particularly in regards to the way the new family law system managed families experiencing family violence (Wilcox, 2012, p.2). The main changes to family law in 2006 were in regards to shared care arrangements and the promotion of mediation to resolve custodial issues as opposed to court processes. This has some similarities to what New Zealand had just introduced with the FDR service and the reservation of court services for more difficult cases.

In Australia independent and government research was commissioned to examine the impact of the 2006 family law reforms, particularly in regard to negative impacts on children affected by family violence. The Australian Institute of Family Studies' (AIFS) longitudinal study of separated families (LSSF) examined a cohort of over 10,000 parents of children under eighteen years old who separated after the 2006 changes to family law in Australia. The thematic review identified a number of important findings from the research that may have relevance to the New Zealand situation:

“Studies highlighted the prevalence of violence among couples who had separated and raised concerns about the capacity of the family law system to effectively screen for family violence. The Australian experience confirms the importance of ensuring that mediation services have the capability to screen for family violence and know how to deal with these situations. An LSSF study found that between 20% - 25% of parents felt fearful of the other parent at the family dispute services and over a third of these parents felt their fears were not adequately addressed by the service.” (Kaspiew et al. 2009, p.13 cited in Wilcox 2012, p.4).

Violence does not end after separation, and this exposes children to ongoing violence and concerns for their safety. The Australian studies showed a gender imbalance in experiences of violence after separation,

“Women rated harms arising from violence much higher than men reporting experiences of violence, with one in three women reporting extreme physical or sexual violence . . . Threats after separation (against themselves or their children), including threats to murder, were most commonly reported by women. Women were also more likely than men to report continuing and unabated fear, before, during and after separation.” (Bagshaw et al 2010, p.78 cited in Wilcox 2012, p.4)

A study from the LSSF “found that one in five parents reported safety concerns relating to ongoing contact with the other parent and 90% of these had experienced either physical or emotional abuse” (Kaspiew et al. 2009, p.32 cited in Wilcox, 2012, p.4). Furthermore, one in six parents in the Kaspiew (p.28) study reported concerns for their children’s safety.

Lodge and Alexander (2010 cited in Wilcox 2012, p.4) also drew on the LSSF data and focused on outcomes for adolescents. They found that mothers with the majority care of their adolescents faced the highest risk of financial hardship and diminished financial capacity. A smaller qualitative study by Laing (2010) identified that women’s experiences of financial abuse “often went hand-in-hand with experiences of legal bullying, with perpetrators of violence reported as manipulating the family law system through repeated litigation, strategic self-representation and refusal to negotiate” (cited in Wilcox 2012, p.4).

The emphasis in the 2006 changes on shared care and that children have a ‘meaningful relationship’ with both parents was found to be in tension with children’s safety in some instances (Kaspiew et al. 2009 cited in Wilcox 2012, p.5). Studies found a troubling focus on ‘parental rights’ and entitlements at the expense of children’s needs,

“The view that children benefit from a relationship with a parent who has been abusive or, indeed, that such a relationship can be made ‘meaningful’ by more time with that parent has not been borne out by the research.” (Wilcox 2012, p.6)

The 2011 amendments to Australia’s Family Law Act 1975 addressed some of these issues by prioritising safety within the ‘twin pillars’ of meaningful relationships and safety. The recent Australian experience of Family Law reforms reinforces the concerns raised in New Zealand about mediation services identifying family violence so it can be referred to the courts and the importance of equitable access to affordable legal representation for all parties. The Australian research demonstrated how contact arrangements “provide a framework for potential ongoing interaction of victim and abuser that is sufficient to enable patterns of abuse to continue” (Wilcox, 2012, p.8). It will be very important to monitor and evaluate the New Zealand changes to ensure the safety of children from abuse and victims of IPV.

## **8.4 Government and community sectors**

There is an enormous amount of activity by government agencies and community organisations in responding to and preventing family violence and child abuse in New Zealand. The statistics on reports of violence and abuse to NZ Police and Child, Youth and Family provide an indication of the volume of work these agencies have to deal with. As discussed in the following section government agencies often work in partnership with community organisations such as women’s refuge, stopping violence services and services focused on protecting children.

Part two of the literature review will examine research and evaluations conducted with community organisations, the justice sector, and child protection services’ to address family violence and child abuse to identify what appears to be working well.

The Justice sector has a significant role in victim safety and offender accountability from crisis response from NZ Police, and ongoing monitoring of victims and offenders through to prosecutions. The roles of criminal and family Courts and the Department of Corrections Community Probation Service and Prison Service are involved in implementation of court sentences and monitoring offenders. They also play a role in offender rehabilitation. Other government agencies also play a vital role in prevention of family violence and child abuse, notably the statutory function of child protection of Child, Youth and Family.

The next section outlines the structures New Zealand currently has in place to coordinate government and community interventions to prevent family violence.

## **8.5 Coordinating response: national to local levels**

### **8.5.1 Approach**

Since the 1980s successive New Zealand governments have recognised the importance of a ‘joined up’ ‘whole-of-government’ approach towards preventing family violence including multi-agency

initiatives and working in partnership with the Judiciary and community organisations (Carswell, 2006; Fanslow, 2005). Policies, forums and mechanisms for integrated approach at the national and local levels are outlined in this section.

### **8.5.2 National level response**

#### **Te Rito Family Violence Prevention Strategy 2002**

In 2002 government released the Te Rito Family Violence Prevention Strategy (Ministry of Social Development 2002) which resulted in a number of initiatives, notably the regional Te Rito networks promoted by dedicated coordinators (now Family Violence networks 2013). The Te Rito Vision was to create a society where families/whānau are living free from violence. A set of nine principles guided development and intended to guide implementation. The government response and framework for implementing the family violence prevention Plan of Action (2001) included the following:

- Covers broad range of controlling behaviours that occur within interpersonal relationships
- Takes a multi-faced approach to preventing, reducing and addressing violence within families/whanau
- Integrates key elements of the FV prevention plan of action
- Builds on progress made by government and community organisations
- Consistent with other FV prevention initiatives and is linked to a variety of other key cross-sector strategies.

#### ***National level forums for coordination***

The national level mechanisms for coordinating the government's approach include: the Family Violence Ministerial Group; the Taskforce for Action against Violence within Families (Taskforce); the Māori Reference Group (MRG) and the Pacific Advisory Group (PAG). A very brief description of their function and activities is presented below.

#### **Taskforce for Action on Violence within Families (Taskforce)<sup>26</sup>**

Currently the primary mechanism for coordinating the government's approach is the Taskforce for Action against Violence within Families (Taskforce) which was established in 2005. The Taskforce state that they have built on the vision of Te Rito and the principles and approach outlined in that strategy underpins all their work.

The primary vision of the Taskforce is that "All families and whānau have healthy, respectful, stable relationships, free from violence". The approach of the Taskforce as set out in their First Report (Ministry of Social Development, 2006) is to provide a collaborative response with NGOs, judiciary and Crown agencies. The action areas to achieve the vision are:

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<sup>26</sup> For an overview of family violence resources and activities see <http://www.familyservices.govt.nz/working-with-us/programmes-services/preventing-family-violence/index.html>

- *“leadership* – we need leadership at all levels if we are going to transform our society into one that does not tolerate family violence
- *changing attitudes and behaviour* – we have to reduce society’s tolerance of violence and change people’s damaging behaviour within families
- *safety and accountability* – swift and unambiguous action by safe family members and the justice sector increases the chances of people being safe and of holding perpetrators to account
- *effective support services* – individuals and families affected by family violence need help and support from all of us so they can recover and thrive.”

(Ministry of Social Development, 2006)

As stated above the Taskforce frames the activities conducted at both national and local levels using a public health approach:

- Early intervention (primary prevention)
- Crisis response (secondary intervention)
- Rebuilding lives (tertiary intervention)

Sitting alongside the Taskforce and informing their work are the Māori Reference Group and the Pacific Advisory Group. A representative from each group is a member of the Taskforce.

Membership of the Taskforce also includes representatives from government, community sector, independent Crown entities and the judiciary. The Taskforce meets quarterly and has a leadership and coordination role to:

- identify and prioritise actions to strengthen government and non-government initiatives to prevent family violence, including the abuse and neglect of children and older persons
- identify policy, legislative and service gaps and opportunities for alignment
- ensure that key actions are integrated across the government and non-government sectors
- commission information, analysis and advice as required
- provide advice on emerging issues. (see <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/reports.html>)

The Taskforce has a wide programme of work set out in their annual Programme of Action (POA) reports. Unfortunately there is a lag between indicated outputs and pieces of work being made publically available. For example there is a lack of public reporting on some of the activities outlined in the Taskforce’s most recent programme of action (2012/13) so it is uncertain what progress has been made (Ministry of Social Development, 2013).

## **Māori Reference Group (MRG)<sup>27</sup>**

Major pieces of work:

- E Tu Whānau (second) Programme of Action (2013 – 2018)
- E Tu Whānau! Te mana kaha o te whānau – builds on whānau strengths to support whānau and hapu make changes for themselves.
- Whanau Ora Family Violence Fund – now part of Family Centred Services Fund

## **Pacific Advisory Group (PAG)<sup>28</sup>**

Major pieces of work:

- Pasefika Proud (second) Programme of Action (July 2014- 30 June 2017)
- Nga Vaka o Kāiā Tapu – the Pacific Conceptual Framework (2012)
- Falevitu: A literature review on culture and family violence in seven Pacific communities in New Zealand (2012)
- Stocktake of Pacific Family Violence (PFV) Providers (2012)
- Pacific Family Violence Training Programme for practitioners and service providers
- Pasifika Campaign – primary prevention campaign to change attitudes and behaviours towards violence within Pacific families and communities

Nga Vaka o Kāiā Tapu (Pasefika Proud Research Plan) five year plan aims to:

- generate and theorise knowledge on Pasefika families and family violence
- strategically align with and support national family violence and cross-sector Pasefika research initiatives
- clearly define research priorities for investment
- formation of Pasefika Proud Research Advisory Komiti (PRAK) in February 2014 to assist PAG through research and evaluation

## **Family Violence Ministerial Group**

In 2009 the current government formed a new Family Violence Ministerial Group chaired by the Associate Minister for Social Development. The function of this group is to bring together ministers from across government whose portfolios relate to family violence which recognises that family violence has to be addressed by coordinating activities across a range of government responsibilities. The government is seeking to achieve a better alignment of legislation, policy and operational services to address family violence as it is a factor that impacts on a number of this government's strategic priorities. For example Better Public Service targets to reduce assaults on children and reduce crime and reoffending. (*Terms of Reference: Family Violence Ministerial Group*)

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<sup>27</sup> For information on MRG activities see <http://www.familyservices.govt.nz/working-with-us/programmes-services/whanau-ora/index.html>

<sup>28</sup> For information on PAG activities see <http://www.familyservices.govt.nz/working-with-us/programmes-services/pasefika-proud/index.html>

The Ministerial Group terms of reference state they will:

- provide a high level of oversight of work to address family violence
- agree the work of the Taskforce for Action on Violence within Families
- ensure there are linkages with other strategic priorities.

**National level NGOs:** There are a large number of NGOs that are involved in the family violence and child abuse sector either as their core business or who have a broader social service function and some of their activities relate to family violence activities. Representatives from some of these organisations are members of the Taskforce and MRG and PAG. Examples of national umbrella organisations include:

- National Collective of Independent Women’s Refuges
- Jigsaw - network of 44 organisations working to stop child abuse, neglect and family violence in our communities.
- Stopping Violence Services

### **8.5.3 Local level mechanisms for coordinating response**

#### ***Family violence Interagency Response System (FVIARS)***

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

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

FVIARS, which was rolled out nationally in 2006, was designed to enhance interagency coordination between the three founding agencies, NZ , Child, Youth and Family (CYF) and the National Collective of Independent Women’s Refuges (NCIWR). Key elements of the model are regular interagency meetings at the Police Area/CYF site level to assess risk of reported cases of family violence, plan responses, and monitor cases.

An evaluation of FVIARS across four sites demonstrated many positive benefits of interagency collaboration to enhance victim safety and offender accountability. The structured approach was beneficial to developing interagency relationships and collaboration. Evaluation analysis (up to 2008/09) of indicators such as repeat victimization and offending showed a levelling off after the introduction of FVIARS, although Police advised caution in interpretation of these findings due to multiple factors. Barriers for agency participation in FVIARS were capacity issues, resourcing and the support required from their organisations to attend FVIARS meetings, and follow-up on actions. In

particular there was uncertainty about the level of Child, Youth and Family's commitment as an agency to FVIARS at that stage (Carswell et al., 2010). The evaluation recommended that national level support for FVIARS required strengthening including stronger collaborative leadership and governance, resourcing, training, monitoring and evaluation, and mechanisms for identifying and sharing good practice nationally (Carswell et al., 2010, pp. 83-90). While this evaluation highlighted the good practice that was developing and emerging positive outcomes, there has been no recent public reporting on the efficacy of FVIARS, how it has evolved, and to what extent national level collaboration and coordination is being implemented, monitored and evaluated.

Key elements of successful interagency collaboration and coordination will be further examined in part two of our literature review.

### ***Te Rito networks (now Family violence networks)***

Te Rito networks were reviewed in 2009 and have recently been renamed Family Violence Networks. There are approximately 48 regional FV networks throughout New Zealand and their purpose and function include:

- **“Coordinating local agency responses and services** – e.g. interagency case referral (Family Violence Interagency Response System (FVIARS) or similar)
- **Improving practice of organisations** – e.g. training; developing good practice; collaborative policies; monitoring & research
- **Supporting projects that help survivors and perpetrators, children, family and whanau** – e.g. identifying service gaps, developing new collaborative services
- **Promotion** – e.g. engaging with media; promoting available help and services
- **Working to mobilise communities and prevent family violence (primary prevention)** – e.g. activities to increase understanding of family violence, encourage people to ask for help and ensure community members take it seriously and offer help to others. This includes campaigns; community education; and working with businesses, churches, marae, sports groups, schools, ethnic community groups to prevent family violence.
- **Building relationships inside and outside the sector** – building the network and encouraging new members, as well as working with people who are not family violence service providers to ensure they can provide effective support to people experiencing family violence, and contribute to preventing violence.”

(Hann, 2012)

## **8.6 Response to Māori**

Slabber's(2012) review of New Zealand studies found few that focused on responses to family violence among Māori. The existing literature,

“supports the importance of developing Kaupapa Māori programmes that address the impact of colonisation and include the whānau and broader community. This is consistent with the Department's [of Corrections] Māori Strategic Plan and the Māori Reference Group's E Tu Whānau Ora framework, but stands in contrast to current domestic violence approaches. Interventions for Māori would need to be localised, strengths-based kaupapa

Māori programmes that support not only the offender but also the community and risk factors in that community” (Slabber, 2012, p. 8).

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

“including whānau being able to meet basic and fundamental family needs such as education, parenting, health needs and healthy relationships; a focus on solutions that address the wider whānau issues (not just those of the victim and/or perpetrator); ensuring that the safety of women and children is paramount within this focus; the importance of role modelling; and the importance of more men being involved in the solutions for change” (p.18).

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

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

(Dobbs & Eruera 2014, p.28)

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

## 8.7 Funding of initiatives and services

In New Zealand many of the prevention and intervention responses to family violence and child abuse and neglect are provided by non-governmental organisations that are funded from a mix of government, philanthropic and private sector funding. There is a paucity of research and reviews of New Zealand funding models in the family violence sector and the implications for service delivery, sustainability and development.

Cordery and Halford (2010) researched the relationship between government and NGOs to fund social services in New Zealand between 1935 and 2010. They examined how ideology and consequent policies impacted on funding models and the likely implications of this based on case studies conducted with three charity organisations. In particular the authors examine the tensions within 'Third Way'<sup>29</sup> policies,

“While the Third Way’s overarching policies remain undefined, in respect of social services, the Third Way emphasises communitarian ideals within the market-place. That is, individuals and organisations should partner with communities for the greater common good, rather than for their own personal profit (Adams & Hess, 2001). However, Third Way policies prefer a market-based answer to social policy problems, as competition can reduce the price (cost) for public goods and create efficiencies. There is a recognition that market failure means quasi-public goods are less likely to be delivered by for-profit organisations, and therefore Third Way policies encourage communities to fund and support charitable efforts to deliver such goods.” (Cordery & Halford, 2010)

Cordery and Halford (2010) state their interim conclusion is tentative (policy and funding changes since this paper would also have to be taken into consideration),

“Third Way government promotes complementary funding and delivery of social welfare services, but that the growing expensiveness of those services means that charities will increasingly rely on other sources for their income. As these sources are also limited, the prognosis is that charity delivery of social services is likely to decrease. The growing competitive nature of charity funding will therefore be disadvantageous to those who are most in need of welfare.” (Cordery & Halford, 2010)

The challenges NGOs face is indicated by a survey conducted by the Social Development Partners<sup>30</sup>, an umbrella organisation for voluntary welfare organisations in New Zealand, of their members in 2013 in regards to funding. They had a response from 101 welfare organisations from a diverse range of size, location and activities. While the sample was not sufficient to provide reliable statistical evidence it provided an indication of the experiences of welfare organisations in the current funding environment. Some of the key findings from this survey were:

- Funding sources – most funding is received from government; then the philanthropic and community trusts. Most organisations (88%) received some funding from their own activities but this generated the least income (20%).

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<sup>29</sup> “Third Way governments seek to network with not-for-profit organisations to institute consumer trust, increase government legitimacy and collaboration” (Giddens, 2000 cited in Cordery & Halford, 2010).

<sup>30</sup> The trading name for the New Zealand Federation of Voluntary Welfare Organisations. See their website <http://www.socialdevelopment.org.nz/featured/managing-diversity-and-changes-to-funding-what-does-it-take/>

- Funding levels - There were mixed responses about whether their organisations funding levels had increased, decreased or remained the same. Several respondents commented that costs had increased a lot more than income.
- Uncertainty about future funding - 74% agreed or strongly agreed that uncertainty about future funding is a major problem.
- Increased competition for funding - 91% agreed or strongly agreed they expected increased competition for future funding.

The survey authors conclude “combined with comments about increases in costs outstripping increases in income, it suggests the verdict that uncertainty about funding is still a major problem for most respondents” (Social Development Partners, 2013).

Competitive, short term funding of initiatives and services is a major concern in the social service sector and in particular for non-governmental organisations. Berends and Crinall (2014) outline some of the challenges for community service organisations that have been observed in Australia, such as inability to fund infrastructure costs, sustainability measures, and evaluations.

“In particular, the contractual environment brings a level of insecurity to organisations, partly as services are typically under-funded and budgets do not fully account for infrastructure costs (for example, clinical supervision or operational management) or sustainability measures (for example, staff development and succession planning). The long-term under-investment in management capability among community service organisations (Houlbrooks, 2011) and the escalating demand for services means that those doing good work may not be well placed to effectively document and report on their successes.” (Berends & Crinall, 2014)

## 8.8 Knowledge gaps regarding current ‘system’

As stated in the introduction to this section we have relied on publically available material and while there is substantial research and evaluation being conducted in New Zealand in regards to FV and CAN, most tends to focus on the effectiveness of operational initiatives. This is understandable given the importance of knowing how effective an operational intervention is in achieving its goals and that it is not inadvertently causing harm. There is a lack of evaluations and reviews that examine how effectively the different parts of the whole system (governance, planning, management and coordination) in New Zealand are functioning, including the interrelation between these different aspects of the system and how they may interact between national and regional/local levels.

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

In New Zealand government agencies and communities are undertaking a large number of activities across different sectors focused on the prevention and reduction of child abuse and family violence. The challenge for researchers reviewing such responses is the absence of consistent data collection on prevalence and incidence, and reliable evidence on the plethora of interventions that New Zealand employs in order to be able to establish their effectiveness. There maybe promising interventions being conducted by community organisations that are not sufficiently documented or evaluated due to their lack of capacity and funding to undertake monitoring and evaluation. Part two of our review will examine the national and international evidence on what interventions work for whom.

## 9 Conclusion

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

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

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

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

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

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

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