

Literature Review Part Two – Effectiveness of Interventions

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

Submitted by: 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



Contents

Acronyms	4
Acknowledgements	4
1 Introduction	5
1.1 Purpose	5
1.2 Methodology.....	5
1.3 Review outline	7
2 Selecting and implementing interventions	8
2.1 Introduction	8
2.2 Selecting interventions.....	8
2.2.1 Evidence	8
2.2.2 New Zealand context.....	10
2.2.3 Cost	10
2.3 Successful implementation	11
2.4 Research gaps	15
2.5 Summary	15
3 Child Abuse and Neglect – review of interventions.....	17
3.1 Introduction	17
3.2 Primary prevention	18
3.3 Secondary and tertiary intervention	19
3.3.1 System responses.....	19
3.3.2 Programme evidence	20
3.3.3 Home visiting programmes	22
3.3.4 CAN and co-occurring factors.....	25
3.4 Programmes for Māori whānau	25
3.5 Programmes for Pacifica	27
3.6 Mental Health Responses for Perpetrators of CAN	27
3.6.1 Efficacy	28
3.6.2 Effectiveness	29
3.7 Summary	30
4 Primary prevention for family violence.....	31
4.1 Introduction	31
4.2 New Zealand primary prevention initiatives	31
4.3 Effectiveness of international primary prevention initiatives	31

4.4	Summary	34
5	Interagency responses to CAN and other forms of family violence	35
5.1	Introduction	35
5.2	The integration continuum	35
5.3	Elements of successful integration.....	36
5.4	Methodological challenges in reviewing interagency collaboration	39
5.5	New Zealand context	40
5.6	Summary	41
6	Secondary and tertiary interventions for victims.....	42
6.1	Introduction	42
6.2	Interventions for victims of IPV	42
6.3	Summary IPV victim interventions	47
6.4	Elder Abuse interventions	48
7	Secondary and tertiary interventions for perpetrator	49
7.1	Introduction	49
7.2	Theoretical models for perpetrator programmes	49
7.3	Good Lives Model (GLM).....	50
7.4	Programmes for perpetrator.....	51
7.4.1	Evidence for group programmes.....	52
7.4.2	New Zealand non-violence programmes for perpetrators	52
7.5	Evaluating interventions - methodological challenges.....	54
7.6	New Directions for jurisprudence and criminal justice system responses for both victims and perpetrators.....	54
8	Working with whānau and families.....	56
8.1	Introduction	56
8.2	Models and effectiveness of interventions of working with families where IPV present....	56
8.3	Kaupapa Māori models	57
9	Workforce development.....	59
9.1	Introduction	59
9.2	Challenges for the frontline	59
9.3	Training frontline workers.....	59
	Training of police and health workers.....	60
10	Conclusion.....	63
	References	66

Acronyms

AOD	Alcohol and other drug
CAN	Child abuse and neglect
CBT	Cognitive Behavioural Therapy
CCR	Coordinated Community Response
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
GLM	Good Lives Model
IPV	Intimate partner violence
MoJ	Ministry of Justice
MSD	Ministry of Social Development
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
VSM	Viable Systems Model
WHO	World Health Organization

Acknowledgements

The literature review team would like to sincerely thank Professor Lori Sudderth from Quinnipiac University, United States of America, for peer reviewing Parts One and Two of our literature review and providing valuable comment to enhance our review.

1 Introduction

1.1 Purpose

This is part two of a literature review to inform a broader project commissioned by the Glenn Inquiry to address family violence (FV) and child abuse and neglect (CAN). Part one of our literature review informed the project '*Toward a transformed system to address child abuse and family violence in New Zealand*' led by the Institute of Environmental Science and Research Limited (ESR). This work modelled an 'ideal' system based on the viable systems model (VSM).

Part two of our literature review focuses on reviewing the evidence on interventions to prevent or reduce family violence and child abuse and neglect. The purpose of this review is to inform an interventions framework being developed by ESR¹ that will be utilised by the Glenn Inquiry to develop a blueprint for action..

1.2 Methodology

As for Part One of the review we firstly focused on systematic reviews and meta-analyses² that analysed the evidence from high quality studies. The primary database used for the search of peer reviewed journals was Science-Direct. We also searched for grey literature on government and community organisation websites for reviews of evaluative evidence. Many of the evaluations do not reach the standard for inclusion in systematic reviews and meta-analyses and we have identified where promising practices are emerging based on the evidence that is available.

Due to the wide scope of the review our search terms canvassed a large number of different areas related to different forms of family violence and child abuse interventions and programmes. 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.

As with Part one it was not possible to canvass all the literature on interventions due to both constraints on time and scope. In regards to the New Zealand government's response to family violence and child abuse and neglect, government departments were not consulted for this review. We were therefore reliant on publically available material and are aware that there will be

¹ See the report, *Selecting interventions to reduce family violence and child abuse in New Zealand* (Foote, Taylor, Carswell, Nicholas, Wood, Winstanley, & Hepi, 2014)

² "A **systematic review** is a thorough, comprehensive, and explicit way of interrogating the medical literature. It typically involves several steps, including (1) asking an answerable question (often the most difficult step), (2) identifying one or more databases to search, (3) developing an explicit search strategy, (4) selecting titles, abstracts, and manuscripts based on explicit inclusion and exclusion criteria, and (5) abstracting data in a standardized format.

A "**meta-analysis**" is a statistical approach to combine the data derived from a systematic-review. Therefore, every meta-analysis should be based on an underlying systematic review, but not every systematic review leads to a meta-analysis." (retrieved from <http://www.researchcore.org/faq/answers.php?recID=5>)

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.

We have utilised the public health model of primary, secondary and tertiary levels of intervention to categorise the different types of responses to family violence and child abuse, which is widely used by governments including New Zealand (Bellis et al 2012; Krug et al. 2002; Fergus 2012; Ministry of Women's Affairs 2013). We note authors can have slightly different definitions of what type of intervention is included in each level. We have used the World Health Organisation's (WHO) public health definition to prevent violence and their approach which includes the ecological model and life course perspective to assist in organising and making sense of both the risk and protective factors and responses to family violence.

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** – population based approaches that aim to prevent violence before it occurs by either universally targeting the whole population or targeting specific grouping or characteristics within the population that are considered at higher risk of victimization or perpetration
- **Secondary prevention** – approaches that focus on the more immediate responses to violence, such as police crisis response to report FV or CAN, women's refuge response to IPV, child protection services 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, treatment programmes, counselling, that attempt to lessen trauma or reduce long-term disability associated with violence. (adapted from Dahlberg & Krug, 2002 cited in WHO 2010 p.7)

The New Zealand Ministry of Women's Affairs noted that while the public health model conceptualises three levels of intervention they sit on a continuum and are not mutually exclusive with some interventions encompassing all three levels. It is nevertheless useful to retain a distinction for planning and implementation purposes and workforce development as different training and skill sets are required at different levels (Ministry of Women's Affairs, 2013, p.6).

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).

Part One of our literature review identified the importance of a holistic and multi-sectoral responses to FV and CAN. For example various large WHO studies of the international evidence on violence prevention and intervention (Dahlberg & Krug, 2002; WHO 2010), concluded 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)

1.3 Review outline

Prior to selecting interventions it is important to consider on what basis they will be selected and how they can be sustainably implemented. Therefore the review begins by examining key areas raised in the literature on selecting interventions, their suitability and adaptation for the New Zealand context; and factors that contribute to the successful implementation and sustainability of interventions.

We have provided separate sections reviewing interventions on child abuse and neglect and other forms of family violence, such as intimate partner violence (IPV), as although these types of violence can co-occur different types of approaches have developed

Section three reviews the current evidence on the effectiveness of interventions to prevent child abuse and neglect. Primary prevention initiatives are examined first then secondary and tertiary interventions. There is support for an integrated approach to early intervention where each level of strategy (primary, secondary and tertiary) plays a part in child abuse prevention and in enhancing child and family wellbeing.

Section four focuses on the effectiveness of primary prevention initiatives designed to prevent family violence from occurring. This includes initiatives that are designed to promote healthy non-violent relationships and change negative attitudes and behaviours.

The following sections examine the evidence for interventions at the secondary and tertiary levels. Before looking at individual programmes and interventions we reviewed the available evidence on interagency responses to CAN and other forms of family violence in section five.

In reality some interventions are focused on victims and perpetrators and aims to have an impact on both, for example justice processes aimed at victim safety and offender accountability. However to review the wealth of material on interventions we have separate sections examining secondary and tertiary interventions for victims (section six) and for perpetrators (section seven). We have then examined family violence interventions that work with whānau and families in section eight.

Section nine reviews the literature on workforce development as this is identified as a key area for the successful implementation of interventions.

The review concludes with an overview of the main themes and findings we have identified and how they relate to the viable systems model.

2 Selecting and implementing interventions

2.1 Introduction

This section considers key areas raised in the literature on selecting interventions, their suitability and adaptation for the New Zealand context; and factors that contribute to the successful implementation and sustainability of interventions.

2.2 Selecting interventions

2.2.1 Evidence

The purpose of this literature review is to provide an overview of current evidence on interventions and programmes to reduce CAN and FV. While we have chosen to primarily focus on meta-analyses and systematic reviews to identify evidence-based interventions that select studies using experimental designs (e.g. randomised controlled trials [RCTs]) or quasi-experimental design using comparison groups, the review will show there are a number of challenges relying only on these types of studies.

Some research centres and clearinghouses 'rank' studies to indicate the type of evidential support and recognise that some programmes while not as well evaluated show 'promise'. It is also important to consider that many initiatives are not evaluated at all, particularly those developed and implemented by community organisations who often cannot afford sophisticated data collection technologies and methods or have the staff capability and capacity to collect and analyse information.

In making social investment decisions, it is understandable that governments may be cautious and prudent in determining which interventions to support. The following set of criteria have been developed by a group of experts in Colorado as a rigorous blueprint for programme/intervention selection (Mihalic & Elliot, 2014) and they are based around FDA selection standards.

Evaluation quality: Studies must be of sufficient methodological quality to confidently attribute results to the program.

Intervention impact: The preponderance of evidence from the high quality evaluations indicates significant positive change in intended outcomes that can be attributed to the program, and there is no evidence of harmful effects.

Intervention specificity: The program description clearly identifies the outcome the program is designed to change, the specific risk and/or protective factors targeted to produce this change in outcome, the population for which it is intended, and how the components of the intervention work to produce this change.

Dissemination readiness: The program is currently available for dissemination and has the necessary organizational capability, manuals, training, technical assistance and other support required for implementation with fidelity in communities and public service systems. Cost information and monitoring tools must also be available. (Mihalic, S. F., & Elliott, D. S.

Evidence-based programs registry: Blueprints for Healthy Youth Development. Evaluation and Program Planning (2014), <http://dx.doi.org/10.1016/j.evalprogplan.2014.08.004>. Pp.4-5).

While such criteria may be reassuring and robust they mean that only those interventions with sufficient resources and development of evaluation technologies may be able to comply; thus potentially ruling out innovative community- based initiatives with community buy-in that may be equally effective in terms of outcomes. As Azzi-Lessing points out (2011) salient-featured interventions and their evaluations are limited in their capacity to evaluate complex bio-psychosocial factors and inter-factorial relationships which are more likely to be present in multi-systemic holistic interventions.

Azzi-Lessing (2011) has some pertinent insights into the challenges of evaluation of effectiveness research in the area of home visitation and early childhood development programmes which also applies to research on family violence. The limitations of experimental designs are discussed by Azzi-Lessing and reference is made to their promotion as a 'gold standard' for evaluation purposes. However, there is a risk that such designs fail to capture the complexities of home-based services and the experiences of the families and children they are designed to target. Research that aims at capturing responsivity³ and the quality of worker/parent relationships is much harder to design and implement but may hold the key to distinguishing why some services appear to be more effective than others. A number of researchers recommend balancing the heavy emphasis on quantitative research with qualitative studies that are more capable of capturing the voices of participants and their experiences. There has been neglect of consideration of cultural issues in relation to responsivity and to non-programmatic elements impacting on programme recipients. The irony is that those programmes that target quite specific factors and implement highly prescribed interventions may readily be replicated but will not necessarily be as promising in producing long term outcomes across a range of psychosocial domains.

Finally, Azzi-Lessing (2011) reminds researchers and policy makers that home visitation is not the 'silver bullet' that can resolve multiple developmental and social risk factors such as poverty and family history but that a range of government policies and services need to work in integrated fashion in order to support at-risk children and families. This is also true for other types of programmes to address CAN and FV and as stated in Part One of our literature review, the weight of evidence on effective interventions 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. This indicates that it is also important to get the right 'mix' of interventions.

³ Responsivity generally refers to consideration of what will work for whom in terms of interventions. The responsivity principle originated in offender rehabilitation and acknowledges that offenders are different and that offender characteristics affect how they will respond to a therapist or treatment (Andrews & Bonta, 1994; Andrews, Bonta, & Hoge 1990). The principle extends to the way those who work with offenders such as Correctional staff and treatment providers, interact with offenders, staff characteristics, and type of intervention.

2.2.2 New Zealand context

The selection of overseas programmes will likely require adaptation to the New Zealand context as noted by Robertson (2014) who recently conducted a review of international and New Zealand parenting programmes and home visiting interventions for vulnerable children,

“[A]daptation and local innovation are sometimes necessary in order to meet emerging needs and suit specific populations. In such cases it is important to evaluate adapted or innovative interventions to ensure that intended child and family outcomes are being met, and that harm is not being caused.” (Robertson, 2014, p.120)

The New Zealand context is also diverse in terms of different ethnicities, geographic environments and access to resources. Therefore any intervention or programme would have to be responsive to those conditions. Whether programmes are directly transferred and applied or adapted from overseas models or developed locally they require ongoing monitoring and evaluation to ensure they are operating effectively in the New Zealand context. For example, a recent follow-up study of Incredible Years, an overseas parenting programme that was adapted and piloted in New Zealand, found the positive findings for the pilot were maintained over a 30 month period and that the programme could be equally effective for Māori and non-Māori (Sturrock, Gray, Fergusson, Horwood, & Smits, 2014).

2.2.3 Cost

There are different formulae for analysing and comparing the costs of interventions which are important to consider when selecting interventions. Robertson (2014, p.122-123) provides a brief description of ‘cost only’ which only takes cost into consideration and is useful when choosing between programmes which are equally effective; ‘cost-effectiveness’ which takes into account outcomes and is useful when comparing programmes on the same outcome but “where changes on that outcome are not equivalent”. “The benefits of each programme are calculated along with the cost, to produce a cost-per-unit measurement of outcome . . . priority may be given to programmes or interventions with the lowest cost per unit of outcome gained” (Sefton, Byford, McDaid, Hills & Knapp, 2002 cited in Robertson, 2014, p.122).

‘Cost-benefit analysis’ (CBA) can compare diverse outcomes and “weighs up the costs and benefits of different proposals, actions, programmes or decision. These results can then be used to rank different options.” (Robertson, 2014, p.123) As Robertson notes putting a cost on benefits is challenging and even identifying and quantifying benefits (short and long term) can be difficult (p.123). ‘Return on investment’ (ROI) is a performance measure used to determine the investment, for example a high ROI means more is gained than invested.

Robertson states that New Zealand currently lacks the information required to conduct robust CBA of parenting support programmes. Our review of studies conducted in New Zealand also suggests that there would not be enough information to conduct CBA on most CAN and FV initiatives. The challenges to conducting CBA identified in the United States ‘Results First Initiative’ are also likely to resonate in the New Zealand context. The Results First Initiative works across American states “to assess the costs and benefits of policy options, to help them use that data to make decision about policies and programmes” (Robertson, 2014, p.128). A number of states identified barriers to CBA included not having the “technical skill, solid data, time, money and staff” (Robertson 2014, p.129).

There were also issues with short political cycles which tended to focus on short-term outcomes to demonstrate results which may lead to overlooking proven programmes with longer term benefits (Robertson, 2014).

Variations in CBA findings for the same programme implemented in different countries is also a caution that programmes can have different cost benefit results depending on where (and how) they are implemented (Robertson, 2014). Robertson concludes that the use of economic analysis and methods such as CBA are important tools for selecting which type of interventions and the mix of interventions and need to be considered alongside the actual research and evaluation evidence (p.130). The incorporation of economic analysis into the decision-making process can be differentiated into a number of different 'policy-decision rules' including: need-based; outcome-based; effectiveness-based; cost-saving based; and marginal-net-benefit-based (Kilburn and Karoly, 2008 cited in Robertson, 2014, p.129-130).

2.3 Successful implementation

How programmes and interventions are applied and implemented is vital to successful outcomes for participants. A first step is ensuring that participants are appropriately referred to the right programme for them at the right time (Robertson 2014) which requires assessing their needs and risks, (level of risk and types of risks), and what outcomes are sought. There are multiple other considerations such as offering participants the choice of culturally appropriate interventions, delivery setting and accessibility of programme, and factors such as readiness and motivation enhance engagement and retention.

Reviews of programme interventions to reduce CAN and family violence indicate the importance of selecting appropriate interventions in relation to risk e.g. higher risk and multiple risk factors require higher intensity type interventions with potentially higher 'dosage'. Addressing multiple risk factors requires a range of skills and expertise that may need to be delivered by multiple providers or specialists within a service rather than one programme. How to best coordinate, sequence and deliver specialist interventions requires case coordination.

Research on programme implementation has highlighted a number of common elements pertinent to all programmes that enable good practice. For example, Robertson's review summarised the factors to consider when implementing parenting interventions which has resonance with family violence interventions, (Wade 2012 cited in Robertson 2014, p.119). These included:

- Appropriateness of intervention aims and outcomes
- Who are the targeted participants and what is the eligibility requirements for entry
- Delivery setting and mode for example, group, individual, self-administered, home-based, centre-based
- Costs of purchasing and sustaining intervention including staff training.
- Accessibility of materials, user manuals, trainers and experts available to provide technical assistance (ie training, coaching and supervision).
- Fidelity requirements of delivering the programme and level of flexibility.
- Monitoring and evaluation of programme, data collection administration and analysis and recommended evaluation tools.

(Robertson, 2014, p.119-120)

Workforce capacity, capability and succession planning also need to be considered when introducing a new programme. These issues are discussed more in section 8 on Workforce development. We also note that there are no accredited family violence provider courses in New Zealand.

Implementation

“Implementation spans the set of activities necessary to successfully and sustainability apply with high fidelity an intervention of known efficacy within community-based clinical settings” (Raghavan et al., 2008, p. 3). Durlak and DuPre (2008) note eight different aspects to implementation including fidelity, dosage, quality, participant responsiveness, program differentiation, monitoring of control/comparison conditions, programme reach, and adaptation.

Implementation matters. Not only does “evidence-based practice assumes that an intervention is being implemented in full accordance with its published details” (Carroll et al., 2007, p. 41) but Durlak and DuPre (2008, p.340) in their review of the role that implementation plays in intervention outcomes note that “data from nearly 500 studies evaluated in five meta-analyses indicates that the magnitude of mean effect sizes are least two to three times higher when programs are carefully implemented and free from serious implementation problems that when these circumstances are not present”.

While establishing the effectiveness of interventions is necessary but insufficient condition to improved health and wellbeing, Durlak and DuPre (2008) argue that:

“Transferring effective programs into real world settings and maintaining them there is a complicated, long-term process that requires dealing effectively with the successive, complex phases of program diffusion. These phases include how well information about a program’s existence and value is supplied to communities (dissemination), whether a local organization or group decides to try the new program (adoption), how well the program is conducted during a trial period (implementation), and whether the program is maintained over time (sustainability).” (p.327)

While our report details a number of evidence-based interventions that if selected, implemented and utilised are likely to reduce family violence and/or child abuse & neglect , it is generally accepted that the process of implementing evidence-based practices and programmes is “fraught with challenges” (Aarons et al., 2011, p. 4). Tansella and Thornicroft (2009) document a number barriers and facilitators to implementation at national, local and individual levels according to intention to implement, early implementation and persistence of implementation. For instance, at the national local factors such as advocacy and lobby groups, policy measures and opinion leaders and champions may either act as a facilitator or barrier to a decision to adopt an evidence-based intervention.

For Mildon and Shlonsky (2011, p. 753), closing the gap between “intervention effectiveness to effective implementation” requires a planned approach to implementation rather than reliance on passive uptake strategies such as one off training sessions. A number of researchers have developed implementation frameworks and strategies to facilitate the dissemination, adoption, implementation and sustainability of evidence based interventions. Aarons et al. (2011)

conceptualise implementation as a four phase process involving exploration, adoption/preparation, implementation and sustainment, and consider what contextual factors are likely influence the different implementation phases. For example, the exploration phase, which involves the awareness of either an issue or the need for an evidence-based intervention is potentially influenced by socio-political/funding contexts, client advocacy, networking, professional associations or clearinghouses as well organisational and/or individual adopter characteristics such as readiness for change and leadership.

Stith et al. (2006), in a review of the literature relating to the implementation of community-based family violence prevention programmes, conclude that the effectiveness of such programmes depends on the community readiness, effective community collaborations, interventions having fit with the community, intervention fidelity, sufficient levels of resourcing, training and technical assistance and robust evaluation. Durlak and DuPre (2008) identified 23 relevant community level factors, provider and innovation characteristics, determinants of organisational capacity and external supports that contribute towards effective implementation (see Table). Durlak and DuPre (2008) note that their findings overlap with other reviews including Stith et al. (2006) and that there is general agreement that funding, a positive work climate, shared decision-making, co-ordination with other agencies, formulation of tasks, leadership, program champions, administrative support, providers' skill proficiency, training and technical assistance matter. While there is debate about the extent to which interventions should be implemented with maximum fidelity (Stith et al., 2006), Durlak and DuPre (2008) draw attention to the importance of adaptation in tailoring interventions to local circumstances. They conclude that "the prime focus should be on finding the right mix of fidelity and adaptation [but] it is particularly important to specify the theoretically important components of the interventions, and to determine how well these specific components are delivered or altered during implementation" (Durlak and DuPre, 2008, p. 341).

A number of practical models to support the implementation of evidence-based interventions have been developed including the US Centers for Disease Control and Prevention Replicating Effective Programs (REP) framework (Kilbourne et al., 2007), Promoting Action on Research Implementation in Health Services (PARIHS) framework (Stetler et al., 2011) and Assessment, Deliverables, Activate, Pre-training, Training, Sustainability (ADAPTS) model (Knapp and Anaya, 2012). Mildon and Shlonsky (2011) (citing Fixsen et al., 2005) note a number of practical strategies to support effective implementation including staff selection, pre-service and in-service training, ongoing coaching and consultation with leaders and champions, staff performance evaluation, decision support data systems (e.g., quality improvement information), facilitative administrative supports (e.g., leadership) and system alignment interventions to secure resourcing from external sources to support intervention activities. Raghavan et al.'s (2008) ecological model of evidence base practice implementation in public mental health settings identifies policy levers at organizational, regulatory and purchasing agency, political and social levels and sets out a number of strategies for policy makers such as carefully considering enabling legalisation to purchase evidence based practices.

Table 1: Implementation factors (adapted from Durlak and DuPre, 2008, p. 337)

Community level factors	Prevention theory and research Politics Funding Policy
Provider characteristics	Perceived need for innovation Perceived benefits of innovation Self-efficacy Skill Proficiency
Characteristics of innovation	Compatibility (contextual appropriateness) Adaptability
Prevention delivery system (organisational capacity)	Positive work climate Organizational norms regarding change Integration of new programming Shared vision Shared decision-making Coordination with other agencies Communication Formulation of tasks Leadership Program champion (internal advocate) Managerial/supervisory/administrative support
Prevention support system factors	Training Technical assistance

Sustainability

The sustainability of interventions is critical to maintaining any gains from evidence informed interventions. In addition, Pluye et al. (2004) notes that sustainability is important for interventions where there is a time delay between implementation and outcome, and for avoiding disillusion which may pose barriers to the introduction of future interventions. Scheirer et al. (2008) detail four different (but complementary) understandings of sustainability for health programmes including maintaining project activities within the funded organisation, benefits for intended clients, the capacity of collaborative structures, and attention to the issues addressed by the intervention. Sustainability is one of the critical phases of implementation (Pluye et al., 2004). Gruen et al.'s (2008) systematic review of health programme sustainability found that sustainability was affected by a number of contextual factors including programme design and implementation, attributes of the organisational setting and factors in the environment in which the intervention was embedded. A number of interventions to promote sustainability were identified including those at the individual, organisational, community action and system levels. Examples include education to promote behaviour change, support for continuous quality improvement, development of collaborative arrangements to promote efficiency and effectiveness, and a supportive legislative and regulatory environment.

2.4 Research gaps

The systematic reviews and meta-analysis we have examined for this literature review highlight both the gaps in research and the methodological challenges in conducting research and evaluations in this area. While there is good evidence for the effectiveness of some programmes as will be discussed in the following chapters, there is a general paucity of programme evaluations that meet the 'gold standard' and many initiatives that have not been evaluated at all. Therefore it is important to be aware of programmes that demonstrate promise based on the studies that have been done.

In general we have noted a lack of research in the following areas of family violence:

- women as perpetrators
- men as victims
- LGBT community
- sibling violence
- parental violence
- Sexual assault in the context of IPV
- Practice research on programme fidelity, worker/client relationships and organisational factors contributing to success of interventions is relatively light
- Research on desistance from violent offending

2.5 Summary

The selection of interventions requires research mapping in the first instance which relies on detailed data collection and reviews of international and national research already undertaken in particular fields related to family violence. There are types of family violence that have been relatively overlooked in wider research in terms of aetiology and where interventions have developed out of necessity and in response to need but which have not been evaluated. In such instances there is a practice-to-research lag which must be closed before considered decisions about efficacy and effect can be assessed. Where research has already been established the research-to-practice interface needs monitoring so that best-value interventions are selected. For existing responses that have been already well established continual monitoring and quality improvement is necessary in order to maintain research-informed practice. Such a background of intelligence is necessary in order to support governments and service providers in making optimally informed decisions about intervention investment including investing in the right mix of programmes. Until such time as New Zealand's collective intelligence is strengthened it is likely that the funding of a plethora of social services in the areas of FV and CAN will continue with little knowledge about their cost benefit and effectiveness in reaching the most at-risk populations. The New Zealand knowledge economy is frequently referred to as an aspirational goal for successive governments; a similar commitment is needed in this area of social investment, the neglect of which probably has greater economic implications for children, families and individuals.

Having considered the intelligence framework that must pre-exist in order to make informed selections of interventions, it can be seen from the discussion in this section that there are multiple factors to consider in the selection process; not the least of which is cost. However, equally important are methodological considerations, how to determine 'best evidence' and implementation issues. Less attention has been paid to the necessity of community buy-in and the

pragmatic considerations of impact of the political process where adverse public sentiment may influence decision-making.

We hope that this review of issues related to interventions highlights that multi-systemic approaches are widely supported in the research literature in order to reduce FV and CAN. A holistic approach is more complex and requires responding at different levels of need and risk but is imperative in order to address intergenerational FV and CAN. The next section moves from technical considerations of programme selection, design and implementation to reviewing a selection of specific interventions that appear to hold promise in specific fields of FV and CAN.

3 Child Abuse and Neglect – review of interventions

3.1 Introduction

This section reviews current evidence on the effectiveness of interventions to prevent child abuse and neglect. Primary prevention initiatives are examined first then secondary and tertiary interventions. In practice it is difficult to distinguish the boundaries between some of these interventions and as stated previously the different categories can be regarded as a continuum. There is support for an integrated approach to early intervention where each level of strategy (primary, secondary and tertiary) plays a part in child abuse prevention and in enhancing child and family wellbeing (Holzer et al., 2006).

“In New Zealand, Child Youth and Family (2013) advice uses the following terms to refer to the different types of child maltreatment:

- Physical abuse – is any behaviour which results in physical harm to a child.
- Sexual abuse – is any act where an adult or a more powerful person uses a child or young person for a sexual purpose.
- Emotional abuse – is a pattern of behaviour that attacks a child’s emotional development and sense of self-worth
- Child neglect – is defined as failure to meet a child’s essential needs through inadequate parenting and lack of responsibility. Neglect is about what parents and caregivers don’t do. We all understand that parents are not able to meet all their child’s needs all the time, but it is persistent neglect of a child’s need which results in some form of harm. Neglect can include physical neglect, neglectful supervision, emotional neglect, medical neglect and educational neglect” (p. 1 cited in Robertson, 2014, p.15-16).

Part One of the literature review highlighted risk and protective factors for child abuse and neglect. Risk factors include a range of both exogenous and endogenous factors. Key intrapersonal factors include mental health, substance dependency, lifetime history of CAN, exposure to FV in childhood and adolescence, and high levels of PTSD. Lack of knowledge and skills in regards to parenting are also factors. Key external factors are experience of poverty and accumulated social disadvantage, societal attitudes towards gender and violence, access to support/response services and limitations of services available. There is wide agreement from researchers that so called ‘hard to reach’ populations that are not engaged with services are the most at risk; particularly in regards to child homicide. Protective factors include individual differences in relation to the impact of childhood adversities, access to significant protective pro-social support and various interventions demonstrated to improve outcomes for children and young people (see Institute of Medicine and National Research Council, 2013 for comprehensive summary of factors). A bio-ecological approach is essential to ensure that families receive interventions that are responding to both sets of factors (Bronfenbrenner & Morris, 2006).

The growing acceptance of the link between CAN and FV means that response services have the additional challenge of developing new ways of working collaboratively so that their respective skills, expertise and administrative systems can work together. Interdigitating and reviewing legislation and administrative practices will be necessary in order to mesh response services in order to achieve desired outcomes. The future development and evolution of governmental and community

responses to the interface between CAN and FV requires a high level of interagency cooperation. There appear to be a limited number of evaluations in regards to effective interagency practices and among those that have been undertaken concerns are raised about procedures and protocols for sharing information particularly in record keeping and training and communication (Theakstone-Owen, 2013). In a study by Moles (2008) based on a New York experience of interagency cooperation, it is clear that both care and protection services and domestic violence services need to reassess their respective agencies' goals to incorporate a more complex theoretical appreciation of CAN and both are required to broaden their practice to reflect necessary shifts in theories and perspectives.

The public health approach to responding to complex needs and resources has been traversed in Part One, particularly the WHO recommended examples of each level of intervention. Part Two incorporates this perspective and in this section applies this to CAN and the interface with IPV.

3.2 Primary prevention

Primary prevention initiatives are generally focused on reducing risk factors and enhancing protective factors and are either universally applied to the whole population or targeted at specific groups who have been identified as high risk. The New Zealand system of free Well Child checks is an example of a universal strategy aimed at checking pre-school child health milestones⁴. Another example of a universal primary prevention initiative is Child, Youth and Families', 'Never Shake a Baby' social marketing campaign.

The New Zealand strategy, Strategies with Kids, Information for Parents (SKIP), is an example of a population based targeted prevention initiative as it originally aimed to target all families with children from birth to five years (rather than the general population). It has now become even more targeted "on parents less likely to engage with conventional support (such as migrant groups, teen parents, single parents, and parents living in areas of high deprivation)" (Robertson, 2014, p. 59).

Poole, Seal, and Taylor's (2014) discussion on the differences between universal and targeted approaches found that most child physical abuse and neglect prevention programmes target populations of high risk and there are fewer examples of universal programmes. They note that the most effective targeted programmes are highly resource intensive (e.g. Nurse Family Partnership home visiting programmes and Incredible Years parenting Training Programme have both shown significant reductions in harsh parenting (Poole et al., 2014, p.389). Universal interventions can be regarded as complementary to intensive targeted programmes in three ways:

1. Tend to focus on root causes of a problem that are highly prevalent in a population;
2. Reinforce targeted programmes with supportive complementary messaging and actions;
3. Target prevalent risks in a population which has potentially large impact.

(Poole et al., 2014, p.389).

Robertson (2014, p.33) notes that universal services such as those provided by the health sector (midwives, GPs, Well Child service in New Zealand) are not only less stigmatising than targeted services, they provide an important opportunity to identify risks and deliver parenting education and interventions. The examples provided by Robertson include the United States Safe Environment for

⁴ For further information see www.moh.govt.nz/indexmh/well-child-question-answer#1

Every Kid (SEEK) intervention which involves paediatric resident education in a primary care medical setting which has shown promising results by reducing maltreatment reports (Dubowitz et al. 2009 cited in Robertson, 2014, p.33). In particular, targeting pregnancy and new parents has been found to be an opportune time to engage with parents and identify those who need additional support (Robertson 2014). As an example, a RCT of the Family Foundation programme which delivers psychosocial prevention through childbirth education programmes “indicated significant programme effects on parental stress and self-efficacy, co-parenting, harsh parenting, and children’s emotional adjustment among all families, and maternal depression among cohabiting couples” (Robertson, 2014, p.32). The study design included a sample of 169 heterosexual, adult couples expecting their first child which was randomised to intervention and control conditions. The intervention families participated in Family Foundations, a series of eight classes delivered before and after birth, which was designed as a universal prevention programme (i.e. applicable to all couples, not just those at high risk). Intent-to-treat analyses was conducted utilising data collected from children age six months through to three years

Poole et al., (2014) conducted a systematic review of selected studies that examined universal interventions with a media component aimed at preventing child physical abuse. They also wanted to assess the key risk factors addressed by the campaign and the impact this had to inform the future development of future universal primary prevention campaigns. Their review found 17 studies that met their eligibility criteria, seven used experimental designs and the rest were quasi-experimental. The studies were conducted between 1989, to 2011; in five countries. The risk factors most commonly targeted in campaigns included: “lack of knowledge regarding positive parenting techniques, parental impulsivity, the stigma of asking for help, inadequate social support and inappropriate expectations for a child’s development stage” (Poole et al., 2014, p.388).

The authors concluded that there was insufficient evidence to assess the ability of universal campaigns to reduce child physical abuse due to the lack of good quality evaluations. They did identify that the Triple P programme (universal component) was the exception as the evidence was promising. The other campaigns produced significant parent and child behavioural effects and improvements in parents’ knowledge of child physical abuse, corporal punishment, and shaken baby syndrome. However, whether the campaigns impacted on attitudes and beliefs was less conclusive due to weak evaluation designs (Poole et al., p.427).

3.3 Secondary and tertiary intervention

3.3.1 System responses

Child welfare systems in recent years have struggled with determining which types of evidence-based interventions to roll out in order to address moderate to high risk of child maltreatment. As mentioned earlier the state is reluctant to intervene unless there is solid grounds for concern and can only do so in the case of substantiated incidents of child abuse and neglect. This leaves a large sub population of families with histories of child abuse but without current notifications of abuse. Prevention programmes and services have become widely understood as needing to be directed at preventing child abuse occurring in the first instance and to prevent future child maltreatment but this is difficult to achieve with a reactive legislative mandate. Child welfare systems have come to

rely on a differential response model⁵ that seeks to connect the right level and intensity of service with the appropriate levels of assessed risk and need.

Responses to substantiated cases of child abuse vary according to level of assessed risk and need. As risk measurement typologies have become increasingly sophisticated and as understanding of developmental psychology and social work practice have advanced so have state responses to child abuse become more tailored to different levels of risk and need.

In the child abuse practice arena, lowest levels of need are generally responded to by case management, brokerage and referral where families are by and large expected to access resources and treatments independently of the statutory care and protection service. In recent decades, state care and protection systems increasingly rely on the voluntary sector to deliver a range of family support/preservation services, generally at low to moderate risk levels. In some jurisdictions the state has begun to rely on the NGO sector to deliver specialist home-based services to ultra-high risk populations; usually where previous child abuse notifications have occurred. Section 3.3.2 will examine the evidence regarding interventions that have been evaluated.

Where family preservation is assessed to be viable still, higher risk families and ultra-risk families/whānau are likely to have intensive case management and intensive home-based support programmes or a combination of the two put in place in order to reduce risk factors and promote optimal parenting practices. Governments internationally are concerned with the cost of child abuse and child homicide and increasingly focus their efforts on prevention as well as more effective direct response in the case of substantiated cases of abuse. Policy development in this area in New Zealand and elsewhere has been affected by constant high profile homicide cases which understandably generate public concern and may lead to formal public enquiries but may not contribute beyond understanding specific case shortcomings. The costs of failing to act and of failing to deliver appropriate services at the right time can contribute to traumatic incidents in both CAN and family violence (FV) which have long term ramifications for individuals and communities.

In the context of limited government spending and pressure from other budget priorities it has become imperative to determine the best bang for taxpayer monies in response measures in the area of child abuse and family violence. The challenge for the state is in how to intervene at the right time without infringing on parental rights and without breaching privacy and service mandates.

3.3.2 Programme evidence

A recent review of parenting programmes and home visiting interventions by Robertson (2014) examined the evidence base for effectiveness of parenting programmes internationally and in New Zealand. The focus of the review was parenting support programmes for vulnerable children aged zero to six years. In particular, evidence was sought for interventions that proved effective for reducing maltreatment and risk of maltreatment of children. A rapid evidence assessment (REA)

⁵ 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. See CYF website for further information on differential response model: www.cyf.govt.nz

method was used and the evidence for effectiveness was primarily drawn from experimental and quasi-experimental studies. Due to the recent publication and relevance of this review in relation to our own objectives we have drawn extensively from the findings. A major issue highlighted by Robertson's review (and nearly all the reviews examined) was the lack of good quality evidence to assess the effectiveness of interventions, therefore programmes that have not been evaluated, or not to the standard required to constitute evidence; may indeed be effective. Indeed Robertson has included existing rankings of the existing evidence and those that show promise are indicated.

Robertson provides a list of interventions⁶ to prevent CAN by subtype of maltreatment and strength of research evidence and we have included an adapted version in appendix 1. Further detail on the interventions, level of risk and/or type of abuse/neglect the intervention is primarily aimed at; delivery mode; intensity or 'dosage,' and cost is provided in Robertson's review. The author found that the programmes that had the most evidence for reducing CAN were:

- "Nurse-Family Partnership (US)
- Early Start (New Zealand)
- Parent-Child Interaction Therapy (US)
- SafeCare (US)."

(Robertson, 2014, p.8)

Robertson states that "these programmes also had various other positive child and parenting outcomes, although they were less successful at changing parental issues, such as drug and alcohol use, domestic violence and maternal depression" (p.8).

In regards to New Zealand parenting programmes, Robertson found that due to the lack of well-designed studies, with the exception of Early Start, it was difficult to assess the effectiveness or impact of these programmes.

"The review was therefore limited in its ability to assess the effectiveness of New Zealand programmes. With regard to programmes working with the parents of vulnerable children in New Zealand, we concluded:

- The **Early Start** programme has good evidence of effectiveness, and is cited internationally as an evidence-based programme.
- The **Incredible Years** programme is supported by international evidence. A recent New Zealand evaluation indicates that it is operating successfully.
- **Triple P** is also supported by international research and some research in New Zealand.
- The **Parents as First Teachers (PAFT)** programme is based on the US Parents as Teachers (PAT) programme, which is regarded as an evidence-based programme. A recent evaluation suggested the programme had some positive health benefits for children and reduced conduct problems, but the design did not include a randomised comparison group.
- **Home-visiting** approaches are supported by international research. A 2009 review of

⁶ Robertson (2014) has drawn evidence from Pecora, Sanders, Wilson, English, Puckett, & Rudlang-Perman, (2012). We have modified this list to categorize programmes firstly by strength of evidence, and then by what type of maltreatment each programme has shown some evidence of addressing.

New Zealand's Family Start home-visiting programme (available in targeted areas across the country) suggests, however, that there has been uneven implementation of the home-visiting model and evaluations to date have not enabled a judgement to be made of the effectiveness of the programmes.

- The **HIPPY** programme aims to help parents prepare their children for formal schooling. There is good overseas, and some New Zealand, evidence that the programme is successful in its aim." (Robertson, 2014, p.10-11, emphasis added).

However, Robertson failed to include other promising interventions trialled in New Zealand and evaluated with quasi-experimental designs; specifically the Family Help Trust (Turner, 2008). Turner's evaluation of this service suggests positive effects of this service in enhancing child safety, reducing parental substance abuse and reducing likelihood of re-imprisonment (2008). This trust works with the families categorised as at highest risk of CAN due to past notifications of children and accumulated risk factors. Robertson's work pays less attention to the role of risk factors and interventions and the Family Help Trust evaluation indicates effectiveness with ultra-high risk groups compared with the relatively lower levels of risk represented in the Early Start selected cohorts. It is our view that it is imperative that the Family Help Trust intervention is evaluated more robustly in order to further establish efficacy and effectiveness. The Family Help Trust intervention along with Early Start and Family Start interventions showed minimal influence on the economic position of the families involved with the programme.

3.3.3 Home visiting programmes

Part One of our literature review in regards to the aetiology of child abuse and risk and protective factors illustrates that the overwhelming majority of researchers favour home-based services for prevention of child abuse. There are a plethora of home-based services ranging from parent education programmes to child-focussed behaviour management to generic social worker or nursing support. Services may be universal or targeted. Different social services contexts understand the terms universal versus targeted in different ways. Services may be regarded as universal where they are offered to families of all levels of SES who may have some difficulties with parenting that have come to the attention of a service authority. Or services may be regarded as universal where they are offered to all families who have substantiated cases of child abuse. There are many different forms of targeting and types of home-based service available which makes comparative evaluative research methodologies problematic in this arena. This is a challenge that besets researchers and claims about programme and service effectiveness need to be treated with caution in relation to which populations they are delivered to and how they are delivered.

Wade and Fordham (2005) in a Canadian review of home visiting programmes refer to the variation in programme goals, the practice approaches employed, the populations served by home visitors, and the duration and intensity of interventions. They found that programmes that appeared to have the most efficacy for improving children's health and outcomes were based on theories of development and behaviour change, and employ some form of curriculum. Wade & Fordham suggest that research also supports the view that home visiting needs to be one part of a range of comprehensive services that are "embedded in healthy public policies that address systemic causes of poverty and family disadvantage" (2005, p.2).

Holzer et al. (2006) identified six key features of successful home visitation programmes (p.16):

- Programmes that targeted an ‘at risk’ population;
- Programmes where services were delivered by more highly trained and qualified home visitors;
- Programmes where home visitors were experienced in dealing with the complex needs of many ‘at risk’ clients;
- Programmes of long enough duration to impact upon parenting or risk factors that contribute to child maltreatment;
- Programmes that matched programme designs to the needs of the client group; and
- Programmes that focused on improving both maternal and child outcomes.

The authors recommended targeting of populations given the context of scarce resources, and the employment of professional workers able to respond to the multiple needs of ‘at risk’ families.

Santos’s (2005) mega-analytic review shifted the focus from whether home visiting works to whether it is effective in real world settings and how it works. The question of effectiveness in diverse settings and with diverse populations raises an alternative set of research goals from outcome goals. Among the research priorities identified by Santos that emerge from the ‘how it works’ question are cost effectiveness in relation to cost per child, and length of intervention, and also the cost of a skilled workforce that is able to respond to multiple client needs.

Substantial studies by Peacock et al., (2013) and Dodge et al., (2014) both indicate that home visitation has positive effects on child health and family outcomes. Peacock et al., (2013) found that child abuse prevention was particularly effective when the intervention was provided prenatally. They found less impact on language skills but positive impact on child cognition and behaviours. The study found less impact for high –risk children living in disadvantaged families and recommend further development in this area in programme design and delivery.

Research has identified enough positive effects for governments all over the western world to roll out extensive home visitation services. In the US the recently adopted Patient Protection and Affordable Care Acts (2013) have provided 1.5 billion to states in order for them to institute home-based early intervention services (Avella & Supplee, 2013). Such services are required to be based on evidence-based models and Avella and Supplee (2013) reviewed 32 models that met the US Department of Health and Human Services standards. They found that the majority of models had a positive effect on child development outcomes and in reducing child maltreatment. There appeared to be less effect on birth outcomes but the authors recommended home visitation as effective with high risk populations overall, particularly in regard to level of health care usage and child development.

The majority of research and policy development in the field of home visitation has emanated from the US and must be considered within the US context in so far as this differentiates and influences intervention results. Nievar et al., (2010) in an interesting meta review of diverse home visitation programmes introduce the role of the Matthew Effect. This study examined 29 reviews involving 6452 individual participants where programmes ranged in intensity and length and were delivered to diverse populations with varied SES. Programmes ranged from 1.4 to 54 months. There were some diverse results but after adjusting for heterogeneity overall there were modest to substantive improvements in maternal behaviour. Higher intensity programmes with more than three visits per

month and those of greater length yielded the greater positive results. The authors discuss the Matthew Effect or the principle that those who have greater socioeconomic resources will access a service most while those who have less are likely to access it least (see Bakermans-Kranenburg et al., 2005). The authors suggest that the US provides less support to low income populations as a whole compared with other industrialised nations and this may explain the lesser impact of programmes for low SES in the US context. This is a contested issue in research on home visitation as other studies (primarily US based) have found lesser effect with high risk populations although the evidence is conflicting and depends on what type of home-based service is under review (Al et al., 2012; MacLeod & Nelson, 2000).

Al et al., (2013) in a meta-analysis of intensive brief home-based family preservation programmes found a medium to positive effect on family functioning but little effect in relation to preventing out-of-home placement. There was some effect in preventing out-of-home placement among multi-problem families but not for those with abuse and neglect issues.

Guterman et al's., (2013) recent US-based meta review has examined home visitation services that are provided by paraprofessionals rather than professionals such as nurses, social workers and paediatric specialists. There is some attraction for governments in such services due to the lower cost per programme although overall there has been much less attention paid to cost benefit analyses across types of home-based services. In addition, a parenting aid service involving trained volunteers has been delivered for many years in a number of US states and pre-dates intensive home visitation services. Guterman et al., (2013) in a review of parenting aid services have reported a reduction in physical child abuse and related predictors but nil effect on reducing child neglect. Mothers reported improvements in parenting efficacy, reduction of stress, and reductions in depression and anxiety.

In another review of a universal nurse home visitation programme Alonso-Marsden et al., (2013) report that while this programme is aimed at demographically at-risk parents, it fails to reach those families that are at high to ultra-high risk of child abuse. The non-compliance rate and lower engagement rate led to recommendations for programmes to concentrate on engagement and retention issues.

Once longer term outcomes are measured in meta reviews of home visitation the results demonstrate positive impacts of programmes for adolescent development. Manninga, Homel & Smith (2010) conducted a meta-analysis of a diverse range of early developmental programmes including developmental day care, home visitation, family support services and parent education delivered to at-risk populations and evaluating non-health outcomes for adolescents. Overall across programmes there was a 60.2% effect compared with the control group. Among positive outcomes that were reported were educational success, reduction in social deviance and involvement with criminal justice, increase in social participation and family well-being and improvements in cognitive and socio-emotional development. The longer the intervention the stronger the effect and programmes over three years and lasting into primary school years were most effective. The greater the intensity the better the adolescent outcomes also with greater effect for over 500 visits. The authors recommend that more research and evaluation is needed but that well-conducted and implemented early development programmes can have significant positive impact on adolescent outcomes and the gains are potentially substantial for social policy purposes (p518).

Other home visitation services deliver specialist parent/child therapy and a 2013 evaluation of such a service found positive results from brief and intensive parent child interaction therapy delivered by paediatric health professionals (Bagner, Rodriguez & Blake., 2013). Improvements were measured in addressing behaviour problems.

The overwhelming finding in the meta-analytical reviews related to parent education and home visitation is the need for interventions 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. (Avella & Supplee, 2013; Daro, 2005; Dodge et al., 2014; Hermanns, Asscher, Zijlstra, Hoffenaar, & Dekovic, 2013; Holzer et al., 2006; Kitzman, 2005; Nievar et al., 2010; Olds, 2005; Peacock et al., 2013; Santos, 2005; Wade & Fordham, 2005). Failure to address these wider socio-economic conditions risks compromising the effectiveness of behaviour change interventions.

3.3.4 CAN and co-occurring factors

With growing attention being paid to co-occurring child abuse and family violence, integrated interventions between the two sectors are beginning to increase. Kelley, Klostermann, Doane, Mignone, Lam, Fals-Steward, & Padilla, (2010) report on a promising programme designed to treat the combined effects of parental drug use and interparental violence. The authors stress the heightened risk of child neglect and child abuse occurring where drug abuse is present. Where one parent is abusing drugs there appears to be slightly less risk. Co-occurring factors such as poverty, stress, child maltreatment, poor parenting and parent psychopathology, alcohol and other drug (AOD) abuse are all recommended for targeting by home-based services.

Differential response in child welfare has come to be recognised as worthwhile in relation to attempting to integrate responses to family violence and child abuse. Because the aim of differential response is to provide appropriate services it has been suggested that it enables child welfare systems to work in partnership with family violence services in a way which integrates the advocacy of FV services with protection of children (Cross et al., 2012).

3.4 Programmes for Māori whānau

Robertson's (2014) review of parenting programmes for Māori highlights the importance of context and the tension between the context programmes are developed in and how this is transferred and adapted to be culturally appropriate and responsive⁷.

“This context can have a significant influence on the success of the programme when it differs from the context in which the programme was initially developed and trialled. The culture of programme participants and their understanding of parenting and parenting roles are likely to influence the success of programmes.” (Robertson, 2014, p.84)

⁷⁷ Robertson highlights the distinction between cultural ‘responsiveness’ and appropriateness’ based on McFarlane’s (2011) distinctions. Cultural responsiveness “[r]efers to the delivery of the programme and the ability to respond to fluid, authentic situations in ways that resonate with (and are therefore culturally appropriate) and affirm the culture of clients. Cultural appropriateness [r]efers to programme selection and content, ie: do programme values, format and content align with the cultural values and practice of the target group?” (Robertson, 2014, p.88)

Key themes from Robertson’s review of the literature and advice from the Māori Expert Advisory Group included:

- parenting should not occur in isolation from whānau, but should include extended whānau members.
- “Principles, values and beliefs within a Māori worldview have been described as important characteristics of any effective parenting programme for Māori whānau. (Herbert, 2011; Cram, 2012; Cargo, 2008; Pihama, 2012 cited in Robertson 2014, p. 86).
- Reinforce and in some cases reinstate traditional Māori societal views of children as highly valued and respected. Robertson (2014, p.87) states that “[w]hile much of this knowledge has been diminished and devalued as a result of the rise of Western thought and knowledge through the processes of colonisation, there are still knowledgeable specialists who can often relate, explain, and teach these traditional child-rearing practices.
- “The literature reveals that it is important that parents, in particular young parents who are parenting alone, are able to access social support networks (Pihama 2012). The ideal is the support from family or whānau (Rawiri, 2007)”. (Robertson, 2014, p. 89)

Parenting programmes for Māori in New Zealand include a mix of locally developed programmes and overseas models, some of which have been adapted to varying degrees to be culturally appropriate and responsive. Robertson’s (2014. P.87) review of the effectiveness of these programmes found little evidence that the evaluations that had been done either focused on pilots or initial implementation and no longer term follow-up to assess outcomes has been undertaken (p.87).

Robertson concludes,

“The literature is supportive of the idea that programmes framed within a Māori worldview, where Māori values, principles and beliefs are included, are more likely to meet with success. It supports the view that if the participants can clearly identify themselves in the programme then there will be some measure of success in engaging and retaining those participants in the programme. Some of the literature suggests that kaupapa Māori programmes can engage and retain participants more effectively than general programmes (Adamson, Sellman, Deering, Robertson & de Zwart 2006). A growing range of programmes has been developed to serve Māori whānau in this area and many of these incorporate Māori tikanga and kawa. While few of these programmes have been rigorously evaluated, there is a growing body of practice in this area.”

“Kaupapa Māori theorists (see for examples McFarlane 2011; Pihama 2012; Herbert 2011; Cargo & Cram 2009) have indicated that there could be value in investing in programmes that match the particular cultural imperatives of the target audience. In reference to culturally adapted programmes, Cargo (2008) states careful consideration needs to be given to research, planning and implementation of these programmes.”

(Robertson, 2014, p. 100)

3.5 Programmes for Pacifica

Robertson (2014) reviewed Pacifica models of parenting and cultural perspectives, values and tradition to reduce risk of CAN in New Zealand. He emphasised the importance of recognising the different cultural perspectives that come under the umbrella term 'Pacifica'. Another important factor to consider was that many Pacific cultures regard parenting as a collective responsibility which is carried out both by biological parents and kin networks. This has implications for the effectiveness of programmes developed with a Western model of nuclear parenting for Pacifica families.

“Many home-visiting programmes have grown out of an emphasis on the nuclear family, and the desire to support mainly women with their children’s early educational development. Research with Pacific peoples has indicated that a more collective approach is needed to increase programme participation and engagement, by moving parenting programmes from individualised home-visiting approaches to a community of belonging-based initiatives (Tamasese et al. 2010).” (Robertson, 2014, p. 105)

A number of culturally specific frameworks for Pacific ethnicities, and programmes have been developed which require more research and evaluation to identify how effective these programmes and initiatives are in practice.

(Robertson, 2014) reviewed evaluations of mainstream parenting programmes in New Zealand to identify factors that related to effective Pacific parenting. Three main themes emerged from this review:

1. “Mainstream parenting programmes are beneficial for mainstream New Zealand families, but too little is known about their benefits or effectiveness for Pacific families....
2. Parenting programmes delivered in New Zealand are imported, adapted and delivered without assessing their suitability for Pacific families....
3. There is a general absence of basic and evaluative evidence on Pacific families and their participation in parenting programmes currently available.” (Robertson 2014, p.106)

Robertson suggests the following process to both adapt mainstream programmes and develop Pacifica programmes that are culturally responsive and appropriate for the different Pacifica ethnicities. An example is the adaption of Family Start to the Pacific Family Start programme.

“The process of resolution could be built on two strategies: firstly, to assemble Pacific specialists and elders who can evaluate the mainstream programmes for their effectiveness for Pacific families and children and then, if appropriate, to pilot an adaptation which can be evaluated; second, a distinctively Pacific parenting programme can be developed with the assistance of Pacific specialists and elders. The Pacific parenting programme would be characterised by and authentically founded on Pacific values and concepts of parenting in the context of New Zealand. Such a programme can then be piloted and evaluated for its effectiveness from the perspectives of Pacific families.” (Robertson, 2014, p. 107)

3.6 Mental Health Responses for Perpetrators of CAN

The role of mental health needs has been established by a number of studies on child abuse and neglect perpetration by caregivers (Taylor et al., 2009; Appleyard et al, 2011; Pereira et al, 2012,

Smith et al, 2014). Among parents, attachment problems (Van Ijzendoorn et al., 1999; Rodriguez & Tucker, 2011) and deficits in parenting knowledge and skill (Bugental & Johnston, 2000, Verhage et al, 2013), have been repeatedly found to influence child abuse and neglect.

In a review of intervention outcomes, it is important to again refer to the differences between the efficacy and effectiveness of the treatments. Research on efficacy may inform us of promising and sometimes hypothetical programmes as they report on outcomes under ideal or controlled conditions. In contrast, studies of effectiveness contribute equally important information in providing data on how applicable such treatments or interventions are in real world settings (uncontrolled, sometimes less monitoring and less frequent data collection). Both types of research literature will be included below. While these studies are reported separately, many well-designed studies report both efficacy and effectiveness outcomes.

3.6.1 Efficacy

Besides specific mental health and substance abuse treatment programmes, there is increasing evidence of key psychological mediators (or co-factors) that influence a caregiver's ability to care for children safely and adequately. As mentioned above, one of these key variables is the level of and type of attachment between caregiver and child/ren (Van Ijzendoorn et al., 1999; Rodriguez & Tucker, 2011). Studies that have reviewed the efficacy of attachment based programmes for parents with mental health and/ or substance abuse problems have been very promising in reducing rates of CAN (Moss et al., 2011; Bernard et al., 2012; Suchman, Decoste, Rosenberger, & McMahon, 2012). Importantly, Suchman et al., also found that not only were attachment variables important (e.g. reflective functioning and representation quality) in predicting parenting outcomes with at-risk mothers, so too was maternal depressive symptoms. This finding re-iterates the importance of focusing on both relationship factors such as attachment, as well as addressing psychological barriers to healthy relationships (such as depression and substance abuse). It is also important to note that social deprivation and poverty can similarly impact on parent-child attachment, independently of child abuse and neglect (Cyr et al., 2010). This is an important finding, as attachment programmes without attention to the social context or welfare of the family are unlikely to be successful (Barth, 2009; Wynd, 2013).

A second (but related) key mediator of CAN is likely the influence of parenting skill and knowledge. Not only are parents with mental health and substance abuse problems more likely to possess fewer parenting skills (Jameson et al, 1997) there is evidence of the reverse relationship: if parental skill and knowledge improve, so too may maternal depression (DeGarmo et al., 2004). It is important to note that parenting programmes that focus solely on skills are less likely to be successful as there is evidence that parental misattributions or distorted thinking about child behaviour or capacity play a crucial role in appropriate parental responses (Black et al., 2001). Therefore, integrated approaches that include education about child development and emotion regulation are likely to be more effective than targeting specific behavioural skills. Research findings indicate that parenting programmes, such as Triple P may be very effective in reducing the risk of CAN (Sanders, 2012) but integrated approaches such as Sander's enhanced Triple P programme or enhanced group behavioural family intervention (EGBI) have been found to be efficacious and effective in reducing further events of child abuse or neglect, once maltreatment has occurred (Sanders, 2012).

3.6.2 Effectiveness

In practice, many effective treatments are in fact, early intervention or preventative treatment for parents who have been identified as high risk (due to substance abuse and/ or mental health needs). Such programmes have demonstrated good effect with mothers with substance abuse (Belt & Punamäki, 2007), maternal depression (Bernard et al, 2012) and identified problems with attachment (Terenio et al., 2013). These findings have been repeatedly found in New Zealand early intervention/ treatment programmes and have also found to be effective for example, Family Start, Triple P, Parents as First Teachers, Wellchild Tamariki Ora, Family Help Trust, Early Start, and HIPPY⁸ in reducing the *risk* of child abuse and neglect and improving child outcomes. In addition, reflecting the increased potential risks associated with parenting children with disabilities (Jones et al, 2012), early intervention programmes such as the multi-disciplinary service offered by the Champion Centre, have reported good effect in child outcomes and parental coping. Recognising the systemic nature of CAN, many of these effective programmes in New Zealand involve whole families in multi-disciplinary settings and an increasing proportion of interventions, have demonstrated efficacy and effectiveness with Māori and Pasifika families and are tailored to incorporate, or developed around Whānau Ora models of family intervention. However, a number of these programmes suffer from a lack of national co-ordination (Fergusson et al, 2012) and many are not often or rigorously evaluated. Many of these programmes result in significant improvements in either child outcomes, or parental outcomes, but rarely both (Fergusson et al., 2012).

Sanders (2012) has extensively reviewed the Triple P programme in Australia .for use with parents who have perpetrated CAN. The author has completed a ‘blue-print’ for the dissemination of this programme internationally as an effective and efficacious parent intervention for child maltreatment. In addition, Bruce Perry, footnote? has extensively researched the impact of neglect on child-parent attachment, has similarly developed models of attachment intervention that are replicable by parents, teachers and foster caregivers (Perry, 2001; Perry 2009).

Summary and Key Implications for Practice:

- Programmes that involve work with caregiver/child dyads are appropriate for families experiencing *mild to moderate* risk of CAN.
- Families that have *moderate to severe* risk of family violence are better served by systemic, multi—agency interventions (see section 5).
- Both relationship factors (attachment, child development education and parenting skills) and individual coping factors (such as depression and substance abuse) are equally important targets for change.
- Some parenting programmes, such as Minding the Baby (early bonding and attachment) and (substance abuse) and Triple P (parenting skills and development education) have been found to be both efficacious and effective treatments.
- Evidence of both efficacy and effectiveness make such programmes likely to be more cost effective, as they have been ‘proven’ elsewhere and have successfully been implemented in New Zealand.

⁸ HIPPY stands for Home Instruction Programme for Preschool Youngsters set up by Dame Lesley Max in the Great Potential organisation in Auckland, NZ. An evaluation report was published in the Social Policy Journal of New Zealand, 1999, Issue 12.

- Skilled assessments, ideally from a national agency and wide availability would enable implementation in New Zealand. These programmes need to incorporate barriers to change, such as social deprivation or poverty, in order to be effective.

3.7 Summary

Similar issues arise from this section on interventions to reduce child abuse and neglect as were raised in regards to how to select optimum interventions. As can be seen there are frequently caveats on particular interventions as to the population aimed at, the particular behaviour change targeted, the level of risk involved, socio-cultural relevance and resources required. Nevertheless, despite the complexities, there are promising examples in the New Zealand context which have been variously evaluated and where evidence of positive change has been demonstrated. Such interventions have not arisen in a vacuum of knowledge and their underpinning rationale is usually well supported in international literature and a variety of practice contexts. It is important to recognise some responses to CAN are home grown, innovative and are showing excellent results.

The wider international research overwhelmingly supports home visitation. Clearly there continues to be a challenge in reaching the most at-risk populations and this requires close scrutiny on design and implementation when selecting interventions. Part One highlighted that child homicide is less likely to occur where a family is connected with a social service (Douglas & Mohn, 2014). Widely available home visitation support ensures that at least one service is engaged with a family but this requires assertive outreach with ultra-high risk families.

In addition to home visitation, attachment-based interventions are also well evidenced particularly with families experiencing co-occurring mental health and substance dependency issues. Such families are very likely to constitute 'ultra-high risk' and are likely to have criminal histories related to their substance dependency. Enhanced Triple P and Enhanced Group Behavioural Intervention (Sanders et al., 2004) have been found to be effective with this sub-group. Parent child interaction therapy has also been found effective in supporting high-risk families (Bagner et al., 2013).

This chapter reported on a range of interventions that have evolved in the New Zealand context; some of which are modelled heavily on overseas programmes such as the Incredible Years while others have been adapted and developed such as Early Start, Family Help Trust and HIPPY. There are a number of options for government in choosing which interventions to invest in in order to reduce CAN. It needs an adequately resourced and agreed established framework with which to make informed decisions about which interventions to strengthen. Such a framework needs to include innovative community initiatives that respond to local needs and which appear to hold promise in addressing CAN. Given the widely reported difficulty of reaching ultra-high risk of CAN populations, it is relevant to note that the Family Help Trust evaluation results show that it is possible to engage and work with this group and this is worthy of further scientific investigation. The international research significantly points to the later benefits for young people who have benefitted from a range of early in life family support services and whose health and educational outcomes have improved.

4 Primary prevention for family violence

4.1 Introduction

Primary prevention aims to stop violence before it occurs through initiatives that are designed to promote healthy non-violent relationships and change negative attitudes and behaviours. Interventions at this level are population based and can be applied universally to the whole population or targeted at specific populations identified at risk of becoming perpetrators or victims (Ministry of Women's Affairs, 2013).

4.2 New Zealand primary prevention initiatives

New Zealand's Campaign for Action on Family Violence is an example of a primary prevention universally applied to the New Zealand population and includes the social marketing campaign 'It's Not OK'; a suite of resources providing education, support and promotional material; media advocacy training; and an 0800 line for the public to freely access information. The Campaign targets individuals in family violence situations and communities generally with messages about the unacceptability of violence and advice on where to get support. The Campaign also provides a suite of resources for communities and local government wanting to promote non-violence; and businesses wanting to promote awareness of family violence and support their workforce affected by it (www.areyouok.org.nz). We note there have been multiple community campaigns, locally developed and some utilising the resources provided by the Campaign for Action on Family Violence. However due to cost and capacity issues hardly any have been evaluated. The Community Action Toolkit provides a profile of some of these initiatives and illustrates that there has been a considerable amount of locally driven activity and innovation in the primary prevention area.

The Ministry of Women's Affairs (MWA) paper, *Current Thinking on Primary Prevention of Violence against Women* (2013), provides an overview of trends in primary prevention internationally and identifies areas where New Zealand could enhance our primary prevention response. A stocktake is required of primary prevention activities in the family violence and child abuse areas as many of these initiatives are community led and it is difficult to get an overview of activities, identify gaps and effective approaches (MWA, 2013, p.11). A stocktake of sexual violence primary prevention activities in Aotearoa/New Zealand was conducted in 2013 that included tauwiwi and bicultural activities (Dickson, 2013).

The Ministry of Women's Affairs (2013, p.2) states that New Zealand policies primarily focus on the secondary and tertiary levels of response and there needs to be a greater focus on primary prevention. The Campaign for Action on Family Violence and local derivatives of this campaign, have shown positive outcomes in terms of raising awareness about family violence. However, they argue that this needs to be built on and include a wider set of prevention activities across all levels of the socio-ecological model.

4.3 Effectiveness of international primary prevention initiatives

WHO (2010) reviewed international studies on primary prevention initiatives (universal and targeted population initiatives) and identified the following strategies where some evidence was available. Research on effectiveness of primary prevention approaches is still relatively underdeveloped. WHO graded the strength of the findings on effectiveness:

“Effective: strategies which include one or more programmes demonstrated to be effective; ‘effective’ refers to being supported by multiple well-designed studies showing prevention of perpetration and/or experiencing of intimate partner and/or sexual violence;

Emerging evidence of effectiveness: strategies which include one or more programmes for which evidence of effectiveness is emerging; emerging evidence refers to being supported by one well-designed study showing prevention of perpetration and/or experiencing of intimate partner and/or sexual violence or studies showing positive changes in knowledge, attitudes and beliefs related to intimate partner violence and/or sexual violence;

Effectiveness unclear: strategies which include one or more programmes of unclear effectiveness due to insufficient or mixed evidence;

Emerging evidence of ineffectiveness: strategies which include one or more programmes for which evidence of ineffectiveness is emerging; emerging evidence refers to being supported by one well-designed study showing lack of prevention of perpetration and/or experiencing of intimate partner and/or sexual violence or studies showing an absence of changes in knowledge, attitudes and beliefs related to intimate partner violence and/or sexual violence;

Ineffective: strategies which include one or more programmes shown to be ineffective; ineffective refers to being supported by multiple well-designed studies showing lack of prevention of perpetration and/or experiencing of intimate partner and/or sexual violence;

Probably harmful: strategies which include at least one well-designed study showing an increase in perpetration and/or experiencing of intimate partner and/or sexual violence or negative changes in knowledge, attitudes and beliefs related to intimate partner and/or sexual violence;

Not applicable (NA).”

(WHO, 2010, p.40)

A summary of the key findings are presented in the following table which categorises primary prevention strategies targeted at different stages of life and universal strategies for all stages of life at the end of the table. The effectiveness of each strategy is identified in separate columns for IPV and for sexual violence.

Table 2: Effectiveness of primary prevention strategies for IPV and Sexual Violence adapted from WHO (2010)

Primary Prevention Strategy	IPV	Sexual Violence
During infancy, childhood and early adolescence		
Interventions for children and adolescents subjected to child maltreatment and/or exposed to IPV	Emerging effectiveness	Unclear
School-based training to help children recognize and avoid potentially	Unclear	Emerging

sexually abusive situations		effectiveness
During adolescence and early adulthood		
School-based programmes to prevent dating violence	Effective	NA
Sexual violence prevention programmes for school and tertiary populations	NA	Unclear
Rape-awareness and knowledge programmes for school and tertiary populations	NA	Ineffective
Education (as opposed to skills training) on self-defence strategies for school and tertiary populations	NA	Ineffective
Confrontational rape prevention programmes	NA	Probably harmful
During adulthood		
Empowerment and participatory approaches for addressing gender inequality: microfinance and gender-equality training	Emerging effectiveness	Unclear
Empowerment and participatory approaches for addressing gender inequality; communication and relationship skills training (e.g. Stepping Stones)	Emerging effectiveness	Unclear
Home-visitation programmes with an IPV component	Unclear	Unclear
All life stages		
Reduce access to and harmful use of alcohol	Emerging effectiveness	Unclear
Change social and cultural gender norms through the use of social norms theory	Unclear	Emerging effectiveness
Change social and cultural gender norms through media awareness campaigns	Emerging effectiveness	Unclear
Change social and cultural gender norms through working with men and boys	Emerging effectiveness	Unclear

Adapted from WHO (2010, p.40)

There is now more focus on engaging men and boys in preventing family violence (Baker, 2013; MWA 2013; WHO, 2010).

Cismaru and Lavack (2011) conducted a review of 16 primary prevention campaigns targeted at perpetrators of family violence from five countries, including the 'It's Not OK' campaign from New Zealand. To analyse the effectiveness of each campaign for persuading IPV perpetrators to change

their behaviour they combined two well-known models: the Trans-theoretical Model (TM) (Prochaska, DiClemente & Norcross, 1992) and Protection Motivation Theory (PMT) (Rogers, 1975, 1983) to create an analytical framework (Cismaru & Lavack, 2011). The authors identified the most salient PMT variable⁹ for each stage of change¹⁰ and described the characteristics of people found in that stage, and then posited the most effective strategies for persuasion (Cismaru & Lavack, 2010).

The 'It's Not OK' campaign along with one other campaign showed the most comprehensive set of elements to prevent violence and covered all stages of change and PMT variables. The authors state "addressing all stages of change in the same place (e.g. the same website or booklet) is important because if, for example, one perpetrator accesses a website that only targets pre-contemplators, he might be inclined to get help but be left with no information on how to do it. Similarly, if only information about available services is found (action stage) when the perpetrator is not yet convinced that he needs to change, he might refuse to act" (Cismaru & Lavack 2011, p.194).

An evaluation of 'It's not OK' campaign conducted in 2010 found ,

"the Campaign is highly visible and recall of Campaign messages is high across all groups; the understanding of the behaviours that constitute family violence appears to be increasing; the Campaign has had an impact on people's motivation to act; the Campaign has given strength to local initiatives, including giving them the confidence to use a wide range of social marketing strategies; the Campaign is contributing towards increased reporting of family violence and more people are seeking help from agencies; and family violence is being reported in the media with greater accuracy and is more likely to be portrayed as a serious social problem" (cited in Cismaru & Lavack 2011, p.194).

The evaluators highlighted the importance of any media campaign being supported by 'layers of activities and interventions' so that people had access to the resources and services they required.

4.4 Summary

Once again, it can be seen that intelligence capacity needs to be created in the New Zealand context in order to consistently evaluate primary prevention initiatives. In the absence of such capacity public health campaigns have been introduced in Aotearoa with limited evaluation and follow up. There is sufficient evidence to show that the 'It's not OK' campaign was effective in raising awareness and changing attitudes towards IPV. Given that the WHO recommend that changing cultural and gender norms through primary prevention shows emerging effectiveness whereas other initiatives show less conclusive or even nil effects, investment in such campaigns would seem logical and stand to influence behaviour change on a number of levels. The corollary to such campaigns is to ensure that the relevant response support services are widely available to communities.

⁹ PMT proposes five variables that influence a person's decision to change their behaviour: vulnerability; severity; response efficacy; self-efficacy; and costs.

¹⁰ TM identifies stages of change a person may pass through when they try to modify their behaviour: pre-contemplation; contemplation; preparation; action; maintenance; termination; and relapse.

5 Interagency responses to CAN and other forms of family violence

5.1 Introduction

Part one of the review identified the importance of holistic and integrated approaches to address FV and CAN. Considering families face multiple kinds of violence (e.g. IPV and CAN) and multiple risk factors no one agency can solve all these issues. However, the way services are integrated can vary considerably as can the outcome measures. The overarching aims of many collaborative efforts to address family violence focus on victim safety and offender accountability.

The Australian Domestic and Family Violence Clearinghouse (2010) in their review of integrated service approaches to address family violence for the New South Wales government suggested the most useful definition of integrated service provision is that proposed by Mulroney (2003):

“Co-ordinated, appropriate, consistent responses aimed at enhancing safety, reducing secondary victimisation and holding abusers accountable for their violence” (Mulroney, 2003, p.2 cited in Australian Domestic and Family Violence Clearinghouse, 2010, p.6).

They emphasise the importance of highlighting “consistency and reducing secondary victimisation, which has been extensively reported as an outcome from and barrier to women using legal and statutory responses to domestic violence” (Australian Domestic and Family Violence Clearinghouse, 2010, p.6).

The literature points to a number of advantages of interagency collaboration including: increased efficiency and reducing duplication; information sharing and shared risk assessment that enables a more comprehensive approach to victim safety and offender accountability. Tseng, Liu and Wang (2011) reviewed evaluations of interagency collaboration in the social services and found the overall results showed they were effectiveness. Particular benefits included: “growth of interagency linkages, more diverse interagency activities, an increased sense of collective power among members, positive attitudes, and increased information and referral exchange” (Tseng, et al., 2011, p.799).

5.2 The integration continuum

Most authors conceptualise the integration of services as a continuum (see figure 1). Tseng et al., (2011) review of the literature highlights three main distinguishing points of the continuum:

“(1) cooperation, in which most influence comes from a single agency, (2) coordination with more joint work and some level of mutual adjustment between agencies, and (3) collaboration with fully shared services among agencies and an increasing loss of autonomy of individual agencies replaced by collective policy-making.”(p.798)

A similar distinction is outlined in figure 1, based on work by Fine, Pancharatnam, Thomson 2000 (cited in Australian Domestic and Family Violence Clearinghouse 2010 p.5). These authors note different jurisdictions use different terminology, for example the US tend to use ‘collaboration’ rather than ‘integration’ and ‘Coordinated Community Responses’ (CCR) to describe interagency approaches to family violence. Other terms include, whole-of-government, interagency, multiagency, multi-systemic, joined up service delivery and collaborative service delivery (Australian Domestic and Family Violence Clearinghouse, 2010).

Figure 1: The Continuum of Integration Australian Domestic and Family Violence Clearinghouse 2010, p.5

← Autonomy

Integration →

Autonomy	Cooperative Links	Coordination	Integration
Parties/agencies act without reference to each other, although the actions of one may affect the other(s).	Parties establish ongoing ties, but formal surrender of independence not required. A willingness to work together for some common goals. Communication emphasised. Requires good will and some mutual understanding.	Planned harmonisation of activities between the separate parties. Duplication of activities and resources is minimised. Requires agreed plans and protocols or appointment of an external coordinator or (case) manager.	Links between the separate parties draw them into a single system. Boundaries between parties begin to dissolve as they become effectively work units or subgroups within a single, larger organisation

5.3 Elements of successful integration

The Australian Domestic and Family Violence Clearinghouse’s review (2010) usefully distinguishes between ‘integrated services’ and ‘integrated systems’. They describe integrated services as “partly or wholly co-located responses comprising inter-agency teams that generally respond at a particular point in abuse/service interface, such as at presentation to court or police call out” (p.6). Whereas integrated systems are “jurisdiction-wide models that encompass multiple tiers of management, changes to core agency practice, diverse aspects of service delivery, shared protocols and, often, integrated courts and a legislative base” (Australian Domestic and Family Violence Clearinghouse, 2010, p.6).

The Australian Domestic and Family Violence Clearinghouse’s (2010) review of international and Australian interagency models concludes that the integrated systems approach is more sustainable with the potential to be more comprehensive than integrated services that have developed locally and do not have the backing of central agency support, nor access to changing legislation or policy to address system wide problems (p.31). The systems approach provides the support necessary to sustainably implement, develop and resource interagency initiatives.

“The establishment and maintenance of integrated responses is challenging and requires active leadership at all levels of implementation and adequate resourcing. Although responding to domestic violence is already within the remit of agencies, working in an integrated strategy adds to workload and in creating new responses to women and children, requires new positions. For this reason initiatives require detailed focus on implementation with sufficient time devoted to building consensus on vision, shared concepts, purpose and management. Ongoing implementation requires robust governance arrangements that operate at multiple levels, champions, clearly defined outcomes, as well as monitoring and accountability strategies.” (Australian Domestic and Family Violence Clearinghouse 2010, p.30)

While locally developed initiatives are able to respond to the local context, this flexibility could be built into centralised systems initiatives. Examples of integrated system approaches are the Victorian and Tasmanian Governments' approaches. The Victorian experience is outlined below.

Victorian Government whole-of-government integrated systems response to family violence

The Victoria Government response to family violence provides an example of how a whole-of-government approach can be implemented. Between 2005 and 2010 the Victorian Government instituted a suite of policies and initiatives underpinned by research and funding that are collectively known as the Family Violence Reforms (FVR). The purpose was to develop and embed an integrated systems approach across government departments and in partnership with community organisations and indigenous communities (Department of Planning and Community Development; Department of Human Services; Department of Justice and Victoria Police 2010; Frere, 2012).

The context in Victoria prior to FVR was "fragmented service provision and no clearly defined 'family violence service system' or unifying cohesive policy framework" (Department of Planning and Community Development, et al., 2010).

A whole-of-government approach was deemed essential to address such a complex problem as family violence as no one agency can resolve this issue alone. Frere (2012) describes the whole-of-government approach as "policy development, program management or service delivery approaches that emphasise shared goals, collaborative decision-making and priority-setting, information sharing and co-operative or partnership-based operations" (p.7). The following principles and initiatives have been identified by Frere (2012) and the Victorian Government's Department of Planning and Community Development, et al., (2010) as key to reforming the Victorian Governments response to family violence and developing an integrated systems response.

Establishing a common philosophical and policy framework – for example policies and initiatives were developed with an understanding of gendered nature of a lot of family violence that placed the safety of women and children at the centre of decision making and of paramount importance (Department of Planning and Community Development, et al., 2010; Frere, 2012, p.8).

To establish a common philosophy it was important to develop a shared definition of family violence across government agencies and non-government organisations (NGOs). Frere (2012, p.9) notes that the structural fragmentation of the Victorian family violence sector prior to the reforms involved variation in the way family violence was understood and the way responses to it were framed within organisation cultures which was a barrier to communication and agreeing appropriate responses.

"The whole-of-government approach to reform provided a basis for addressing these philosophical and cultural differences by engaging participants in a collaborative process that required the development of common goals and approaches in an environment where there was a clear political and organisation commitment to reform" (Frere, 2012, p.9).

The report, *Reforming the Family Violence System in Victoria* (2005) was developed by the Family Violence State-wide Advisory Committee (a partnership of government agencies and NGOs) to advise on reforms to establish an integrated systems response to family violence. Key elements of this report included: "a guiding set of principles; a focus on integration across three main systems

(police, justice and the family violence service system), and developing common practices and processes to ensure consistent responses by individual agencies” (Frere, 2012, p.5).

An example of common practices that was developed during the reform period was a Risk Assessment and Risk Management framework (2007) for different agencies and interagency teams to utilise.

This was complemented with a training package which by 2010 had been delivered to over 2500 specialist family violence workers and mainstream services (Department of Planning and Community Development, et al., 2010).

There has been a ‘community led partnership approach’ between Indigenous communities and government to develop responses appropriate for these communities. This has resulted in an ongoing partnership forum to embed strategies and initiatives in the family violence and child protection areas. For example the action plan, *Indigenous Family Violence Ten Year Plan Strong Culture, Strong Peoples, Strong Families* (2008) (Frere, 2012, p.6).

An integrated system should be implemented and experienced as a ‘whole service system’ where victims and perpetrators “enter the service system at any point and are referred and supported appropriately within an ‘integrated whole’ that brings together government and community service providers” (Frere, 2012, p.12).

Key enabling factors

The political will and commitment to reform was identified as fundamental to achieving the FVR (Department of Planning and Community Development, et al., 2010). “The role of ministers and senior levels of the bureaucracy are vital in setting aspirational outcomes and supporting their achievement” (Frere, 2012, p. 10). A critical factor enabling reform was consistent ministerial and executive leadership (Department of Planning and Community Development, et al., 2010).

The use of the concept ‘whole-of-government’ was considered useful for bringing together ministers and government officials and enabling a basis for coordinated resource allocation, service delivery and accountability processes (Frere, 2012). Ministers and executive heads of departments were directly engaged in policy coordination processes which “demonstrated that the project had broad-based support and counteracted the potential for conflict or competition from other issues” (Frere 2012, p.11).

Another important factor was the engagement of NGO services in the reform process and sector representatives were part of the leadership forums. The Department of Planning and Community Development (DPCD) took the lead agency role for reform.

Other governance structures identified as enabling system integration included the role of the Family Violence Reform Coordination Unit in DPCD; new consultative and decision making structures developed at state, regional and sub-regional levels linking government and community agencies. Many of these governance structures look similar to New Zealand’s current structures outlined in part one of our literature review. While further investigation would be required to identify how the implementation of governance structures may vary and possible learnings for New Zealand there are differences evident in relation to policy and implementation and funding structures. For example:

- The FVR focused on establishing a shared philosophical and policy framework and developing common practices and processes across agencies (Frere, 2012, p.13).
- It was recognised a barrier to an integrated system was competitive short term funding structures that allocated funding across different department budgets. The FVR Inter Departmental Committee had established enough trust to put in a ‘whole-of-government’ budget bid in 2005-06 with long-term timeframes (Frere, 2012, p.13). The Victorian Government has committed substantial funding towards family violence reform (Department of Planning and Community Development, et al., 2010).
- The FVR have also been based on a commitment to research and producing an evidence base to inform the development of initiatives and their continual improvement through monitoring and evaluation (Department of Planning and Community Development, et al., 2010). To track outcomes the Victoria Government have the Family Violence Data Base which compiles key data from across the system. (Frere, 2012, p.14)
- The FVR have also had a commitment to continuous workforce development to ensure a shared understanding of family violence and encourage a consistent response.

The Australian Domestic and Family Violence Clearinghouse’s (2010) identified the following elements of a successful systemic response from their literature: “multiple entry points to consistent responses; independent advocates; high risk management groups; pro-arrest; enhanced investigation; target hardening practices; early intervention for offenders (i.e. prior to conviction); legislative reform to enable police issued protection orders; sanctions against non-compliance to court orders; information sharing; and case tracking” (Australian Domestic and Family Violence Clearinghouse’s (2010 p.31).

Tseng et al., (2014) identified the following implications from their review of interagency collaboration studies:

1. interagency collaboration does not occur automatically and needs to be designed;
2. a needs assessment is necessary;
3. the role of a coordinator or coordinating council is important;
4. more training in collaboration is needed;
5. collective decision-making capacity needs to be supported;
6. awareness of initiatives for collaboration should be promoted;
7. intensive case coordination is effective; and
8. ecological contexts influence the providers’ attitudes toward collaboration.” (Tseng, et al., 2014, p.799).

5.4 Methodological challenges in reviewing interagency collaboration

The evidence is that while the value of integrated responses is supported, there is no single ‘picture’ of the extent to which change can be achieved and no single strategy identified to achieving it (Australian Domestic and Family Violence Clearinghouse 2010, p.30). They attribute this to the complexity of the issue combined with methodological problems.

“Reviewing the evidence for integrated responses for domestic violence is made more challenging due to the following four factors. Firstly, there is limited evidence in general for effective models of collaboration in any human service domain (Banks, Dutch et al.

2008;Post, Klevens et al. 2010). Secondly, there are significant challenges to undertaking research with women who have experienced domestic violence, which result in difficulties in making contact, reluctance to participate in studies, low enrolment and high rates of drop out (Zink & Putnam 2005; Robinson & Tregidga 2007). Thirdly, although integrated initiatives almost universally comprise multiple elements, studies are designed to assess the impact of an overall intervention. As noted by Visher, Harrell et al. (2008) individuals may receive or experience different aspects of an integrated intervention. In most instances, this will be based on their needs so that measuring 'how much' of the intervention an individual received is irrelevant. Finally, under-reporting of abuse to police and courts, which distorts the real incidence of abuse in the community, has resulted in selection of appropriate outcome measures for domestic violence integrated responses being fraught (Carson, Chung & Day 2009)." (Australian Domestic and Family Violence Clearinghouse 2010, p.3-4)

A recent review by Shorey, Tirone, & Stuart (2014) of US coordinated community responses to IPV also found evidence of effectiveness was lacking due to difficulties in evaluating the different strands of the integrated approach (different for different cases) and how they interrelated. Shorey et al., (2014) recommends that more research is needed on the different components of interagency responses and how integration works along with the development of theoretical guidance for CCR programmes.

5.5 New Zealand context

Part one of the literature review identified networks and interagency responses already in place in New Zealand. We noted the Family Violence Interagency Response System (FVIARS)¹¹ now operating in 63 locations throughout New Zealand, and the 48 regional Family Violence Networks (formerly Te Rito Networks). These initiatives have different functions, FVIARS is an operational interagency team that responds to violence reported to Police (some FVIARS teams include other referral pathways). The Family Violence Networks have a more strategic function including coordination, education, promotion, community development and relationship building.

An evaluation of FVIARS across four sites demonstrated many positive benefits of interagency collaboration to enhance victim safety and offender accountability (Carswell, Lennan, Atkin, Wilde, Kalapu & Pimm, 2010). The structured approach was beneficial to developing interagency relationships and collaboration. Issues such as different philosophies and agency approaches and confidentiality concerns were being resolved locally with mechanisms such as memorandum of understanding and confidentiality agreements and the building of trust and understanding of each other's perspectives.

As noted in the evaluation of FVIARS the barriers for agency participation were capacity issues, resourcing and the support required from organisations to attend FVIARS meetings, and follow-up

¹¹ FVIARS, which was rolled out nationally in 2006, was designed to enhance interagency coordination between the three founding agencies, NZ Police, 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.

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 national level 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.

The government has recognised the need to strengthen FVIARS and has indicated in a recent cabinet paper, *A stronger response to Domestic Violence* (Ministry of Justice, 2014), that they will investigate ways to enhance and expand FVIARS, including a workforce development component.

A recent report by Herbert & Mackenzie (2014), *The way forward – an Integrated System for Intimate Partner Violence and Child Abuse and Neglect in New Zealand*, advocates for an integrated systems approach to address the fragmentation of service provision and the authors suggest an infrastructure including a national 'backbone' agency and regional hubs. They suggest this new infrastructure builds on what works and incorporates existing networks and multi-agency processes. While there is a national agency they propose it predominantly be driven locally.

5.6 Summary

Part one of our review identified the importance of a holistic approach towards FV and CAN and an interagency approach is a significant mechanism that contributes towards addressing these complex problems in a more holistic way. The literature highlights different forms of interagency responses that can be regarded as a continuum from autonomy to full integration.

An 'integrated systems' approach was identified as more advantageous than an 'integrated services' approach as it was embedded within the wider system and in particular harnessed the leadership and resourcing of central government to make policy and system wide changes and provide funding. The Victorian Government's Family Violence Reforms to develop a whole-of-government approach provides valuable learnings on how an integrated systems approach may be achieved.

While New Zealand has many of the features of an integrated services response and various components identified for successful interagency collaboration we require moving to a fully integrated system response. The recent cabinet papers indicate the Government is going some way towards this. A national policy framework is required to ensure a systems approach is embedded throughout central agencies in a cohesive and consistent way.

6 Secondary and tertiary interventions for victims

6.1 Introduction

The WHO public health model categorises secondary prevention taking place in the immediate aftermath of violence and includes crisis response by government agencies and non-governmental organisations: police, women's refuges, sexual assault services; child protection agencies; court protection orders; and helpline services. The purpose of secondary interventions are to immediately prevent further violence from occurring and have a focus on victim safety and offender accountability. Legal orders such as protection orders, police safety orders, non-trespass orders may be used to try and prevent further violence. Where children have been abused or at risk child protection services are notified. Early intervention initiatives with high risk individuals and families also come under secondary interventions.

Tertiary prevention includes longer term responses to prevent further violence occurring and to reduce the long term negative effects of violence. Examples are: victim and perpetrator programmes; counselling and treatment services; parenting programmes and home visiting services for families with young children at risk.

As stated the levels of prevention can be seen on a continuum with some initiatives addressing more than one level. While many of the interventions below are discussed separately, they can be part of an interagency response where agencies work together to identify, assess and manage risk and provide case management and referrals to appropriate services.

We also note that the secondary and tertiary interventions are primarily activated in response to reported violence, whether to the Police or via some other official pathway. For example secondary level initiatives also include identifying if family violence and/or child abuse has occurred through screening and risk assessment in health, education and social service settings. However, we know from victimization surveys that most violence goes unreported and undetected and that people may access support from informal networks of friends, family, neighbours, and work colleagues. Research on informal networks is not covered in this review but it is important to emphasise the vital role these supports play in recovery for victims and rehabilitation for some offenders. Some of the primary prevention initiatives directly target these informal networks and provide information and advice on how they can assist victims of violence.

6.2 Interventions for victims of IPV

This review identified services for victims as a response to violence that offers short term benefits for a victim and in many cases her children. There is limited information as to the long-term benefits of these services. Very few studies have been conducted that assess the benefits of crisis response over the life course for a survivor of violence, and thus there is a limitation as far as making claims as to what best practices may be for survivors of violence generally. What is identified are secondary responses that have been proven to be effective in terms of removing the immediate interpersonal violence from a victim's life, and to offer a series of supports that are required that may allow a victim to move away from violence more permanently.

Cross-culturally, the most common responses for preventing and addressing violence include:

- **the enacting of laws that criminalize forms of domestic violence and child abuse** (Ghosh, 2013; Heo, 2010; Merry, 2006; Ramli and Yahya, 2014; Rose, 2013; Sallan Gul, 2013; Svevo-Cianci, Herczpg, Krappmann, Cook, 2011; Whitaker and Lutzker, 2009);

The introduction of legislation that defines forms of abuse and paves the way for criminalization of acts of abuse is a critical step in the prevention and eventual elimination of violence. Law is also an important step in changing social perception. The legal framework can be helpful in subverting pernicious cultural notions about sexual and marital relationships (Hero, 2010). In societies where violence is minimally experienced, there are explicit rules regarding the appropriate behaviour for men and women, and punishment is meted out for those who transgress the social norms (Mitchell, 1990; Nash, 1990). However, passing laws is not effective in ending abuse alone. Ghosh, (2013) in her review of protective laws in place in India over the last 60 years identifies the gap between the enacting of laws, and the actual practices that occur in the legal and criminal justice sectors. Sallan Gul, in her work in Turkey, identifies the importance of the state adhering to international law, but the state has a larger role to play in ensuring there are adequate employment, housing, and social services in place to assist women.

However, other studies point to the importance of laws providing a framework from which the government and non-governmental sectors can begin to identify the rates of violence and provide the necessary services to assist victims. Merry's (2006) cross-cultural research in five countries highlights the effort to enact laws, change the criminal justice and legal response, and comprehensively integrate the social services apparatus that provide the direct services to victims. However, it appears that the integration and shared responses between social services, the law, and victim wellbeing is minimally developed. Thus the research points to questions as to the financial support to integrate institutional domains, and the political will to share resources and collaborate across sectors.

- **the offering of crisis services in the form of refuge/shelters, counselling, and community coordinated responses** (interagency responses) (Davila, Mendias, Juneau, 2013; DeGue, Valle, Holt, Massetti, Matjasko, Tharp, 2014; Dixon and Graham-Kevan, 2011; Eisikovits and Bailey, 2011; Kamimura, Parekh, Olson, 2013; Peter, 2006; Reisenhofer and Taft, 2013; Sa'ad, Yusoof, Nen, Subhi, 2014; Safta, Stan, Iurea, Suditu, 2010; Sallan Gul 2013; Sullivan, 2011; Tiwari, Fong, Wong, Yuen, Yuk, Pang, Humphreys, Bullock, 2012)

Evidence suggests that crisis services have been a necessary component of the effort to end violence for the past 40 years. Refuges were the foundation of the anti-violence movement in many countries, and have continued to provide essential services to women and their children throughout the decades. However, the overall use of refuges and similar services is low (between 16-20% of family violence cases) compared to the overall rates of family violence; refuges also cannot adequately address the problem of intimate partner violence and child abuse concurrently if the offending parent is the one seeking refuge with the child.

The types of emergency housing services have been documented, and while there is little empirical work that tracks the wellbeing of women and children upon departure from a refuge or transitional housing setting, studies indicate that short term (30 day), temporary (90 day) and long-term supported housing (2 years) have had a net benefit for the women who access these services in terms of keeping the women who occupy these facilities safe from violence. More

research is needed to determine the reasons why women do not access these facilities to begin with, or what happens to women who leave any of the tiered services and move back to either government assisted or private-market housing.

Similarly, counselling and support group services indicate either neutral or positive outcomes of offering these services to women in the immediate aftermath of violence. Studies continually demonstrate the importance of social support for helping women and children move away from abuse, and leading to better health overall. For example, Kamimura et al., found that social support was the most critical element of helping a victim in a time of crisis, and was correlated with overall better physical health (2013).

Evidence for areas that are effective for immediate crisis response for victims are fairly consistent:

1. **Providing services to victims who have experienced some form of abuse benefit from interaction with knowledgeable service providers** (Calheiros, Graca, Patricio, 2014; Day, Carson, Saebel, 2010; Eisikovits and Bailey, 2011; Horn, 2010; Larrivee, Hamelin-Brabant, Lessard, 2012; Peter, 2006; Rose, 2013; Sanchez-Lorente, Blasco-Ros, Martinez, 2012; Sullivan, 2011; Tiwari, Fong, Wong, Yuen, Yuk, Pang, Humphreys, Bullock, 2012; Walker, Bowen, Brown, 2013; Wells and Briggs, 2009; Wies and Haldane, 2011);

There is compelling evidence that victims are most satisfied when working with knowledgeable service providers in the immediate aftermath of a crisis event. Where there is less evidence is on the long-term benefits of this crisis intervention work since there are few empirically grounded studies that have followed victims into survivorship and over the life course. However, qualitative research demonstrates definitively victims:

- benefit from having a clearly identified case worker to minimize the number of times they have to repeat their story in order to get assistance;
- experience a measurable benefit when engaging with someone who they feel understands their experience;
- support that emphasises empowerment, empathetic listening, and the clearly defined provision of resources results in a measurable improvement in a victim's experience of the services;
- a sense of social support was critical.

Aspects of service delivery that mitigate against victim wellbeing include:

- a sense of paternalism or condescension on the part of the care provider;
- the inability of a worker to answer a victim's questions;
- the directing of the victim to multiple agencies;
- the inability of a service provider to offer support due to limited resources and full case loads.

2. **Research suggests victims are empowered when they are aware of their legal options** (Allen, Bybee and Sullivan, 2004; Merry, 2006).

The value of the provision of legal services and legal support for victims and their children cannot be understated. There is no evidence in the literature that providing victims with the option of access to knowledgeable legal advocacy does further harm. Short term support for legal services is empirically marked as having a neutral or slightly positive benefit, particularly in providing the victim with the knowledge of her rights. While there are a few studies that indicate that victims who accessed legal services and support were less like to report abuse again in a six-week period (Allen et al 2004). Therefore, access to advocacy is a necessary component of any coordinated response to family violence as women must be given first the information about their legal rights, and the option to pursue these legal options. The main areas of legal rights include child custody issues, temporary protection orders, housing rights, and availability of medical services owing to their status as a victim of a crime.

3. New research points in the direction of offering 'bridge services' in response to the multiple needs of victims so they can receive concurrent treatment and other services as appropriate, as numerous gaps have been exposed by contemporary service provision:

- the co-treatment for substance use and abuse issues (Brackley, Williams, Wei, 2010; Haynie, Farhat, Brooks-Russell, Wang, Barbieri, Iannotti, 2013; Stafstrom and Ostergren, 2008);
- PTSD (Bomyea and Lang, 2012; Dutton, Bermudez, Matas, Majid, Myers, 2013; Meredith, Eisenman, Green, Kaltman, Wong, Han, Cassells, Tobin, 2014);
See section XX for a discussion of this relationship
- sexual assault, HIV, and other health factors (Akyuz, Yavan, Sahiner, Kilic, 2012; Alio, Salihu, Nana, Clayton, Mbah, Marty, 2011; Anderson, Campbell, Farley, 2013; Bacchus, Bewley, Vitolas, Aston, Jordan, Murray, 2010; Baid, Salmon, White, 2013; Dartnall and Jewkes, 2013; Decker, Miller, Illangasekare, Silverman, 2013; DeGue, Valle, Holt, Massetti, Matjasko, Tharp, 2014; Jewkes, Fulu, Roselli, Garcia-Moreno, 2013; Kennedy, 2013; Prabhu, Mchome, Ostermann, Itemba, Njau, Thielman, 2011; Sanchez-Lorente, Blasco-Ros, Martinez, 2012; Shuib, Endut, Ali, Osman, Abdullah, Oon, Ab Ghani, Prabakaran, Hussin, Shahrudin, 2013; Signorelli, Arcidiacono, Aguglia, 2012; Stadler, Delany-Moretlwe, Palanee, Rees, 2014; vonSternberg, Cardoso, Jun, Learman, Velasquez, 2012);
- addressing education and labour needs (Cockburn, 2013; Cornwall and Sardenberg, 2014; Dominguez and Menjivar 2014; Douge, Lehman, McCall-Hosenfeld, 2014; Eisikovits and Bailey, 2011; Fritzell, Weitof, Fritzell, Burstrom, 2007; Golu, 2014; Hippert, 2011; King-Close, Kelly, Perks, 2014; Krishnan, Rocca, Hubbard, Subbiah, Edmeades, Padian, 2010; Ohman and Emmelin, 2014; Peter, 2006; Robertson and Reynolds, 2010).
- The most successful interventions appear to deal with what could be termed structural violence and interpersonal violence simultaneously. This includes attention to homelessness or housing security issues (Baker, Billhardt, Warren, Rollins, Glass, 2010); improving the social welfare net (Oberg and Aga, 2010; Peter, 2006; Sallen Gul, 2013); and improved nutrition (Sobkoviak, Younts, Halim, 2012).

The relationships between IPV and overall women's health cannot be overstated. Numerous studies have documented the ill-effect of IPV on women's physical and psychological health, and have long term consequences (though more research is needed on longitudinal outcomes of this). The relationship between forms of violence and health outcomes, what Singer has labelled syndemics, is critical for service providers to understand, but very few services are designed to treat IPV and additional health problems concurrently. Sexual violence and sexual assault can contribute to additional health problems (exposure to HIV and sexually transmitted infections); thus research suggestions that IPV is directly linked to poor health for many women, particularly in more economically depressed environments.

Research on high risk groups of women has indicated the following responses and interventions:

- pregnancy (Baid, Salmon, White, 2013; Farrokh-Eslamlou, Oshnouei, Haghghi, 2014; Han and Stewart, 2014; Mendez-Figueroa, Dahlke, Vrees, Rouse, 2013; Olagbuji, Ezeanochie, Ande, Ekaete, 2010);
Screening for family violence with pregnant women, if done by trained and knowledgeable service providers and health care professionals, has a slight positive impact on victim wellbeing. Pregnant women are more likely than others to come into contact with care providers at some point during the gestational period. Research is conclusive that social support, including financial support, is necessary for a woman to move away from violence, especially due to the increased vulnerability owing to the care of an infant.
- treatment and response for those victims with disabilities (Anderson, Leigh, Samar, 2011; Lin, Lin, Lin, Wu, Li, Kuo, 2010);
One of the most understudied populations in the domestic violence literature is that of persons with disabilities. Prevention and intervention models have all been premised on ableism, and two areas of significant concern is the experience of abuse by adults with disabilities, and of the rate of child abuse for children with disabilities. While these are distinct populations, any model to holistically address violence going forward must consider 1) the rate of abuse for children with disabilities; and 2) the experiences of abuse for adults with disabilities. There is research to suggest that parents of children with disabilities show a cessation of violence with increased social support. Mothers who were given the option to practice mindfulness therapies, attend support groups, and access respite services reported less anger and aggression towards their children than women who were not offered support. More research is needed on fathers of children with disabilities. Children with disabilities must also be considered in terms of the non-familial abuse they are exposed to in the form of abuse from peers, teachers, school aides, and if institutionalized, from staff, and are a particularly vulnerable population outside of the typical family violence paradigm. Refuges and other emergency support services are often not designed with persons with disabilities in mind, so a woman who has a disabled child may not be able to access refuge services if the refuge is not designed to meet the needs of a child with severe disabilities.
- immigrant and minority women (Earner, 2010; Fernbrant, Essen, Ostergren, Cantor-Graae, 2011; Larchanche, 2012; Machenbach, 2014; Tang and Wang 2011; Vives-Cases, Gil-

Gonzalez, Ruiz-Perez, Escriba-Aguir, Plazaola-Castano, Montero-Pinar, Torrubiano-Dominguez, 2010)

Some research suggests that immigrant and minority women experience higher rates of violence than for settled and majority populations. Conversely, immigrant and minority women also demonstrate a higher level of social contact and social support networks than for majority women. It is suggested that research be conducted on the role of the informal social network in providing women with alternatives to violence, and if, in fact, these networks operate as parallel entities to the formal non-governmental and statutory institutions. One reason suggested for the higher rates of violence for migrant women is the lower socio-economic status held by many migrants. More research is needed to provide a clearer correlation effect.

A recent review of randomized or quasi-experimental design interventions for IPV victims examined 16 studies of brief interventions and 15 studies of more extended intervention programmes. The more extended interventions showed that supportive advocacy in community settings reduced the frequency of re-victimization relative to no-treatment controls, although they noted rates of re-victimization were still very high. Brief interventions had inconsistent effects and it remains unclear whether brief safety interventions produce longer-term reductions in IPV re-victimization (Eckhardt et al. 2013).

While there is considerable debate in the literature regarding the effectiveness of couples counselling, Dixon and Graham-Kevan(2011) in a review of the clinical literature reinforce the evidence that victims and perpetrators often view their violence as part of a couple's dynamic, and the behaviour is not easily separated into individual acts. Therefore, service providers must grapple with the question of how best to treat couples as well as individuals, and while there is scant evidence to support one clinical approach to couples' therapy over another, there is sufficient evidence that victims regard themselves in many cases as part of a couple and family, not as merely individual agents. Family and whānau approaches will be examined further in section 8.

6.3 Summary IPV victim interventions

While the research analyzed makes clear a one-size-fits-all approach will not only fail, but lead to unintended consequences, there are three features in common found across emerging successful programs: social support; knowledgeable frontline workers; and broader political and economic opportunities. Social support was found to be most critically beneficial if victims received care and support from a family member or case worker for an extended period of time. Therefore, it is important to invest in measures that allow for consistent care work so victims are not moved from worker to worker over the duration of their care, which leads to victim apathy in continuing the care work. Frontline workers must have opportunities to access training and educational opportunities that keep them informed of the latest findings in the field of family violence: this is far more critical than focusing on frontline worker educational credentials alone in the hiring and promotion of case workers. Additionally, frontline workers must be given ample opportunity to share their perspectives within the administrative structure of an organization to allow for improved quality of care. Lastly, victims benefit from supplemental support in the form of long-term housing support, job training, educational opportunities, and child care. In cases where necessary, victims are able to move away from violence if appropriate substance misuse programs are provided.

Social support stands as the most consistent factor of any programmatic attempt to assist victims. Across studies in the legal, health, and educational domains, more researchers identified social support as the key element to: move victims away from violence; support behaviour changes necessary to decrease a victim's own use of violence; and to improve overall physical and psychological health as related to behavioural changes and the cessation of violence.

6.4 Elder Abuse interventions

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: 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).

While there is very little research on the outcomes of elder abuse prevention programmes, some data indicate areas of potential benefit as communities engage with questions regarding the prevention and response to acts of abuse against the elderly population, either from spouses, siblings, care-givers or children. There are three recent studies that offer some direction for considering ways to develop optimal strategies for ending elder abuse. Nakasnishi, Nakashima, and Honda (2010) found that communities in Japan had increased success in identifying and treating elder abuse when local municipalities developed their own strategies for engaging the community. While elder abuse prevention is relatively new in Japan, the slight increase in identification and comfort with discussing abuse correlated with municipalities having greater autonomy over developing a system of response. Almogue, Weiss, Marcus, and Beloasesky (2010) also identified important pathways to prevention by resourcing medical and nursing staff with greater education and avenues for reporting and treatment since medical and nursing staff, at both institutional settings and in home care settings, have the greatest contact with the elderly population. The most promising sector to engage with elder abuse prevention is the allied health sector. Fraga, Lindert, Barros, Torres-Gonzalez, Ioannidi-Kapolou, Melchiorre, Stankunas and Soares (2014) found that lower income members of the elderly population were at higher risk for abuse than older men and women who had higher incomes and higher levels of education. Therefore, prevention efforts should consider a particular hard-to-reach population, such as elderly men and women who live on fixed and poverty level incomes.

7 Secondary and tertiary interventions for perpetrator

7.1 Introduction

This section focuses on programmes and interventions to rehabilitate perpetrators. The studies consulted primarily examine interventions with male perpetrators of IPV, as there are limited studies on female perpetrators. Other types of family violence prevention/intervention are explored in other sections of this review such as child abuse and neglect.

Secondary interventions in the immediate aftermath of violence with alleged perpetrators and their ongoing risk management requires further examination. There has been considerable work done on justice responses such as pro-arrest policies¹² (Carswell, 2006), protection orders (Robertson, Busch, D'Souza, Sheung, Anand, Balzer, Simpson, & Paina, 2007) and safety orders to keep victims safe and hold perpetrators accountable. Findings indicate the variability of implementation and the importance of workforce training in the dynamics of family violence (Robertson et al., 2007). It is also evident no one single intervention, such as pro-arrest or a protection order, can reduce family violence; rather it is how a variety of strategies are used in conjunction to effect change (Carswell, 2006). For example the section on interagency collaboration identified the advantages of information sharing and working collaboratively to inform risk assessment and risk management. Section 7.6 examines new directions in criminal justice responses that may be appropriate in some cases.

7.2 Theoretical models for perpetrator programmes

Two broad theoretical explanations for family violence underpin the development of perpetrator programmes. Structural explanations are based on feminist analysis of gender inequality that promotes male power and control in societies, commonly known as the Duluth model¹³. The other model focuses on psychological explanations of violence that use treatment modalities such as cognitive behavioural therapy (CBT) to change individuals thinking and behaviour inform. Increasingly programmes are based on a combination of these models in recognition of the interrelationship between structural and individual factors.

Family violence perpetrator interventions that do incorporate both individual responsivity factors (trauma history, substance abuse and/ or mental health comorbidity) as well as psychosocial

¹² The pro-arrest policy instructs officers to arrest offenders where there is sufficient evidence and that the victim does not have to make an official complaint. In New Zealand this was first introduced in 1987 under the Domestic Dispute Policy (Commissioner's Circular 1987/11).

¹³ Developed from the Minnesota Domestic Abuse Intervention Project (DAIP) the 'Duluth model' is based on feminist analysis that family violence is men asserting power and control over women which reflects patriarchal structures and attitudes in societies. Violence is regarded as a product of cultural conditioning and this model aims to change behaviour by giving male perpetrators a better understanding of gender relationships, redefining their conception of masculinity, and challenging them to take responsibility for their violence. Integral components of the Duluth model include a coordinated community response (CCR) involving the criminal justice system and social service providers with a focus on victim safety and offender accountability. The Duluth non-violence programme, *Creating a Process of Change for Men who Batter*, was designed to be delivered in conjunction with CCR including monitoring of offenders progress and imposing criminal justice sanctions for noncompliance with conditions of probation, civil court orders, or programme violations. (Pyamar & Barnes n.d.)

responsivity factors (poverty, support, housing, social norms, cultural participation) tend to fare better in terms of effectiveness and efficacy (e.g. Multisystemic Therapy for Child Abuse and Neglect, Swenson et al, 2010; systemic therapy for couples experiencing *mutual* couple conflict; Stith, McCollum, Boadu, & Smith 2012).

In deciding which format of IPV treatment is warranted, two key factors are important: a) risk of harm and physical and psychological vulnerability of the victim and b) chronicity and severity of the IPV offending. While *mild to moderate* IPV offences, associated with low levels of power and control /threat of harm may be served by couple or family based interventions, *moderate to severe* offences or threat of harm are more appropriately served by group or individual perpetrator intervention programmes. These will be discussed below.

Perpetration of IPV can be conceptualized as behaviour that occurs within a psychosocial system that is dysfunctional. As mentioned above, not only are individual factors important in a causative model of family violence, but so too are structural inequalities that heighten the risk of violence (e.g. gender inequality, poverty, oppression and lack of freedom and participation, cultural alienation, and the list goes on). Therefore, a cumulative model of violence perpetration and perpetrator intervention must be both specific enough to incorporate individual responsivity factors such as mental health, disability and substance abuse, without ignoring the incorporation of the wider psychosocial factors. The Good Lives Model (GLM; Ward and Gannon, 2006; Ward and Stewart, 2003) is such a model.

7.3 Good Lives Model (GLM)

The Good Lives Model (GLM) has been developed in New Zealand by Tony Ward and colleagues for offender populations such as sex and violent offenders (Ward & Stewart, 2003; Whitehead, Ward & Collie, 2007) and more recently, has been posited as an effective strengths-based treatment for IPV offenders (Langlands, Ward & Gilchrist, 2009). GLM was developed to enhance traditional Risk/ Needs/ Responsivity models of offending (Andrews, Bonta, & Hoge, 1990) and was intended to incorporate cognitive behavioural therapy techniques, as both model and modality have been found to be effective in reducing reoffending (Ward, Melsner & Yates, 2007). Unlike relapse prevention models, GLM is a strengths based treatment model that is responsive to both individual needs and sociocultural context (particularly pertinent to New Zealand) and it is increasingly used internationally to inform offender treatment programmes. The incorporation of mental health and substance abuse treatment into offence reduction programmes for general violent offenders and child sex offenders has contributed to an increased effectiveness (E.g. Harkins, Flak, & Beech, 2012). A similar model of offender-responsive treatment for IPV is likely to be additionally beneficial (Kelley et al., 2010).

The GLM can be easily adapted to Kaupapa Māori models of treatment (such as the Department of Corrections Māori Focus Units) and Kaupapa Māori and Pasifika models of mental health, such as Te Whare Tapa Wha, (Durie, 1994) and the Fonofale model (Pulotu-Endemann, Annandale, & Instone, 2004). It could in fact be argued that the GLM model is more consistent with Kaupapa Māori and Pasifika models of treatment than the Risk/ Needs/ Responsivity Model (Andrews et al., 1990) as these models (Te Whare Tapa Wha & Fonofale) incorporate individual, social and cultural *strengths*, as well as focus on *dynamic* factors as targets for change. In addition, the GLM has an inherent

regard for the socio-cultural context of offending, which is vital for working with New Zealand offender populations (Ward, Day & Casey, 2006).

Some of the underlying conceptual frameworks of these Kaupapa Māori and Pasifika models have been brought together in the work of the Māori Reference Group (MRG) and the Pacific Advisory Group (PAG) who work alongside the Taskforce for Action against Violence within Families (see Part One of literature review for more information on these forums). For example, the MRG *E Tu Whānau Programme of Action* (2008 – 2013) and (2013 – 2018) outlines the approach and principles to address whānau violence; and Dobbs' and Eruera's (2014) *Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention*. The PAG work, *Nga Vaka o Kāiiga Tapu – the Pacific Conceptual Framework* (2012), and *Falevitu: A literature review on culture and family violence in seven Pacific communities in New Zealand* (2012). These conceptual frameworks are designed to be used at the policy level as well as by practitioners in both culturally specific services and mainstream services to guide practice. Evaluations are yet to be conducted of these initiatives.

Along with sensitivity to sociocultural factors, the GLM is similarly responsive to individual factors that influence offender behaviours and is an alternative to the 'one size fits all' approach of relapse prevention models. For example, research on identifying different personality types of perpetrators has implications for tailoring interventions; although this work has predominantly focused on male perpetrators (Edleson 2012; Fowler & Westen, 2011; McMaster, 2006). In a large meta-analysis, Olver and colleagues (2011) found that psychological factors, such as motivation, intelligence and antisocial beliefs predicted treatment programme attrition, whereby the most severe (and one could argue those that most needed treatment) were the least likely to complete a programme. Furthermore, the GLM is flexible enough to be adapted to our many family structures and dynamics, particularly important for working with female offenders and children and young people who are under or involved in CYFS care (Leve et al., 2012).

Additionally, the GLM is consistent with the more recent application of restorative justice in New Zealand, found to be an effective and humanistic approach to offender treatment and victim justice (Julich, 2006; Ward & Langlands, 2009).

7.4 Programmes for perpetrator

Perpetrator intervention programmes in New Zealand have primarily been based on the Duluth and CBT models or a blend of these two dominant interventions. In the Duluth model, violence is regarded as a product of cultural conditioning and this model aims to change behaviour by giving male perpetrators a better understanding of gender relationships, redefining their conception of masculinity, and challenging them to take responsibility for their violence. This model utilises psycho-educational tools and a confrontational style. The other main treatment approach focuses on psychological explanations of violence and incorporates modalities such as cognitive behavioural therapy (CBT) to change individuals thinking and behaviour. In regards to the development and integration of these approaches in New Zealand Baker (2011, pp.194-195) states,

“By developing an individual's efficacy, CBT contrasts with the larger structural analysis of the classic Duluth model. This has prompted some programme providers to be pragmatic and to develop a programme that blends a socio-political analysis of factors that contribute to male

violence with a focus on individual participants developing self-awareness and skills. Challenging as it can be, researchers generally see the delivery of a cohesive multi-level mix as effective.”

7.4.1 Evidence for group programmes

Meta-analyses and reviews of perpetrator programmes (predominantly group programmes for male perpetrators using Duluth model, CBT or a combination of these approaches) found:

1. Meta-analyses of group programmes show a very modest positive impact on ending violence although there are well documented methodological issues with many studies.
2. A comprehensive study of group programmes in the United States tracked 840 men over a four year period and found if re-assaults occur they mostly take place within 15 months after intake into a programme. Over time the recidivism rate decreased and in interviews with men’s partners four years after intake approximately 90 per cent of men had not re-assaulted their partners in last year. The authors suggested that the increasingly low recidivism rates over time points to success of programmes (Gondolf, 2002, 2004 as cited in Edleson 2012).
3. It is not yet clear which components of group programmes help create these changes and no one treatment modality showed any significant difference in effectiveness.
4. Group programmes incorporating motivational enhancement components help more men change.
5. Group programmes that are part of coordinated responses with the criminal justice system achieve better outcomes e.g. more timely access to treatment; ongoing monitoring of mandated referrals; courts responded swiftly with consequences for men who violated their mandates.

(Akonensi, Koehler, Losel, & Humphreys, 2012; Eckhardt, Murphy, Whitaker, Sprunger, Dykstra, & Woodard, 2013; Edleson, 2012; Slabber, 2012).

Akonensi et al (2012, p.1206) state that “although the evaluations showed various positive effects after treatment, methodological problems relating to the evaluation designs do not allow attribution of these findings to the programs”. No *one* treatment modality showed any significant difference in effectiveness so the debates over which theoretical orientation that underlie modalities remain unresolved.

7.4.2 New Zealand non-violence programmes for perpetrators

The Domestic Violence Act (DVA) provides a framework for the delivery of non-violence programmes – both mandated through the Family Court and voluntary participants. These DVA accredited programmes are funded and monitored by the Ministry of Justice (MoJ). Slabber’s (2012) review of non-violence programmes for perpetrators in New Zealand, Australia, Canada, North America, and the United Kingdom found no significant differences in effectiveness between programme models. Overall Slabber (2012) states, “at best programmes appear to have a weak positive impact on recidivism rates”.

The New Zealand government is moving towards more flexible individualised responses reflected in DVA amendments scheduled for introduction in late 2014. This approach recognises that some groups of family violence offenders may have additional needs and/or responsivity issues such as difficulties with motivation, serious mental illness, personality disorders and substance abuse. As mentioned above, there have been a number of treatment programmes that have been initiated internationally (many of them with heavy governmental and private sector investment) that although well-meaning in their application, have not paid heed to these responsivity issues which may relate to the sometimes poor or inadequate effectiveness outcomes (Sartin, Hansen and Huss, 2006; Eckhardt et al., 2013).

There has been increased attention paid to the use of couple therapy as a possible intervention modality for IPV, both internationally and in New Zealand. While this has been highly controversial, due to the gendered nature of IPV (see section 3, Part One on gender effects), it is already used in this country as a means of addressing *mild* forms of violence that occurs within the context of relationship dysfunction. While this is likely to be an effective intervention for low level mutual couple conflict, careful attention must be paid to dynamics of power and control. A high degree of clinical skill is required to assess these factors to gauge suitability of couple therapy. See the review by Trute and Connolly (2003) for a thorough analysis of the relationship, safety and psychosocial factors apparent in couples therapy for IPV.

Although we do not yet have a central agency or body that evaluates or administers family violence perpetration programmes, it is likely that such a body would ensure greater incorporation of the wider sociocultural risk factors (poverty, housing, job prospects, family support, cultural engagement) as well as directing and facilitating treatment that is appropriate given psychological or individual responsivity issues (e.g. intellectual disability, comorbid psychopathology, motivation, substance abuse) through interagency collaboration.

The importance of incorporating mental health and alcohol and drug use in perpetration programmes is underscored by findings that point to the high prevalence of the comorbidities among perpetrators (Stith et al, 2004; Moore et al., 2008; Abramsky, 2011) and the increased rates of drop-out from non-violence programmes by perpetrators with mental health and substance abuse problems (Daly & Pelowski, 2000; Gondolf, 2009). In New Zealand, many community nonviolence programmes (E.g. Stopping Violence Services) may demonstrate more than adequate responsiveness to these comorbid issues. However, many of them are 'stretched' to their capacity in providing additional staff for individual mental health or substance abuse treatments alongside nonviolence programmes. The Department of Corrections have reviewed their domestic violence programmes according to the principles of Risk/Needs/Responsivity (Slabber et al, 2012). Acknowledging that CBT may not adequately address responsivity issues applied in a 'one size fits all' approach. The authors point to the need for co-ordinated responses to IPV perpetrators with mental health and substance abuse problems, in addition to the added treatment benefit of family and community support, as detailed by Frost (2011). Besides, the identification of these responsivity issues is a fruitless pursuit without timely and unencumbered access to effective mental health and substance rehabilitation services and addressing housing, educational and occupational needs. With the current wait-list and access problems associated with our community psychiatric and substance

abuse services, our capacity as a nation to cater to mental health and addiction needs must also be assessed within the context of the safety of our families.

The Ministry of Justice will establish a 'Provider Practice Standards' to assess programme delivery rather than the previous use of programme criteria. (NZFVC <http://www.nzfvc.org.nz/?q=node/1657>) This will be a potentially important mechanism for monitoring the changes to delivery and identifying the effectiveness of programmes. While there is substantial literature on good practice on interventions with victims and offenders there is a lack of local independent evaluations on the effectiveness of domestic violence programmes.

7.5 Evaluating interventions - methodological challenges

The large meta-analyses of perpetrator intervention programmes find significant methodological problems with comparisons between interventions:

- While there are numerous evaluations published they have often not met the highest standards of research design;
- The studies predominantly use recidivism as the only measure of effectiveness and it is often defined as physical 're-assault' as reported by victims or in official records. This omits continued use of non-physical coercive behaviours; victims' perception of safety; and the behavioural and attitude changes of perpetrators.
- Few organisations can afford sophisticated data collection technologies and methods. This risks not including excellent community-based and developed interventions that may be working effectively. The lack of evaluations is certainly also true for many community initiatives conducted in New Zealand.

7.6 New Directions for jurisprudence and criminal justice system responses for both victims and perpetrators

It can be seen from both Part One and Part Two literature reviews that there continues to be widespread concern and commitment to reduce the incidence and prevalence of *actual* family violence and child abuse and neglect. Aotearoa is particularly challenged in this regard based on international comparisons. There is a growing body of research which questions traditional approaches to punishment and restitution which has revealed iatrogenic¹⁴ effects of traditional adversarial approaches to justice (Corvo & Johnson, 2003; Corvo, Dutton & Chen, 2008; Hampton et al., 2008). Such effects have been described not just for victims and perpetrators, but also for all those individuals involved with court processes where secondary trauma is likely to be experienced.

It is not within the scope of this review to traverse the wealth of writing and research on the full gamut of alternatives to justice that are now being trialled and practised across a range of jurisdictions (Taylor, 2013a & 2013b). Recent writing in this field raises concerns about a disjunct between criminal justice systems which are concerned solely with punishment, and community responses which are predicated on therapeutic, empowerment responses which seek to address structural and gendered inequalities (Barner & Carney, 2011). These represent two distinctly evolving responses. The interface between child protection and IPV particularly raises the challenge

¹⁴ Adverse and unintended effects as a result of engaging in a process.

of the role of the criminal justice system and how it may intersect with family law and the failure to address structural inequalities will continue to plague justice outcomes (Humphreys & Ablser, 2011). There has been no overall evaluation and analysis comparing efficacy of criminal justice interventions with perpetrators versus interventions with victim/survivors. There has been considerable concern about the efficacy of traditional approaches to punishment much of which is focussed on dismal recidivism rates often related to the pre-release and post-release provision of treatment and support services (Makarios, Steiner & Travis, 2010). The failure to adequately investigate the outcomes of criminal justice sanctions when these decisions have far-reaching consequences for individuals, calls into question the very foundation of responses to offending and whether the extraordinary funding required for this enterprise is justified (Mears & Barnes, 2010). The Good Lives Model described earlier offers an alternative theoretical perspective on the rehabilitation of perpetrators and the recovery of victims.

In addition to the development of fundamental alternatives to current criminal justice systems, others have investigated the effects on victims of participating in justice processes and this work raises questions about long term effects. Zajac, O'Neill & Hayne (2012) propose that even where legal practice has been changed that cross-examination techniques contravene scientific knowledge of how to interview children and are unlikely to obtain the truth. The impact of the rape myth on jurors has been widely canvassed and shown to influence jury decision-making with the potential to deter victims from coming forward (Dinos et al. 2014). The iatrogenic effects for youth offenders as a consequence of criminal justice intervention has been historically well covered (Goldson & Muncie, 2012) with a recent study showing evidence heavily weighted in avoiding the contaminatory effect of such interventions wherever possible (Mathys & Born, 2009). Another study with Canadian youth found a significant reluctance by youth to disclose sexual abuse due to perceptions of professionals' attitudes (Ungar et al., 2009). Fisher and Geiselman (2010) raise concerns about the impact of police interview techniques on cooperative witnesses let alone victims of violent crime and offer a therapeutic jurisprudence alternative less likely to cause long term harm (2010). The list is endless and beyond the scope of this review. The purpose in providing this selection is to show that in the contemporary context traditional approaches to justice are under critical review and that the mandate to intervene in the lives of individuals and families must come with ethical responsibilities as to the evidence on which decisions are made, their likely long term effect on both victims and perpetrators, and on communities from which they come.

The impact of public attitudes towards victims and the role of the media in shaping public opinion have been explored in order to evaluate effects on legal processes (Berber et al. 2013). It is widely acknowledged that legal systems have limited ability to influence shifts in public opinion and will usually act as technical processes within which wider public attitudes will hold sway. There is overwhelming evidence of the influence of media on perceptions of female victims (Humphries, 2009 & Rafter, 2007). Humphries' substantial review found that where violence against women was concerned victims are highly likely to be blamed along with their parents and particularly their mothers (2009). There is a curious contradiction between media reports calling for greater punitive measures for violent crimes and at the same time victim blaming. The common theme in the media is the absence of structural analysis and the effect of instilling discriminatory, sometimes racist and individualised portraits of offenders and victims and ignoring the oppressed, poverty-stricken neighbourhoods from which they are likely to come.

8 Working with whānau and families

8.1 Introduction

As mentioned previously, the incorporation of systemic factors is vital for family violence interventions. The New Zealand Corrections Department will shortly be evaluating a CBT programme for IPV perpetrators. While the efficacy of CBT programmes have been established, it is likely that their effectiveness may be improved in practice with appropriate attention to the social context or welfare of the family. This is particularly the case given the relationship between CAN and IPV and reduced effectiveness associated with individualistic violence interventions (Sartin, Hansen and Huss, 2006; Barth, 2009; Eckhardt et al., 2013; Wynd, 2013). Incorporation of the Good Lives Model may address the need to work systemically in the field of IPV. By its very nature, IPV is behaviour that occurs within the family system. The family system can itself be viewed as a responsivity issue for family violence offenders. Working independently of this family system (i.e., solely with offenders) may not be as effective in the first instance. It is unlikely to address contextual factors such as poverty and deprivation and housing problems which may have independent influences on IPV perpetration through family stress (Fox et al., 2002). Secondly, it is unlikely to effectively impact on the generational transmission of violence, which is a well-established association (Abramsky, 2011; Berlin et al., 2011; Millet et al, 2013).

With increasing violence severity and risk comes increasing complexity of family systemic needs and inter-agency involvement. As such, families with higher risk and needs justify higher investment and expenditure (Andrews et al., 1990). Below is a brief review of ‘whole family/ whānau’ responses. The review is brief, partly because many early intervention programmes were reviewed in the previous chapter on child and abuse interventions. Again, risk of CAN and IPV overlap with greater severity and need. Therefore, it is appropriate that early intervention programmes do not distinguish between risk of violence or harm directed at children from risk of violence or harm towards a partner or adult family member, as this too is harmful to children. The studies below refer to programmes that have been developed internationally as whole-family responses to *moderate to severe* risk of harm. Given the severity, it is understandable that many of the families involved are often involved with child protection agencies or involve children that are in care or families that are separated from the perpetrators. Such programmes in New Zealand were reviewed but are very scarce and represent an alarming gap in service provision in New Zealand.

8.2 Models and effectiveness of interventions of working with families where IPV present

One of the few modalities that have been extensively studied in working with families is Multi-Systemic Therapy (MST). MST was originally developed by Scott Henggeler and Charles Borduin as a wraparound treatment for antisocial youths (see Henggeler, Schoewald, Borduin, Rowland, & Cunningham, 1998 for a more thorough description). With more than 35 years of development, MST has been used as an intervention for a wider range of family problems and has been found to be effective in mediating the harmful effects of witnessing domestic violence on children (Cohen et al., 2006) and adolescent violence associated with substance abuse (Swenson, 2005). With its focus on both individual responsivity issues, and community involvement, MST is a fitting model for families

experiencing IPV with more complex needs. This is particularly the case as MST is run by licenced, skilled clinicians and is administered in a standardised way. Given Slabber's (2012) suggestion as to the lack of co-ordination in New Zealand's programmes for IPV, this makes MST additionally promising. Cultural consultation with minority groups is seen as a vital part of its application and MST can also be easily adapted to fit culturally appropriate models. MST is used in New Zealand generally with youth populations, run by organisations such as Richmond New Zealand and some District Health Boards (DHBs). While few studies have piloted MST with IPV, promising effects have been demonstrated with parents with substance abuse (Swenson et al., 2009) and child abuse and neglect (Brunk et al., 1987; Swenson et al., 2010). Austin et al.'s 2005 review similarly highlighted MST as one of the few demonstrated effective treatments for whole family interventions.

8.3 Kaupapa Māori models

Slabber's 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.” (cited in 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) and the effective He Waka Tapu wraparound service in Christchurch (Makwana, 2007). 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).

9 Workforce development

9.1 Introduction

There has been the recent growth in scholarship that identifies the frontline workers as key to any effort to not only gauge the rates of violence, but for identifying the solutions to end it. This section examines the literature on frontline workers starting with the challenges workers face, followed by the importance of workforce development and capability building.

9.2 Challenges for the frontline

The literature on frontline workers identifies three main issues: First, frontline workers often perpetuate the very forms of inequality they are working against, albeit unknowingly and often unwillingly; second, frontline workers operate with a more holistic understanding of the impact of violence and how to remedy its affects than what is found in the official government approaches; third, frontline workers have increasingly been professionalized and credentialed in their fields which leads to an increase in siloing of services.

There is empirical evidence that frontline workers are often working within structures that exacerbate the problems victims face rather than alleviate them (Davis, 2006; Craven & Davis, 2013; Koyama, 2003; Smith, 2007; Haldane, 2011; Haldane, 2013; Wies, 2008; Wies, 2012). The main constraints on workers include the limited time a victim can stay in emergency housing; the lack of substance abuse/misuse treatment available in a timely fashion, often resulting in a victim being kicked out of emergency housing due to relapse; the arbitrary rules regarding male children of a certain age staying in emergency housing; the availability of government subsidies for temporary or transitional housing; limited opportunity for job training and skill development; and dearth of interpretation services for victims who may not speak a majority language. Therefore, research suggests that workers, who are obligated to follow rules often established by the funding entities for emergency services, have little to no choice but to impose constraints on victims in order to be in compliance.

Research demonstrates that frontline workers often make connections between the problems victims face in the immediate aftermath of abuse with broader, systemic issues (Collins, 2010; Haldane, 2009; Adelman, 2004; Wies, 2011; Parson, 2013; Crooms, Falcon, Haldane, 2011; Alcalde, 2010). However, due to frontline workers' positions at the bottom of most institutional structures, they are not afforded the opportunities to inform NGO directors and even policy makers of what they see as common problems plaguing victims on a regular basis. Research centred on frontline workers illustrates their deep understanding of the relationship between poverty, homelessness, substance misuse, educational attainment, labour skills, and broader social issues such as racism, misogyny, and ableism (Reisenhofer & Taft, 2013; Robertson & Reynolds, 2010; Leveille & Chamberland, 2010; Gangoli & Rew, 2011; Hague, Thiara, & Turner, 2011; Baker et al., 2010; Holt et al., 2008). Therefore, workers are often constrained by the institutional policies and funding streams in their effort to provide the wrap-around services they recognize victims require.

9.3 Training frontline workers

Initially, the provision of services to survivors of violence were provided by volunteers who had often experienced similar abuse in their own lives (Gordon, 2002). As the provisioning of refuges and

shelters spread globally in the 1980s and 1990s, so too did the educational requirements for the workers who assisted victims (Wies, 2008). This credentialing of the frontline had some benefits. Evidence suggests that workers with stronger clinical backgrounds can provide more in-depth emotional support based on their understanding of particular disorders, medical issues, and services available for care (Collins, 2011; Westmarland and Kelly, 2013). Workers who have experience with substance misuse treatment and care are also well positioned to provide wrap around advice for clients. However, the downsides of training frontline workers more narrowly in specific fields has led to the proliferation of the silo approach to assisting victims (Smith et al, 2006). This has contributed to the tension between criminal justice and legal responses, with the efforts of those in the health and medical fields; as well as created a fault line between those who individualise the problem and others who take a societal perspective (Crooms, Falcon and Haldane, 2011).

Research is conclusive that offering services staffed by well-trained, well-paid and supported staff is essential (Caheiros, Manuela, Graca, Patricio, 2014; Davila, Mendias, Juneau, 2013; Day, Carson, Saebel, 2010; DeGue, Valle, Holt, Massetti, Matjasko, Tharp, 2014; Dollard & Neser, 2013; Horn, 2010, Larrivee, Hamelin-Brabant, Lessard, 2012; Littleton, Buck, Rosman, Grills-Taquechel, 2012; Overbeek, de Schipper, Lamers-Winkelmann, Schuengel, 2013; Risenhofer & Taft, 2013; Sa'ad, Yusoof, Nen, Subhi, 2014; Safta, Stan, Iurea, Suditu, 2010; Saftlas, Harland, Wallis, Cavanaugh, Dickey, Peek-Asa, 2014; Shorey, Tirone, Stuart 2014; Sullivan, 2011; Walker, Bowen, Brown, 2013; Wells & Briggs, 2009; Zauszniewski, 2012).

Worker burnout and lack of salary increases limit the ability of social service agencies to maintain a knowledgeable and experienced staff (Haldane, 2011; Leach, 2011; Richter, 2013; Smith, 2007; Wies 2011; Wies, 2013).

A risk made in programme development is the interpretation that 'knowledge' equates formal education on the part of the worker. Davis (2006), Gilmore (2007), Smith (2007) and Wies (2008, 2009) have effectively challenged the notion that workers must possess university degree qualifications and other post-graduate credentials in order to successfully deliver client-centered services to victims of violence. The qualitative research demonstrates no significance in quality of service delivery based on educational qualifications alone. Therefore, it is strongly suggested that educational qualifications be considered in line with other factors and that providing better support and quality workplace environments, in conjunction with on-going training opportunities, could be essential factors in meeting outcome deliverables over the value placed on the degree held by the worker.

Training of police and health workers

Victims are more likely to interact with health care professionals cross-culturally than any other sector (inclusive of traditional healers, midwives, and other healthcare providers). In wealthier nations, law enforcement is the second most likely sector to engage with a victim due to community police responses and the availability of emergency personnel. Therefore, the literature is conclusive that law enforcement (Sun and Chu, 2010) and healthcare providers are critical populations for receiving training and education to identify victims of violence, to have a protocol in place to assist the victim/s, and to simultaneously serve as a resource for assistance and be aware of other sector providers to provide immediate care to the victim (Akyuz, Yavan, Sahiner, Kilic, 2012; Alio, Salihu, Nana, Clayton, Mbah, Marty, 2011; Almutairi, Alkandari, Alhouli, Kamel, El-Shazly, 2013; Bacchus,

Bewley, Vitolas, Aston, Jordan, Murray, 2010; Bair-Merritt, Lewis-O'Connor, Goel, Amato, Ismailji, Jelley, Lenahan, Cronholm, 2014; Dartnall and Jewkes, 2013; Davila, Mendias, Juneau, 2013; Feder, Davies, Baird, Dunne, Eldridge, Griffiths, Gregory, Howell, Johnson, Ramsay, Rutterford, Sharp, 2011; Finnbogadottir and Dykes, 2012; Gamlin, 2013; Garcia, Garcia, Lila, 2011; Hathaway, Zimmer, Willis, Silverman, 2008; Kohler, Hohne, Ehrhardt, Artus, Siefert, Anders, 2013; Mackenbach, 2014; O'Campo, Kirst, Tsamis, Chambers, Ahmad, 2011; Olagbuji, Ezeanochie, Ande, Ekaete, 2010; Shuib, Endut, Ali, Osman, Abdullah, Oon, Ab Ghani, Prabakaran, Hussin, Shahrudin, 2013; Stadler, Delany-Moretlwe, Palanee, Rees, 2014).

Research is clear that education and engagement with law enforcement and policing agencies is necessary for any holistic response to addressing family violence and child abuse. The delivery of education to law enforcement can take many forms. One study explored the use of electronic vs. face-to-face training. The researchers evaluated the cost and benefit of electronic training (in this case, ODARA: Ontario Domestic Assault Risk Assessment) versus face-to-face training. It was found that there was no difference in skill acquisition between the two training methods if the trainee fully completed the program (ODARA had a lower completion rate than live training). ODARA cost only a fraction of the live training program, which makes it a viable option for training future officers (Hilton & Ham, 2014).

Another study examined the efficacy of training criminal justice professionals using structured professional judgment (SPJ) risk assessment tools: "In the SPJ approach, evaluators are provided with sets of critical risk factors, derived from systematic reviews of the scientific and professional literature, which should be considered in an evaluation of risk." Participants were given a violence risk assessment training course. It was found that the course increased knowledge, but also taught participants to strategize and apply skills in violent situations. Participants reported feeling more competent and confident about handling violent situations (Storey et al., 2011).

One study compared two attitudes of police officers regarding family violence, and the individuals' corresponding characteristics. The attitudes are: (1) conditional law enforcement; that is, the officer will make an arrest only if the victim wants to press charges, and (2) unconditional law enforcement; that is, the officer will make an arrest (when appropriate) regardless of victim input. It was found that officers, who preferred unconditional law enforcement scored higher for empathy, are less sexist, feel a greater sense of personal responsibility, and take family violence incidents more seriously than an officer who favours conditional law enforcement. The authors suggest that these findings be used to redesign police education to focus on empathetic policing, including challenging sexist attitudes, promoting sensitive in DV cases, and promoting a sense of responsibility toward victims (Gracia et al., 2011).

Related to attitudes of police, it is necessary to consider the gendered dynamics of the police force for effective victim intervention. Adding more women to the police force is beneficial to responding to crime, but one should be cautioned to assuming that women officers will be better at addressing family violence cases. One study analysed the attitudes of male versus female police officers responding to domestic violence incidents in Taiwan. It was found that female officers favoured a male-dominated approach, whereas male officers favoured a mixed-gender approach. Recent trends in family violence policing also favour a mixed-gender approach. The authors suggest that this may be attributed to the relatively recent (2004) full integration of women into police forces. Female

officers may not yet feel confident in their ability to handle violent situations. In terms of policy implication, the authors suggest that Taiwanese police departments should train all officers in responding to DV calls, and also work to fully integrate female police officers into all duties (Sun & Chu, 2010).

Similarly, health care professionals are an important sector for prevention efforts. Educating health care workers (nurses, doctors, and allied health professions) is essential for any successful effort to minimize the impact of abuse, and to recognize persons at risk. However, the literature suggests that many health care professionals are either inadequately trained, receive no training, or even when trained, are uncomfortable discussing issues around abuse. In one study, conducted with physicians and nurses in Kuwait to determine the extent of domestic violence screening in a primary care setting, discovered that while 63% of subjects were aware of the need for screening, only 34% had screened female patients for abuse. Interestingly, the results revealed that men were more likely than women to screen for abuse, and physicians were more likely than nurses to screen for abuse. Subjects with more knowledge of abuse were also more likely to screen patients. The authors suggests that low screening numbers may be attributed to a lack of time and a lack of training for health care workers on how to approach women about abuse and what resources are available (Almutairi et al., 2013).

On-going training and knowledge of social services supports are necessary components of any successful health-based screening programme. In a review of the existing literature on intimate-partner violence screening in a health care context, the O'Campo et al., (2011) identified which screening efforts effected the greatest positive change. 'Comprehensive' programme approaches, which had multiple screening components and institutional support, were found to have the most successful outcomes. Physicians were more comfortable with standardized screening protocols. Other features of successful screening programs include ongoing staff training and immediate referral to support services (O'Campo et al., 2011).

10 Conclusion

The two parts of this literature review inform the systems approach to a transformed viable system model to address family violence, child abuse and neglect. The literature underpins the understanding reached by the combined research team as to how New Zealand's current governmental framework may be transformed in order to more effectively respond to FV and CAN. The transformed system which is proposed is based on the best evidence reviewed during a period of three months intensive research and discussion on what are widely agreed to be 'wicked' problems. The time constraint, on the overall task must mean that inevitably some information will have been overlooked but we believe, the review methodology, the combined expertise of the research team and the international peer reviewers have ensured that critical evidence, issues and debates have been included.

Given that there are very few international examples of the application of viable systems theory in the fields of FV and CAN this commissioned project takes New Zealand potentially into uncharted territory where the stakes are high for society as a whole. We are confident that the literature offers sufficient insight to show that many of the difficulties and challenges that beset response systems in existing frameworks may be more effectively dealt with by embracing a whole-of-government systematic approach supported by viable systems theory.

A transformed system is predicated on a framework which integrates governance, implementation and operation, intelligence, social contexts and practice in a constant interchange of transfer of knowledge and skills. Therefore, the first key point of this literature review is that the findings must be viewed in the context of the overarching viable system (Foote et al.,2014).

Within the findings of this Literature Review Part Two there are many examples of innovation and effective practice developing in different contexts both internationally and nationally. What follows is a summary of key initiatives but they must be viewed within the context of the necessary framework to support their successful adoption and implementation. It would be a retrograde step to cherry pick what seems on the face of it an attractive suite of interventions when the wealth of evidence points to the need to take a holistic approach that also addresses structural inequalities. It is beyond the ability of the research team to determine what is drawn from this report; others will have this role, but failure to take a holistic approach will risk the continuation of indigenous, ethnic and class discrimination.

1. Advanced intelligence capacity

It can be seen throughout this report that each area of knowledge based on key practice areas responding to FV and CAN demonstrate that at present New Zealand does not have an effective national strategy of data collection and research. Without such a strategy, researchers are likely to duplicate, data will remain inconsistent and inadequate, and planning will be limited in its scope. Governments are therefore, limited in their ability to evaluate responses to investment in programmes and policies.

1.2 An enhanced intelligence capacity will more likely lead to considered selection of interventions based on widely consulted and agreed criteria that incorporates best evidence and allows for innovative practice initiatives that respond to unique New Zealand circumstances.

2. There is already wide international and national agreement on a range of evidence-based interventions that have been proven to work effectively to address FV and CAN. The caveat on this statement is that fewer of such interventions have been found to work effectively with the most hard to reach populations where the greatest risk of family breakdown exist. It is the role of decision-makers to select those interventions that fit within existing governmental goals.

2.1 Prevention: Broad based primary prevention through public education campaigns have been shown to influence attitudinal and behavioural change. Gendered stereotypes can be effectively challenged by population-wide campaigns. Home visitation and delivery of parenting programmes which may be delivered either separately or in tandem are overwhelmingly supported in the research literature. With the acknowledged interface between IPV and CAN these programmes require adjustment in terms of aligning their service philosophies and goals but their methods protect children and support parental behaviour change. Outcomes for children and young people in terms of health and education are better for those who have benefited from early childhood family intervention. Child homicide is less likely to occur where a family is connected with a social service. Assertive outreach is necessary to ensure that families have access to the right type of service at the right time. Attachment theory and related therapies are particularly effective for families with co-occurring mental health and substance dependency issues. Parent and child interaction therapy aids those parents with knowledge deficits in parent child relationships. None of the interventions in this category are fully effective unless wider socioeconomic factors are attended to.

2.2 Secondary and tertiary level interventions

Constant review of legislation is necessary to ensure that legislation and the legal system becomes more responsive to practice issues and the ability to keep women and children safe. Much greater integration of the legal system with social science stands to inform judicial decision-making and greater connection between social services and the courts will enable victims to access services more readily. Crisis services require further expansion so that those groups currently excluded from emergency accommodation have alternatives to abusive contexts. The LGBT community is particularly poorly served by existing shelter accommodation. Training of professionals urgently requires investment particularly for police and health workers who interact with traumatised victims and with perpetrators. The Good Lives Model (GLM) a 'home-grown' theoretical perspective offers a unifying approach to risks, needs and responsivity that applies to both victim/survivors and perpetrators.

2.3 Criminal justice responses

Research on the iatrogenic effects on all participants in the criminal justice system has led in part to the search for alternative justice solutions. New Zealand is at the forefront of such alternatives with a relatively well developed structure for restorative justice in the current justice system for adults and in the youth justice system. New Zealand is one of the few jurisdictions where there is already an established restorative justice service for family violence situations. This is a relatively new extension of restorative justice services and warrants extensive evaluation to compare outcomes with traditional approaches and to ensure that victim safety is paramount and that facilitator training includes gender education. New court procedures particularly in dealing with victims of sexual offences and child witnesses need to be considered to reduce retraumatisation of victims. There is little evidence underpinning the efficacy of criminal justice sanctions given their far reaching impact on young people's lives.

a. Systems change

There is wide agreement that the complex range of services and accountabilities connected to FV and CAN in state and NGO sectors require an integrated systems framework in order to ensure that there is an optimum mix of interventions available that are sustainably implemented. Ideally this includes delivering the right services at the right time. An integrated systems approach requires centralised support through national policy and operational frameworks, governance, intelligence, monitoring and evaluation, workforce development, and resourcing. A centralised integrated system should not preclude the ability of local flexibility to respond to the needs of communities and the fostering of local innovation and development.

The FV and CAN fields have been characterised as comprised of a 'patchwork' of services elsewhere in Part One and there is the risk of duplication, of inefficiencies and lack of evidence of efficacy or effectiveness in many instances. State interventions are rarely evaluated in order to establish contribution to family wellbeing outcomes.

References

- Aarons, G., Hurlburt, M., & McCue-Horwitz, S. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health*, 38, 4-23.
- Abrahams, H. (2010). *Rebuilding lives after domestic violence: Understanding long-term outcomes*. London, England: Jessica Kingsley Publishers.
- Abramsky, T., Watts, C., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, 11(1), 109.
- Adelman, M. (2004). The battering state. *Journal of Poverty* 8(3) 45-64.
- Adelman, M., Haldane, H., & Wies, J. (2011). Mobilizing culture as an asset: A transdisciplinary effort to rethink gender violence. *Violence Against Women*, 18(6), 691-700.
- Age Concern. (2013). *Key trends from data about elder abuse and neglect in New Zealand*. Retrieved from http://www.agewell.org.nz/pdf/elder_abuse_%20key_trends_2013.pdf.
- Akonensi, T. D., Koehler, J. A., Losel, F., & Humphreys, D. K. (2012). Domestic violence perpetrator programs in Europe, part II: A systematic review of the State of Evidence. *International Journal of Offender Therapy and Comparative Criminology*, 57(10), 1206-1225.
- Akyuz, A., Yavan T., Sahiner G., & Kilic, A. (2012). Domestic violence and woman's reproductive health: A review of the literature. *Aggression and Violent Behavior*, 17(6), 514-518.
- Al, C. M. W., Stann, G. J. J. M., Bek, M. S., Damen, E. M., Asscher, J. J., & van der Laan, P. H. (2012). A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning. *Children and Youth Services Review*, 24(8), 1472-1479.
- Alcalde, C. (2010). *The woman in the violence: Gender, poverty and resistance in Peru*. Nashville: Vanderbilt University Press.
- Ali, P. A., & Naylor, P. B. (2013a). Intimate partner violence: A narrative review of the biological and psychological explanations for its causation. *Aggression and Violent Behavior*, 18(3), 373-382.
- Ali, P. A., & Naylor, P. B. (2013b). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression and Violent Behavior*, 18(6), 611-619.
- Alio, A. P., Salihu, H. M., Nana, P. N., Clayton, H. B., Mbah, A. KJ., & Marty, P. J. (2011). Association between intimate partner violence and induced abortion in Cameroon. *International Journal of Gynecology and Obstetrics*, 112(2), 83-87.
- Allen, M. (2011). Is there gender symmetry in intimate partner violence? *Child and Family Social Work*, 16(3), 245-254.
- Almogue, A., Weiss, A., Marcus, E.L., and Beloasesky, Y. (2010). Attitudes and knowledge of medical and nursing staff towards elder abuse. *Archives of Gerontology and Geriatrics*, (51). 86-91.
- Almutairi, M., Alkandari, A.M., Alhouli, H., Kamel, M.I., & El-Shazly, M.K. (2013). Domestic violence screening among primary health care workers in Kuwait. *Alexandria Journal of Medicine*, 49(2), 169-174.

- Alonoso-Marsden, S., Dodge, K. A., O'Donnell, K. J., Murphy, R. A., Sato, J. M., & Chrisopoulos, C. (2013). Family risk as a predictor of initial engagement and follow-through in a universal nurse home visiting program to prevent child maltreatment. *Child Abuse & Neglect*, 37(8), 555-565.
- Andersen, K. L. (2005). Theorising gender in intimate partner violence research. *Sex Roles*, 52, (11-12), 853-865.
- Anderson, J. C., Campbell, J. C., & Farley, J. E. (2013). Interventions to address HIV and intimate partner violence in Sub-Saharan Africa: A review of the literature. *Journal of the Association of Nurses in AIDS Care*, 24(4), 383-390.
- Anderson, M. L., Leigh, I.W., & Samar, V. J. (2011). Intimate partner violence against Deaf women: A review. *Aggression and Violent Behavior*, 16(3), 200-206.
- Andrews, D.A., Bonta, J., & Hoge, R.D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52.
- Andrews, D.A. & Bonta, J. (2004) *The Psychology of Criminal Conduct*. Cincinnati: Anderson.
- Annan, J., & Brier, M. (2010). The risk of return: Intimate partner violence in Northern Uganda's armed conflict. *Social Science and Medicine*, 70(1), 152-159.
- Appleyard, K., Berlin, L. J., Rosanbalm, K. D., & Dodge, K. A. (2011). Preventing early child maltreatment: Implications from a longitudinal study of maternal abuse history, substance use problems, and offspring victimization. *Prevention Science*, 12(2), 139-149.
- Appleyard, K., Egeland, B., Dulmen, M. H., & Sroufe, A. L. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry*, 46(3), 235-245.
- Ard, K. L., & Makadon, H. J. (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *Journal of general internal medicine*, 26(8), 930-933.
- Arias, I. (1999). Women's responses to physical and psychological abuse. In X. B. Arriaga & S. Oskamp (Eds), *Violence in Intimate Relationships* (pp. 139-161). Thousand Oaks, CA: Sage.
- Arruabarrena, I., & De Paul, J. (2012). Improving accuracy and consistency in child maltreatment severity assessment in child protection services in Spain: New set of criteria to help caseworkers in substantiation decisions. *Children and Youth Services Review*, 34(4), 666-674.
- Aupperle, R. L., Allard, C. B., Simmons, A. N., Flagan, T., Thorp, S. R., Norman, S. B., Paulus, M. P., & Stein, M. B. (2013). Neural responses during emotional processing before and after cognitive trauma therapy for battered women. *Psychiatry Research: Neuroimaging*, 214(1), 48-55.
- Austin, A. M., Macgowan, M. J., & Wagner, E. F. (2005). Effective family-based interventions for adolescents with substance use problems: A systematic review. *Research on Social Work Practice*, 15, 67-83.
- Australia Domestic and Family Violence Clearinghouse (2010). *Understanding Domestic Violence and Integration in the NSW Context: a Literature Review for NSW Department of Community Services*. University of New South Wales, Australia.
- Avella, S. A., & Supplee, L. H. (2013). Effectiveness of home visiting in improving child health and reducing maltreatment. *Paediatrics*, 132(2), 590-599.
- Azzi-Lessing, L. (2011). Home visitation programmes: Critical issues and future directions. *Early Childhood Research Quarterly*, 26(4), 387-398.

- Babu, B. V., & Kar, S. K. (2010). Domestic violence in Eastern India: Factors associated with victimization and perpetration. *Public Health*, 124(3), 136-148.
- Bacchus, L. J., Bewley, S., Vitolas, C. T., Aston, G., Jordan, P., & Murray, S. F. (2010). Evaluation of a domestic violence intervention in the maternity and sexual health services of a UK hospital. *Reproductive Health Matters*, 18(36), 147-157.
- Bagner, D. M., Rodriguez, G. M., Blake, C. A., Rosa-Olivares, J. (2013). Home-based preventive parenting intervention for at-risk infants and their families. *Cognitive & Behavioural Practice*, 20 (3), pp.334-348.
- Baid, K., Salmon, D., & White., P. (2013). A five year follow-up study of the Bristol pregnancy domestic violence programme to promote routine enquiry. *Midwifery*, 29(8), 1003-1010.
- Bair-Merritt, M. H., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M., Lenahan, P., & Cronholm, P. (2014). Primary care-based interventions for intimate partner violence: A systematic review. *American Journal of Preventative Medicine*, 46(2), 188-194.
- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15(6), 430-439.
- Baker, G. (2011). Effective programmes for men who use family violence. In K. McMaster & D. Riley (Eds.), *Effective interventions with offenders: Lessons learned* (pp. 191-206). Christchurch, New Zealand: Hall McMaster & Associates and Steele Roberts Aotearoa.
- Baker, G. (2013). *Effectively involving men in preventing violence against women*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, University of Auckland.
- Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of consulting and clinical psychology*, 73(3), 477.
- Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: the role of minority stress. *Psychology of Women Quarterly*, 29(3), 258-269.
- Banerjee, A., Daly, T., Armstrong, P., Szebehely, M., Armstrong, H., & Lafrance, S. (2012). Structural violence in long-term, residential care for older people: Comparing Canada and Scandinavia. *Social Science and Medicine*, 74(3), 390-398.
- Barbee, A. P., Christensen, D., Antle, B., Wandersman, A., & Cahn, K. (2010). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review*, 33(5), 622-633.
- Barner, J. R., Carney, M. M. (2011). Interventions for Intimate Partner Violence: A Historical Review. *Journal of Family Violence* (2011) 26, pp.235–244. DOI 10.1007/s10896-011-9359-3.
- Barrera, T. L., Zeno, D., Bush, A. L., Barber, C. L., & Stanley, M. A. (2012). Integrating religion and spirituality into treatment for late-life anxiety: Three case studies. *Cognitive and Behavioral Practice*, 19(2), 346-358.
- Barth, R. P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. *The Future of Children*, 19(2), 95-118.

- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: a systematic review and meta analysis. *International Journal of Public Health*, 58(3), 469-483.
- Barwick, H., Gray, A. & Macky, R. (2000). *Domestic Violence Act 1995: Process Evaluation*. Ministry of Justice & Department for Courts, New Zealand.
- BC Society of Transition Houses. (2011). *Reducing Barriers to Support for Women Fleeing Violence: A toolkit for supporting women with varying levels of mental wellness and substance use*. Vancouver, Canada.
- Beauregard, E., Rossmo, D. K., & Proulx, J. (2007). A descriptive model of the hunting process of serial sex offenders: A rational choice perspective. *Journal of Family Violence*, 22(6), 449-463.
- Bell, K. M. & Naugle, A. E. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review*, 28(7), 1096–1107.
- Berends, L., & Crinall, K. (2014). *Management and Practice in Health and Human Service Organisations*. Melbourne, Australia: Oxford University Press.
- Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of a randomized clinical trial. *Child Development*, 83(2), 623-636.
- Belt, R., & Punamäki, R. L. (2007). Mother–infant group psychotherapy as an intensive treatment in early interaction among mothers with substance abuse problems. *Journal of child psychotherapy*, 33(2), 202-220.
- Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, 82(1), 162-176.
- Beydoun, H. A., Beydoun, M. A., Kaufman, J. S., Lo, B., & Zonderman, A. B. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: a systematic review and meta-analysis. *Social Science & Medicine*, 75(6), 959-975.
- Biswajit, G. (2013). How does the legal framework protect victims of dowry and domestic violence in India? A critical review. *Aggression and Violent Behavior*, 18(4), 409-416.
- Black, D. A., Heyman, R. E., & Smith Slep, A. M. (2001). Risk factors for child physical abuse. *Aggression and Violent Behavior*, 6(2), 121-188.
- Bobic, N. (2004). *Adolescent violence towards parents*. Australian Domestic and Family Violence Clearinghouse. Retrieved from <http://www.austdvclearinghouse.unsw.edu.au/topics.htm>.
- Bomyea, J., & Lang, A. J. (2012). Emerging interventions for PTSD: Future directions for clinical care and research. *Neuropharmacology*, 62(2), 607-616.
- Boutros, N., Waldvogel, J., Stone, G., & Levine, M. (2011). *Family violence in migrant and refugee families and successful models of prevention and intervention: A summary analysis and annotated bibliography*. Ministry of Social Development, Wellington.
- Brackley, M. H., Williams, G. B., & Wei, C. C. (2010). Substance abuse interface with Intimate Partner Violence: What treatment programs need to know. *Nursing Clinics of North America*, 45(4), 581-589.
- Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse & Neglect*, 14(3), 357-364.

- Brillantes-Evangelista, G. (2013). An evaluation of visual arts and poetry as therapeutic interventions with abused adolescents. *The Arts in Psychotherapy*, 40(1), 71-84.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. *Handbook of child psychology*.
- Brunk, M. A., Henggeler, S. W., & Whelan, J. P. (1987). Comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. *Journal of Consulting and Clinical Psychology*, 55(2), 171.
- Bugental, D. B., & Johnston, C. (2000). Parental and child cognitions in the context of the family. *Annual review of psychology*, 51(1), 315-344.
- Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between Intimate Partner Violence and Health among Men Who Have Sex with Men: A Systematic Review and Meta-Analysis. *PLoS medicine*, 11(3), e1001609.
- Burman, M. (2014). Blaming violent men-A challenge to the Swedish criminal law on provocation. *Women's Studies International Forum*. doi: 10.1016/j.wsif.2013.12.005.
- Button, D.M. & Gealt, R. (2010). High Risk Behaviours among Victims of Sibling Violence. *Journal of Family Violence*, 25(2), 131-140.
- Caldwell, J. E., Swan, S. C., & Woodbrown, V. (2012). Gender differences in intimate partner violence outcomes. *Psychology Of Violence*, 2(1), 42-57.
- Calheiros, M. M., Graca, J., & Patricio, J. N. (2014). From assessing needs to designing and evaluating programs: Case study of a family support program in Portugal. *Children and Youth Services Review*, 36, 170-178.
- Campbell, K. A., Cook, L. J., LaFleur, B. J., & Keenan, H. T. (2010). Household, family, and child risk factors after an investigation for suspected child maltreatment: a missed opportunity for prevention. *Archives of Pediatrics & Adolescent Medicine*, 164(10), 943-949.
- Campbell, J., Snow Jones, A., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., & Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162(10), 1157-63.
- Cantos, A. L., & O'Leary, K. D. (2014). One Size Does Not Fit All in Treatment of Intimate Partner Violence. *Partner Abuse*, 5(2), 204-236.
- Caplan, G., & Caplan, R. B. (2000). The future of primary intervention. *Journal of Primary Intervention*, 21,(2), 131-136.
- Carswell, S.L. December 2006. *Family Violence and the Pro-arrest Policy: A Literature Review*, Ministry of Justice, Wellington. Retrieved from www.justice.govt.nz
- Carswell, S.L., Lennan M., Atkin S., Wilde, V., Kalapu L., & Pimm, F. (2010). *Evaluation of the Family Violence Interagency Response System – Final Report*, Ministry of Social Development, Wellington. Retrieved from <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/family-violence-interagency-response-system/index.html>.
- Cater, A. K., Andershed, A., & Andershed, H. (2014). Youth victimization in Sweden: Prevalence, characteristics and relation to mental health and behavioral problems in young adulthood. *Child Abuse & Neglect*, 38(8), 1290-1302.
- Cavanaugh, M. M., & Gelles, R. (2005). The utility of male domestic violence offender typologies: New directions for research, policy and practice. *Journal of Interpersonal Violence*, 20(2), 155-166.

- Chan, K. L. (2011). Gender differences in self-reports of intimate partner violence: A review. *Aggression and Violence Behaviour*, 16(2), 67-175.
- Chan, K. L. & Cho, E. Y. (2010). A review of cost measures for the economic impact of domestic violence. *Trauma & Abuse*, 11(3), 129-43.
- Chan, Y., & Yeung, J. W. (2009). Children living with violence within the family and its sequel. A meta-analysis from 1995-2006. *Aggression and Violent Behaviour*, 14(5), 313-322.
- Chang, J. C., Cluss, P. A., Burke, J. G., Hawker, L., Dado, D., Goldstrohm, S., & Scholle, S. H. (2011). Partner violence screening in mental health. *General hospital psychiatry*, 33(1), 58-65.
- Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N., Elamin, M. B., Seime, R. J., Shinozaki, G., Prokop, L. J., & Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7), 618-629.
- Child, Youth and Family Services (2013). Maltreatment and Family Violence Factsheet, Child, Youth and Family Services; Wellington. Retrieved from <http://www.cyf.govt.nz/documents/info-for-caregivers/fds-maltreatment-feb12-an.pdf>
- Cismaru, M. & Lavack, A.M. (2011). Campaigns Targeting Perpetrators of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 12(4), 183-197.
- Clark, C. J., Everson-Rose, S. A., Suglia, S. F., Btoush, R., Alonso, A., & Haj-Yahia, M. M. (2010). Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: a cross-sectional study. *The Lancet*, 375(9711), 310-16.
- Clark, C. J., Lewis-Dmello, A., Anders, D., Parsons, A., Nguyen-Feng, V., Henn, L., & Emerson, D. (2014). Trauma-sensitive yoga as an adjunct mental health treatment in group therapy for survivors of domestic violence: A feasibility study. *Complementary Therapies in Clinical Practice*. doi: 10.1016/j.ctcp.2014.04.003
- Cleckley, H.M. (1941). *The Mask of Sanity: An Attempt to Clarify Some Issues about the so called Psychopathic Personality*. Fifth edition: private printing for non-profit education use. Retrieved from http://www.quantumfuture.net/store/sanity_1.PdF
- Clements, C., Oxtoby, C. & Ogle, R. (2008). Methodological issues in assessing psychological adjustment in child witnesses of intimate partner violence. *Trauma & Abuse* 9(2), 114–27.
- Cockburn, C. (2013). Against the odds: Sustaining feminist momentum in post-war Bosnia-Herzegovina. *Women's Studies International Forum*, 37, 26-35.
- Cohen, J. A., Mannarino, A. P., Murray, L. K., & Igelman, R. (2006). Psychosocial Interventions for Maltreated and Violence-Exposed Children. *Journal of Social Issues*, 62(4), 737-766.
- Collins, R. E. (2010). The effect of gender on violent and nonviolent recidivism: A meta-analysis. *Journal of Criminal Justice*, 38(4), 675-684.
- Coogan, D. (2011). Child-to-parent violence: Challenging perspectives on family violence. *Child Care in Practice*, 17(4), 347-358.
- Cordery, C., & Halford, S. (2010, August). *Funding Social Services: an historical analysis of responsibility for citizens' welfare in New Zealand*. Paper present to the 6th Accounting History Conference - "Accounting and the State", Wellington. Retrieved from

http://www.victoria.ac.nz/sacl/about/events/past-events2/past-conferences/6ahic/publications/6AHIC-57_FINAL_paper.pdf

- Cornwall, A., & Sardenberg, C. (2014). Participatory pathways: Researching women's empowerment in Salvador, Brazil. *Women's Studies International Forum*, 45, 72-80.
- Corvo, K., Dutton, D., & Chen, W. (2008). Towards evidence-based practice with domestic violence perpetrators. *Journal of Aggression, Maltreatment, and Trauma*, 16(2), 111-130.
- Corvo, K., & Johnson, P. (2003). Vilification of the "batterer:" How blame shapes domestic violence policy and interventions. *Aggression and Violent Behavior*, 8(3), 259-281.
- Corvo, K., & Johnson, P. (2013). Sharpening Ockham's Razor: The role of psychopathology and neuropsychopathology in the perpetration of domestic violence. *Aggression and Violent Behavior*, 18(1), 175-182.
- Costello, M., Chung, D., & Carson, E. (2005). Exploring alternative pathways out of poverty: Making connections between domestic violence and employment practices. *Australian Journal of Social Issues*, 40(2), 253-67
- Cottrell, B., & Monk, P. (2004). Adolescent-to-parent abuse. *Journal of Family Issues*, 25(8), 1072-1095.
- Counts, J. M., Buffington, E. S., Chan-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, 34(10), 762-772.
- Craven C. & Davis, D.A. (2013). *Feminist activist ethnography: Counterpoints to neoliberalism in North America*. Lanham: Lexington Books.
- Crooms, L., Falcon, S. & Haldane, H. (2011). Intersectional and multiple forms of discrimination in the context of violence against women. Research Paper prepared for Rashida Manjoo, Special Rapporteur, Violence against Women: *United Nations Office of the High Commissioner for Human Rights*. Geneva, Switzerland.
- Cross, T. P., Matthews, B., Tonmyr, L., Scott, D., & Ouimet, C. (2012). Child welfare policy and practice on children's exposure to domestic violence. *Child Abuse & Neglect*, 36(3), 210-216.
- Cuevas, C. A., Finkelhor, D., Clifford, C., Ormrod, R. K., & Turner, H. A. (2010). Psychological distress as a risk factor for re-victimization in children. *Child Abuse & Neglect*, 34(4), 235-243.
- Cunningham, A. & Baker, L. (2004). *What About Me! Seeking to understand a child's view of violence in the family*. London, Ontario: Centre for Children and Families in the Justice System.
- Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, 22(01), 87-108.
- Dahlberg L.L., & Krug E.G. (2002). Violence – a global public health problem. In E. G. Krug., Dahlberg, L. L., Mercy, J A., Zwi, A. B., & Lozano, R. (Eds.), *World report on violence and health*, 3-21. Geneva, World Health Organization.
- Dalley, B. (1998). *Family Matters: Child Welfare in Twentieth Century New Zealand*. Auckland, New Zealand: Auckland University Press.

- Daly, J.M., Merchant, M.L., & Jogerst, G.L. (2011). Elder Abuse Research: A Systematic Review. *Journal of Elder Abuse & Neglect*, 23(4), 348-365.
- Daly, J. E., & Pelowski, S. (2000). Predictors of dropout among men who batter: A review of studies with implications for research and practice. *Violence and Victims*, 15(2), 137-160.
- Damasheka, A., Nelson, M. M., & Bonner, B. L. (2013). Fatal child maltreatment: characteristics of deaths from physical abuse versus neglect. *Child Abuse & Neglect*, 37(10), 735-744.
- Darlington, Y., Healy, K., & Freeney, J. A. (2010). Approaches to assessment and intervention across four types of child and family welfare services. *Children and Youth Services Review*, 32(3), 356-364.
- Daro, D. (2005). Prenatal/postnatal home visiting programmes and their impact on young children's psychosocial development (0-5): commentary on Olds, Kitzman, Zercher and Spiker. In R. E. Tremblay, R. G. Barr, & R. de V. Peters (Eds.), *Encyclopaedia on Early Childhood Development* [online]. Montreal, Quebec: Centre for Excellence for Early Childhood Development; 2005: 1-9. Retrieved from <http://www.excellence-earlychildhood.ca/documents/DaroANG.pdf>.
- Dartnall, E., & Jewkes, R. (2013). Sexual violence against women: The scope of the problem. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 27(1), 3-13.
- Dasgupta, S. D. (2002). A framework for understanding women's use of nonlethal violence in intimate heterosexual relationships. *Violence against Women*, 8(11), 1364-1389.
- Davila, Y. R., Mendias, E. P., & Juneau, C. (2013). Under the RADAR: Assessing and intervening for intimate partner violence. *The Journal for Nurse Practitioners*, 9(9), 594-600.
- Davis, DA. (2006). *Battered black women and welfare reform* Albany: SUNY Press.
- Day, A., Carson, E., & Saebel, J. (2010). Perspectives on domestic violence: The influence of organizational issues on program outcomes. *Procedia-Social and Behavioral Sciences*, 5, 18-22.
- De Brito, S. A., Viding, E., Sebastian, C. L., Kelly, P. A., Mechelli, A., Maris, H., & McCrory, E. J. (2013). Reduced orbitofrontal and temporal grey matter in a community sample of maltreated children. *Journal of Child Psychology and Psychiatry*, 54(1), 105-112.
- DeGarmo, D. S., Patterson, G. R., & Forgatch, M. S. (2004). How do outcomes in a specified parent training intervention maintain or wane over time?. *Prevention Science*, 5(2), 73-89.
- Decker, M. R., Miller, E., Illangasekare, S., & Silverman, J. G. (2013). Understanding gender-based violence perpetration to create a safer future for women and girls. *The Lancet Global Health*, 1(4), 170-171. doi: 10.1016/S2214-109X(13)70085-8
- Deere, C.D. (2005). *The feminization of agriculture? Economic restructuring in rural Latin America*. New York: United Nations Research Institute for Social Development.
- DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior*, 19(4), 346-362.
- DeKeseredy, W. S. (2011). Feminist contributions to understanding women abuse: Myths, controversies and realities. *Aggression and Violent Behaviour*, 16(4), 297-302.
- DeKeseredy, W. S., & Schwartz, M. D. (1998). Measuring the extent of woman abuse in intimate heterosexual relationships: A critique of the Conflict Tactics Scales. *US Department of Justice Violence Against Women Grants Office Electronic Resources*.

- Department of Planning and Community Development; Department of Human Services; Department of Justice, & Victoria Police (2010). *Case study: Victorian Family Violence Reforms*. Department of Premier and Cabinet, retrieved from <http://www.dpc.vic.gov.au/index.php/featured/innovation/case-study-victorian-family-violence-reforms/22-html/99-family-violence-reforms-html>
- Department of Health and Human Services. (2003). *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta, GA: Centres for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., & Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: a systematic review and meta-analysis. *Addiction*, 109(3), 379-391.
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., ... & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies. *PLoS medicine*, 10(5), e1001439.
- Dickson, S. (2013). *Preventing Sexual Violence: A stocktake of tauiwi & bicultural primary prevention activities 2013*. Te Ohaakii a Hine – National Network Ending Sexual Violence Together. Retrieved from http://anzasw.org.nz/documents/0000/0000/0681/Preventing_Sexual_Violence__A_Stocktake_of_Tauiwi__Bicultural_Primary_Prevention_Activities_2013.pdf.
- Dinos, S., Burrowes, N., Hammond, K., Cunliffe, C. (2014) In Press: A systematic review of juries' assessment of rape victims: Do rape myths impact on juror decision-making? *International Journal of Law, Crime and Justice* (2014), Retrieved from <http://dx.doi.org/10.1016/j.ijlcrj.2014.07.001>
- Dixon, L., & Graham-Kevan, N. (2011). Understanding the nature and etiology of intimate partner violence and implications for practice and policy. *Clinical Psychology Review*, 31(7), 1145-1155.
- Dobash, R. E., & Dobash, R. P. (2003). *Women, Violence and Social Change*. London: Routledge.
- Dobbs, T. & Eruera, M. (2014). *Kaupapa Māori wellbeing framework: The basis for whānau violence prevention and intervention*. Auckland, New Zealand: New Zealand Family Violence Clearinghouse, University of Auckland.
- Dodge, K. A., Goodman, B. W., Murphy, R. A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, 104(1), S136-S143.
- Dollard, M. F., & Neser, D. Y. (2013). Worker health is good for the economy: Union density and psychosocial safety climate as determinants of country differences in worker health and productivity in 31 European countries. *Social Science and Medicine*, 92, 114-123.
- Dominguez, S., & Menjivar, C. (2014). Beyond individual and visible acts of violence: A framework to examine the lives of women in low-income neighborhoods. *Women's Studies International Forum*, 44, 184-195.
- Dong, M., Anda, R. F., Dube, S. R., Giles, W. H., & Felitti, V. J. (2003). The relationship of exposure to childhood sexual abuse to other forms of abuse, neglect, and household dysfunction during childhood. *Child Abuse & Neglect*, 27(6), 625-639.
- Douge, N., Lehman, E. B., & McCall-Hosenfeld, J. S. (2014). Social support and employment status modify the effect of intimate partner violence on depression symptom severity in women: Results from the 2006 Behavioral Risk Factor Surveillance System survey. *Women's Health Issues*, 24(4), e425-e434. doi: 10.1016/j.whi.2014.03.006

- Douglas, E. M., & Mohn, B. L. (2014). Fatal and non-fatal child maltreatment in the US: An analysis of child, caregiver, and service utilization with the National Child Abuse and Neglect Data Set. *Child Abuse & Neglect*, 38(1), 42-51.
- van Dulmen, M. H. M., Klipfel, K. M., Mata, A. D., Schinka, K. C., Claxton, S. E., Swahn, M. H., & Bossarte, R. M. (2012). Cross-Lagged effects between intimate partner violence victimization and suicidality from adolescence into adulthood. *Journal of Adolescent Health*, 51(5), 510–516.
- Dunn, E. C., McLaughlin, K. A., Slopen, N., Rosand, J., & Smoller, J. W. (2013). Developmental timing of child maltreatment and symptoms of depression and suicidal ideation in young adulthood: results from the National Longitudinal Study of Adolescent Health. *Depression and Anxiety*, 30(10), 955-64.
- Duntley, J. D., & Shackelford, T. K. (2012). Adaptations to avoid victimization. *Aggression and Violent Behavior*, 17(1), 59-71.
- Durie, M. (1994). *Whaiora: Māori health development*: Oxford University Press Auckland.
- Durlak, J., & DuPre, E. (2008). Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.
- Dutton, D. G. (2012). The case against the role of gender in intimate partner violence. *Aggression and Violent Behavior*, 17(1), 99-104.
- Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, 11(5), 457-483.
- Dutton, M. A., Bermudez, D., Matas, A., Majid, H., & Myers, N. L. (2013). Mindfulness-Based Stress Reduction for low-income, predominantly African American women with PTSD and a history of intimate partner violence. *Cognitive and Behavioral Practice*, 20(1), 23-32.
- Earner, I. (2010). Double risk: Immigrant mothers, domestic violence and public child welfare services in New York City. *Evaluation and Program Planning*, 33. doi: 10.1016/j.evalprogplan.2009.05.016
- Easteal, P., Bartels, L., & Bradford, S. (2012). Language, gender and “reality”: Violence against women. *International Journal of Law, Crime and Justice*, 40(4), 324-337.
- Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence. *Partner Abuse*, 4(2), 196-231.
- Eckstein, N. J. (2004). Emergent issues: family experiencing adolescent-to-parent abuse. *Western Journal of Communication*, 68(4), 365-388.
- Edin, K., & Nilsson, B. (2014). Men’s violence: Narratives of men attending anti-violence programmes in Sweden. *Women’s Studies International Forum*. doi: DOI: 10.1016/j.wsif.2013.12.006
- Edleson, J.L. (2012). *Groupwork with Men Who Batter: What the Research Literature Indicates*. National Online Resource Center on Violence Against Women. Retrieved from www.vawnet.org
- Edleson, J. L., Ellerton, A. L., Seagren, E. A., Kirchberg, S. L., Schmidt, S. O., & Abrose, A. T. (2007). Assessing child exposure to adult domestic violence. *Children and Youth Services Review*, 29, 961-71.
- Ehrensaft, M. K. (2008). Intimate partner violence: Persistence of myths and implications for intervention. *Children and Youth Services Review*, 30(3), 276-286.

- Ehrensaft, M. K., Moffitt, T. E., & Caspi, A. (2004). Clinically abusive relationships in an unselected birth cohort: men's and women's participation and developmental antecedents. *Journal of Abnormal Psychology, 113*(2), 258-270.
- Eisikovits, Z., & Bailey, B. (2011). From dichotomy to continua: Towards a transformation of gender roles and intervention goals in partner violence. *Aggression and Violent Behaviour, 16*(4), 340-346.
- Emery, C. R. (2011). Disorder or deviant order? Re-theorising domestic violence in terms of order, power and legitimacy. *Aggression and Violence, 16*(6), 525-540.
- Erturk, Y. (2009). *Political economy of women's human rights*. UN Human Rights Council.
- European Union Agency for Fundamental Rights. (2014). *Violence against women: An EU-wide survey. Main results*. Luxembourg: Publications Office of the European Union. Retrieved from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorers>
- Euser, S., Alink, L. R., Pannebakker, F., Vogels, T., Bakermans-Kranenburg, M. J., & Van Ijzendoorn, M. H. (2013). The prevalence of child maltreatment in the Netherlands across a 5-year period. *Child Abuse and Neglect, 37*(10), 841-851.
- Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13*, 131-140.
- Fagan, A. A., & Wright, E. M. (2011). Gender differences in the effects of exposure to intimate partner violence on adolescent violence and drug use. *Child abuse & neglect, 35*(7), 543-550.
- Fallon, P. (2006). *Elder abuse and/or neglect: literature review*. Wellington: Ministry of Social Development.
- Family Violence Death Review Committee. (2014). *Fourth Annual Report: January 2013 to December 2013*. Wellington: Family Violence Death Review Committee.
- Fanslow, J. (2005). *Beyond Zero Tolerance: Key issues and future directions for family violence work in New Zealand*. Wellington: New Zealand Families Commission.
- Fanslow, J. & Robinson, E. M. (2004). Violence against women in New Zealand: Prevalence and health consequences. *The New Zealand Medical Journal, 117*(1206), 1175-8716.
- Fanslow, J. & Robinson, E. M. (2010). Help-seeking behaviours and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence, 25*(5), 929-951.
- Fantuzzo, J. W. & Mohr, W. K. (1999). Prevalence and effects of child exposure to domestic violence. *The Future of Children, 9*(3), 22-32.
- Farmer, P. (2003). *Pathologies of Power*. Berkeley: University of California Press.
- Farrer, T. J., Frost, R. B., & Hedges, D. W. (2012). Prevalence of traumatic brain injury in intimate partner violence offenders compared to the general population: A meta-analysis. *Trauma, Violence, & Abuse, 13*(2), 77-82.
- Farrokh-Eslamlou, H., Oshnouei, S., & Haghighi, N. (2014). Intimate partner violence during pregnancy in Urmia, Iran in 2012. *Journal of Forensic and Legal Medicine, 24*, 28-32.
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet, 379*(9812), 266-82.

- Feder, G., Davies, R. A., Baird, K., Dunne, D., Eldridge, S., Griffiths, C., Gregory, A., Howell, A., Johnson, M., Ramsay, J., Rutterford, C., & Sharp, D. (2011). Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomized controlled trial. *The Lancet*, 378, 1788-95.
- Frere, M. (2012). *A Whole-of-Government approach to Family Violence Reform*. Paper presented at the Family Violence Symposium 28 May 2012, Wellington, New Zealand. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/'Whole%20of%20government'%20approach%20to%20family%20violence%20reforms.pdf>
- Fergusson, D. M., & Horwood, L. J. (1998). Exposure to interparental violence in childhood and psychosocial adjustment in young adulthood. *Child Abuse & Neglect*, 22(5), 339–557.
- Fergusson, D. M., Horwood, L. J., & Ridder, E. M. (2005). Partner violence and mental health outcomes in a New Zealand birth cohort. *Journal of marriage and family*, 67(5), 1103-1119.
- Fergusson, D. M., Horwood, L. J., & Woodward, L. J. (2000). The stability of child abuse reports: a longitudinal study of the reporting behaviour of young adults. *Psychological Medicine*, 30(3), 529-544.
- Fergusson D.M., Boden J.M., & Horwood L.J. (2012). Early Start Evaluation Report 2: 9 year follow-up. Wellington: Ministry of Social Development.
- Fernbrant, C., Essen, B., Ostergren, P. O., & Cantor-Graae, E. (2011). Perceived threat of violence and exposure to physical violence against foreign-born women: A Swedish population-based study. *Women's Health Issues*, 21(3), 206-213.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18(5), 409-417.
- Finnbogadottir, H., & Dykes, A. K. (2012). Midwives' awareness and experiences regarding domestic violence among pregnant women in southern Sweden. *Midwifery*, 28(2), 181-189.
- Flynn, A., & Graham, K. (2010). "Why did it happen?" A review and conceptual framework for research on perpetrators' and victims' explanations for intimate partner violence. *Aggression and Violent Behavior*, 15(3), 239-251.
- Fowler, D. N., & Faulkner, M. (2011). Interventions targeting substance abuse among women survivors of intimate partner abuse: A meta-analysis. *Journal of Substance Abuse Treatment*, 41(4), 386-398.
- Fowler, K.A. & Westen, D. (2011). Subtyping Male perpetrators of Intimate Partner Violence. *Journal of Interpersonal Violence*, 26(4), 607-639.
- Fox, G. L., Benson, M. L., DeMaris, A. A., & Wyk, J. (2002). Economic distress and intimate violence: Testing family stress and resources theories. *Journal of Marriage and Family*, 64(3), 793-807.
- Fraga, S., Lindert, J., Barros, H., Torres-Gonzalez, F., Ioannidi-Kapolou, E., Melchiorre, M. G., Stankunas, M., & Soares, J. F. (2014). Elder abuse and socioeconomic inequalities: A multilevel study in 7 European countries. *Preventive Medicine*, 61, 42-47.
- Friederic, K. (2013). Violence against women and the contradictions of Rights-in-Practice in rural Ecuador. *Latin American Perspectives*, 41(1), 19-38.
- Friend, C., Shlonsky, A., & Lambert, L. (2008). From evolving discourses to new practice approaches in domestic violence and child protective services. *Children and Youth Services Review*, 30(6), 689-698.

- Fritzell, S., Weitoft, G. R., Fritzell, J., & Burstrom, B. (2007). From macro to micro: The health of Swedish lone mothers during changing economic and social circumstances. *Social Science and Medicine*, 65(12), 2474-2488.
- Frost, A. (2011). Site implementation issues. In K. McMaster & D. Riley (Eds.), *Effective interventions with offenders: Lessons learned* (pp. 150-167). Christchurch: Hall McMaster & Associates and Steele Roberts Aotearoa.
- Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN multi-country cross-sectional study on men and violence in asia and the pacific. *The Lancet Global Health*, 1(4), e187-e207.
- Fusco, R. (2013). "It's hard enough to deal with all the abuse issues": Child welfare workers' experiences with intimate partner violence on their caseloads. *Children and Youth Services Review*, 35(12), 1946-1953.
- Gamlin, J. B. (2013). Shame as a barrier to health seeking among indigenous Huichol migrant labourers: An interpretive approach of the "violence continuum" and "authoritative knowledge." *Social Science and Medicine*, 9, 75-81.
- Gangoli, G., & Rew, M. (2011). Mothers-in-law against daughters-in-law: Domestic violence and legal discourses around mother-in-law violence against daughters-in-law in India. *Women's Studies International Forum*, 34(5), 420-429.
- Gardner, W. E., Kelleher, K. & Pajer, K. (2009). Effects of intimate-partner violence on child psychopathology. In M. B. Bruce Webb, K. Dowd, B. Jones Harden, J. Lansverk & M. Testa (eds), *Child Welfare and Child Well-being: New perspectives from the National Survey of Child and Adolescent Well-Being* (pp. 133-54). New York: Oxford University Press.
- Gavey, N. (2005, June). *Violence Against Women: Beyond gender neutrality*. Paper presented at the Looking Back, Moving Forward Women's Convention. Wellington, New Zealand.
- Gennetian, L. A., Castells, N., & Morris, P. A. (2010). Meeting the basic needs of children: Does income matter? *Children and Youth Services Review*, 32(9), 1138-1148.
- Ghosh, B. (2013). How does the legal framework protect victims of dowry and domestic violence in India? A critical review. *Aggression and Violent Behavior*, 18, 409-416
- Gilfus, M. E., O'Brien, P., Trabold, N., & Fleck-Henderson, A. (2010). Gender and intimate partner violence: Evaluating the evidence. *Journal of Social Work Education*, 46(2), 245-63.
- Gilmore, R.W. (2007). In the shadow of the shadow state in *The revolution will not be funded: Beyond the non-profit industrial complex*, INCITE (ed) pp. 24-48. Boston: South End Press.
- Gold, J., Sullivan, M.W., Lewis, M. (2011). The relation between abuse and violent delinquency: The shame to blame in juvenile offenders. *Child Abuse & Neglect*, 35(7), 459-467.
- Goldberg, N. G., & Meyer, I. H. (2013). Sexual orientation disparities in history of intimate partner violence results from the California Health Interview Survey. *Journal of interpersonal violence*, 28(5), 1109-1118.
- Goldson, B., & Muncie, J. (2012). Towards a global 'child friendly' juvenile justice. *International Journal of Law Crime and Justice*, 40(1), pp.47-64.
- Golu, F. (2014). Predictors of domestic violence-Comparative analysis. *Procedia-Social and Behavioral Sciences*, 127, 611-615.

- Gondolf, E.W. (2009). Outcomes from referring batterer program participants to mental health treatment. *Journal of Family Violence*, 24(8), 577-588.
- Goodman, L. A. & Epstein, D. (2009). *Listening to Battered Women: A survivor-centered approach to advocacy, mental health, and justice*. Washington, DC: American Psychological Association.
- Gorea, A., Gorea, L., Gorea, R. K., & Arora, A. (2011). Holistic approach to prevent injuries and corporal punishments in schools. *Egyptian Journal of Forensic Sciences*, 1(1), 25-29.
- Graham-Bermann, S. A. & Levondosky, A. A. (2011). *How Intimate Partner Violence Affects Children: Developmental research, case studies, and evidence-based intervention*. Washington, DC: American Psychological Association.
- Greenfield, E. A. (2010). Child abuse as a life-course determinant of adult health. *Maturitas*, 66(1), 51-55.
- Gul, S. S. (2013). The role of the State in protecting women against domestic violence and women's shelters in Turkey. *Women's Studies International Forum*, 38, 107-116.
- Gulliver, P., & Fanslow, J. (2013). *Family violence Indicators – Can national administrative data sets be used to measure trends in family violence in New Zealand?* Wellington: The Families Commission.
- Guterman, N. B., Tabone, J. K., Bryan, G. M., Taylor, C. A., Napoleon-Hangerd, C., Banman, A. (2013). Examining the effectiveness of home-absed parent aide services to reduce risk for physical child abuse and neglect: Six month findings from a randomised clinical trial. *Child Abuse & Neglect*, 37, 566-577.
- Hague, G., Thiara, R. K., & Turner, A. (2011). Bride-price and its links to domestic violence and poverty in Uganda: A participatory action research study. *Women's Studies International Forum*, 34(6), 550-561.
- Haldane, H. J. (2009). The provision of culturally-specific care for victims of family violence in Aotearoa/New Zealand" *Global Public Health*. 4(5), 477-489.
- Haldane, H.J. (2011). Motivation matters: Shelter workers and residents in the late capitalist era. *Practicing Anthropology* 33(3), 9-12.
- Haldane, H. J. (2013). Working at the front line in domestic violence" in *Understanding violence: Context and practice in human services*, eds. Annabel Taylor and Marie Connolly. Chapter 8. Christchurch: Canterbury University Press.
- Hamlett, N. (1998). *Women Who Abuse in Intimate Relationships*. Minneapolis, MN: Domestic Abuse Project.
- Hampton, R., LaTaillade, J., Dacey, A., & Marghi, J. (2008). Evaluating domestic violence interventions for black women. *Journal of Aggression, Maltreatment & Trauma*, 16(3), 330–353.
- Han, A., & Stewart, D. E. (2014). Maternal and fetal outcomes of intimate partner violence associated with pregnancy in the Latin American and Caribbean region. *International Journal of Gynecology and Obstetrics*, 124(1), 6-11.
- Hann, S. (2012). *About Family Violence Networks in New Zealand*. It's not OK family violence prevention campaign. Retrieved from <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/ABOUT%20FAMILY%20VIOLENCE%20NETWORKS%20IN%20NZ.pdf>
- Harne, L. & Radford, J. (2008). *Tackling Domestic Violence: Theories, policies and practice*. Maidenhead, England: Open University Press.

- Hathaway, J. E., Zimmer, B., Willis, G., & Silverman, J. G. (2008). Perceived changes in health and safety following participation in a health care-based domestic violence program. *Journal of Midwifery and Women's Health*, 53(6), 547-555.
- Haynie, D. L., Farhat, T., Brooks-Russell, A., Wang, J., Barbieri, B., & Iannotti, R. J. (2013). Dating violence perpetration and victimization among U.S. adolescents: Prevalence, patterns, and associations with health complaints and substance use. *Journal of Adolescent Health*, 53(2), 194-201.
- Heath, R. (2014). Women's access to labor market opportunities, control of household resources, and domestic violence: Evidence from Bangladesh. *World Development*, 57, 32-46.
- Hegarty, K., Sheehan, M., & Schonfeld, C. (1999). A multidimensional definition of partner abuse: development and preliminary validation of the Composite Abuse Scale. *Journal of Family Violence*, 14(4), 399-415.
- Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., Cunningham, P.B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford.
- Heo, M. (2010). Women's movement and the politics of framing: The construction of anti-domestic violence legislation in South Korea. *Women's Studies International Forum*, 33, 225-233.
- Herbert, R., & Mackenzie, D. (2014). *The way forward – an Integrated System for Intimate Partner Violence and Child Abuse and Neglect in New Zealand*. Wellington, The Impact Collective.
- Hermanns, J. M. A., Asscher, J. J., Zijlstra, B. J. H., Hoffenaar, P. J., & Dekovic, M. (2013). Long term changes and child behaviour after the Home-Start family support programme. *Children and Youth Services Review*, 35(4), 678-684.
- Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence, & Abuse*, 9(2), 84-99.
- Hien, D., & Ruglass, L. (2009). Interpersonal partner violence and women in the United States: An overview of prevalence rates, psychiatric correlates and consequences, and barriers to help seeking. *International Journal of Law and Psychiatry*, 32, 48-55.
- Hill, J. R., & Thies, J. (2010). Program theory and logic model to address the co-occurrence of domestic violence and child maltreatment. *Evaluation and Program Planning*, 33(4), 356-364.
- Hippert, C. (2011). Women's spaces, gender mainstreaming, and development priorities: Popular participation as gendered work in rural Bolivia. *Women's Studies International Forum*, 34(6), 498-508.
- Hodzic, S. (2013). Ascertaining deadly harms: Aesthetics and politics of global evidence. *Cultural Anthropology*, 28(1), 86-109.
- Hoeve, M., Dubas, J. S., Eichsheim, V. I., van der Laan, P. H., Smensk, W., & Gerris, J. R. M. (2009). The relationship between parenting and delinquency: A meta analysis. *Journal of Abnormal Psychology*, 37(6), 749-775.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), 797-810.
- Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology*, 68(6), 1000-19.
- Holzer, P. J., Higgins, J. R., Bromfield, L. M., & Higgins, D. J. (2006). The effectiveness of parent education and home visiting child maltreatment prevention programmes. *Child Abuse Prevention Issues*, 24, 1-22.

- Horn, R. (2010). Responses to intimate partner violence in Kakuma refugee camp: Refugee interactions with agency systems. *Social Science and Medicine*, 70(1), 160-168.
- Horton, E., Murray, C. E., Garr, B., Notestine, L., Flasch, P., & Johnson, C. H. (2014). Provider perceptions of safety planning with children impacted by intimate partner violence. *Children and Youth Services Review*, 42, 67-73.
- Houry, D., Kaslow, N. J. & Thompson, M. P. (2005). Depressive symptoms in women experiencing intimate partner violence. *Journal of Interpersonal Violence*, 20(11), 1467-77.
- Howard, L., Trevillion, K., Khalifeh, H., Woodall, A., Agnew-Davies, R., & Feder, G. (2010). Domestic violence and severe psychiatric disorders: prevalence and interventions. *Psychological Medicine*, 40(6), 881-893.
- Huang, C., Wang, L., & Warrener, C. (2010). Effects of domestic violence on behavior problems of preschool-aged children: Do maternal mental health and parenting mediate the effects? *Children and Youth Services Review*, 32(10), 1317-1323.
- Hudson, S. M., & Ward, T. (1997). Intimacy, loneliness, and attachment style in sexual offenders. *Journal of Interpersonal Violence*, 12(3), 323-339.
- Hughes, C. (2004). Domestic violence statistics: What can they tell us? *Te Awatea Review*, 2, 3-6.
- Humphreys, C., and Absler, D. (2011). History repeating: child protection responses to domestic violence. *Child and Family Social Work* 2011, 16, pp 464-473.
- Humphries, D. (2009). *Women, violence, and the media: Readings in feminist criminology*. Boston, MA: Northeastern University Press.
- Institute of Medicine and National Research Council (2013). *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press
- Irish, L., Kobayashi, I., & Delahunty, D. L. (2010). Long term physical health consequences of child sexual abuse: A meta analytic review. *Journal of Paediatric Psychology*, 35(5), 450-461.
- Itzin, C. (2000). Gendering domestic violence: The influence of feminism on policy and practice. In J. Hanmer & C. Itzin (eds), *Home Truths About Domestic Violence: Feminist influences on policy and practice* (pp. 356-80). New York: Routledge.
- Jaffe, P. G., Campbell, M., Hamilton, L. H., & Juodis, M. (2012). Children in danger of domestic homicide. *Child Abuse & Neglect*, 36(1), 71-74.
- Jameson, P. B., Gelfand, D. M., Kulcsar, E., & Teti, D. M. (1997). Mother-toddler interaction patterns associated with maternal depression. *Development and Psychopathology*, 9(03), 537-550.
- Jewkes, R., Fulu, E., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e208-218.
- Johnson K.B., & Das, M.B. (2009). Spousal violence in Bangladesh as reported by men: prevalence and risk factors. *Journal of Interpersonal Violence*, 24(6), 977-995.
- Johnson, M. (2008). *A Typology of Domestic Violence: Intimate terrorism, violent resistance and situational couple violence*. Lebanon, NH: Northeastern University Press.

- Johnson, M. P. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behaviour*, 16(4), 289-296.
- Johnson, N. (1995). Domestic violence: An overview. In P. Kingston & B. Penhale (Eds.), *Family Violence and the Caring Professions* (pp. 101–26). London: Macmillan.
- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Office, A. (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), 899-907.
- Julich, S. (2006). Views of justice among survivors of historical child sexual abuse: Implications for restorative justice in New Zealand. *Theoretical Criminology*, 10(1), 125-138.
- Kamimura, A., Parekh, A., & Olson, L. M. (2013). Health indicators, social support, and intimate partner violence among women utilizing services at a community organization. *Women's Health Issues*, 23(3), e179-e185.
- Kar, H. L. & O'Leary, K. D. (2010). Gender Symmetry or Asymmetry in Intimate Partner Victimization? Not an Either/Or Answer. *Partner Abuse*, 1(2), 152-168.
- Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476–99.
- Kelly, J. T. D., King-Close, A., & Perks, R. (2014). Resources and resourcefulness: Roles, opportunities and risks for women working at artisanal mines in South Kivu, Democratic Republic of the Congo. *Futures*. doi: 10.1016/j.futures.2014.04.003
- Kelley, M. L., Klostermann, K., Doane, A. N., Mignone, T., Lam, W. K., Fals-Stewart, W., Padilla, M. A. (2010). The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes. *Aggression and Violent Behavior*, 15(1), 76-82.
- Kennedy, K. M. (2013). Heterogeneity of existing research relating to sexual violence, sexual assault and rape precludes meta-analysis of injury data. *Journal of Forensic and Legal Medicine*, 20(5), 447-459.
- Kilbourne, A., Neumann, M., Pincus, H., Bauer, M., and Stall, R. (2007). Implementing evidence-based interventions in health care: application of the replicating effective programs framework, *Implementation Science*, 2, 42-50.
- Kimmel, M. S. (2002). Gender Symmetry in Domestic Violence A Substantive and Methodological Research Review. *Violence against women*, 8(11), 1332-1363.
- Kitzman, H. (2005). Effective early childhood development programmes for low-income families: Home visiting interventions during pregnancy and early childhood. In: R. E. Tremblay, R. G. Barr, R. de V. Peters. (Eds.) *Encyclopaedia on Early Childhood Development* [online]. Montreal. Quebec: Centre for Excellence for Early Childhood Development; 2005: 1-9. Retrieved from <http://www.excellenceearlychildhood.ca/documents/KitzmanANG.pdf>.
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(2), 339-352.
- Kleven, J., Sadowski, L., Kee, R., Trick, W., & Garcia, D. (2012). Comparison of screening and referral strategies for exposure to partner violence. *Women's Health Issues*, 22(1), e45-e52.
- Klika, J. B., & Herrenkohl, T. I. (2013). A review of developmental research on resilience in maltreated children. *Trauma, Violence, & Abuse*, 1524838013487808.

- Knapp, H., and Anaya, H. (2012). Implementation science in the real world", *Journal of Healthcare Quality*, 34(6),27-35.
- Knickerbocker, L., Heyman, R. E., Smith, S. A. M., Jouriles, E. N., & McDonald, R. (2007). Co-occurrence of child and partner maltreatment: Definitions, prevalence, theory, and implications for assessment. *European Psychologist*, 12(1), 36-44.
- Kohler, S., Hohne, A., Ehrhardt, M., Artus, J., Seifert, D., & Anders, S. (2013). General practitioners and managing domestic violence: Results of a qualitative study in Germany. *Journal of Forensic and Legal Medicine*, 20(6), 732-735.
- Koloto, A. H. (2003). *The Needs of Pacific Peoples When They are Victims of Crime*. Wellington: Ministry of Justice
- Koyama, E. (2003). *Disloyal to feminism: Abuse of power and control within the domestic violence shelter system*. Portland, OR: Confluere.
- Krienert, J.L & Walsh, J.A. (2011). My Brother's Keeper: A Contemporary Examination of Reported Sibling Violence Using National Level Data, 2000–2005. *Journal of Family Violence*, 26, 331–342.
- Krishnan, S., Rocca, C. H., Hubbard, A. E., Subbiah, K., Edmeades, J., & Padian, N. S. (2010). Do changes in spousal employment status lead to domestic violence? Insights from a prospective study in Bangalore, India. *Social Science and Medicine*, 70(1), 136-143.
- Krug, E., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. & Lozano, R. (2002). *World Report on Violence and Health*. Geneva: World Health Organization.
- Krupnick, J. L., Green, B. L., Stockton, P., Goodman, L., Corcoran, C., & Petty, R. (2004). Mental health effects of adolescent trauma exposure in a female college sample: Exploring differential outcomes based on experiences of unique trauma types and dimensions. *Psychiatry: Interpersonal and Biological Processes*, 67(3), 264-279.
- La Flair, L. N., Bradshaw, C. P., & Campbell, J. C. (2012). Intimate partner violence/abuse and depressive symptoms among female health care workers: Longitudinal finding. *Women's Health Issues*, 22(1), e53-e59.
- Lai, N. (2011). Expressive Arts Therapy for Mother-Child Relationship (EAT-MCR): A novel model for domestic violence survivors in Chinese culture. *The Arts in Psychotherapy*, 38(5), 305-311.
- Laing, L. & Bobic, N. (2002). *Economic Costs of Domestic Violence: Literature review*. Sydney: Australian Domestic and Family Violence Clearinghouse.
- LaLiberte, T., Bills, J., Shin, N., & Edleson, J. (2010). Child welfare professionals; responses to domestic violence exposure among children. *Children and Youth Services Review*, 32(12), 1640-1647.
- Lamela, D., & Figueiredo, B. (2013). Parents' physical victimisation in childhood and current risk of child maltreatment: the mediator role of psychosomatic symptoms. *Journal of Psychosomatic Research*, 75(2), 178-183.
- Langlands, R. L., Ward, T., & Gilchrist, E. (2009). Applying the good lives model to male perpetrators of domestic violence. *Behaviour change*, 26(2), 113-129.
- Lansford, J. E., Deater-Deckard, K., Bornstein, M. H., Putnick, D. L., & Bradley, R. H. (2014). Attitudes justifying domestic violence predict endorsement of corporal punishment and physical and psychological aggression towards children: A study in 25 low- and middle-income countries. *The Journal of Pediatrics*, 164(5), 1208-1213.

- Lansford, J. E., Miller-Johnson, S., Berlin, J. J., Dodge, K. A., Bates, J. E., & Pettit, G. S. (2007). Early physical abuse and later violent delinquency: A prospective longitudinal study. *Child Maltreatment, 12*(3), 233-245.
- Larchanche, S. (2012). Intangible obstacles: Health implications of stigmatization, structural violence, and fear among undocumented immigrants in France. *Social Science and Medicine, 74*(6), 858-863.
- Larrivee, M., Hamelin-Brabant, L., & Lessard, G. (2012). Knowledge translation in the field of violence against women and children: An assessment of the state of knowledge. *Children and Youth Services Review, 34*(12), 2381-2391.
- Leach, B. (2011). Memorializing murder, speaking back to the state in *Anthropology at the front lines of gender-based violence*, Wies J. & Haldane, H. (eds) pp. 191-210. Nashville: Vanderbilt University Press.
- Merry, S.E. (2006). *Human rights and gender violence: Translating international law into local justice*. Chicago: University of Chicago Press.
- Leone, J. M., Johnson, M. P., Cohan, C. L., & Lloyd, S. E. (2004). Consequences of male partner violence for low-income minority women. *Journal of Marriage and Family, 66*(2), 472-490.
- Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner Review: Children in foster care- vulnerabilities and evidence-based interventions that promote resilience processes. *Journal of Child Psychology and Psychiatry, 53*(12), 1197-1211.
- Leveille, S., & Chamberland, C. (2010). Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF). *Children and Youth Services Review, 32*(7), 929-944.
- Li, F., Godinet, M. T., & Arnsperger, P. (2011). Protective factors among families with children at risk of maltreatment: Follow up to early school years. *Youth Services Review, 33*(1), 139-148.
- Lievore, D. & Mayhew, P. (2007). *The Scale and Nature of Family Violence in New Zealand: A review and evaluation of knowledge*. Wellington: Ministry of Social Development, Centre for Social Research and Evaluation.
- Lin, J., Lin, L., Lin, P., Wu, J., Li, C., & Kuo, F. (2010). Domestic violence against people with disabilities: Prevalence and trend analysis. *Research in Developmental Disabilities, 31*(6), 1264-1268.
- Lindhorst, T., Oxford, M., & Gillmore, M. R. (2007). Longitudinal effects of domestic violence on employment and welfare outcomes. *Journal of Interpersonal Violence, 22*(7), 812-828.
- Littleton, H., Buck, K., Rosman, L., & Grills-Taquechel, A. (2012). From survivor to thriver: A pilot study of an online program for rape victims. *Cognitive and Behavioral Practice, 19*(2), 315-327.
- Lussier, P., Farrington, D. P., & Moffitt, T. E. (2009). Is the Antisocial Child Father of the Abusive Man?: A 40-Year Prospective Longitudinal Study on the Developmental Antecedents of Intimate Partner Violence. *Criminology, 47*(3), 741.
- Mackenbach, J. P. (2014). Cultural values and population health: a quantitative analysis of variations in cultural values, health behaviours and health outcomes among 42 European countries. *Health & Place, 28*, 116-132.
- MacKenzie, M. J., Kotch, J. B., & Lee, L.-C. (2011). Toward a cumulative ecological risk model for the etiology of child maltreatment. *Children and youth services review, 33*(9), 1638-1647.

- MacLeod, J. & Nelson, G. (2000). Programmes for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse & Neglect*, 24(9), 1127-1149.
- Madruga, C. S., Laranjeira, R., Caetano, R., Ribeiro, W., Zaleski, M., Pinsky, I., & Ferri, C. P. (2011). Early life exposure to violence and substance misuse in adulthood—The first Brazilian national survey. *Addictive Behaviors*, 36(3), 251-255.
- Magdol, I., Moffitt, T. E., Caspi, A., Fagan, J., Newman, D. L., & Silva, C. A. (1997). Gender differences in partner violence in a birth cohort of 21 year olds: Bridging the gap between clinical and epidemiological approaches. *Journal of Consulting and Clinical Psychology*, 65(1), 68-78.
- Mair, C., Cunradi, C. B., & Todd, M. (2012). Adverse childhood experiences and intimate partner violence: Testing psychosocial mediational pathways among couples. *Annals of Epidemiology*, 22(12), 832-839.
- Makarios, M., Steiner, B., Travis, L. F., (2010). Examining the predictors of recidivism. *Criminal Justice and Behaviour*, 37(12), pp.1377-1392.
- Makwana, B. (2007). He Waka Tapu Violence and Abuse Intervention Programme and caseworker programme outcome evaluation. Wellington: New Zealand Police.
<https://admin.police.govt.nz/resources/2007/he-waka-tapu-violence-and-abuse/index.html>
- Manjoo, R. (2011). *Report of the Special Rapporteur on violence against women, its causes and consequences*. United Nations, Geneva.
- Manninga, M., Homel, R., & Smith, C. (2010). A meta-analysis of early developmental prevention programmes in at-risk populations on non-health outcomes in adolescence. *Children and Youth Services Review*, 32(4), 506-519.
- Māori Reference Group for the Taskforce for Action on Violence Within Families. (2009). *E Tu Whānau-ora: Programme of Action for Addressing Family Violence 2008-2013*. Wellington: Ministry of Social Development.
- Māori Reference Group for the Taskforce for Action on Violence within Families. (2013). *E Tu Whānau Programme of Action for Addressing Family Violence 2013-2018*.
- Marshall, W. L. (2010). The role of attachments, intimacy, and loneliness in the etiology and maintenance of sexual offending. *Sexual and Relationship Therapy*, 25(1), 73-85.
- Martin, J., Langley, J., & Millichamp, J. (2006). Domestic violence as witnessed by New Zealand children. *The New Zealand Medical Journal*, 119(1228).
- Mathys, C., & Born, M. (2009). Intervention in juvenile delinquency: Danger of iatrogenic effects? *Child & Youth Services Review*, 31(12), 1217-1221.
- McClure, M. (1999). *A Civilised Community: A History of Social Security in New Zealand 1898-1998*. Auckland, New Zealand Auckland University Press.
- McConnell, D., Feldman, M., Aunos, M., & Prasad, N. (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse & Neglect*, 35(8), 621-632.
- McKinlay, A., van Vliet-Ruissen, C., & Taylor, A. (2014). Traumatic Brain Injury among mothers Identified as having a high risk of child maltreatment: A pilot study. *Journal of Family Violence*, 29(4), 391-395.
- McMaster, K. (2006). Predicting and managing risk in men who are domestically violent. In K. McMaster & L. Bakker (Eds.), *Will they do it again? Assessing and managing risk* (pp. 93-105). Lyttelton, New Zealand, Hall McMaster & Associates Ltd.

- Mears, D. P. & Barnes, J. C. (2010). Towards a systematic foundation for identifying evidence-based criminal justice sanctions and their relative effectiveness. *Journal of Criminal Justice*, 38(4), pp.702-710.
- Menard, S.M., Weiss, A. J., Franzese, R. J., & Covey, H. C. (2014). Types of adolescent exposure to violence as predictors of adult intimate partner violence. *Child Abuse & Neglect*, 38(4), 627-639.
- Mendez-Figueroa, H., Dahlke, J. D., Vrees, R. A., & Rouse, D. J. (2013). Trauma in pregnancy: an updated systematic review. *American Journal of Obstetrics and Gynecology*, 209(1), 1-10.
- Menting, A. T. A., de Castro, B. O., & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and pro-social child behaviour: A meta-analytic review. *Clinical Psychology Review*, 33(8), 901-913.
- Meredith, L. S., Eisenman, D. P., Green, B. L., Kaltman, S., Wong, E. C., Han, B., Cassells, A., & Tobin, J. N. (2014). Design of the Violence and Stress Assessment (ViStA) study: A randomized controlled trial of care management for PTSD among predominantly Latino patients in safety net health centers. *Contemporary Clinical Trials*, 38(2), 163-172.
- Merry, S.E. (2006). *Human rights and gender violence: Translating international law into local justice*. Chicago: University of Chicago Press.
- Messinger, A. M. (2014). Invisible Victims: Same-Sex IPV in the National Violence Against Women Survey. *Journal of Interpersonal Violence*, 26(11), 2228-2243.
- Middleton, J. (2013). Prevention of crime and violence: evidence-based crime prevention—a public health imperative: a review paper. *The Lancet*, 382, 74.
- Miller, L. E., Cater, A. K., Howell, K. H., & Graham-Bermann, S. A. (2014). Perpetration patterns and environmental contexts of IPV in Sweden: Relationships with adult mental health. *Child Abuse & Neglect*, 38(1), 147-158.
- Miller, M., Drake, E., Nafziger, M.,(2013). *What Works to Reduce Recidivism by Domestic Violence Offenders?* Washington State Institute for Public Policy, & United States of America.
- Millett, L., Lanier, P., & Drake, B. (2011). Are economic trends associated with child maltreatment? Preliminary results from the recent recession using state level data. *Children and Youth Services Review*, 33(7), 1280-1287.
- Millett, L. S., Kohl, P. L., Jonson-Reid, M., Drake, B., & Petra, M. (2013). Child Maltreatment Victimization and Subsequent Perpetration of Young Adult Intimate Partner Violence An Exploration of Mediating Factors. *Child maltreatment*, 18(2), 71-84.
- Ministry of Justice. (2004). *Care of Children Act 2004*. Ministry of Justice, Wellington. Retrieved from <http://legislation.govt.nz/act/public/2004/0090/latest/DLM317233.html>
- Ministry of Justice. (1961). *Crimes Act 1961*. Ministry of Justice, Wellington. Retrieved from <http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM327382.html>
- Ministry of Justice. (1995). *Domestic Violence Act 1995*. Ministry of Justice, Wellington. Retrieved from <http://www.legislation.govt.nz/act/public/1995/0086/latest/DLM371926.html>
- Ministry of Justice. (2011). *Confrontational Crime in New Zealand: Findings from the 2009 New Zealand Crime and Safety Survey*. Ministry of Justice, Wellington. Retrieved from <http://www.justice.govt.nz/publications/global-publications/n/NZCASS-2009/publications/global-publications/c/NZCASS-2009/documents/NZCASS%20Confrontational%20crime.pdf>

- Ministry of Justice. (2014). *A stronger response to domestic violence*. Cabinet, Office of Minister of Justice. Wellington.
- Ministry of Social Development. (1989). *Children, Young Persons, and Their Families Act 1989*. Ministry of Social Development, Wellington. Retrieved from <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>
- Ministry of Social Development. (2002). *Te Rito: The Family Violence Prevention Strategy*. Ministry of Social Development, Wellington.
- Ministry of Social Development. (2006). *Taskforce for Action on Violence within Families: First Report*. Ministry of Social Development, Wellington.
- Ministry of Social Development. (2011). Family Violence Indicators. Ministry of Social Development, Wellington. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/workprogrammes/initiatives/action-family-violence/family-violenceindicators.html#The2011setoffamilyviolenceindicators2>
- Ministry of Social Development. (2013). *Taskforce for Action on Violence within Families – Programme of Action 2012/13*. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/workprogrammes/initiatives/action-family-violence/reports.html>
- Ministry of Social Development. (2014). *Family Violence: Achieving Intergenerational Change*, Cabinet Social Policy Committee, Office of the Associate Minister for Social Development. Wellington.
- Ministry of Women’s Affairs. (2013). *Current Thinking on Primary Prevention of Violence against Women*. Wellington, Ministry of Women’s Affairs.
- MinSook, H. (2010). Women’s movement and the politics of framing: The construction of anti-domestic violence legislation in South Korea. *Women’s Studies International Forum*, 33(3), 225-233.
- Moffit, T. E. & Caspi, A. (1999). *Research in Brief: Findings about partner violence from the Dunedin Multidisciplinary Health and Development Study*. Washington, DC: National Institute of Justice
- Moles, K. (2008). Bridging the divide between child welfare and domestic violence services deconstructing the change process. *Children and Youth Services Review*, 30, pp.674-688.
doi:10.1016/j.childyouth.2008.01.007
- Moore, T. M., Stuart, G. L., Meehan, J. C., Rhatigan, D. L., Hellmuth, J. C., & Keen, S. M. (2008). Drug abuse and aggression between intimate partners: A meta-analytic review. *Clinical Psychology Review*, 28(2), 247-274.
- Moorea, E., Gaskin, C., & Indig, D. (2013). Childhood maltreatment and post-traumatic stress disorder among incarcerated offenders. *Child Abuse & Neglect*, 37(10), 861-870.
- Moretti, M. M., Bartolo, T., Craig, S., Slaney, K., & Odgers, C. (2014). Gender and the Transmission of Risk: A Prospective Study of Adolescent Girls Exposed to Maternal Versus Paternal Interparental Violence. *Journal of Research on Adolescence*, 24(1), 80-92.
- Morris, A., Reilly, J., Berry, S., Ransom, R., & Lanka, A. (2003). *New Zealand national survey of crime victims 2001-2003*. Ministry of Justice, Wellington.
- Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development and Psychopathology*, 23(01), 195-210.

- Moylan, C. A., Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Russo, M. J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behavior problems. *Journal of Family Violence, 25*(1), 53-63.
- Muldoon, J., Himchak, M. V., & Lemond, D. (2011). International problems of intimate partner violence and its impact upon immigrant groups in the United States. *Journal of Social Work Practice, 4*(2). Retrieved from www.globalsocialwork.org/vol4no2/Muldoon.html
- Nakanishi, M., Nakashima, T., and Honda, T. (2010). Disparities in systems development for elder abuse prevention among municipalities in Japan: Implications for strategies to help municipalities develop community systems. *Social Science and Medicine, (71)*, 400-404.
- Nanni, V., Uher, R., & Danese, A. (2012). Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: a meta-analysis. *American Journal of Psychiatry, 169*(2), 141-151.
- Neigh, G. N., Gillespie, C. F., & Nemeroff, C. B. (2009). The neurobiological toll of child abuse and neglect. *Trauma, Violence, & Abuse, 10*(4), 389-410.
- New Zealand Family Violence Clearinghouse. (2013a). *Data Summaries Snapshot*. Retrieved from <http://www.nzfvc.org.nz/?q=data-summaries>
- New Zealand Family Violence Clearinghouse. (2013b). *Data Summary 1: Family Violence Deaths*. Retrieved from <http://www.nzfvc.org.nz/?q=data-summaries>
- New Zealand Family Violence Clearinghouse. (2013c). *Child, Youth and Family definitions*. Retrieved from <http://www.nzfvc.org.nz/?q=data-summaries>
- New Zealand Family Violence Clearinghouse. (2013d). *NZ Police definitions*. Retrieved from <http://www.nzfvc.org.nz/?q=data-summaries>
- New Zealand Family Violence Clearinghouse. (2014a). *Data Summary 2: Violence Against Women*. Retrieved from <http://www.nzfvc.org.nz/?q=data-summaries>
- New Zealand Family Violence Clearinghouse. (2014b). *Data Summary 3: Children and Youth affected by Family Violence*. Retrieved from <http://www.nzfvc.org.nz/?q=data-summaries>
- New Zealand Government (2012). *Children's Action Plan: Identifying, Supporting and Protecting Vulnerable Children*. Wellington: New Zealand Government. Retrieved from <http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/white-paper-vulnerable-children/white-paper-for-vulnerable-children-childrens-action-plan-summaries.pdf>
- Nguyen, L. H. (2013). The relationship between unemployment and child maltreatment: A county level perspective in California. *Children and Youth Services Review, 35*(9), 1543-1555.
- Nievar, M. A., van Geren, L. A., & Pollard, S. (2010). A meta analysis of home visiting programmes: moderators of improvements in maternal behaviour. *Infant Mental Health Journal, 3*(15), 499-520.
- Nikulina, V., Widom, C. S., & Czaja, S. (2010). The Role of Childhood Neglect and Childhood Poverty in Predicting Mental Health, Academic Achievement and Crime in Adulthood. *American Journal of Community Psychology, 48*(3-4), 309-321.
- Nock, M. K., Borges, G., & Ono, Y. (2012). *Suicide: Global Perspectives from the WHO World Mental Health Surveys*: Cambridge University Press.
- Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual review of clinical psychology, 8*, 161-187.

- Nowak, C. & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P-Positive parenting programme using hierarchical linear modelling: effectiveness and moderating variables, *Clinical Child and Family Psychology Review*, 11(3), 114-144.
- Nybergh, L., Taft, C., & Krantz, G. (2013). Psychometric properties of the WHO Violence Against Women instrument in a female population-based sample in Sweden: a cross-sectional survey. *BMJ open*, 3(5).
- O'Campo, P., Kirst, M., Tsamis, C., Chambers, C., & Ahmad, F. (2011). Implementing successful intimate partner violence screening programs in health care settings: Evidence generated from a realist-informed systematic review. *Social Science and Medicine*, 72(6), 855-866.
- O'Connor, L., Forrester, D., Holland, S., & Williams, A. (2014). Perspectives on children's experiences in families with parental substance misuse and child protection interventions. *Children and Youth Services Review*, 38, 66-74.
- O'Donnell, M., Scott, D., & Stanley, F. (2008). Child abuse and neglect: Is it time for a public health approach. *Australian and New Zealand Journal of Public Health*, 32(4), 325-330.
- O'Leary, K. D., Smith Slep, A. M., & O'leary, S. G. (2007). Multivariate models of men's and women's partner aggression. *Journal of Consulting and Clinical Psychology*, 75(5), 752-764.
- O'Leary, K. D. & Woodin, E. M. (2009). *Psychological and Physical Aggression in Couples: Causes and interventions* (1st Ed.). Washington, DC: American Psychological Association.
- Oberg, C. N., & Aga, A. (2010). Childhood poverty and the social safety net. *Current Problems in Pediatric and Adolescent Health Care*, 40(10), 237-262.
- Ogbonnaya, I. N., & Pohle, C. (2013). Case outcomes of child welfare-involved families affected by domestic violence: A review of the literature. *Children and Youth Services Review*, 35(9), 1400-1407.
- Ohman, A., & Emmelin, M. (2014). Development policies, intimate partner violence, Swedish gender equality and global health. *Women's Studies International Forum*. doi: 10.1016/j.wsif.2013.12.001
- Okuda, M., Olfson, M., Hasin, D., Grant, B. F., Lin, K.-H., & Blanco, C. (2011). Mental health of victims of intimate partner violence: results from a national epidemiologic survey. *Psychiatric Services*, 62(8), 959-962.
- Olagbuji, B., Ezeanochie, M., Ande, A., & Ekaete, E. (2010). Trends and determinants of pregnancy-related domestic violence in a referral center in southern Nigeria. *International Journal of Gynecology and Obstetrics*, 108(2), 101-103.
- Olds, D. (2005). Prenatal/postnatal home visiting programmes and their impact on the social and emotional development of young children (0-5). In: R. E. Tremblay, R. G. Barr, R. de V. Peters (Eds.) *Encyclopaedia on Early Childhood Development* [online]. Montreal. Quebec: Centre for Excellence for Early Childhood Development; 2005: 1-9. Retrieved from <http://www.excellence-earlychildhood.ca/documents/OldsANG.pdf>.
- Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review*, 6(3), 161-70.
- Overbeek, M. M., de Schipper, J. C., Lamers-Winkelmann, F., & Schuengel, C. (2013). Effectiveness of specific factors in community-based intervention for child-witnesses of interparental violence: A randomized trial. *Child Abuse & Neglect*, 37(12), 1202-1214.
- Parson, N. (2013). *Traumatic States: Gendered Violence, Suffering, and Care in Chile*. Nashville, TN: Vanderbilt University Press.

- Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarie, N. (2013). Effectiveness of home visiting programmes on child outcomes: a systematic review. *BMC Public Health*, 13(17). doi: 10.1186/1471-2458-13-17
- Pecora, P. J., Sanders, D., Wilson, D., English, D., Puckett, A., & Rudlang-Perman, K. (2012). Addressing common forms of child maltreatment: evidence-informed interventions and gaps in current knowledge. *Child & Family Social Work*, 1–12.
- Peled, E. (2011). Abused women who abuse their children: A critical review of the literature. *Aggression and Violent Behavior*, 16(4), 325-330.
- Peltzer, K., Pengpid, S., McFarlane, J., & Banyini, M. (2013). Mental health consequences of intimate partner violence in Vhembe district, South Africa. *General Hospital Psychiatry*, 35(5), 545-550.
- Pereira, J., Vickers, K., Atkinson, L., Gonzalez, A., Wekerle, C., & Levitan, R. (2012). Parenting stress mediates between maternal maltreatment history and maternal sensitivity in a community sample. *Child Abuse & Neglect*, 36(5), 433-437.
- Perry, B. D. (2001). Bonding and attachment in maltreated children. *The Child Trauma Center*, 3, 1-17.
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14(4), 240-255.
- Pestka, K., & Wendt, S. (2014). Belonging: women living with intellectual disabilities and experiences of domestic violence. *Disability & Society*, 29(7), 1-15.
- Peter, T. (2006). Domestic violence in the United States and Sweden: A welfare state typology comparison within a power resources framework. *Women's Studies International Forum*, 29(1), 96-107.
- Pinheiro, P. (2006). *World Report on Violence Against Children*. New York: UNICEF.
- Pluye, P., Potvin, L., Denis, J-L. (2004). Making public health programs last: conceptualizing sustainability. *Evaluation and Program Planning*, 27, 121-133.
- Pond, R. & Morgan, M. (2005). New Zealand women's experiences of lawyers in the context of domestic violence. *Women's Studies Journal*, 19(2), 79-106.
- Poole, M.K., Seal, D.W., & Taylor, C. A. (2014). A systematic review of universal campaigns targeting child physical abuse prevention. *Health Education Research*, 29(3), 388-432.
- Poutvaara, P., & Priks, M. (2009). The effect of police intelligence on group violence: Evidence from reassignments in Sweden. *Journal of Public Economics*, 93(3-4), 403-411.
- Pouwhare, T. (1999). *Māori Women and Work: The effects of family violence on Māori women's employment opportunities*. Wellington: National Collective of Independent Women's Refuges.
- Prabhu, M., Mchome, B., Ostermann, J., Itemba, D., Njau, B., & Thielman, N. (2011). Prevalence and correlates of intimate partner violence among women attending HIV voluntary counseling and testing in northern Tanzania, 2005-2008. *International Journal of Gynecology and Obstetrics*, 113(1), 63-67.
- Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change. Applications to addictive behaviours. *The American Psychologist*, 47(9), 1102-1114.
- Prost, A., Lakshminarayana, R., Nair, N., Tripathy, P., Copas, A., Mahapatra, R., Rath, S., Gope, R. K., Rath, S., Bajpai, A., Patel, V., & Costello, A. (2012). Predictors of maternal psychological distress in rural India: A cross-sectional community-based study. *Journal of Affective Disorders*, 138(3), 277-286.

- Pulotu-Endemann, K., Annandale, M., & Instone, A. (2004). A Pacific Perspective on the NZ Mental Health Classification and Outcomes Study (CAOS). *Wellington: Mental Health Commission*.
- Putnam, F. W. (2003). Ten-Year Research Update Review: Child Sexual Abuse. *Journal of American Academy Child and Adolescent Psychiatry*, 42(3), 269-278.
- Racey, B., Lopez, N., & Schneider, H. (2000). Sexually assaultive adolescents: Cue perception, interpersonal competence and cognitive distortions. *International Journal of Adolescence and Youth*, 8(2-3), 229-239.
- Radford, L., Corral, S., Bradley, C., & Fisher, H. L. (2013). The prevalence and impact of child maltreatment and other types of victimisation in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect*, 37(10), 801-813.
- Rafter, N. H. (2007). Crime, film and criminology: Recent sex-crime movies. *Theoretical Criminology*, 11(3), pp.403-420.
- Raghavan, R., Bright, C., and Shadoin, A. (2008). Towards a policy ecology of implementation of evidence-based practices in public mental health settings. *Implementation Science*, 3, 26-35.
- Ramirez, M., Paik, A., Sanchagrin, K., & Heimer, K. (2012). Violent peers, network centrality, and intimate partner violence perpetration by young men. *Journal of Adolescent Health*, 51(5), 503-509.
- Ramli, R., & Yahya, Z. (2014). Language of negotiation for agreed conclusions at the UN 57th session of the Commission on the Status of Women: A case study. *Procedia-Social and Behavioral Sciences*, 118(19), 389-403.
- Rasmussen, A., Keatley, E. & Joscelyne, A. (2014). Posttraumatic stress in emergency settings outside North America and Europe: A review of the emic literature. *Social Science and Medicine*, 109, 44-54.
- Rayner-Thomas, M.M. (2013). *The impact of domestic violence on workers and the workplace*. (Master's thesis, University of Auckland, Auckland, New Zealand).
- Reeves, C., & O'Leary-Kelly, A. M. (2007). The effects and costs of intimate partner violence for work organizations. *Journal of Interpersonal Violence*, 22(3), 327-44.
- Reid, J. (2012). Exploratory review of route-specific, gendered, and age-graded dynamics of exploitation: Applying life course theory to victimization in sex trafficking in North America. *Aggression and Violent Behavior*, 17(3), 257-271.
- Reijnders, U. J. L., & Ceelen, M. (2014). 7,208 Victims of domestic and public violence; an exploratory study based on the reports of assaulted individuals reporting to the police. *Journal of Forensic and Legal Medicine*, 24, 18-23.
- Reisenhofer, S., & Taft, A. (2013). Women's journey to safety-The Transtheoretical model in clinical practice when working with women experiencing Intimate Partner Violence: A scientific review and clinical guidance. *Patient Education and Counseling*, 93(3), 536-548.
- Richards, L., Rollerson, B., & Phillips, J. (1991). Perceptions of submissiveness: Implications for victimization. *The Journal of psychology*, 125(4), 407-411.
- Richter, R. (2011). Disparity in disasters: A frontline view of gender-based violence inequities in emergency aid and health care in *Anthropology at the front lines of gender-based violence*, Wies J. & Haldane, H. (eds) pp. 19-28. Nashville: Vanderbilt University Press.
- Rizo, C. F., Macy, R. J., Ermentrout, D. M., & Johns, N. B. (2011). A review of family interventions for intimate partner violence with a child focus or child component. *Aggression and Violent Behavior*, 16(2), 144-166.

- Roberts, G. L., Lawrence, J. M., Williams, G. M. & Raphael, B. (1998). The impact of domestic violence on women's health. *Australian & New Zealand Journal of Public Health*, 22(7), 796-801
- Roberts, A. L., McLaughlin, K. A., Conron, K. J., & Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence. *American Journal of Preventive Medicine*, 40(2), 128-138.
- Robertson, D. L., & Reynolds, A. J. (2010). Family profiles and educational attainment. *Children and Youth Services Review*, 32(8), 1077-1085.
- Robertson, N., & Busch, R. (2007). *Living at the Cutting Edge: Women's Experiences with Protection Orders*. Waikato University, New Zealand.
- Robertson, N., Busch, R., D'Souza, R., Sheung, F.L., Anand, R., Balzer, R., Simpson, A., & Paina, D. (2007). *Living at the Cutting Edge: Women's Experiences of Protection Orders Volume 1: The Women's Stories*. Ministry of Women's Affairs, Wellington.
- Robertson, J. (2014). *Effective parenting Programmes – A review of effectiveness of parenting programmes for parents of vulnerable children*. Families Commission, Wellington.
- Rodriguez, C. M., & Tucker, M. C. (2011). Behind the cycle of violence, beyond abuse history: A brief report on the association of parental attachment to physical child abuse potential. *Violence and victims*, 26(2), 246-256.
- Rose, S. (2013). Challenging global gender violence. *Procedia-Social and Behavioral Sciences*, 82(3), 61-65.
- Routt, G. & Anderson, L. (2011). Adolescent violence towards parents, *Journal of Aggression, Maltreatment & Trauma*, 20(1), 1-18.
- Runyan, D., Wattam, C., Ikeda, R., Hassan, F., & Ramiro, L. (2002). *Child abuse and neglect by parents and other caregivers: WHO World report on violence and health*. Geneva, Switzerland.
- Sa'ad, F. M., Yusoof, F., Nen, S., & Subhi, N. (2014). The effectiveness of person-centered therapy and cognitive psychology ad-din group counseling on self-concept, depression and resilience of pregnant out-of-wedlock teenagers. *Procedia-Social and Behavioral Sciences*, 114(21), 927-932.
- Safta, C. G., Stan, E., Iurea, C., & Suditu, M. (2010). Counseling and assistance for women victims of domestic violence in Romania-A case study. *Procedia-Social and Behavioral Sciences*, 5, 2034-2041.
- Saftlas, A. F., Harland, K. K., Wallis, A. B., Cavanaugh, J., Dickey, P., & Peek-Asa, C. (2014). Motivational interviewing and intimate partner violence: A randomized trial. *Annals of Epidemiology*, 24(2), 144-150.
- Saile, R., Ertl, V., Neuner, F., & Catani, C. (2014). Does war contribute to family violence against children? Findings from a two-generational multi-informant study in Northern Uganda. *Child Abuse & Neglect*, 38(1), 135-146.
- Saini, M., Wert, M. V., & Gofman, J. (2012). Parent-child supervised visitation within child welfare and custody dispute contexts: An exploratory comparison of two distinct models of practice. *Children and Youth Services Review*, 34(1), 163-168.
- Sanchez-Lorente, S., Blasco-Ros, C., & Martinez, M. (2012). Factors that contribute or impede the physical health recovery of women exposed to intimate partner violence: A longitudinal study. *Women's Health Issues*, 22(5), e491-e500.

- Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the Triple P-Positive Parenting Program. *Annual review of clinical psychology*, 8, 345-379.
- Sanders, M.R., Pidgeon, A.M., Gravestock, F., Conners, M.D., Brown, S., & Young, R.W. (2004). Does parental attributional retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at risk of child maltreatment? *Behaviour Therapy*, 35, 513-535. Retrieved from [http://www.pfsc.uq.edu.au/research/underthrees/Sanders,%20Pidgeon%20et%20al.%20\(OV,%202004\).pdf](http://www.pfsc.uq.edu.au/research/underthrees/Sanders,%20Pidgeon%20et%20al.%20(OV,%202004).pdf)
- Santos, R. (2005). Voices from the field- research on home visiting: Implications for Early Childhood Development (ECD) policy and practice ACROSS Canada. In: R. E. Tremblay, R. G. Barr, R. de V. Peters. (Eds.) *Encyclopaedia on Early Childhood Development* [online]. Montreal. Quebec: Centre for Excellence for Early Childhood Development; 2005: 1-9. Retrieved from <http://www.excellence-earlychildhood.ca/documents/SantosANG.pdf>.
- Saunders, D. (2002). Are Physical Assaults by Wives and Girlfriends a Major Social Problem? A Review of the Literature. *Violence Against Women*, 8(12), 1424-1448.
- Scheirer, M., Hartling, G., and Hagerman, D. (2008). Defining sustainability outcomes of health programs: illustrations from an on-line survey. *Evaluation and program planning*, 31, 335-346.
- Schilling, E. A., Aseltine, R. H., & Gore, S. (2008). The impact of cumulative childhood adversity on young adult mental health: Measures, models, and interpretations. *Social Science & Medicine*, 66(5), 1140-1151.
- Schofield, T. J., Lee, R. D., & Merrick, M. T. (2013). Safe stable nurturing relationships as a moderator of intergenerational continuity of child maltreatment: A meta-analysis. *Journal of Adolescent Health*, 53, 532-553.
- Schumacher, J. A., & Holt, D. J. (2012). Domestic violence shelter residents' substance abuse treatment needs and options. *Aggression and Violent Behavior*, 17(3), 188-197.
- Scott, K. M., McLaughlin, K. A., Smith, D. A., & Ellis, P. M. (2012). Childhood maltreatment and DSM-IV adult mental disorders: comparison of prospective and retrospective findings. *The British Journal of Psychiatry*, 200(6), 469-475.
- Shepard, M.E., Falk, D.R., & Elliot, B.A. (2002). Enhancing coordinated community responses to reduce recidivism in cases of domestic violence. *Journal of Interpersonal Violence*, 17, 551-569.
- Shorey, R.C., Tirone, V., & Stuart, G. L. (2014). Coordinated community response components for victims of intimate partner violence: A review of the literature. *Aggression and Violent Behavior*, 19(4), 363-371.
- Shuib, R., Endut, N., Ali, S. H., Osman, I., Abdullah, S., Oon, S. W., Ghani, P. A., Prabakaran, G., Hussin, N. S., & Shahrudin, S. S. H. (2013). Domestic violence and women's well-being in Malaysia: Issues and challenges conducting a national study using the WHO multi-country questionnaire on women's health and domestic violence against women. *Procedia-Social and Behavioral Sciences*, 91, 475-488.
- Signorelli, M.S., Arcidiacono, E., & Aguglia, E. (2012). What factors are associated with intimate partner violence? Evaluation of the impact of risk factors and psychopathological consequences. *20th European Congress of Psychiatry*. doi: 10.1016/S0924-9338(12)75617-1
- da Silva Franzin, L. C., Olandovski, M., Vettorazzi, M. L., Werneck, R. I., Moyses, S. J., Kusma, S. Z., & Moyses, S. T. (2014). Child and adolescent abuse and neglect in the city of Curitiba, Brazil. *Child Abuse & Neglect*. doi: 10.1016/j.chiabu.2014.02.003.

- Slabber, M. (2012) *Community Based Domestic Violence Interventions – A Literature Review*. Department of Corrections, Wellington.
- Smith, A. (2007). Introduction: The revolution will not be funded, *in The revolution will not be funded: Beyond the non-profit industrial complex*, INCITE (ed) pp. 1-20. Boston: South End Press.
- Smith, A. L., Cross, D., Winkler, J., Jovanovic, T., & Bradley, B. (2014). Emotional Dysregulation and Negative Affect Mediate the Relationship Between Maternal History of Child Maltreatment and Maternal Child Abuse Potential. *Journal of Family Violence*, 29(5), 483-494.
- Snively, S. L. (1994). *The New Zealand Economic Cost of Family Violence*. Wellington: Department of Social Welfare & Coopers & Lybrand.
- Sobkoviak, R. M., Yount, K. M., & Halim, N. (2012). Domestic violence and child nutrition in Liberia. *Social Science and Medicine*, 74(2), 103-111.
- Social Development Partners, (2013). Managing diversity and changes to funding: what does it take? Retrieved from <http://www.socialdevelopment.org.nz/featured/managing-diversity-and-changes-to-funding-what-does-it-take/>
- Spatz-Widom, C., Czaja, S., Dutton, A. (2013). Child abuse and neglect and intimate partner violence victimisation and perpetration: A prospective investigation. *Child Abuse & Neglect*, 38(4), 650-663.
- Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child abuse & neglect*, 31(5), 517-530.
- Stadler, J., Delany-Moretlwe, S., Palanee, T., & Rees, H. (2014). Hidden Harms: Women's narratives of intimate partner violence in a microbicide trial, South Africa. *Social Science and Medicine*, 110, 49-55.
- Stafstrom, M., & Ostergren, P. O. (2008). A community-based intervention to reduce alcohol-related accidents and violence in 9th grade students in southern Sweden: The example of the Trelleborg Project. *Accident Analysis and Prevention*, 40(3), 920-925.
- Stanley, N., & Humphreys, C. (2014). Multi-agency risk assessment and management for children and families experiencing domestic violence. *Children and Youth Services Review*. doi: 10.1016/j.childyouth.2014.06.003
- Stark, E. & Buzawa, E. S. (2009). *Violence Against Women in Families and Relationships: Victimization and the community response*. Santa Barbara, CA: ABC-CLIO.
- von Sternberg, K., Cardoso, J. B., Jun, J., Learman, J., & Velasquez, M. M. (2012). An examination of the path between recent sexual violence and sexually transmitted infections. *Women's Health Issues*, 22(3), e283-e292.
- Stetler, C., Damschroder, L., Helfrich, C., & Hagedorn, H. (2011). A guide for applying a revised version of the PARHIS framework for implementation. *Implementation Science*, 6, 99-109.
- Sternberg, K. J., Baradaran, L. P., Abbott, C. B., Lamb, M. E., & Guterman, E. (2006). Type of violence, age, and gender differences in the effects of family violence on children's behavior problems: A mega-analysis. *Developmental Review*, 26(1), 89-112.
- Stewart, L.A., Gabora N., Kropp, P.R., & Lee, A. (2014). Effectiveness of Risk-Needs-Responsivity-Based Family Violence Programs with Male Offenders. *Journal of Family Violence*, 29(2), 151-164.

- Stith, S. M., Liu, T., Davies, C., Boykin, E. L., Alder, M. C., Harris, J. M., Som, A., McPherson, M., & Dees, J.E.M.E.G. (2009). Risk factors in child maltreatment: A meta analytic review of the literature. *Aggression and Violent Behaviour, 14*(1), 13-29.
- Stith, S. M., McCollum, E. E., & Rosen, K. H. (2003). *Couples therapy for domestic violence: Finding safe solutions*. Washington, DC: American Psychological Association.
- Stith, S. M., McCollum, E. E., Amanorâ Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of marital and family therapy, 38*(1), 220-240.
- Stith, S., Pruitt, I., Dees, J., Fronce, M., Green, N., Som, A., & Linkh, D. (2006). Implementing community-based prevention programming: a review of the literature. *Journal of Primary Prevention, 27*(6), 599-617.
- Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and violent behavior, 10*(1), 65-98.
- Stockl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., Moreno, C. G. (2013). The global prevalence of intimate partner homicide: a systematic review. *The Lancet, 382*(9895), 859-865.
- Stoltenburgh, M., Ijzendoorn, M. H., Euser, E. M., & Kranenburg, M. J. (2011). A global perspective on child sexual abuse: meta analysis of prevalence around the world. *Child Maltreatment, 16*(2), 79-101
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family, 75*-88.
- Straus, M. A. (2008). Dominance and symmetry in partner violence by male and female university students in 32 nations. *Children and Youth Services Review, 30*(3), 252-275.
- Straus, M. A. (2011). Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment. *Aggression and Violent Behavior, 16*(4), 279-288.
- Straus, M. A., & Michel-Smith, Y. (2014). Mutuality, severity, and chronicity of violence by Father-Only, Mother-Only and mutually violent parents as reported by university students in 15 nations. *Child Abuse & Neglect, 38*(4), 664-676.
- Straus, M. A., & Ramirez, I. L. (2007). Gender symmetry in prevalence, severity, and chronicity of physical aggression against dating partners by university students in Mexico and USA. *Aggressive Behavior, 33*(4), 281-290.
- Sturrock, F., Gray, D., Fergusson, D., Horwood, J., & Smits, C. (2014). *Incredible Years Follow-up Study*. Ministry of Social Development, Wellington.
- Suchman, N. E., Decoste, C., Rosenberger, P., & McMahon, T. J. (2012). Attachment-based intervention for substance-using mothers: A preliminary test of the proposed mechanisms of change. *Infant mental health journal, 33*(4), 360-371.
- Sullivan, C. M. (2011). Evaluating domestic violence support services programs: Waste of time, necessary evil, or opportunity for growth? *Aggression and Violent Behavior, 16*(4), 354-360.
- Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect, 24*(10), 1257-1273.
- Sun, I Y., & Chu. D. C. (2010). Who is better for handling domestic violence? A comparison between Taiwanese female and male officers. *Journal of Criminal Justice, 38*(4), 453-459.

- Sussex, B. & Corcoran, K. (2005). The impact of domestic violence on depression in teen mothers: Is the fear or threat of violence sufficient? *Brief Treatment and Crisis Intervention*, 5(1), 109-120.
- Svevo-Cianci, K. A., Herczog, M., Krappmann, L., & Cook, P. (2011). The new UN CRC General Comment 12: "The right of the child to freedom from all forms of violence"—Changing how the world conceptualizes child protection. *Child Abuse & Neglect*, 35(12), 979-989.
- Swenson, C. C. (Ed.). (2005). *Multisystemic therapy and neighborhood partnerships: Reducing adolescent violence and substance abuse*. Guilford Press.
- Swenson, C.C., Schaeffer, C.M., Tuerk, E.H., Henggeler, S.W., Tuten, M., Panzarella, P., Lau, C., Remmele, L., Foley, T., Cannata, E., & Guillorn, A. (2009). Adapting multisystemic therapy for co-occurring child maltreatment and parental substance abuse: The building stronger families project. *Emotional & Behavioral Disorders in Youth*, 3–8
- Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic Therapy for Child Abuse and Neglect: a randomized effectiveness trial. *Journal of Family Psychology*, 24(4), 497.
- Takhar, S. (2014). 'Making the leap': Community politics and the under-representation of South Asian women councilors. *Women's Studies International Forum*, 44, 120-132.
- Tang, W. A., & Wang, H. (2011). From victims of domestic violence to determined independent women: How Vietnamese immigrant spouses negotiate Taiwan's patriarchy family system. *Women's studies International Forum*, 34(5), 430-440.
- Tansella, M., & Thornicroft, G. (2009). Implementation science: understanding the translation of evidence into practice. *The British Journal of Psychiatry*, 195, 283-285.
- Taskforce for Action on Violence within Families (2012). *Falevitu: a literature review on culture and family violence in seven Pacific communities in New Zealand*. Ministry of Social Development, Wellington.
- Taskforce for Action on Violence within Families (2013). *Nga vaka o kāiga tapu: A Pacific Conceptual Framework to address family violence in New Zealand*. Ministry of Social Development, Wellington.
- Taskforce for Action on Violence within Families (2013). *Nga vaka o kāiga tapu: Pasefika Proud family violence research plan 2013 – 2018*. Ministry of Social Development, Wellington.
- Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression and Violent Behavior*, 16(3), 188-199.
- Taylor, A. (2013). Social Work Practice and the Criminal Justice System. In M. Connolly and L. Harms, *Social Work Contexts and Practice, Third Edition*, Chapter 23, Australia and New Zealand: Oxford University Press.
- Taylor, A. & van Vliet Ruissen, C., (2013). Restorative Justice. In A. Taylor & M. Connolly (Eds.). *Understanding Violence: Context and Practice in the Human Services*. Christchurch, New Zealand: Canterbury University Press.
- Taylor, C. A., Guterman, N. B., Lee, S. J., & Rathouz, P. J. (2009). Intimate partner violence, maternal stress, nativity, and risk for maternal maltreatment of young children. *American Journal of Public Health*, 99(1), 175.

- Terenó, S., Guedeney, N., Dugravier, R., Greacen, T., Saías, T., Tubach, F., & Guédéney, A. (2013). Implementation and assessment of an early home-based intervention on infant attachment organisation: the CAPEDP attachment study in France. *Global health promotion*, 20(2 suppl), 71-75.
- Theakstone-Owen, A. (2013). How can information sharing and collaboration between agencies be improved when there are child protection concerns? *Journal of Neonatal Nursing*, 16, pp.17-24.
- Theobald, D., & Farrington, D. P. (2012). Child and adolescent predictors of male intimate partner violence. *Journal of Child Psychology and Psychiatry*, 53(12), 1242-1249.
- Theobald, D., Farrington, D. P., & Piquero, A. R. (2013). Childhood broken homes and adult violence: An analysis of moderators and mediators. *Journal of Criminal Justice*, 41(1), 44-52.
- Thoburn, J., Cooper, N., Brandon, M., & Connolly, S. (2013). The place of “think family” approaches in child and family social work: Messages from a process evaluation of an English pathfinder service. *Children and Youth Services Review*, 35(2), 228-236.
- Thornberry, T. P., Matsudaa, M., Grennmana, S. J., Augustyn, M. B., Henry, K. L., Smith, A. C., & Ireland, T. O. (2013). Adolescent risk factors for child maltreatment. *Child Abuse & Neglect*, 38(4), 706-722.
- Tiwari, A., Fong, D. Y., Wong, J. W., Yuen, K. H., Yuk, H., Pang, P., Humphreys, J., & Bullock, L. (2012). Safety-promoting behaviors of community-dwelling abused Chinese women after an advocacy intervention: A randomized controlled trial. *International Journal of Nursing Studies*, 49(6), 645-655.
- Tjaden, P., & Thoennes, N. (2000). *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey: Research Report*: National Institute of Justice Washington, DC.
- Topitzes, J., Mersky, J. P., Dezen, K. A., & Reynolds, A. J. (2013). Adult resilience among maltreated children: A prospective investigation of main effect and mediating models. *Children and Youth Services Review*, 35(6), 937-949.
- Trask, E. V., Walsh, K., & DiLillo, D. (2011). Treatment effects for common outcomes of child sexual abuse: A current meta-analysis. *Aggression and Violent Behaviour*, 16(1), 6-19.
- Trocme, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., Cloutier, R. (2010). Canadian incidence study of reported child abuse and neglect, 2008. Public Health Agency of Canada. Retrieved from http://scholar.google.co.nz/citations?view_op=view_citation&hl=en&user=S3NENJIAAAAJ&citation_for_view=S3NENJIAAAAJ:d1gkVwhDpI0C
- Trute, B. and Connolly, M. (2003) ‘Couple Therapy in Conjugal Violence: Assessing safety and readiness for conjoint treatment’ in McMaster, Ken and Wells, Arthur (eds) *Innovative Approaches to Stopping Family Violence*, Steele Roberts, Wellington.
- Tsai, A. C. (2013). Intimate partner violence and population mental health: why poverty and gender inequities matter. *PLoS medicine*, 10(5), e1001440. doi: 10.1371/journal.pmed.1001440
- Tseng, S.H., Liu, K., & Wang, W. (2011). Moving toward being analytical: A framework to evaluate the impact of influential factors on interagency collaboration. *Children and Youth Services Review*, 33, 798-803.
- Tucker, C.J., Finkelhor, D., Shattuck, A.M., & Turner, H. (2013). Prevalence and correlates of sibling victimization types. *Child Abuse & Neglect*, 37(4), 213– 223.
- Turner, R. J., & Lloyd, D. A. (1995). Lifetime traumas and mental health: The significance of cumulative adversity. *Journal of Health and Social Behavior*, 36(4), 360-376.

- UK Government. (2013). A call to end violence against women and girls: Action Plan 2013. UK Government. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181088/vawg-action-plan-2013.pdf
- Ungar, M., Tutty, L. M., McConnell, S., Barter, K., Fairholm, J. (2009). What Canadian youth tell us about disclosing abuse. *Child Abuse & Neglect*, 33(10), pp.699-708.
- Vaithianathan, R., Maloney, T., Putnam-Hornstein, E., & Jiang, N. (2013). Children in the public benefit system at risk of maltreatment: identification via predictive modeling. *American Journal of Preventive Medicine*, 45(3), 354-359.
- Van IJzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11(2), 225-250.
- VanderEnde, K. E., Yount, K. M., Dynes, M. M., & Sibley, L. M. (2012). Community level correlates of intimate partner violence against women globally: A systematic review. *Social Science and Medicine*, 75(7), 1143-1155.
- Verelst, A., De Schryver, M., De Haene, L., Broekaert, E., & Derluyn, I. (2014). The mediating role of stigmatization in the mental health of adolescent victims of sexual violence in Eastern Congo. *Child Abuse & Neglect*, 38(7), 1139-1146.
- Verhage, M. L., Oosterman, M., & Schuengel, C. (2013). Parenting self-efficacy predicts perceptions of infant negative temperament characteristics, not vice versa. *Journal of Family Psychology*, 27(5), 844.
- Vives-Cases, C., Gil-Gonzalez, D., Ruiz-Perez, I., Escriba-Aguir, V., Plazaola-Castano, J., Montero-Pinar, M. I., & Torrubiano-Dominguez, J. (2010). Identifying sociodemographic differences in Intimate Partner Violence among immigrant and native women in Spain: A cross-sectional study. *Preventive Medicine*. 51(1), 85-87.
- Waalén, J., Goodwin, M. M., Spitz, A. M., Petersen, R., & Saltzman, L. E. (2000). Screening for intimate partner violence by health care providers. *American journal of preventive medicine*, 19(4), 230-237.
- Wade, K., & Fordham, J. (2005). Voices from the Field – Prenatal and Postnatal Home Visiting. Encyclopaedia on Earth Childhood Development. Retrieved from <http://www.child-encyclopedia.com/documents/Wade-FordhamANGps.pdf>
- Walby, S. (2004). *The cost of domestic violence*. London: Women and Equality Unit, Department of Trade and Industry.
- Walby, S., Allen, J., & Britain, G. (2004). *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. Home Office.
- Walker, K., Bowen, E., & Brown, S. (2013). Desistance from intimate partner violence: A critical review. *Aggression and Violent Behavior*, 18(2), 271-280.
- Walker, L. (1990). *Family Violence and the Women's Movement: The conceptual politics of struggle*. Toronto: University of Toronto Press.
- Wangmann, J. (2011). *Different Types of Intimate Partner Violence: An exploration of the literature* (Issues Paper, No. 22). Sydney: Australian Domestic & Family Violence Clearinghouse.
- Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice*, 34(4), 353-360.

- Ward, T., Day, A., & Casey, S. (2006). Offender rehabilitation down under. *Journal of offender rehabilitation*, 43(3), 73-83.
- Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, 11(1), 77-94.
- Ward, T., & Langlands, R. L. (2009). *Repairing the Rupture: Restorative Justice and the Rehabilitation of Offenders*. *Aggression And Violent Behavior*. 14(3):205-214.
- Ward, T., Melsner, J., & Yates, P. M. (2007). Reconstructing the Risk–Need–Responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior*, 12(2), 208-228.
- Waters, H., Hyder, A., Rajkotia, Y., Basu, S., Rehwinkel, J. A., & Butchart, A. (2004). *The Economic Dimensions of Interpersonal Violence*. Geneva: Department of Injuries and Violence Prevention
- Weitzman, M., Baten, A., Rosenthal, D., Hoshino, R., Tohn, E., & Jacobs, D. E. (2013). Housing and child health. *Current Problems in Pediatric and Adolescent Health Care*, 43(8), 187-224.
- Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse & Neglect*, 37(2), 93-101.
- Wells, S. J., & Briggs, H. E. (2009). Cultural competence and evidence-based practice: Best friends, strangers, or arch rivals? *Children and Youth Services Review*, 31(11), 1147-1149.
- Whitaker, D. J., & Lutzker, J. R. (2009). *Preventing partner violence: research and evidence based intervention strategies*. Washington, D.C.: American Psychological Association.
- White, J. W., & Buehler, C. (2012). Adolescent sexual victimization, ADHD symptoms, and risky sexual behavior. *Journal of Family Violence*, 27(2), 123-132.
- Whitehead, P. R., Ward, T., & Collie, R. M. (2007). Time for a change: Applying the Good Lives Model of rehabilitation to a high-risk violent offender. *International Journal of Offender Therapy and Comparative Criminology*. doi: 10.1177/0306624X06296236
- Wies, J. R. (2008). *Professionalizing human services: A case of domestic violence shelter advocates*. *Human Organization* 67(2):221-233.
- Wies, J. R. (2009). *Boundaries in carework: A case study of domestic violence shelter advocates in the United States*. *Global Public Health* 4(5): 464-476.
- Wies, J.R. (2011). *Anti-domestic violence coalition practice: Theorizing collaboration and participation*. *Annals of Anthropological Practice* 35(2):66-78.
- Wies, J. R., & Coy, K. (2013). *Measuring violence: Vicarious trauma among sexual assault nurse examiners*. *Human Organization* 72(1): 23-30.
- Wies, J.R., & Haldane, H. J. (2011). *Anthropology at the Front Lines of Gender-Based Violence*. Nashville, TN: Vanderbilt University Press.
- Wijma, B., Schei, B., & Swahnberg, K. N. (2004). The NorVold abuse questionnaire. *Linköping: Division of Gender and Medicine, Faculty of Health Sciences, Linköping University*.
- Williams, S. L., & Frieze, I. H. (2005). Patterns of violent relationships, psychological distress, and marital satisfaction in a national sample of men and women. *Sex Roles*, 52(11-12), 771-784.

- Wilson, D., & Webber, M. (2014). *The People's Report – The People's Inquiry into Addressing Child Abuse and Domestic Violence*. New Zealand: The Glenn Inquiry.
- Winick, B. J., Wiener, R., Castro, A., Emmert, A., & Georges, L. S. (2010). Dealing with mentally ill domestic violence perpetrators: A therapeutic jurisprudence judicial model. *International Journal of Law and Psychiatry*, 33(5-6), 428-439.
- Winstok, Z. (2011). The paradigmatic cleavage on gender differences in partner violence perpetration and victimization. *Aggression and Violent Behavior*, 16(4), 303-311.
- World Bank Group. (2014). *Voice and agency: Empowering women and girls for shared prosperity*. Washington D.C.: The World Bank Group.
- World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: Publications of the World Health Organization.
- World Health Organization (WHO; 2013) *Violence Against Women: Intimate Partner and Sexual Violence Against Women*. Fact Sheet No. 239. WHO; Geneva, Switzerland. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>.
- World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva: World Health Organization.
- Wulczyn, F. (2009). Epidemiological perspective on maltreatment prevention. *Future Child*, 19(2), 39-46.
- Wynd, D. (2013). Child abuse: what role does poverty play? Child Poverty Action Group Inc., Retrieved from <http://www.cpag.org.nz/assets/Publications/130610%20CPAG%20Child%20Abuse%20Re>
- Yap, M B H., Pilkington, P. D., Ryan, S. M., & Jorm, A. F. (2014). Parental factors associated with depression and anxiety in young people: A systematic review and meta-analysis. *Journal of Affective Disorders*, 156, 8-23.
- Yoo, J. A., & Huang, C. C. (2012). The effects of domestic violence on children's behavior problems: Assessing the moderating roles of poverty and marital status. *Children and Youth Services Review*, 34(12), 2464-2473.
- Yount, K. M., Di Girolamo, A. M. & Ramakrishnan, U. (2011). Impacts of domestic violence on child growth and nutrition: A conceptual review of the pathways of influence. *Social Science and Medicine*, 72(9), 1534-1554.
- Yount, K. M., Halim, N., Hynes, M., & Hillman, E. R. (2011). Response effects to attitudinal questions about domestic violence against women: A comparative perspective. *Social Science Research*, 40(3), 873-884.
- Zajac, R., O'Neill, S., Hayne, (2012) Disorder in the courtroom? Child witnesses under cross-examination. *Developmental Review*, 32, pp. 181–204. Retrieved from <http://dx.doi.org/10.1016/j.dr.2012.06.006>.
- Zauszniewski, J. A. (2012). Intervention development: assessing critical parameters from the intervention recipient's perspective. *Applied Nursing Research*, 25(1), 31-39.

Appendix 1: Child abuse and neglect interventions

Table 1: Interventions that are *well supported* by the research evidence to date

Intervention	Subtype of maltreatment
Triple P Positive Parent Partnership	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated
Chicago Child-Parent Centres	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated (promising)
Nurse-Family Partnership	Neglect: general and undifferentiated, including severe and chronic neglect Physical abuse: abuse accompanied by IPV Child physical abuse: undifferentiated
Healthy Families America Home Visiting for Child Well-Being	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated Psychological abuse
Parent Child Interaction Therapy (PCIT)	Child physical abuse: undifferentiated
Healthy Start Program, Enhanced Model	Child physical abuse: undifferentiated Physical abuse: abusive head injuries such as shaken baby syndrome (supported)
Incredible Years	Child physical abuse: undifferentiated Neglect: with maternal depression or other forms of mental health disorders
Cognitive Behavioural Treatment (CBT) for anxiety or depression	Neglect: with maternal depression or other forms of mental health disorders
Mindfulness-Based Cognitive Therapy (MBC)	Neglect: with maternal depression or other forms of mental health disorders
Behavioural Activation Treatment for Depression (BATD) (Note BATD does not target any specific form of maltreatment but is effective for lowering depression)	Neglect: with maternal depression or other forms of mental health disorders

(Adapted from Pecora et al., 2012, cited in Robertson, 2014)

Table 2: Interventions that are supported by the research evidence to date

Intervention	Subtype of maltreatment
Project Connect parent drug treatment programmes	Neglect: general and undifferentiated, including severe and chronic neglect
SafeCare	Neglect: general and undifferentiated, including severe and chronic neglect Neglect: medical or lack of proper health care
Intensive Short-Term Dynamic Psychotherapy (ISTDP) (Note that ISTDP does not target any specific form of maltreatment but is effective for lowering depression.)	Neglect: with maternal depression or other forms of mental health disorders

(Adapted from Pecora et al., 2012, cited in Robertson, 2014)

Table 3: Interventions that demonstrate promising research evidence to date

Subtype of child maltreatment	Prevention or intervention strategies
Differential Response practice strategies	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated
Cognitive Behavioural Treatment (CBT) for anxiety or depression	Neglect: general and undifferentiated, including severe and chronic neglect
Colorado Adolescent Maternity Programme (CAMP) with home visiting	Neglect: general and undifferentiated, including severe and chronic neglect
Crisis nurseries	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated
Dialectic behaviour therapy for parent substance abuse	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated Neglect: substance abuse as a major risk factor
Early Start – New Zealand	Neglect: general and undifferentiated, including severe and chronic neglect
Family economic support strategies including stronger TANF and employment programmes and other anti-poverty interventions.	Neglect: general and undifferentiated, including severe and chronic neglect Neglect: poverty as a major factor Child physical abuse: undifferentiated

Good Beginnings	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated
Nurturing Parenting Program	Neglect: general and undifferentiated, including severe and chronic neglect Child physical abuse: undifferentiated
Enhanced Paediatric Care for Families at Risk	Child physical abuse: undifferentiated Neglect: medical or lack of proper health care
Safe Environment for Every Kid (SEEK) Project	Child physical abuse: undifferentiated Neglect: medical or lack of proper health care
Attachment and Biobehavioral Catch-up	Neglect: emotional maltreatment
Hospital-based education programs	Physical abuse: abusive head injuries such as shaken baby syndrome (supported)
Circles of Accountability and Support to prevent re-victimization	Sexual abuse

(Adapted from Pecora et al., 2012, cited in Robertson, 2014)