



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Family Violence Death Review Committee



He tao huata e taea te karo

Sixth report | Te Pūrongo tuaono Men who use violence | Ngā tāne ka whakamahi i te whakarekereke

*Mā te rongō, ka mōhio
Mā te mōhio, ka mārāma
Mā te mārāma, ka mātau
Mā te mātau, ka ora*



Being a strong man includes being kind.
There's nothing weak about kindness and compassion,
there's nothing weak about looking out for others.
You're not a sucker to have integrity and to treat
others with respect.

BARACK OBAMA

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 - Melissa Cragg
 - Kere Pomare, manager, mortality review committees.

Support available | Hei tautoko

If you are in immediate danger, please call **111**

He waka tapu – support line for men who use violence: **0800 HEY BRO**

Women’s Refuge National Helpline – Crisisline: **0800 REFUGE/0800 733 843**

shine* Domestic Abuse Helpline: **0508 744 633**

Shakti 24-hour crisis line with multilingual staff: **0800 SHAKTI/0800 742 584**

Worried about a child? Call: **0508 FAMILY** or **0508 326 459** (Oranga Tamariki—Ministry for Children)

Rape Crisis: National call line: **0800 88 33 00**

Safe to talk – Kōrero mai, ka ora 24/7 sexual harm helpline: **0800 044 334** or **text 4334**

Elder Abuse Response Service National Helpline: **0800 EA NOT OK/0800 32 668 65**

Family Violence Information Line: **0800 456 450** (available 9am–11pm daily)

More information on helping services can be found on the New Zealand Family Violence Clearinghouse website: **<https://nzfvc.org.nz/links#help>**

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Foreword | Kupu whakataki

The Health Quality & Safety Commission (the Commission) welcomes the Family Violence Death Review Committee's (the Committee's) *Sixth report: Men who use violence*.

This report is a natural progression from the Committee's *Fifth Report* and *Fifth Report Data*, in which it highlighted that, to keep victims safe, a significant focus on addressing men's use of violence is required. The *Sixth report* takes a life-course approach – in it the Committee seeks to understand the life trajectory of the men involved in family violence deaths from their birth to the death event.

The Committee draws attention to the historical and ongoing impact of colonisation, the corollary of privilege and the contribution of colonisation to individual and collective chronic and complex trauma. It recommends significant structural change from which services can identify effective strategies to address men's use of violence. Structural inequities are a feature of health, justice, mental health and addiction, and welfare services – all of which have a strong relationship with family violence.

The men described in this report had actively sought support from a variety of services to address health and social issues that were evident in their trajectory towards using violence. However, help-seeking was often not met with an appropriate response. Trauma- and violence-informed service development addresses the barriers in accessing support, provides help in navigating support systems and creates emotionally and physically safe environments for staff as well as people engaging with services. The Committee highlights the characteristics of trauma- and violence-informed service design and how services developed in this manner may contribute to a reduction in men's use of violence.

This report presents some challenges to government and government agencies. These include adopting an honest partnership between the Crown and Māori; decolonising services through the acknowledgement of mātauranga Māori and sustainable investment in kaupapa Māori services; investing in public services that reflect and understand the communities they serve; and flexible funding structures that allow the right help to be provided at the right time. These are not easy challenges to face and they will require uncomfortable conversations. These uncomfortable conversations mirror the reality of what is needed to help men become violence free: a deep personal and collective resolve to engage in an extended journey of change and transformation. The current, short-term focus of interventions and programmes aimed at men who use violence does not reflect this reality.

Family violence causes harm that can traverse generations. To prevent intergenerational patterns of harm, we hope the challenges presented in this report will inform the work of the family violence sector. It is through collective responsibility and action across the workforce and our communities that we can address the complexities of family violence and bring about safety and wellbeing for families and whānau.

Dr Dale Bramley, Ngā Puhī, Ngāti Hine, Te Whānau-ā-Apanui
Chair, Health Quality & Safety Commission





Chair's introduction | Te kupu whakataki a te manukura

Each family violence death is a tragedy. Members of the Family Violence Death Review Committee (the Committee) acknowledge the grief of whānau, families, friends and community members who have been affected by a family violence death.¹ We keep you in our hearts and minds as, together with those who tried to intervene to keep people safe, we challenge the systems and structures in Aotearoa New Zealand to do better.

Through the work of the Committee, we see how underlying societal beliefs and assumptions about family violence maintain a pattern of inadequate responses. Demonising men who use violence and relying on criminal sanctions and individual-focused short-term interventions have not served us well. Rather than 'repeating the same mistakes and expecting different results',² the Committee aims to transform system responses to family violence by reframing how we think about it. We aim to nudge, prod and push systems to redirect or switch the pathways that lead to family violence so instead the systems lead to safety and wellbeing.

In earlier reports we presented transformative thinking to better reflect the reality of women's experiences of intimate partner violence. Rather than holding women accountable for the safety of themselves and their children, we have called for an integrated system response that understands the gendered pattern of harm and layers of social entrapment.³ Across our publications we have repeatedly concluded that, to realise safety for women and children, we need to expand our gaze to better understand and interrupt the pathways men are on that lead them to perpetrate violence and harm.

In this *Sixth report* we take an 'eyes wide open'⁴ approach to explore the context in which a man will use violence against an intimate partner. In our reviews of family violence deaths we asked ourselves, 'How did this happen?'. Across the chapters of this report we share what we learnt about the legacy of colonisation, trauma and inadequate service responses from looking at the lives of men whose violence resulted in a death. We reframe our understanding of the complex problem of family violence in Aotearoa New Zealand and identify reflective questions to guide a shift in structures, services and communities towards safety and wellbeing.

It is important to state that, in advocating for effective services for men and their whānau and families when and where they need them, more innovation and resources will be needed. There is much to be learnt from listening to communities as they struggle to 'do whatever needs to be done to get people moving forward and taking responsibility for themselves and their whanau'.⁵ Community initiatives are well placed to understand local challenges and respond accordingly. We eagerly anticipate the Joint Venture for Family and Sexual Violence cross-government strategy, and the potential this has to forge an enduring Crown-Māori

1 By law, all information about individuals included in work of the Committee is confidential. No person or persons involved in the deaths are named in this report.

2 'Insanity is repeating the same mistakes and expecting different results' was first printed in an addiction programme booklet, www.news.hypercrit.net/2012/11/13/einstein-on-insanity (Accessed 11 March 2020).

3 The dimensions of social entrapment are described on page 22.

4 An 'eyes wide open' approach is part of New Zealand Police's family harm approach being rolled out across the country. URL: www.police.govt.nz/news/commissioners-blog/changing-way-we-respond-family-harm-help-new-zealanders-when-they-need-it (accessed 11 March 2020).

5 Sue Rudman, reported in E Tū Whānau news. URL: etuwhanau.org.nz/bream-bay-community-trust (accessed 11 March 2020).



partnership.⁶ We hope this *Sixth report* supports efforts to create a system that does what needs to be done to move to an environment of safety and wellbeing for all.

It is appropriate that we acknowledge the many who have contributed to the Committee, past and present. This report would not be possible without their tireless work in making the hidden seen, in challenging the assumptions that we so often cling to.

Professor Jane Koziol-McLain

Chair, Family Violence Death Review Committee

⁶ URL: www.beehive.govt.nz/speech/speech-national-sexual-violence-and-domestic-violence-conference-challenging-conversations (accessed 11 March 2020).

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Glossary | Te kuputaka

Terms used in this report

Term	Definition
Eurocentric	Focuses on a European world view to the exclusion of wider world views
Inequity	The presence of differences that are socially unwarranted, avoidable or can be solved among populations or groups who are defined in terms of their social, economic, demographic or geographical identity
Institutional violence	Discriminatory behaviours in how institutions deliver resources and services they are responsible for providing to people who need and qualify for them
Intersectionality	Originally coined by Kimberl� Crenshaw to describe how aspects of people’s social and political identities (gender, race, class, sexuality, ability, etc) might combine to create unique modes of discrimination ⁷
Predominant aggressor	The person who is the most significant or the main aggressor in an intimate relationship, and who has a pattern of using violence, threats, humiliation and/or intimidation to control their partner
Primary prevention	The prevention of family violence before there is any evidence of violence having occurred in families or whānau. This would include supports for parents, addressing stressors like poverty and initiatives that support the development and maintenance of healthy family relationships
Primary victim	The person who (in the abuse history of the relationship) is experiencing ongoing coercive and controlling behaviours from their intimate partner
Prevention	Stopping the occurrence and re-occurrence of violence within intimate relationships, families, whānau and communities
Secondary prevention	Attempts to reduce the recurrence or severity of violence
Social structures	The way in which society is organised into predictable relationships and how people respond to each other. The social institutions (such as families or whānau) and the production of hierarchies or networks (including race, class and gender) create this social structure. The way society treats a person is related to where that person is placed in social hierarchies ⁸
Social systems	A concept used to describe society and the social groups within a society. Social systems include the dominant economic, political and cultural systems. ⁹ The social system is the functional component of social structure, made up of interactions according to shared cultural norms and meanings
Structural inequity/ structural violence	Structures that promote unequal, inequitable or discriminatory responses to people belonging to groups that are socially disadvantaged
Tertiary prevention	Focuses on people who have already experienced violence. The goal is restore, rehabilitate and recover
Transactional services	Services are viewed as auditable transactions. Where the patient/client is viewed as a consumer and the professional is viewed as the provider or supplier of services. The focus is on the problem, not the person ¹⁰

7 Crenshaw, K. 1989. Demarginalising the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum* 1(8): 139-67.

8 Martin JL, Lee M. 2015. Social structure. In Wright J (ed). *International Encyclopedia of the Social & Behavioral Sciences* (2nd edn) (Volume 22, pp 713-8). Amsterdam: Elsevier.

9 Zafirovski M. 2015. Social system. In Wright J (ed). *International Encyclopedia of the Social & Behavioral Sciences* (2nd edn) (Volume 22, pp 741-52). Amsterdam: Elsevier.

10 Iles V. 2016. Managing for compassion. In Hewison A, Sawbridge Y (eds). *Compassion in Nursing: Theory, Evidence and Practice* (pp 152-71). London: Palgrave.

Māori terms used in this report¹¹

Term	Definition
Hapū	Kinship group, clan, tribe, subtribe – section of a large kinship group and the main political unit in traditional Māori society
Iwi	Extended kinship group, tribe, nation, people, nationality, race – often a large group of people descended from a common ancestor and associated with a distinct territory
Kaikōrero	Speaker, narrator
Kaimahi	Worker, employee, clerk, staff
Kāinga	Home, address, residence, village, settlement, habitation, habitat, dwelling
Kaitiaki	Trustee, minder, guard, custodian, guardian, caregiver, keeper, steward
Kaupapa Māori	Māori approach, topic, customary practice, institution, agenda, principles, ideology – a philosophy that includes the knowledge, skills, attitudes and values of Māori society
Kāwanatanga	Government, dominion, rule, authority, governorship, province
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma. Mana is a supernatural force in a person, place or object. It goes hand in hand with tapu, each affecting the other. The more prestigious the event, person or object, the more it is surrounded by tapu and mana. Mana is the enduring, indestructible power of the atua (gods) and is inherited at birth; the more senior a person's descent is, the greater their mana. People inherit and pass on the authority of mana and tapu through the senior line from the atua as their human agent to act on revealed will. Because atua provide authority as a spiritual gift, a person is the agent of mana, never its source. The elders confirm this divine choice, which the tohunga (priest) begins with traditional consecratory rites (tohi). Mana gives a person the authority to lead, organise and regulate communal expeditions and activities, to make decisions about social and political matters. The mana of a person or tribe can increase or decrease depending on how successful they are
Mana motuhake	Separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority – mana through self-determination and control over one's own destiny
Mātauranga	Knowledge, wisdom, understanding, skill
Ora	To be alive, well, safe, cured, recovered, healthy, fit, healed
Oranga	Survivor, food, livelihood, welfare, health, living
Ōritetanga	Equality, equal opportunity
Pākehā	English, foreign, European, exotic – introduced from or originating in a foreign country
Takatāpui	Lesbian, gay, homosexual, gay men and women, close friend (of the same gender), intimate friend (of the same gender)

¹¹ Translations are based on Te Aka Māori-English, English-Māori Dictionary and Index (<https://maoridictionary.co.nz>). The Committee acknowledges that some of the concepts described may not have a literal translation into English.

Term	Definition
Tamaiti	Child, boy
Tamariki	Children
Tāne	Male, husband, man
Te Tiriti o Waitangi	The Treaty of Waitangi
Tikanga	Correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context
Tino rangatiratanga	Self-determination, sovereignty, autonomy, self-government, domination, rule, control, power
Tūrangawaewae	Home, standing, place where a person has the right to stand - place where a person has rights to live and belong through kinship and whakapapa
Wairuatanga	Spirituality
Wero	Challenge
Whakapapa	Genealogy, genealogical table, lineage, descent
Whakawhanaungatanga	The process of establishing relationships, relating well to others
Whānau	Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society

Executive summary | Whakarāpopototanga matua

The Family Violence Death Review Committee's (the Committee's) *Sixth report* provides an overview of the lives of 97 men who used violence against their intimate partners between 2009 and 2017, as captured in the Committee's database. Our analysis provides insights into the opportunities to turn men away from their pattern of using violence against an intimate partner. It identifies possible ways for agencies to support men's healthy emotional development, address unresolved trauma and challenge men who use violence to take responsibility for their behaviour and live in a violence-free way.¹⁹

This report intentionally focuses on **missed opportunities** to change the pattern of men's development and the impact of these ineffective responses on their violent behaviour. We also focus on structural changes needed to **prevent** family violence.

It is important to note that some of the characteristics of this group of men are common in the wider community. It is not possible to use these characteristics to identify in childhood which boys will grow up to be men who use violence. For this reason, this report focuses on **prevention**. The rates of family violence in Aotearoa New Zealand are unlikely to fall significantly without structural change.

Establishing an honest, equal Crown-Māori partnership to reduce family violence

Chapters 1 and 4 draw attention to the historical and ongoing impact of colonisation, which includes unchecked privilege, and how colonisation contributes to chronic and complex trauma for both individuals and communities. We believe these factors are central reasons why Māori and non-Māori experience violence across generations. Addressing these issues requires an honest partnership between the Crown and Māori, leading to decolonised services and measures that address structural racism.

The issue of structural inequities features in recent reviews of health,¹² justice,²⁶ mental health²⁹ and welfare.²⁸ Establishing an equal partnership between the Crown and Māori may open the way to reconsidering the laws, regulations and policies that reinforce inequities, and developing equitable health, education, justice and social services. The justice sector influences the lives of Māori men much more than non-Māori men's lives, as Chapter 3 discusses.

A large and growing evidence base shows the benefits of kaupapa Māori services and reclaiming mātauranga Māori. Whānau-centred services have the potential to reduce the level of intimate partner violence in Aotearoa New Zealand.

Designing services with an understanding of trauma and violence to support healthy development

Most of the men in our data set had actively looked for support from a variety of services to address health and social issues that were evident in their path towards using violence. One possible view of the behaviours they had developed throughout their life course is that these men undertook them to resist further victimisation. Many people who encounter the mental health and addiction services, care and protection, police and the justice sector have a trauma history. All the men included in this report had been to school, highlighting the education sector as a key potential partner in preventing violence.

¹² Waitangi Tribunal Report. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wai 2575. URL: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf (accessed 12 November 2019).

By using information about trauma and violence to develop services, we can address barriers to accessing support, help people navigate support systems and create emotionally and physically safe environments for staff and people engaging with the service. For example, where schools are committed to and resource trauma- and violence-informed services, they would develop an understanding of behaviours people can use to resist violence. While these coping strategies may be harmful, agencies' response to them should enable students, families and whānau to access health and social support services that can help their restoration and recovery.

No 'one-size-fits-all' model works for all trauma- and violence-informed services. Individual services need a structure that suits the community they work in and is responsive to complex and chronic trauma of individuals and communities (see Chapter 4).

Upskilling the family violence sector to work with men

In its *Fifth Report Data*, the Committee highlighted the need to reduce men's use of violence while concurrently working with women and children to keep them safe. It is important that our work with men does not reduce the resources available to support women and children.

Chapter 2 discusses dominant cultural expectations of men as parents, considering the experience of the men included in this report. The Committee has highlighted how current structural responses to men who use violence minimise their role as parents. Following the changes to the Oranga Tamariki Act 1989,¹³ enacted on 1 July 2019, Oranga Tamariki—Ministry for Children needs a more nuanced understanding of how men use children to threaten, control and intimidate women. This includes understanding coercive controlling behaviours that can continue, and in some cases escalate, after a couple have separated. Agencies must provide comprehensive support to stop the violence and rebuild relationships. There is a pressing need to support women, support men to stop using violence and help children to recover from the trauma they have experienced.

Currently professionals receive little training to work with men who use violence. In a context where few community resources are available for men who want to stop using violence, professionals have very limited support for working with men. This report does not offer one, consistent story for the men it covers. Instead, it begins to address the lack of training and resourcing by setting out some key principles and findings to support agencies in working with men. These men come from different cultural backgrounds, with different experiences in childhood and during their development. However, all of them do have the capacity to move away from using violence (Table 8) when services:¹⁴

- use strategies that recognise the relationship between structural and interpersonal violence
- focus on **healthy masculine norms** to promote behaviour change, responsibility and accountability
- reconnect men with positive forms of social support, including cultural reconnection and restoration¹⁵
- engage wider organisation structures, families, whānau and communities in the change process
- set an expectation that men as fathers can make a positive (rather than violent) contribution to the family environment

13 URL: http://legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html?search=qs_act%40bill%40regulation%40deemedreg_Oranga+Tamariki+Act_resel_25_h&p=1&sr=1 (accessed 15 October 2019).

14 Roguski M, Edge K. 2019. *Desistance from Family Violence: Understanding the Role of Community-based Informal Support*. Report prepared for Ministry of Social Development. Wellington: Ministry of Social Development.

- address negative health and social factors, such as poor housing, lack of employment, and drug and alcohol abuse, while acknowledging that where a man has no experience of these factors, it **does not rule out** the possibility that he will use violence.

Contracting for and evaluating support services

Most men included in this report had looked for help through many channels. Thresholds for service delivery often prevented them from receiving the help they needed at the time they were seeking it. Thresholds are set as a method of managing use of scarce resources by identifying the people who have highest priority to receive services. Tightly defined service delivery or funding structures may prevent practitioners from providing or identifying additional support. Where they have provided additional support, helping services have done so by redirecting funding streams or full-time equivalent staff outside of contracted services.¹⁴

Funding and service delivery structures need the flexibility to develop services that can provide help when and where it is required. Examples are services for:

- supporting women and children when men are working through stopping violence programmes
- accessing housing, health and social supports when men are engaged with education, training or employment providers
- restorative and rehabilitative work with men who are on remand or in prison
- cross-agency collaborative structures for non-governmental organisations.

Little published information is available on how, for whom and when stopping violence programmes may reduce use of violence.¹⁴ Well-funded, comprehensive evaluation is required to provide this information. In Chapter 3, we highlight the work of He Waka Tapu as an example of a comprehensive wraparound response for men who use violence while also providing ongoing support for women and their families or whānau.

Conclusion

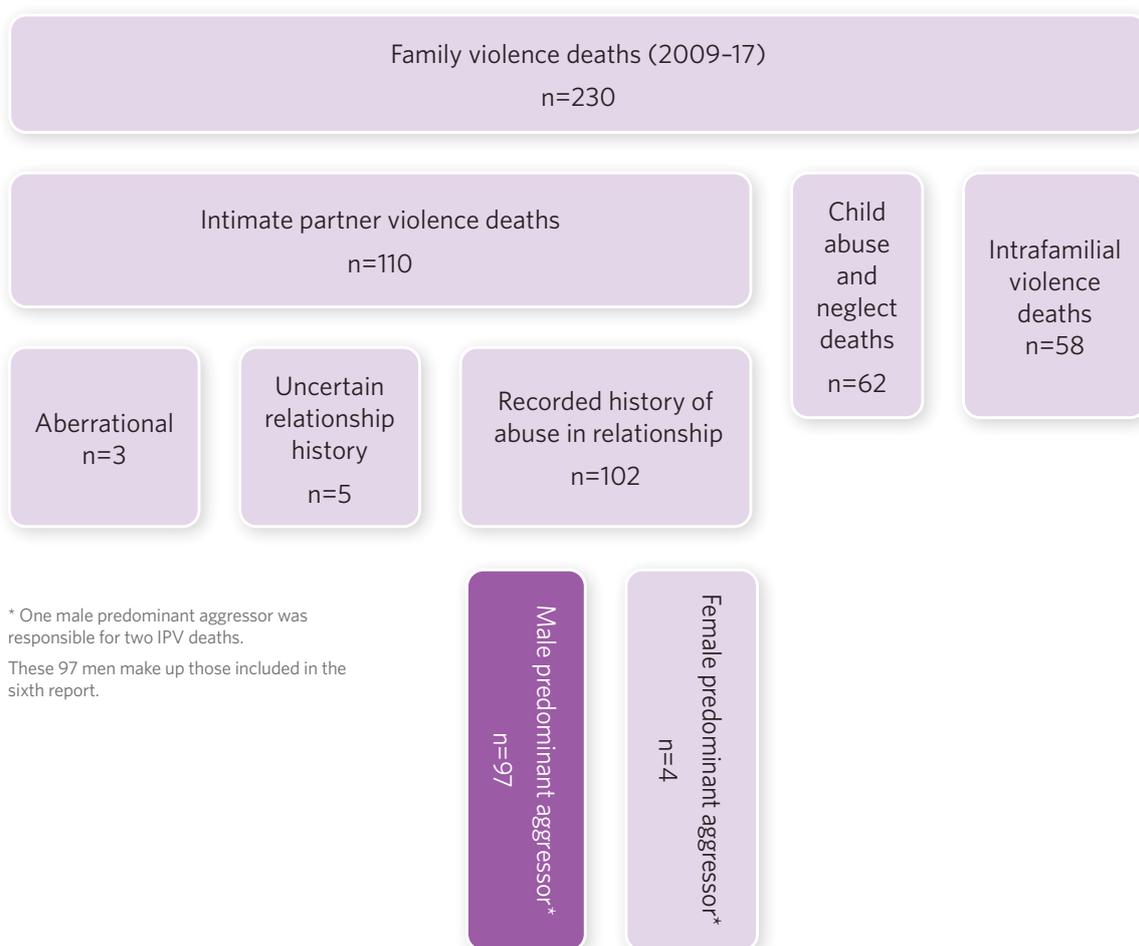
This report provides an overview of the men in the Committee's intimate partner violence data set in terms of their use of violence and the path they have followed in developing this behaviour. From our analysis, we have aimed to reframe men's use of violence and place it in the context of Aotearoa New Zealand. We have explored men's use of violence within the whānau or family, challenging the dominant cultural expectations of men as fathers. As well as considering the interaction between structural and interpersonal violence, we look at the experience of partner violence among ethnic migrant communities in Aotearoa New Zealand, recognising that it is necessary to understand the context of men's use of violence in order to adequately address that violence. Finally, the Committee aims to reframe prevention, early intervention and the role of communities by focusing on the need to decolonise institutions and develop social responses to a significant social problem.

¹⁵ Wilson D. 2016. Transforming the normalisation and intergenerational whānau (family) violence. *Journal of Indigenous Wellbeing: Te Mauri - Pimatisiwin* 1(2): 32-43.

Introduction | Kupu arataki

Of the intimate partner violence deaths recorded in Aotearoa New Zealand, most of the offenders are men and most of the deceased victims are women. From 2009 to 2017, a total of 230¹⁶ family violence deaths were recorded in Aotearoa New Zealand (Figure 1). Intimate partner violence was the single largest contributor to these deaths, accounting for 48 percent of the total. Child abuse and neglect accounted for 27 percent and intrafamilial violence for 25 percent of the total.

Figure 1: How men included in the *Sixth report* feature within family violence deaths, 2009-17



* One male predominant aggressor was responsible for two IPV deaths. These 97 men make up those included in the sixth report.

¹⁶ As additional information becomes available about the person or people responsible for a death, and their relationship with the deceased, the records are updated. Numbers change slightly from one report to the next when such additional information becomes available.

Among the 102 intimate partner violence deaths¹⁷ where there had been a recorded history of abuse:

- 76 percent of offenders were men
- 71 percent of those killed were women
- 96 percent of the women were identified as the primary victim¹⁸ of a male partner's violence.

Most women involved had a history of seeking help and reporting the violence they experienced to police, health care or social services.¹⁹ Each time a woman seeks help is an opportunity to intervene, support her to become safe and challenge the male partner's use of violence. A key finding to emerge from the Family Violence Death Review Committee's (the Committee's) *Fifth Report Data* was that to ensure victims' safety, we need a significant focus on addressing men's use of violence.²⁰ Addressing men's use of violence is our focus in this *Sixth report*.

This report reviews the life-course of 97 male predominant aggressors, as reported to the Committee. Our analysis provides insights into the opportunities to move men away from the path of using violence against an intimate partner and reduce their level of violence. We illustrate opportunities for agencies to support healthy development, address unresolved trauma and challenge men who use violence to take responsibility for their behaviour and live free of violence.¹⁹ We also expose and challenge examples of systemic bias and discrimination that reinforce the use of violence.

In writing this report, we have examined the types of violence experienced and used, individual and community responses to violence, and the structural factors associated with violence.²¹ While we use numbers and percentages to highlight the frequency and importance of some issues, our main focus is on the narrative of men's lives, as recorded by government agencies.^{22,23} The information in this report comes mainly from tier 1 data we have collated (see Appendix 1) and is supplemented by 29 in-depth reviews conducted between 2012 and 2018. This report intentionally focuses on **missed opportunities** to change the development path men follow to move them away from the use of violence.

Key concepts

Responsiveness to Māori

Ngā Pou Arawhenua, the mortality review committees' Māori caucus, has set out the guiding principles on which this report is based. This report takes a structural approach to addressing the disproportionately high number of Māori whānau affected by intimate partner violence deaths. Ngā Pou Arawhenua recommends mortality review committees consider four tikanga-based principles.²⁴

17 To date, the Family Violence Death Review Committee has only included one homosexual relationship within the data set. Therefore, this report focuses on heterosexual relationships. The findings presented may not be transferrable to the LGBTIQ+ community.

18 Please see the Glossary for definitions of the terms used in this report.

19 Family Violence Death Review Committee. 2016. *Fifth Report: January 2014 to December 2015*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/our-programmes/mrc/fvdr/publications-and-resources/publication/2434 (accessed 11 March 2020).

20 Family Violence Death Review Committee. 2017. *Fifth Report Data: January 2009 to December 2015*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/our-programmes/mrc/fvdr/publications-and-resources/publication/2952 (accessed 11 March 2020).

21 Coker D. 2016. Domestic violence and social justice: a structural intersectional framework for teaching about domestic violence. *Violence Against Women* 22(12): 1426-37.

22 While availability of government agency data has improved significantly for analyses such as that undertaken in this report, training about information collection has not progressed to the same extent. For more accurate recording and reporting, it is necessary to supplement government agency data with family and whānau voices.

23 Importantly, the men described in this report are an extreme group who are a high priority to identify and help.

24 Ngā Pou Arawhenua. 2019. *Te Pou - Māori responsive rubric*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/publications-and-resources/publication/3903 (accessed 10 December 2019).

1. Tika – getting the story and interpretation right: Draw on Māori expertise to inform the analysis and interpretation of the data.
2. Manaakitanga – being culturally and socially responsible: Use a Māori health and equity lens to inform interpretation of the data.
3. Mana – advancing equity, self-determination and social justice: Focus on contextual analysis, improving access to high-quality health and social services and equity of outcomes.
4. Mahi tahi – establishing relationships for positive change: Develop ongoing and meaningful relationships to promote and guide changes in practice.

The Committee understands intimate partner violence as a complex social problem requiring a comprehensive response from society.¹⁹ Structural responses are wide-ranging – they include government policy initiatives as well as the activities of non-governmental organisations, families and community groups.²⁵ Throughout this report, we have been careful to present data in a way that highlights opportunities for effective social responses, while acknowledging that those most in need will require more comprehensive care and support.

We have produced this report at a time when the Government has received the results of reviews into the justice system,^{26,27} the welfare system,²⁸ and the mental health and addiction system.²⁹ It has also initiated a Royal Commission of Inquiry into historical abuse in state care and in the care of faith-based institutions.³⁰ At the heart of each of these reviews is evidence that structural deficiencies have a disproportionate impact on the lives of Māori. This report adds to this weight of evidence, and highlights that the current systemic response to violence:

... focuses on punishment at the expense of rehabilitation, reconciliation and restoration of the harm done. (Executive summary)²⁶

Focusing on punishment further victimises already traumatised individuals, holding back their restoration and recovery, and increasing their dependence on the state.³¹ We are seeking to highlight the importance of aligning justice responses to family violence with social and appropriate cultural responses. For example, in considering therapeutic support when men are on remand for family violence offences, it may be possible to reduce the ongoing impact of family violence on families and whānau.

25 OECD. 2011. Interpreting OECD social indicators. In *Society at a Glance*. Paris: Organisation for Economic Co-operation and Development. URL: www.oecd-ilibrary.org/docserver/9789264106154-5-en.pdf?expires=1564349265&id=id&accname=guest&checksum=805B2864363FFF87536B0C1CCF4709E9 (accessed 29 July 2019).

26 Safe and Effective Justice Advisory Group. 2019. *He Waka Roimata – Transforming Our Criminal Justice System*. Wellington: Safe and Effective Justice Advisory Group.

27 Independent Panel Examining the 2014 Family Justice Reforms. 2019. *Te Korowai Ture ā-Whānau: The final report of the Independent Panel examining the 2014 family justice reforms*. Wellington: Ministry of Justice. URL: www.justice.govt.nz/assets/Documents/Publications/family-justice-reforms-final-report-independent-panel.pdf (accessed 25 November 2019).

28 Welfare Expert Advisory Group. 2019. *Whakamana Tāngata: Restoring dignity to social security in New Zealand*. Wellington: Welfare Expert Advisory Group.

29 Government Inquiry into Mental Health and Addiction. 2018. *Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Government Inquiry into Mental Health and Addiction. URL: <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf> (accessed 14 October 2019).

30 www.abuseinstatecare.royalcommission.govt.nz

31 Atkinson J. 2002. *Trauma Trails: The transgenerational effects of trauma in indigenous Australia*. Melbourne: Spinifex Press.

Social entrapment

The Committee views intimate partner violence as a gendered³² form of social entrapment for women. Women are vulnerable to social entrapment across three dimensions, which compound a man's violence and control:

- social isolation, fear and coercion the abusive partner's violence creates in the victim's life
- the indifference of institutions to the victim's suffering
- structural inequalities such as gender, class and racism that can aggravate coercive control.³³

By conceptualising intimate partner violence in this way, we acknowledge that individuals are shaped by how their gender, race, class, sexuality or disability interacts with social systems and structures (the way our society operates).³⁴ A society that is inequitable for women limits a victim's options for safety. The view of intimate partner violence as social entrapment also highlights the importance of understanding 'intersectionality' – how the impact of multiple inequities that one individual may experience (including colonisation, racism, sexism, poverty, heteronormativity and disability) can increase the impact of men's violence.

In this report, we continue to recognise the impact of a partner's or parent's abusive behaviour on the functioning and wellbeing of a family or whānau.³⁵ We build on the *Fifth Report* by focusing on how prevention is intertwined with safety and restoration, further developing a systemic focus on safety.^{19,36}

The Committee is also focusing on structural changes necessary to prevent family violence. We have seen substantial progress in implementing more effective crisis response ('make safe'), such as the integrated safety response pilots in Christchurch and Waikato. The lessons learned from these crisis response models point to best practice for services that seek to 'keep safe' and provide long-term safety for families and whānau.³⁷

A human-rights, equity-focused lens

In 2018, the chief science advisor at the Office of the Prime Minister proposed eight strategies for addressing and responding to family violence (*Every 4 minutes*).³⁸ The Committee has used the ideas from *Every 4 minutes*, reframing them through a focus on human rights and equity. Where relevant to the issue we are discussing, we identify and expand on the strategy from Table 1 of *Every 4 minutes*. This is not an either/or approach; rather, it highlights that, to address social problems, it is necessary to consider interventions for individuals within their wider context, where we acknowledge and address the family or whānau environment and the experience of social and structural violence.

32 'The gendered social environment will affect prevalence, intention and consequences of abuse differentially, for men and women, and requires analysis. But the intersections of class, ethnicity, sexuality et al will also impact on the experience and meaning of domestic abuse: it is neither a unitary nor a simple phenomenon, and our analysis must take account of complexity in a world of enduring gender inequality.' Orr L. 2007. The case for a gendered analysis of violence against women. URL: www2.gov.scot/resource/doc/925/0063070.pdf (accessed 24 July 2019).

33 Ptacek J. 1999. *Battered Women in the Courtroom: The power of judicial responses*. Boston: Northeastern University Press.

34 Hankivsky O. 2014. *Intersectionality 101*. Vancouver: Institute for Intersectionality Research and Policy, Simon Fraser University.

35 Family Violence Death Review Committee. 2017. Position Brief: Six reasons why we cannot be effective with either intimate partner violence or child abuse and neglect unless we address both together. Wellington: Health Quality & Safety Commission.

36 Family Violence Death Review Committee. 2017. Section 1.4: The whakapapa of violence within whānau. *Fifth Report Data: January 2009 to December 2015*. Wellington: Health Quality & Safety Commission.

37 Mossman E, Wehipeihana N, Bealing M. 2019. *Evaluation of the Family Violence Integrated Safety Response Pilot Phase II – Years 2 & 3. Final Report*. Wellington: Ministry of Justice. URL: www.justice.govt.nz/assets/Documents/Publications/nlG96VfM-ISR-Evaluation-Synthesis-Report.pdf (accessed 10 October 2019).

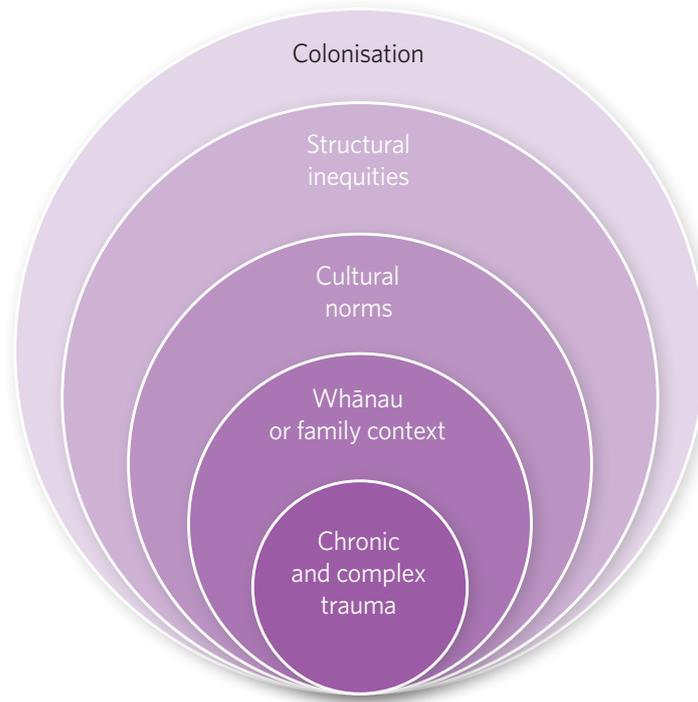
38 Garrard J, Lambie I. 2018. *Every 4 minutes: A discussion paper on preventing family violence in New Zealand*. Auckland: Office of the Prime Minister's Chief Science Advisor. URL: <https://cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/6/414/files/2018/11/Every-4-minutes-A-discussion-paper-on-preventing-family-violence-in-New-Zealand.-Lambie-report-8.11.18-x43nf4.pdf> (accessed 12 July 2019).

This report highlights opportunities for changing responses for Māori, including by decolonising service delivery, focusing on partnership between the Crown and Māori, and eliminating racism. An active, healing relationship between the Crown and Māori is necessary to move the country forward.

However, intimate partner violence is not only experienced by Māori; it is a problem for all people who live in Aotearoa New Zealand. While Māori are over-represented (15 percent of the general population identify as Māori,³⁹ while 33 percent of the men who use violence as predominant aggressors have been classified as Māori), 67 percent of the men included in this report are non-Māori. Therefore, we also consider responses for non-Māori men.

Figure 2 illustrates our understanding of the factors influencing the likelihood of men using violence. In this report, we treat each of these topics separately as a way of explaining them clearly. However, it is important to see them as interacting with and reinforcing each other. A response that addresses one of them without considering the others is unlikely to reduce the level of intimate partner violence in Aotearoa New Zealand. Further, a response that focuses mainly on deficits without adequately considering strengths provides little scope for reducing family violence.

Figure 2: Interactive and reinforcing factors contributing to men’s use of violence



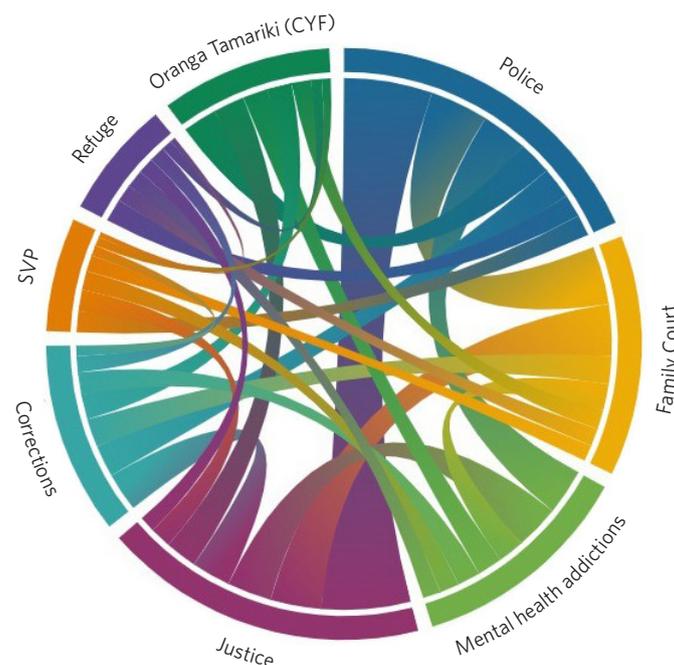
39 Stats NZ. 2015. Major ethnic groups in New Zealand. URL: www.stats.govt.nz/infographics/major-ethnic-groups-in-new-zealand (accessed 14 October 2019).

Chapter 1: Reframing men's use of violence Wāhanga 1: Ko te whai whakaaro hou ki ngā whakamahinga whakarekereke a ngā tāne

Reframing men's use of violence against women holds the dignity and safety of women and children at the centre while also acknowledging the potential for men to change their behaviour.⁴⁰ No single, consistent story describes a man's lived experience before he uses violence towards an intimate partner.

The Committee draws information about men's violence from government agency data. Figure 3 shows how contact with services overlapped for the men included in this report before a death event. Not all men who use violence are visible to government services. Indeed, a few (n=7) of the men included in this report apparently had no contact with services before the death event. In contrast, records of the lives of men, especially Māori men, who have fewer economic resources and whose use violence are disproportionately comprehensive.⁴¹

Figure 3: Overlap of engagement with services as recorded in police family violence death reviews



This chord diagram illustrates migration within a system. The size of the 'pie' segment represents the number of men who had contact with any of the agencies or organisations named. The width of the ribbons between pie segments represents the number of men who had contact between the agencies. For example, more men had contact with police than with any other agency or organisation. Of those who had contact with police, a larger number also had contact with justice.

SVP = stopping violence programmes.

40 Reynolds V. 2014. Resisting and transforming rape culture: an activist stance for therapeutic work with men who have used violence. *The No To Violence Journal Spring*: 29-49.

41 Cram F, Gulliver P, Ota R, et al. 2015. Understanding overrepresentation of indigenous children in child welfare data: an application of the Drake risk and bias models. *Child Maltreatment* 20(3): 170-82.

Colonisation and Aotearoa New Zealand society

Different groups in a population will always vary in their behaviour and episodes of violence. However, here we raise questions about cultural norms and how society responds to them. Indigenous researchers both in Aotearoa New Zealand and internationally see a patriarchal social structure as removing the natural supports and caring that people had for each other before this structure was imposed.⁴² Mikaere, for example, describes how Māori before colonial times understood the roles of men and women as part of the interrelationship or whakawhanaungatanga of all living things.⁴³

Both men and women were essential parts in the collective whole, both formed part of the whakapapa that linked Maori people back to the beginning of the world, and women in particular played a key role in linking the past with the present and the future. (p 7)⁴³

The intergenerational nature of violence within families is a feature of the lives of many of the men included in this report, both Māori and Pākehā. In these cases, families have experienced interpersonal violence over many generations, against a backdrop of structural violence that indifferent or discriminatory government agencies have continued. We cannot discuss the intergenerational nature of intimate partner violence without acknowledging the historical and ongoing impact of colonisation.

The layered trauma that results from colonisation is likely to be expressed in dysfunctional, and sometimes violent, behaviour at both individual and large-scale levels of human interaction, and these are likely to be re-traumatising. (p 24)³¹

The Committee has used the braided river metaphor^{44, 45} to understand the impact of colonisation on Māori whānau, hapū and iwi (Figure 4). This perspective grounds our understanding of colonisation as one of the key drivers of family violence in Aotearoa New Zealand.

The beginnings of colonisation

There is widespread acknowledgement that colonisation has led to collective trauma for Māori and has had ongoing effects that continue to be experienced today through structural oppression.^{43, 46, 58, 55} The first interactions between Māori and European colonisers allowed Māori to innovate with and adapt Pākehā technology for communal enterprise.⁴⁷ Over time, however, Pākehā institutions were enforced, with the result that Māori were dispossessed of much of their land while they experienced deprivation and the newly arrived Pākehā experienced privilege.^{47, 48}

42 Erikson K. 1976. *Everything in Its Path*. New York: Simon and Schuster.

43 Mikaere A. 1994. Māori women: caught in the contradictions of a colonised reality. *Waikato Law Review* 2. URL: www.waikato.ac.nz/law/research/waikato_law_review/pubs/volume_2_1994/7 (accessed 27 June 2019).

44 Macfarlane A. 2009. Collaborative Action Research Network: Keynote address. CARN Symposium. University of Canterbury.

45 Cram F, Vette M, Wilson M, et al. 2018. He awa whiria - braided rivers: Understanding the outcomes from Family Start for Māori. *Evaluation Matters - He Take Tō Te Aromatawai* 4: 165-206.

46 Simmonds N. 2011. Mana wahine: decolonising politics. *Women's Studies Journal* 25(2): 11-25.

47 Māori Perspective Advisory Committee. 1988. *Pūao-te-ata-tu: The Report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare*. Wellington: Department of Social Welfare.

48 Reid P, Cram F. 2004. Connecting health, people and county in Aotearoa/New Zealand. In Dew K, Davis P (eds). *Health and Society in Aotearoa New Zealand* (2nd edn) (pp 33-48). Auckland: Oxford University Press.

Figure 4: A braided rivers understanding of the impact of colonisation



<p>Indigenous culture – precolonisation</p> <ul style="list-style-type: none"> ▪ Collective social structure <ul style="list-style-type: none"> - whānau, hapū, iwi ▪ Governed by tikanga <ul style="list-style-type: none"> - own way of dealing with breaches - restorative practices ▪ Distinct but complementary gender roles ▪ Children valued as taonga ▪ Holistic understanding of wellbeing 	<p>What colonisers brought with them</p> <ul style="list-style-type: none"> ▪ Hierarchical social structure <ul style="list-style-type: none"> - individual basic social unit ▪ Codified system of law <ul style="list-style-type: none"> - failure to recognise indigenous systems - heavy emphasis on punishment ▪ Distinct and unequal gender roles ▪ Tolerance of physical punishment of women and children ▪ Cognitive prioritised above emotional/spiritual ▪ Separation of public and private
<p>Colonisers – impact</p> <ul style="list-style-type: none"> ▪ Came to Aotearoa for a better life <ul style="list-style-type: none"> - acquisition of land ▪ Failure to honour Te Tiriti ▪ Imposition of Western law and institutions ▪ Active repression of indigenous language, tikanga and social structures 	<p>Indigenous – impact</p> <ul style="list-style-type: none"> ▪ Loss of land and economic base ▪ Displaced from home and own people ▪ Attempted to hold on to partnership ▪ Threat of annihilation through disease, land wars and assimilation ▪ Experienced oppression, alienation and discrimination
<p>Indigenous – response</p> <ul style="list-style-type: none"> ▪ Trauma <ul style="list-style-type: none"> - multiple losses ▪ Trauma passed on across generations <ul style="list-style-type: none"> - removal of children - imprisonment 	<p>Colonisers – response</p> <ul style="list-style-type: none"> ▪ Māori deemed to be responsible for failure to adapt ▪ Felt negative stigma justified them in discriminating against Māori ▪ Continued imposition of Western solutions
<p>Colonisers – today</p> <ul style="list-style-type: none"> ▪ Belated acknowledgement of failure ▪ Difficulty understanding impact of siloed systems ▪ Devolving responsibility to Māori <ul style="list-style-type: none"> - ongoing difficulty with partnership 	<p>Indigenous – today</p> <ul style="list-style-type: none"> ▪ Resistance ▪ Reclaiming and reasserting indigenous solutions ▪ Addressing historic trauma <ul style="list-style-type: none"> - healing and recovery

Walker describes colonisation as a dehumanising process. He suggests that the ongoing impact of colonisation is why Aotearoa New Zealand society has such a high tolerance for violence, noting: 'In Aotearoa New Zealand the psyche of both Pākehā and Māori is scarred by colonisation' (p 48).⁴⁹ The impact of colonisation can also be considered a form of complex trauma.⁵⁰ This trauma is passed from one generation to the next through the transmission of 'stressful emotional, psychological and spiritual pain and suffering' (p 333).⁵⁰ Colonisation can result in exposure to child maltreatment, interpersonal aggression and violence, mental health problems and substance abuse for both settlers and Indigenous communities.^{51, 53}

The main reason for colonisation was economic. The British Empire was looking to exploit new resources and to open new markets and trade opportunities. Colonisation also provided an opportunity for 'surplus populations' in Britain. Most of the labour supply for the new colonies came from poor and working-class populations, who were sold the hope of new opportunities and a better life. Another inspiration for colonisation was the belief in 'white' racial superiority and a need to 'civilise' colonised societies.⁵² However, the early years of creating the new 'ideal society' of New Zealand were far from ideal. Fairburn describes how the tide of immigrants arriving between 1850 and 1880 experienced social isolation, had few kinship ties and lived under a ruling ideology of extreme individualism. The effect on the settler population was loneliness, drunkenness and interpersonal conflict.⁵³

Colonisation had a disproportionate impact on Māori women, in particular because:

- school systems imposed European gender norms
- the Native Schools Act 1867 explicitly alienated Māori women from decision-making processes within communities
- historical discourses excluded Māori women.⁵⁴

Further, Māori women were not able to hold land titles through the Māori Land Act 1867. Māori women were considered subordinate to Pākehā men, Māori men and Pākehā women; they were silenced and made invisible.⁵⁴ The ongoing impact of such actions continues to be felt today through the high prevalence of intimate partner violence experienced by Māori women.⁴³

The long-term impact of colonisation

Today those historical experiences are repeated through ongoing violence associated with racism, stereotyping and internalised oppression.⁵⁵

These events leading to historical trauma also manifest in intergenerational violence within our communities which are intensified through the imposition of heteropatriarchal ideologies and systems and which culminate in increased violence against Indigenous women, Two Spirit/Takatāpui⁵⁶ and children (Bear, 2016; Hunt, 2016; Million, 2013). (p 23)⁵⁵

49 Walker S. 2015. New wine from old wineskins, a fresh look at Freire. *Aotearoa New Zealand Social Work* 27(4): 47-56.

50 Duthie D, Steinhauer S, Twinn C, et al. 2019. Understanding trauma and child maltreatment experienced in indigenous communities In Lonne B, Scott D, Higgins D, et al (eds). *Re-Visioning Public Health Approaches for Protecting Children* (pp 327-47). Springer.

51 Atkinson J. 2011. *Trauma Trails, Recreating Song Lines: The transgenerational effects of trauma in Indigenous Australia*. North Melbourne: Spinifex.

52 Consedine R, Consedine J. 2012. *Healing Our History: The challenge of the Treaty of Waitangi* (3rd edn). Auckland: Penguin.

53 Fairburn M. 1989. Part three: The real enemies of the ideal society. In *The Ideal Society and Its Enemies: Foundations of Modern New Zealand Society, 1850-1900*. Auckland: Auckland University Press.

54 Johnston P, Pihama L. 1994. The marginalization of Maori women. *Hecate* 20(2): 83-97.

55 Pihama L, Tuhiwai Smith L, Evans-Campbell T, et al. 2017. Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing Te Mauri - Pimatisiwin* 2(3): 18-31.

56 The historical meaning of takatāpui is 'intimate companion of the same sex'. In the 1980s, individuals who were gay, lesbian, bisexual, transgender, intersex or part of the rainbow community reclaimed and used the term as an identity in response to Western ideas of sex, sexuality and gender, which emphasises a person's identity as Māori as inextricably linked to their gender identity or sexuality. Adapted from <https://takatapui.nz/definition-of-takatapui#takatapui-meaning> (accessed 24 July 2019).

Pūao-te-ata-tu^{47,57} highlighted that colonisation created an immense social dependency, with the result that whānau Māori were even more disproportionately affected by ineffective welfare²⁸ and justice²⁶ systems. Ineffective systems reduced the opportunity for Māori to enjoy a 'dignified life and participate more fully in their school, community and cultural lives' (p 11).²⁸ As Dhunna and colleagues describe it, the 'focal issue is not merely "risk of abuse" but how structural responsiveness and pathways out of abuse are disproportionately unavailable to young Māori mothers' (p 6) as well as the men who had used violence against them.⁵⁸ Interviews with young Māori mothers who had experienced intimate partner violence showed how they met with racism from government agencies who provide social support, to the extent that they had a deep-seated fear and distrust of these agencies.⁵⁸ These themes were also evident in the lives of the men included here in the *Sixth Report*. Families who were extensively involved with statutory agencies in punitive ways were less likely to report the violence they had witnessed or experienced.⁵⁹

Unchecked privilege

Importantly there is a Pākehā corollary to the ongoing impact of colonisation on Māori – their experience of unchecked privilege. Where they held a position of privilege, European colonisers also held a position of 'normativeness', which can give people a sense of being invisible and lead them to a focus on other cultures as risk factors for violence.⁶⁰ While discussing privilege is uncomfortable for many who work to understand inequities, we need to explore it to understand how Pākehā sustain their positions of privilege and in that way reinforce inequities.⁶⁰

Mikaere quotes Scutt⁶¹ to describe the origins of the role of women in English law, which the English settlers brought to Aotearoa New Zealand.

The term [family] was invented by the Romans to denote a new social organism, whose head ruled over wife and children and a number of slaves, and was invested under Roman paternal power with rights of life and death over them. (p 6)⁶²

Patriarchal privilege defined women and children as chattels. As girls grew, they became the property of their husbands. Mothers had no rights over their children and women had no legal means of ending a marriage in a way that would allow them to retain any resources.⁶¹ This view of the position and status of women and children became set in law and in turn became the dominant world view in English culture.

Patriarchal systems operate through bureaucracies, laws and religions; and patriarchal relationships operate through families, interactions and patterned behaviour.⁶³ Violence is not needed to uphold patriarchal structures, but the social conditions in which men live shape their behaviours.⁶⁴ For example, while Aotearoa New Zealand was one of the first countries in the world to provide women with the right to vote, until 1985 the law did not see forced sex by a man against his wife as rape.⁶²

57 *Pūao-te-ata-tu* was the 1988 report of the Māori Perspective Advisory Committee into the operations of the Department of Social Welfare. The report identified institutional racism within the department, which was reflected in wider society. Further, the report considered that a 'profound misunderstanding or ignorance of the place of the child in Māori society' was evident. The Committee advised that the overrepresentation of Māori in negative welfare, justice and social outcomes amounted to a crisis, requiring concerted action to redress the imbalances.

58 Dhunna S, Lawton B, Cram F. 2018. An affront to her mana: young Māori mothers' experiences of intimate partner violence. *Journal of Intimate Partner Violence*. DOI: 10.1177/0886260518815712 (accessed 20 February 2020).

59 Roguski M. 2019. Achieving wellbeing and prosocial transformation through social mobilisation: An evaluation of a gang empowerment strategy. *Decolonization of Criminology and Justice* 1(1): 78-105

60 Stephens C. 2010. Privilege and status in an unequal society: shifting the focus of health promotion research to include the maintenance of advantage. *Journal of Health Psychology* 15(7): 993-1000.

61 Scutt J. 1983. *Even in the Best of Homes: Violence in the family*. Ringwood: Pelican Books.

62 Mikaere A. 1999. Colonization and the destruction of gender balance in Aotearoa. *Native Studies Review* 12(1): 1-28.

63 Hunnicutt G. 2009. Varieties of patriarchy and violence against women: resurrecting 'patriarchy' as a theoretical tool. *Violence Against Women* 15(5): 553-73.

64 Fuchs S. 2001. Beyond agency. *Sociological Theory* 19(1): 25-40.

Privilege is maintained in Aotearoa New Zealand society by protecting a dominant, patriarchal world view for institutions and having funding structures that do not make institutions accountable for achieving equity.⁶⁵ There is a need for power-sharing with Indigenous groups to promote leadership and self-determination. Also needed are free and frank discussions about what structural racism, colonisation and white privilege look like.⁶⁵

The narratives of the men included in this report showed how privilege for European race intersects with gender. For example:

- because a man expected to be heard and believed, he was able to communicate clearly and confidently when reporting an incident to police
- a man pursued his partner through the Family Court, underscoring that his right to have access to the child was stronger than her help-seeking from family overseas
- a man who expected his partner to conform to his ideals of a partner did not view his behaviour as controlling or manipulative.

Box 1 provides an example of privilege for an imaginary Pākehā man, drawing on the narratives of the men who use violence. It highlights how Tim develops his sense of entitlement through his life course. His sense of entitlement is then reinforced through his interaction with his intimate partners, family and social structures.

Box 1: Unchecked privilege

Tim was raised in a supportive family environment. After his parents separated when he was young, he maintained contact with both of them. His mother, who he described as 'resilient and diligent in keeping a stable home', was his main caregiver. Tim experienced some difficulties interacting with his peers at school. However, with his father's support in coaching him to provincial representation, he excelled at sport.

After attending high school and university, Tim met his first wife Carol while travelling. In Tim's view, Carol did not provide him with sufficient love, attention and support: 'That is why I left her'. Tim and Carol negotiated shared custody of the children. They would stay with Tim once a month.

Sarah's marriage ended when her husband had an affair shortly after the birth of their first child. According to Sarah's family, his infidelity knocked her confidence and she never recovered from it.

Tim met Sarah through shared interests and later they got married. Sarah and Tim had two children.

Throughout Tim and Sarah's seven-year relationship, they were regularly involved with police and justice services. At first, Tim would call police because of an episode of violence, which he said happened when Sarah became overemotional. Reports from these early callouts described Sarah as uncommunicative and Tim as calm, in control and cooperative. Later reports noted that Sarah experienced more serious injuries even though Tim indicated she was responsible for the violence. They still characterised Tim as calm and Sarah as 'non-compliant'. In general, police laid no charges. On the one

65 Chin MH, King PT, Jones RG, et al. 2018. Lessons for achieving health equity comparing Aotearoa/New Zealand and the United States. *Health Policy* 122(8): 837-53.

occasion that Sarah reported violence, Tim had left the scene and was subsequently found at his mother's house. He was warned.

Tim was also starting to seek other justice responses. Tim supported his mother to have Sarah trespass from her property after arguing that Sarah was stalking the family.

Sarah's family noted Tim's controlling behaviours were increasing and felt that they were seldom able to see Sarah. Police evidence of the crime scene described Sarah's notes in her diary about how she could improve to make Tim happy. Tim's pre-sentencing report noted that he outlined numerous ways that Sarah was falling short of his expectations. He believed her behaviour had been deteriorating for some time. Although it acknowledged Tim's attitudes supported violence and a sense of entitlement, the pre-sentencing report noted Tim was at low risk of offending again due to his previously clean record.

Intergenerational journeys

Using traumagrams in the death review process

The Committee uses traumagrams⁶⁶ to understand intergenerational forms of interpersonal and structural violence. Traumagrams 'recognise interconnectedness between past, present, and future generations including the intergenerational factors that influence the health and wellbeing of people today' (p 18).⁶⁷ The traumagrams are based on Judy Atkinson's work linking historical events resulting from the colonisation of Aboriginal lands in Australia across six generations to increased rates of family violence, child sexual abuse and family breakdown. Figure 5 has been drawn from this work, highlighting how institutional and social violence are linked with violence experienced at the interpersonal level.

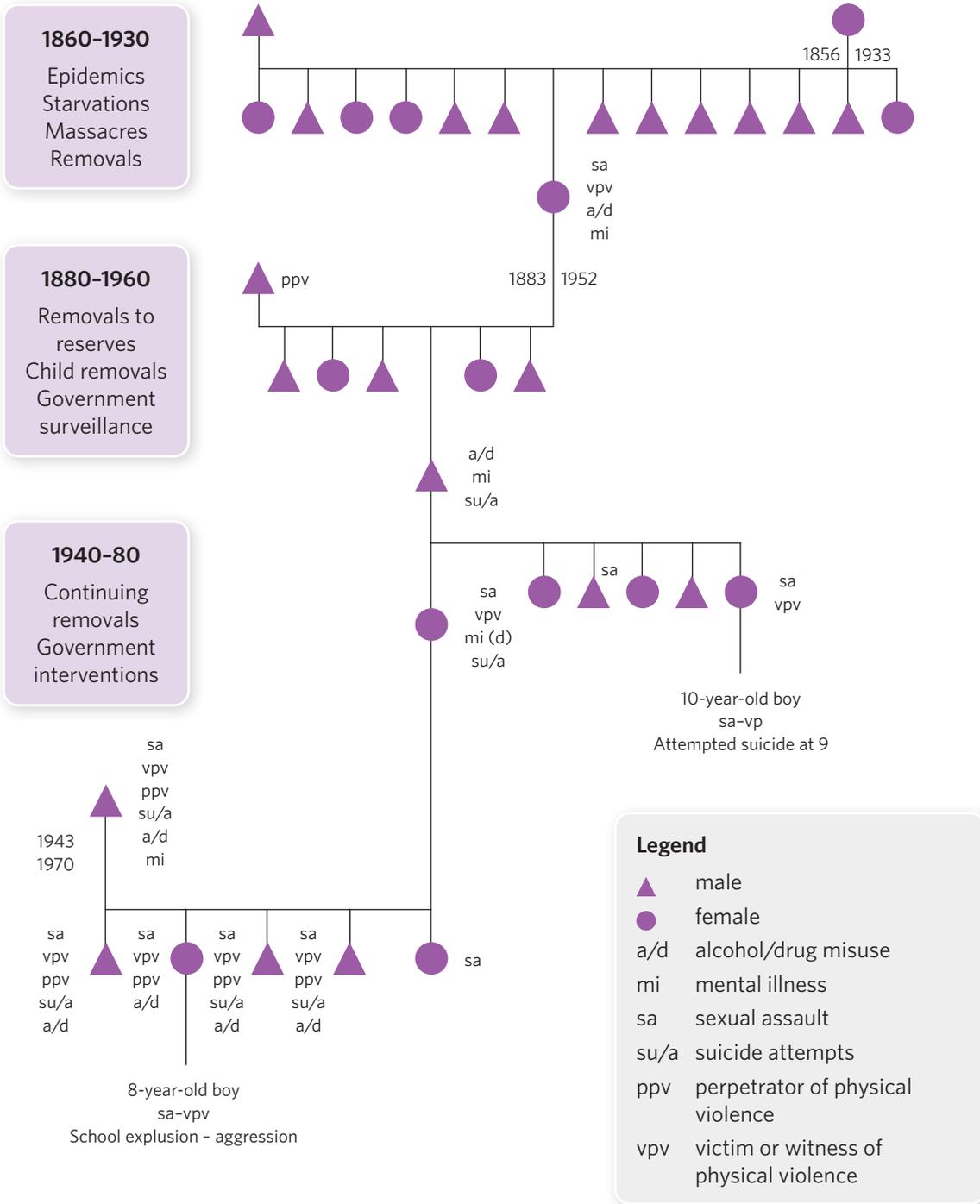
More information on the social outcomes across generations for Māori is available than information about Pākehā. Removing traumagrams from the Māori context of being forcibly removed from a cultural safety net reinforces negative stereotypes. Traumagrams are also intentionally focused on negative events and experiences. As such, they hide individual strengths that come from cultural norms, positive change and successes. In the future, we are committed to including voices of whānau and families in developing traumagrams so our reporting of intergenerational violence is accurate.

66 Traumagrams focus on traumatic events that have been recorded about families, across generations. They are a visual tool to help understand how intergenerational violence or trauma may impact on a person's life.

67 Theodore R, Ratima M, Edwards W, et al. 2019. How a lifecourse approach can promote long-term health and wellbeing outcomes for Māori. *The Journal of Indigenous Wellbeing Te Mauri - Pimatisiwin* 4(1): 15-25.

Figure 5: Mapping traumatic events from colonisation to present day

History



Source: Atkinson J. 2002. *Trauma Trails: The transgenerational effects of trauma in indigenous Australia*. Melbourne: Spinifex Press (p 185).

Focusing on chronic and complex trauma of individuals and communities

Traumagrams provide a way of understanding experiences of chronic, complex trauma for Māori and non-Māori. Psychiatrist and psychologists use complex trauma to understand how the experience of maltreatment and other chronic traumatic experiences (including ethnic violence and war) can impact on attachment, behavioural regulation, emotional and biological development, self-concept and cognition.⁶⁸ Recently, Indigenous researchers have also analysed the context of complex trauma to create 'a broader awareness of the ways in which people's individual experiences are inextricably connected to their broader social contexts' (p 49).⁶⁹

Chronic and complex individual and collective trauma disrupts relationships. At the individual level, a person may transmit their trauma to later generations because that trauma limits their ability to form, experience and engage fully and safely in relationships with others.⁶⁹ At the collective level, to understand complex trauma we also need to acknowledge issues surrounding 'secure attachment and trust, belief in a just world, a sense of connectedness to others, and a stable personal and collective identity' (p 27).⁷⁰

Social and cultural conditions can make the experience of chronic trauma even worse. Keelan (as quoted by Durie)⁷¹ describes how Māori urbanisation lowered cultural wellbeing because it alienated Māori from land, tribe, language and whānau. Building on that description, Durie conceptualises mental health disorders in Māori as a form of 'spiritual malady': 'If any disorder reflects the pluralism of whare tapa wha, the multifaceted perspective of health, it is depression' (p 117).⁷¹ Pihama and colleagues draw this idea out further:

For many whānau, home, kāinga, and tūrangawaewae represent critical sites of decolonisation, resistance and recovery. Many of the whānau kaikōrero referred more to home as their ancestral lands and waters as opposed to their place of residence. (p 39)⁷²

... there is a role for home or tūrangawaewae in the wider context of whānau ora as they are considering the place of collective wellbeing for whānau. The place of tūrangawaewae is often difficult to live in a daily way for those whānau that live within urban contexts or away from their iwi regions[;] however the place of tūrangawaewae and the cultural relationships that are inherent to those relationships remain important to many. (p 40)⁷²

Wilson and colleagues have also highlighted the long shadow that participating in war cast over Māori and non-Māori, with Māori particularly impacted. For example, Māori experienced disease-related fatality rates four times those of non-Māori during World War I.⁷³ Veterans from Aotearoa New Zealand involved in other conflicts have likewise experienced harmful impacts.^{74, 75} The potential for undiagnosed trauma and grief to have a destructive effect on families and whānau has been relatively underappreciated. As MacDonald and colleagues have shown, the higher levels of post-traumatic stress disorder among Māori veterans after combat reflect their greater level of exposure to that combat.⁷⁵

68 Cook A, Spinazzola J, Ford J, et al. 2005. Complex trauma in children and adolescents. *Psychiatric Annals* 35(5): 390-8.

69 Haskell L, Randall M. 2009. Disrupted attachments: a social context complex trauma framework and the lives of aboriginal peoples in Canada. *Journal of Aboriginal Health* 5(3): 48-99.

70 Kirmayer LJ, Tait C, Simpson C. 2009. The mental health of Aboriginal peoples in Canada: transformations of identity and community. In Kirmayer LJ, Valaskakis GG (eds). *Healing Traditions: The mental health of Aboriginal peoples of Canada*. Vancouver: UBC Press.

71 Durie M. 2001. Mauri noho: despondency and despair. In *Mauri Ora*. Auckland: Oxford University Press.

72 Pihama L, Simmonds N, Waitoki W. 2019. *Te Taonga o Taku Ngākau: Ancestral knowledge and the wellbeing of tamariki Māori*. Hamilton: Te Kotahi Research Institute.

73 Wilson N, Thomson G, Summers JA, et al. 2018. The health impacts of the First World War on New Zealand: a summary and a remaining research agenda. *Australian and New Zealand Journal of Public Health* 42(6): 516-8.

74 Papanui JR. 2004. 'We answer the call to arms': war experience and its toll on the spirituality of the Maori soldier post-WWII. Master's thesis, University of Auckland, Auckland.

75 MacDonald C, Chamberlain K, Long N. 1997. Race, combat, and PTSD in a community sample of New Zealand Vietnam War veterans. *Journal of Traumatic Stress* 10(1): 117-24.

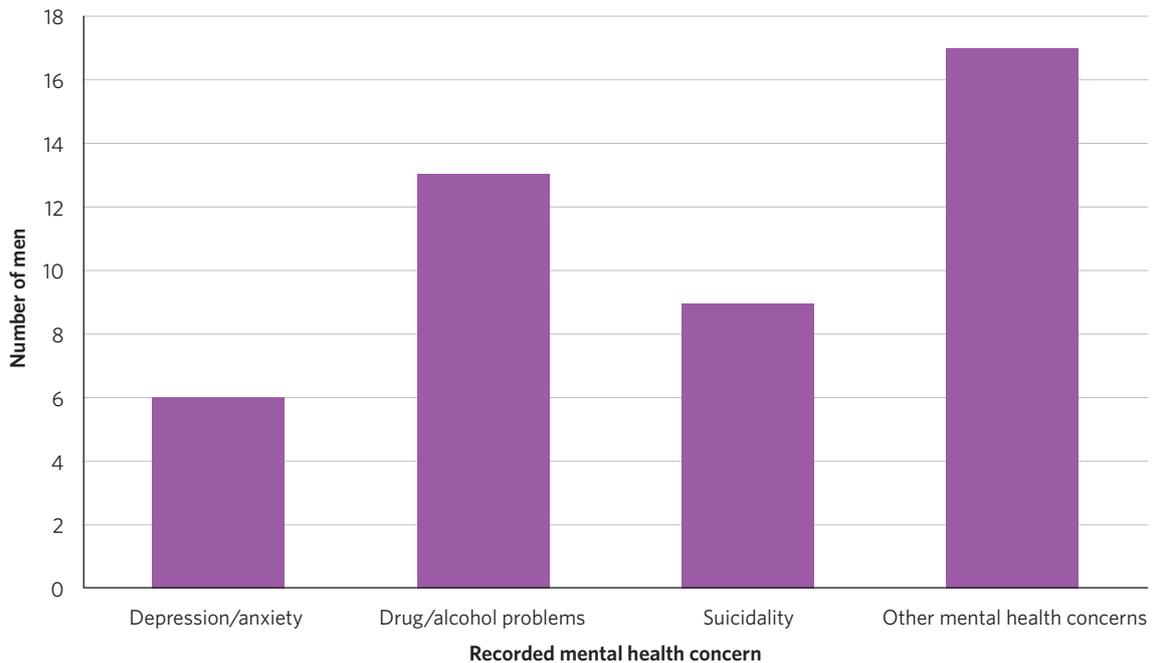
Trauma resulting from family violence is more chronic and drawn out than one-off traumatic events such as car crashes. When social, emotional and cultural support systems are inadequate, complex trauma can have effects such as:

- depression and self-hatred
- difficulties dealing with emotions, and impulses (including aggression), including:
 - being overreactive
 - being easily overwhelmed
 - finding it difficult to calm oneself
- dissociative responses, such as:
 - being numb
 - being in a daze
 - having disconnected thoughts and emotions
- self-destructive behaviours such as:
 - self-harming
 - drug and alcohol addiction
- inability to develop and maintain satisfying personal relationships
- losing a sense of meaning and hope.⁶⁹

Among the 97 men included in this report, many demonstrated the common (though not exclusive) impacts of trauma. For example, before the death event, 38 percent (n=37) of the men had one or more recorded mental health concerns that required mental health or drug and alcohol services to be involved (Figure 6). In 45 of the death events (46 percent), excess alcohol consumption by the predominant aggressor and/or the primary victim was a feature.⁷⁶

⁷⁶ In seven of these 45 events, records indicate only the male predominant aggressor was under the influence of alcohol. In a further three death events, only the female primary victim was recorded as being under the influence of alcohol.

Figure 6: Nature of recorded mental health concerns among men using violence (n=97)



Note: Some of the men included in this graph may have experienced more than one mental health concern.

It is possible that where abuse-related trauma has not been acknowledged in the lives of people with mental health difficulties, they have experienced misdiagnosis, inappropriate treatment⁷⁷ and stigmatisation. Rather than stigmatising people because of their complex trauma, understanding its effects can help to appreciate 'the range of coping and adaptation strategies that abused and traumatized individuals adopt in order to adapt to and survive their life circumstances' (p 51).⁶⁹ For many indigenous communities, including Māori, the ongoing impact of colonisation increases the trauma resulting from chronic interpersonal violence.

... one of the problems facing Aboriginal communities is a dominant view that holds Aboriginal peoples responsible for the negative effects of the traumatic events they have endured. This view is not only expressed in racist attitudes and stereotypes, but it also reveals a failure (or refusal) to apprehend the factors creating the health problems, including the mental health problems and addictions facing so many Aboriginal peoples today. (p 66)⁶⁹

Many of the men included in this report adapted in often negative ways to the impact of chronic and complex trauma. The narrative in Box 2 shows how negative experiences early in his life drove Jimmy's responses to trauma and help-seeking behaviour as he grew. It highlights the alternative coping strategies Jimmy used when faced with problems and insufficient social support, and the negative impacts these had on his life.

77 Cloitre M, Koenen KC, Gratz KL, et al. 2002. Gender differences in the differential diagnosis of PTSD. In Kimerling R, Ouimette PC, Wolfe J (eds). *Gender and Posttraumatic Stress Disorder: Clinical, research, and program-level applications* (pp 117-49). New York: Guilford Press.

Box 2: Intergenerational journeys and structural challenges

Jimmy grew up in a family where he was significantly exposed to intimate partner violence. Child, Youth and Family frequently engaged with the family about the safety of the children. Jimmy frequently ran away from Child, Youth and Family placements because he wanted to be with his family. After experiencing both physical and sexual violence in childhood and discovering the suicide of a close relative, Jimmy started experimenting with alcohol and drugs in his early teens.

Jimmy left school early because he was increasingly isolated and had behavioural disturbances. Services failed to offer sufficient support for dealing with the violence he had experienced. Alcohol and other drugs became increasingly part of Jimmy's life.

Jimmy's extensive police record began with minor offences, including petty theft. Jimmy's family were 'well known to police'. Despite pre-sentencing reports assessing Jimmy as experiencing post-traumatic symptoms, they gave no details of any services being provided to address the issues identified.

When he later became a father, Child, Youth and Family was frequently involved with the care of Jimmy and Sharon's children.

Jimmy did not see either Child, Youth and Family or the police as an effective helping service because his experience with both in the past had been punitive. Further, because of the violence he had experienced during his childhood, Jimmy had become increasingly isolated from his family and he did not view them as a source of support either.

In the proposed reframing of *Every 4 minutes*, the Committee seeks to broaden the understanding of the causes and consequences of adverse childhood experiences. Current understandings of adverse childhood experiences are that the cause is the whānau or family environment, such as when a child has a parent who is a problem drinker or is physically abused. However, wider social structures can also make it more likely that someone will experience adversity and they can reinforce the negative impact of adverse experiences. Agencies need to take a broader view of adverse childhood experiences to include the structural and social conditions surrounding these experiences (Table 1).

Table 1: Reframing *Every 4 minutes* to broaden understanding of the impact of adverse childhood experiences

Every 4 minutes		Proposed reframing
Strategy	Approach	
1. Understand the effects of adverse childhood experiences	Broaden public and professional understanding of the effects of adverse childhood experiences to drive community commitment to early prevention and intervention and ending family violence	<p>Understand broader structural and social conditions</p> <p>While evidence shows adverse childhood experiences are linked with long-term negative health and social outcomes, less acknowledged is that most of these experiences occur within wider societal inequities. By focusing on the experiences of an individual without considering the influence of their experiences of structural violence and inequity, we explain complex social problems in terms of the individual. Services then deliver interventions to individuals, families and whānau without properly considering their experiences of structural violence.</p> <p>Consider:</p> <ul style="list-style-type: none"> • how immediate, historic and structural factors shape people’s life experiences • how organisational practices and policies (unintentionally) harm people. <p>Society needs to work in ways that are respectful and inclusive, acknowledging diverse histories, racism and other forms of discrimination. To prevent violence and achieve equitable outcomes for all, we need an explicit focus on the systems, structures, institutions, values and behaviours that create and sustain inequities.</p> <p>Consider social context in complex trauma frameworks where the experience of the individual is seen in the context of their environments.</p> <p>Socially contextualized information about traumatic stress shifts the focus away from perceived flaws in the ‘personality’ or ‘character’ of survivors of abuse, and instead situates traumatized people’s coping within the range of normal and typical human responses to trauma imposed from external sources... This recognition, however, does not preclude a compassionate recognition of the harms associated with these attempts to cope. (pp 76–8)⁶⁹</p> <p>Upstream interventions to produce a fairer and more equitable society will reduce the likelihood of adverse childhood experiences affecting childhood development. Punitive social policies, and the use of a monocultural approach to address criminal behaviour, aggravate the impact of childhood exposures to adverse events on a person’s life course.¹⁹⁸</p> <p>Consider how to effectively support prisoners to return to being ‘fully functioning human beings’,⁷⁸ including by considering alternative models of imprisonment.</p> <p>... an independent Māori prison based on Māori justice principles... would from the outset work to restore inmates’ mana, protect their tapu, achieve balance. (p 13)⁷⁸</p>

78 Workman K. 2019. Whānau ora and imprisonment. *Te Arotahi* 3: 1–20.

Chapter 2: Men's use of violence within the whānau or family

Wāhanga 2: Ko te whakamahi whakarekerekere a ngā tāne ki rō whānau

Trauma can also result from what doesn't happen, for example, when systems fail to recognise and intervene in family violence and its related health, and social, causes and consequences. (p 3)¹⁰⁸

Cultural expectations of men as parents

Of the 97 men involved in this report, 46 were in a relationship where one or more children under the age of 18 years lived with them. Of these, 29 (63 percent) had a documented involvement with Child, Youth and Family (now Oranga Tamariki—Ministry for Children) before the death event.⁷⁹ As Child, Youth and Family describes in its notes, the primary concern during interactions with the family was the physical safety of the children. Where it found no evidence that the child experienced direct physical violence, or if the partner using violence was reported as not living in the residence, Child, Youth and Family notes indicated there was 'no follow-up action required'. Yet, while it is important to give priority to child safety, agencies also need to conduct a wider assessment of the family environment to minimise the potential of current or future harm.

While it is increasingly acknowledged that children's exposure to intimate partner violence is harmful, this view has come with an increased emphasis on blaming women for 'failing to protect' their children. At the same time, agencies fail to hold men responsible for their behaviour:⁸⁰ 'The pattern of side-lining men, expecting little of them as parents and not calling them to account for "failing to protect" their children, resonates strongly with conservative, traditional roles for men' (p 470).⁸⁰ Such actions are reinforced through patriarchal social structures, underlining Walker's view of a scarred psyche for both Māori and Pākehā.⁴⁹

Men who use violence as fathers sow the seeds to pass on violence through generations. The link between growing up in a violent home and later using violence with an intimate partner is stronger for boys than girls.⁸¹ However, both boys and girls raised in violent families develop beliefs similar to that of men who use violence, including views that women are to blame for the violence experienced, women exaggerate when they report abuse, and men are superior to women.⁸² Men who use violence within a relationship are also likely to display negative parenting styles, which carry on after separation. These styles include:

- authoritarianism – having unrealistically high expectations of their children and expecting them to comply unquestioningly
- underinvolvement, neglect and irresponsibility – seeing children as a hindrance, and expecting mothers to take sole responsibility for routines and childcare (which is reinforced by cultural norms), being emotionally unavailable to their children

79 This analysis has been limited to the relationship in which the death event occurred, drawn from Police Family Violence Death Reviews. While it is possible to trace Child, Youth and Family's involvement in previous relationships, only in-depth reviews, of which around four are conducted per year, offer the level of detail needed for a meaningful analysis. Because this information is not available for all men, we have not used it for this report. Additional information concerning the men's own involvement with Child, Youth and Family is contained within the section Emotional development of boys.

80 Humphreys C, Absler D. 2011. History repeating: child protection responses to domestic violence. *Child & Family Social Work* 16(4): 464–73.

81 Stith SM, Rosen KH, Middleton KA, et al. 2000. The intergenerational transmission of spouse abuse: a meta-analysis. *Journal of Marriage and Family* 62(3): 640–54.

82 Hurley DJ, Jaffe P. 1990. Children's observations of violence: II. Clinical implications for children's mental health professionals. *Canadian Journal of Psychiatry* 35(6): 471–6.

- self-centredness – displaying a sense of entitlement, believing their children are possessions and being unwilling to change their lifestyle in response to the birth of a child
- manipulateness – convincing the children their partner is to blame for the abuse.⁸³

Men's use of violence impacts on: the overall functioning of their family and whānau; housing security; their partner's mental health and substance abuse; children's mental health and substance abuse; how much the extended family, whānau and community provide support; health care; employment; and educational stability.³⁵ Intimate partner violence can fracture the relationship between adult victims and their children so adult victims need support to rebuild that parenting relationship.³⁵ Rather than having simplistic expectations that the women will leave the relationship, or that the violence will stop once she has separated from her abusive partner, we need to acknowledge that men who use violence continue to have contact with ex-partners and children through parenting arrangements.⁸⁴ Agencies must provide comprehensive support to stop the violence and rebuild relationships. Gaps exist in the current response to children who are impacted by intimate partner violence. There is a pressing need to support women, support men to stop the violence they are using **and** help children to recover from the trauma they have experienced.

The implementation of the final part of the Family Violence Act 2018 on July 2019⁸⁵ has led to amendments to several Acts, including the Care of Children Act 2004. With these changes, judges can now:

- consider applications under the Care of Children Act to make temporary protection orders where a Care of Children Act order will not provide sufficient protection
- impose protective conditions for child handover arrangements if family violence has occurred
- consider the existence or breach of a protection order when they assess a child's safety.

In addition, changes to the Oranga Tamariki Act 1989,⁸⁶ enacted on 1 July 2019, put the wellbeing and best interests of the child at the heart of the Act,⁸⁷ as its stated first purpose makes clear:

4 Purposes

- (1) The purposes of this Act are to promote the well-being of children, young persons, and their families, whānau, hapū, iwi, and family groups by—
 - (a) establishing, promoting, or co-ordinating services that—
 - (i) are designed to affirm mana tamaiti (tamariki), are centred on children's and young persons' rights, promote their best interests, advance their well-being, address their needs, and provide for their participation in decision making that affects them:
 - (ii) advance positive long-term health, educational, social, economic, or other outcomes for children and young persons:
 - (iii) are culturally appropriate and competently provided: ...

83 Murphy C, Paton N, Gulliver P, et al. 2013. *Understanding Connections and Relationships: Child maltreatment, intimate partner violence and parenting*. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

84 Murphy C, Paton N, Gulliver P, et al. 2013. *Policy and Practice Implications: Child maltreatment, intimate partner violence and parenting*. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

85 URL: <http://legislation.govt.nz/act/public/2018/0046/latest/DLM7159322.html> (accessed 15 October 2019).

86 URL: http://legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html?search=qs_act%40bill%40regulation%40deemedreg_Oranga+Tamariki+Act_resel_25_h&p=1&sr=1 (accessed 15 October 2019).

87 Cooke A. 2019. The Black Letter Law amendments. In Otene S, Coates N, et al, *Oranga Tamariki Act – Changes*. NZLS CLE Ltd Continuing Legal Education, NZ Law Society.

To effectively undertake this role, Oranga Tamariki needs a well-developed understanding of the interaction between intimate partner violence and child maltreatment. It needs a more in-depth, nuanced understanding of how men use children to threaten, control and intimidate women through separation and divorce, recognising knowledge that has existed for over 30 years.⁸⁸ Differences appear in the literature based on whether the author is focusing on child welfare or safety of women. Where they see the welfare of the child as paramount, authors view fathers as resources. Where they are concerned about the safety of the women, authors see fathers as a risk.⁸⁹ However, this dichotomy may not be necessary. Mandel and Rankin suggest that 'father inclusive practice' can focus on the quality of a man's parenting, rather than solely on whether he is spending enough time with the children.⁹⁰ When practice is also based on an understanding of intimate partner violence, engagement with men can capture how parenting decisions impact the family.

... social workers usually receive limited or no training working with fathers in general. Combine this with common low cultural expectations of men as parents and limited community service resources for men, we find that social workers are being asked, more and more, to engage one of the most difficult populations - domestic violence perpetrators - with limited resources and supports ... [Our practice can be successful if] We approach men with high expectations of their abilities to parent, and a definition of being a good father that explicitly includes respectful treatment of the other parent. Being father-inclusive shapes our assessments, family engagement strategies, case planning and our documentation. (p 3)⁹⁰

To follow this kind of approach, agencies need to honestly evaluate the contributions (positive or negative) men make to the family and then, based on that evaluation, make an effective response to deal with parenting deficits, violence, substance abuse, trauma and other mental health issues. Such an approach also assumes that if a man is living in a household, they are expected to 'step up' and behave as a parent no matter whether they were previously functioning as a parent in that relationship.

Because intimate partner violence reduces a mother's ability to be an effective parent, statutory agencies must respond **effectively** to men's use of violence when working with families.^{35, 84} At present, agencies do not always have the level of knowledge and understanding needed to provide this response. Where an agency lacks the skills and resources to address violence or other social issues, coordinated, ongoing, service provision is necessary to keep children safe now and in the future. Where children are removed from whānau or families, and increasingly for longer periods,⁹¹ the intention is that the children will return to the biological family. This cannot happen safely unless culturally responsive support mechanisms are in place that challenge and address the structural and interpersonal causes of violence. We cannot expect children to recover from trauma and whānau and families to rebuild through interventions delivered for a limited time in the absence of wider social support systems.

As part of a qualitative research project to understand how Māori tāne move towards becoming and staying violence-free, Amokura research describes the following pathway:

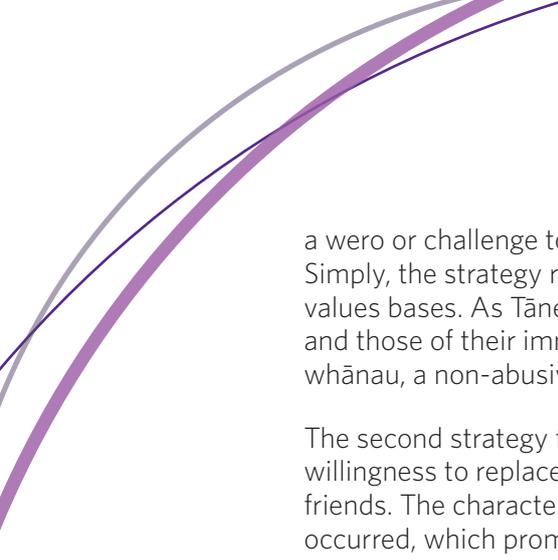
Overall, dialogue from research participants emphasised the need for progressive development of whānau, built on two essential strategies, the first is based on

88 Bancroft L, Silverman JG, Ritchie D. 2012. *The Batterer as Parent: Addressing the impact of domestic violence on family dynamics* (2nd edn). Thousand Oaks, CA: Sage.

89 Featherstone B. 2009. *Contemporary Fathering: Theory, policy and practice*. Bristol: Policy Press.

90 Mandel D, Rankin, H. 2018. *Working with Men as Parents: Becoming father-inclusive to improve child welfare outcomes in domestic violence cases*. Columbus, OH: Family and Youth Law Center, Capital University Law School.

91 Keddell E. 2019. Hard to get into, but harder to get out of: Understanding recent trends in child protection. Re-Imagining Social Work in Aotearoa New Zealand Blog, posted 10 May. URL: www.reimaginingocialwork.nz/2019/05/hard-to-get-into-but-harder-to-get-out-of-understanding-recent-trends-in-child-protection/ (accessed 27 June 2019).



a wero or challenge to re-examine the logic that reinforces abusive behaviour. Simply, the strategy replaces illogical abusive thinking with non-abusive Māori values bases. As Tāne Māori explored the messages within their own life stories, and those of their immediate and wider whānau networks regarding oranga whānau, a non-abusive Māori values base began to be established.

The second strategy for establishment and maintenance of oranga whānau was willingness to replace abusive peers, practices and environments with supportive friends. The characteristics of support people changed as significant change occurred, which prompted forsaking acquaintances and events still tied to violent abusive behaviours. New traditions and new skills sets were needed to reinforce the value base highlighted in the essential strategy of 'mind shifting'. (p 67)⁹²

Emotional development of boys

Early experience of violence, rejection⁹³ and transience was a common feature in the lives of the men in our data set. Notably, where they had been moved as children between whānau or family members, **government agencies did not support** the whānau or family who they were placed with. Children exposed to relationships where intimate partner violence exists can experience strong emotions, including anger and resentment, and have difficulties expressing the emotions associated with the loss of trust and close relationships. Of the men included, 41 (42 percent) were known to Child, Youth and Family as a child. From these, 40 percent of non-Māori men had their own child protection history and 10 percent were involved with youth justice. In contrast, 30 percent of Māori men had their own child protection history and 40 percent were involved with youth justice.

The lives of the men included in this report highlight experiences in childhood that may contribute to the use of violence in adult relationships, possibly as a result of difficulties with voicing and responding to emotional scarring.⁴⁹ However, agencies also had opportunities to identify and respond to these problems by providing the right services in the right environment. The experiences of the men reinforce the need to broaden the understanding of the purpose of the school environment away from simply to provide an education to also focus on the social, cultural and emotional wellbeing of the students. To intervene effectively, education, social and health services must work closely together, responding in times of need rather than solely in times of crisis, and considering the child's entire lived experience rather than only the issue a young person presents with at the time.

Box 3 provides an example of how early experiences affected the later life of a young man. Although Steven is an imaginary character, the narrative highlights a common experience among the men within the data set: their early school experiences were unsettled and influenced by wider health and social problems, ultimately leading them to be excluded or disengaged from school in their early teenage years – a pivotal stage in their development.⁹⁴ Steven's school experience shows that, once he was in a safe, caring relationship, agencies had opportunities to address the trauma he had experienced. To effectively engage, young people need access to support services within the school environment. Investing the time, energy and professionals needed to re-imagine schools as 'Islands of Safety'^{95, 96} may produce substantial returns on investment in terms of the future wellbeing of young people.⁹⁴

92 Ruwhiu LA, Ashby W, Erueti H, et al. 2009. *A Mana Tane Echo of Hope: Dispelling the illusion of whānau violence – Taitokerau Tāne Māori speak out*. Whangārei: Amokura. URL: <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Amokura%20Mana%20Tane%20Final-1.pdf> (accessed 11 October 2019).

93 While one meaning of 'rejection' is lack of parental engagement and emotional bonding, our reviews also noted some feelings of rejection arose through an early death of a parent.

94 Beacroft A. 2016. Foreword. In Towl P, Hemphill S (eds). *Locked Out: Understanding and tackling school exclusion in Australia and Aotearoa New Zealand*. Wellington: NZCER Press.

95 Richardson C, Wade A. 2010. Islands of safety: restoring dignity in violence prevention work with indigenous families. *First Peoples Child & Family Review* 5(1): 137–45.

96 The Islands of Safety model is an indigenous, feminist model developed by Metis family therapist, Cathy Richardson. 'The process is based on the understanding that people resist violence and prefer respect. Individuals' and families' responses and resistance reveal important knowledge about creating safety, protecting others and managing risky situations' (*Ibid.*, p 137).

Box 3: Steven's experience of the school environment

Steven started school without a lot of confidence. His parents' relationship was difficult because of his father's drinking, use of 'physical pressure' and inability to listen. Steven's mother felt that Steven bore the 'brunt of his father's difficult moods'.

Right from the start, Steven found school life difficult. In his first year, his mother phoned Child, Youth and Family to advise that their general practitioner had expressed concern that Steven may have been sexually abused at school. Steven had become increasingly reluctant to attend school and had started bed-wetting. **Steven told his father that some older boys had been touching his penis at school. They also bullied him, pulled his hair, pushed him over and put a rope around his neck.**

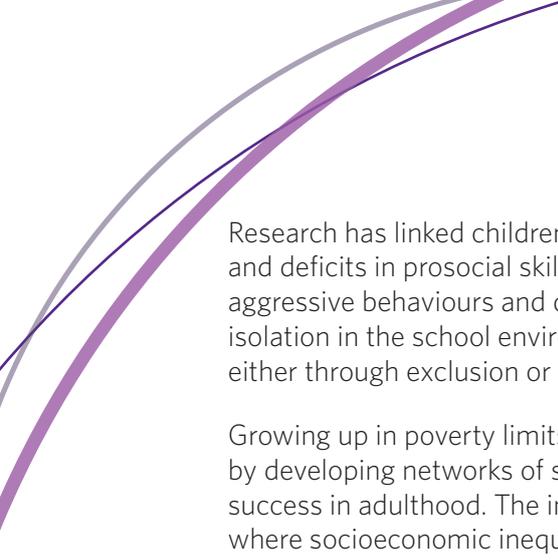
With the school counsellor, he **was able to work through his concerns about school life and his behaviour improved.** Child, Youth and Family then closed the case without talking to Steven. For a brief period, while his father was supporting him, he accepted school. However, he still did not fit in, had few close friends and would isolate himself and run off regularly. When he was six years old, the school administrator advised that **Steven had 'problem behaviour'**. His teachers monitored his behaviour and gave him positive feedback when he had met targets of attending classes and listening well.

However, outside school, Steven continued to struggle with home life. He was placed first with foster parents and then in the care of an aunt and uncle on his father's side of the family. Steven started running away from his aunt and uncle's home. He told the Child, Youth and Family social workers that one of the reasons he ran away was that he had hit his younger brother when he was visiting his parents and thought he would **get a hiding for this and his truancy.** He was returned to his parents' care, as he was too difficult for his aunt and uncle to handle. **Steven's parents and his aunt and uncle received no additional help to manage his behaviours.**

When Steven was nine, a neighbour rang the school counsellor to say that she had seen a parent hitting Steven and his sister repeatedly with a closed fist to the body and the head. Steven's school counsellor notified Child, Youth and Family. When the counsellor met with Steven, he was very reluctant to talk but he did admit being hit and said he wanted it to stop. The counsellor gained the impression that both parents had hit him. The person who gave the counsellor the information was a family friend. She said that Steven told her son that he wanted someone to ring Child, Youth and Family and tell them about the abuse. **The counsellor was beginning to wonder whether what was happening in the family was making Steven's attention deficit behaviours worse.** He said that Steven had anger problems.

Steven's intermediate school report noted he was well liked and entertaining, but easily upset if criticised. He was said to be a great mover, dancer and entertainer, and **'needs his talents and abilities to be recognised and encouraged'**. During his first year at high school, he fell off a railway bridge and suffered a significant injury. He was on ACC and could not take up sports again at school. **He reported that, because he had not been able to play sport, he had become bored and it had led him to substance abuse.** His behaviour deteriorated again and he was excluded from school.

In his teenage years, Steven moved around a number of placements, which inevitably broke down quickly. He became involved in burglaries in and around town. After a family group conference, he was placed under supervision for six months, with the aim that he **would accept responsibility for his actions and learn respect for himself and others,** and therefore for the property of others, following the methods of a non-governmental organisation provider. He began a youth at risk programme with several other young men in similar circumstances. He breached his supervision order, leading to the decision to place him with another caregiver.



Research has linked children's exposure to intimate partner violence with aggressive behaviour and deficits in prosocial skills⁹⁷ in their early school years.⁹⁸ For the men in this report, aggressive behaviours and difficulties in getting along with other children increased their isolation in the school environment. Isolation led to them to disconnect early from school, either through exclusion or withdrawing, and then to unstable employment.

Growing up in poverty limits children's access to social capital. People create social capital by developing networks of social relationships that can be a key reason for achieving success in adulthood. The impact of poor social capital is particularly severe in a context where socioeconomic inequalities are significant, as in Aotearoa New Zealand.⁹⁹ Māori are disadvantaged across all socioeconomic measures. Māori experience the highest unemployment, lowest educational achievement and lowest income levels. Māori own only 5 percent of the total land mass of Aotearoa New Zealand, which once formed the basis of the Māori economy and sustained the population.¹⁰⁰

We need to understand that the behaviours of children who are exposed to trauma are a **response** to their situation within a wider context of structural inequities. Transformative responses require: a partnership between Crown and Māori; kaupapa Māori services; decolonised services; and work to remove structural inequities. Structural inequities and patriarchal structures are interacting and reinforcing influences that make violence more likely to occur.

Where they support and accept young people in a culturally appropriate environment, schools can potentially be a healing environment for them.^{101,102} While social workers are increasingly available in schools, teachers and administrators themselves need knowledge, skills and resources to engage effectively with families and whānau where they have concerns and to connect them with appropriate services to address any issues raised.

However, behavioural difficulties are not limited to those with traumatic backgrounds, and where behavioural difficulties are related to trauma, teachers are not adequately trained to respond. Understanding schools as potential islands of safety for children and young people changes our expectations of the resources these environments should provide. That is, we move the focus away from teachers alone to include providing access to adequate health, social and psychological support through the presence of other trained professionals. They provide a safety net for the safe emotional development of children where there is a **possibility** they may have experienced trauma. Where family violence is occurring, it is not enough to provide behavioural support in a school without also addressing structural violence, and the violence that exists at home. Such a response requires re-imagining what effective school support services look like.

If we develop trauma-informed school settings, the school can become an opportunity to address educational, cultural and social-emotional supports.¹⁰³ In such a system, professionals with educational, cultural and emotional support skills must be working in schools. Providing such services within the school environment can potentially enhance engagement, establish

97 Prosocial skills are those skills developed throughout childhood that benefit other people, including sharing, cooperating, helping, and feeling empathy and concern for other people.

98 Holmes MR, Voith LA, Gromoske AN. 2015. Lasting effect of intimate partner violence exposure during preschool on aggressive behaviour and prosocial skills. *Journal of Interpersonal Violence* 30(10): 1651-70.

99 Dale MC, O'Brien M, St John S. 2011. *Left Further Behind: How policies fail the poorest children in New Zealand*. Auckland: Child Poverty Action Group. URL: www.cpag.org.nz/assets/sm/upload/ja/66/v2/dv/WEB%20VERSION%20OF%20LFB.pdf (accessed 1 July 2019).

100 Anderson A, Binney J, Harris A. 2015. *Tangata Whenua: A history*. Wellington: Bridget Williams Books.

101 Chetty M, Agee M. 2009. Childhood exposure to domestic violence: reflections of young immigrants of Indian origin. *New Zealand Journal of Counselling* 29(1): 36-53.

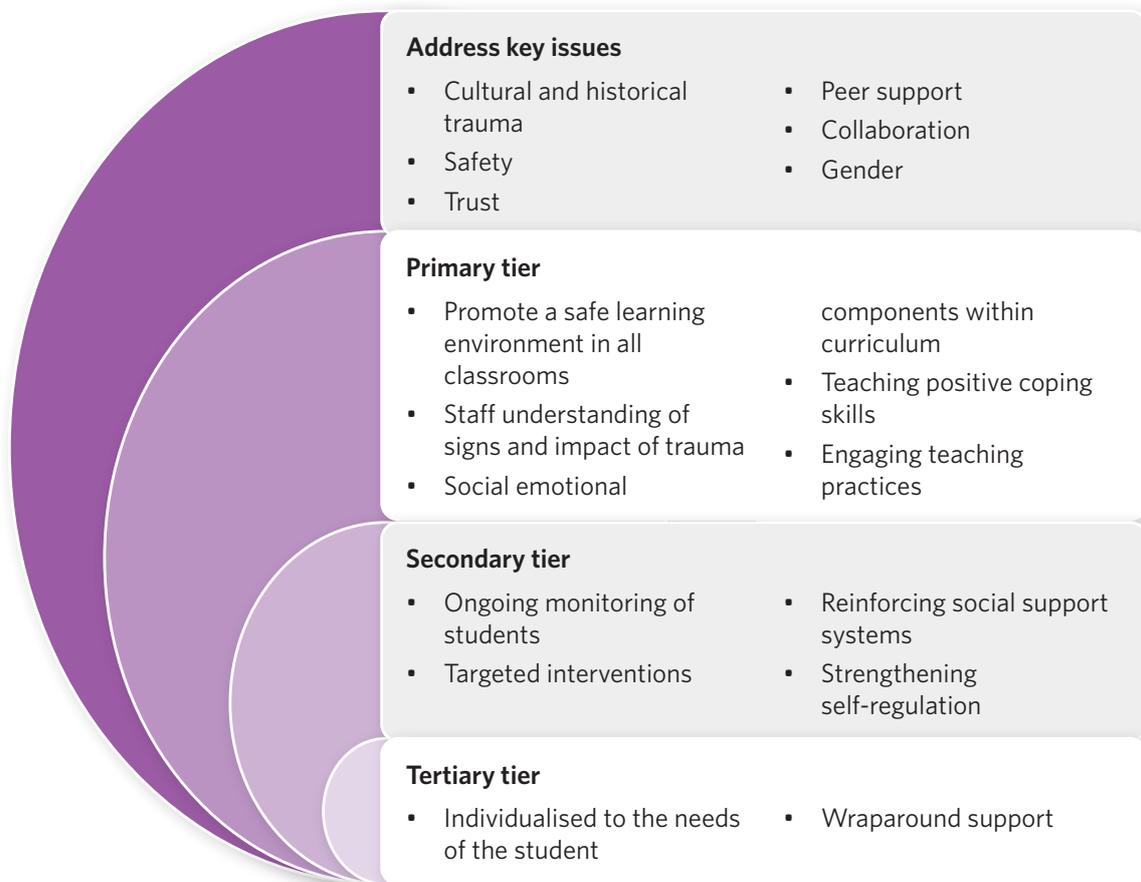
102 Atwool N. 2015. Children and vulnerability. In Higgins N, Freeman C (eds). *Childhoods: Growing up in Aotearoa New Zealand*. Wellington: Otago University Press.

103 Phifer LW, Hull R. 2016. Helping students heal: observations of trauma-informed practices in the schools. *School Mental Health* 8: 201-5.

trust between the school and family, and help students heal.¹⁰³ Such approaches are also in line with strengths-based approaches to working with families and whānau as they acknowledge the acts of resistance against further victimisation.⁹⁵

Phifer and Hull describe a tiered approach to trauma-informed schools (Figure 7).¹⁰³ However, implementing a trauma-informed approach in school, health, social or justice environments is not an 'easy fix'.¹⁰⁴ Further, a trauma-informed approach cannot be the only response in a context where other inequities exist.¹⁰⁵ The Office of the Children's Commissioner has highlighted the experiences of marginalisation, discrimination and unmet learning needs in the Aotearoa New Zealand school system.¹⁰⁶ Addressing such experiences requires a comprehensive response.

Figure 7: A tiered approach to trauma-informed schools



Source: Phifer LW, Hull R. 2016. Helping students heal: observations of trauma-informed practices in the schools. *School Mental Health* 8: 201-5.

104 Chafouleas SM, Johnson AH, Overstreet S, et al. 2016. Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health* 8(1): 144-62.

105 He manu kai matauranga: He tirohanga Māori. URL: www.occ.org.nz/assets/Uploads/Experiences-of-Maori.pdf (accessed 29 November 2019).

106 New Zealand School Trustees Association and Office of the Children's Commissioner. 2018. *Education matters to me: Key insights*. Wellington: New Zealand School Trustees Association and Office of the Children's Commissioner. URL: www.occ.org.nz/assets/Uploads/OCC-STA-Education-Matters-to-Me-Key-Insights-24Jan2018.pdf (accessed 2 December 2019).

Those who promote trauma-informed schools do not assume that schools already have all these resources or that teachers should be responsible for responding at all levels. Rather, what they expect is that trained professionals co-located in schools will provide appropriate support in a culturally appropriate manner.

... keeping young people in school, rather than excluding them, is of pivotal importance to our community's long-term health... This is because most serious young offenders are not engaged in education... educational involvement is one of the most significant protective factors in a young person's life. It builds resilience... it has long been suggested that schools in the future may well become 'social service hubs', where co-located expert services provide input and assistance to the school's most problematic and damaged pupils. (pp x-xii)⁹⁴

In reframing the way *Every 4 minutes* promotes healthy child development (Table 2), we focus on the need to consider culturally appropriate models of service delivery. Kaupapa Māori models of care emphasise healing and recovery. However, for such healing to occur, the young person must be in an environment that will clearly meet their other basic needs. A further need is for integrated, equity-focused health, education, justice and social systems. Underlying each of these suggestions is the need for flexible, joined-up work across sectors.

Table 2: Reframing *Every 4 minutes* to provide culturally appropriate systems of support and equity-focused health, education, justice and social services

<i>Every 4 minutes</i>		Proposed reframing
Strategy	Approach	
5. Enhance parenting support and skills to promote healthy child development	If violence has primarily been modelled in parenting, it is important to be able to learn other strategies. Targeted, evidence-informed, home-based and sustained programmes, can help high-risk families. Feeling part of the neighbourhood, community and culture helps lower child abuse risk for all.	<p>Culturally appropriate support embedded in wider systems of care</p> <p>Having dominant cultural values based on the nuclear family imposed on them has been extremely harmful for Māori children. 'The stressful situation of a child protection intervention is made even more so when the encounter is between a present-focussed social worker and a parent with intergenerational and current trauma experiences characterised by grief, loss and disempowerment.'¹⁶⁹</p> <p>Consider the potential for parents to heal and recover. Understand the importance and sanctity of the healing journey – how can this journey begin if the person has no certainty about food supply, housing and a liveable income?¹⁰⁷ Māori models and theory need to be central to the development of healing pathways for Māori whānau.</p> <p>Families and whānau need ongoing support that allows parents to re-engage with helping services in times of stress without the need for referral procedures. Even where relationships have broken down, there is a need to acknowledge that contact may continue through children. Responses to violence and trauma should not be limited to a single event, but should consider the person, their relationships and their ongoing healing journey.</p>

107 Smith C. 2018. He Oranga Ngākau Symposium and Thought Space Wānanga. Te Kotahi Research Institute 7-8 May. URL: www.youtube.com/watch?v=vuH0xQ27z6Q (accessed 12 July 2019).

Every 4 minutes		Proposed reframing
Strategy	Approach	
6. Provide quality early childhood care and education	Early, home-based support from pregnancy, high-quality early childhood care and education, school engagement, and intervention for early challenging behaviour can all reduce risk and promote resilience.	<p>Integrated, equity-focused health, education, judicial and social services</p> <p>With agencies and systems of service delivery working independently of each other, people have fallen through wide gaps when trying to seek help and support. Interconnected services allow people to flow between agencies or interact with multiple agencies at the same time, for example, to gain health and social support in schools, so they receive the most effective support to address their needs.</p> <p>Current patterns of referral and thresholds for vulnerability are leaving many without adequate support. Responsive, accessible services may reduce the stigma associated with seeking help. Meeting children, young people and families or whānau at home or at other appropriate venues, rather than expecting them to proactively access services, can help build stronger relationships and communities.</p>

Chapter 3: Structural oppression and interpersonal violence Wāhanga 3: Ko te tāmitanga ā-pūnaha me ngā whakarekerekere

Structural violence

Inequity and structural violence are tightly interrelated. Inequity is a power imbalance that creates 'a host of offences against human dignity' (p 266),¹⁰⁸ including increasing vulnerabilities. Atkinson has argued that anger and defensive behaviour are valid responses to the violation of self.³¹

Structural and cultural inequities intersect in many of the relationships included in our data set of deaths through intimate partner violence. Further, many reports published in 2019 have drawn attention to the issue of structural racism.^{26,28} An analysis of the conviction and sentencing history (before the death event) of the men included in this report supports the view that Māori men are substantially more likely to get a custodial sentence than Pākehā and Asian men (Table 3).²⁶ As Walker describes it, imprisoning someone who has also been in state care amounts to alienation, institutional marginalisation and the loss of individual and collective cultural identity.⁴⁹ Rose and Clear highlight that high rates of imprisonment in communities can be counter-productive, destroying the social fabric through which communities maintain social order.¹⁰⁹

Table 3: Rates of imprisonment (before the death event) for men by ethnicity

Male predominant aggressor in intimate partner violence death event	Total	With previous conviction	With custodial sentence
Ethnicity		N (% of total)	N (% of total)
Asian	13	4 (31)	0 (0)
Pākehā	41	26 (63)	13 (32)
Māori	32	30 (94)	27 (84)
Middle Eastern, Latin American and African	5	0 (0)	0 (0)
Pacific peoples	5	5 (100)	1 (20)
Other	1	1 (*)	1 (*)
Total	97	59 (61)	26 (27)

* Percentages have not been included because of the small numbers involved.

Punishment is society's response to someone breaking the law and imprisonment is part of that response. However, since colonisation, Aotearoa New Zealand society has ignored Māori approaches to justice, instead preferring Eurocentric approaches to imprisonment.⁷⁸ From the early 1930s onwards, as Māori society disintegrated under the ongoing impact of colonisation, 'prisons sucked up all types of offenders from the lower strata of society: the habituals, drunks, vagrants, mentally ill, and so on... the recidivist nature of these low-level offenders guaranteed

108 Varcoe C, Brown AJ, Cendar LM. 2014. Promoting social justice and equity by practicing nursing to address social inequities and structural violence. In Kagan PN, Smith MC, Chinn PL (eds). *Philosophies and Practices of Emancipatory Nursing: Social Justice as Praxis*. New York: Routledge.

109 Rose DR, Clear TR. 1998. Incarceration, social capital and crime: implications for social disorganisation theory. *Criminology* 36(3): 441-80.

the long-term maintenance of the prison estate' (p 4).^{78, 110} Imprisonment has intergenerational effects, in that it impacts on the health and social functioning of children of prisoners.¹¹¹ Evidence shows that the mostly Eurocentric prisons are ineffective in deterring people from offending again and in providing opportunities for rehabilitation.¹¹² While imprisonment may be one response to men's use of violence, we cannot see it as the only response.

Aotearoa New Zealand's imprisonment rate is high compared with other developed countries.¹¹³ At the same time, the proportion of offenders who are imprisoned because of sexual offences, violence or homicide is higher than comparable countries. Almost 54 percent of prisoners in Aotearoa New Zealand prisons have 'interpersonal violence' as a lead offence type, compared with a median of 33 percent in 31 comparison countries.¹¹³ As Booman suggests, the prison population in this country has its own characteristics, meaning that interventions other countries use to reduce prison numbers may not transfer successfully to Aotearoa New Zealand.¹¹³ However, each point at which someone is involved with the justice system is an opportunity for real engagement and for providing effective services to allow that person to engage fully with society. Kaupapa Māori approaches to justice provide a more forward-thinking way of considering how to reintegrate someone into the community than a Eurocentric prison response.⁷⁸

For the men in this report who had been involved in the justice system, points of engagement appeared largely transactional and focused on the relationship in which violence occurred. They tended not to see the man as a person within a family or whānau or consider the range of his relationships (for example, was he the father of children from another relationship, or had he started a new relationship?). Protection orders and breaches of them were administered as a transaction. Of the 37 men (38 percent of the data set) who were the respondent to a protection order, 21 (57 percent) had one or more recorded breaches of protection orders (Figure 8). Referrals to drug and alcohol counselling or other services, which men may or may not have attended, were also transactional in nature. Justice responses did not adequately consider:

- how people would get to such services if they were disqualified from driving
- whether the services were appropriate
- whether these were important issues to deal with at that time (rather than dealing with concerns around housing or employment).

Instead, where men did not attend services, the response was to record that they 'did not complete'.

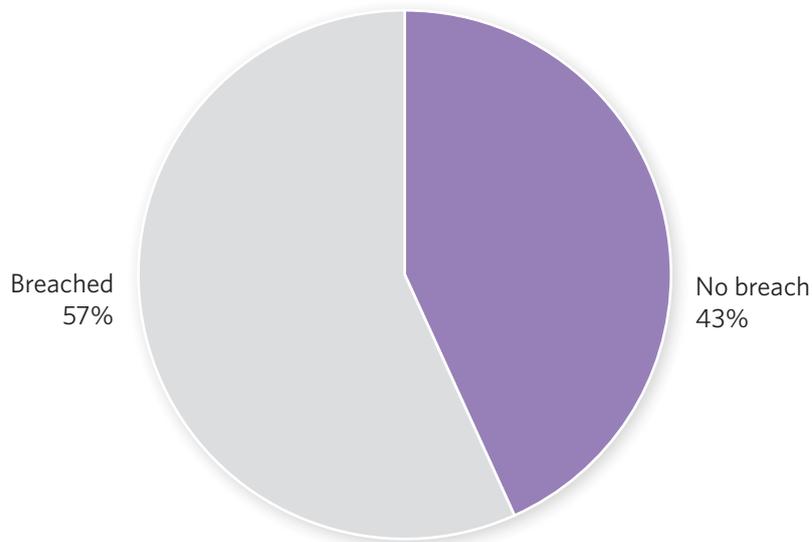
110 Pratt J. 1992. *Punishment in a Perfect Society: The New Zealand penal system 1840-1939*. Wellington: Victoria University Press.

111 Gordon L, MacGibbon L. 2011. *A Study of the Children of Prisoners: Findings from the Māori data 2011*. Wellington: Te Puni Kōkiri.

112 Roper C. 1989. Interview on Morning Report, Radio New Zealand, as quoted in Safe and Effective Justice Advisory Group. 2019. *He Waka Roimata - Transforming Our Criminal Justice System*. Wellington: Safe and Effective Justice Advisory Group.

113 Booman M. 2018. Where New Zealand stands internationally: a comparison of offence profiles and recidivism rates. *Practice - The New Zealand Corrections Journal* 6(1): 87-96.

Figure 8: Proportion of men who had breached one or more protection order where a protection order had been served (n=37)



Workman suggests 'whānau-facing prisons' have the potential to move the justice response towards a more rehabilitative structure for prison communities:

Housing people in a prison should not be significantly different from housing people in a well-designed healthcare facility or in any other kind of 'normal' social environment. Such a prison system would affirm the role of whānau in strengthening Māori cultural identity and function within a rights-based framework—one which encourages the closer involvement of Māori and whānau within the prison. (p 13)⁷⁸

However, such a model would need to give priority to protecting those who have experienced violence and making their voices heard.⁸⁵ From the perspective of those who experience serious crime (including family violence), three common 'barriers to justice' are:

- fear – for physical and emotional safety and that justice will not be served
- exclusion – being isolated and abandoned throughout the justice process
- unfairness – a perception of a lack of accountability and acknowledgment of the harm done.¹¹⁴

Police and other justice agencies lead social responses to intimate partner and other forms of family violence in Aotearoa New Zealand. The need remains, however, for additional, creative, rehabilitative solutions that allow men to be held to account for using violence. Such solutions need to support behaviour change while keeping both partners and any children involved safe. To transform the criminal justice system, we must thoroughly consider the most effective ways to respond to, and address, the causes of offending behaviour. The social and economic impact of offending spreads throughout the whānau, families and communities of those who use violence and those who experience it. Health and social responses need to be intertwined within the system to actively address the impact of drug and alcohol abuse, mental health, addictions and economic stress in a culturally strengthening approach.²⁶

114 Hargrave P. 2019. *Victims' Voices: The justice needs and experiences of New Zealand serious crime victims*. Research report. Victim Support.

In Box 4, we describe the journey of Tom and Rebecca through the justice sector. Before they began their relationship, both had an extensive police record. Because of this involvement, they were less likely to gain employment and more likely to get into debt.

Box 4: A journey through the justice sector

Tom's police record started with two convictions for possession of an offensive weapon. The first time, he had it concealed in his jacket (for which he received a community work sentence). The next time, he had picked up a weapon during a fight and was imprisoned.

Aside from the weapons-related convictions, he had no other violent offences on his record. However, he did have an extensive record of driving-related offences, dishonesty, breaches of community work and supply of cannabis.

Rebecca was 20 years old when she had her first recorded offence. The range of convictions on her police record related to speaking threateningly, breaching a liquor ban, driving with excess blood alcohol, being an unlicensed driver and burglary. Rebecca was 10 years younger than Tom.

Police records showed that they made multiple callouts during Rebecca and Tom's relationship. Some records had been destroyed because they pre-dated the current police standards for family harm reporting. In other cases, records simply stated that Tom and Rebecca were 'allegedly fighting with each other' or that they were 'verbal only'. Rebecca had four young children.

Rebecca had multiple experiences of sexual assault by various perpetrators, including Tom. Tom's controlling behaviours increased as the relationship progressed. The combined effect of multiple traumatic episodes was that Rebecca became hypervigilant and depressed, and felt constantly threatened. She used alcohol as a form of self-medication. Services considered her to be 'non-compliant', but also acknowledged that she was under the control of a manipulating and threatening partner.

In the month before her death, Rebecca had called police following an assault by Tom. She was heavily pregnant and he had punched and kicked her about the body and face. Tom denied being responsible for the assault. He went with Rebecca to the hospital, where he was arrested and remanded in custody on a charge of 'injuring with intent'. Later, the court received a letter sent on behalf of Rebecca indicating that Tom was not responsible for the assault. Rebecca was concerned that she needed Tom's support with her four children as she was about to give birth. Despite Rebecca's appeals, the court refused to release Tom until she indicated she was shifting away from the bail location.

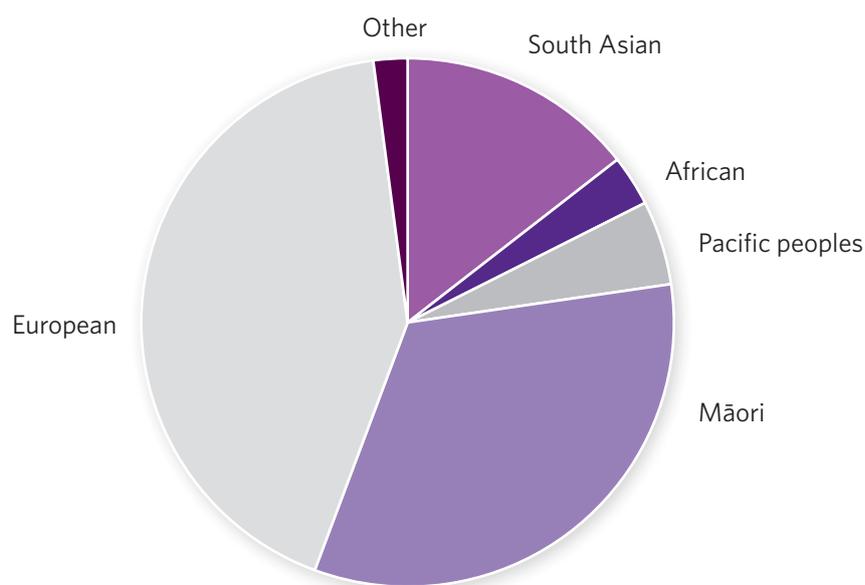
With poor work prospects, lack of financial resources and limited mobility (due to the driving convictions), Tom and Rebecca may have been living on the margins of society before they met. Her experience of repeated trauma without an effective response further isolated Rebecca and entrapped her in the relationship. While services acknowledged the impact of Tom's behaviour, they did nothing to address it. They asked no questions about other forms of support. Rather than seeing its own response as making Tom and Rebecca more vulnerable, the system increasingly saw Tom and Rebecca as the problem.

Ethnic immigrant communities

A total of 14 percent of the men who used violence in intimate partner violence deaths between 2009 and 2017 were of South Asian origin (Figure 9).¹¹⁵ This is the third most frequently recorded ethnic grouping in the data set. While it is important to note that this grouping includes a number of different countries of origin, we discuss them as a group within this section because of some common features in their experiences. However, as with any grouping, combining their data will minimise the differences between these cultures and agencies should acknowledge these differences when working with individuals.

It is important to treat the information in this section with sensitivity. Asian immigrants within Aotearoa New Zealand have 'borne the brunt of anti-immigration discourses and politics since the 1990s, with several periods of amplified racism and xenophobia occurring in Aotearoa New Zealand, particularly around periods of increased migration from non-Western sources and during elections' (p 9).¹¹⁶ Racism can act as a barrier to reporting and can further contribute to silencing women who experience violence. We include this section not to fuel racist attitudes, but instead to highlight the need to further understand intimate partner violence in ethnic migrant communities.

Figure 9: Ethnicity of 97 male predominant aggressors



Note: This analysis captured data on ethnicity from the Ministry of Health and used prioritised ethnicity ([www.moh.govt.nz/notebook/nbbooks.nsf/0/4b1c9119d4e5ea78cc257488000d9324/\\$FILE/presenting-ethnicity-2008.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/4b1c9119d4e5ea78cc257488000d9324/$FILE/presenting-ethnicity-2008.pdf)) with the exception of Indo-Fijians, as described in footnote 115, above.

Migrants to Aotearoa New Zealand may hold on to the cultural traditions of the communities they come from. In the South Asian relationships included in our reviews, the men continued to hold tightly to their view that they had the right to control the movements of female family members and that any potential disruption to the family unit brought shame on the wider family (Box 5).

115 The United Nations Statistical Division includes the following countries in the South Asian region: Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka (https://en.wikipedia.org/wiki/South_Asia). Indo-Fijians are described as being ethnically tied to India, holding on to Indian food, rituals and faith, but Fijian in upbringing and lifestyle (Singh R. 2017. Indo-Fijians in Fiji: their acceptance to Pacific way of life and retention of their cultural heritage. URL: <http://gcids2017.org/wp-content/uploads/2017/09/Rewa-Singh-Full-Paper.pdf> (accessed 29 February 2020). Because of their ties to Indian rituals and faith, men of Indo-Fijian ethnicity have been grouped with South Asian men.

116 Collins FL, Simon-Kumar R, Friesen W. 2019. Introduction. In Simon-Kumar R, Collins FL, Friesen W (eds). *Intersections of Inequality, Migration and Diversification: The politics of mobility in Aotearoa/New Zealand*. Palgrave Macmillan.

Box 5: Understanding cultural nuances

Shila married Raju through an arranged marriage. About 20 years ago they shifted to Aotearoa New Zealand. They had two children and Shila's friends described her as a 'dedicated mother'. While Raju and Shila were active in their local cultural community, Shila faced language barriers, was unfamiliar with the Aotearoa New Zealand systems and was isolated.

Coercive, controlling behaviours developed into physical violence early in the relationship. Raju and his parents would excessively monitor and control Shila's behaviour. Shila would repeatedly try to break away, but because of **pressure from families** she would return to the relationship. Although she was eligible for residency, Raju demanded dowry in exchange for residency support. Shila was reluctant to report the violence to police out of **fear of the shame and stigma** that reporting would bring on her family and community.

Over time, Raju's controlling behaviours increased. Shila's friends commented that they were seeing her less and less. She spent most of her time doing housework. After her death, Shila's friends suggested that Raju had been increasingly controlling because he thought Shila was intending to leave him.

After an especially severe period of violence, Shila moved into a women's refuge and **completed an affidavit for a protection order**. In the affidavit, Shila described serious violence towards herself and her children during the marriage. The violence included the use of weapons to hurt and cause fear, strangulation and threats to kill or harm Shila's family. Once the protection order was served, Raju started to contact government agencies accusing Shila of fraud and indicating she was an unfit mother. He would then phone Shila, begging her to return home for the good of the children.

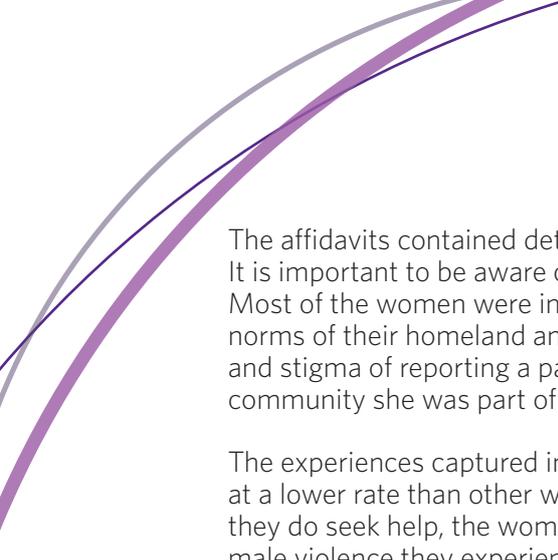
Once Shila returned, a friend of the family supported Shila and Raju to reconcile. However, a few months later, Raju's ongoing pattern of violence again escalated. Shila got her passport ready to take the children to Australia and leave Raju. Raju assaulted Shila who, **in desperation**, phoned police. Raju was charged with 'male assaults female'. Shila had begun to fear for her life.

While Raju's initial bail conditions prevented him from contacting the family, within a month the bail conditions were changed to 'not offer violence to his family' and Raju was allowed to return home. Two days later, Shila was dead.

Some of the South Asian women included in this data set reported their partner's violent behaviour through an affidavit that became the basis of an application for a protection order. While the courts generally granted the protection order, this did little to stop the violent behaviour. The violent partner breached protection orders or completed stopping violence courses with little or no apparent change in his behaviours. When a woman sought help from family members living overseas, they would reinforce his behaviour pattern and further increase her isolation. These women were trapped in a relationship that reflected cultural norms, passed on across generations, that saw men as entitled to use violence against their wives.¹¹⁷ Men used violence as a method of restoring traditional values of their homeland culture.¹¹⁸

117 F Sultana, Founder, Shakti New Zealand, personal communication, 4 September 2019.

118 Tse S. 2007. Family violence in Asian communities, combining research and community development. *Social Policy Journal of New Zealand* 31: 170.



The affidavits contained detailed information about serious violence, including threats to kill. It is important to be aware of the significance of these documents for the women concerned.¹¹⁹ Most of the women were in arranged marriages.¹²⁰ The women were aware of the cultural norms of their homeland and were often being threatened by their partner's family. The shame and stigma of reporting a partner's violence could further isolate a woman from the ethnic community she was part of in Aotearoa New Zealand.¹¹⁷

The experiences captured in our data set may help explain why Asian women report violence at a lower rate than other women living in Aotearoa New Zealand.¹¹⁹ Yet invariably, even when they do seek help, the women did not receive an effective response from agencies and the male violence they experienced got worse. When migrant women do not understand the legal protections available, and isolation and language barriers further constrain their understanding, a limited or ineffective response will reinforce their view that no protections exist.¹¹⁹

Agencies must work in collaboration with members of the South Asian community in culturally appropriate ways to respond to any cultural acceptance of violence that exists. By using protection orders or stopping violence programmes, which focus on ideas that the individual has responsibility and agency, the system has lost sight of the broader issue that structural and interpersonal cultures of violence created these behaviours. Despite being based in a new country, the women involved continued to be under the influence of patriarchal norms of their home country:

... the Indian migrant community silences its women. This in turn is attributable to the marginal status of the Indian community in the host country. In this context, many community members collude with the perpetrator to maintain unity and maintain the honour of the immigrant community. They also do this so that strict cultural norms and values are adhered to. (p 239)¹²¹

Some members of South Asian immigrant communities are concerned that Western initiatives (such as Whānau Resilience) assume a way of being that may not hold true within their families.¹¹⁷ Such initiatives assume partners in an intimate relationship have relatively equal power, with the unintended result that, where that power is unequal, they may actually further entrap women in a dangerous relationship.

Indian society is seen to be fundamentally patriarchal in nature: that is, men are considered the dominant gender. In Indian marriage, the daughter is 'given away' to the groom's family and can no longer rely on her parents financially and emotionally. Traditionally, the groom's family make all decisions for her and if she is subjected to domestic violence, her own relatives and parents tend to justify the abuse, coercing her to remain in the relationship. The patriarchal expectations of being a 'good wife' restrict her from reporting the violence owing to fear of being ostracized and isolated from her community. (p 4)¹²¹

To respond effectively, agencies need to understand cultural norms for effective engagement and help-seeking behaviour, as well as the structural factors that make violence more likely to occur. Where a woman is referred to services that do not fully appreciate the shame and stigma of disclosing violence, those services may not recognise how precarious her situation is. Ethnic-specific responses to men who use violence are available in Aotearoa New Zealand, including through Gandhi Nivas.¹²² However, such services are limited to large urban regions. Further, as with much emerging practice, they still need to be evaluated to ensure they provide safety to all involved.

119 Simon-Kumar R. 2019. Ethnic perspectives on family violence in Aotearoa New Zealand. Issues Paper 14. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

120 Arranged marriages attract dowry payments from the bride's to the groom's family. It reinforces the idea of women being a financial burden on their family while men have the potential to bring in financial resources. While the information we reviewed for this report did not identify dowry as an issue, expectations of dowry can increase the risk of violence. Natarajan M. 2002. Domestic violence among immigrants from India: what we need to know and what we should do. *International Journal of Comparative and Applied Criminal Justice* 26(2): 301-20.

121 Somasekhar S. 2016. 'What will people think?' Indian women and domestic violence in Aotearoa/New Zealand. PhD thesis, University of Waikato, Hamilton.

122 <https://gandhinivas.nz>, <http://sahaayta.org.nz>, cited in Simon-Kumar (2019), op. cit.

In reframing *Every 4 minutes* (Table 4), the Committee draws attention to how, because our social structures determine our realities, society must consider basic human rights so men can recover and address the violence they are using. Service providers require access to complete resources to achieve change for the men, families, whānau and communities they are working with, including through access to housing, health and social support. We address these issues further under The role of communities in Chapter 5.

Table 4: Reframing *Every 4 minutes* to address the expectation that individuals will overcome realities that broader structures determine

<i>Every 4 minutes</i>		Proposed reframing
Strategy	Approach	
3. Strengthen economic supports for families	Family violence occurs at all income levels but having financial resources can enhance options for leaving a violent relationship or keeping children safe. Financial demands on parenting are high and economic disadvantage increases household stress and reduces access to safe housing, health care and help.	<p>Addressing the expectation that individuals will overcome realities that structures determine</p> <p>People living in poverty experience stigma and exclusion. If they internalise that stigma, they may feel they lack a voice, have a reduced sense of dignity and self-esteem as well as disengaging with services and feeling angry and defensive.¹²³</p> <p>Services need to take universal precautions – to give everyone the same respectful, safe care. They need to allocate the most time and resources to address the greatest need.¹⁰⁸ Consider redistributive national policies, investment in safe, stable housing, and equitable health, education, judicial and social services.</p> <p>Resource a range of ways of working with men</p> <p>Engage men in their journeys towards responsibility, healing and the safety of women and children. At the same time, work with women to support their safety and their children’s safety. Provide integrated, collaborative and engaged services across communities that uphold respectful and safe relationships.</p> <p>Funding models that focus on throughput and outcomes put the provider at risk if an individual does not complete a programme. These models do not take full account of wider social factors that may affect whether participants succeed with a programme. Government partnerships should resource communities to develop their capacity to take protective and preventative approaches. Such approaches should include providing safe and nurturing environments for children, young people, adults, families and whānau.</p> <p>Similarly, services need to account for long-term chronic and complex individual and collective trauma for migrant communities.¹²³ Trauma may be an unacknowledged part of the lives of immigrant populations and reappear after they have been living in Aotearoa New Zealand for many years.¹²⁴</p> <p>Natural and man-made disasters carry with them major burden and very often the focus is on immediate survival... The impact of disasters directly and indirectly on the well-being and mental health of those affected often gets ignored. The reasons are often stigma and lack of attention to mental health consequences. (p 778)¹²⁴</p>

123 Ho ES. 2004. Mental health of Asian immigrants in New Zealand: a review of key issues. *Asian and Pacific Migration Journal* 13(1): 39–60.

124 Persaud A, Day G, Gupta S, et al. 2018. Geopolitical factors and mental health I. *International Journal of Social Psychiatry* 64(8): 778–5.

Cultural expectations of men

As we described in Chapter 1, English settlers imported a patriarchal social structure with its ways of doing and being that imply one person owns and dominates another, and that organisations dominate individuals. This structure ignored traditional Māori views of 'men and women being essential parts of the collective whole'¹²⁵ and English common law determined the position of women in society. As a result, the population lived within a rigid construction of cultural ideas about male identity. These cultural ideas include being self-sufficient, acting tough, looking physically attractive, sticking to rigid gender roles, being heterosexual, having sexual prowess and using aggression to resolve conflicts.¹²⁵ As the section above has shown, the cultural perception of men's roles can drive their use of violence as they draw on whatever means they have available to uphold their dignity and the perceived dignity of their wider family.¹²⁶ When men are blinded to the influences of their own specific culture, it is harder for them to make conscious decisions about their own identities and social relations.¹²⁷

In our data set, common characteristics among the men were that they:

- needed to keep control over a person, situation or environment
- were unable to acknowledge weakness
- internalised the hurt or fear they experienced with the breakdown of a relationship.

These characteristics translated into:

- ineffective parenting
- a tendency to use physical and/or emotional violence to control their partner
- drug and alcohol addiction
- depression, self-harm and suicide.

Patriarchy was acted out through interpersonal relationships as well as between individuals and organisations in a variety of ways.⁶³ For example:

- a man received a gun licence even though a previous partner expressed concern that it would give him a 'licence to kill'
- when a woman was concerned enough about her partner that she contacted services to report his suicidal thoughts, he minimised them on follow-up, so agencies provided no further support
- after receiving a man's threatening messages, police warned him but took no further action, reinforcing his belief in his ability to use such techniques without concern that someone would hold him to account
- a man was prosecuted for 'male assaults female', leading to a low-level decision that he must 'come up for sentence if called upon', minimising the severity of the offence
- a judge reduced the sentence because the man's behaviour was due to 'the provocation attributable to her', making him less accountable for his actions.

When men who were using violence actively looked for help, they found few, if any, options available for them.¹⁶⁶ The options that did exist had problems with availability, accessibility, acceptability and quality.¹²⁸ Where men did not qualify for support services, their behaviour

125 Heilman B, Barker G, Harrison A. 2017. *The Man Box: A study on being a young man in the US, UK, and Mexico*. Washington, DC and London: Promundo-US and Unilever.

126 Hunnicutt cautions against simplistic understandings of the role of patriarchy in promoting violence against women. 'Theories of violence against women must focus on male power but via situating that power within a patriarchal order. Those males who occupy a seat at the patriarchal table are less likely to need "violence as maintenance" because their elevated position is sustained in legitimate ways' (Hunnicutt 2009, op. cit., p 560).

127 Welp M. 2002. Vanilla voices: researching white men's diversity learning journeys. *American Behavioural Scientist* 45(8): 1288-96.

128 World Health Organization. n.d. Availability, accessibility, acceptability, quality infographic. URL: www.who.int/gender-equity-rights/knowledge/AAAQ.pdf?ua=1 (accessed 19 September 2019).

was left to escalate over the years. Services have thresholds so that those with the greatest need receive help and support. If people do not meet those thresholds, there is an assumption that they will resolve their perceived problems by themselves without the help of supporting agencies. However, when people are actively seeking help, they need an active response.

Aotearoa New Zealand's stopping violence programmes will not, on their own, address the cultural expectations that a patriarchal society enforces. Further, access to and completion of these programmes appears, at best, variable for the men included in this data set. Of the 97 men, 16 (16 percent) had a recorded referral to a stopping violence programme. Of these 16 men, 9 (56 percent) completed the programme. Even if they did complete a programme, the men continued using violent behaviour, suggesting the following conclusions.

1. Being engaged in and completing a programme does not necessarily lead to behaviour change.
2. Men needed further support to reduce their violent behaviour in the future, including by:
 - (a) providing trained, skilled and experienced facilitators who have a nuanced understanding of the dynamics of family violence
 - (b) providing options for one-on-one as well as group-based counselling, where appropriate
 - (c) having a realistic understanding of a man's readiness to change
 - (d) providing restoration and recovery programmes for men along with programmes for their partners and children to support recovery from abuse
 - (e) making ongoing support options available, such as the support offered by He Waka Tapu (see below).
3. Agencies need to have cultural understandings of the roles of violence in intimate relationships, drawing on research from Indigenous and ethnic communities to understand the distinct characteristics of the violence experienced and pathways to restoration and non-violence.
4. Agencies need additional information to support their conclusions that men have changed their behaviour, such as feedback from their current partner or from previous partners still in contact with him. Where agencies offer parallel programmes for partners and children, they can develop an understanding of behaviour change within the whānau or family environment.
5. Stopping violence programmes need to be part of a broader community approach to addressing violent behaviours. For broader community approaches, family violence specialists must work collaboratively with members of the community to develop programmes that respond to unique cultural and contextual perspectives to be included (see The role of communities in Chapter 5).

Little data is available to show that stopping violence programmes are effective, which may be because little funding is available to evaluate such programmes.¹²⁹ However, researchers have expressed concerns that the generally short-term group-based format of these programmes brings together men with different levels of motivation, which could actually entrench their attitudes of resenting and blaming their partner.¹³¹ A study of men who were required to attend such programmes in Australia found they were not 'group ready' – that is, their current behaviours and attitudes were not helpful in group work and the men would likely require additional support and time to become 'group ready'.¹³² Where provider agencies

129 Paulin J, Mossman E, Wehipeihana N, et al. 2019. *An Evaluation of the Ministry of Justice-funded Domestic Violence Programmes*. Wellington: Artemis Research. URL: www.justice.govt.nz/assets/Documents/Publications/Domestic-violence-prog-evaluation-report-Nov2018.pdf (accessed 11 September 2019).

130 Campbell L. 2014. *Reach Out Men's Community Outreach Service: Connections and conversations with a purpose. An evaluation of the pilot*. Aviva. URL: www.avivafamilies.org.nz/resources/file/picker/5e2682b4ed412.pdf (accessed 26 February 2020).

131 Murphy CM, Maiuro RD. 2008. Understanding and facilitating the change process in perpetrators and victims of intimate partner violence: summary and commentary. *Violence and Victims* 23: 525–36.

132 Good Shepherd Australia New Zealand. 2018. Start of change report | Findings at a glance. URL: www.goodshp.org.au/media/2214/start-of-change_mapping-engagement-with-male-perpetrators-of-violence_findings-at-a-glance.pdf (accessed 12 July 2019).

do not sufficiently understand the causes of intimate partner violence, they may respond inadequately to the circumstances and concerns of the men referred to stopping violence programmes, which may in turn make an individual less likely to engage in them.¹³³ What these concerns point to is the lack of understanding that change is complex and that it requires a substantial investment of time by both the programme and the man using violence. Stopping violence programmes need to include his family or whānau and other formal and informal support services to bring about long-term behaviour change.¹³⁴

However, stopping violence programmes appear to be the only form of support available for men. Dhunna and colleagues describe the:

... lack of mental health support, including limited access to effective counselling, for young Māori men. Two of the six participants' partners showed evidence of mental illness, and five of six partners displayed challenges with anger management. Hana, who was forced by CYFS [Child, Youth and Family] and the police to break up with her abusive partner so that she could retain custody of her children, found that services were especially lacking for him: 'There is no one for me to, yeah, cause they won't tell me any information about any counselling or any relationship things. They just said he has to figure it out himself and it sucks'. (p 17)⁵⁸

Promising initiatives are evolving in this area, including 0800HeyBRO, launched by He Waka Tapu.¹³⁵ The focus of this kaupapa Māori initiative is to 'de-escalate the situation, provide an empathetic ear and navigate them to a safer place. This service also helps to remove barriers to men who want help but don't know how to approach help seeking on a face to face basis'.¹³⁶ If men who contact the service are displaying concerning behaviour, He Waka Tapu passes on the information to community police in the area so they can complete a wellness check. When the men contact the help line, the person answering creates a trusting relationship, in which the caller knows they are sharing information with a person they can trust. The responder is able to act on information shared by men by contacting other helping services where necessary. In some situations, men concerned about their potential to escalate their violence have phoned, been kept on the phone and invited to meet a He Waka Tapu worker and have met over coffee to discuss and de-escalate the situation. The help resource is available 24 hours a day, 7 days a week. He Waka Tapu developed this integrated service, which emphasises connecting with other help services where necessary and forming responsive relationships, to address the ongoing support necessary to help men live without violence. The service **complements** a stopping violence programme, rather than replacing it.

In their evaluation of stopping violence programmes in Aotearoa New Zealand, Paulin and colleagues concluded that the key features of successful programmes were skilled facilitators, conversational and interactive sessions and a comfortable environment. They saw cultural knowledge, values, tools and practice models as essential for producing positive outcomes for Māori participants.¹²⁹ However, the researchers also noted the non-compliance rate for these programmes was high, with up to 67 percent of men referred not completing them.

Significantly, some of the men included in the reviews were actively seeking help for their behaviour patterns, but agencies responded inappropriately by either minimising or stopping their help-seeking. For example:

133 Stuart GL, Temple JR, Moore TM. 2007. Improving batterer intervention programs through theory-based research. *Journal of the American Medical Association* 298(5): 560-2.

134 Buchbinder E, Eisikovits Z. 2008. Doing treatment: batterers' experience of intervention. *Children and Youth Services Review* 30: 616-30.

135 He Waka Tapu is a Christchurch-based, kaupapa Māori non-governmental organisation providing stopping violence, alcohol and other drugs, and personal health services.

136 J Burrows, HeyBro information for the PM, personal communication, 21 June 2019.

- a man presented a number of times to the police front counter, who provided him with a pamphlet and **told him to go** to psychiatric services
- a man presented his firearms to the police after his partner and daughter had expressed concerns, but received **no offer of additional support**
- psychiatric services discharged a man **even though he had** 'depressive symptoms with low tolerance to relationship difficulties'
- a man completed 18 sessions of a stopping violence programme, acknowledged his problems and was **learning** to communicate his difficulties. Given that the processes of learning are cyclical and may involve relapse into previous behaviour patterns, discharging when a person is still learning is premature.

The agencies involved saw each of these actions as a safety response and a solution. However, a commitment to prevention needs to be underpinned by investing in specialist family violence advocacy services and specialist services for people using violence (see Responding to risk in Chapter 4).¹³⁹ Such services need to be adequately resourced so they can respond effectively both to the man at the time he seeks help to reduce his violent behaviour and to his partner, keeping her safe at the same time. We need to create a system that allows 'the invisible actors... to deal with disruptive and intolerable emotional experiences, instead of defensively blaming their partners for their violent behaviour'.¹³⁷

Healthy masculine norms are required to promote positive choices among men.¹³⁸ Creating an 'asset-based' approach, where agencies have the opportunity to respond positively to men who seek help and engage in positive behaviours, has the potential to lead to more constructive conversations on positive masculinity.

A common way of portraying masculinity in Aotearoa New Zealand is that it is shaped through sport, hunting and 'refusing to yield to physical pain'.^{139, 140, 141}

It is important to acknowledge what is, i.e. that there are still many men who are comfortable and prefer relating in these ways. They enjoy it, and rightly or wrongly, it contributes to, and underpins a sense of self and identity... However, this type of communication and relationship building is... fraught with problems. Firstly, it assumes homogenous ways of viewing masculinity... it can subordinate other expressions of masculinity, particularly forms of homosexuality... It also sees men as locked into one way of being where physicality, staunchness and being the strong silent type continues to inform and underpin a hegemonic masculinity (Hokowhitu, 2003, 2004)... There is some emerging evidence that while it can be protective to maintain good mental health, it becomes a liability when things are starting to fall apart and becomes a huge barrier to men asking for help when they really need it (McKay, 2007). (pp 43-4)¹³⁹

137 Di Napoli I, Procentese F, Carnevale S, et al. 2019. Ending intimate partner violence (IPV) and locating men at stake: an ecological approach. *International Journal of Environmental Research and Public Health* 16: 1652.

138 Ragonese C, Barker G. 2019. Understanding masculinities to improve men's health. *The Lancet* 394(10194): 198-9.

139 Eketone A. 2008. Male relationship building that makes women roll their eyes: implications for social work. *Te Mako* 4: 41-5.

140 Hokowhitu B. 2004. Tackling Maori masculinity: a colonial genealogy of savagery and sport. *The Contemporary Pacific* 16(2): 259-84.

141 Hokowhitu B. 2003. Maori masculinity, post-structuralism, and the emerging self. *New Zealand Sociology* 18(1).

Jenkins and Harte draw on pūrākau¹⁴² to understand traditional Māori male roles.

In the community, helping one another was a fundamental expression of blood kinship and community cooperation... there was a shared responsibility of the children especially since the people in one kāinga or village were closely related... Each adult had a responsibility to care for all children. (p 23)¹⁴³

This traditional view does not distinguish between the roles of men and women to raise children or provide emotional support. It does not distinguish between feminine and masculine roles. Instead, as Mikaere points out, in this view both are essential parts of the collective whole.⁶² This leads us to reframe *Every 4 minutes* towards understanding how society endorses the racism and sexism that are at the heart of much of the use of violence. In doing so, we seek to understand how policies, regulations, practices and behaviours reinforce inequities (Table 5).

Table 5: Reframing *Every 4 minutes* by challenging the normalisation of racism and sexism

Every 4 minutes		Proposed reframing
Strategy	Approach	
2. Change social norms to support positive parenting, healthy relationships and a non-violent NZ	Social and cultural norms about relationships and families, alcohol and violence, and legal-system responses all affect how individuals carry out or respond to family violence. We need to change the media focus on victim-blaming and individual service failure to awareness-raising and change.	<p>Preventing violence within whānau is complex. It involves reclaiming mātauranga Māori bodies of knowledge, strengthening cultural identity and restoring connections to renew the protectiveness that cultural traditions offer.^{55, 144}</p> <p>Challenge the normalisation of racism and sexism</p> <p>Prevention approaches cannot only target one form of inequity or oppression (that is, gender inequity), as many of our social justice problems like racism and sexism overlap, creating multiple levels of social injustice.¹⁴⁵ Our ability to remove inequities through redress and transforming society depends on government changes in laws, policies, regulations, practices, values and behaviours to address inequity and oppression. Changes in cultural norms can then occur in a far more effective and sustainable way.¹⁴⁶</p>

142 Pūrākau are one form of Māori narrative that represents experiences, knowledge and teachings viewed as central in connecting, nurturing, sustaining and flourishing tāngata whenua. Lee J. 2005 Māori cultural regeneration: pūrākau as pedagogy. Paper presented at a symposium 'Indigenous (Māori) pedagogies: Towards community and cultural regeneration' with Te Kawehau Hoskins and Wiremu Doherty. Centre for Research in Lifelong Learning International Conference, Stirling, Scotland, 24 June.

143 Jenkins K, Harte HM. 2011. *Traditional Māori Parenting: An historical review of literature of traditional Māori child rearing practices in pre-European times*. Auckland: Te Kahui Mana Ririki. URL: www.ririki.org.nz/wp-content/uploads/2015/04/TradMaoriParenting.pdf (accessed 19 September 2019).

144 Eruera M, Ruwhiu LA, Clarke H, et al. 2018. *Mā te Muka e Tiki ngā Rito: Maori experiences of trauma and approaches to wellbeing*. Wellington: Oranga Tamariki.

145 Barnes H. 2010. *Sexual Coercion, Resilience and Young Māori: A scoping review*. Wellington: Ministry of Women's Affairs.

146 Wolff T, Minkler M, Wolfe SM, et al. 2016. Collaborating for equity and justice: moving beyond collective impact. *Nonprofit Quarterly* winter edition.

Past, current and future understandings of men who use violence

In the first three chapters, we have highlighted the strong interrelationships between historical and structural oppression, cultural acceptance of violence and ineffective agency responses. From this comes our call to reframe how Aotearoa New Zealand views and responds to men's use of violence in intimate partner relationships (Table 6). A structural response is required to address men's use of violence. This response would include developing more options for intervention and looking at the violence within the context of men's whole lives to effectively prevent future use of violence and support the safety of future partners.

Our description of the men who use violence shows how structural norms that promote inequities reinforce their behaviour. Because agencies deliver their services in isolation from each other, the system focuses on the problem (such as behavioural difficulties, repeated infringements) rather than on the person who presents with a problem and the experiences that have led to the problem. Throughout these men's lives, agencies had opportunities to respond to the needs of the child, the adolescent and the man if they had seen him as a person within a whānau or family and community rather than as a problem. Re-imagining services to allow us to consider how social structures influence behaviour patterns and to co-locate a range of professionals who provide those services can help to redefine 'the problem'. Through this approach, agencies could provide more effective ongoing and holistic responses to help develop healthy individuals and communities.¹⁴⁷

¹⁴⁷ Eby D, Galbreath D. 2010. The SCF Nuka model of care: customer driven - community owned. Paper presented at Picking Up The Pace, Montreal, Canada, 1-2 November. URL: www.cfhi-fcass.ca/sf-docs/default-source/picking-up-the-pace-files/EbyGalbreath.pdf?sfvrsn=0 (accessed 4 September 2019).

Table 6: Reframing men's use of violence

Terms	Reframing	Current understandings	Past understandings
<p>Ways of conceptualising people's use of violence</p>	<p>Men who use violence Changing the framing promotes and respects men's capacity to change. Where there is violence in families, there is also potential to restore safety and respectful relationships. This is particularly so for Māori whānau where grief and loss are paramount and often unresolved in the aftermath of colonial violence that has yet to be named and addressed. People resist violence and prefer respect.¹⁴⁸ It is important to provide opportunities to support that change. Police family violence death reviews have acknowledged the lack of intervention opportunities available for men who use violence.</p> <p>A person's pattern of harmful behaviour is located within the wider system, which contains multiple forms of violence Understand the relationship between interpersonal violence and structural violence. Men who use violence are individually responsible for their actions, but not solely responsible for being within a broader collective culture of violence. A dominant discourse of the culture of colonists and some migrant cultures is reflected as power and control.³¹ People can use violence as a misdirected response to a sense of powerlessness and a desire not to be further victimised. They may not engage with government agencies due to a lifetime of experiencing those agencies as responsible for disconnecting families or whānau, or of seeing little being done to support a man to change from using violence. Alternatively, the man's culture can openly endorse violence. Workers in the sector need to be aware of situations where this cultural view can reduce a man's desire to change (and a woman's ability to access services to help keep her safe). Use intersectional approaches to take into account dynamics of power and poverty. Focus on healthy masculine norms to promote behaviour change, responsibility and accountability.¹³⁸</p>	<p>Perpetrator or abuser These terms remove men's agency for change.</p> <p>Violence as a pattern of behaviour that an individual uses intentionally The individual is responsible for the use of violence. This deficits approach focuses only on the behaviour of the individual.</p>	<p>Violent men¹⁴⁹ This term implies nasty, one-dimensional and non-redeemable men.</p> <p>Anger and conflict The partner's behaviour triggers violent behaviour. The response is to refer men to anger management courses and relationship counselling.</p> <p>Typologies (classifications) of violence Typologies are confined to examining what motivates the man to use violence and so they fail to capture the other dimensions of a social entrapment approach, such as the impact of institutional responses to intimate partner violence and the broader context of structural inequities.</p>

148 The responses and resistance of individuals and families reveal important knowledge about creating safety, protecting others and managing risky situations (Richardson and Wade 2010, op. cit.).

149 Domestic Protection Act 1982 – which provided protection only for heterosexual people.

People who use violence often have their own experiences of abuse and inequity	Reframing The design of response systems can determine whether people receive help Respond effectively to alcohol, drug and mental health issues, and to financial, employment and housing problems. Consider previous interactions with agencies – would men expect to be heard, believed, acknowledged and provided with support? As most men who use violence are socially isolated, it is important to reconnect them with family, whānau, hapū, iwi and other forms of positive social support. Consider feelings of helplessness and depression as a warning sign that men could hurt themselves and their partner. They need ongoing support to keep current and future partners safe. Men need trusting relationships that they can use as a touchstone in the future.	Current understandings Hurt people hurt people Violence is an individual response to the violence a man experienced in childhood. This approach hides the system's responsibility to help his restoration. This view also does not fully acknowledge the interaction of multiple forms of inequity.	Past understandings It's 'his' problem Men are mad, sad and bad to use violence.
Who is included in the change process	Include wider organisational structures as well as families or whānau in the change process Re-imagine services to allow comprehensive, flexible support for the man and his family or whānau. Co-locate professionals from different fields of expertise so they can share information effectively and collaborate more to support the safety of all involved. Create funding structures that enable services to respond to the person as a member of a family, whānau and community as a way of providing more comprehensive support, and to identify unintended consequences of service delivery. Give more emphasis to promoting wellness in all its different forms. ¹⁵⁰ Place individual programmes within a wider structure that shifts towards addressing the needs of those experiencing multiple layers of oppression.	Individual The person who has the problem is expected to acknowledge their problem, take responsibility for it and change their behaviour. This approach does not consider how society has promoted their feelings of inadequacy or inferiority. Systems of interaction between agencies and the public are transactional. Funding models have focused on throughput rather than on service delivery and engaging with people. Government agencies have the potential to be complicit in bureaucratic violence. For example, responses that aim to remove driver licences, cancel visas or benefits, and withdraw housing further entrap the partner. Transactional interactions with people promote these behaviours.	It's up to him to change The man needs to commit to change – failure is his fault. This approach does not adequately consider whether the programme is situated in the right environment, is appropriate or is meeting his needs.

Parenting and the use of violence	Reframing	Current understandings	Past understandings
<p>What is included in the change process</p>	<p>Understand how a man's use of violence impacts on his ability to be an effective parent</p> <p>Cultural understandings of the father's role may promote or prevent his use of violence. His deliberate use of violence may reflect social expectations that he should control his environment.</p> <p>People who come in contact with families and whānau need to understand the multiple forms of violence that can be used and to know effective ways to identify and respond to such violence.</p> <p>Hold agencies accountable for responsibilities as a Treaty partner</p> <p>Make it clear what has happened and what is necessary to repair or make whole what was once whole.¹⁴⁸</p> <p>Embed tino rangatiratanga and mana motuhake (self-determination), equity, active protection, options and partnership in agency strategy and service development.</p> <ul style="list-style-type: none"> • Partnership: Māori have the right as Treaty partners to organise themselves in the organisations through which they express their tino rangatiratanga. • Active protection: The guarantee of tino rangatiratanga affords Māori, through their iwi, hapū or other organisations of their choice, the right to decision-making power over their affairs. • Equity: The Crown is required to make every reasonable effort to eliminate barriers to services that may contribute to inequitable health outcomes.¹⁵¹ 	<p>Good enough father</p> <p>This approach has low expectations of men, who are often not held to account for perpetrating abuse, and high expectations of women, who continue to be blamed for 'failing to protect' their children.⁸⁴</p> <p>Good enough Treaty partners</p> <p>Government agencies design strategies from a colonialist Pākehā perspective, conduct hui or commission Māori input, and then tweak the strategy. Strategies are not focused on what is important to Māori but rather on what is important to those in power and their agencies.¹⁵²</p>	<p>Spare the rod and spoil the child</p> <p>Patriarchal and religious ideologies of physical discipline are merged with physical violence.</p> <p>Monocultural lens</p> <p>The man needs to commit to change – failure is his fault. This approach does not adequately consider whether the programme is situated in the right environment, is appropriate or is meeting his needs.</p>

150 Health and Disability System Review. 2019. *Health and Disability System Review – Interim Report. Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā*. Wellington: Health and Disability System Review.

151 Waitangi Tribunal Report. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wai 2575. URL: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf (accessed 12 November 2019).

152 McIntosh T. 2019. Too much harm from justice system. URL www.waateanews.com/waateanews/x_story_id/MjE0ODk=/Breakfast%20with%20Dale/Too%20much%20harm%20from%20justice%20system (accessed 3 March 2020).

Chapter 4: The way society thinks about social problems frames the way the system responds

Wāhanga 4: Ko ngā ia whakaaro o te porihanga mō ngā mate pāpori ka whakahāngai i ngā urupare ā-pūnaha

Since the remaining provisions of the Family Violence Act 2018 were enacted on 1 July 2019, any court or person who exercises power under the Act must be guided by the purposes of the Act, which include:

- (h) perpetrators of family violence should face effective responses to, and sanctions for, family violence:
- (i) perpetrators of family violence should have access to, and in some cases be required to engage with, services to help them stop and prevent their violence ...
- (k) arrangements that support the ongoing safety and well-being of a victim of family violence should whenever practicable be sustained (for example, employment, education, housing, or community involvement):
- (l) responses to family violence should be culturally appropriate and, in particular, responses involving Māori should reflect tikanga Māori (Māori customary values and practices). (section 4)¹⁵³

In this context, family violence is an individual's problem (or the problem of the couple, family or whānau). However, *Pūao-te-ata-tū*⁴⁷ and a substantial amount of academic literature^{31, 43, 54} that followed its publication clearly underscore the strong impact of colonisation in creating Aotearoa New Zealand's structural inequities. Further, since the publication of the ecological framework, the World Health Organization¹⁵⁴ and United Nations¹⁵⁵ have acknowledged that health and social disparities at the individual level reflect structural inequities.¹⁵⁶ Given this accepted knowledge base, addressing the structural factors that impact on the likelihood of men using violence should be an essential component of the 'effective responses to... family violence' (section 4 (h)).¹⁵³

In response to chronic adversity, Western models of psychology have drawn on the concept of resilience to explain why some young people survive and succeed, while others do not.¹⁵⁷ More recently, Indigenous researchers have also drawn on the concept of resilience to understand cultural survival in the face of the ongoing impact of colonisation: 'This includes an understanding of the racism and oppression that has created the sites in which we have been required to be resilient' (p 100).¹⁵⁸ However, Penehira and colleagues warn against adopting such concepts uncritically:

... one of the major Indigenous criticisms of resilience theories is that by definition they assume an acceptance of responsibility for our position as disadvantaged dispossessed peoples. That is, by examining and developing theories and models of resilience we in fact buy into the idea that this is the way it is and we need

153 Family Violence (Amendments) Act 2018.

154 World Health Organization. 2017. 10 facts on health inequities and their causes. URL: www.who.int/features/factfiles/health_inequities/en/ (accessed 29 July 2019).

155 United Nations. 2007. United Nations Declaration on the Rights of Indigenous Peoples. URL: www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf (accessed 29 July 2019).

156 Violence Prevention Alliance. 2016. The ecological framework. URL: www.who.int/violenceprevention/approach/ecology/en (accessed 27 June 2019).

157 Fergus S, Zimmerman M. 2005. Adolescent resilience: a framework for understanding healthy development in the face of risk. *Annual Review of Public Health* 26(1): 399-419.

158 Penehira, M, Green A, Smith LT, et al. 2014. Māori and indigenous views on R & R: Resistance and Resilience. *Mai Journal* 3(2): 97-110.



simply to get better at coping, at bouncing back and being resilient. Resistance, on the other hand, tends towards an approach of fighting back, actively opposing those things which negatively influence us, whether socially, politically, economically or in any other human way. (p 96)¹⁵⁸

Ideas of an individual's resilience draw attention away from structural changes needed for families, whānau and communities to be able to move forward with hope. Collective activities such as partnership, kaupapa Māori services, decolonisation and elimination of racism provide an alternative response to the acceptance of the current social structure, which reflects colonial norms.

Decolonising institutions

Without significant policy reconfiguration and system transformation, the over-representation of Western world views, values and legal norms found in our child protection systems presents ongoing existential threats to Indigenous communities. Therefore, a new approach is needed. (p 334)⁵⁰

In reflecting on policy development in the mid-to-late 1980s, Mikaere indicated that, 'despite the proliferation of Treaty rhetoric, the legislative provisions incorporating Treaty principles were weakly drafted, and usually subject to interpretation by non-Māori decision-makers'.⁴³ She goes on to lay down a challenge:

The challenge for Māori, women and men, is to rediscover and reassert tikanga Māori within our own whānau, and to understand that an existence where men have power and authority over women and children is not in accordance with tikanga Māori. Such an existence stems instead from an ancient common law tradition which has been imposed upon us, a tradition with which we have no affinity and which we have every reason to reject.⁴³

Settler systems designed to address inequities have instead continued those inequities, compounding historical trauma and poverty, reducing employment opportunities and making it more difficult to access the support people need.¹⁵⁹ As a result, trauma has continued and grown at both collective and individual levels.¹⁶⁰ In response, Māori, together with Indigenous scholars worldwide,¹⁶¹ are calling for action to decolonise institutions that are responsible for addressing inequities,^{58, 159} to change to the **default** approach of 'Māori modes of engagement and a redistribution of resources and power' (p 25).⁵⁸

Realising the potential of whānau and promoting safety and wellbeing of its members requires responsive culturally connected whānau, hapū, iwi, and communities. Such approaches require culturally-informed and tailored help and support aimed at strengthening their cultural identity and connectedness, as well as having services and people working in them who **have an understanding** of the **historical and contemporary contexts for Māori whānau**. Helping-services that **understand people's stories and contexts for lives and their distress** are more likely to provide **effective support and assistance**. (p 39, emphasis added)¹⁵⁹

159 Wilson D. 2016. Transforming the normalisation and intergenerational whānau (family) violence. *Journal of Indigenous Wellbeing: Te Mauri Pimatisiwin* 1(2): 32-43.

160 Atkinson J. 2013. Trauma-informed services and trauma-specific care for Indigenous Australian children. Resource sheet no. 21, produced for the Closing the Gap Clearinghouse. URL: www.aihw.gov.au/getmedia/e322914f-ac63-44f1-8c2f-4d84938fcd41/ctg-rs21.pdf.aspx?inline=true (accessed 29 June 2019).

161 Choate PW. 2019. The call to decolonise: social work's challenge for working with indigenous peoples. *British Journal of Social Work* 49(4): 1081-99.

Reports such as *Ināia Tonu Nei – The Time is Now: We lead, you follow*, which focuses on Māori-led reform of the criminal justice system, highlight that many generations of Māori have been advocating for decolonising systems.¹⁶² The report references the 1988 report *Pūao-te-ata-tu*⁴⁷ in emphasising previous work remains relevant today and must be understood, accepted and used as the basis for decolonising systems. In seeking new ways of working, the report stresses that, 'The Crown alone does not have the capability or capacity to understand this work' (p 11).¹⁶² Its other recommendations include undertaking constitutional reform to entrench Te Tiriti o Waitangi at the heart of policy development and decision-making, and forming and continually nurturing high-trust relationships between the Crown and Māori.

Duthie and colleagues,⁵⁰ using Australia and Canada as examples, have outlined a set of policy and programme principles for addressing the overrepresentation of Indigenous people in adverse health and social outcomes (Box 6). The principles place indigenous world views at the centre of policy and programme development, reflecting the need to move away from Western paradigms that have reinforced structural inequities. While focused on child protection practices, the principles would fit across the spectrum of family violence, including programmes designed to create safety for victims, and holding men who use violence to account for their behaviour.

Box 6: Key policy and programme principles for public health approaches

- Indigenous world views and cultural values are the foundations for effective social care and protective responses that help families and communities address the impacts on the health and wellbeing of children and the community from three primary sources:
 - the longstanding historical and intergenerational impacts of colonisation of Indigenous peoples
 - intergenerational trauma in Indigenous communities
 - the social, political, legal and economic inequalities resulting from profound structural inequity.
- Community-controlled organisations, and community members, are at the forefront of early intervention and prevention responses to family and community needs for support and resources. For this reason, they need to be skilled, trauma-informed and resourced to provide the range of programmes and services that are needed.
- Culturally safe practices and approaches need to be embedded in non-Indigenous and community-controlled programmes. Staff then need to follow those practices and approaches, including ceremony, and country and kinship protocols.
- Approaches should recognise Indigenous ways of being, doing and knowing as an underpinning framework of Indigenous child protection work.
- Support should be accessible and timely, and should not stigmatise the people who receive it.
- Approaches must recognise and acknowledge the strengths of Indigenous child-rearing practices.
- Formal support and assistance should build on natural community-based helping and healing networks rather than supplant them.

¹⁶² Hui Māori Report. 2019. *Ināia Tonu Nei – The Time is Now: We lead, you follow*. URL: <https://safeandeffectivejustice.govt.nz/about-this-work/hui-maori/> (accessed 26 July 2019).

- Approaches should focus on caring for Indigenous children within their own families and communities that demonstrate, emphasise and practise proven methods of healing trauma.
- The child protection workforce should include representation of Indigenous people at all levels, including leadership and executive levels, in proportion to the overrepresentation of Indigenous children in the protective system.
- Government, policy makers and direct child protection workers must take a collaborative approach.
- Reform of health, legal, protective, education, community and related systems must use collective impact processes, along with Western practices that are consistent with and validate Indigenous healing approaches.

Source: Adapted from Duthie D, Steinhauer S, Twinn C, et al. 2019. Understanding trauma and child maltreatment experienced in indigenous communities. In Lonnie B, Scott D, Higgins D, et al (eds). *Re-Visioning Public Health Approaches for Protecting Children* (pp 327-47). Springer.

Becoming helpers¹⁶³

'Trickle-up social justice' prioritises the needs of those experiencing multiple forms of marginalisation¹⁶⁴ and purposefully alters decision-making to focus on the margins.¹⁶⁵ It refers to the need to be aware of the needs of those who have experienced the most harm related to historical, institutional (state care) and structural inequities.

As with the women who experience violence, men who use violence are, in general, **not** invisible to services. The men included in this review had been seen by mental health and addiction services, police, Corrections, the Ministry of Justice (through the courts system), stopping violence programmes, Child, Youth and Family (now Oranga Tamariki), Work and Income, Immigration and general practitioners (Figure 3). When these men were growing up, early childhood teachers, school counsellors and sports coaches may also have identified their concerning behaviour. However, no evidence indicated that during any of these engagements individual agencies or organisations saw it as their responsibility to understand the reason for the behaviour or seek to support the person to restore and rebuild relationships. A plausible argument is that these agencies did not take action because legal frameworks of responsibility and accountability did not permit the level of cooperation required to bring about rehabilitation. Case notes we reviewed showed that, in some cases, agencies or organisations recognised a need for collective or individual responsibility but were frustrated by a lack of resources, opportunities or engagements with other agencies.

Empowerment frameworks, where individuals are expected to decide to seek help and take responsibility for getting helping resources, reinforce social entrapment and make it less likely they can move to a place of safety and wellbeing.¹⁶⁶ A more effective approach is to understand what has been tried before, evaluate whether it worked or not, seek alternatives where support was not useful and understand the structural, service-level and interpersonal factors impacting on a person's ability to respond.

163 In 2015, the Family Violence Death Review Committee published *Becoming Better Helpers* to support agencies to move beyond simplistic responses to women experiencing intimate partner violence. We have modified the term 'helpers' in the current report to reflect the lack of services available to men using violence. For the original publication: www.hqsc.govt.nz/assets/FVDR/Committee/Publications/becoming-better-helpers-Apr-2015.pdf (accessed 26 February 2020).

164 Spade D. 2001. *Normal Life: Administrative violence, critical trans politics, and the limits of law*. New York: South End Press.

165 Chown S, Malcoe LH. 2017. An intersectionality approach to resilience research: centring structural analysis, resistance and social justice. In Morrow M, Malcoe LH (eds). *Critical Inquiries for Social Justice in Mental Health*. Toronto: University of Toronto Press.

166 Short J, Cram F, Roguski M, et al. 2019. Thinking differently: re-framing family violence responses in the mental health and addictions health care context. *International Journal of Mental Health Nursing* 28(5): 1206-16. DOI: 10.1111/inm.12641 (accessed 26 February 2020).

Agencies generally provide interventions at the individual level, often expecting an individual to respond positively to an intervention and, if the individual does not, asking why individuals chose not to engage rather than asking questions at the 'setting' level about whether agencies were providing the right type of service.¹⁶⁷ Throughout our reviews, it was apparent that settings and interventions available did not have a structure that may have enabled effective engagement to support men to stop using violence. For example, in Box 7, Tyrone acknowledges his tendency to use violence. When he is in front of the courts for violence offences, it appears appropriate to provide him with the opportunity to attend violence prevention courses. Yet when he appears for other reasons, Corrections considers that further violence prevention courses are not necessary. Further, he clearly expresses a preference for tikanga Māori courses, but is not provided this opportunity for psychological counselling, drug or alcohol abuse.

Box 7: The right help at the right time

Five years before the murder, Tyrone was in front of the courts on a 'male assaults female' charge. Tyrone already had over 40 convictions, of which three were 'male assaults female' and at least another five related to other forms of violence. He owed over \$10,000 for Ministry of Justice fines. When he again presented for a 'male assaults female' charge, **Tyrone clearly stated his preference to attend a tikanga Māori violence prevention course.** He also stated that he would be working towards paying off the fines he owed.

When he later presented for a driving offence, Tyrone acknowledged he had a tendency to use violence. However, the Corrections assessment of him suggested that **further violence prevention courses were not necessary for him at this time.** Moreover, even though he acknowledged he was inclined to use violence, Tyrone continued to shift the blame for his violent behaviours to his various partners over time. He had been working towards paying off his fines and managed to reduce the amount owing by \$4,000 in two years.

Tyrone had been frequently using alcohol and drugs since he was eight years old. Despite his frequent presentations to Corrections, reports indicate 'he refused and failed to engage with department psychologist to undertake any psychological counselling to address his offending needs'.

His pre-sentencing report for the murder noted that Tyrone killed the victim while he was subject to bail conditions set because he had allegedly assaulted the victim. The report expressed concerns that he did not appear deterred by restrictions and conditions **imposed to mitigate his risk of harm to the victim.**

A system that responds based on an understanding of trauma and violence

In this section, we discuss how trauma- and violence-informed services can acknowledge and respond to trauma in communities. As we highlight throughout this report, such services should be part of wider structural change to address the ongoing impacts of colonisation, structural inequities and cultural norms. Responses to trauma are layered. For example, a personal approach to social trauma or racism is resistance, which an individual may show by rejecting dominant cultural norms.⁴⁹ In contrast, a social response should support a Crown partnership with Māori, kaupapa Māori services, decolonisation and the elimination of racism.

167 Dooris M. 2004. Joining up settings for health. *Critical Public Health* 14: 49–61.

Services that understand trauma and violence see 'trauma' as the experience of an overwhelmingly negative event (or series of events) and 'violence' as the experience of structural inequities embedded in the social and political world.¹⁶⁸ Māori scholars are calling on a kaupapa Māori approach to trauma-informed practice that is grounded in traditional knowledge and healing practices.^{55, 169} Central to each of these approaches is the need to be aware of how historical and ongoing exposure to structural inequities shapes people's real-life experiences.

Table 7 summarises the principles of the trauma- and violence-informed approach. This framework includes Atwool's recommendations for using an ecological model to implement trauma-informed practice,¹⁶⁹ and McClintock and colleagues' recommendations for providing trauma-informed care for Māori.¹⁷⁰ While Atwool focuses on social workers, she stresses that 'A trauma-informed approach... will not be possible without a systemic approach across agencies and sectors'. Most people who come into contact with the mental health sector, care and protection, police and the justice sector have a trauma history.¹⁷¹ All of the men in this report had engaged with the education system in their youth and, for a significant proportion of them, behavioural difficulties were evident at a young age.

A trauma-informed approach cannot be 'one size fits all', nor can it be 'tacked on' to existing systems. Introducing this approach requires system-level changes, with realistic timeframes, effective collaboration and coordination, and sustainable implementation practices.¹⁰³ Such changes should address barriers that men face in accessing support systems, help them to navigate support systems without being further disempowered and focus on rehumanising them.¹⁷² Some groups in Aotearoa New Zealand are starting to develop such systems of working and evidence is emerging for their positive impact. For example, the National Hauora Coalition has developed Mana Kidz, a nurse-led, school-based programme for children in primary and intermediate schools in Counties Manukau. The National Hauora Coalition, Turuki Healthcare, Toi Tangata¹⁷³ and Ko Awatea, Counties Manukau District Health Board collaborate to deliver the programme. Since this programme began, the number of children in the region who develop acute rheumatic fever has fallen by 60 percent and schools report their students have improved attendance and are more engaged.¹⁷⁴ Nurses involved in the programme, who work in a school every day for the whole school day, report that students themselves often seek help because they are familiar with and so more trusting of the nurse.¹⁷⁵

Systems need to move away from individualistic ideas of situational trauma towards an understanding of collective experiences of historical and intergenerational trauma so agencies can effectively support whānau, families, hapū and communities.¹⁷⁰ Highlighted in red in Table 7 are examples of how using these approaches might have altered the path for the men included in this report. In setting out how to reframe *Every 4 minutes*, Table 8 describes extensions of the trauma-informed approach to draw attention to the systems-level change needed to address trauma effectively.

168 Varcoe CM, Wathen CN, Ford-Gilboe M, et al. 2016. VEGA Briefing note on trauma- and violence-informed care. VEGA Project and PreVAiL Research Network.

169 Atwool N. 2019. Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child and Family Social Work* 24: 25-32.

170 McClintock K, Haereroa M, Brown T, et al. 2018. *Kia Hora te Marino: Trauma informed care for Māori*. Wellington: Te Rau Matatini.

171 Pihama L, Smith LT, Evans-Campbell T, et al. 2017. Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing Te Mauri - Pimatisiwin* 2(3): 18-31.

172 Dyantyi Y, Sidzumo C. 2019. Survivor-centred approaches to eradicating GBV: centring survivor experiences, intersectionality and restoring power. The Prevention Collaborative Blog. URL: <https://prevention-collaborative.org/resource/survivor-centred-approaches-to-eradicating-gender-based-violence-centring-survivor-experiences-intersectionality-and-restoring-power/> (accessed 2 September 2019).

173 Toi Tangata develops and utilises working methodologies that are mana enhancing and empower whānau to understand, achieve, and excel in their own physical health and wellbeing. We understand Te Ao Māori, and take a collective "whānau centred" approach to ensure our knowledge and experience as a team will provide an ideal fit. Toi Tangata website. URL: <https://toitangata.co.nz/> (accessed 24 October 2019).

174 National Hauora Coalition. Mana Kidz. URL: www.nhc.maori.nz/our-mahi (accessed 24 October 2019).

175 Chapman K, Mana Kidz, Turuki Health, personal communication, 24 October 2019.

Table 7: How organisations and providers can contribute to trauma- and violence-informed care

Principle	What an organisation can do	What a provider can do
<p>Understand trauma and (structural) violence, and their impact on people’s lives and behaviours.</p> <p>Uncritical adoption of trauma-informed practice as a one-size-fits-all approach will simply perpetuate the imposition of dominant culture values on service users and create barriers to transformative change.</p> <p>... Attention will need to be given to the ways in which indigenous theory and models can be utilized to support healing and recovery for children, parents, and whānau with histories of intergenerational trauma. (p 29)¹⁶⁹</p> <p>... There is a risk that if systemic oppression is ignored, trauma-informed practice will maintain the status quo by perpetuating patterns of victim-blaming, silencing, and shaming.¹⁷⁶ Poverty and inequality are amenable to macrolevel intervention, and if government agencies are to embrace a trauma-informed approach, the detrimental impact of these stressors will need to be addressed in a systemic way. (p 30)¹⁶⁹</p>	<p>Develop structures, policies and processes (eg, hiring practices) to build a culture based on understanding trauma and structural violence.</p> <p>Provide staff training on health effects of trauma and structural violence.</p> <p>Seek support from culturally appropriate partner organisations that your organisation already has a trusting relationship with.</p>	<p>Be mindful that each person may have histories of trauma (including ‘red flags’).</p> <p>Handle disclosures appropriately.</p> <ul style="list-style-type: none"> ▪ Believe the experience. ▪ Affirm and validate. ▪ Recognise strengths. ▪ Express concern for safety and wellbeing. <p>Be aware that if someone has had previous (negative) experiences with the organisation, they may be less likely to engage effectively.</p> <p>Work in an integrated way, engaging to achieve active support from relevant agencies.</p> <ul style="list-style-type: none"> ▪ Provide space to discuss actions. ▪ Discuss options to address behaviours. ▪ Identify timely and acceptable interventions. ▪ Provide support for people to attend. ▪ Seek input from whānau or family members. <p>Avoid collusion – seek constructive supervision that will test workers’ ideas and thinking.</p>

Varcoe CM, Wathen CN, Ford-Gilboe M, et al. 2016. VEGA Briefing note on trauma- and violence-informed care. VEGA Project and PreVAiL Research Network.

176 Becker-Blease KA. 2017. As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation* 18(2): 131-8. DOI: 10.1080/15299732.2017.1253401 (accessed 27 February 2020).

Principle	What an organisation can do	What a provider can do
<p>Create emotionally and physically safe environments for all clients and providers. People want to be treated with respect; an understanding of trauma helps professionals engage with people who may be dysregulated or reactive.¹⁶⁹</p> <p>Acknowledge staff as casualties of an unhealthy system. It is particularly important to have manageable caseloads with high-quality supervision supporting reflective practice.¹⁶⁹</p>	<p>Create a welcoming space and intake procedures; emphasise confidentiality and client or patient priorities.</p> <p>Seek client input about safe and inclusive strategies.</p> <p>Support staff at risk of vicarious trauma (eg, peer-support, check-ins, self-care programmes).</p> <p>Acknowledge where the organisation does not currently hold the knowledge and skills to provide culturally aligned options and/or practitioners who know the culture well and are aware of when to be concerned about a behaviour.</p> <p>Ensure all staff know the options for addressing problems that are identified.</p>	<p>Take a non-judgemental, respectful approach (make people feel accepting and deserving).</p> <p>Foster connection and trust.</p> <p>Provide clear information and predictable expectations about programming.</p> <p>Have spaces and time available for people who present in crisis, even if they don't meet a threshold for treatment.</p> <p>Consider input from concerned whānau or family members. Engage the person in front of you, and their family or whānau, in a conversation about their concerns.</p> <p>Respectfully challenge attitudes of entitlement, minimisation or denial.</p> <p>Respectfully challenge and address attitudes of victim blaming.</p>
<p>Foster opportunities for choice, collaboration and connection.</p> <p>It is easy to overlook the integral connection between wellbeing and belonging.</p> <p>Evidence shows that trauma-informed collaborative models based on Indigenous frameworks increase the number of children who can safely remain with their parents.¹⁶⁹</p>	<p>Have policies and processes that allow for flexibility and encourage shared decision-making and participation.</p> <p>Involve staff and clients in identifying ways to implement services or programmes.</p> <p>Establish effective partnerships with other organisations so the person can be treated holistically.</p> <p>Where possible, act as a go-between with other organisations so the person is not required to negotiate different service providers independently.</p> <p>Be realistic about what your organisation can offer and where it has gaps in service delivery. Collaborate with others to address these gaps.</p>	<p>Provide meaningful options; real choices for care and treatment.</p> <p>Consider choices collaboratively.</p> <p>Actively listen to what the person has to say.</p> <p>Provide out-of-hours options for contacting trusted people to discuss concerns. Make these options available for everyone closely involved with the man using violence.</p> <p>Be adaptable and consider working with other agencies to provide full and comprehensive support.</p> <p>Be aware of emotional exhaustion for all involved (including staff, friends, whānau and family).</p> <p>Provide opportunities that will support everyone through this process.</p> <p>Be aware that where staff have negative attitudes to parents, they may generalise those attitudes to their wider family or whānau, so that staff are less likely to invite them into decision-making processes. (p 29)¹⁶⁹ In a supportive environment, critically analyse justifications for excluding family or whānau. What additional support is needed to invite family or whānau into the decision-making process?</p>

Principle	What an organisation can do	What a provider can do
<p>Use a strengths-based, capacity-building approach to support clients.</p> <p>Focusing on the child's experience of trauma within the family, without taking account of parental history and the possibility of healing and recovery as a potential focus for intervention, simply perpetuates the intergenerational transmission of trauma.¹⁷⁷ (p 29)¹⁶⁹</p>	<p>Allow sufficient time for meaningful engagement.</p> <p>Offer programme options that can be tailored to people's needs, strengths and contexts.</p> <p>Consider less intensive but supportive options for when programmes finish.</p> <p>Have alternative programmes or support mechanisms in place to allow further support as additional issues rise to the surface.</p> <p>Consider wider social and structural concerns. Make collaboration with other organisations the default way of working.</p>	<p>Help people identify strengths.</p> <p>Acknowledge the effects of historical and structural conditions.</p> <p>Teach skills for recognising triggers, calming and centring (developmentally appropriate).</p> <p>Consider providing options to support all whānau or family members at the same time.</p> <p>Allow for flexible timing. Meet people 'where they are'.</p> <p>Focus on reclaiming the strengths of the person so he can see the value in who he is as well as respect the value in others.</p>

Table 8: Reframing *Every 4 minutes* by practising power with rather than power over

Every 4 minutes		Proposed reframing
Strategy	Approach	
4. Build workforce capacity and capability	Trauma-informed care has at its centre the voices of children and young people affected by violence and maltreatment, and the voices of partners and parents experiencing violence. Staff in all sectors need to be adequately resourced to understand and respond to family violence and avoid re-traumatisation.	<p>Power with rather than power over</p> <p>Trauma and systems of oppression are inextricably linked.⁵⁵ Services need to account for long-term, chronic and complex trauma of both individuals and groups.⁵⁵ Organisational culture change is needed in line with priorities to focus on developing organisational capabilities to support people, their families and whānau holistically. Trauma is one aspect of diverse, complex, multidimensional problems, and family violence is a pervasive social problem embedded in social and structural inequities.¹⁶⁸ 'The logical beginning point in embracing a trauma-informed approach would be to acknowledge the past and apologize.'¹⁶⁹</p> <p>Social conditioning shapes professionals' attitudes, beliefs and practices (including towards tāngata whenua). Māori world views are a distinctive and legitimate frame for working with Māori.¹⁷¹ To address professional attitudes, beliefs and practices, organisations must respond to the State Services Commission's recommendations in <i>Reform of the State Sector Act 1988</i>:</p> <ul style="list-style-type: none"> Delivering services and results: services that are responsive to, accessible to, and work for Māori and whānau, and well-informed decisions and interventions that improve results. Workforce composition and capability: a workforce that values, reflects and understands the communities it serves, is valued for its cultural competence, and empowers Māori to succeed as Māori in the public service. Leadership and culture: collective accountability for a culturally competent public service that delivers with and for Māori, and is committed to support Māori in leadership and decision-making roles.¹⁷⁸

177 Lucero NM, Bussey M. 2012. A collaborative and trauma-informed practice model for urban Indian child welfare. *Child Welfare* 91(3): 89-112.

178 State Services Commission. 2018. *Reform of the State Sector Act 1988: Directions and options for change. Discussion document for public feedback*. Wellington: State Services Commission.

Social responses to social problems

Understanding risk

When the men (and women) in this report dealt with agencies, they often had to respond to risk assessment tools. Agencies used risk assessment tools to identify a man's risk of repeat offence, threshold for service delivery, and risk to himself or others. While the tools provided an accurate assessment of risk in some instances, in others they indicated a lower level of risk than what existed in reality, such as by minimising a man's behaviours. In other circumstances, tools did identify the appropriate level of risk but agencies provided an insufficient response. For example:

... police had attended an incident with her injured and him injury free. At subsequent attendance at hospital it was noticed she was anxious and fidgety. Concern was raised about need for mental health support. While charges were pressed that resulted in a community service, no multiagency support system was triggered and delays resulted in no mental health service provision.

Participating in a risk assessment exposes a person to judgements about their decision-making, their parenting ability and their ability to keep themselves and their children safe.¹⁷⁹ The power dynamics in the process of data collection are not clearly expressed but the participant may feel them keenly. Data collection 'is never value-free, regardless of methodological approach, but is culturally and temporally situated, enacted by human beings who bring their own unique lenses' (p 70).¹⁸⁰

It is important to be aware that agencies should only use risk assessment tools as **one part** of a holistic collection of information about a person. Whether tools are used effectively also depends on whether agencies see risk and vulnerabilities as fixed qualities in the individual or as dynamic, changing with the interaction between the individual and the economic, political, social and physical space they are in.¹⁸¹ If we see them as dynamic, it is clearly important to involve and engage with individuals, their families and whānau to be aware of changes in risk and vulnerabilities. One of the key challenges of risk assessment tools is that it is difficult to accurately represent and account for uncertainties in a way that justifies the relative confidence in risk assessment and clearly identifies the information that has **not** been collected.¹⁸²

Generally, inadequate training, inaccurate recording or a lack of attention to the information available led agencies to believe many of the men or relationships were safe, when the path the man was following or the information the partner provided should have been cause for concern. Relatively minor errors – such as misspelling the names of the people involved, failing to record whether the people involved were related in any way or recording the type of offence inaccurately – can have significant impacts if such information is a key component of risk assessment tools. If a risk assessment is based on historical data sets, it can also reinforce racial inequities in identifying who to consider as presenting the most risk.¹⁸³ It is vital to recognise the patterns of behaviours across incidents and across relationships.¹⁹ However, along with this recognition comes a responsibility to respond to each risk identified in a culturally appropriate way that supports rehabilitation.

179 Wilson D, Mikahere-Hall A, Sherwood J, et al. 2019. *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Auckland: Taupua Waiora Māori Research Centre.

180 Fassinger R, Morrow SL. 2013. Toward best practices in quantitative, qualitative, and mixed-method research: a social justice perspective. *Journal for Social Action in Counseling and Psychology* 5(2): 69–83.

181 Cardona OD. 2013. The need for rethinking the concepts of vulnerability and risk from a holistic perspective: a necessary review and criticism for effective risk management. In Bankoff G, Frerks G (eds). *Mapping Vulnerability Disasters, Development and People*. London: Routledge.

182 Aven T. 2016. Risk assessment and risk management: review of recent advances on their foundation. *European Journal of Operational Research* 253(1): 1–13.

183 Van Eijk G. 2017. Socioeconomic marginality in sentencing: the built-in bias in risk assessment tools and the reproduction of social inequality. *Punishment & Society* 19(4): 463–81.

Responding to risk

Support is increasing for a move away from transactional encounters with government agencies^{26, 28} towards interactive social models of care. Social models allow agencies to acknowledge the economic, environmental and cultural factors that impact on people's lives and motivate them to change these systems.¹⁸⁴ Social models **complement** individual accountability¹⁸⁵ and behaviour change through coordinated service engagement to support overall family or whānau wellbeing.

In the integrated safety response model, agencies provide support independently for both men who use violence and women who experience violence. 'Perpetrator advocates' help men negotiate the system and access support to stop using violence. Such support was not evident in the lives of the men who used violence included in this report. Instead, responses came from care and protection, police or the justice system, which led to an approach of blaming the mother and removing the children, and relying on protection orders as a way of keeping her safe.¹⁸⁶ The net result was that men and women feared and distrusted the services, and women became less likely to report violence over time.

Because social models of care acknowledge that the wider environment contributes to men's use of violence, they also consider the wider environment as a vehicle for change. Responses may still involve serving protection orders or requiring men to attend a stopping violence programme, but this model **complements** them by addressing the social and environmental factors promoting men's use of violence. For example, domestic violence perpetrator programmes were originally designed in the United States **as one part of a coordinated community response to violence**.¹⁸⁷ In Aotearoa New Zealand, with the exception of the integrated safety response pilots, Ministry of Justice-mandated stopping violence programmes are generally run as isolated 'one-off' programmes, without considering wider influences. As Featherstone and colleagues point out:

Men's abuse is considered a rational strategy to keep power and control in relationships and there does not appear to be a coordinated focus on the complexities attendant on their use of violence. For example, how do men internalise the shame of being unable to access the male breadwinner role? How do they cope with not being able to provide for their families? Are they able ever to articulate this or does it remain hidden and probably more damaging and dangerous therefore? How do they make sense of their own lives in the context of socially validated constructions of masculinity that stress men should be able to manage their emotions, be self-supporting, rational and independent? Indeed, we would suggest highly rational treatment approaches can run the risk of reinforcing the very behaviours that are key to the violence in the first place. (p 132)⁸⁹

Experiences such as losing emotional bonds, including significant relationships, losing a job, moving into state care and going to prison have the potential to lead to self-destructive behaviour (drug and alcohol abuse) or behaviour that is damaging to places or other people. When such events come to a head, a person's response can go beyond rational emotional processing and their ability to make sense of them intellectually and emotionally. In these circumstances, a social response can have a significant impact on men's use of violence

184 Shakespear T, Watson N. 2002. The social model of disability: an outdated ideology? *Research in Social Science and Disability* 2: 9-28.

185 Young IM. 2011. *Responsibility for Justice*. New York: Oxford University Press.

186 Pennell J, Kim M. 2010. Opening conversations across cultural, gender and generational divides: family and community engagement to stop violence against women and children. In Ptacek J (ed). *Restorative Justice and Violence against Women*. Oxford: Oxford University Press.

187 Shepard MF, Pence EL. 1999. *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and beyond*. Thousand Oaks, CA: Sage Publications.

through holistic, strengths-based services, where men can access the practical and emotional support they need while being challenged on damaging and destructive languages and behaviours.¹⁸⁸ It is possible that such models of care could become a component of a system-wide response to men's use of violence (Figure 10).

One part of developing a perpetrator response system, would be to consider resourcing perpetrator service providers to act as a case manager or kaitiaki for perpetrators who have high and complex needs and remain at a concerning level of risk of ongoing harm to family. The Whānau Ora Navigator model is an example of long-term support and service brokerage for families and whānau that could serve as a starting point. (p 28)¹⁸⁹

As we note above, it is also important to acknowledge that such models will be most effective when couched within a coordinated community response and when considering the interactive and reinforcing factors that contribute to men's use of violence (see Figure 2).

Figure 10: Coordinated service response model to addressing men's use of violence



In reframing *Every 4 minutes* (Table 9), we have aimed to widen our understanding of 'risk'. The absence of a recorded risk is not the same as safety. For example, if the man leaves the home, that does not mean his partner is safe from violence.

188 Featherstone B, White S, Morris K. 2014. *Re-imagining Child Protection: Towards humane social work with families*. Bristol: Policy Press.

189 Polaschek D. 2016. *Responding to Perpetrators of Family Violence*. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

Table 9: Reframing *Every 4 minutes* by sharing understandings across the workforce

Every 4 minutes		Proposed reframing
Strategy	Approach	
7. Intervene to lessen harm and prevent future risk with a trauma-informed approach	Coherent, collaborative service delivery is needed, drawing on child-focused interventions, positive youth development, advocacy-based help and family support, treatment for addictions and trauma, work with perpetrators, and use of risk prediction and technology tools, as appropriate.	<p>Shared understanding across the workforce that interacts with children and families</p> <p>Risk assessment tools do not present a fixed reality of someone's level of risk; risk is a constantly evolving concept.¹⁹⁰ Violence and deaths can occur where risk assessment tools may not identify risk, where someone does not appear to be marginalised and agencies have no record of a history of violence or have not understood past behaviour as violent.</p> <p>Models of care need to be wider. Few services are available for relationships that are in 'pre-crisis' or 'post-crisis' states.</p> <p>Agencies need a broader understanding of the structural and social conditions that influence the ongoing experience of trauma, including institutional violence. It is the responsibility of organisations and providers to shift services at the point of care, with the support of policies and systems that enable these shifts.</p> <p>Agencies should develop effective partnerships with each other so they can all refer men to services with appropriate experience, rather than any service. Systemic responses to use of violence must consider his strengths and vulnerabilities more widely.</p>

190 Joy E, Beddoe L. 2019. ACEs, Cultural considerations and 'common sense' in Aotearoa New Zealand. *Social Policy & Society* 18(3): 491-7. DOI: 10.1017/S1474746419000046 (accessed 27 February 2020).

Chapter 5: Reframing prevention, early intervention and the role of communities

Wāhanga 5: Ko te whai whakaaro hou ki ngā mahi aukati, te uru wawe atu me te wāhi hoki ki ngā hapori

Complexity science forces us to consider the dynamic properties of systems and the varying characteristics that are deeply enmeshed in social practices, whilst indicating that multiple forces, variables, and influences must be factored into any change process, and that unpredictability and uncertainty are normal properties of multi-part, intricate systems. (p 1)¹⁹¹

Beliefs about how the world works, formed through expectations from a particular culture, determine the goals, structures and rules of a system.¹⁹² In Aotearoa New Zealand, the main source of those expectations for the past 180 years has been a settler patriarchal social structure. As in other communities with British heritage, these cultural norms also form the basis of how society has responded to intimate partner violence.⁸⁰ In recent times, the drive across developed nations, such as Aotearoa New Zealand, has been to separate out and specialise social problems in an effort to deal with them more efficiently.¹⁹³ However, the reality is that complex social problems are interconnected, so the fragmented response to social problems has been ineffective.¹⁹⁴

The role of institutions

Throughout the reviews, institutions had many opportunities to provide services that would have helped to turn the man's path away from using violence. However, institutional design was not flexible enough to respond to men at the time they were looking for help or when they were engaged with the services. To have a prevention focus, institutions need to be accessible and acceptable, and establish a process of ongoing commitment that works for the individual and those who support him.

Evidence from reviews of the welfare system,²⁸ prisons,²⁶ mental health services¹⁹⁵ and the kaupapa inquiry into the health system¹⁹⁶ indicates that the major institutions in Aotearoa New Zealand have developed to a point where they are not flexible or adaptable enough to respond to the person seeking help and support. Findings from the review of mental health services are typical of those provided in the other reviews, and are equally relevant to the system's response to men who use violence:

We do not have a **continuum of care** – key components of the system are missing. The system does not respond adequately to people in serious distress, to prevent them from 'tipping over' into crisis situations. Many people with common, disabling problems such as stress, depression, anxiety, trauma and substance

191 Braithwaite J, Churrua K, Long JC, et al. 2018. When complexity science meets implementation science: a theoretical and empirical analysis of systems change. *BMC Medicine* 16: 63. DOI: 10.1186/s12916-018-1057-z (accessed 27 February 2020).

192 Carne S, Rees D, Paton N, et al. 2019. *Using Systems Thinking to Address Intimate Partner Violence and Child Abuse in New Zealand*. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

193 Cejudo GM, Michel C. 2015. Addressing fragmented government action: coordination, coherence, and integration. Paper presented at the 2nd International Conference in Public Policy, Milan, July.

194 Christensen T, Lægrend P. 2007. The whole-of-government approach to public sector reform. *Public Organization Review* 67(6): 1059-66.

195 Government Inquiry into Mental Health and Addiction. 2018. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Government Inquiry into Mental Health and Addiction. URL: <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/> (accessed 12 July 2019).

196 Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal. URL: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf (accessed 12 July 2019).

abuse have **few options** available through the public system. By **failing to provide support** early to people under the current threshold for specialist services, we're **losing opportunities** to improve outcomes for individuals, communities and the country. (p 11, emphasis added)¹⁹⁵

In our *Fifth Report*, we recommended developing and properly resourcing a family violence system to respond adequately to the experience of violence. We develop this idea further in this report by highlighting the need for men to have interconnected communities and institutions throughout their lives and for the 'no wrong door'¹⁹⁷ approach to hold true.

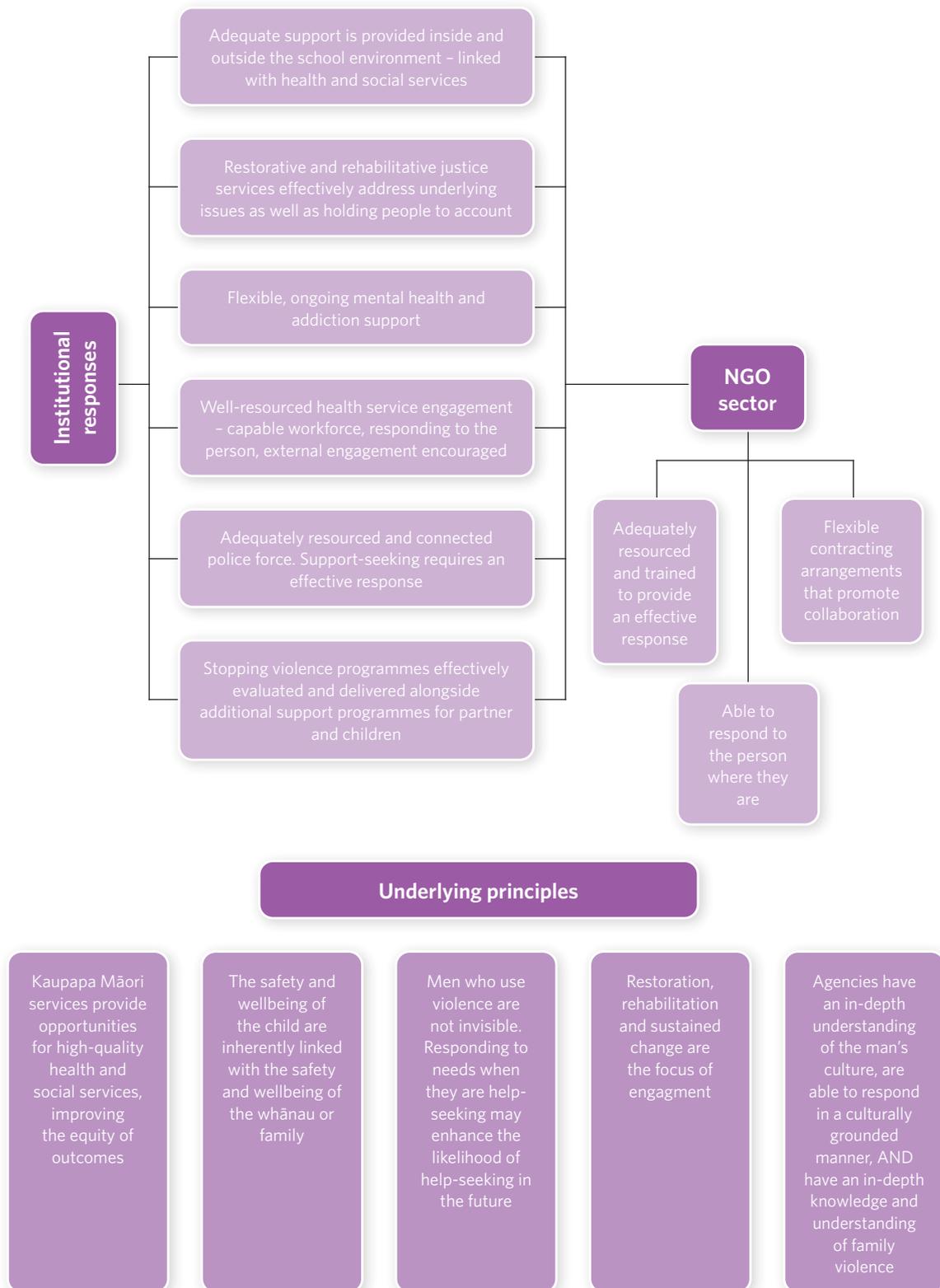
In line with the *Fifth Report*, we propose using a partial road map for moving towards an integrated family violence system to respond to men who use violence (Figure 11). With the road map, our aim is to help shape the direction of system development, rather than set out a preconceived solution in detail. The road map gives a 'nudge' to the whole system, because attempting to fix one part of a complex system in isolation from other parts can reveal or create unexpected problems.

While men who use violence are visible, their violence may be invisible when they are seeking help. However, the system responses when a man is seeking help may have the potential to reduce the likelihood that he will start or continue to use violence. While the findings from the current analysis identify areas where services need to be strengthened (as Figure 11 also shows), these changes cannot just occur in silos. Figure 11 gives an overview of the Committee's vision for the partial road map. However, we are acutely aware that such responses will not address men's use of violence if we do not consider how to address the ongoing impact of colonisation in Aotearoa New Zealand society. As upstream causes of inequities do not exist in isolation from each other, the system cannot make the changes needed by working on one health determinant at a time: '... ending hyperincarceration is unlikely to help society's most vulnerable unless the prison is viewed in tandem with other major societal institutions, including schools, labour markets and health and social care systems' (p 377).¹⁹⁸

197 The 'no wrong door' approach is a guiding principle for providers so they give appropriate treatment services (or referral) to all individuals presenting for help, regardless of where they enter the treatment system. URL: www1.health.gov.au/internet/publications/publishing.nsf/Content/illegal-pubs-cotreat-toc-illicit-pubs-cotreat-exe-illicit-pubs-cotreat-exe-dis (accessed 31 July 2019).

198 Nosrati E, Marmot M. 2019. Punitive social policy: an upstream determinant of health. *The Lancet* 394(10196): 376-7.

Figure 11: A partial roadmap of a system response to prevent men’s use of violence



The role of communities

Based on the view that structural inequities drive violence, systems need to change to support communities in their response to the use of violence. Community-based prevention needs to sit alongside national initiatives to address structural inequities. From their research on men who use violence for the Glenn Inquiry, Roguski and Gregory found that:

... each of the 22 participants who [had] been raised in a violent environment believed that appropriate early interventions would have prevented them from using violence in later adolescence and adulthood.

Overarchingly, non-intervention was traced to the normalised acceptance of violence within participants' communities. Violence was reported to be a component of families and the wider community, often extending to churches and schools. The normalised nature of violence was reflected in school corporal punishment, neighbourhood bullying and pervasive family violence across the local neighbourhood. (p v)¹⁹⁹

In response to a lack of government action on homelessness, Te Puea Memorial Marae (TPMM) made known the plight of families and whānau living in unsuitable, transient accommodation. Rather than focusing on individualised pathways that led people to homelessness, the work of the marae put the issue in context, considering the role of social structures (including poverty and health inequities) and colonisation. Since 2016, the marae has provided emergency support for homeless whānau with a focus on manaakitanga. By focusing on care and reciprocity, its support enhances mana, increases whānau agency, facilitates connections and addresses housing and other social concerns.²⁰⁰

The [Manaaki Tangata] programme is a transformative Māori process, as whānau journey towards securing new homes and becoming independent and self-determining. From the time whānau enter TPMM they are actively embraced by the [Manaaki Tangata] team. Such an approach enables high-trust relationships to be developed quickly, and as a result, the kaimahi become privy to critical information related to whānau wellbeing, which enables the kaimahi to facilitate whānau access to appropriate government assistance and social service support.

The [Manaaki Tangata] team are committed to growing and strengthening whānau capacity and increasing their whānau agency while they stay at the Marae and then beyond the Marae gates... As a continuum, whānau may move between phases, as the lived realities and dynamics of whānau are constantly evolving. (p 42)²⁰⁰

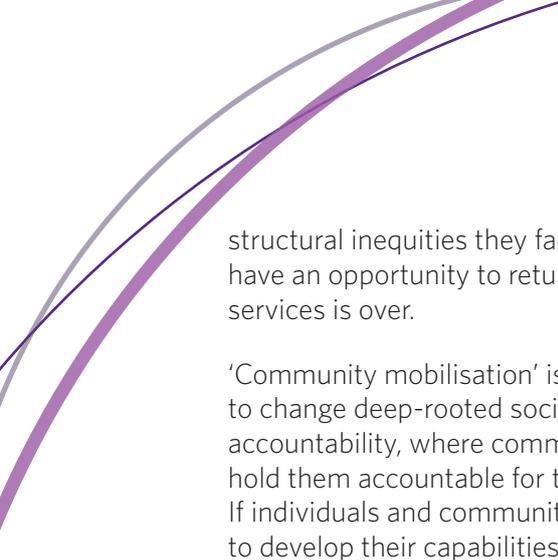
It is important to note that the work of the marae requires an investment significantly higher than the funding it receives from central government.

The marae provides an example of a dynamic systems approach to addressing a community need.²⁰¹ As such, the Manaaki Tangata programme has continued to develop and become increasingly successful over time. It provides additional support through local community and business donations, and through voluntary hours from members of the marae.²⁰⁰ This approach demonstrates the level of support some families and whānau need to resist the

199 Roguski M, Gregory N. 2014. *Former Family Violence Perpetrators' Narratives of Change. Prepared for the Glenn Inquiry.* Kaitiaki Research & Evaluation. URL: http://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE25596493&dps_custom_att_1=ilsdb (accessed 10 October 2019).

200 Lee-Morgan J, Hoskins R, Te Nana R, et al. 2019. *In Service to Homeless Whānau in Tāmaki Makaurau. Report of the Manaaki Tangata Programme at Te Puea Memorial Marae for Building Better Homes, Towns and Cities SRAS: Kāinga Tahī, Kāinga Rua.* Auckland: Te Puea Memorial Marae.

201 Massey University Evaluation Team. 2018. *Summative Evaluation Report: Healthy Families NZ.* Wellington: Ministry of Health.



structural inequities they face. It also highlights the need for accessible services, where people have an opportunity to return to a trusting relationship after their initial engagement with the services is over.

‘Community mobilisation’ is the idea of stimulating action among community members to change deep-rooted social norms.^{202, 203} The aspirational target is for community accountability, where communities are in a position to address men’s use of violence and hold them accountable for their actions while supporting women and children to be safe.²⁰⁴ If individuals and communities are to build this accountability effectively, they need support to develop their capabilities with and understanding of violence experiences and appropriate responses. In addition, family violence specialists need to take a collaborative rather than a lead role, as ideas and initiatives are designed around issues that the community sees as important, emphasising the expertise of community members who know their community and understand what will work locally to make change.²⁰³

Building safe, respectful, equal and caring family and whānau relationships requires engaging within communities, as communities are the places where people’s identities, roles and attitudes are shaped. In communities, we learn what it means to be a parent or partner, and we learn to tolerate or reject violence. Engaging communities is important because the majority of victims and perpetrators of family violence do not reach services. (p 6)²⁰³

Communities exist where people gather – in places of employment, sports clubs, schools, faith centres, villages, towns. They are places where people with common interests, beliefs or activities interact. Reviews of community mobilisation strategies have shown they are most effective in places where natural communities and relationships already exist, and where violence prevention initiatives address concerns the community already has.²⁰⁵ In developing these strategies, it is helpful to engage a national coordinating agency and to have a reliable funding stream that allows for ongoing investment, implementation and continued learning leading to improvement.²⁰⁶

We realised we always needed to relate ‘It’s not OK’ back to rugby league. As soon as it moves away from rugby league people lose interest. Rugby league is not threatening. The club is their home. You are talking to them in their home. It’s not a foreign environment. (Staff representative)²⁰⁵

Aotearoa New Zealand has examples of community agencies providing effective support where they can adapt and respond to the needs of their community – including He Waka Tapu and Te Puea Memorial Marae. However, some good initiatives have not succeeded because central government funding structures have produced siloed thinking that stifles initiatives taking a broader approach.

Transition to employment programmes illustrate the limitations of the current structure. A holistic programme would need the support of mental health and addictions, housing or other social services within a trauma- and violence-informed approach, especially where young people have experienced family violence or other forms of trauma. Yet the current 12-week cadetship programmes, which aim to help those aged 18–24 years who are on

202 Michau L. 2012. *Community Mobilization: Preventing partner violence by changing social norms*. Bangkok: UN Women.

203 Hann S, Trewartha C. 2015. *Creating Change: Mobilising New Zealand communities to prevent family violence*. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland.

204 Creative Interventions. 2012. *Creative Interventions Toolkit: A practical guide to stop interpersonal violence*. Oakland, CA: Creative Interventions. URL: www.creative-interventions.org/wp-content/uploads/2019/02/CI-Toolkit-Complete-FINAL.pdf (accessed 29 February 2020).

205 Roguski M. 2015. *‘It’s Not OK’: Campaign Community Evaluation Project*. Wellington: Ministry of Social Development.

206 Herbert R, Mackenzie D. 2014. *The Way Forward: An integrated system for intimate partner abuse and child abuse and neglect in New Zealand*. Wellington: The Impact Collective.

an unemployment benefit to move into employment, are based on an outcome-focused funding model. The Ministry of Social Development funds the first four weeks of work-readiness training, but only pays the remaining 60 percent when young people enrolled in the programme are employed by the end of the programme. With low unemployment rates, such programmes are increasingly working with young people with complex lives, some experiencing violence and trauma. Box 8 describes a composite story of a young man who was in this situation.

Box 8: The influence of the social environment on programme participation

Nigel was living in temporary accommodation with his father when he was first referred to the cadetship programme. He was one of 360 people funded to participate in the programme in a calendar year. Despite experiencing some anxiety and depression, Nigel settled well into the programme. Like many of the people in the programme, Nigel had become increasingly isolated due to his uncertain living arrangements and this contributed to how he felt about himself, his family and his chance of success.

After participating in the programme for a week, Nigel had developed strong bonds with the educators and mentors. He disclosed that his temporary accommodation was coming to an end and he was 'taking things out' on his father and girlfriend. Nigel was sliding increasingly towards a crisis that was making it harder for him to benefit from the programme.

Even though it was not part of their core role, the mentors at the cadetship programme rallied and identified suitable emergency accommodation, gifted food and clothing, and funded transport for Nigel. They worked closely with the supported accommodation provider to ensure Nigel would get accommodation and that he and his family would be safe. However, as Nigel was now in survival mode, with his anxiety increasing and with no fixed place to live, he was no longer in a position to seek employment.

Transition to employment programmes are points of contact in a system that could provide more comprehensive services to young people than current funding structures allow. CadetMax,²⁰⁷ for example, only offers places to young people who are on an unemployment benefit and its sole outcome of interest is to place those young people into full-time employment within 12 weeks. The programme receives no funding for resolving social issues, such as homelessness or family violence, before young people are ready for employment. As such, the provider bears the risk of the success or failure of the young people on the programme.

Like Te Puea Memorial Marae, other organisations need to work outside of their funding model to support the success of the young people they engage with. To reflect this reality, programme managers²⁰⁸ suggest:

- considering what support systems are required for successful outcomes, such as including social workers in the programme to respond to crisis issues
- making funding more flexible so people can access support when they need it, such as by allowing them to take up part-time work as a way of transitioning to full-time employment.²⁰⁹

207 www.chamberemployment.co.nz/cadetemax (accessed 3 December 2019).

208 Gates L, employment general manager, Auckland Business Chamber, personal communication, 17 September 2019.

209 For example, funding could focus on the process that incentivises outcomes rather than on the outcome itself.



These recommendations acknowledge that recovery from trauma and reintegration into society do not follow a linear process.

The whole spectrum of government and non-governmental services needs to take trauma- and violence-informed approaches into account. Siloed thinking does not support response, recovery and restoration. In contrast, an approach that reaches across boundaries responds to the person living with a whānau or family in a changing environment. Structural, community and interpersonal responses to that person need to be consistent.¹⁹

Our suggestions in this report are not new. The lives of the men who used violence that we have reviewed highlight multiple opportunities to intervene, yet no one agency or community provider took responsibility for working with the person who presented to them. Current funding structures and system design encourage government institutions and non-governmental organisations to see the problem rather than seeing the person as part of their whānau, family or community.

Reframing prevention and early intervention

Public health models consider primary, secondary and tertiary levels of prevention. These models teach that a multi-pronged approach is needed for effective prevention. However, this understanding may have had the unintended consequence of driving a siloed structure rather than motivating agencies to consider the person, community or society as a whole.

For many whānau and families in Aotearoa New Zealand there is no pre-violence or primary prevention space. Children are born into families and whānau already experiencing intergenerational violence and are exposed to violence in multiple family contexts. Prevention for these families and whānau is about interrupting intergenerational patterns of violence and the associated transmission of trauma. (p 18)¹⁹

Systems or structures that do not recognise needs or respond helpfully and that create and sustain inequities are 'life shortening'²¹⁰ rather than life-enhancing.

Currently, reviewing a family violence death involves collating information government and non-governmental agencies have recorded about an individual and their family or whānau through interactions with them, and interpreting a person's life based on those records. Woven into this process is an understanding of wider contextual issues and the emerging literature on how people experience violence. While a review also hears the voice of friends, families and whānau through witness statements delivered in court or through police records, again, this approach filters the information available for the review. In the future, we intend to shift this approach to prioritising the voice of friends, families and whānau of the deceased and, where appropriate, the voices of offenders.²¹¹

Given this limitation, the data collected and collated shows that, overwhelmingly, the men who use violence have been exposed to violence and trauma across their life course. Figure 12 shows direct, personal experiences of violence and trauma during childhood, based on agency records used for the in-depth review process.²¹² These findings probably underestimate these experiences

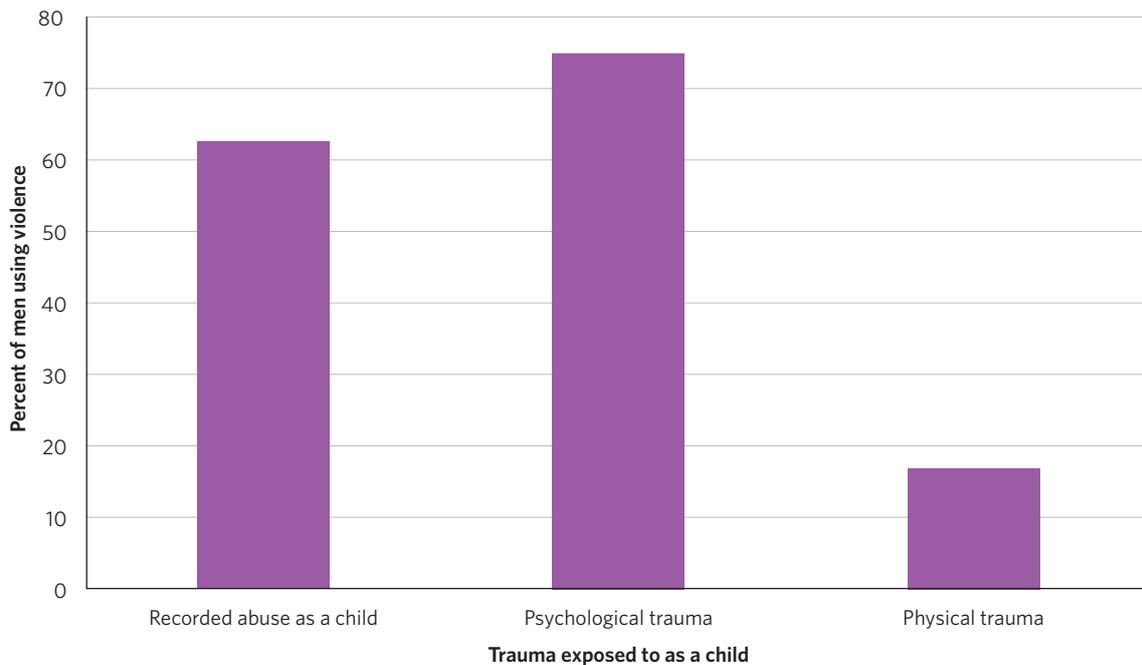
210 Flanders L. 2012. Dangerous rush to legislate on surveillance and mental health? Dean Spade. URL: www.thenation.com/article/dangerous-rush-legislate-surveillance-and-mental-health-dean-spade-video (accessed 27 February 2020).

211 In some circumstances, the offender in a death event has been the primary victim during the relationship. It is important to hear these experiences. However, equally, as this report shows, it is important to hear the voice of men who use violence to understand how to change their behaviour and make future relationships safe.

212 The categories for this graph are: recorded abuse as a child, including physical, sexual and psychological abuse; psychological trauma, including the death of parent(s), rejection, exposure to deaths of friends and/or siblings, state care; and significant physical trauma, including head injuries and motor vehicle traffic accidents.

because the records are unlikely to be complete and the process of counting minimises the impact of the experiences. In addition, the men may have been exposed to violence and trauma that is not on record, as part of a collective experience of the ongoing impact of colonisation or systemic inequities.¹⁶⁸ Yet, even without this additional data, the findings suggest a need to move beyond considering primary,²¹³ secondary or tertiary interventions to take a life-course perspective of prevention. They also highlight the need for services to address unresolved trauma effectively.

Figure 12: Recorded trauma among men using violence (n=97)



The characteristics of the men’s lives described in this report are intertwined with their risks for poor mental and physical health, addiction and suicidality; economic, employment and housing insecurity; criminality; and academic underachievement. More extensive and meaningful engagement with agencies will open the door to restoration and recovery for men, whānau and communities.

In some situations, no one had challenged the power base of the men involved (see Unchecked privilege in Chapter 1). They were not aware they held a more powerful position, and court processes upheld this inequity. To develop respectful relationships, those within government services and non-governmental organisations all need to understand:

- Aotearoa New Zealand’s colonial history and its ongoing impacts on Māori and Pākehā alike
- the position of men and women in modern society
- how current structures uphold these inequities.

Gendered power intersects with race power and class power. Indigenous men, men of colour and ethnic minority men do not benefit from social structures in the same way as other men.²¹⁴ As Salter observes, ‘It can be deeply problematic to ask men to critically evaluate their power and privilege or to recognise themselves as privileged social actors when in fact

213 Because structural inequities have impacts across generations, many people have no primary prevention space.

214 Flood M. 2019. *Engaging Men and Boys in Violence Prevention*. New York: Palgrave Macmillan.

they are disadvantaged in important ways²¹⁵ (as quoted in Flood²¹⁴). Rather than seeing these disadvantages as an excuse for using violence, agencies should see them as a call for culturally responsive, equity-focused service delivery.

In Table 10, we propose a way of reframing family violence prevention that takes a long-term view of the factors to consider in prevention activities.

Table 10: Reframing family violence prevention

	Reframing	Current understandings	Past understandings
<p>Proposed prevention frameworks</p> <p>(From the Fifth Report)</p>	<p>Family violence prevention is closely linked with safety, restoration and transformative approaches</p> <p>The concept of whakapapa is about how people and whānau in past, present and future generations are interconnected. What has happened before, what is happening now and what can happen (again) all affect people.²¹⁶</p> <p>Take whānau and gender transformative approaches.</p>	<p>Primary, secondary and tertiary prevention</p> <p>Primary prevention approaches are separate from secondary and tertiary approaches.</p>	<p>Crisis response</p> <p>Respond to victims after they have been harmed, as individual incidents.</p> <p>Respond punitively to offenders without considering the need for healing and restoration.</p>
<p>The context of prevention</p>	<p>Non-linear models or continuums of abuse</p> <p>Allow for a holistic understanding of the circumstances²¹⁷ facing a relationship, family or whānau. To address structural inequities and intersections of multiple forms of oppression, we need a non-linear understanding of vulnerability to, and experiences of, violence. Factors other than service delivery will also have an impact on both the process and outcome.¹⁹²</p> <p>Include violence prevention within a wider context of addressing structural inequities: 'if systemic oppression is ignored, trauma-informed practice will maintain the status quo by perpetuating patterns of victim-blaming, silencing, and shaming'.¹⁶⁹</p> <p>Make Te Tiriti o Waitangi visible.</p> <p>Develop more adaptive systems of responding to risk, acknowledging that risk is inherent in the system. An effective basis for interagency working is for teams to have flexible routines to manage risks. This approach requires effective preparation and rehearsing for possibilities.²¹⁸</p>	<p>A cycle of prevention, early intervention, crisis and longer-term help</p> <p>Continuums of abuse suggest a threshold (risk scoring) to identify the level of severity (threshold) that someone must reach to receive services.</p> <p>It relies on Centers for Disease Control and Prevention frameworks of prevention, which do not address colonisation or inequity. The focus is on changing individuals' behaviour rather than on changing the systems, structures and institutions that create and sustain inequities.</p>	<p>Risk factor identification</p> <p>Take a siloed approach to understanding how to address violence. Aim to avoid risk without thinking about how to increase safety.</p> <p>Focus on routine operations and regulatory measures.²¹⁸</p>

215 Salter M. 2016. 'Real men don't hit women': constructing masculinity in the prevention of violence against women. *Australian & New Zealand Journal of Criminology* 49(4): 463-79.0

216 Ministry for Women. 2015. *Wāhine Māori, Wāhine Ora, Wāhine Kaha*. Wellington: Ministry for Women, p 20.

217 Platt D. 2006. Threshold decisions: how social workers prioritise referrals of child concern. *Child Abuse Review* 15: 4-18.

218 Vincent C, Amalberti, R. 2016. Approaches to safety: one size does not fit all. In *Safer Healthcare*. Springer.

	Reframing	Current understandings	Past understandings
Theories of prevention	<p>Centring intersectionality</p> <p>Experiences are varied, with different identities and realities shaping them. Responses to these realities need to be flexible and specific to address the needs and experiences of the person.²¹⁹</p> <p>'Intersectionality can never be divorced from understanding individual experience, as our identities shape our daily realities and understandings of the world.'²²⁰</p>	<p>Prevention science</p> <p>Take investment approaches to social problems – social contracts for service provision.</p> <p>Children are a social investment. Develop national, large-scale preventative programmes to be compatible with the rising 'social investment state', which has the 'big business' end goal of ensuring its citizens are economically and socially active.</p> <p>Import Western programmes as 'the answer' to 'the problem'. Deliver short, intensive interventions to individuals, families and whānau.</p>	
The evidence	<p>Contextualised data, prioritise Indigenous world views</p> <p>Use an Indigenous Aotearoa New Zealand evidence base rather than looking to adapt Western frameworks for 'other' communities.²²¹</p> <p>Understand what is behind the data – contextualise data collection systems to develop a more nuanced approach to responding to structural and interpersonal violence. Seek to understand those communities who are not being served and change to serve them better rather than considering them 'non-compliant'.¹⁶⁸</p>	<p>'Othering' of Indigenous knowledge</p> <p>Because of disciplinary sciences, and the belief that only Western ways of thinking, concepts and analyses can frame valid knowledge, Māori knowledge has become less valid as a living, relevant source of knowledge for Māori.²²²</p>	<p>Cause and effect</p> <p>Assume personal characteristics and/or traits have a linear relationship with violent behaviour, without fully considering how environmental factors may be contributing to the increased risk.</p> <p>If you change the person, their relative risk will change. This view does not account for the context in which individuals live.²²³</p>

219 Williams KC. 1994. Mapping the margins: intersectionality, identity politics, and violence against women of color. In Fineman MA, Mykitiuk R (eds). *The Public Nature of Private Violence* (pp 93-118). New York: Routledge.

220 Dyantyi Y, Sidzumo C. 2019. Survivor-centred approaches to eradicating GBV: centring survivor experiences, intersectionality and restoring power. URL: <https://prevention-collaborative.org/resource/survivor-centred-approaches-to-eradicating-gender-based-violence-centring-survivor-experiences-intersectionality-and-restoring-power> (accessed 2 September 2019).

221 Triple P News. 2017. Study shows culturally adapted Triple P helps Maori families. URL: www.triplep-parenting.net.nz/uz-uken/blog-and-videos/blogs-and-news/post/study-shows-culturally-adapted-triple-p-helps-maori-families/ (accessed 28 February 2020).

222 Smith T. 2019. *He Ara Uru Ora: Traditional Māori understandings of trauma and well-being*. Whanganui: Te Atawhai o Te Ao.

223 Hosking J, Ameratunga S, Morton S, et al. 2011. A life course approach to injury prevention: a 'lens and telescope' conceptual model. *BMC Public Health* 11: 695.

	Reframing	Current understandings	Past understandings
The intervention	<p>Early help</p> <p>Supportive services can respond to people when they need help, at the level where they are seeking help by providing creative solutions in collaboration with other organisations.²²⁴ Have a range of responses available to people presenting with different needs. Consider Whānau Ora navigators as a model of identifying the right type of help at the right time and making available appropriate and accessible help.¹⁸⁹</p> <p>Systems are able to monitor, learn and adapt as understanding of the interaction between structural and individual responses grows.</p> <p>Shift the focus from ‘doing things right’ by conducting interventions that follow the manual and model faithfully to ‘doing the right thing’ and checking whether the services are actually helping people.²²⁴</p>	<p>Early intervention</p> <p>‘The trajectory of current policy is increasingly towards an increased “policing” of women’s pregnant bodies, “positioning poor mothers as architects of their children’s deprivation” (Edwards et al, 2015: 167).’²²⁵</p> <p>‘Intervene to lessen harm and prevent future risk with a trauma-informed approach.’²²⁶</p> <p>Predictive risk modelling and risk assessment tools guide service delivery and identify those ‘in need’.</p> <p>More children, including a disproportionate number of Māori mokopuna, are in care.²²⁷</p>	

224 Department for Education. 2011. *The Munro Review of Child Protection: Final Report – A child centred system*. Norwich: The Stationery Office. URL: www.virtual-college.co.uk//-/media/virtual-college/pdfs/safeguarding-children-eacademy-import/download-the-munro-review-of-child-protection-a-child-centred-system.ashx (accessed 1 July 2019).

225 White S, Wastell D. 2017. The rise and rise of prevention science in UK family welfare: surveillance gets under the skin. *Families, Relationships and Societies* 6(3): 427-45.

226 Garrard and Lambie (2018), *op cit*.

227 Summer B. 2019. Māori unite to declare enough is enough. Newsroom. URL: www.newsroom.co.nz/2019/07/15/682909/maori-unite-to-declare-enough-is-enough# (accessed 16 July 2019).

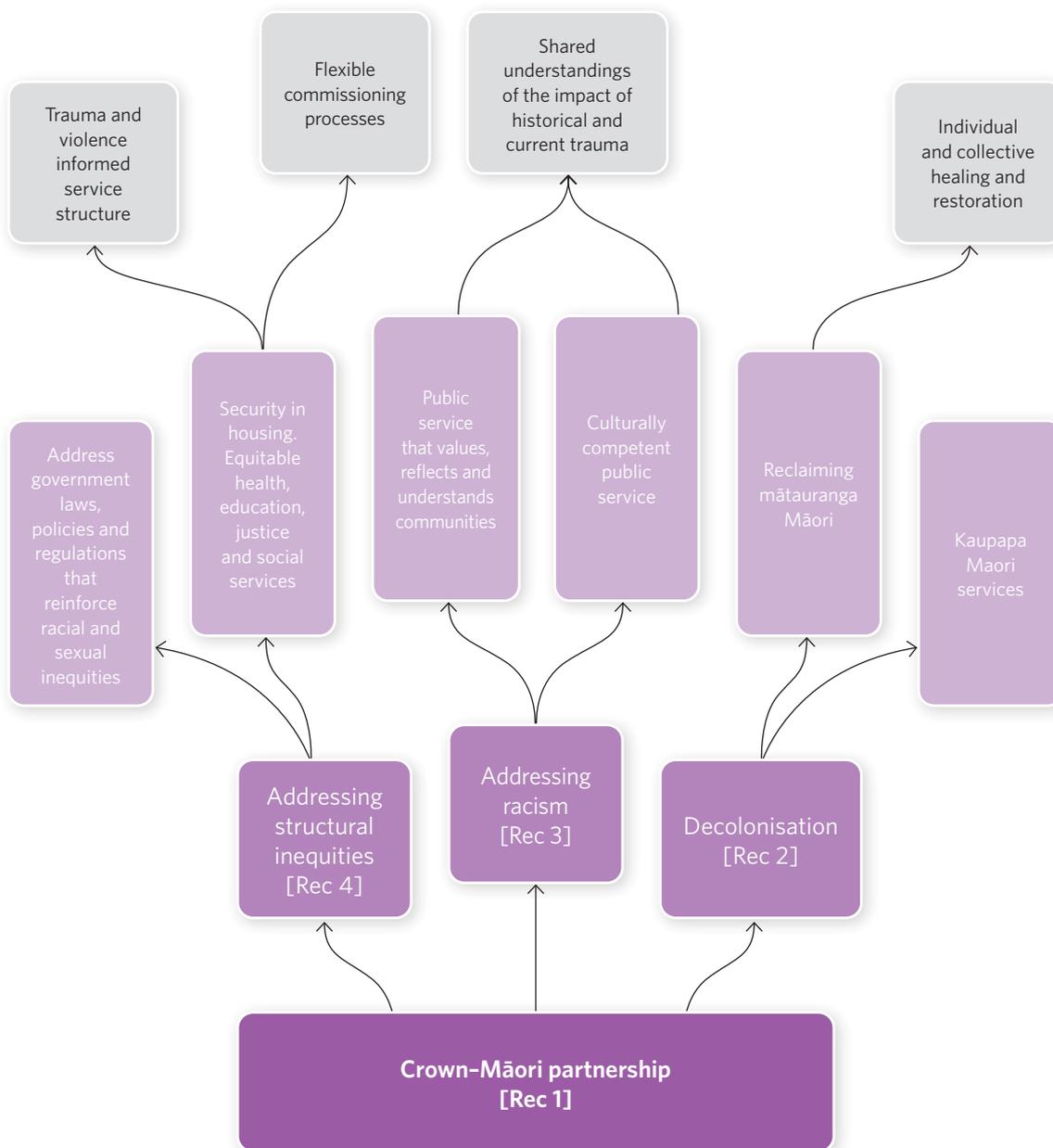
	Reframing	Current understandings	Past understandings
The role of community	<p>Community accountability supported by central government initiatives</p> <p>The main causes of issues such as poverty, marginalisation and poor outcomes for children are broad social and economic forces outside of the communities that experience the impacts disproportionately more than the rest of the population. The most appropriate tools to address these issues are redistributive national policies.</p> <p>Develop the capacity for community organisations to support survivors and hold those who use violence to account. This approach requires effective resourcing and support, as well as training for community members to develop their capabilities and co-evolve preventative, restorative and transformative pathways for people, their families and whānau.²⁰⁴</p>	<p>Community outreach and education</p> <p>Raise community awareness about the issue of violence against women and children.</p> <p>This approach raises questions: What should the community response be – to increase reporting or form community-based support? Are community members adequately trained and resourced to know when they can help and support and when they need additional support?²⁰⁴</p> <p>Education and engagement campaigns aim to change social norms around the acceptability of violence.²²⁸</p> <p>Such campaigns need to consider how they enforce such change – is it by using punitive methods that usually hold the mother solely responsible for welfare of a child, or by actively and positively engaging with the family in a culturally safe environment that seeks to understand the basis for unsafe behaviour?</p> <p>Do these campaigns see such behaviours as a sign of stress or purely as dysfunctional parenting?</p>	

228 Fortson BL, Klevens J, Merrick MT, et al. 2016. *Preventing Child Abuse and Neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Recommendations | Ngā tūtohinga

It is not possible to identify in childhood which boys will grow up to be men who use violence. The characteristics we identify in this report are not uncommon. Few people have a pattern of risk factors that allows anyone to predict their future risk with absolute certainty. For this reason, we have developed the following recommendations with a complexity approach, focusing on violence prevention.²²⁹ Along with each recommendation, we include reflective questions to prompt agencies to move towards implementing the recommendation. Substantive changes in the rates of family violence in Aotearoa New Zealand are unlikely to occur without structural change at all levels (Figure 13).

Figure 13: Structural change to address family violence



229 To take a complexity approach, we need to understand that all organisations involved in addressing men’s use of violence have collective accountability and responsibility to change the system and that they have an interdependent relationship.

Recommendations for structural change

Recommendation 1: Uphold Te Tiriti o Waitangi

To uphold its obligations under Te Tiriti o Waitangi (Māori text), the Crown needs to have an honest partnership with Māori. Tino rangatiratanga is a feature of real partnership, which should be embedded in legislation rather than dependant on political whims. The four articles of Te Tiriti o Waitangi highlight the requirements for true partnership:

- kāwanatanga – partnering for mutual benefit
- tino rangatiratanga – Māori self-determination
- ōritetanga – all Aotearoa New Zealand citizens have the right to the same outcomes
- wairuatanga – assuring spiritual diversity and prioritising a Māori world view in our work.

Reflective questions

- Whose world view am I prioritising?
- How have we placed Te Tiriti at the centre of this [policy/initiative]?
- In what ways will this [policy/initiative] contribute to reducing the ongoing impact of colonisation?
- Does this [policy/initiative] include a focus on equity?

Recommendation 2: Decolonise services

Service delivery and development in Aotearoa New Zealand has prioritised Eurocentric models. The result has been inequities in outcomes for Māori and non-Māori. By decolonising services, it is possible to:

- reclaim mātauranga Māori
- develop kaupapa Māori services.

Reflective questions

- What is the evidence base that this is a safe, effective and equitable service structure?
- Have we considered kaupapa Māori models of service delivery?
- In what ways do our systems promote mātauranga Māori?

Recommendation 3: Address racism

Agencies need to ask honest questions about the way service design and delivery reinforces racial inequity in Aotearoa New Zealand. Policy development needs to account for historical and ongoing injustices. To do so, public services must be culturally competent and aware, and must understand and reflect the communities they serve.

Reflective questions

- How is service development and delivery acknowledging and addressing historical injustices?
- What resources are we investing in developing culturally competent and aware staff?
- How do our senior leaders model cultural responsiveness?
- How does our organisation understand and reflect our community?

Recommendation 4: Address structural inequities

Safe, stable housing and equitable education, justice, health and social services are necessary for community wellbeing. Consider *ōritetanga* in policy development – all Aotearoa New Zealand citizens have the right to the same outcomes.

Competitive commissioning structures²³⁰ do not support non-governmental organisations to work collaboratively. Further, funding for discrete services within organisations produces an environment where those who need support have to negotiate between multiple agencies and organisations. Instead, funding structures should enable efficient, joined-up working. These funding structures could be:

- organisation-based – where funding allows organisations to seek additional support to keep young people in programmes; for example by:
 - employing family violence specialists to respond effectively
 - drawing on advocacy support to advocate for a young person’s housing and financial stability
 - providing drug and alcohol counselling alongside educational and employment programmes
- whānau- or family-based – where Whānau Ora navigators have access to funding streams that give young people access to the services they need.

Reflective questions

- How do commissioning structures reflect an understanding of the overlapping nature of structural inequities?
- In what ways are we encouraging creative and collaborative service delivery so agencies provide the right help at the right time?
- How is the functioning of the family or whānau at the centre of the way we deliver services?
- In what ways have we considered how the proposed [policy/initiative] might unfairly impact on one sector of the population?

²³⁰ Commissioning is the process by which health and care services are planned, purchased and monitored. Competitive commissioning was introduced in the early 1990s, when it was argued that making providers compete for resources would encourage greater efficiency, responsiveness, and innovation. From www.kingsfund.org.uk/publications/what-commissioning-and-how-it-changing (accessed 11 March 2020).

When we develop trauma- and violence-informed services, **all** people are treated with care and respect, whether or not they are demonstrating symptoms of harm. Individuals will resist trauma effects by developing a range of coping strategies, some of which may be harmful. Moreover, traditional, individualistic service structures may themselves cause harm. As Figure 11 demonstrates, trauma- and violence-informed services must be part of a whole system for addressing and responding to men's use of violence. Common features of effective trauma- and violence-informed services that span the system include:

- engaging strongly and respectfully with family, whānau, hapū and iwi
- intervening to reduce rather than reinforce poverty and inequity
- understanding the potential for healing and recovery with the appropriate support
- understanding the integral connection between belonging and wellbeing
- having culturally appropriate support mechanisms that challenge and address the structural and interpersonal causes of violence
- moving away from transactional models of service delivery
- understanding the impact of threshold-setting on subsequent help-seeking behaviour.

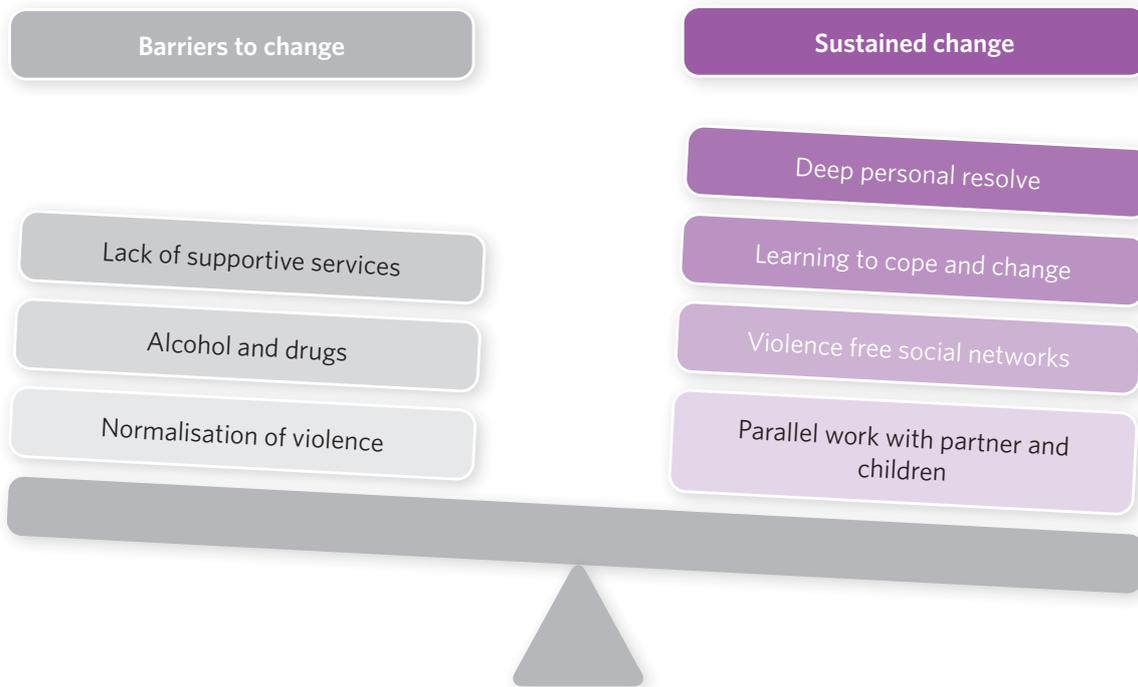
Recommendations for services: Identify effective strategies that address men's use of violence

The structural changes we set out in recommendations 1-4 above provide a foundation for services to identify effective strategies for addressing men's use of violence. Changing the structural determinants of violence complements individual approaches to preventing violence. Until now, the sole focus of addressing men's use of violence has been based on the view that these men are abnormal.²³¹

Roguski and Gregory report that to maintain a violence-free life over the long term, a man needs a deep personal resolve to engage in an extended journey of change and transformation.¹⁹⁹ The current, short-term focus of interventions and programmes aimed at men who use violence does not reflect this reality. Figure 14 presents the key components of sustained change that Roguski and Gregory outline.

231 Riemann M. 2019. Problematizing the medicalization of violence: a critical discourse analysis of the 'Cure Violence' initiative. *Critical Public Health* 29(2): 146-55. DOI: 10.1080/09581596.2018.1535168.

Figure 14: Sustaining change for men who use violence



Source: Roguski M, Gregory N. 2014. *Former Family Violence Perpetrators' Narratives of Change*. Prepared for the Glenn Inquiry, Kaitiaki Research & Evaluation.

Figure 14 highlights the need for a multi-pronged, flexible and long-term approach, including activities at each of the following levels.

Structural activities

Recommendations 1–4 above set out relevant activities for structural change.

Community-level activities

- Kaupapa Māori programmes with whānau and communities support healing and restoration.
- Coordinated community activities help to reduce the normalisation of violence.

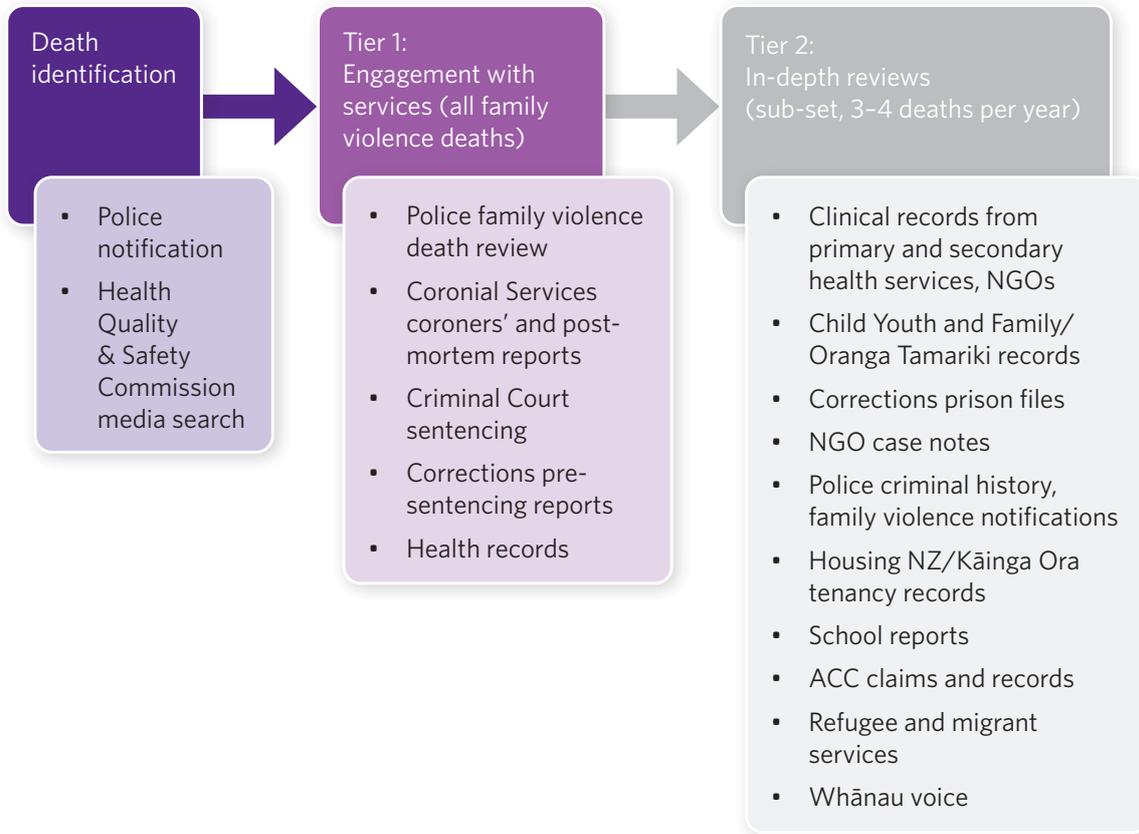
Individual, family and whānau activities

- Whānau Ora models of support help men who use violence to access the services they need (see Figure 10), with:
 - formal and informal sources of support to help men keep up their behaviour change over the long term
 - agencies and institutions continuing their involvement through a Whānau Ora navigator. Crisis situations need ongoing input from skilled social workers and clinicians.²³²

232 Te Puni Kōkiri. 2018. *Whānau Ora Review: Tipu Matoro ki te Ao. Final Report to the Minister for Whānau Ora*. Wellington: Te Puni Kōkiri. URL: www.tpk.govt.nz/docs/tpk-wo-review-2019.pdf (accessed 9 December 2019).

- Therapeutic models address the harms of drug and alcohol abuse.
- Restoration and rehabilitation services support men and their families and whānau.
- Violence intervention models include:
 - kaupapa Māori models
 - **comprehensive** evaluations of stopping violence programmes in Aotearoa New Zealand to understand: the characteristics of successful programmes; who those programmes are most effective for; the characteristics of men **who are not ready** for stopping violence programmes **and** the work required to encourage them to engage; additional support systems needed for stopping violence programmes to be effective in reducing the use of violence; and that a 'one-size-fits-all' approach will not work.

Appendix 1: The Committee's data collection process Āpitianga 1: Ko te hātepe kohikohi raraunga a te Komiti



**Family Violence Death
Review Committee**



He tao huata e taea te karo

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