Strengthening the Stopping Violence System

A review of government-funded, community-based interventions for people who use family violence and/or sexual violence in Aotearoa New Zealand

Te Aorerekura

New Zealand Government
Te Kāwanatanga o Aotearoa

Executive Board for the Elimination of Family Violence and Sexual Violence
Responding, healing, strengthening

Contents

Acknowledgements 2

Executive summary 3

- A range of evidence sources informed the Review 5
- Findings from the Review 6
- Recommendations for government agencies to improve interventions 9

Review summary 12

Acronyms and abbreviations 13

Introduction to the Review 15

- Government agencies developed and delivered the Review with the advice of sector subject matter experts 17
- The scope of the Review 18
- Out-of-scope interventions 19
- Why are we reviewing interventions for people who use violence now? 20
- A range of evidence sources informed the Review 21
- Limitations of the Review 22
- Opportunities for change 23

Current community-based interventions for people who use family violence and/or sexual violence 24

- Family violence interventions 25
- Sexual violence interventions 27

Findings and insights 28

- Understanding the needs of people who use violence 29
- Understanding the needs of victim/survivors 40
- Intervention service design and practice 49
- Workforce 62
- Funding, procurement, and contracting 70
- Measuring effectiveness and identifying research gaps 76

Conclusions 85

Recommendations 87

Appendix One: Evidence gathering process 91

Appendix Two: Table of the in-scope interventions for people who use violence 94

Glossary 102

Endnotes 106

References 122

Acknowledgements

A special thank you to the following groups who contributed their expertise to support the development of this Review:

- The Stopping Violence Reference Group, comprised of representatives from non-governmental organisations:
  - Celia Bulman, Te Kupenga Whakaoti Mahi Patunga | National Network of Family Violence Services
  - Stewart Eadie, Muka Whānau Services and Tauiwi Caucus, TOAH-NNEST
  - Deborah Mackenzie, The Backbone Collective
  - Tim Marshall, Tauawhi Men's Centre
  - Joy Te Wiata, Korowai Tūmanako and Ngā Kaitaiki Mauri, TOAH-NNEST
  - Poata Watene, Tuu Oho Mai
- Groups and individuals from the family violence and sexual violence sectors who participated in interviews, workshops and the survey.
- The cross-agency working group, with representatives from the Ministry of Social Development, Ministry of Justice, Department of Corrections, Oranga Tamariki, NZ Police, and the Centre for Family Violence and Sexual Violence Prevention.
- The Stopping Violence Priority Steering Group, for their leadership and advice.
- Specialist family violence and sexual violence peer reviewers:
  - Dr Kiri Edge, Kairangahau Matua, Te Wānanga o Aotearoa
  - Dr Nicola Harrison Research Fellow, University of Auckland
  - Hector Kaiwai, Director, Wai Rangahau
  - Glen Kilgour, Registered Clinical Psychologist, Psychology Consultants NZ
  - Dr Jade Le Grice, Co Director of Te Pūtahi o Pūtaiao, the Centre for Kaupapa Māori Science, University of Auckland and member of Ngā Kaitiaki Mauri, TOAH-NNEST

ISBN: 978-1-7386175-3-1

Executive summary

Government agencies* have undertaken a review of government-funded, community-based interventions for people who use family violence and/or sexual violence in Aotearoa New Zealand (the Review).

Breaking the Cycle of Violence, Te Aorerekura Action Plan 2025–2030 outlines the government's priorities to drive system change.[1] Stopping violence is one of the seven broad five-year focus areas in *Breaking the Cycle of Violence*. The Review is one of five stopping violence actions within the *Breaking the Cycle of Violence* first programme of action (2025-2026).

* Department of Corrections | Ara Poutama Aotearoa (Corrections), Ministry of Justice (MoJ), Ministry of Social Development (MSD), Oranga Tamariki – Ministry for Children (Oranga Tamariki), and NZ Police.

This report provides an analysis of the findings of the Review and offers recommendations for government organisations to improve how we design, fund, commission, and support interventions for people who use violence (the Report). The recommendations from the Report should be considered as actions in future Te Aorerekura action plans.

The interventions in scope of the Review are:

- Non-Violence Programmes for Perpetrators of Family Violence (NVPs) contracted by Department of Corrections | Ara Poutama Aotearoa (Corrections) and Ministry of Justice (MoJ).
- Te Huringa ō Te Ao - family violence services contracted by Ministry of Social Development (MSD).
- Wraparound Housing Services for people using violence that have been issued a Police Safety Order (PSO), contracted by MSD.
- Oranga Tamariki contracted family violence programmes for children and young people using violence.
- Digital products to support people using violence: A range of MSD-funded digital products and services available through Change is Possible.
- Harmful Sexual Behaviour (HSB) services for children and young people, and adults, who exhibit harmful sexual behaviour.
    - » Corrections contracted programmes for adults (predominately men) who have sexual offences against children
    - » MSD contracted programmes for adults who have engaged in HSB who are voluntarily seeking help for their behaviour
    - » Oranga Tamariki contracted programmes for children and young people who are displaying HSB.
- Concerning Sexual Ideation (CSI) Services: MSD contracted sexual violence services for non-mandated adults experiencing concerning sexual ideation

More information on the in-scope interventions can be found on page 24: *Current community-based interventions for people who use family violence and/or sexual violence*.

The above interventions do not represent the full range of interventions that people who use violence may access. There are other interventions that people may access that are out of scope for this Review, including interventions delivered within custodial settings (e.g., prison-based rehabilitation programmes including special Treatment Units and individual psychological treatment), broader mental health, restorative justice and addiction services, and services that provide long-term healing, support, and recovery for people, families and whānau, and communities affected by family violence and/or sexual violence.

A range of evidence sources informed the Review

The Review's findings and recommendations have been informed by:

- relevant government agency information about in-scope interventions
- targeted engagement with approximately 40 stakeholder groups from both government agencies and the community sector across family violence and sexual violence sector*
- a feedback survey in which 121 participants responded to 23 questions**
- advice and feedback from the Stopping Violence Reference Group, comprised of non-government stakeholders
- the Backbone Collective Survey on victim/survivor experiences of stopping violence interventions[2]
- key findings from the Corrections recent integrity monitoring of a sample of NVPs***
- key literature and research on interventions for people using violence.

The synthesis and analysis of these evidence inputs can be found in **Findings and Insights.**

Further detail on the methodology behind the engagements, literature, evidence, and our approach to analysis can be found in Appendix One and the accompanying Engagement Report.

* Representing a sample of sector perspectives at a point in time.

** Participants included representatives from non-government organisations, service providers, central government agencies, Crown Entities, Pacific, Māori and Iwi organisations, community groups and legal or advocacy groups.

*** This involved the monitoring of eleven of the 44 NVP providers who are contracted by Department of Corrections | Ara Poutama Aotearoa. The NVP monitoring also included data tracking of 64 NVP participants, and interviews with 25 Probation staff.

Findings from the Review

Through this Review we have gathered a range of informative insights into government-funded community-based interventions for people who use violence.* People we engaged with throughout the Review repeatedly highlighted the many strengths of communities and providers in delivering interventions for people using violence including developing innovative solutions tailored to their community, often with limited funding.

Across all evidence sources, there are key success factors that are likely to increase intervention effectiveness:

Safe and effective interventions

- Prioritising the safety of victim/survivors and children within any intervention for people who use violence, as well as any related activity (e.g., information sharing)
- Having tailored, flexible, and accessible support that responds to different behaviour change needs, readiness for change, circumstances and challenges of people who use violence
- Ensuring that interventions are trauma-informed, holistic, and relational
- Using a mix of evidence-based practice models, not one model or approach for all that combines specialist interventions with peer support
- Ensuring interventions are responsive and appropriate to variations between sexual violence and family violence, including when these co-occur
- Including options that can provide support for families and whānau if needed/wanted, led by victim/survivors' priorities for healing and safety
- Kaupapa Māori (by Māori, for Māori) approaches are essential for safe, appropriate, and effective engagement and healing for Māori, with improved access
- Ensuring that interventions are culturally safe and responsive, and can provide culturally integrated options, including for diverse populations
- Responding early and often, with long-term support and maintenance
- Elevating support for children and young people using violence and their parents

* The Review does not seek to assess or represent the full stopping-violence system or all pathways through which people may experience accountability, support, or behaviour change.

System capability, alignment, and sustainability

- Increasing the accountability of people who use violence and the safety of victim/survivors across interventions and system responses
- Ensuring that systems and commissioning enable community leadership, expertise, collaboration, best practice, and continuous improvement
- Improving alignment across the justice system, health system, and social sectors, including identifying and removing barriers to access
- Ensuring that the specialist workforce is trained, supported, sustainable, and growing
- More sustainable funding for community providers and longer-term contracts including equitable funding for Kaupapa Māori providers
- Having clearly defined, measurable outcomes that can help determine the effectiveness of interventions over time.

While there are pockets of these key success factors operating already, the ideal future state applies these with more consistency, rigor, and accountability.

System issues and barriers

The Review found there is no overall approach to understanding and measuring effectiveness and outcomes. Currently there is no shared understanding of the multiple intersecting pathways and systemic factors that lead to family violence and/or sexual violence offending and pathways for intervention, including Kaupapa Māori approaches situated in a te ao Māori perspective. Without a shared understanding of the complex intersecting pathways to violence offending in an Aotearoa New Zealand context, there is no agreed approach to defining and measuring effectiveness. As a result, there is significant variation and diverse approaches to measurement, which is in part due to lack of funding for research.

Across the findings, several consistent system-level issues emerged, including:

- fragmentation across agencies and interventions
- a lack of shared understanding of effectiveness and outcomes
- a lack of consideration of victim/survivors in the stopping violence intervention system
- workforce capability and capacity constraints
- inequities in access and outcomes
- significant evidence gaps
- a limited focus on prevention and early intervention.

These system-level issues highlight the need for a more coordinated, consistent, and evidence-informed approach across government. Many of these insights are not new. Communities have been raising these issues with government agencies for some time.

Where to from here?

While there has been some improvement to the design, commissioning, contracting and funding of interventions for people who use violence (e.g., social commissioning and investment approaches, Te Aorerekura and the Action Plans), there are still barriers that remain for communities and these will compound as demand for services continues to increase. There are also population-level issues and barriers that are outside of the scope of this Review (e.g., racism, cost-of-living, health inequalities, homelessness, misogyny and gender biases). Addressing these is integral to stopping family violence and/or sexual violence.

However, there are many practical and achievable steps government agencies can take collectively and individually to make major improvements to the system and ultimately reduce violence and improve outcomes for communities in Aotearoa New Zealand:

Do more of what works. We know that interventions that are specialist and evidence-based, community-led, tailored, flexible, holistic, and whānau-centred are more likely to have better outcomes. Government can enable communities to deliver the services their communities need by being innovative in how we fund, commission, and monitor contracted interventions. We should also continue to strengthen approaches to integrated intervention models, such as multi-agency responses.

Support the workforce. The frontline workforce is key to the success of interventions for people who use violence. Government should support the existing workforce through fair, flexible, long-term funding, investing in capability building and support, and by strengthening pathways into the workforce.

Fill the gaps. This Review has shown that there is a still a lot we don't know. Government should invest in research and evaluation to improve how we define and measure effectiveness, address gaps, and align and improve approaches to data collection across the sector.

Work collectively. This Review, and Te Aorerekura, recognises that to have the most long-lasting impact we must move forward together as a system. The system is disjointed and communities spend too much time and resources trying to navigate it. Government agencies must work together to address barriers and build a more cohesive, effective system.

Committed investment is needed. Many of the gaps identified in this Review reflect a lack of collective focus and investment in the system responding to people who use violence. Broad-scale, long lasting change requires significant investment and a coordinated effort to lead the next steps.

Recommendations for government agencies to improve interventions

The Review has produced recommendations for government agencies to implement in order to make long-lasting improvements to the system of interventions for people who use violence. Recommendations one and two will provide a foundation and mechanism for government agencies to implement the remaining recommendations.

These recommendations are focused on improving the system of interventions for people who use family violence and/or sexual violence, however they can and should include the wider system of family violence and sexual violence services, including those for victim/survivors and whanau and community supports. This will ensure the wider system progresses as a whole and reduce the existing silos and barriers.

The recommendations will require joint commitment and resourcing from government agencies to implement. However, there is scope to progress aspects of this working within existing baselines by adapting current approaches and ways of working. Recommendations should be considered as part of all Te Aorerekura action plans.

There is already work underway to make improvements to the system and these recommendations should align to and complement existing work programmes. Outside of these recommendations, government agencies will continue to take opportunities to align.

Recommendation 1: Formalise a stopping violence leadership group

A stopping violence leadership group will enable agencies to achieve greater integration and alignment of interventions for people who use family violence and/or sexual violence. It will create a mechanism for government to design, commission, and fund the system of interventions transparently and cohesively. This would enable government to strengthen accountability, reduce the fragmentation and misalignment of the current system, while recognising the different operating contexts of the family violence and sexual violence sectors, and non-mandated and judicially directed programmes.

The leadership group would include membership from all key agencies who fund interventions for people who use violence, as well as other key government agencies (e.g., the Centre, SIA). An agency or joint agency leads would provide a coordinating role across the stopping violence system to ensure clear mandate and accountability.

Recommendation 2: Agree a stopping violence work programme

The stopping violence leadership group should establish a joint work programme, focused initially on establishing a shared understanding of effectiveness and identifying opportunities for greater integration over time. The work programme would focus on activities that are needed to create a foundation for more longer-term transformative work. Activities in the work programme should include:

- establishing a shared understanding of the pathways to family violence and/or sexual violence offending and opportunities for intervention within an Aotearoa New Zealand context
- mapping the integrated system of interventions for people who use family violence and/or sexual violence, including those out of scope for this Review (e.g., custodial interventions, mental health support, alcohol and drug support)
- addressing gaps in evidence and research to improve our understanding of what works and what doesn't within the Aotearoa New Zealand context, including gathering views and experiences from people who use/have used family violence and/or sexual violence
- developing shared Theories of Change for family violence, sexual violence, and kaupapa Māori interventions, and ensuring individual programmes are supported by evidence-based Theories of Change
- developing a shared understanding of effectiveness, shared outcome metrics, and enhanced measurement of impact across the stopping violence system
- establishing mechanisms for integrating victim/survivor voice into the design, procurement, delivery, evaluation and monitoring of services for people who use violence
- aligning approaches for how government agencies commission and fund interventions to reduce barriers for service providers and service users, and enable long-term support, and flexibility that allows providers to meet the needs of their communities
- improving data collection, understanding of reach, and ability to target interventions and address gaps
- developing joint quality assurance and monitoring mechanisms to strengthen safety and accountability for stopping violence interventions.

Once the stopping violence leadership group is established and the foundational work is agreed and underway, the following recommendations should be considered.

Recommendation 3: Strengthen and grow kaupapa Māori services

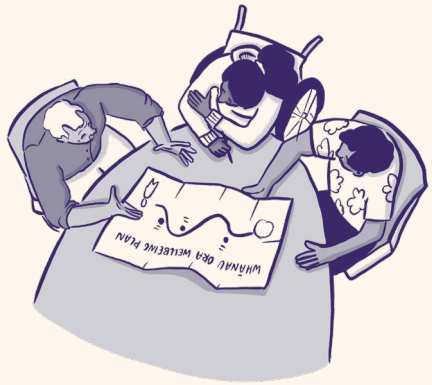
Sustainably and equitably resource and fund kaupapa Māori services to address unmet need, scale up existing service provision and enable additional kaupapa Māori providers to meet demand, implement kaupapa Māori workforce capability frameworks, good practice guidelines and outcomes framework, and kaupapa Māori research.

Recommendation 4: Build workforce capacity and capability

Design a workforce development plan that provides training pathways and accreditation for new and existing workforce frameworks.* The Centre is developing a plan to improve workforce capacity and capability, and the findings of this Review support this approach and the development of nationally recognised training pathways for kaimahi working with people who use violence.

Recommendation 5: Focus on prevention and early intervention

Focus on prevention and early intervention for children and young people at risk of using family violence and/or sexual violence, and social change campaigns that address the social attitudes that enable family violence and sexual violence and act as barriers to help-seeking.



* Including The Family Violence Entry-to-Expert (E2E) Capability Framework, the Specialist Family Violence Organisational Standards (SOS), the Family Violence Risk and Safety Practice Framework, Sexual Violence workforce capability frameworks, He Ara Toiora - A Kaupapa Māori Workforce Capability Framework for the Mahi Tūkino and Sexual Violence Sector, Te Ara Kōkōrangi, Te Ara Toiora: Good Practice for Preventing and Responding to Mahi Tūkino in Aotearoa and Good Practice Guidelines for Mainstream Crisis Support Services Responding to Sexual Violence.

Review summary

Strengthening the Stopping Violence System: A review of government-funded, community-based interventions for people who use family violence and/or sexual violence in Aotearoa New Zealand

Key findings

Engagements highlighted the many strengths of communities and providers delivering interventions, including the development of innovative solutions tailored to their communities, often with limited funding.

System level issues have emerged throughout the Review, including:

- fragmentation across agencies and interventions
- lack of shared understanding of effectiveness and outcomes
- lack of consideration of victim/survivors
- workforce capability and capacity constraints
- inequities in access and outcomes
- significant evidence gaps
- limited focus on prevention and early intervention.

The Review also found that despite recent improvements to commissioning and service design, barriers for communities remain and are likely to worsen with rising demand.

Addressing broader societal factors is also integral to stopping family and/or sexual violence. These include racism, cost-of-living pressures, health inequities, homelessness, and gender bias.

Scope

The Review focused on government-contracted, community-based interventions.

The Review is a cross-agency initiative between the Department of Corrections, the Ministries of Justice and Social Development, Oranga Tamariki, NZ Police, and the Centre for Family Violence and Sexual Violence Prevention.

Stopping violence is a priority focus area in the second Te Aorerekura Action Plan (2025-2030).

Evidence sources

The Review's findings and recommendations were informed by:

- relevant government agency information
- 40 stakeholder engagements
- survey insights from 121 participants
- advice and feedback from non-governmental stakeholders on the Stopping Violence Reference Group
- The Backbone Collective survey on victim/survivor experiences of stopping violence interventions
- findings from the Corrections recent integrity monitoring of a sample of NVPs
- key literature and research.

Recommendations

Recommendation 1: Formalise a stopping violence leadership group

A stopping violence leadership group will enable agencies to achieve greater integration and alignment of interventions. It will create a mechanism for government to design, commission, and fund the system of interventions transparently and cohesively. This would enable government to strengthen accountability, reduce the fragmentation and misalignment of the current system, while recognising the different operating contexts of the family violence and sexual violence sectors, and non-mandated and judicially directed programmes.

The stopping violence leadership group would include membership from all key agencies who fund interventions for people who use violence and an agency or joint agency leads would provide a coordinating role across the stopping violence system to ensure clear mandate and accountability.

Recommendation 2: Agree a stopping violence work programme

The work programme would focus on activities that are needed to create a foundation for more longer-term transformative work, including:

- establishing a shared understanding of the pathways to offending and opportunities for intervention
- mapping the integrated system of interventions for people who use violence
- addressing gaps in evidence and research
- developing shared Theories of Change and ensuring individual programmes are supported by evidence-based Theories of Change
- developing a shared understanding of effectiveness, shared outcome metrics, and enhanced measurement of impact across the stopping violence system
- establishing mechanisms for integrating victim/survivor voice into the design, procurement, delivery, evaluation, and monitoring of services
- aligning approaches for how government agencies commission and fund interventions
- improving data collection, understanding of reach, and ability to target interventions and address gaps
- developing joint quality assurance and monitoring mechanisms to strengthen safety and accountability.

Once the stopping violence leadership group is established and the foundational work is agreed and underway, the following recommendations should be considered.

Recommendation 3: Strengthen and grow kaupapa Māori services

Sustainably and equitably resource and fund kaupapa Māori services to address unmet need, scale up existing service provision and enable additional kaupapa Māori providers to meet demand, implement kaupapa Māori workforce capability frameworks, good practice guidelines and outcomes framework, and kaupapa Māori research.

Recommendation 4: Build workforce capacity and capability

Design a workforce development plan that provides training pathways and accreditation for new and existing workforce frameworks. The Centre is developing a plan to improve workforce capacity and capability, and the findings of this Review support this approach and the development of nationally recognised training pathways for kaimahi working with people who use violence.

Recommendation 5: Focus on prevention and early intervention

Focus on prevention and early intervention for children and young people at risk of using family violence and/or sexual violence, and social change campaigns that address the social attitudes that enable family violence and sexual violence and act as barriers to help-seeking.

Acronyms and abbreviations

Acronym/abbreviation	Name
Breaking the Cycle of Violence	*Breaking the Cycle of Violence*, Te Aorerekura Action Plan 2025–2030.
CBT	Cognitive Behaviour Therapy
The Centre	The Centre for Family Violence and Sexual Violence Prevention
Corrections	Department of Corrections | Ara Poutama Aotearoa
CSAM/CSEM	Child sexual abuse material/child sexual exploitation material
CSI	Concerning sexual ideation
E2E	Entry to Expert Capability Framework
FTE	Full-Time Equivalent
FVDRC	Family Violence Death Review Committee
HSB	Harmful sexual behaviour
LGBTTQIA+ community	Lesbian, gay, bisexual, transgender, takatāpui, queer/questioning, intersex, asexual, plus community

NVP	Non-violence programme for perpetrators of family violence
MoJ	Ministry of Justice
MSD	Ministry of Social Development
MST	Multisystemic Therapy
Oranga Tamariki	Oranga Tamariki – Ministry for Children
PSO	Police Safety Order
The Review	A review of government-funded, community-based interventions for people who use family violence and/or sexual violence in Aotearoa New Zealand
RNR	Risk, Needs, Responsivity
RQ	Rehabilitation quotient
SIA	The Social Investment Agency
SOS	Specialist Family Violence Organisational Standards Capability Framework
Te Kupenga	Te Kupenga Whakaoti Mahi Patunga/National Network of Family Violence Services
Te Aorerekura - The National Strategy	Te Aorerekura—the National Strategy to Eliminate Family Violence and Sexual Violence
TOAH-NNEST	Te Ohaakii a Hine – National Network for Ending Sexual Violence Together
VIA	Victim-informed assessment

Introduction to the Review

Government agencies* have undertaken a review of government-funded, community-based interventions for people who use family violence and/or sexual violence in Aotearoa New Zealand (the Review).

Breaking the Cycle of Violence, Te Aorerekura Action Plan 2025–2030 outlines the government's priorities to drive system change.[3] Stopping violence is one of the seven broad five-year focus areas in *Breaking the Cycle of Violence*. The Review of current interventions for people who use violence is one of five stopping violence actions within the *Breaking the Cycle of Violence* first programme of action (2025-2026).

This report provides an analysis of the findings of the Review and offers recommendations for government organisations to improve how we fund, commission, and support interventions for people who use violence (the Report). The recommendations from this Report should be considered as actions in future Te Aorerekura action plans.

* Department of Corrections | Ara Poutama Aotearoa (Corrections), the Ministry of Justice (MoJ) and Social Development (MSD), Oranga Tamariki – Ministry for Children (Oranga Tamariki), and NZ Police.

The Review provides a greater understanding of government-contracted, community-based family violence and sexual violence interventions for people who use violence by building a clearer picture of:

- the different interventions across the system, and how they relate to and interact with one another
- the behaviour change and holistic needs and perspectives of people who use violence accessing interventions
- how victim/survivor perspectives and experiences can inform the design, delivery, and monitoring of interventions
- what we know about what effective services look like
- the needs of the workforce
- how funding, procurement and commissioning works
- the gaps in evidence and research that need to be addressed.

The Review is an important first step in understanding one part of the larger system of interventions for people who use violence, and how government agencies can better support positive outcomes. However, it also signals what additional work needs to be undertaken to provide a fuller, more evidenced and nuanced picture of this system and how we can identify what effectiveness looks like.

Government agencies developed and delivered the Review with the advice of sector subject matter experts

This cross-agency Review has been delivered by the Stopping Violence Priority Steering Group, which is comprised of members from government agencies that fund and contract services for people who use violence.* Membership was extended to Te Kupenga Whakaoti Mahi Patunga/National Network of Family Violence Services (Te Kupenga) and to the Centre for the Prevention of Family Violence and Sexual Violence (the Centre) to provide strategic advice and support.

A government working group was established to support the Stopping Violence Priority Steering Group's delivery of this work programme. Representatives from funding agencies collectively carried out this Review.

A Stopping Violence Reference Group was also established, comprised of representatives from key non-governmental stakeholders. Members had knowledge of interventions for people using violence and victim/survivor experiences from across the family violence and sexual violence sectors. Māori and tauiwi were represented in the membership.

* Department of Corrections | Ara Poutama Aotearoa (Corrections), the Ministry of Justice (MoJ) and Social Development (MSD), Oranga Tamariki – Ministry for Children (Oranga Tamariki), and NZ Police.

The scope of the Review

The Review is focused on government-contracted, community-based interventions specifically targeted at people who use family violence and/or sexual violence.

The interventions in scope of the Review are:

- Non-Violence Programmes for Perpetrators of Family Violence (NVPs) contracted by Department of Corrections | Ara Poutama Aotearoa (Corrections) and Ministry of Justice (MoJ).
- Te Huringa ō Te Ao - family violence services contracted by Ministry of Social Development (MSD).
- Wraparound Housing Services for people using violence that have been issued a Police Safety Order (PSO), contracted by MSD.
- Oranga Tamariki contracted family violence programmes for children and young people using violence.
- Digital products to support people using violence: A range of MSD-funded digital products and services available through Change is Possible.
- Harmful Sexual Behaviour (HSB) services for children and young people, and adults, who exhibit harmful sexual behaviour.
  - » Corrections contracted programmes for adults (predominately men) who have sexual offences against children.
  - » MSD contracted programmes for adults who have engaged in HSB who are voluntarily seeking help for their behaviour.
  - » Oranga Tamariki contracted programmes for children and young people who are displaying HSB.
- Concerning Sexual Ideation (CSI) Services: MSD contracted sexual violence services for non-mandated adults experiencing concerning sexual ideation.

More information on the in-scope interventions can be found on page 24: *Current community-based interventions for people who use family violence and/or sexual violence*.

Out-of-scope interventions

The interventions on the previous page do not represent the full system of responses that people who use violence may access. Interventions that were out of scope for the Review include:

- interventions delivered within custodial settings (e.g., prison-based rehabilitation programmes including special Treatment Units and individual psychological treatment)
- community-based rehabilitation programmes and psychological interventions delivered by Corrections' internal workforce
- services that provide long-term healing, support, and recovery for people, families and whānau, and communities affected by violence
- community-led and whole-of-population primary prevention initiatives
- informal peer support services
- services not funded by the government (such as Māori, hapū, or iwi-based services, faith-based services, services funded by private philanthropy)
- restorative justice services for family violence or sexual violence offending
- broader mental health and addiction services, and
- services that exclusively support victim/survivors

This Report acknowledges there are out-of-scope interventions which can provide positive outcomes for people who use violence. Any potential inclusion of these services in future reviews or research would add value to understanding the wider landscape for family violence and sexual violence interventions.

Why are we reviewing interventions for people who use violence now?

Addressing the cycle of violence in Aotearoa New Zealand requires a long-term, coordinated commitment. Te Aorerekura—the National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura) was launched in 2021. It sets out a 25-year vision for a future where "all people in Aotearoa New Zealand are thriving; their wellbeing is enhanced and sustained because they are safe and supported to live their lives free from family violence and sexual violence".[4] Te Aorerekura identifies and responds to the drivers of violence at both individual, whānau, community, societal and systems levels. It requires accountability from people using violence and supports them to change.

This Review is part of the government's effort to ensure it commissions and procures social services to deliver interventions that are effective and lead to positive and safe outcomes, and to enable our community partners to deliver services that are responsive to the changing and growing needs of their communities.

The way government has designed, commissioned, and funded interventions for people who use violence has grown and changed rapidly since they were first funded in the 1990s without a strong evidence base or shared understanding of 'the problem' or the solution. The needs of people who use violence and the demand for service interventions have also changed. This has resulted in an increasingly disjointed system that causes barriers for community service providers in their ability to respond to the needs of their communities. This Review will provide a better understanding of the services government agencies fund; ensuring that services are well commissioned and well understood so investment is focused where there is clear understanding of need, reach, impact, and value.

"This Review will provide a better understanding of the services government agencies fund; ensuring that services are well commissioned and well understood so investment is focused where there is clear understanding of need, reach, impact, and value.

A range of evidence sources informed the Review

The Review's findings and recommendations have been informed by:

- relevant government agency information about in-scope interventions
- engagement with the family violence and sexual violence sectors to gather perspectives on current gaps and opportunities. This included:
  - » advice and feedback from the Stopping Violence Reference Group
  - » peer review of the Report by specialists and sector experts
  - » targeted engagement with approximately 40 stakeholder groups from both government agencies and the community sector across family violence and sexual violence sector*
  - » a feedback survey about stopping violence services, in which 121 participants responded to 23 questions.

  Participants included representatives from:
  - · non-government organisations
  - · service providers
  - · central government agencies (or Crown Entities)
  - · Pacific, Māori and iwi organisations
  - · community groups
  - · legal or advocacy groups
- the Backbone Collective Survey on victim/survivor experiences of stopping violence interventions[5]
- key findings from the Corrections recent integrity monitoring of a sample of NVPs**
- other key literature and research on interventions for people using violence.

The synthesis and analysis of these evidence inputs can be found in **Findings and Insights.**

Further detail on the methodology behind the engagements, literature, evidence and our approach to analysis can be found in Appendix One and the accompanying Engagement Report.

---

* Representing a sample of sector perspectives at a point in time.

** This involved the monitoring of eleven of the 44 NVP providers who are contracted by Department of Corrections | Ara Poutama Aotearoa. The NVP monitoring also included data tracking of 64 NVP participants, and interviews with 25 Probation staff.

Limitations of the Review

The Review had limitations. The agreed scope of this work focused on government-contracted, community-based interventions. As a result, it does not consider key specialised programmes, for example programmes delivered by Corrections in prison for both family violence and sexual violence and services that provide long-term healing, support, and recovery for people, families and whānau, and communities affected by violence.

While engagement informed this Review in several ways, it did not capture all possible views or experiences. It does not include direct engagement with people who use violence. The Review also did not expressly explore literature focused on the experiences, motivations, or perspectives of people who use violence. This limits the extent to which the perspectives and experiences of programme participants are directly reflected in the findings.

The history of grassroots and community work that led to the development of interventions and responses to people who use violence was not captured in this Review. Much of this history is not recorded in written literature or other recorded formats. The Review did not have adequate time for the additional interviews needed to collect and synthesise this history.

The initial timeframe for the Review limited the scope of engagement and evidence gathering that could be undertaken. Once the Review was completed, additional time was provided to further strengthen this Report in key areas through additional engagement and analysis. Further details about this process can be found Appendix One.

Opportunities for change

This Review aligns with existing strategic opportunities that government can leverage to improve the system of interventions for people who use violence.

Te Aorerekura and the Action Plans set out a collective path for government, tangata whenua, specialist sectors, and communities to eliminate family violence and sexual violence. There is a clear opportunity for government to consider implementing the recommendations of the Review by integrating them into Te Aorerekura action plans. This could provide a clear mandate and accountability for government agencies to collectively deliver the recommendations and work through implementation.

Taking a social investment approach. The Social Investment Agency (SIA) defines social investment as better enabling people, whānau, families, and communities to achieve outcomes and thrive by using data, evidence, and different ways of working.[6] Adopting a social investment approach is a key component of *Breaking the Cycle of Violence,* which means that there is an emphasis on increasing the efficiency, accessibility, and effectiveness of services, as well as on the need to improve outcomes for people accessing services and victim/survivors impacted by violence.

The Review supports the Government Targets of 'Reduced child and youth offending' (Target 3) and 'Reduced violent crime' (Target 4) launched in April 2024**,**[7] as well as their delivery plans, and the Child and Youth Strategy 2024-2027 Priority 3 - Preventing child harm.[8]

The Review's focus on stopping violence acknowledges the findings from the Family Violence Death Review Committee's (FVDRC) sixth report *Te Pūrono tuaono: Men who use violence* which calls for movement towards restorative, trauma-informed, and culturally responsive approaches that address the root causes of violence.[9]

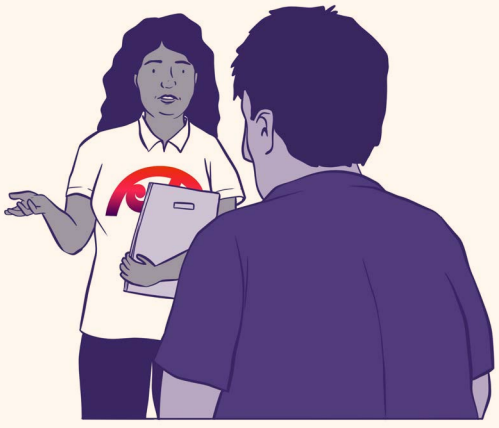
In April 2024, a report outlining family violence and sexual violence service gaps in Aotearoa (the Gaps Report) was published.[10] It highlights that there are significant family violence and sexual violence service gaps for people who use violence. The findings of the Gaps Report complement the findings of this Review and should be considered as recommendations are implemented.

Current community-based interventions

for people who use family violence and/or sexual violence

A range of government-contracted interventions for people who use violence exist across Aotearoa New Zealand, delivered through both mandated and non-mandated pathways. These interventions aim to prevent further harm, support positive behaviour change, and strengthen safety and wellbeing for individuals, families and whānau, and communities.

While these interventions are all aimed toward the same overall goals, there are differences in how and why they are delivered, and who the target cohorts are. The following section describes the interventions in scope for the Review and what providers who hold these contracts are funded to deliver. Providers may hold multiple contracts to fund multiple programmes, which includes mainstream, kaupapa Māori and culturally responsive programmes. A detailed breakdown of the interventions in-scope can be found in Appendix Two.



Family violence interventions

Non-Violence Programmes (NVPs) – MoJ and Corrections

MoJ and Corrections NVPs are for adults who use violence. NVPs have aligned service specifications across the two agencies and are largely delivered by the same service providers with no difference in the programme content or delivery. Due to differing statutory requirements, there are some differences in:

- cohorts and referral pathways
- assessment and programme length requirements
- reporting requirements, and
- consequences for non-compliance and non-attendance.

MoJ NVPs are directed under legislative frameworks through the family court and the criminal court (under the Family Violence Act 2018 and the Sentencing Act 2002 respectively). As such, court-directed programmes must align with legislative requirements, judicial processes, and principles of procedural fairness.

In the family court, programmes are mandated for respondents to a Protection Order. In the criminal court, programmes are judicially directed as part of a pre-sentence adjournment for defendants facing family violence charges who have entered a guilty plea in the district court.

Corrections NVPs are mandated by a probation officer as a condition of the offender's community sentence. Corrections NVP cohorts are those who:

- have been convicted and are on sentence for a family violence offence, and
- are assessed as low to medium risk of re-offending (risk of reconviction/risk of imprisonment, RoC*RoI, score between 0 and < 0.5*) and suitable for attending a community-based programme.

---

* The risk of reconviction/risk of imprisonment (RoC*RoI) tool is a statistical model used to predict the likelihood of a person committing further offences.

Te Huringa ō Te Ao - MSD

Te Huringa ō Te Ao services are locally led interventions for tāne and men ready to make sustainable behaviour change and restore whānau wellbeing. This is a non-mandated service, and referrals may come from a range of pathways.

Interventions are designed to meet the needs the local communities and MSD work with service providers to test, learn, and improve their interventions. While services look different in every community, they all align with the evidence-based Te Huringa ō Te Ao framework.[11]

Wraparound Housing Services - MSD

This initiative aims to improve the effectiveness of Police Safety Orders (PSOs) by providing 24/7 accommodation and wraparound services for people who use violence, working with their whānau and families to develop effective strategies to stop the use of violence.

People using violence are usually referred by Police at the time a PSO is served, but it is not a mandated service. The intervention includes access to short-term accommodation, behaviour change support, and navigation to long-term services.

Family violence programmes for self-referred children and young people using violence – Oranga Tamariki

Services are non-mandated interventions for children and young people who have used family violence, and their whānau. Interventions focus on early intervention and include counselling, social work support, and family violence prevention and education programmes. Whānau may be self-referred or referred by Oranga Tamariki or the community.

Change is Possible - MSD

Change is Possible is a nationwide 24/7 digital platform and helpline (website, webchat, and phone) offering information, de-escalation, and referral to local services for people who use violence or are at risk of using violence. The digital platform and helpline are promoted by marketing campaigns and community networks, aimed at people seeking to address their behaviour.

Sexual violence interventions

Harmful Sexual Behaviour (HSB) services – Corrections, MSD, Oranga Tamariki

Corrections contract community-based rehabilitation programmes for adults (predominately men) who have contact and/or non-contact sexual offences against children and are in the average-above average risk range (based on the Automated Sexual Recidivism Scale – Revised and other dynamic risk factors). Corrections clients are not mandated to attend HSB services and only need to be willing and able to do the assessment and programme.

MSD contract non-mandated programmes for adults who have engaged in HSB who are voluntarily seeking help for their behaviour.

Oranga Tamariki contract programmes for children and young people who are displaying HSB in two cohorts, children up to 12 years and young people between 12 and 17 years of age. Services can be mandated or non-mandated and use a family-based approach.

All three agencies contract one kaupapa Māori provider to deliver HSB services for adults, children and young people. There are four mainstream providers of HSB services.

Concerning Sexual Ideation (CSI) Services - MSD

CSI services are non-mandated, prevention-focused responses for adults who are experiencing concerning sexual ideation but have not yet offended. These are therapeutic interventions aimed at addressing concerning sexual thoughts and preventing progression to HSB.

Findings and insights

Through this Review, we have identified key insights into the current state of interventions for people who use violence as well as what is needed to improve outcomes for communities. These insights are grouped into the following themes:


Understanding the needs of people using violence


Understanding the needs of victim/survivors


Intervention service design and practice


Workforce


Funding, contracting, and procurement


Outcomes, data, measurement, and research.

Many of the findings in this section apply across both mandated and non-mandated interventions. Mandated interventions are intended to support court mandated accountability, immediate and short-term behaviour change and safety outcomes, and compliance with judicial directions. Mandated interventions commonly engage people who may not be ready or motivated to change. Non-mandated interventions depend on voluntary engagement based on self-identified need, readiness for change, or community pressure to engage. Findings should be interpreted with consideration of the different legal purposes, constraints, and expected outcomes of these approaches.

Understanding the needs of people who use violence

The system is fragmented, overly complex, and therefore often inaccessible to those who need it most. People who want to seek help are navigating siloed systems and can 'fall through the cracks' or are repeatedly transferred between services. Complex systems also mean that those resistant to seeking help will be less likely engage. When people who use violence participate and/or complete programmes but continue to use violence, victim/survivors, community organisations and the local community lose trust in the system to effectively intervene and respond.[12] [13]

Some providers noted that demand is outstripping available capacity in parts of the system, particularly for non-mandated services. More broadly, providers highlighted that increasing case complexity, alongside constrained funding is placing pressure on capacity across both mandated and nonmandated services, which can affect their ability to respond to the longer-term and evolving needs of people who use violence.

People who use violence have diverse and complex needs that change over time, requiring tailored interventions and dynamic responses. This includes a need for trauma-informed interventions that address:

- motivation and readiness to change
- complex psychosocial issues
- historical trauma including colonisation and its continued social, cultural and health impacts
- experiences as a victim/survivor
- barriers to access.

Stakeholders emphasised the importance of flexible, kaupapa Māori and culturally responsive services that meet holistic and complex needs, support family and whānau-wide change, and adapt to different stages of readiness.[14]

"The system is fragmented, overly complex, and therefore often inaccessible to those who need it most.

The pathways that lead someone to use violence are complex and intertwined

The drivers of violence are complex and rooted in systems of oppression and power, including racism, colonisation, misogyny, homophobia, transphobia as well as structural inequities. Certain attitudes and social norms driven by these systems of power, such as rigid gender roles and harmful masculinity, further contribute to and enable the perpetuation of family violence and sexual violence.[15]

People who use violence may use different forms of sexual violence and/or family violence at different times and towards different victim/survivors. People who use violence may also be a victim/survivor themselves. The system response to violence is currently not designed to account for this complexity.

Violence experienced within Māori whānau cannot be understood without acknowledging the historic and ongoing impacts of colonisation, including land dispossession, cultural disruption, systemic racism, and structural violence causing historic and ongoing intergenerational trauma and poverty with cumulative and collective harm. These forces continue to shape inequitable experiences of the justice, health, and social sectors.

Further, engagements with providers highlighted emerging trends among people using violence including rising technology-facilitated violence, increasing exposure to sexual content and grooming of children and young people online. Engagements also noted the increasing risk of lethality in both sexual violence (such as strangulation) and family violence (including threats and attempts to kill).[16]

> **“The drivers of violence are complex and rooted in systems of oppression and power, including racism, colonisation, misogyny, homophobia, transphobia as well as structural inequities.**

There is a need for a relational approach that supports connection, trust, mana and respect

Limited research has investigated help-seeking and support needs from the perspectives of people who use violence, both in Aotearoa New Zealand and internationally. Emerging research with people who use family violence identified that people who use violence report they can feel disconnection from their own identity, others and society; a sense of inadequacy; unresolved trauma and hurt; and battling multiple challenges including mental health issues, drug and alcohol use, and poverty.[17] Research on people who use violence from diverse populations (e.g. LGBTTQIA+, ethnic communities, Pacific peoples, disabled people) is also limited.

Barriers to engagement for people who use violence include stigma, isolation, shame, mistrust and past negative experiences or lack of cultural responsiveness within services.[18] [19] [20] [21] It is essential to design services that respond flexibly to these barriers, including relational approaches that build connection, trust, mana and respect, balanced with accountability and safety. People who use violence often find significant benefit from engaging and building relationships with people who have lived experience of a journey of transformation beyond the use of violence.[22] [23] [24] [25]

> **It is essential to design services that respond flexibly to barriers, including relational approaches that build connection, trust, mana and respect, balanced with accountability and safety.**

Tāne Māori have told researchers they want responses that are not secretive and engage their wider community in providing support. This helps hold them accountable for change and offer new ways to envision their identity in their relationships and with whānau and community by drawing on traditional te ao Māori models.[26] [27] Kaupapa Māori research and literature identify this as including a reclamation of a te ao Māori identity, reshaping gender roles outside of colonial ideologies, knowing one's whakapapa, and building whakawhanaungatanga with providers, whānau (where appropriate), hapū, and others in the programme (including people with lived experience).[28] [29] [30] [31] [32]

Non-mandated entry pathways for people who use violence are unclear

For people who are not mandated to participate in stopping violence programmes, the pathway to access services may be unclear and many people do not access formal services to address their violence. Further, Māori have reported not knowing about the option for kaupapa Māori services or have been actively discouraged from accessing Māori services and providers.[33] Kaupapa Māori providers have called for Māori to be referred to Māori services by default, with the option to choose themselves whether they will engage with that service or a tauiwi service.[34]

There is significant variation in readiness and motivation to change

People who use violence can engage at different stages. Some are already changing, some want to but need guidance, some are mandated and want to change, and others are mandated and are not wanting to change. Many may never engage or only engage in a service to demonstrate willingness to change but have no intention to. For tangata whenua, a desire for positive change and safety for their tamariki, mokopuna and whānau, and to break the cycle of violence was often cited by providers as a motivation for programme attendance.[35]

Not being ready to change and lack of motivation were the common barriers identified in engagements. Research with family violence victim/survivors has identified a range of perspectives on why the person using violence had not changed despite attending a non-violence programme, such as:[36] [37] [38]

- holding internal beliefs and attitudes that supported their behaviour
- not wanting to attend a programme
- not thinking they need to be there
- not wanting to change or accepting they have a problem
- denying using violence
- denying or deflecting responsibility and blaming the victim/survivor.

An order being made, or charges being laid, can act as a motivator for some individuals who may not have otherwise proactively sought support.[39] However, this can also contribute to a feeling of loss of power and control, which can add further risk for victim/survivors. Family violence victim/survivors have reported in some cases that violence was worse following participation in an intervention.[40] [41] [42] [43] Some victim/survivors who completed the Backbone survey also reported that partners using violence only participated in stopping violence programmes to convince authorities that they had changed their behaviour, when the violence had not stopped.[44]

The sector recognises that the needs of people who use family violence and/or sexual violence shift over time with changing circumstances, mindsets, and stages of the behaviour change journey. To address the diversity of these needs, providers shared what they offer:

- a variety of service approaches (e.g., therapeutic, group work, cultural reconnection, education)
- options for different levels of readiness (e.g., mandated and non-mandated)
- different cultural models (e.g., kaupapa Māori, by-community for-community, cultural responsiveness, partnering with community experts, working within local community context)
- service flexibility (e.g., operating with an open-door policy so people can re-engage with the service).

Most services provide tailored support and will attempt to work to meet the needs of people who are contemplating change, but providers lack the funding and capacity to take more time to assist this change. There is a significant gap in interventions and responses for people who are not ready or willing to consider change.

Further research is needed to investigate the characteristics of people who use violence who do not engage with interventions or who engage to achieve completion with no intention of behaviour change, and how they can be encouraged to meaningfully engage.

Different violence types require tailored responses

Different types of violence involve different pathways that lead to the use of violence. Additionally, different dynamics, risk factors, and treatment needs require different responses. For example, there is high mental health co-occurrence for sexual violence users, and these factors complicate engagement, and predict poorer outcomes if not addressed.[45] Further, there is significant variation among different cohorts of people who use sexual violence and treatment needs to be adapted to different groups.

Greater understanding is also needed for people who use violence in online and digital forums.

People who use violence often have co-occurring complex needs

Providers have highlighted that people who use violence often present with complex, co-occurring needs, such as alcohol and drug use, mental health conditions, historic trauma, unemployment, disability needs, and unmet basic needs (such as poverty, lack of childcare, lack of transport, and food and housing insecurity).[46] This also includes where people using violence have needs specific to being a victim/survivor of family violence and/or sexual violence. A person may need parallel or integrated support to address these needs so they can effectively engage with an intervention to address their use of violence. These services are not widely available, which impacts the efficacy of the violence prevention response. The initial intake assessment is a critical opportunity to identify these needs and develop a tailored plan. However, there are inconsistent approaches to risk and needs assessment across the sector which limit the response to and level of support available for people using violence.

Data is not available on whether programmes are connecting people who use violence with specialist services to address support needs (e.g., for mental health conditions or substance dependencies). Government agencies often do not specifically request whether referral to specialist services are being completed through contract reporting, and where this is being captured, there is no formal way to share this across funding agencies.

Many people who use violence are also victim/survivors of violence

Research indicates that people who use family violence and/or sexual violence are more likely to have witnessed or experienced violence in childhood and adolescence. [47] [48] [49] [50] [51] [52] These associations highlight the importance of addressing intergenerational and historic trauma to reduce the risk of future violence and restore wellbeing. Additionally, some people who use violence may never have disclosed, recognised, or received support to address their experiences of violence. As disclosure may occur during engagement with an intervention, services need expertise or clear referral pathways to trauma-informed specialist supports, while continuing to address the person's use of violence. Further research and guidance are needed in this area.

Research indicates that people who use family violence and/or sexual violence are more likely to have witnessed or experienced violence in childhood and adolescence.

Institutional racism, and systemic and structural violence continue to impact Māori disproportionately

Māori are impacted by high rates of violence[53] as well as systemic disadvantage from the historic and ongoing intergenerational effects of colonisation and institutional racism. This has contributed not only to structural inequities, but also to the internalisation by some Māori of racist and prejudicial perspectives that erode a positive sense of self, culture and cultural identity. These internalised beliefs can be inadvertently reinforced through engagement with non-Māori services that lack the cultural knowledge or ability to support a journey to reclaim a positive, secure and strong sense of self and whakapapa to Te Ao Māori.

> **“True restoration therefore requires system transformation and access to kaupapa Māori services, not the reshaping of Māori to fit within non-Māori frameworks...**

Responses often privilege Western models of healing and ways of being, while marginalising or overlooking te ao Māori-embedded frameworks. This has led to systems and organisations that can retraumatise tangata whenua and fail to uphold mana and tino rangatiratanga. Māori research has identified that Māori experience high levels of interpersonal violence, state violence and systemic discrimination, including racism[54]. This includes the disproportionate number of Māori who experienced significant sexual abuse as children and adolescents while in state care.[55] Research has also found that Māori who use violence often encounter discrimination, bias, and pathologising from non-Māori providers.[56] [57] These experiences have shaped the conditions in which harm occurs, and the barriers to seeking help and change for Māori users of violence.[58] [59] [60] True restoration therefore requires system transformation and access to kaupapa Māori services, not the reshaping of Māori to fit within non-Māori frameworks that have not been designed and developed with their realities, needs, values and aspirations in mind. This includes whaikaha Māori, takatāpui/LGBTTQI+ Māori, and other intersecting identities.

Māori rights, cultural authority and self-determined healing

Māori, as tangata whenua and Tiriti partners, hold the inherent right to tino rangatiratanga over their healing, restoration, and pathways of change. This means Māori define what is effective and appropriate for themselves, their whānau, and their communities.[61] [62] System structures and service models must uphold, not constrain, this authority. Inequities for Māori remain persistent and intergenerational through all interconnected realms of holistic wellbeing. Māori need the space, resources and supports necessary to shape pathways to healing, recovery, transformation and to flourish as Māori.

Te Ao Māori does not perceive violence as an individual problem, but as a collective concern that requires cultural pathways to healing that are inclusive of engagement with whanau, hapu and iwi[63] [64]. Whānau Māori experience strengthened wellbeing through holistic whānau-centered approaches that address historical trauma, support the expression of mana, enable collective healing and uphold tino rangatiratanga[65] [66]. The ongoing harm of historical trauma is inseparable from the persistence of imposed colonial systems that continue to shape and constrain Indigenous realities.

Thus, many Māori experience significant benefits from reconnecting with te ao Māori.[67] [68] [69] [70] Māori and whānau reconnect to te ao Māori (i.e. whakapapa, tikanga, te reo Māori, Matāuranga, and wairuatanga) through healing pathways designed by-Māori and for-Māori.

Diverse populations need tailored responses

Diverse populations experience family violence and/or sexual violence in different ways, shaped by intersecting factors such as disability, culture, age, identity, sexuality, spirituality, and systemic exclusion.

Just as tangata whenua are best supported by kaupapa Māori interventions, many tangata Tiriti communities are also most appropriately supported by interventions grounded in worldviews and responsive to their needs. Diverse populations need interventions that are designed by and for their communities based on models that are both culturally grounded and clinically robust, as well as mainstream interventions that are culturally responsive and culturally safe. This includes for Pacific peoples, ethnic communities, children and young people, disabled people, gang affiliated whānau, and the LGBTTQIA+ community.

There are few, if any, specialised family violence or sexual violence services for diverse communities using violence. Many diverse populations do not access mainstream family violence and/or sexual violence services due to past negative experiences, such as cultural and accessibility barriers, racism, homophobia, transphobia, misgendering and a lack of understanding of diverse identities and relationships. Instead, they may seek support from more general community organisations or individuals known to have expertise in their community, despite often limited family violence and/or sexual violence expertise.[71] This can result in individuals from intersectional and marginalised communities carrying double volunteer and advocacy roles to meet unmet community needs.

The population groups outlined below require tailored, community specific responses rather than a one-size-fits-all approach:

Disabled people and Tangata Whaikaha Māori

- Fully accessible family violence and sexual violence services are needed for people who are disabled [72] or intellectually disabled, including children and young people.
- In mainstream family violence and sexual violence services, safeguarding practices and disability assessments at intake are not widely practised, meaning risk factors and support needs are not identified and addressed.[73]

Ethnic communities

- There is a need for more access to language-specific programmes using appropriate cultural frameworks.[74]
- Responses require skilled interpreters, culturally safe facilitators and community context.[75]

LGBTTQIA+ communities

- Tailored programmes are needed that explicitly address the impacts of discrimination, stigma, and exclusion for LGBTTQIA+ communities.[76]
- Many existing NVP are framed solely for cisgendered men who use violence and do not account for violence in rainbow relationships, or within rainbow families and whānau.[77]

Pacific peoples

- There are not enough Pacific-led services to meet demand. This means Pacific peoples often must travel out of their area to attend culturally specific programmes.[78]
- Spirituality and faith can be key enablers of change for Pacific families and communities. Church and community leaders can help support engagement in stopping violence programmes.[79]
- Talanoa groups for fathers and mothers, mobilised through the church, have been reported to be effective forms of engagement.[80]

Children and young people using or at risk of using sexual violence

- More prevention and early intervention services are needed for children and young people who are using or at risk of using sexual violence.[81]
- Technology-facilitated violence is a growing challenge faced by children and young people which interventions should proactively address.[82]
- For young people who engage in HSB, there are limited services outside main urban centres, a lack of accessible and culturally grounded options, and a need for tailored services for disabled or neurodiverse young people.[83]
- Children and young people with LGBTTQIA+ identity also require tailored, safe services.

Child-to-parent violence

- There is a need for formal responses for child-to-parent violence.
- Families often rely on mental health and disability services in the absence of specialist support.[84]
- Co-occurrence with neurodevelopmental disabilities, exposure to violence and developmental stage are factors that require family and whānau-centred, long-term approaches particularly those tailored to the needs of disabled and neurodivergent families.[85]

Gang affiliated family and whānau

- Gang affiliated family and whānau often have histories of trauma and victimisation, requiring holistic, integrated responses.[86]
- Mistrust of services is common, meaning providers need specialist skills and relationship-based approaches to engage safely and effectively.[87]

There is also limited demographic analysis of participation in stopping violence interventions by government. Most evaluations provide no disaggregated data by ethnicity, gender, sexuality, disability or other characteristics which are crucial for understanding programme effects, particularly for diverse populations.

Multiple factors limit access for rural and remote areas to interventions

For people in rural and remote areas, cultures of silence, community protection of people who use violence, limited access to specialised services, and travel barriers to intensive programmes can significantly impact access and effectiveness.[88] There are geographic disparities in service availability and there is limited regional outreach capacity, especially in remote areas. Digital and remote service models are increasingly being used, but these may not be funded or appropriate where communities don't have the technology, connectivity, or desire to seek help digitally. Development of support and services need to be developed in collaboration with, or led by, community and hapori expertise to ensure services reflect local realities.[89] There is a need for practice guidance and further research in this area.

Justice and court processes can be confusing and intimidating

Stakeholder engagements highlighted that some people mandated to attend programmes often feel confused or intimidated by the court process and often do not fully understand programme requirements or their legal options. This is complicated by variations in community and professional support for people mandated to complete programmes. For example, family court clients can get help from court based Kaiārahi (Family Court navigators whose role is to help families with information, guidance and support on their journey through the family court) across the country, but in the criminal jurisdiction, the Community Link in Courts service (which provides wraparound support and helps connect people to other services) is available only in the Auckland and Manukau Family Violence Courts.

People mandated to attend programmes and victim/survivors, family and whānau need clear, accessible information and support to understand the often-complex court process across family and criminal jurisdictions. For people who use violence, this includes information on their obligations across different orders (e.g. bail or Protection Order conditions) and options for objecting to programme attendance or defending a Protection Order, and consequences if they do not comply.

> **“Stakeholder engagements highlighted that some people mandated to attend programmes often feel confused or intimidated by the court process...**

Understanding the needs of victim/survivors

The safety of victim/survivors* must remain central in all responses to family violence and/or sexual violence. Responses must be designed to ensure that victim/survivors will not be put at further risk of harm from either the person using violence or systemic or structural systems. This requires considering the safety, needs, and perspectives of victim/survivors in designing, delivering, and monitoring responsive and appropriate interventions for people who use violence.

* In the Review, the term victim/survivors is inclusive of all victim/survivors of violence including children, family, whānau, hapori, hapū, iwi and communities.

Victim/survivors can experience additional risk when a person using violence engages with an intervention

Engagements highlighted how people using violence may blame the victim/survivor for their need to attend a programme, especially when attendance is mandated.[90] This can lead to anger, resentment, and escalation of violence. Providers noted that mandated programmes, by nature, require people to attend when they may not be ready to meaningfully engage in the programme. Conversely, providers and international research have noted that the threat of judicial intervention can be a driver for change as some people using violence will never identify their own behaviour as a problem.[91] [92] Some victim/survivors have reported feeling that behaviour change was motivated by the threat of losing access to family or being given a court sentence. However, studies have not shown a clear link between judicial measures and programme outcomes.[93]

The Backbone Collective survey findings highlighted the real and immediate danger that some victim/survivors of family violence face during and after a person using violence has participated in an intervention, including at referral.[94] This included reports that violence towards a victim/survivor may get worse as a result.[95] [96] [97] [98] Research has also highlighted that victim/survivors report higher levels of physical and sexual violence than the person using violence self-reports at the start and end of a behaviour change programme[99] and that even when physical violence has reduced, victim/survivors report that coercive control may increase.[100] [101] [102] The Backbone Collective survey also found that at times even when Police, Oranga Tamariki and the courts perceived the person using violence to be safe because they had attended a stopping violence intervention, the victim/survivor was still experiencing violence.[103] Programme attendance must be supported by proactive, comprehensive safety measures and support for victim-survivors covering all forms of violence (not just physical).

Engagements highlighted that false reform is common and attendance at a programme does not necessarily mean that victim/survivors are safe.[104] Premature reconciliation can be a risk, especially in cases where the violence has changed from physical to psychological. Victim/survivors have expressed concerns that behaviour change may not be sustained[105] [106] and the responsibility for monitoring and reporting behaviour change often falls to victim/survivors.

Victim/survivors have reported concerns that behaviour changes were superficial or performative and may not reflect a change in the underlying beliefs or behaviours of the person using violence.[107] Intervention attendance may be used by some people who use violence to have contact with children or even gain unsupervised care, despite non-completion or no observed behaviour change.[108]

Research has highlighted detrimental changes from the person using violence after engaging in a programme, such as new learning being used for further control and violence or receiving praise in court for engaging in a programme when the victim/survivor had seen no change in behaviour.[109] [110] [111]

Service delivery should be led by victim/survivor safety

Victim/survivor safety and wellbeing must be prioritised in interventions for people using violence. While many providers noted the importance of centring victim/survivor safety and wellbeing, they noted that there is no clear guidance for how to embed a victim/survivor-led approach. Safety and wellbeing should be considered at each stage of the intervention, through intake, assessment, and throughout the service.

> **“Victim/survivor safety and wellbeing must be prioritised in interventions for people using violence.**

Victim/survivors have diverse needs and hopes for stopping violence interventions

Stakeholders noted that the system often treats all victim/survivors the same and assumes they want the same things. Research highlights a range of needs and aspirations that vary with victim/survivor experiences, perspectives and identities:[112] [113] [114] [115] [116]

- safety and freedom from violence for victim/survivors
- ongoing monitoring of behaviour and accountability and remorse of the person using violence
- the person using violence to be a safe and positive parent
- safe and enduring connections to whānau, hapū, iwi, particularly for children
- children to have safe and supported childhoods in which they feel heard and cared about
- restored victim/survivor wellbeing, voice and ability to make choices
- safe separation, free from fear of repercussion and post separation violence including through the legal system
- an improved relationship with respect and effective communication
- the user of violence to have enhanced awareness of self and others, and an understanding of the impact of their violence
- demonstrated and sustained behaviour change
- consequences for non-attendance and non-completion of interventions
- for Māori users of violence to receive genuine and meaningful support that do not reinscribe experiences of systemic and structural violence/racism/marginalisation and prejudice.

Victim/survivors want interventions to effectively engage and retain people in programmes and provide people using violence with support for mental health needs, alcohol and substance use, and trauma (including historic trauma). Victim/survivors also want interventions that won't further increase their risk, in particular ensuring interventions prevent collusion and victim-blaming and prioritise victim/survivor needs and safety in reconciliation and restoration interventions.

Many victim/survivors want programmes to share information about the programme goals, change strategies, and expectations for the person using violence.[117] [118] Victim/survivors have also expressed a desire for information to be shared with them about any concerning attitudes or behaviours of the person using violence and/or the individual outcomes of a person participating in and completing an intervention programme[119]. To support this, service providers will need to ensure they consider legislated information sharing provisions which detail circumstances under which sharing of information is possible.

Victim/survivors have needs and aspirations that are unique to family violence or sexual violence

International and Aotearoa New Zealand research has explored needs and aspirations that are specific to either family violence or sexual violence.

In responses to the Backbone Collective survey,[120] family violence victim/survivors said they wanted specialist support from the provider delivering the intervention to include: help making a safety plan, access to safety programmes, a report about the person using violence written for family court, follow up with the victim/survivor after the person using violence completes the programme, connections to other family violence organisations, and practical help like support to find accommodation.

In kaupapa Māori research, some wāhine Māori have spoken about aspirations for their relationship with those using violence, including the option to spend quality time together, finding better ways to deal with conflict, and being good role models for their Tamariki.[121] This does not presume nor require reconciliation or resumption of an intimate relationship. These aspirations are understood within a framing of whānau violence, distinct from family violence.[122] This distinction reflects core cultural values of whakapapa and whanaungatanga, and situates relationship within collectives of whānau, hapū and iwi and understands health and wellbeing as relational.[123] [124] Wāhine Māori have also reported a strong commitment to maintaining whakapapa connections for their tamariki which creates a lifelong connection to their partner, even when there is separation, and a desire for their partner to not experience further systemic harm.[125] Intervention and prevention approaches therefore must account for holistic and whole-of-whānau responses that support restoration of wellbeing, balance and harmony across whānau connections and relationships.

> **“**
>
> ***Project Restore*... identified a strong need among victim/survivors for people using sexual violence to understand the impact of their actions and accept accountability.**

There is a gap in the research exploring what victim/survivors of sexual violence want from intervention programmes beyond the cessation of the violence or justice response, particularly in areas of wellbeing and restitution, and emerging trends of sexual violence in online environments. International research[126] focused on justice needs for sexual violence victim/survivors has found that victim/survivors want the violence to not happen again, meaningful consequences for the person using sexual violence (such as a prison sentence), the person using sexual violence to be made known, and access to interventions that will stop the person from offending in the future (such as therapeutic help). An evaluation of *Project Restore* (a mainstream Aotearoa sexual violence focused restorative justice intervention) also identified a strong need among victim/survivors for people using sexual violence to understand the impact of their actions and accept accountability.[127]

Kaupapa Māori providers have reported that this can be different for Māori victim/survivors, who want the sexual violence to stop, along with accountability, remorse and restoration for all people involved, but often do not want the person using sexual violence to be made known or experience punitive measures.[128] Feedback from kaupapa Māori providers indicates that Māori victim/survivors may prioritise approaches that recognise harm as a violation of mana and tapū, alongside accountability.[129] Restorative responses that support the rehabilitation of those involved are seen as integral to restoring balance and collective wellbeing.[130]

Kaupapa Māori providers also highlighted that this can be particularly complex with familial sexual violence, where victim/survivors, family and whānau may experience complex tensions of aroha and loyalty for family members, wanting the violence to stop and wanting to avoid punitive measures for the person using violence.[131] Kaupapa Māori research on familial sexual violence has explored how whanaungatanga iho can offer pathways to toi ora for Māori victims/survivors and whānau.[132] [133] Whanaungatanga iho is whanaungatanga that honours the ancestral practices of aroha, care, commitment and respect of whakapapa in ways that uphold mana motuhake and foster environments in which whānau are safe and flourishing.[134] This might involve kaitiakitanga, manaakitanga and wairuatanga. Victim/survivors may connect beyond immediate family, to include wider whānau, and community, hapū and iwi members.

Further research is needed in this area, particularly considering diverse experiences of sexual violence, and different perspectives for Pacific and other diverse populations.

> **...Māori victim/survivors may prioritise approaches that recognise harm as a violation of mana and tapū, alongside accountability.**

Understanding the different needs of children and young victim/survivors

Providers delivering stopping violence services reported that children and young victim/survivors are often left unseen and unheard, and few programmes exist for this cohort. The needs of children and young victim/survivors are different from adult victim/survivors and require specialist, age-appropriate psycho-social support. Specialist support also needs to be tailored to the experiences and needs of children and young victim/survivors where family violence and/or sexual violence occur.

Understanding, and providing the right support for both children and young victim/survivors is critical when developing a safety plan. Aotearoa New Zealand research has found that child victim/survivors report feeling safer and have better wellbeing when they received child-specific advocacy support to address family violence.[135] Development of frameworks and models to address the specific support and wellbeing needs of children and young victim/survivors are emerging,* however, there is no standalone best practice framework or standards for supporting children and young victim/survivors impacted by family and/or sexual violence in Aotearoa New Zealand.

Kaupapa Māori providers also highlight the importance of holistic, whānau-centred approaches that recognise the interconnected impacts of violence across the collective, including the provision of wraparound support for tamariki nd rangatahi affected by violence in the home.

Many providers acknowledged that they do not routinely engage with victim/survivors.

Intervention programmes have limited and/or inconsistent engagement with victim/survivors

Consistent, skilled, and safe engagement with the victim/survivor is essential to ensure ongoing, tailored support and monitoring. However, there is significant variation in approaches. Many providers acknowledged that they do not routinely engage with victim/survivors. For some providers, this engagement was not seen as part of their remit in working with users of violence. However, other providers noted they would engage with victim/survivors if they had the funding to support this, and knowledge and processes to do so safely. Some providers will refer or collaborate with victim/survivor service providers to address limits in their service capacity or capability.

Engagement insights highlighted when stopping violence providers engage with victim/survivors, it is often at the intake or assessment phase of an intervention to inform risk assessment and risk management with the person using violence. Engaging with victim/survivors at this stage can support safety planning, and discussions around informed consent and information sharing preferences.

---

* Such as Kōkihi ngā Rito, the National Collective of Independent Women's Refuges' Child Advocates service model, Family Violence Entry-to-Expert (E2E) Capability Framework, the Specialist Family Violence Organisational Standards (SOS), Family Violence Risk and Safety Practice Framework, Sexual Violence workforce capability frameworks, Oranga Tamariki Practice Standards, He Ara Toiora - A Kaupapa Māori Workforce Capability Framework for the Mahi Tūkino and Sexual Violence Sector, Te Ara Kōkōrangi, Te Ara Toiora: Good Practice for Preventing and Responding to Mahi Tūkino in Aotearoa and Good Practice Guidelines for Mainstream Crisis Support Services Responding to Sexual Violence.

Some providers reported that victim-informed assessments (VIA, a component of the MoJ NVPs) are working well, although one provider reported this is the only whānau voice they can collect with the time and funding available. Corrections do not require providers to conduct a VIA as part of the assessment process. Recent integrity monitoring of a sample of NVPs found facilitator reports varied as to whether the VIA was administered, or how useful it was to the overall assessment.[136] Other providers reported using informal methods to engage with victim/survivors, depending on the situation and what is needed to establish trust.

Engagement with the victim/survivor may include coordination with victim/survivor services or community responses, such as a multi-agency response, to check in and monitor safety. This requires data sharing and may involve confidentiality agreements and consent. For example, research has found that when intervention providers shared information with services supporting the victim/survivor, this helped keep the pattern of violence visible to all agencies supporting the family.[137] The Backbone Collective survey highlighted that improved, safe and timely focused information-sharing on the person using violence between Police, courts, and providers is essential to ensure agencies can identify ongoing violence and respond effectively to protect victim/survivors.[138]

Contact with the victim/survivor from intervention programme providers can provide emotional support, offer victim/survivors an opportunity to discuss their experience, help victim/survivors understand what content the intervention is covering for the person using violence, and their rights to information and how to make complaints.[139] However, victim/survivors may also experience contact from the intervention programme provider as negative or invasive, if the contact focuses solely on the behaviour of the person using violence. This can minimise their experiences of the violence and place pressure on the victim/survivor to have contact with the person using violence resulting in less safety for victim/survivors.[140]

Kaupapa Māori providers often take a whānau-centred approach, which can involve engaging with whānau from the assessment throughout the programme in structured and supported ways, designed to enable healing for all.

Engagement with victim/survivors must be culturally safe and responsive

There is real risk of further traumatising victim/survivors and contributing to systemic entrapment[141] by engaging in ways that are victim-blaming, discriminatory and sustain existing institutional marginalisation such as sexism, racism, colonisation, ableism, ageism, homophobia, transphobia and transmisogyny. Engagement with victim/survivors must be culturally safe, accessible and responsive for all people including Māori, Pacific peoples, and ethnic communities, older people, children and young people, disabled people, gang affiliated whānau, and the LGBTTQIA+ community.

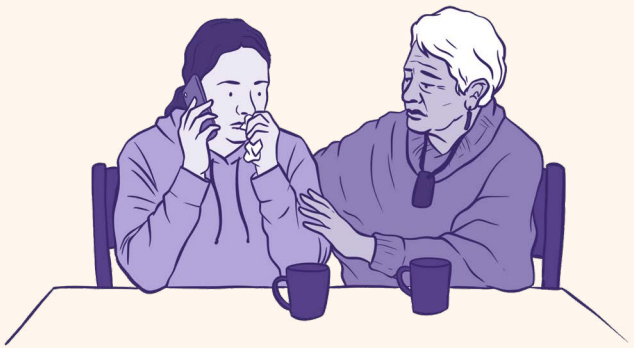
Kaupapa Māori approaches are essential for safe, appropriate and effective engagement and healing for Māori victim/survivors

Kaupapa Māori research has identified that critical attitudes, racism and discrimination from state agencies and non-Māori providers often prevent Māori victim/survivors from accessing services, undermine their safety strategies, and can further entrap Māori victim/survivors in violent situations.[142] Kaupapa Māori approaches include actively strengthening mana and tapū, affirming identity, and embedding tikanga to prioritise safety, accountability and long-term healing for individuals, whānau, hapū, iwi and the wider community. Honouring tino rangatiratanga means Māori victim/survivors have the right to seek, and access, healing and restoration through te ao Māori ways.

Māori providers emphasised that whakawhanaungatanga is the foundation for engagement with victim/survivors.[143] Understanding their whakapapa, whānau and place of belonging is a crucial step before seeking input or feedback on interventions. Providers use a mix of individual and whānau-centred approaches to seek input from victim/survivors on programmes. Kanohi ki te kanohi (face to face) feedback is prioritised if safe, otherwise approaches such as self-assessment tools, wānanga, and culturally responsive surveys are used to inform service delivery or continuous improvement.

Victim/survivors may not want to engage with intervention providers

Shame, stigma, social impacts, past negative experience and mistrust of system interventions can all contribute to reasons why victim/survivors may not want to engage with services.[144] [145] [146] [147] Further, victim/survivors may not want to be identified as victim/survivors, which may further influence their decision to seek distance from intervention programmes.



There are specific reasons why victim/survivors might not want to engage with stopping violence intervention providers. Feedback from engagements highlighted that victim/survivors may:

- have left the violent relationship or no longer be experiencing the violence, particularly if the person using violence no longer has access to the victim/survivor
- want to move on with their lives
- not want any further contact with the person using violence
- not feel it's their responsibility to be part of the change journey for the person using violence
- find it difficult to access their own interventions and support
- find it detrimental to their own healing to interact with those who have harmed them.

The Backbone Collective found that the primary reason victim/survivors of family violence may not engage with stopping violence interventions, is the very real risk of increased violence from the user of violence, if they are seen to be collaborating with the intervention provider by the user of violence.[148]

Victim/survivor engagement may be limited by legal implications or restrictions such as Protection Orders, custody complexities or court proceedings that limit interaction with the person who using violence. Further, practical barriers can make it difficult for victim/survivors to engage in services, such as financial concerns, transport difficulties, childcare requirements, and language and accessibility barriers.

Engaging with victim/survivors should always first involve consent and an understanding that victim/survivors may revoke this consent at any time, depending on their needs, particularly when supporting them to make decisions about their own safety. Collaboration between victim/survivor service providers and stopping violence providers can help ensure the safety and needs of victim/survivors are considered in any engagement with victim/survivors.

Intervention service design and practice

The intervention system for people who use violence has historically only been available after violence has occurred or after someone has entered the justice system. Over recent years, there has been growing investment in non-mandated and early-intervention services, such as Te Huringa ō te Ao, Change is Possible, and HSB and CSI services. Many programmes have evolved in response to local need or funding opportunities, rather than through a coordinated or evidence-informed system design.

The design of services for people who use violence is highly variable across regions and providers. While there are innovative models emerging and where flexible, whānau-led design is supported, contracts often remain compliance-heavy and prescriptive, limiting the ability of providers to adapt and innovate. With a lack of a coordinated approach, this can lead to fragmentation and gaps in services, especially for Māori and diverse populations.

Engagement reflected that providers hold significant knowledge and expertise, and use approaches grounded in what works for their communities, increasing flexibility where capacity allows, and strengthening whānau engagement. While there is recognition that services should be adapted to community needs, opportunities remain to build on community expertise, strengthen consistency and embed evidence-based practice, monitoring and quality control across the system.

Approaches across the intervention system

Evidence suggests that effective service design for people who use violence draws on a combination of complementary theoretical frameworks and models rather than a single model.[149] Some approaches that are currently practised in Aotearoa New Zealand include:

Cognitive behavioural therapy (CBT) approaches:

Internationally CBT approaches have received the largest focus in published research exploring the reduction of family violence and sexual violence reoffending. The international research shows inconsistent evidence for CBT-based programmes for intimate partner violence for adults (including the Duluth model), often attributing this inconsistency to variations and weaknesses in the assessment methodologies.[150] [151] [152] [153] The length of programme has been found to be a critical moderator of outcomes, with longer-term interventions (>16 sessions) showing more positive effects, while short interventions may increase reoffending in intimate partner violence.[154] [155] Research has found modest positive effects for CBT-based programmes for sexual violence.[156] [157] Volume of evidence does not indicate fit or effectiveness, particularly across all populations and in the Aotearoa New Zealand context. Further work is needed in this area to explore the fit and effectiveness of models in Aotearoa New Zealand.

Risk-Need-Responsivity (RNR):

The RNR framework has demonstrated evidence for general offending and sexual violence interventions.[158] [159] [160] This rehabilitation framework matches intervention intensity to risk level (Risk), targets factors directly linked to violence (Need) and adapts delivery methods to individual characteristics (Responsivity).[161]

Multisystemic Therapy (MST):

Multisystemic approaches prove most effective for adolescents who use sexual violence. MST is a family-based intervention approach that addresses multiple systems affecting young people, including whānau or families, peers, school, and community contexts. It demonstrates particularly strong effects for children and adolescents, with significant reductions in sexual and general recidivism.[162] [163]

Trauma-informed treatment models:

Trauma-informed models achieve more effective results than those that do not incorporate trauma components for intimate partner violence.[164] Research has also identified that early trauma is a barrier to engagement for people who have used sexual violence.[165] Effective interventions embed trauma-informed approaches that promote healing and accountability. These approaches consider historic and intergenerational trauma from personal experiences of violence, colonisation, systemic oppression, experiences of violence in state care, and structural violence to address the root causes of harmful behaviour.[166] [167]

Kaupapa Māori programmes and services:

Kaupapa Māori providers have been delivering kaupapa Māori family violence and/or sexual violence services and programmes for decades. These approaches are based on traditional (pre-colonial) and contemporary knowledge and practices from te ao Māori and mātauranga Māori.[168] [169] [170] [171] Evidence for the effectiveness of positive impacts from whānau-centred approaches is well established.[172] [173] [174] [175] [176] There is also evidence for kaupapa Māori programmes addressing violence.[177] Further, research and evaluation has been carried out several times on kaupapa Māori approaches, but government agencies who commissioned the research have not published the results or final reports. The scope and effectiveness of kaupapa Māori interventions that impact violence has not been recognised, valued or adequately captured in the research and evidence base for family violence and sexual violence. *He Waka Eke Noa*[178] is the first comprehensive study of violence centring the experience and expertise of Māori. Further Māori-led research is needed, particularly in understanding what works for tāne, tamariki and rangatahi, tāngata whaikaha Māori, takatāpui, and wāhine and kotiro Māori who use sexual violence.

HSB programmes

Existing HSB services have robust evidence bases behind them.[179] [180] [181] [182] [183] Current evidence largely centres on mandated, clinical services, with little research devoted to what community or non-clinical services could look like. There is also currently limited evidence on needs or services for groups other than men and boys. New Zealand and international research supports early, developmentally appropriate, non-punitive interventions for children and young people who display non-contact HSB, including online and digital behaviours and problematic sexualised behaviours.[184] Completion of community-based HSB programmes significantly reduces reoccurrence in adolescents, with strongest outcomes from early intervention.[185]

CSI is an emerging service that requires further research.

CSI services have only been funded since 2019. Alongside this funding, a research project has helped shape and test what effective mainstream interventions look like.[186] Like HSB, the evidence for effective interventions has focused on specialist clinical interventions. There is a need for further research to explore what other CSI services could look like outside of this model including kaupapa Māori approaches.

Holistic approaches to address complex needs

Responses to people who use violence require holistic approaches that address multiple aspects of a person's life.[187] [188] Emerging research also indicates promising outcomes from violence intervention programmes for intimate partner violence that integrate substance use interventions.[189] Some stopping violence services offer, refer, or partner with other organisations to deliver, holistic, wraparound support including for trauma, employment, education, and cultural reconnection. However, the current system does not consistently and appropriately respond to the compounding and competing issues people who use violence have such as mental health, substance use and addiction, unemployment, poverty, or homelessness.[190] The system also doesn't always recognise that these issues can impact the victims/survivors, family, and whānau.

Due to services working in silos and systemic challenges, family and whānau are often left to navigate a fragmented system and can fall through the cracks as a result.[191] Interventions that address the complex needs of an individual, family, and whānau simultaneously can have better outcomes than addressing them separately.

Combining specialist interventions with peer support, tailoring services to readiness for change, and supporting the whole family and whānau have been identified as key success factors.[192]

Multi-agency coordination, collaboration and response

Multi-agency coordination is essential to respond safely to people who use violence presenting with complex needs. Multidisciplinary teams are essential for providing a joined-up response, and ensuring victim/survivor and child safety through cross-agency coordination.

Collaboration often occurs through local multi-agency responses (sometimes referred to as "family harm tables") which are regular meetings of local specialist and generalist government and non-government services to respond to family violence episodes that come to the attention of Police. Common models include the Family Violence Interagency System (FVIARS), Whāngaia Ngā Pā Harakeke, and Integrated Safety Response (ISR).[193] Strengthening multi-agency responses is another focus area of the *Breaking the Cycle of Violence* Te Aorerekura Action Plan 2025-2030.[194]

Despite the recognised value of multi-agency collaboration, many providers face challenges with engaging in cross agency collaboration. Building and maintaining relationships with local networks requires time and resources, and participation in multi-agency responses is often self-funded, limiting providers' capacity to contribute consistently. Providers identified a need for more structured opportunities to connect locally and nationally across intervention pathways, such as communities of practice or national hui, to share insights and strengthen coordination. Embedding this function within funding models would support more consistent and meaningful participation.

Multi-agency coordination is essential to respond safely to people who use violence presenting with complex needs.

Whānau Ora has demonstrated a successful model for cross-sector collaboration and coordination through a shared outcomes framework and collective impact model that can achieve large-scale social change.[195] A whole-of-system approach ensures that services are coordinated and comprehensive. Better coordination between the Justice system (family and criminal court), Police, Health, Oranga Tamariki, Education, and social services would enable faster responses and early intervention. This is especially important for responses for disabled people who often face many barriers when seeking help.[196] [197] Collaboration should be structured and consistent across agencies, improving referral processes and inter-service trust, reducing fragmentation throughout intervention pathways, and evidencing outcomes and behaviour changes achieved.

Interventions should be culturally safe and culturally responsive

Research highlights the importance of mainstream interventions that are culturally responsive and culturally safe, as well as interventions that are designed by and for specific populations.[198] [199] [200]

Culturally safe interventions consider the experiences and needs of diverse populations, and work to ensure their systems and services do not perpetuate discrimination. All programmes must be culturally safe and culturally responsive for populations who experience marginalisation including Māori, Pacific peoples, ethnic communities (recognising unique needs and languages), disabled people, gang affiliated people, young people, women who use violence, and the LGBTTQIA+ community. Co-facilitation with cultural and clinical expertise ensures that interventions are both respectful and responsive to diverse needs and demonstrate greater effectiveness including reduced recidivism, improved mental health, and better gender equality attitudes for diverse people who use violence.

Culturally specific interventions are based on different frameworks for wellbeing and healing, such as kaupapa Māori, tikanga-led, whānau-led, Nga Vaka o Kaiga Tapu, or other Pacific models.[201] [202] [203] [204] [205] [206] These interventions must be owned and led by the communities with which they originated. Culturally diverse practitioners and researchers need funding and support to further develop culturally specific interventions and clinical tools. For example, there are no kaupapa Māori assessment tools for kaupapa Māori HSB services.[207]

Mainstream services must increase cultural safety for tangata whenua and build relationships with kaupapa Māori providers

Research shows that Eurocentric approaches tend to prioritise treating the individual, crisis intervention and compliance-focused systems that fail to reflect Māori understanding of historic trauma, holistic wellbeing, collective responsibility, and restoration.[208] As a result, mainstream models can be ill-equipped to understand Māori realities, meet Māori needs and attend to aspirations of Māori whānau, hapu and iwi. Further, these approaches often do not adequately consider or address the wider experiences of colonisation and systemic racism experienced by Māori. This leads to limited engagement, poor outcomes, and the continuation of structural inequities in service access and quality.

While there is a need to significantly increase the number of kaupapa Māori services and providers to meet demand, all services should understand the ongoing impacts of colonisation and historic trauma and have strong interagency relationships including referral pathways to kaupapa Māori services.

Kaupapa Māori providers shared how Māori often have multiple negative experiences with mainstream providers, before eventually finding their way to safe and appropriate engagement with kaupapa Māori services. Kaupapa Māori providers have called for Māori to be referred by default to kaupapa Māori providers, with the option to choose kaupapa Māori solutions or other programmes that are culturally safe. This would ensure that Māori receive culturally safe and appropriate responses in their initial engagements.

Dedicated and ongoing resourcing is required for kaupapa Māori providers and te ao Māori approaches

While there are ongoing efforts to improve cultural responsiveness within mainstream services, Māori require access to support by-Māori for-Māori. Kaupapa Māori providers and te ao Māori approaches are developing and growing but do not have access to adequate resourcing.

Kaupapa Māori programmes and services can only be delivered by kaupapa Māori providers. Kaupapa Māori providers are services that are Māori-governed and exercise tino rangatiratanga at every level of their organisation. Engagements with kaupapa Māori sexual violence providers highlighted that kaupapa Māori providers have tangata whenua and te reo Māori me ōna tikanga embedded across governance, leadership, decision making, workforce, and service delivery.[209] [210] They whakamana and give effect to mātauranga Māori methodologies as authoritative and primary systems of practice in the design, delivery, and evaluation of their services. Kaupapa Māori providers can also demonstrate, through whakapapa and enduring relationships, their inherent connection to the iwi and hapū of the regions in which they operate and are accountable to those communities as expressions of Māori authority and tino rangatiratanga.

Mātauranga Māori holds deep knowledge about healing, connection, and transformation. Tikanga, whakapapa, pūrākau, whanaungatanga, and wairuatanga provide culturally grounded protective factors that strengthen identity, belonging, accountability, and reconnection. These Māori-led approaches are not alternatives or cultural 'add-ons', they are the primary, preferred and most effective pathways for Māori wellbeing and need to be recognised system-wide.[211]

Te ao Māori approaches that centre the whānau are critical. Providers work in a way that is holistic, strengths-based and values the complexity and importance of relationships. This work must be led by tangata whenua, who have tino rangatiratanga over their own journey to healing and wellbeing.

Limited differentiation by violence type, including complex dynamics when sexual violence and family violence co-occur

There is a lack of tailored approaches for different types of violence, such as coercive control, violent resistance by a victim/survivor towards the primary aggressor in intimate partner violence, child-to-parent violence, elder abuse, sibling abuse, abuse of disabled people, violence in LGBTTQIA+ relationships, and technology-facilitated violence. Different forms of violence may require different intervention approaches and show different response patterns. Responses need to be grounded in practice and research that is specific to the dynamics of the violence type and safety protocols must be included and tailored to the individual's behaviour patterns and use of violence.[212] [213]

Research and engagements indicate there may be a gap in addressing sexual violence when a person who has used both family violence and sexual violence seeks support only from a family violence intervention.[214] This can also include if the sexual violence is undisclosed and/or if there are non-familial sexual violence victim/survivors. This can result in a lack of tailored responses or mismatched interventions that don't effectively or fully address the violent behaviour or the experiences of the victim/survivor. Interventions for people who use sexual violence require specialist risk assessment, workforce capability, ethical safeguards, and safety thresholds that cannot be assumed within family violence interventions.[215] [216]

Without addressing these risks, people who use violence may complete family violence programmes without addressing sexual violence. Family violence assessment processes should inquire explicitly about wider sexual violence and then have robust referral processes in place to sexual violence services.

Early and responsive intervention

Early intervention is a timely, proactive response when violence and risk first become visible. Stakeholders reported it to be the best time to engage people who use violence, when there may be motivation to change. This approach aims to stop violence before it escalates, support sustained engagement, keep victim/survivors safe, and support long-term change.

Contact with the person who has used violence should occur as early as possible following referral (e.g. within the first 24 hours) to support and maintain engagement.[217] Early intervention for users of sexual violence should focus on building protective factors and reducing risk.[218]

Early intervention also applies to working with children and young people, particularly in youth justice or school settings.[219] While direct intervention options for children and young people are still limited, engagements highlighted there is a strong awareness and commitment to addressing intergenerational cycles of harm among family violence and sexual violence providers.

There is a need for sexual violence responses and restorative services that focuses on safety and stability for children, young people, and their whānau and family. There is also a need to develop programmes of primary prevention that address intergenerational and historic trauma. In the Backbone Collective survey, victim/survivors want social attitude and prevention campaigns for children and young people.[220]

Service flexibility, access and accessibility

While some interventions are increasing their flexibility to respond to the access needs of people who use violence (e.g. flexible hours, multiple formats & locations, 1:1 sessions, re-entry options), people still face practical barriers. This can include cost, transport, work commitments, childcare, literacy, scheduling, bail conditions, illness, and having their basic needs met (e.g., food, housing, employment). Wait times, lack of anonymity, and limited-service choice in smaller locations can also limit engagement. In rural and remote areas there may be no services, requiring significant travel time and cost to access services.

There is emerging evidence for the effectiveness of digital and helpline interventions, particularly for reaching populations who face barriers to accessing traditional face-to-face services.[221] [222] [223] [224] However, this research also highlights different challenges and safety risks that arise through online stopping violence interventions.

Digital and helpline interventions could be promising for disabled people however, those providing the response need awareness about whether the person calling has a disability or impairment.[225] MSD has recently documented the current state of family violence and sexual violence service accessibility for disabled people and tāngata whaikaha Māori in the report *Improving access to family and sexual violence services.*[226]

Regional coordination models combining specialist travelling services with local community capacity-building also show promise to ensure wide coverage of services.

Longer programme duration and maintenance approaches are needed for sustained behaviour change

There is a clear relationship between intervention length and effectiveness, with research on intimate partner violence showing longer-term programmes (at least 16 sessions) demonstrate better outcomes overall than brief interventions.[227] [228] Longer interventions may be required for higher risk users of family violence, with some meta-analyses suggesting approximately 200 to 300 hours of psychological treatment for moderate and high-risk people using family violence, respectively.[229] Research has also indicated that sexual violence intervention programmes with longer duration have greater effect.[230] These estimates require further validation. Kaupapa Māori providers often place no time limit on service provision and find individuals and whānau come and go from engagement depending on their need for support and change journey.

> **There is a need for maintenance approaches to be included in design and funding.**

There is a need for maintenance approaches to be included in design and funding. Maintenance approaches address ongoing response and needs following initial programme completion, including the safety and wellbeing of victim/survivors. Components of a maintenance intervention approach could include access to booster sessions during high-risk periods, peer support opportunities, and flexible delivery methods including digital platforms, telephone support, and community-based options to ensure accessibility across diverse populations and geographic areas. Behavioural change requires long-term reinforcement, which many current models do not support.

Risk and needs assessments and monitoring safety

Risk assessment and safety tools are in place but vary. Some family violence providers use risk and need assessments with guidance provided by MoJ and Corrections, although application of this guidance is varied. Other providers use their own risk assessment models aligned to the latest national workforce capability frameworks (see Workforce section). The Centre for Family Violence and Sexual Violence Prevention has recently developed a Risk and Safety Practice Framework for family violence, which is still in the initial stages of implementation.[231]

HSB involves clinical tracking of progress relative to risk and need throughout the programme. Decisions are informed by multiple factors related to the person's sexual offending, risk, and treatment needs. For adults, referrals to HSB are triaged by clinical review to determine if an individual should be referred to HSB providers and/or to specialist psychological services. For children and young people the assessment includes a psychosocial assessment, which is aimed at understanding the range of factors that contribute to HSB; it also includes a risk assessment focused on understanding the future risk of offending.[232] Assessments involve an age-appropriate risk assessment where available and a safety assessment which is reviewed throughout the process. However, there is currently no internationally accepted risk assessment tool for children under the age of 12.

Kaupapa Māori HSB providers also create individualised safety plans that align with external conditions (e.g., Parole), which are reviewed regularly to ensure ongoing efficacy. Completion requires satisfactory change; where additional opportunity was given but outcomes are insufficient, this is noted and not considered successful completion.

> **Assessment of risk and violence-related needs are not adequately or consistently canvassed.**

A recent integrity monitoring of a sample of NVPs found that overall, few providers track risk or progress against programme objectives, with limited information about what progress participants are making on completion of the programme and what further work may need to be done to manage outstanding needs.[233] Assessment of risk and violence-related needs are not adequately or consistently canvassed. This impacts suitability of decision-making and tailoring of the intervention to respond to the risk of the individual and their specific violence-related needs. Assessment of these factors by skilled staff with specialised training is important to determine the appropriate intervention and focus within the intervention on factors which underpin the use of violence. Engagements have highlighted that access to staff with this specialist training is a gap amongst community-based providers.

Safe information sharing

A lack of integrated information and data sharing provisions between government agencies has hindered cross-government collaboration. Risk information regarding the person using violence is not routinely shared by providers with other state agencies (Police, Oranga Tamariki) or courts to inform responses to the person using violence, the victim/survivor and wider family and whānau. There are examples of good practice and some information sharing guidance in place,[234] however further work is needed to address this.

Information sharing between agencies responding to the use of violence should be safe and transparent, with shared guidelines embedding Te Tiriti, cultural safety, and trauma-informed practice, Māori data sovereignty principles, and ensuring (where relevant) consent from the person using violence, victim/survivors, and family and whānau. Relevant information about risk, behaviour change needs, and outcomes relating to the person using violence should be shared quickly to ensure early engagement and victim/survivor safety.

A lack of integrated information and data sharing provisions between government agencies has hindered cross-government collaboration.

Need to explore non-state interventions and desistance

Emerging research shows promise in community-driven desistance strategies,[235] [236] [237] but further research and resourcing is needed to explore interventions that are not led by police, courts, social workers, or agencies. *He Waka Eke Noa* found that 90 percent of more than 1000 respondents had decided to be non-violent themselves and the reasons that prompted this decision did not involve state intervention.[238] This research has also identified the importance of whānau and Māori community including hapū and iwi in creating the structures and systems that provide accountability, safety and healing for people using violence, and victim/survivors independent of state or formal interventions.[239] They have an essential role in applying and upholding tikanga which is fundamental to interventions for tangata whenua.

Community-led service design

Engagements emphasised the importance of community-led design, particularly for Māori and Pacific communities.[240] Rather than a top-down approach, providers prefer models that empower them to lead, collaborate, and learn from each other, supporting whole-of-community responses to family violence and sexual violence. Kaupapa Māori providers prefer kaupapa Māori-informed models that recognise their rangatiratanga and support leading, collaborating, and learning from each other.

Providers recognise the value of victim/survivor, family, and whānau perspectives in the design of interventions, including the development of feedback loops, evaluations, and success or outcome measures. Aotearoa New Zealand[241] [242] [243] and international frameworks[244] [245] and emerging research have begun to document good practice approaches to safely engage victim/survivors as lived experience experts to inform design and delivery.

While examples of co-design with communities, victim/survivor services, and partner organisations are still emerging and not yet widespread, there is movement across the sector towards deeper collaboration and the inclusion of lived experience in shaping interventions. However, government procurement processes need to make fundamental shifts that would enable and resource widespread community-led design.

Evidence-informed theories of change to support service design and consistency

Some programmes have evidence-informed theories of change. These have often been designed with input from the providers delivering the services. However, this has not always been required by funding agencies. Recent integrity monitoring of a sample of NVPs found inconsistency and variation in how the intervention was designed and how the design was applied to programme delivery.[246] A significant proportion of facilitators and/or programmes did not apply theoretical frameworks to guide practice. Evidence-informed theories of change would support the consistency and quality of delivery of programmes including assessment.

Quality assurance and accreditation

Quality assurance activities are varied and do not give the insights needed to enable learning loops for providers nor provide assurance of quality of practice within the interventions. These assurance processes are vital to ensure a quality service is delivered that meets the needs of the person using violence, victim/survivor, family, whānau, and community.

Recent integrity monitoring of a sample of NVPs found that the various quality assurance and accreditation processes employed to date did not appear to have adequately picked up on practice gaps and may not be fit for purpose for the type of intervention and outcomes sought from a specialist service like the NVP.[247]

Accreditation and quality assurance processes should be aligned, sequenced and embedded as a part of the intervention system so that providers are able to benefit from the insights gained in these processes and contracting agencies assured that the expertise and practice quality is matched to the service being procured.

Engagements suggested an independent body could be established to respond to complaints, concerns and feedback regarding the safety and the effectiveness of interventions and to inform continuous improvement activities.

Continuous improvement to strengthen service delivery

Providers expressed a desire for data to be positioned as feedback for service development and continuous improvement rather than accountability alone, while ensuring Māori data sovereignty is upheld. While continuous improvement data is gathered across most services, it's not consistently used as a tool for reflection or adaptation. In some cases, evidence collection is treated as contractual reporting requirement rather than learning for improvement. Government agencies should work in an integrated way to resource and gather research and learnings from across the system and share insights publicly to support the continuous improvement of the intervention landscape at both a local and national level.

Larger organisations often have dedicated research or evaluation capacity or have partnered with universities or research centres to demonstrate return on investment or evidence of impact. Smaller providers rely more on practice wisdom and adaptive learning by staff. Continuous improvement is sometimes reflected in government reporting, although some programmes have remained largely unchanged over time, with reports that while providers are often updating processes and practices, programmes can be slow to update in line with new evidence.

Funding for interventions often does not often include evaluation of service or effectiveness. Providers may commission an evaluation themselves, but these are costly and time consuming. Services should be evaluated regularly, with victim/survivor representative/organisational input, and reporting data regularly analysed by funding agencies. When the government seeks additional funding or funding for a new service, an evaluation component should be built into this.

Some commissioning models, such as Te Huringa ō Te Ao, intentionally fund service design and evidence-building processes, allowing providers to strengthen their own data capability.[248] Strengthening provider data capability supports Māori data sovereignty. Longer-term contracts are also seen as key to enabling innovation, giving providers space to test, adapt, and align services with community needs, realities and aspirations.

> **While continuous improvement data is gathered across most services, it's not consistently used as a tool for reflection or adaptation.**

Workforce

To deliver safe, effective and appropriate interventions, the workforce must have consistent skills, specialist knowledge, access to accurate information, accountability mechanisms, cultural responsiveness and strong community connections. Reports and engagements highlighted a committed and passionate workforce, with strengths in lived experience and cultural expertise. These strengths contribute to the building of trust between people who use violence and providers, leading to improved participation. Yet gaps in capability and capacity remain along with challenges and opportunities to strengthen skills and access to supervision, and to improve safety and responsiveness in varied social, cultural and community contexts.

Specialised knowledge, skills and training are required to work with people using violence

The workforce delivering family violence and sexual violence intervention programmes requires specialist, evidence-based training and education, including access to ongoing training and professional development.[249] [250] While many practitioners have valuable experience, they may lack formal qualifications, and there are no nationally recognised training or career pathways into services for people using violence. Education and training for those working with people who use violence is inconsistent and often inaccessible due to time, capacity, and funding constraints. Tertiary social work and general therapy courses currently lack specialist education focused on family violence and/or sexual violence, indicating a gap in formal training and a need for this to be included within curricula. There are also differing levels of provider understanding of the legislative and procedural requirements that programmes operate under in the justice system.

Practitioners need specialist knowledge in the delivery of violence interventions and in the appropriate management of dynamic risk factors for further violence. This includes a strong understanding of:

- the unique dynamics of family violence and sexual violence (e.g., gender inequity, impacts of colonisation and systemic racism and discrimination) and specific dynamics where family violence and sexual violence has co-occurred
- different violence types (e.g., coercive control, technologyfacilitated violence)
- the different dynamics or contexts of people who use violence from diverse populations
- understanding the pedagogy and principles of child, youth, and adult learning
- specialist knowledge of family violence and sexual violence within a range of relationship contexts
- awareness of relevant protective and risk factors.

In addition, a broad range of skills is required to work safely and effectively with people using violence. Key skills include trauma-informed practice, cultural capability and safety, understanding barriers that prevent change, reflective practice, appreciative inquiry, motivational interviewing, victim/survivor engagement and safe use of victim/survivor testimony. Skills in the effective management of client-practitioner, and group dynamics are also particularly important when working with people who use violence. Further, delivering kaupapa Māori services is a specialist skill and requires education in practice frameworks grounded in te ao Māori and mātauranga Māori.

Practitioners and facilitators should be skilled in addressing resistance, collusion, denial, minimisation of behaviour, manipulation and coercive control. They also need the capability and organisational mechanisms to hold people who use violence to account, including for non-attendance and for ongoing use of violence.

> **“**
>
> **...a broad range of skills is required to work safely and effectively with people using violence.**

As patterns of violence evolve, specialised training and professional development must also continue to advance. Areas requiring strengthened capability include:[251] [252]

- the rapidly rising and emerging trends in technology facilitated violence
- building the capability of family violence specialists to assess whether sexual violence is present and how to effectively refer to specialist sexual violence services, including where sexual violence and family violence has co-occurred
- improving responses for people using violence against older people
- developing skills to respond to children who use violence against parents and family members
- work with women who have used sexual violence and/or family violence.

Additional skills and training are needed for specialists working with children and young people, LGBTTQIA+ communities, gang affiliated whānau, disabled people, neurodiverse people, and ethnic communities.

The workforce needs a better understanding of the distinct drivers of violence affecting diverse populations, such as immigration- and visa-related abuse within Pacific and ethnic communities, and homophobia and transphobia experienced by LGBTTQIA+ people, to better support safe and effective responses.[253]

A recent evaluation of a sample of Aotearoa New Zealand providers working with family violence indicate there are significant training needs for facilitators of stopping violence services.[254] However, limited research exists on the workforce capability required to deliver effective interventions for people using violence for either family violence or sexual violence.

Training and professional development should build on existing workforce capability frameworks

The Family Violence Entry-to-Expert (E2E) Capability Framework and the Specialist Family Violence Organisational Standards (SOS), as well as the Family Violence Risk and Safety Practice Framework,[255] [256] [257] are not yet fully embedded.

He Ara Toiora – A Kaupapa Māori Workforce Capability Framework for the Mahi Tūkino and Sexual Violence Sector was launched in May 2026, and the first phase of implementation is underway.[258] The new Sexual Violence workforce capability framework was launched in 2026. Nga Kaitiaki Mauri, TOAH-NNEST launched Te Ara Kōkōrangi, Te Ara Toiora: Good Practice for Preventing and Responding to Mahi Tūkino in Aotearoa in 2022[259] but have not been adequately funded to support a comprehensive training programme that meets the kaupapa Māori workforce needs. TOAH-NNEST Tauiwi Caucus updated the Good Practice Guidelines for Mainstream Crisis Support Services Responding to Sexual Violence in 2016.[260]

Investment should be directed toward ensuring the good practice guidelines and frameworks are well-resourced and implemented consistently across interventions for people who use violence, which includes adequate funding for training, professional development, and career pathway support for both mainstream and kaupapa Māori frameworks. Training and professional development for kaimahi Māori needs to be adequately funded and consider te ao Māori ways of thinking and doing. Likewise, training and professional development for Pacific workers also needs adequate funding and consideration of Pacific worldviews and frameworks for understanding and responding to violence. Upskilling and application of the capability frameworks should also be applied to clinical and cultural supervisors.

Supervision is variable yet a critical component of service delivery

Clinical and cultural supervision by qualified staff is essential for delivering effective interventions. Research indicates that programmes delivered by trained staff supported through regular clinical supervision achieve significantly better outcomes than programmes using untrained staff without systematic supervision.[261]

There is variability in the quality of and access to clinical and cultural supervision. Even when supervision provisions were in place among non-violence providers, the quality of the supervision received is not clear, and may not meet the needs of the facilitators.[262] There is limited understanding of the practice and application of supervision standards and professional development across the sector, particularly cultural supervision. Funding for supervision is inconsistent across interventions.

Cultural supervision should be available to all practitioners and clinicians, to strengthen the development of cultural responsiveness towards Māori, Pacific peoples, other cultures and diverse populations. This should be validated by experts from that cultural community. Cultural supervision is different than Māori clinical supervision (also known as kaupapa Māori supervision), a distinct form of clinical supervision that is by-Māori for-Māori and draws on kaupapa Māori practice frameworks.[263] Māori clinical supervision and access to kaumatua should be available to all kaupapa Māori practitioners and clinicians. Investment is needed to grow the limited number of kaimahi Māori who have the skills to provide cultural supervision and Māori clinical supervision, to meet demand across the sector.

Providers face challenges recruiting and retaining specialist staff when funding levels and contract stability are uncertain.

Funding constraints impact on workforce capacity and wellbeing

Across the workforce, heavy caseloads and health and safety concerns contribute to risk, stress, and burnout. Recent research into Māori and Pacific practitioners identified a highly skilled but aging and overworked workforce, who carry significant burden for work beyond the expectations of their role.[264] [265] Dedicated investment is needed to enable kaupapa Māori organisations to engage new workers through tuakana-teina roles to support succession. More broadly, systems and funding should enable organisations to actively promote staff wellbeing and collective care, alongside managing risk.

Providers face challenges recruiting and retaining specialist staff when funding levels and contract stability are uncertain.[266] Further, turnover is high among specialist staff, and there is a risk that staff may leave due to better pay offers outside of the sector and statutory bodies.

Funding levels must reflect the salary costs associated with recruiting and retaining a skilled, culturally competent workforce capable of delivering evidence-based, trauma-informed interventions. Longer-term, flexible contracts would give providers the stability they need to invest in specialist roles and maintain a skilled workforce.

Kaimahi Māori have the right to upskill in kaupapa Māori knowledge and practices

Research and engagements indicated that kaimahi Māori have deep expertise both from qualifications and long-term involvement and mahi with their community, learning in te ao Māori spaces.[267] However, kaimahi Māori are often overworked, paid below industry standard and undervalued, and lack access to training, particularly access to further engage with mātauranga Māori and Māori models and practices for healing and responding to violence. Accreditation standards set within western practice standards can undervalue kaupapa Māori providers who have been in operation for many years, leading to reduced or lack of access to funding opportunities.[268] [269] Delivering kaupapa Māori services is a specialist skill and requires education in te ao Māori and mātauranga Māori, such as tikanga, kawa, whakapapa and hōhou te rongo, a tikanga-led process that pursues reciprocity, restoration and reconciliation.

> **Delivering kaupapa Māori services is a specialist skill and requires education in te ao Māori and mātauranga Māori...**

Care must be taken when non-Māori systems and services draw on Māori knowledge and systems

There is growing use and recognition of the value of Indigenous and Māori knowledge and practices. Learning from mātauranga Māori can help build a culturally responsive workforce and highlight different approaches to interventions. However, understanding and drawing on such approaches must ensure cultural safety and must involve tangata whenua (who need resourcing to do this mahi). While the entire workforce should understand intergenerational trauma and work to address historic and ongoing harm, only Māori have the authority to deliver kaupapa Māori services and programmes.

Contracts for non-Māori providers should include requirements around cultural safety, measured referral pathways and engagement with Māori service providers when working with Māori who use violence.

Cultural and gender diversity strengthens engagement

Employing a workforce with diverse cultural backgrounds, genders, and identities strengthens engagement and allows practitioners to draw on cultural expertise to support non-violence. Providers are aware of the need for culturally led or responsive services and partnering with or referring to community experts. However, existing services need more training, support, and resourcing, and additional tailored services are needed.

Growing the workforces for Māori, Pacific peoples, disabled people, ethnic communities, and the LGBTTQIA+ community has been identified as critical for accessibility and effectiveness factors. These workers who provide tailored and specialised services for their communities also need access to training in knowledge and practices unique to their communities.

Investment must be made into Māori and Pacific workforce capability training and career pathways, particularly into leadership. Due to long term inequitable funding of kaupapa Māori and Pacific cultural models of education and training, there is a significant need for development of more Māori and Pacific workers, with significant gaps in HSB expertise and Māori and Pacific male workers in both family violence and sexual violence.

A significant gap in male workers was highlighted by engagements, with skilled and empathetic men that programme participants can relate to playing a critical role in behaviour change.

The workforce requires specialist skills and training to prioritise the safety of victim/survivors

The workforce delivering interventions to people using violence need the skills and training to respond to victim/survivor needs and prioritise victim/survivor safety. Engagements highlighted that facilitator minimisation of violence, or confrontational and ineffective facilitation styles can increase risk to victim/survivors.[270] Research has shown there is significant risk of causing greater harm to victim/survivors if interventions do not prioritise victim/survivor safety.[271] [272] This risk can arise through collusion with people using violence, misrepresenting behaviour changes when interacting with statutory bodies (e.g. courts, police, or Oranga Tamariki), interfering with victim/survivor safety strategies, disclosing information from the victim/survivor that compromises their safety, or contributing to systemic entrapment.[273] [274] [275]

> **“**
>
> **Engagement with victim/survivors is a specialist area, and stakeholders reported they do not always have the training, tools and resources to manage this within their own agency.**

The Backbone Collective survey found that victim/survivors might be referred to interventions because they have been misidentified as the primary aggressor.[276] Providers need the right mechanisms to be able to recognise and refer victim/survivors to appropriate support.

Engagement with victim/survivors is a specialist area, and stakeholders reported they do not always have the training, tools and resources to manage this within their own agency. Providers reported difficulties accessing training, and gaps in the workforce, as well as a need for consistent practice standards across government agencies.

Non-specialist community organisations and frontline statutory staff need additional training in responding to family violence and sexual violence

Community-led expertise is seen as a core strength of the current system, particularly where organisations act as critical access points for people facing cultural or language barriers. However, non-specialist community organisations who are working with people who use violence need additional training in violence, as well as front-line statutory workers.

Frontline statutory workers (such as probation officers and Work and Income) regularly interact with people affected by family violence and/or sexual violence, though levels of specialist knowledge and confidence in responding to people who use violence vary. Foundational family violence and sexual violence training is underway across the system, including courts, the court-related workforce, and MSD supporting more consistent, informed and safe responses.[277]

Education workforces also have a role to play and need to be equipped to educate children and young people about sexual behaviours, consent, and healthy relationships.

Integration of lived experience

Where safe and appropriate, incorporating the insights of people with lived experience who have completed and maintained their own behaviour change journey into programmes can motivate change, build trust, and integrate the key aspects required to support positive behaviour change. The integration of lived experience and peer-led models were frequently mentioned as a key success factor for providers delivering kaupapa Māori and Pacific-led programmes. This extends beyond lived experience, to include people who have previously participated in programmes as whānau, kaimahi, or community members around a specific person using violence, who later return to participate and support the programme more broadly for years after. Yet, there are no structured pathways for safely integrating people with lived experience into supporting the delivery of programmes, and minimal research to inform integration of lived experience.

> **“Community-led expertise is seen as a core strength of the current system.**

Funding, procurement, and contracting

The government funding environment is a significant challenge for providers delivering interventions for people using violence. This can include fiscal pressures, administrative burdens, under-resourcing, siloed systems, and uncertainty around funding continuity. This is compounded by variability between government agencies' approaches to funding, creating additional layers of complexity for providers that often have contracts with multiple agencies.

Despite government's investment in existing interventions for people who use violence, demand continues to exceed supply.[278] There is ongoing inequitable and inadequate funding of kaupapa Māori, Pacific and services for diverse populations. Funding constraints can limit service reach and threaten sustainability. The inequitable approach to funding by central government limits the ability for providers to adopt a consistent model of funding and current approaches to commissioning can create an environment where providers are competing against each other, rather than collaborating.

There have been some promising steps towards alignment to improve consistency across the sector, however there is still a long way to go. Engagement indicated a clear desire for a high-trust, relational model where government agencies and providers work together with transparency and mutual respect.

A move from siloed funding systems and processes to greater alignment

Across the sector, there are different procurement practices, funding models, service expectations, engagement, and monitoring approaches reflecting the different roles, statutory responsibilities, and operating contexts of government agencies.[279] [280]

The separation of family violence and sexual violence contracts across government agencies can create artificial silos for providers to respond to need, despite clear overlaps.[281] [282] Even within the individual family violence and sexual violence sectors, government funding can create silos (e.g. services for adult vs children or crisis response vs long term healing). Addressing the silos nevertheless requires recognition of historic and current inequities in funding for sexual violence services.

Providers are calling on the government for more consistent and aligned contracts across government agencies to reduce administrative burdens, duplication, and mixed messages while recognising agencies' distinct mandates and legislative requirements.[283] This should involve more formalised collaboration between government agencies when planning procurement and contracting. Meaningful engagement with the sector and contract reporting and monitoring should be coordinated across government agencies.

Research and recent examples provide evidence for the benefits of an aligned and coordinated approach to contracting across agencies. Whānau Ora is a successful example of innovation in commissioning that devolves funding to non-government Commissioning agencies and uses consolidated contracting approaches to fund collaborative local service delivery.[284] Joint procurement models, such as the MoJ and Corrections aligned NVP contracts, have reduced duplication, streamlined reporting, and maintained service consistency for providers.[285] MSD and Oranga Tamariki are also exploring opportunities for greater alignment between their respective Sexual Violence Crisis Support and Court Support Services.

The SIA has begun work to consolidate government agency contracts for social service providers. While this offers promising approaches to reducing administrative burden, simplifying reporting and focusing on outcomes, the impacts on agency stewardship, specialist support, and delivery of family violence and sexual violence services remain unclear and requires careful and ongoing consideration.

> **Providers are calling on the government for more consistent and aligned contracts across government agencies to reduce administrative burdens, duplication, and mixed messages.**

Need for sustainable, long-term funding that allows for innovation and reflects the true cost of holistic service delivery

Current funding models largely reflect agency-specific mandates, accountability requirements, and risk settings, however most funding models are based around time-limited, individual-focused interventions which allow limited flexibility and make it challenging for providers to respond to their community or emerging needs.

Providers consistently value long-term, flexible contracts that enable whānau-centred and culturally grounded approaches, and that support ongoing interventions after programme completion, such as E Tū Whānau or Whānau Ora approaches.[286] Current funding levels and models have contributed to the underfunding of holistic approaches like these, which are more resource-intensive than short-term interventions focused solely on the individual using violence. Changes in government, policy and funding priorities can also make it difficult for providers to plan long term and ensure a stable workforce and systems. Research also highlights gaps in funding for maintenance and longer-term interventions, despite evidence that people who use violence often require ongoing support beyond programme completion.[287] [288]

Providers have indicated that funding models should enable the development of dynamic, community-led solutions and allow flexibility to respond to emerging needs. This includes funding time for service design and development, and supporting communities to develop innovative, tailored solutions, including those led by kaupapa Māori and Pacific providers. Current funding models also do not consistently account for safe victim/survivor participation or input into interventions, including resourcing for collaboration with victim/survivor-specific organisations.

In addition, funding models do not always account for workforce development needs, including training, supervision, and staff wellbeing. Core delivery activities such as community outreach and education, participation in multiagency responses, and evaluation and continuous improvement are essential to effective service delivery, but providers are not consistently funded for this work.

Wait-lists and gaps in services are common due to under-resourcing

Contracted volumes often do not reflect actual demand, which can lead to long waitlists. There is high demand for services addressing HSB/CSI, but current funding allocated to these interventions means that they are unable to keep up. For example, there is only one kaupapa Māori provider funded to provide HSB services, despite high demand and interest among other kaupapa Māori providers. There are no kaupapa Māori HSB services outside of the upper North Island and there are no Pacific HSB/CSI providers anywhere in the country.

Providers report that demand for NVPs, particularly through selfreferrals, far exceeds funded capacity.[289] This funding model prioritises delivery to the highest-risk clients and restricts providers' ability to offer early intervention, meaning low and medium-risk clients may miss out on support.

Need for equitable and sustainable funding of kaupapa Māori approaches

Research and reports have highlighted for many years the need for resourcing and funding of kaupapa Māori approaches for family violence and sexual violence and the significant under-resourcing of kaupapa Māori organisations particularly given the disproportionate impact of violence on Māori.[290] [291] [292] Procurement models and contracts have continued to favour western approaches and mainstream providers. The existing evidence and research about kaupapa Māori interventions is often not considered in identifying and funding best practice approaches.

Kaupapa Māori providers and approaches have often been over-interrogated amid a perception of a lack of evidence for kaupapa Māori approaches. However, kaupapa Māori approaches are informed by hundreds of years of traditional (pre-colonial) and contemporary knowledge and practices that have been well documented in seminal reports,[293] [294] [295] and subsequent research[296] and literature.[297] [298] [299] Research and service commissioning processes need to allow for te ao Māori approaches for evidence including reporting, evaluation and measurement.

Embed Te Tiriti o Waitangi in commissioning and delivery

There is a lack of Māori-led commissioning approaches in the family violence and sexual violence sectors, where mātauranga Māori informs every stage of the progress including needs assessment, service design, procurement, evaluation, and accountability frameworks. Commissioning and system design should be led in genuine partnership with Māori, reflecting Te Tiriti principles and enabling Māori authority and decision-making at every level. This involves Māori representation and leadership intentionally embedded across all tiers of the system, including policy making, commissioning, practice, and evaluation.

There have been shifts towards devolving funding and power to Māori communities to design and lead solutions for Māori. Te Huringa ō Te Ao[300] and E Tū Whānau[301] are examples of commissioning where iwi, hapū and whānau lead the design and delivery of solutions for tangata whenua. There have been some moves towards culturally responsive commissioning approaches and responsiveness in funding models, such as funding for cultural supervision.

> **Te Huringa ō Te Ao and E Tū Whānau are examples of commissioning where iwi, hapū and whānau lead the design and delivery of solutions for tangata whenua.**

There are also opportunities to explore how proven Māori-led models help inform and guide commissioning differently in the family violence and sexual violence sectors. The Whānau Ora commissioning agencies have operated as devolved agencies grounded in mātauranga Māori across needs assessment, design, and evaluation. For example, Tū Pono: Te Mana Kaha o te Whānau was a Te Waipounamu Whānau Ora Strategy that successfully enabled whānau to live healthy lives free of violence supported by Te Pūtahitanga.[302] [303] There are also examples of social service devolution to iwi that recognise iwi partnerships under Te Tiriti, and the mana motuhake of iwi to support their people in their own way.[304] Oranga Tamariki has had strategic partnerships with iwi and Māori organisations that have focused on shifting decisions, resources and responsibility to tangata whenua for care of their tamariki and whānau.[305]

Procurement processes need to integrate local knowledge, involve specialist providers and experts on evaluation assessment panels

National-level procurement approaches are designed to support consistency, probity, and accountability across the system; however, providers find that national-level government procurement approaches often overlook local realities.[306] Decisions are perceived as being made with limited understanding of community context, which can result in contracts being awarded to organisations that may not be best placed to respond to local needs.

Providers also report that competitive procurement processes do not foster collaboration and instead increase division between providers as they bid for the same contracts. Providers want more transparent, inclusive approaches that incorporate local knowledge and involve specialist providers in decision-making. Opportunities for collaborative bidding and clear communication about sector changes would build trust and reduce uncertainty.

Engagements highlighted the importance of kaupapa Māori expertise being involved in the commissioning of kaupapa Māori services to ensure that services are tika and aligned with best practices as well as local iwi, hapū and community need. Kaupapa Māori providers raised concerns that tauiwi organisations are increasingly promoting services as kaupapa Māori in the absence of Māori authority, tino rangatiratanga, and the cultural, clinical, and organisational capability necessary for authentic, safe and transformative kaupapa Māori service delivery.

Processes around procurement opportunities, contract renewals, and sector changes should be transparent. There must also be clear governance mechanisms that ensure accountability to commissioning processes. If commissioning protocols are not consistently followed, and there is limited accountability for those decisions, sector confidence can be significantly undermined. Ongoing communication between government agencies and community providers should be maintained to build trust and reduce uncertainty, particularly in rural areas.

Victim/survivor organisations and representatives were identified as having an important role in informing procurement criteria, funding decisions, and the evaluation of interventions. Procurement and evaluation frameworks should explicitly assess how providers engage with victims/survivors, what safety protocols are in place, and whether they result in safety, healing and positive outcomes for whānau. Where services for people using violence and victims/survivors are delivered within the same organisation, clear accountability and governance arrangements are required to ensure victim/survivor safety.

Reporting and monitoring requirements are inconsistent and burdensome

Reporting and monitoring are often described as “tick-box” exercises that do not reflect the depth of work done or the impact of the work. Organisations report struggling with the administration and paperwork side of the programme and requirements can be duplicative and burdensome, including needing to meet with, and report back to, a Relationship or Contract Manager from each agency with whom they hold contracts.[307] An analysis of current government reporting requirements found substantial inconsistencies that prevent system-wide understanding and comparison across interventions.

Providers want reporting requirements that are streamlined, meaningful, and aligned across agencies.[308] Where possible, providers delivering similar services for multiple agencies should have aligned reporting, monitoring, and payments. It is not always clear how data being collected is used by government agencies. Providers would like data shared with them in real time to inform service delivery and safety and identify ways to innovate to meet evolving community needs. Victims/survivors would like aggregated completion rates, and rates of non-completion follow-up to be public, as well as other system measures which identify how agencies contribute to or intervene in continued use of violence.[309]

Reporting requirements should be centred around achieving meaningful outcomes, managing risks to victims/survivors, and gathering necessary data to consistently measure effectiveness. If there are any differences in monitoring and reporting expectations across multiple agencies, providers need to understand why this is.

> **“**
>
> **Reporting requirements should be centred around achieving meaningful outcomes, ...**

Measuring effectiveness and identifying research gaps

While some interventions show promise in reducing violence and improving safety, the overall evidence base is uneven and lacks the rigor required to assess sustained effectiveness. Most interventions in Aotearoa New Zealand have not been extensively evaluated, however, there is some evaluation work planned and underway. The strength of evidence varies significantly across interventions, from moderate for some adult programmes to non-existent for others with most lacking robust evaluation designs and long-term follow-up. Some interventions have greater evidence base when considering international research. There is growing evidence from kaupapa Māori research to inform and support the benefit of kaupapa Māori and te ao Māori approaches. However, the scope and effectiveness of interventions based on mātauranga Māori or Pacific models has often not been recognised, valued or adequately captured in the wider research and evidence base.

There is no framework for understanding intervention in family violence and sexual violence, and no agreed definition or approach to measuring effectiveness

While this Review provides insights on individual interventions and models, it found there is no overall approach to understanding and measuring effectiveness and outcomes. Currently there is no shared understanding of the multiple intersecting pathways and systemic factors that lead to family violence and/or sexual violence offending and pathways for intervention, including kaupapa Māori approaches situated in a te ao Māori perspective. Without a shared understanding of the complex intersecting pathways to violent offending, there is no agreed approach to defining and measuring effectiveness. As a result, there is significant variation and diverse approaches to measurement.

In the existing literature, effectiveness is predominantly measured through evidence for reductions in use of violence following service engagement, usually measured through official charges or convictions.[310] [311] However, other outcomes captured by service providers include safety, behavioural change, mental health and psychosocial functioning, cultural connection and identity, family and whānau wellbeing, programme engagement and completion, and client satisfaction. Across these domains, data sources vary from administrative data to surveys and case note reviews.

There is a need for a shared understanding of the pathways to family violence and/or sexual violence offending, and opportunities for intervention, that is aligned to national strategies and standards, including Te Aorerekura, the Toiora Whānau Māori Outcomes Framework, the kaupapa Māori sexual violence outcomes framework, and the workforce capability frameworks and good practice guidelines.* Such a shared understanding would enable the system to define, measure and influence these factors in a collaborative and purposeful way, and measure outcomes over time.

There is significant variation in reporting and data collection

Data systems are siloed and inconsistent across government agencies, and administratively burdensome. Poor alignment between agencies limits visibility across the system. Outcomes are inconsistently defined across government agencies, and there are currently a wide range of outcomes being measured across the intervention system.

Contracts vary widely in terms of reporting requirements, data collection, and performance measures, making cross-programme comparison difficult. There are substantial differences in how programmes collect and report information, which makes it hard to understand what's working across the system. Providers often feel that reporting measures are not accurate reflections of their intervention intensity and effectiveness.[312] Further, focusing on outcomes for a single intervention doesn't reflect the complexity of behaviour change journey or path to safety for victim/survivors, family and whānau. Shared outcomes and a minimum dataset across all violence intervention programmes would make it easier to compare programmes, improve future evaluations, and reduce administration for providers.

Data systems are siloed and inconsistent across government agencies, and administratively burdensome.

---

* This should include the Family Violence Entry-to-Expert (E2E) Capability Framework, Specialist Family Violence Organisational Standards (SOS), Family Violence Risk and Safety Practice Framework, new sexual violence workforce capability frameworks, He Ara Toiora – A Kaupapa Māori Workforce Capability Framework for the Mahi Tūkino and Sexual Violence Sector, and Te Ara Kōkōrangi, Te Ara Toiora: Good Practice for Preventing and Responding to Mahi Tūkino in Aotearoa and Good Practice Guidelines for Mainstream Crisis Support Services Responding to Sexual Violence.

Currently, quantitative outcomes being used can include recidivism rates, RQ data, and assessment tools such as the *Change Star*.[313] Quantitative output measures are being measured through numbers of referrals, programme completion rates, and session attendance. Qualitative tools can include self-reporting from people using violence through feedback surveys and evaluation; victim/survivor and family and whānau narratives; reviews of case notes; narrative reports; community forums; and pre- and post-programme check-ins with the person using violence. However, there can be significant variation in the reliability and validity of the measurement tools. There is growing recognition of the value of narrative and qualitative data, particularly from whānau, victim/survivors, and community perspectives. However, this analysis is more time intensive and not currently prioritised. Long-term follow-ups have also been used to see how the service has impacted outcomes for families and whānau.

Using multiple outcome domains is more effective

Research and stakeholders consistently emphasise that relying on single outcome measures (particularly recidivism alone) provides an incomplete picture of intervention effectiveness.[314] [315] [316] [317] [318] Further, self-reported information from people using violence should be regarded with care, and victim/survivor, family, whānau and hapū voices should be included to capture a more accurate reflection of violence. Combining multiple outcome domains can provide a more comprehensive understanding of programme impact. Outcomes can include:

- safety: reduced violence, safe interactions, and victim/survivor, children, family, whānau and community safety
- crime reduction: reduced reoffending, reduced PSO reissuance, and compliance with safety orders
- behaviour change: accountability, establishing and maintaining long-term positive behaviour
- knowledge and tools: education on impact of violence, recognising impacts of colonisation and trauma, use of positive non-violent coping strategies
- victim/survivor, family and whānau wellbeing: feelings of safety and self-efficacy, social support, stability, restored relationships (where appropriate) and whakawhanaungatanga, child safety, long-term family and whānau support, successful community re-integration
- cultural connection: strengthening links to whakapapa, te ao Māori, te reo Māori, tikanga, and community
- systemic impact: preventing intergenerational harm, building community trust, enabling holistic recovery.

Mātauranga Māori offers a greater range of outcomes that address wellbeing and healing for individuals, whānau, hapū and community. Outcomes include healing from historic and intergenerational trauma, restoring the conditions for mana to be expressed, wairua and ora, and reductions in structural violence.

Using more comprehensive outcomes measures needs to be balanced with the administrative burden placed on providers. Having an overarching framework could guide a comprehensive approach while avoiding duplication and ineffective measures. Programmes also need the flexibility to use additional measures unique to their model and clients and community.

There is an inability to track the behaviour change journey for people using violence

Outcomes are often short-term and compliance or funding driven. There is little long-term tracking or recognition of incremental or intergenerational change, either positive or negative. Administrative data systems are fragmented, making it difficult to follow people who use violence journeys across services or evaluate the cumulative effects of multiple interventions. People who use violence often have multiple entries in the same, or different programmes, which might be due to non-completion, subsequent referrals or justice processes or seeking long term support and maintenance. Providers may check in on someone's progress before, during and after the programme, however reporting to government agencies generally only focuses on the end of the programme.[319] The inability to follow the change journey for people who use violence across different services and over time represents a fundamental barrier to understanding intervention effectiveness and optimising referral pathways.

Current measurement models have a narrow focus

Current outcome models predominantly rely on western frameworks of individual behaviour change. Specific to family violence, models often overly rely on measures of physical violence failing to consider other forms of violence such as threats, intimidation and controlling behaviours and other psychological and social abuse including via the children.

Measures typically focus solely on the person accessing the service and not outcomes for the victim/survivor, family, or whānau.[320] A review of government administrative data found that family and whānau perspectives are absent from current reporting, despite recognition that violence occurs within family and whānau systems. Current approaches also fail to consider historic trauma and wider experiences of violence, healing and wellbeing for individuals, whānau, hapū, iwi and the wider community.[321]

Kaupapa Māori research has continued to document interpersonal and collective experiences of violence, wider understandings and definitions of the violence experienced by Māori, prevalence for Māori, and insights about seeking support and Māori solutions.[322] There is a need for all frameworks and outcomes to include the full experience of violence and historic trauma including colonisation and state violence, and wider understandings of individual and collective healing and wellbeing.

There is an opportunity to gain insights to the change and healing journey by seeking perspectives from users of violence who have made sustained effective behaviour change. Further, most research focuses on people accessing formal services. There is limited understanding of how people stop using violence without state/formal intervention, and the role of community-led informal supports and interventions.

Victim/survivors, families, whānau and community must be considered in monitoring, evaluation and outcomes measurement

Victim/survivor, family and whānau perspectives are not consistently integrated into outcome measurement in government reporting, intervention evaluation and research. This limits assessment of how and if interventions are improving safety and wellbeing. Research supports the need for victim/survivor, family and whānau voices to be integral outcome measures in evaluation and building the evidence base.[323] [324] [325] [326] Significant differences have been found when victim/survivors accounts of behaviour change have been compared to user's self-reported change. These findings align with the Backbone Collective survey, which highlights that victim/survivors are best placed to know whether behaviour change is occurring, as they observe the person using violence's actions outside programme settings.[327]

Some providers have processes in place to seek victim/survivor views on an individual's behaviour change, such as self-assessment forms, evaluations after each session, and hui with victim/survivors. Other providers do not have formal or structured ways of seeking feedback from victim/survivors about effectiveness.[328] Providers need safe and reliable mechanisms and funding to collect and analyse insights. This requires developing outcome measures for victim/survivors, families and whānau that consider a range of perspectives. Victim/survivor and family and whānau insights should not only contribute to evaluation and measurement processes but inform them, making sure programmes remain accountable to those most affected.

Victim/survivor and family and whānau insights should not only contribute to evaluation and measurement processes but inform them, making sure programmes remain accountable to those most affected.

Measurement approaches must draw on mātauranga Māori and outcome frameworks

To achieve mana motuhake and the partnership set out in Te Aorerekura, Māori must be an integral part of defining and measuring outcomes and effectiveness. This means shifting from reliance on Eurocentric, individualised frameworks, to measures that reflect Māori aspirations, whānau-centred wellbeing, and the realities of intergenerational harm.

The Toiora Whānau Māori outcomes framework will be launched in 2026.[329] It is a kaupapa Māori outcomes measurement tool developed to track the progress of Te Aorerekura. It is grounded in mātauranga Māori and designed to measure the holistic wellbeing of Māori whānau, while upholding mana motuhake. A kaupapa Māori outcomes framework addressing sexual violence is currently in development. *A Litany of Sound Revisited* (2023) explores some of the many te ao Māori conceptual models and frameworks for measuring whānau wellbeing and flourishing whānau.[330]

Embedding Māori perspectives in outcomes frameworks is not only a matter of equity but a practical necessity. Without Māori governance, cultural integrity, and the guidance of tikanga, efforts to reduce violence are unlikely to deliver meaningful or sustainable change. To achieve this requires Māori leadership in designing evaluation methods, data sovereignty and interpretation, and determining what constitutes success in ways that support Māori-led decision-making, planning, and accountability. This means that tangata whenua define their own theories of change, outcomes, and ways to measure these outcomes, and tangata whenua lead and own Māori measurement and monitoring frameworks.

Measurement approaches need to include cultural models

Some interventions include te ao Māori concepts in outcome measurement by incorporating culturally grounded and safe qualitative measures of cultural reconnection and holistic whānau wellbeing, but these are not consistently recognised or resourced.[331] There is a need for measurement frameworks to recognise and include culturally specific models and indicators for Māori, Pacific, ethnic communities, the LGBTTQIA+ community and the disabled community. The use of culturally grounded tools must involve cultural rigour, led by and with the engagement of the affected community. Cultural practitioners and researchers need resourcing to develop, test and implement tools that are specific to family violence and/or sexual violence, for example there are no kaupapa Māori clinical risk measurement tools for kaupapa Māori HSB providers.

> **“The use of culturally grounded tools must involve cultural rigour, led by and with the engagement of the affected community.**

There are significant research and knowledge gaps which require resourcing to address

Throughout this Review many research and evidence gaps were identified. These gaps are listed below under key domains:

Strengthening the evidence base on effectiveness and long-term outcomes

- Rigorous and nuanced evaluations of interventions for people who use violence with extended follow-up periods and longitudinal studies.
- Research to gain insights to the change and healing journey by seeking perspectives from people who use violence who have made sustained effective behaviour change.
- Research on natural desistance processes whereby people leverage informal support (e.g., family, whānau, friends and community) or internal capacities to address and stop their use of violence, particularly with a longitudinal focus to understand multi-generational trends.
- Research documenting the effectiveness of culturally-informed interventions including kaupapa Māori and Pacific approaches.
- Research on community-driven desistance strategies, including strategies that do not involve state intervention (e.g. responses that do not rely on court, police, social work or agencies).

Improving outcome measurement, data systems, and evidence infrastructure

- Development of minimum standardised outcome measures for government contracting and integrated data systems (such as the IDI[332]) to track change journeys across services, that ensure separate approaches for kaupapa Māori pathways that align with and uphold Māori data sovereignty principles.
- Ongoing collection and analysis of disaggregated data by ethnicity, gender, sexuality, disability or other characteristics crucial for understanding differential programme effects.

Designing effective and joined-up services

- Further research is needed to inform how to work with or respond to co-occurring family violence and sexual violence, including how services could collaborate and coordinate across the wider family violence and sexual violence system to ensure people seeking help get the most appropriate support.
- Research on interventions with emerging evidence specific to family violence and/or sexual violence (e.g., helplines, websites, peer support groups, remote service models, and approaches to addressing CSI).

Addressing gaps for specific population groups

- Prioritised research on under-represented populations using violence, including Māori, Pacific peoples, women who use violence (including HSB), ethnic communities, disabled people including neurodiverse people and people with intellectual disabilities, young people, and the LGBTTQIA+ community.
- Longitudinal kaupapa Māori research to continue documenting Māori experiences of violence and solutions including increased representation of tangata whaikaha Māori, takatāpui, tāne Māori, and wāhine Māori and kotiro Māori who have used sexual violence.

Understanding violence pathways and non-intimate and emerging forms of harm

- Research on the intersecting pathways leading to use of and the harm resulting from family violence and/or sexual violence.
- Research on non-intimate partner family violence and/or sexual violence (e.g., sibling abuse, peer-to-peer, elder abuse, child-to-parent violence).
- Research on emerging trends in violence perpetration including escalating lethality and violence severity in both family violence and/or sexual violence, rising technology facilitated violence particularly in sexual violence (e.g. online grooming, possession or distribution of CSAM/CSEM, sextortion, exhibitionism, voyeurism, sexual harassment).
- Research to investigate the characteristics and perspectives of people who use violence who do not engage with interventions, why and what helps motivate change.

Strengthening victim/survivor-centred evidence

- Research that further explores the experiences of victim/survivors in relation to the people who use violence participating in an intervention, particularly for sexual violence victim/survivors. There are particular gaps in research about the experiences of Māori, Pacific and other culturally diverse groups. For all victim/survivors this should explore:
    - » the risks to victim/survivors when people using violence participate in interventions, particularly with sexual violence (e.g. the impact on children and wider family and whānau, changing forms of violence, use of systems to perpetrate further violence, and new methods of control and violence learned while participating in the intervention)
    - » support provided to victim/survivors and their family, whānau, hapori, hapū and community
    - » what victim/survivors want from intervention programmes beyond the cessation of the violence or justice response, particularly in areas of wellbeing and restitution and in emerging areas of sexual violence in online environments.

Engagements highlighted that academics and researchers have limited access to funding for research to explore the aforementioned gaps. Changes to main research funding organisations and reallocation of funding to advanced technologies, may further reduce available funding of research related to family violence and sexual violence. Addressing these gaps is essential to inform best practice and to grow the evidence base, requiring dedicated and adequate resourcing.

“

Addressing these gaps is essential to inform best practice and to grow the evidence base, requiring dedicated and adequate resourcing.

Conclusions

Through this Review we have gathered a range of informative insights into government-funded community-based interventions for people who use violence.* However, many of these insights are not new. Communities have been raising these issues with government agencies for some time.

Across the findings, several consistent system-level issues emerge. These include fragmentation across agencies and interventions, a lack of shared understanding of effectiveness and outcomes, a lack of consideration of victim/survivors in the stopping violence intervention system, workforce capability and capacity constraints, inequities in access and outcomes, significant evidence gaps, and a limited focus on prevention and early intervention. These system-level issues highlight the need for a more coordinated, consistent, and evidence-informed approach across government.

While there has been some improvement to the design, commissioning, contracting and funding of interventions for people who use violence and other social services through government initiatives (e.g., social commissioning and investment approaches, Te Aorerekura and the Actions Plans), there are still barriers that remain for communities and these will compound as demand for services continues to increase.

There are also population-level issues and barriers that are outside of the scope of this Review (e.g., racism, cost-of-living, health inequalities, homelessness, misogyny and gender biases). Addressing these is integral to stopping family violence and/or sexual violence.

...system-level issues highlight the need for a more coordinated, consistent, and evidence-informed approach across government.

* The review does not seek to assess or represent the full stopping violence system or all pathways through which people may experience accountability, support, or behaviour change.

However, there are also many practical and achievable steps government agencies can take collectively and individually to make major improvements to the system and ultimately reduce violence and improve outcomes for communities in Aotearoa New Zealand:

Do more of what works. We know that interventions that are specialist and evidence-based, community-led, tailored, flexible, holistic, and whānau-centred are more likely to have better outcomes. Government can enable communities to deliver the services their communities need by being innovative in how we fund, commission, and monitor contracted interventions. We should also continue to strengthen approaches to integrated intervention models, such as multi-agency responses.

Support the workforce. The frontline workforce is key to the success of interventions for people who use violence. Government should support the existing workforce through fair, flexible, long-term funding, investing in capability building and support, and by strengthening pathways into the workforce.

Fill the gaps. This Review has shown that there is a still a lot we don't know. Government should invest in research and evaluation to improve how we define and measure effectiveness, address gaps, and align and improve approaches to data collection across the sector.

Work collectively. This Review, and Te Aorerekura, recognises that to have the most long-lasting impact we must move forward together as a system. The system is disjointed and communities spend too much time and resources trying to navigate it. Government agencies must work together to address barriers and build a more cohesive, effective system.

Committed investment is needed. Many of the gaps identified in this Review reflect a lack of collective focus and investment in the system responding to people who use violence. Broad-scale, long lasting change requires significant investment and a coordinated effort to lead the next steps.

Recommendations

The Review has produced recommendations for government agencies to implement in order to make long-lasting improvements to the system of interventions for people who use violence. Recommendations one and two will provide a foundation and mechanism for government agencies to implement the remaining recommendations.

These recommendations are focused on improving the system of interventions for people who use family violence and/or sexual violence, however they can and should include the wider system of family violence and sexual violence services, including those for victim/survivors and whānau and community supports. This will ensure the wider system progresses as a whole and reduce the existing silos and barriers.

The recommendations will require joint commitment and resourcing from government agencies to implement. However, there is significant work that can be done within existing baselines if there is commitment to refocus our approaches and ways of working. Recommendations should be considered as part of all Te Aorerekura action plans.

There is already work underway to make improvements to the system and these recommendations should align to and complement existing work programmes. Outside of these recommendations, government agencies will continue to take opportunities to align.

Recommendation 1: Formalise a stopping violence leadership group

A stopping violence leadership group will enable agencies to achieve greater integration and alignment of interventions for people who use family violence and/or sexual violence. It will create a mechanism for government to design, commission, and fund the system of interventions transparently and cohesively. This would enable government to strengthen accountability, reduce the fragmentation and misalignment of the current system, while recognising the different operating contexts of the family violence and sexual violence sectors, and non-mandated and judicially directed programmes.

The leadership group would include membership from all key agencies who fund interventions for people who use violence, as well as other key government agencies (e.g., the Centre, SIA). An agency or joint agency leads would provide a coordinating role across the stopping violence system to ensure clear mandate and accountability.

Recommendation 2: Agree a stopping violence work programme

The stopping violence leadership group should establish a joint work programme, focused initially on establishing a shared understanding of effectiveness and identifying opportunities for greater integration over time. The work programme would focus on activities that are needed to create a foundation for more longer-term transformative work. Activities in the work programme should include:

- establishing a shared understanding of the pathways to family violence and/or sexual violence offending and opportunities for intervention within an Aotearoa New Zealand context
- mapping the integrated system of interventions for people who use family violence and/or sexual violence, including those out of scope for this Review (e.g., custodial interventions, mental health support, alcohol and drug support)
- addressing gaps in evidence and research to improve our understanding of what works and what doesn't within the Aotearoa New Zealand context, including gathering views and experiences from people who use/have used family violence and/or sexual violence
- developing shared Theories of Change for family violence, sexual violence, and kaupapa Māori interventions, and ensuring individual programmes are supported by evidence-based Theories of Change
- developing a shared understanding of effectiveness, shared outcome metrics, and enhanced measurement of impact across the stopping violence system
- establishing mechanisms for integrating victim/survivor voice into the design, procurement, delivery, evaluation and monitoring of services for people who use violence
- aligning approaches for how government agencies commission and fund interventions to reduce barriers for service providers and service users, and enable long-term support, and flexibility that allows providers to meet the needs of their communities
- improving data collection, understanding of reach, and ability to target interventions and address gaps
- developing joint quality assurance and monitoring mechanisms to strengthen safety and accountability for stopping violence interventions.

Once the stopping violence leadership group is established and the foundational work is agreed and underway, the following recommendations should be considered.

Recommendation 3: Strengthen and grow kaupapa Māori services

Sustainably and equitably resource and fund kaupapa Māori services to address unmet need, scale up existing service provision and enable additional kaupapa Māori providers to meet demand, implement kaupapa Māori workforce capability frameworks, good practice guidelines and outcomes framework, and kaupapa Māori research.

Recommendation 4: Build workforce capacity and capability

Design a workforce development plan that provides training pathways and accreditation for new and existing workforce frameworks.* The Centre is developing a plan to improve workforce capacity and capability, and the findings of this Review support this approach and the development of nationally recognised training pathways for kaimahi working with people who use violence.

Recommendation 5: Focus on prevention and early intervention

Focus on prevention and early intervention for children and young people at risk of using family violence and/or sexual violence, and social change campaigns that address the social attitudes that enable family violence and sexual violence and act as barriers to help-seeking.

---

* Including The Family Violence Entry-to-Expert (E2E) Capability Framework, the Specialist Family Violence Organisational Standards (SOS), the Family Violence Risk and Safety Practice Framework, Sexual Violence workforce capability frameworks, He Ara Toiora - A Kaupapa Māori Workforce Capability Framework for the Mahi Tūkino and Sexual Violence Sector, and Te Ara Kōkōrangi, Te Ara Toiora: Good Practice for Preventing and Responding to Mahi Tūkino in Aotearoa and Good Practice Guidelines for Mainstream Crisis Support Services Responding to Sexual Violence.

Appendix One:

Evidence gathering process

The evidence gathering process took place over two phases. In phase one, a synthesis of government-provided information and a scan of national and international literature took place. Targeted engagements and an online survey also captured insights from stakeholders. In phase two, additional literature scans and engagements took place, focusing on three key areas.

Phase one evidence gathering

Evidence synthesis and literature scan

A synthesis of evidence and rapid literature scan were undertaken to gain an understanding of best practice evidence on interventions for people using violence both in Aotearoa New Zealand and internationally.

The evidence synthesis examined information provided by four government agencies related to monitoring, assessing, and evaluating interventions included in the Review. This included:

- administrative data
- quantitative and qualitative evaluations
- surveys and reports with feedback from service users and/or intervention staff, and
- research projects that explored aspects of intervention responsivity or effectiveness in achieving intended outcomes.

Documents were collated into an evidence matrix, which was then used to explore similarities and differences in the nature and quality of evidence across the target interventions. This included a mix of published and unpublished information.

A rapid scan of Aotearoa New Zealand and international literature published from 2010 onwards, focused on community-based interventions for people who use family violence and/or sexual violence, was undertaken. This included published literature, as well as other forms of grey literature, such as doctoral or Master's theses, and organisational reports.

Additional literature was specifically identified to strengthen evidence relevant to Māori and other indigenous populations. The initial search returned a high volume of literature. The focus was further limited to narrative or systematic reviews, or meta-analyses. Individual studies were included if they focused on alternative forms of intervention, specific population groups of interest, or treatment responsivity or needs. This resulted in the inclusion of 261 documents, which were reviewed to identify high-level themes across the literature.

Engagements

We engaged with a range of community and government stakeholders across the family violence and sexual violence sectors to enable those with direct knowledge and experience of interventions for people using violence to inform the Review. The purpose of these engagements was to gather evidence on the current state of the stopping violence system, including its strengths, gaps and areas of improvements, and to inform the development of recommendations for the future. These engagements took place through interviews, workshops and an online survey. For more information see the Engagement Report.

Phase two evidence gathering

Initial evidence gathering through engagements and the literature scan was time-limited and focused on the narrow scope of the Review. This resulted in some limitations and gaps in evidence, which were addressed in a second phase of evidence gathering. To address these gaps additional activities were undertaken in targeted areas:

Kaupapa Māori approaches, mātauranga Māori and tangata whenua perspectives:

- Review of key literature relating to kaupapa Māori approaches, mātauranga Māori, and Māori perspectives on family violence and sexual violence.
- Additional interviews with kaupapa Māori service providers.
- Analysis of the subset of interview and survey responses from Māori and iwi service providers.
- Commissioning of peer review by external Māori experts in family violence and sexual violence.
- Note: This Review was completed before findings were published from research completed by Papakāinga Trust that explores the experiences of Māori and Pacific victim/survivors.

Victim/survivor perspectives:

- Review of international and Aotearoa literature on victim/survivor engagement and best practice identified by Vine – Violence Information Aotearoa and the Backbone Collective.
- Review of interview and survey responses to highlight victim/survivor insights
- Review of the findings from the Backbone Collective survey on stopping violence interventions.
- Engagement with peer reviewers with expertise in victim/survivor experiences and perspectives.

Insights specific to sexual violence:

- Re-examined interview and survey responses to identify key insights related specifically to sexual violence.
- Sought input from sexual violence subject matter experts for input and review.
- Engaged a mix of peer reviewers with expertise in sexual violence as well as family violence, and the intersection of sexual violence and family violence in systems and outcomes.

Insights from the phase two evidence gathering were analysed using the same framework as phase one to ensure consistency across the full evidence base.

Appendix Two:

Table of the in-scope interventions for people who use violence

Family violence

Te Huringa ō Te Ao - MSD	
Target Group	Men harming, or at risk of harming, partners and whānau Non-mandated
Referral pathways	Self-referral; community or social service referral; police referrals
Service delivery	Early intervention, crisis support, intervention and long-term healing and recovery
Delivery modes	Flexible, individualised and group-based; trauma-informed; culturally grounded; holistic whānau support
Funding model	FTE-based funding model
Contracting	80 providers, providing full geographical coverage
Workforce	Practitioners skilled in family violence practice, trauma-informed care and kaupapa Māori approaches
Outcomes sought	Strengthen cultural identity, language, whakapapa, and support tāne as fathers. Promote whānau wellbeing through healthy relationships, safe masculinity, and connection. Foster responsibility, accountability, and healing within whānau.

Non-violence Programmes (NVP) - Corrections and MoJ	
Target Group	Adults using family violence Mandated through court orders or sentences or judicially directed prior to sentencing
Referral pathways	Court-mandated referrals or via community sentences
Service delivery	Offence-focused behaviour-change programmes addressing accountability, safety, and non-violent relationships Guided by a Code of Practice developed jointly by Corrections and MoJ since 2018
Delivery modes	Group and individual options available based on assessment of risk, need and responsivity. Culturally specific programmes are available
Funding model	Bulk funding model (session-based)
Contracting	Jointly commissioned; 50 NVP providers in total (44 for Corrections); available nationwide; aligned service specs, performance measures
Workforce	Facilitators recruited based on family violence knowledge and skills. Must have 50 hours delivery experience of MoJ programmes.
Outcomes sought	People in New Zealand are living safely and participating in violence-free communities. Communities in New Zealand are safe and secure. New Zealand is a safe place to live where adults and children are free from violence in their whānau/families. In this environment, adults and children can participate and flourish in their local communities. The community values and supports respectful relationships and takes a stand against violence in all its forms. Reduction in Māori over-representation.

Wraparound Housing Services - MSD	
Target Group	Men who have been issued a Police Safety Orders, who use violence or are at risk of using violence, as well as self-referrals Non-mandated
Referral pathways	Police Safety Order referrals; some community or self-referrals
Service delivery	Early intervention to prevent escalation. Provides 24/7 safe accommodation, behaviour change support and navigation to long-term services
Delivery modes	Group and individual support, wānanga, therapeutic engagement often grounded in kaupapa Māori frameworks
Funding model	FTE-based funding model
Contracting	5 providers in the Auckland, Waikato, Bay of Plenty, Wellington and Canterbury regions
Workforce	Mixed workforce including social workers, kaimahi, and counsellors trained in family violence response and early intervention
Outcomes sought	Provide immediate safety and stability through housing. Reduce risk of violence by addressing crisis needs. Connect individuals to longer-term support for behaviour change.

Family Violence Programmes for Self-Referred Children and Young People Using Violence	
Target Group	Children and young people who have used family violence Non-mandated
Referral pathways	Oranga Tamariki; community or self-referrals
Service delivery	Counselling, social work support, and family violence prevention and education programmes
Delivery modes	Individual and group sessions with whānau engagement
Funding model	No standardised service rate or funding model
Contracting	15 providers, delivered across Auckland, Waikato, Bay of Plenty, Wellington-East Coast, Taranaki-Manawatu, Canterbury, Upper South Island and Lower South Island
Workforce	Qualified counsellors, social workers, family violence practitioners
Outcomes sought	Long term reduction in the level of family violence and child abuse in NZ. Children, young people and whānau/families: • Have increased knowledge and understanding of family violence and how to seek help. • Feel safer and more secure. • Have increased awareness of the impact of family violence and child abuse. • Have increased knowledge of positive child raising practices.

Change is Possible -MSD	
Target Group	Adult men using, or at risk of using, violence Non-mandated
Referral pathways	Self-referral; informal helpers; promotion via campaigns and community networks
Service delivery	24/7 online and phone support offering information, de-escalation, and referral to local services
Delivery modes	Digital platform and helpline (website, webchat, phone)
Funding model	Volumes-based contract
Contracting	One nation-wide provider
Workforce	Helpline staff trained in family violence de-escalation, referral, and crisis support Supported by clinical supervision
Outcomes sought	Increase access to tools for self-reflection and behaviour change. Support early intervention and motivation to seek help. Promote non-violence and healthy coping strategies.

Sexual violence

Harmful Sexual Behaviour Services (Adults) - Corrections and MSD	
Target Group	Adults showing Harmful Sexual Behaviour Corrections: Mandated MSD: Non-mandated
Referral pathways	Court; probation; social service; police or self-referral
Service delivery	Clinical assessment, intervention and psycho-social support to address the harmful sexual behaviour and reduce re-offending
Delivery modes	Individual and group therapy; tailored intensity based on assessment In addition, Kaupapa Māori provider delivers whānau-centred service
Funding model	Unit-based funding model
Contracting	Four providers deliver across majority of country, including one kaupapa Māori provider.
Workforce	Qualified clinicians and psychosocial support staff specialising in harmful sexual behaviour, including social workers, counsellors, and support workers
Outcomes sought	Reduce sexual offending and manage risk. Address underlying drivers of harmful sexual behaviours. Support reintegration and safe relationships.

Harmful Sexual Behaviour Services (Children and Young People) - Oranga Tamariki	
Target Group	Early intervention service for children up to 12 years Youth service for young people between 12 and 17 years Mandated and non-mandated
Referral pathways	Oranga Tamariki social worker referral; youth justice or community referrals
Service delivery	Clinical assessment and intervention focused on safety, accountability, and wellbeing; family-based approach
Delivery modes	Individual and group therapy with whānau involvement; early intervention and youth programmes
Funding model	Volume-based funding model
Contracting	Four providers deliver across majority of country, including one kaupapa Māori provider.
Workforce	All clinicians are trained in psychology, psychotherapy, counselling, social work, family therapy Specialist concerning sexual behaviour and harmful sexual behaviour training
Outcomes sought	Stop harmful sexual behaviour and prevent escalation. Develop healthy sexual development and boundaries. Strengthen family and whānau safety and support systems.

Concerning Sexual Ideation Services (CSI) - MSD	
Target Group	Adults with concerning sexual thoughts Non-mandated
Referral pathways	Social service or whānau/self-referral
Service delivery	Early, therapeutic, and prevention-focused responses for people who are experiencing concerning sexual ideation but have not yet offended
Delivery modes	Individualised therapeutic model with dynamic risk monitoring
Funding model	Unit-based funding model
Contracting	Aligned with MSD's Harmful Sexual Behaviour provider contracts
Workforce	Clinicians trained in sexual behaviour intervention and risk assessment
Outcomes sought	Prevent progression to harmful sexual behaviour. Support individuals to manage thought safely. Reduce stigma and distress and encourage help-seeking.

Glossary

Definitions of te reo Māori are from Te Aka Māori Dictionary.

Ableism is discrimination and prejudice against disabled people based on the assumption or belief that disabled people are inferior because of their impairments.

The Change Star is an outcomes tool for use by practitioners with men who are participating in a behaviour change programme or other service for people using violence.[333]

Concerning sexual ideation (CSI) is a descriptor for people who have harmful sexual thoughts or fantasies, but who have not yet acted on them. CSI involves ideating about sexual activities focused upon force, coercion, or other forms of manipulation.

Cultural supervision is support to work in a culturally safe way according to the values, protocols and practices of a specific culture. Cultural supervision supports practitioners to be aware of their own culture, and the different cultures of the people they may work with in a way that is culturally safe and responsive.

Disabled people refers to a group of people identified in the New Zealand Disability Strategy using the social model of disability, consistent with the definition in the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). Disability happens when people with impairments face barriers in society. Disabled people: "... include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (CRPD, Article 1 Purpose).

Diverse populations is a term used to represent individuals and communities across culture, religion, ethnicity, age, sexual orientation, gender identity, disabilities, and those with intersecting identities.

Ethnic communities include anyone who identifies their ethnicity as: African, Asian, Continental European, Latin American or Middle Eastern. This includes former refugees, asylum seekers, new and temporary migrants, long-term settlers and multi-generational New Zealanders.[334]

Exhibitionism is the urge, fantasy, or act of exposing one's genitals to non-consenting people, particularly strangers.

Families and whānau refers to all forms of kinship groups and whānau Māori including close and extended families, chosen families, and kaupapa whānau.

Harmful sexual behaviour (HSB) is sexual behaviours that involve elements of force, coercion, or power by one person over another, typically for the purpose of sexual gratification or control. HSB may include both contact (e.g. touching or intercourse) and non-contact behaviours (e.g. exhibitionism or online exploitation).

Homophobia is discrimination against people whose sexual orientation is not heterosexual.

Kaitiakitanga refers to the Māori concept of guardianship, stewardship and protection.

Kaupapa Māori approaches are services and practice models grounded in Māori values, knowledge systems, and worldviews. These approaches are tikanga-based, uphold the principles of tino rangatiratanga (self-determination), and prioritise mana-enhancing, holistic support that reflects te ao Māori.

LGBTTQIA+ is a broad term used to represent diverse gender and sexuality. It stands for lesbian, gay, bisexual, takatāpui, transgender, queer/questioning, intersex and asexual. Sexuality and gender identity vary greatly and are not discrete, ordered categories. Not all people fit neatly into one of the commonly used terms, the "+" reflects this diversity.[335]

Manaakitanga refers to the Māori concept of hospitality, kindness, generosity, support - the process of showing respect, generosity and care for others.

Mana Motuhake refers to the Māori concept of separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority - mana through self-determination and control over one's own destiny.

Mandated interventions are services that individuals are legally required to attend, typically as a condition of a court order or sentence. These include programmes ordered by the family court (e.g. under a Protection Order) or the criminal justice system (either as part of a pre-sentence undertaking managed by MoJ or as sentence condition or order managed by Corrections). Participation is not voluntary and is enforced through judicial processes (noting that programmes directed pre-sentence in the criminal court are directed by a judge, however attendance is not legally mandated, and participation is not enforced).

Mātauranga Māori is Māori knowledge, ways of knowing and knowledge generation practices, both traditional and contemporary. It is a broad system that encompasses time, space, place and discipline. It includes the body of knowledge and is also a knowledge-generating system.[336]

Nga Vaka o Kāiga Tapu is a Pacific Conceptual Framework to address family violence in New Zealand.[337]

Non-mandated interventions are services that individuals access voluntarily, without a legal obligation to attend. These may be self-referrals or referrals from community agencies, whānau, or professionals. They are designed to support people who recognise the harm caused by their behaviour and are motivated to change outside of formal justice system pathways.

Pacific peoples is a term used to represent a collective of populations from different countries: Cook Islands Māori, Fijian, Kiribati, Niuean, Samoan, Tokelauan, Tongan and Tuvaluan. This includes people born in Aotearoa New Zealand.

Rainbow is an umbrella term for sex, sexuality, and gender diversity. Rainbow is an inclusive term of the LGBTTQIA+ communities.[338]

Safeguarding means taking actions to prevent, identify, and respond to situations where a person is at risk of, or is experiencing, violence, abuse, neglect or harm while protecting a person's right to make their own decisions about their life, safety and wellbeing.[339]

Sextortion is a type of blackmail when someone threatens to share a nude image or sexually explicit video of someone else online, unless they pay them or provide more sexual content.

Takatāpui is an ancient Māori term to embrace culture, spirituality, and connection to whakapapa. It has many meanings for iwi and hapū, traditionally meaning "intimate partner of the same sex." In contemporary times takatāpui has been reclaimed to denote all those with diverse sex characteristics, gender identities, and expressions and sexualities as well as tangata whenua identity.[340]

Tangata whaikaha Māori are people of Māori descent with disabilities.

Tangata whenua refers to 'people of the land where their ancestors lived' and means people, whānau, hapū, as the indigenous population of Aotearoa New Zealand.

Tino rangatiratanga refers to the Māori concept of self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.

Trauma-informed approaches are those which consider the intersecting impacts of historical and ongoing systemic and interpersonal violence, structural violence and structural inequities on a person's life. Trauma-informed practice acknowledges the impact of these experiences, recognises signs and symptoms of trauma in individuals, their whānau and communities, uses understanding about trauma and violence in policy and practice, and acts to reduce further retraumatising in any provision of service.

Transphobia can be defined to mean any negative attitudes (hate, contempt, disapproval) directed toward trans people because of their being trans.[341] It consists of three main parts – anti-trans stereotypes, anti-trans prejudice, and anti-trans discrimination. Any of these elements on its own can be transphobia.[342]

Transmisogyny can be defined as misogynist transphobia against trans women, AMAB (assigned male at birth) trans people, and some intersex people who are perceived as having "male bodies" and feminine genders. It involves the combination of misogyny, or hatred of women, with transphobia.[343]

Tuakana-teina is apprenticing that includes the transmission of mātauranga tawhito (Māori knowledge systems) and space to sit with kaumatua (Māori elder) and other tohunga (individuals who hold deep specialist knowledge and skills within mātauranga Māori).[344]

Voyeurism is the illegal act of watching, photographing, or recording someone in a private situation without their consent, typically for sexual gratification.

Wairuatanga refers to the Māori concept of spirituality.

Whanaungatanga refers to the Māori concept of relationship, kinship, sense of family connection - a relationship through shared experiences and working together which provides people with a sense of belonging.

Whānau refers to extended family, family group, or immediate kinship group. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

Whānau-centred is a culturally grounded, holistic approach focused on improving the wellbeing of whānau and addressing all individual needs within a whānau context.

Endnotes

1 The Centre for Family Violence and Sexual Violence Prevention. (2024). *Breaking the Cycle of Silence: Te Aorerekura action plan 2025–2030*. New Zealand Government.

2 The Backbone Collective. (2026). *Just ticking the box: Victim-survivor insights into the uses and abuses of stopping-violence programmes in Aotearoa New Zealand*. The Backbone Collective.

3 The Centre for Family Violence and Sexual Violence Prevention. (2024). *Breaking the Cycle of Silence: Te Aorerekura action plan 2025–2030*. New Zealand Government.

4 Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence (2021). *Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence*. New Zealand Government.

5 The Backbone Collective. (2026). *Just ticking the box: Victim-survivor insights into the uses and abuses of stopping-violence programmes in Aotearoa New Zealand*. The Backbone Collective.

6 Social Investment Agency. (n.d.). *What is social investment?* https://www.sia.govt.nz/social-investment/what-is-social-investment

7 The Department of the Prime Minister and Cabinet. (n.d.). *Government Targets*. https://www.dpmc.govt.nz/our-programmes/government-targets

8 New Zealand Government. (2024). *The child and youth strategy 2024-2027*. https://www.msd.govt.nz/documents/about-msd-and-our-work/child-youth-wellbeing/strategy-and-plan/the-child-and-youth-strategy-2024-27.pdf

9 Family Violence Death Review Committee. (2020). *Sixth report, Te Pūrongo tuaono: Men who use violence, Ngā tāne ka whakamahi i te whakarekereke*. Health, Quality & Safety Commission.

10 Ministry of Social Development. (2024). *A report outlining family violence and sexual violence service gaps in Aotearoa*. Ministry of Social Development.

11 Ministry of Social Development (n.d.). *Te Huringa ō Te Ao Framework*. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/te-huringa-o-te-ao/te-huringa-o-te-ao-framework.pdf

12 (The Backbone Collective, 2026)

13 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

14 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

15 (The Centre for Family Violence and Sexual Violence Prevention, 2024)

16 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

17 Kantar Public. (2023). *Understanding the support needs of users of violence*. [Unpublished presentation prepared for Ministry of Social Development].

18 (Kantar Public, 2023)

19 Lawrence, A. L., & Willis, G. M. (2021). Understanding and challenging stigma associated with sexual interest in children: A systematic review. *International Journal of Sexual Health, 33(2),* 144-162.

20 Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence. (2024). *What Works: Responses to People who have used Sexual Violence. New Zealand*. https://preventfvsv.govt.nz/assets/Resources/Data-and-Insights/Evidence-Summary_what-works-responding-to-people-who-use-SV.pdf

21 Pihama, L., Smith, L.T., Simmonds, S., Raumati, N., Smith, C.W., Cassidy, B., Te Nana, R. Sio, B. (2023) *He Waka Eke Noa: Māori Cultural Frameworks for Violence Prevention and Intervention*. Tū Tama Wahine o Taranaki. https://natlib-primo.hosted.exlibrisgroup.com/permalink/f/1s57t7d/NLNZ_ALMA11409369780002836

22 (Kantar Public, 2023)

23 Roguski, M., & Edge, K. (2021). Thinking differently about family violence: Shifting from a criminal justice response to a recovery orientation. *Journal of Community & Applied Social Psychology, 31(3),* 341–353. https://doi.org/10.1002/casp.2506

24 O'Conner, T., Ford, K., & Kaiwai, H. (2023). *Uncover, discover, recover: The peer-led journey to redemption for men who have used violence*. Safe Man, Safe Family

25 Ly, T., Fedoroff, J. P., & Briken, P. (2020). A narrative review of research on clinical responses to the problem of sexual offenses in the last decade. *Behavioral Sciences & the Law, 38(2),* 117–134. https://doi.org/10.1002/bsl.2448

26 Wilson, D., Mikahere-Hall, A., Sherwood, J., Cootes, K., & Jackson, D. (2019). *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Taupua Waiora Māori Research Centre.

27 Wilson D., Campbell H.J., Allport T., Ruwhiu L., Mikahere-Hall A., Coupe N., Ka'ai T., Karapu R., Reay S., Eruera M., Barbarich-Unasa T.W., Tane J., Khoo C., Dowling B. & Buitenhek, E.M. (2025). *Kei roto tō tātou rongoā*. Taupua Waiora Research Centre, Auckland University of Technology.

28 Wilson, D. (2023). *Violence within whānau and mahi Tūkino: A litany of sound revisited*. Te Pūkotahitanga – Tangata Whenua Advisory Group for the Minister for the Prevention of Family Violence and Sexual Violence

29 (Pihama et al., 2023)

30 Balzer, R., Haimona, D., Henare, M., & Matchitt, V. (1997). *Māori family violence in Aotearoa*. Te Puni Kōkiri.

31 King, P., & Robertson, N. (2017). Māori men, relationships, and everyday practices: towards broadening domestic violence research. *AlterNative,* 1–8. https://hdl.handle.net/10289/12258

32 Rua, M. (2015). *Māori men's positive and interconnected sense of self, being and place* [Unpublished doctoral thesis]. University of Waikato. https://hdl.handle.net/10289/9440

33 Te Amokura Consultants. (2023). *E ora ai te tangata: An analysis of the kaupapa Māori sexual violence sector*. [Unpublished report].

34 (Te Amokura Consultants, 2023)

35 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

36 (The Backbone Collective, 2026)

37 Chung, D., Anderson, S., Green, D., & Vlais, R. (2020). *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact (Research report).* Australia's National Research Organisation for Women's Safety (ANROWS). https://anrows.intersearch.com.au/anrowsjspui/handle/1/19911

38 McGinn, T., Taylor, B., & McColgan, M. (2021). A qualitative study of the perspectives of domestic violence survivors on behavior change programs with perpetrators. *Journal of Interpersonal Violence,* 36(17-18), NP9364–NP9390. https://doi.org/10.1177/0886260519855663

39 Sheehan, K. A., Thakor, S., & Stewart, D. E. (2012). Turning Points for Perpetrators of Intimate Partner Violence. *Trauma, Violence, & Abuse, 13(1),* 30-40.

40 (The Backbone Collective, 2026)

41 McGinn, T., Taylor, B., McColgan, M., & Lagdon, S. (2016). Survivor perspectives on IPV perpetrator interventions: A systematic narrative review. *Trauma, Violence, & Abuse. 17(3),* 239–255. https://doi.org/10.1177/1524838015584358

42 (Chung et al., 2020, *Prioritising women's safety in Australian perpetrator interventions)*

43 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

44 (The Backbone Collective, 2026)

45 Craissati, J., & Blundell, R. (2013). A Community Service for High-Risk Mentally Disordered Sex Offenders: A Follow-Up Study: A Follow-Up Study. *Journal of Interpersonal Violence, 28(6),* 1178-1200.

46 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

47 Bevan, M. (2017). New Zealand prisoners' prior exposure to trauma. Practice: *The New Zealand Corrections Journal, 5(1).*

48 Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A Systematic Qualitative Review of Risk and Protective Factors for Sexual Violence Perpetration. *Trauma, Violence, & Abuse, 14(2),* 133-167.

49 Queensland Government Statistician's Office. (2023). *The overlap between offending and victimisation in Queensland.*

50 Kimber, M., Adham, S., Gill, S., McTavish, J., & H. L. MacMillan. (2018). The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood: A systematic review. *Child Abuse & Neglect,* 76, 273-286. https://doi.org/10.1016/j.chiabu.2017.11.007

51 Smith-Marek, E. N., Cafferky, B., Dharnidharka, P., Mallory, A. B., Dominguez, M., High, J., Stith, S. M., & Mendez, M. (2015). Effects of childhood experiences of family violence on adult partner violence: A meta-analytic review. *Journal of Family Theory & Review, 7(4),* 498–519. https://doi.org/10.1111/jftr.12113

52 Fitton, L., Yu, R., & Fazel, S. (2020). Childhood Maltreatment and Violent Outcomes: A Systematic Review and Meta-Analysis of Prospective Studies. *Trauma, violence & abuse, 21(4),* 754–768. https://doi.org/10.1177/1524838018795269

53 (Pihama et al., 2023)

54 (Pihama et al., 2023)

55 Royal Commission of Inquiry into Abuse in Care. (2024). *Whanaketia part 5: Impacts I mahue kau noa i te tika (Through pain and trauma, from darkness to light, Part 5).* Royal Commission of Inquiry into Abuse in Care.

56 (Roguski & Edge, 2021)

57 Kruger T., Pitman M., Grennell D., McDonald T., Mariu D., Pomare A. & New Zealand. Second Māori Taskforce on Whānau Violence. (2004). *Transforming whānau violence*. Te Puni Kōkiri. https://files.vine.org.nz/koha-files/transforming_whanau_violence.pdf

58 (Kruger et al., 2004)

59 Pihama L., Cameron N., Pitman M. & Te Nana R. (2021). *Whāia te ara ora. Māori and Indigenous Analysis.*

60 (Pihama et al., 2023)

61 Te Tiriti o Waitangi 1840. https://waitangitribunal.govt.nz/en/about/the-treaty/maori-and-english-versions

62 (Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence, 2021)

63 (Wilson, 2023)

64 (Balzer et al., 1997)

65 (Wilson, 2023)

66 (Pihama et al., 2021)

67 Crocket, K., Davis, E., Kotzé, E., Swann, B., & Swann, H. (Eds.). (2017). *Moemoeā: Māori counselling journeys*. Dunmore Press.

68 (Pihama et al., 2023)

69 (Wilson, 2023)

70 (Wilson et al., 2019)

71 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

72 (Ministry of Social Development, 2024, *A report outlining family violence and sexual violence service gaps in Aotearoa*)

73 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

74 Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2022). *Analysis paper: Ethnic communities.* New Zealand Government.

75 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

76 (Ministry of Social Development, 2024, *A report outlining family violence and sexual violence service gaps in Aotearoa*)

77 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

78 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

79 Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2022). *Analysis paper: Pacific Peoples.* New Zealand Government.

80 (Ministry of Social Development, 2024, *A report outlining family violence and sexual violence service gaps in Aotearoa*)

81 (Ministry of Social Development, 2024, *A report outlining family violence and sexual violence service gaps in Aotearoa*)

82 Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2022). *Analysis paper: Children and Young People*. New Zealand Government.

83 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

84 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

85 Tempest, L. (2024). *Child to parent violence and abuse: New Zealand's invisible family violence.* VisAble.

86 Lambie, I., & McIntosh, T. (2023). *Toward an understanding of Aotearoa New Zealand's adult gang environment: Full report*. Office of the Prime Minister's Chief Science Advisor.

87 (Ministry of Social Development, 2024, *A report outlining family violence and sexual violence service gaps in Aotearoa*)

88 Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M., Austen, S., O'Leary, P., Breckenridge, J., Vlais, R., Green, D., Pracilio, A., Young, A., Gore, A., Watts, L., Wilkes- Gillan, S., Speyer, R., Mahoney, N., Anderson, S., ... Bissett, (2020). *Improved accountability: The role of perpetrator intervention systems.* Australia's National Research Organisation for Women's Safety (ANROWS). https://anrows. intersearch.com.au/anrowsjspui/handle/1/23034

89 (Wilson, 2023)

90 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

91 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

92 (McGinn et al., 2016)

93 (McGinn et al., 2016)

94 (The Backbone Collective, 2026)

95 (The Backbone Collective, 2026)

96 (Chung et al., 2020, *Prioritising women's safety in Australian perpetrator interventions)*

97 (McGinn et al., 2016)

98 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

99 Hine, L., Meyer, S., McDermott, L., & Eggins, E. (2022). Intervention programme for fathers who use domestic and family violence: Results from an evaluation of Caring Dads. *Child & Family Social Work, 27(4)*, 711–724. https://doi.org/10.1111/cfs.12919

100 (Chung et al., 2020, *Prioritising women's safety in Australian perpetrator interventions)*

101 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

102 (The Backbone Collective, 2026)

103 (The Backbone Collective, 2026)

104 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

105 (McGinn et al., 2016)

106 (McGinn et al., 2021)

107 (McGinn et al., 2021)

108 (The Backbone Collective, 2026)

109 (The Backbone Collective, 2026)

110 (McGinn et al., 2021)

111 (Chung, et al., 2020, *Prioritising women's safety in Australian perpetrator interventions)*

112 (Wilson et al., 2019)

113 Ruwhiu, L., & Amokura Family Violence Prevention Consortium. (2009). *A mana tāne echo of hope: Dispelling the illusion of whānau violence - Taitokerau Tāne Māori speak out*. Amokura Family Violence Prevention Consortium.

114 Jumarali, S. N., Nnawulezi, N., Eldridge, K., Murphy, C., Engleton, J. (2023). Survivors' perspectives on relationship violence intervention programs. *Journal Family Violence 38,* 477–489. https://hdl.handle.net/20.500.11990/11221

115 (McGinn et al., 2021)

116 Kelly, L., & Westmarland, N. (2015). *Domestic violence perpetrator programmes: Steps towards change.* London Metropolitan University & Durham University.

117 (The Backbone Collective, 2026)

118 (Jumarali et al., 2023)

119 (The Backbone Collective, 2026)

120 (The Backbone Collective, 2026)

121 (Ruwhiu & Amokura Family Violence Prevention Consortium, 2009)

122 (Kruger et al., 2004)

123 Durie, M. (2001). *Mauri ora: The dynamics of Māori health.* Oxford University Press.

124 (King & Robertson, 2017)

125 (Wilson et al., 2019)

126 Richards, K., Death, J., & Ronken, C. (2023). The views of victim/survivors of sexual violence about perpetrator post-release measures. *Criminal Justice Studies, 36(4),* 418–437.

127 Woodley, A., & Point & Associates. (2024). *Project Restore Evaluation.* Point & Associates.

128 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

129 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

130 (Pihama et al., 2021)

131 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

132 Harrison, N. (2024). *Ā Mātou Taonga Pīhoretanga: Halting Intergenerational Familial Childhood Sexual Abuse*. The University of Auckland.

133 Harrison, N., Le Grice, J. (2023). Family Relatedness for Māori Survivors of Familial Childhood Sexual Abuse. In Z. Boden-Stuart, & M. Larkin (Eds.), *Relationships and Mental Health*. Palgrave Macmillan.

134 (Harrison & Le Grice, 2023)

135 Arathoon, C., Thorburn, N., Burgess, M., & Jury, A. (2023). *Evaluation of kōkihi ngā rito.* National Collective of Independent Women's Refuges.

136 Ara Poutama Aotearoa | Department of Corrections. (2026). *Integrity Monitoring Report: Contracted Non-Violence Programmes for Perpetrators of Family Violence (2026).* [Unpublished report].

137 Helps, N., Bell, C., Schulze, C., Vlais, R., Clark, O., Seamer, J., & Buys, R. (2025). *The role of men's behaviour change programs in addressing men's use of domestic, family and sexual violence: An evidence brief. (ANROWS Insights*). ANROWS. https://anrows.intersearch.com.au/anrowsjspui/handle/1/22976

138 (The Backbone Collective, 2026)

139 Helps, N., McGowan, J., & Meyer, S. (2024). Victim–survivors accounts of men's change: Findings from a combined alcohol and other drug use and domestic violence intervention. *Research on Social Work Practice, 36(1),* 73-84. https://doi.org/10.1177/10497315241301347

140 (Helps et al., 2024)

141 (Wilson et al., 2019)

142 (Wilson et al., 2019)

143 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

144 Fanslow, J. L., Mellar, B. M., Malihi, A. Z., Gulliver, P. J., & McIntosh, T. K. D. (2026). Help-seeking by women and men after experiencing any IPV, including physical, sexual, and psychological IPV, controlling behaviors, or economic abuse: a population-based study from New Zealand. *Journal of Interpersonal Violence, 41(11-12),* 3653-3682.

145 (Wilson et al., 2019)

146 Patterson, T., Hobbs, L., Treharne, G. J., Beres, M. (2022) Seeking of help and support after experiencing sexual harm: considerations for cisgender women, cisgender men and gender-diverse people. *New Zealand Medical Journal, 135(1562),* 56-62. https://doi.org/10.26635/6965.5686

147 Dixon, L., Treharne, G., Pettie, M., Bowden, C., Patterson, T., Beres, M., Mirfin-Veitch, B., Shaw, R., Eketone-Kelly, A. & Ashdown, J. (2023). *Male survivors of sexual violence and abuse (SVA): Barriers and facilitators to reporting and accessing services.* Ministry of Social Development.

148 (The Backbone Collective, 2026)

149 Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., ... & Solano, I. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse, 7(4),* 355-460. https://doi.org/10.1891/1946-6560.7.4.355

150 Arce, R., Arias, E., Novo, M., & Fariña, F. (2020). Are interventions with batterers effective? A meta-analytical review. *Psychosocial Intervention, 29(3),* 153–164. https://doi.org/10.5093/pi2020a11

151 Babcock, J. C., Gallagher, M. W., Richardson, A. L., Godfrey, D. A., Reeves, V. E., & D'Souza, J. M. (2024). Which battering interventions work? An updated Meta-analytic review of intimate partner violence treatment outcome research. *Clinical Psychology Review, 111,* Article 102437. https://doi.org/10.1016/j.cpr.2024.102437

152 Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). Does specialised psychological treatment for offending reduce recidivism? A meta-analysis examining staff and programme variables as predictors of treatment effectiveness. *Clinical Psychology Review, 73,* Article 101752. https://doi.org/10.1016/j.cpr.2019.101752

153 Punzo, G., Velotti P. (2026) Interventions for perpetrators of intimate partner violence: An umbrella review of systematic reviews. *Aggressive Behaviour, 52(1).* Article 70056. https://doi.org/10.1002/ab.70056

154 Arias, E., Arce, R., & Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention, 22(2),* 153–160. https://doi.org/10.5093/in2013a18

155 (Arce et al., 2020)

156 (Gannon et al., 2019)

157 Schmucker, M., Lösel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology, 11,* 597–630. https://doi.org/10.1007/s11292-015-9241-z

158 Bonta, J., & Andrews, D. A. (2016). *The psychology of criminal conduct.* Routledge.

159 (Gannon et al., 2019)

160 (Te Puna Aonui, 2024, *What Works: Responses to People who have used Sexual Violence)*

161 Polaschek, D. L. L. (2016). *Responding to perpetrators of family violence.* New Zealand Family Violence Clearinghouse. https://vine.org.nz/issues-papers/responding-to-perpetrators-of-family-violence

162 Satodiya, R., Bied, A., Shah, K., Parikh, T., & Ash, P. (2024). A systematic review of multisystemic therapy in adolescent sex offenders. *Journal of the American Academy of Psychiatry and the Law, 52(1),* 51–60. https://jaapl.org/content/52/1/51

163 (Te Puna Aonui, 2024, *What Works: Responses to People who have used Sexual Violence)*

164 Karakurt, G., Koç, E., Çetinsaya, E. E., Ayluçtarhan, Z., & Bolen, S. (2019). Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence. *Neuroscience and Biobehavioral Reviews, 105,* 220–230. https://doi.org/10.1016/j.neubiorev.2019.08.006

165 Willis, G. M., & Levenson, J. S. (2022). Exploring risk for sexual recidivism and treatment responsivity through the lens of early trauma. *Sexual Abuse, 34(5),* 597–619. https://doi.org/10.1177/10790632211051681

166 (Chung et al., 2020, *Improved accountability)*

167 Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence. (2023). *Specialist family violence organisational standards.* New Zealand Government.

168 (Balzer et al., 1997)

169 (Pihama et al., 2023)

170 (Kruger et al., 2004)

171 Pihama, L., McRoberts, H., & Indigenous Analysis Ltd. (n.d.). *Te Puāwaitanga o te Kākano: a background paper report*. Prepared for Te Puni Kōkiri.

172 Whānau Ora Commissioning Agency. (2022). *E Tipu E Rea. Ngā Tini Whetū: The collateral change for reducing child poverty report*. Whānau Ora Commissioning Agency.

173 Leonard, C. & Maraki, J. (2023). *Evaluation of Wave 16 Kaupapa Initiatives for Te Pūtahitanga o Te Waipounamu*. Ihi Research and Te Pūtahitanga o Te Waipounamu.

174 Office of the Auditor-General. (2015). *Whānau Ora: The first four years*. Office of the Auditor-General.

175 Whānau Ora Review Panel. (2018). *Whānau Ora Review Report - Tipu Mātoro ki te Ao: Final report to the Minister for Whānau Ora*. Te Puni Kōkiri.

176 Leahy, H., & Savage, C. (2022). *Tū Pono: Te Mana Kaha o te Whānau: Evaluation for Te Pūtahitanga o Te Waipounamu. Ihi Research*. https://www.ihi.co.nz/te-putahitanga-o-te-waipounamu/tu-pono

177 (Wilson, 2023)

178 (Pihama et al., 2023)

179 Ape-Esera, L., & Lambie, I. (2019). A journey of identity: A rangatahi treatment programme for Māori adolescents who engage in sexually harmful behaviour. *New Zealand Journal of Psychology, 48(2),* 41–51.

180 Grey, R., Lambie, I., & Ioane, J. (2024). Aotearoa New Zealand adolescents with harmful sexual behaviours: The importance of a holistic approach when working with rangatahi Māori. *Journal of Sexual Aggression*. https://doi.org/10.1080/13552600.2023.2165732

181 Lambie, I., & Stewart, M. W. (2012). Community solutions for the community's problem: An evaluation of three New Zealand community-based treatment programs for child sexual offenders. *International Journal of Offender Therapy and Comparative Criminology, 56(7).* https://doi.org/10.1177/0306624x11420099

182 Allen, A. (2024). *Exploring Treatment Change in a Mixed-Risk Community Treatment Programme for Harmful Sexual Behaviour: Contamination or Focusing on a Positive Future?* [Master's thesis, University of Canterbury]. https://ir.canterbury.ac.nz/server/api/core/bitstreams/1172cb1f-e5a8-459f-8ebb-067540e0014a/content

183 Paramo, R. (2016). *Community Child Sexual Offender Treatment Programmes: A Review of Providers and Outcomes*. Ara Poutama Aotearoa | Department of Corrections.

184 Allen + Clarke (2020). *Evidence brief: Support for children and young people who are victims/survivors of sexual violence or display concerning or harmful behaviour*. Oranga Tamariki.

185 Lambie, I., Geary, J., Fortune, C., Brown, P., and Willingale, J. (2007). *Getting it right: An evaluation of New Zealand community treatment programmes for adolescents who sexually offend: A Summary Report*. Ministry of Social Development.

186 Christofferson, S. M., Willis, G. M., Cording, J. R., Waitoki, W., Henry, C., & Williams, N. K. (2024). *Stand Strong, Walk Tall: Prehabilitation for a better future – A sexual abuse prevention project. Phase two: Pilot delivery & evaluation*. Ministry of Social Development.

187 (Family Violence Death Review Committee, 2020)

188 (Te Puna Aonui, 2024, *What Works: Responses to People who have used Sexual Violence)*

189 Punzo & Velotti, 2026)

190 Short, J. et al. (2019). Thinking differently: Re-framing family violence responsiveness in the mental health and addictions health care context. *International journal of mental health nursing, 28(5),* 1206–1216. https://doi.org/10.1111/inm.12641

191 (Polaschek, 2016)

192 (Ministry of Social Development, n.d., *Te Huringa ō Te Ao Framework*)

193 Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2024). *Understanding the current state of multi-agency responses.* New Zealand Government.

194 (The Centre for Family Violence and Sexual Violence Prevention, 2024)

195 Carswell, S.L., Paulin, J., Kaiwai, H.M., Donovan, E. (2020). *Experiences of the family violence system in Aotearoa: An overview of research 2010 – early 2020.* Commissioned by the Office of the Auditor-General.

196 Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence (2022). *Analysis paper: Disabled people.* New Zealand Government.

197 Ministry of Social Development (2026). *Improving access to family and sexual violence services*

198 (Wilson, 2023)

199 Ioane, J., Tofaeono, R., & Lambie, I. (2021). Pasifika Youth with Harmful Sexual Behaviour Differ from Other Young People and Need a Different Response. *New Zealand Journal of Psychology, 50*(3), 17–28.

200 (Chung et al., 2020, *Improved accountability)*

201 Tangaere, A., & Hagen, P. (2023). Tikanga-led design: Whānau-led innovation for systems transformation. *Entanglements of Designing Social Innovation in the Asia-Pacific*. Routledge.

202 Pihama, L., Cram, F. & Walker, S. (2002). Creating methodological space: A literature review of Kaupapa Māori research. *Canadian Journal of Native Education, 26*(1).

203 Enosa, R., Fa'amatuainu, T.P., Taufa, S.M., Clifford-Lidstone, G., & Filimoehala-Burling, S. (2019). Nga Vaka o Kaiga Tapu. *Aotearoa New Zealand Social Work*, 30(4). https://doi.org/10.11157/anzswj-vol30iss4id607

204 (2012) *Nga vaka o kāiga tapu: a Pacific Conceptual Framework to address family violence in New Zealand.* Taskforce for Action on Violence within Families, Ministry of Social Development. https://www.pasefikaproud.co.nz/assets/Initial-Content/Resources/Nga-vaka-o-kaiga-tapu/PasefikaProudResource-Nga-Vaka-o-Kaiga-Tapu-Main-Pacific-Framework.pdf

205 Crichton-Hill, Y., & Ioane, J. (2023). *Pasifika protective factors for family violence in Aotearoa New Zealand.* Pasefika Proud.

206 Rankine, J., Percival, T., Finau, E., Hope, L.T., Kingi, P., Peteru, M.C., Powell, E., Robati-Mani, R., & Selu, E. (2017). Pacific peoples, violence, and the power and control wheel. *Journal of Interpersonal Violence, 32(18),* 2777–2803. https://doi.org/10.1177/0886260515596148

207 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

208 (Pihama et al., 2023)

209 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

210 Ngā Kaitiaki Mauri, TOAH-NNEST. (2022). *Te ara kōkōrangi, he ara toiora: Good practice for preventing and responding to mahi tūkino in Aotearoa*. Ngā Kaitiaki Mauri, TOAH-NNEST.

211 (Kruger et al., 2004)

212 (Babcock et al., 2016)

213 Gibbels, C., Kneer, J., Hartmann, U., & Krueger, T. H. C. (2019). State of the art treatment options for actual and potential sexual offenders and new prevention strategies. *Journal of Psychiatric Practice, 25(4),* 242–257.

214 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

215 Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse, 22(2),* 191–217. https://doi.org/10.1177/1079063210366039

216 Marshall, W. L., & Marshall, L. E. (2015). Psychological treatment of the paraphilias: A review and an appraisal of effectiveness. *Current Psychiatry Reports, 17(6),* 47. https://doi.org/10.1007/s11920-015-0580-2

217 (Chung et al., 2020, *Improved accountability)*

218 (Tharp et al., 2013)

219 Campbell, F., Booth, A., Hackett, S., & Sutton, A. (2020). Young People Who Display Harmful Sexual Behaviors and Their Families: A Qualitative Systematic Review of Their Experiences of Professional Interventions. *Trauma, violence & abuse, 21(3).* https://doi.org/10.1177/1524838018770414

220 (The Backbone Collective, 2026)

221 Social Policy Evaluation and Research Unit. (2018). *What is known about the effectiveness of social sector freephone helplines?* Rapid evidence-based literature review.

222 Tarzia, L., McKenzie, M., Addison, M. J., Hameed, M. A., & Hegarty, K. (2023). "Help Me Realize What I'm Becoming": Men's Views on Digital Interventions as a Way to Promote Early Help-Seeking for Use of Violence in Relationships. *Journal of Interpersonal Violence, 38(13-14),* 8016-8041. https://doi.org/10.1177/08862605231153885

223 Bellini, R., & Westmarland, N. (2021). A problem solved is a problem created: the opportunities and challenges associated with an online domestic violence perpetrator programme. *Journal of Gender-Based Violence, 5(3),* 499-515. https://doi.org/10.1332/239868021x16171870951258

224 Bellini, R., & Westmarland, N. (2023). "We adapted because we had to": How domestic violence perpetrator programmes adapted to work under COVID-19 in the UK, the USA and Australia. *Journal of Aggression, Conflict and Peace Research, 15(3),* 205–215. https://doi.org/10.1108/JACPR-05-2022-0716

225 (Ministry of Social Development, 2026)

226 (Ministry of Social Development, 2026)

227 (Arias et al., 2013)

228 (Arce et al., 2020)

229 Stewart, L. A., Flight, J., & Slavin-Stewart, C. (2013). Applying effective corrections principles (RNR) to partner abuse interventions. Partner Abuse, 4(4). https://doi.org/10.1891/1946-6560.4.4.494

230 (Gannon et al., 2019)

231 The Centre for Family Violence and Sexual Violence Prevention. (2025). *Family Violence Risk and Safety Practice Framework*. New Zealand Government.

232 Oranga Tamariki, Ministry for Children. (2018). *Service specifications: Harmful Sexual Behaviour, Early Intervention and Youth Services*. Oranga Tamariki.

233 (Ara Poutama Aotearoa | Department of Corrections, 2026)

234 Ministry of Justice. (2019). *Information sharing guidance*. Retrieved 20 May 2026, from https://www.justice.govt.nz/justice-sector-policy/key-initiatives/addressing-family-violence-and-sexual-violence/a-new-family-violence-act/information-sharing-guidance/

235 (Roguski & Edge, 2021)

236 Clarke, M., Brown, S., & Völlm, B. (2017). Circles of support and accountability for sex offenders: A systematic review of outcomes. *Sexual Abuse: Journal of Research and Treatment, 29(5),* 446–478. https://doi.org/10.1177/1079063215603691

237 Sample, L. L., Cooley, B. N., & ten Bensel, T. (2018). Beyond circles of support: "Fearless" - An open peer-to-peer mutual support group for sex offense registrants and their family members. *International Journal of Offender Therapy and Comparative Criminology, 62(13),* 4257–4277. https://doi.org/10.1177/0306624X18758895

238 (Pihama et al., 2023)

239 McBreen, K. (2022). *What are we learning from Te Kawa o te Ako about eliminating violence?* Te Wānanga o Raukawa.

240 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

241 The Backbone Collective. (2023). *Getting it right: a guide for government agencies working with specialist organisations to gather victim-survivor feedback*. The Backbone Collective. https://www.backbone.org.nz/resources

242 The Children's Convention Monitoring Group. (2019). *Getting it Right: Are we listening? Children's participation rights in government policy*. Mana Mokupuna | Office of the Children's Commissioner. https://www.manamokopuna.org.nz/documents/118/CMG2019-Online-FINAL-full2.pdf

243 Close. L., Peel, K., & Taskforce for Action on Violence Within Families. (2012). *The voice of experience*. Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/voice-of-experience.pdf

244 Lamb, K., Hegarty, K., Amanda, Cina, Fiona., & the University of Melbourne WEAVERs lived experience group., Parker, R. (2020) *The Family Violence Experts by Experience Framework: Domestic Violence Victoria*. https://safeandequal.org.au/wp-content/uploads/DVV_EBE-Framework-Report.pdf

245 Wheildon, L., & Australia's National Research Organisation for Women's Safety. (2023). *Towards meaningful engagement: Key findings for survivor co-production of public policy on gender-based violence (ANROWS Insights)*. ANROWS. https://anrows.intersearch.com.au/anrowsjspui/handle/1/22659

246 (Ara Poutama Aotearoa | Department of Corrections, 2026)

247 (Ara Poutama Aotearoa | Department of Corrections, 2026)

248 Ministry of Social Development. (n.d.). *Te Huringa ō Te Ao*. www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/te-huringa-o-te-ao/index.html

249 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

250 (Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence, 2023).

251 (Ministry of Social Development, 2024, *A report outlining family violence and sexual violence service gaps in Aotearoa*)

252 Cording, J., Fehoko, E., Morrison, K., Gilbert, J., Sivanantham, S., & Farrell, K. (2025). *Evaluation of the impact of Budget 2019 funding on the Harmful Sexual Behaviour Service for Non-mandated Adults Final Evaluation Report*. Ministry of Social Development.

253 Interview and survey responses from the Review engagements, see methodology in the Supporting Evidence Report.

254 (Ara Poutama Aotearoa | Department of Corrections, 2026)

255 Joint Venture for the Elimination of Family Violence and Sexual Violence. (2023). *Entry to expert: Family violence workforce capability framework*. New Zealand Government.

256 (Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence, 2023)

257 (The Centre for Family Violence and Sexual Violence Prevention, 2025)

258 Paewai, P. (2026). First kaupapa Māori workforce capability framework for sexual violence sector launched. RNZ. https://www.rnz.co.nz/news/education/593222/first-kaupapa-maori-workforce-capability-framework-for-sexual-violence-sector-launched

259 Ngā Kaitiaki Mauri, TOAH-NNEST. (2022). *Te ara kōkōrangi, he ara toiora: Good practice for preventing and responding to mahi tūkino in Aotearoa*. Ngā Kaitiaki Mauri, TOAH-NNEST.

260 Wharewera-Mika, J.M. & McPhillips, K.M. (2016). *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors: Round two*. Te Ohaaki a Hine National Network Ending Sexual Violence Together.

261 (Gannon et al., 2019)

262 (Ara Poutama Aotearoa | Department of Corrections, 2026)

263 Eruera, M. (2005). *He Körero Körari – weaving the past into the present for the future*. [Master's thesis, Massey University].

264 Karapu, R., Cribb, M., Cootes, K., & Awa, T. (2025). *Whakapakari Kaimahi Māori: mō te oranga me te hiranga. Mahi Tūkino Workforce Development Report completed for Te Pūkotahitanga*. Te Rau Ora.

265 Suaalii-Sauni T., Fa'alau F., Fa'avae D., Siope P., Rimoni M. R., Purea L., Folau, Salanoa F. P., Iosefo F., McRobie S. V. & Veukiso-Ulugia A. (2022*). Experiences and support needs of the Pacific sexual violence workforce in Aotearoa New Zealand*. Ministry of Social Development.

266 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

267 (Karapu et al., 2025)

268 (Karapu et al., 2025)

269 Te Wiata, J., Messiter, D., Sofa, D., Smith, R. & Pierce, H. (2021). *Te Hikina Manawa: A Report on Capability Building for Kaupapa Māori Sexual Violence Providers*. [Unpublished report].

270 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

271 (The Backbone Collective, 2026)

272 (Chung et al., 2020, *Prioritising women's safety in Australian perpetrator interventions)*

273 (Wilson et al., 2019)

274 Tolmie, J., Smith, R., & Wilson, D. (2024). Understanding Intimate Partner Violence: Why Coercive Control Requires a Social and Systemic Entrapment Framework. *Violence Against Women, 30(1),* 54-74. https://doi.org/10.1177/10778012231205585

275 Family Violence Death Review Committee (2014). *Family Violence Death Review Committee Fourth Annual Report*. Health Quality and Safety Commission.

276 (The Backbone Collective, 2026)

277 (The Centre for Family Violence and Sexual Violence Prevention, 2024)

278 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

279 Gear, C., Ting, C., Manuel, C., Eppel, E., & Koziol-McLain, J. (2024). Integrated System Responses for Families Impacted by Violence: A Scoping Review. *International Journal of Integrated Care, 24(2),* 17.

280 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

281 New Zealand Family Violence Clearinghouse. (2024). *Strengthening and expanding local and regional family violence and sexual violence networks.* Auckland Uniservices.

282 Office of the Auditor-General. (2023). *Meeting the needs of people affected by family violence and sexual violence*. Office of the Auditor-General.

283 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

284 The New Zealand Productivity Commission – Te Kōmihana Whai Hua o Aotearoa. (2015). *More effective social services – Final Report*. New Zealand Productivity Commission.

285 Ara Poutama Aotearoa | Department of Corrections. (2018). Inter-agency alignment of family violence programmes. Practice. *The New Zealand Corrections Journal, 6* (2).

286 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

287 (Polaschek, 2016)

288 (Helps et al., 2025)

289 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

290 (Kruger et al., 2004)

291 Taskforce for Action on Sexual Violence. (2009). *Te Toiora Mata Tauherenga - Report of the Taskforce for Action on Sexual Violence, Incorporating Views of Te Ohaakii a Hine - National Network Ending Sexual Violence Together*. Ministry of Justice. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE1332120&dps_custom_att_1=ilsdb

292 (Te Wiata et al., 2021)

293 (Balzer et al., 1997)

294 (Kruger et al., 2004)

295 (Pihama et al., n.d.)

296 (Pihama et al., 2023)

297 (Wilson, 2023)

298 Pihama, L., Simmonds, N., & Waitoki, W. (2019). *Te Taonga o Taku Ngākau: Ancestral Knowledge and the Wellbeing of Tamariki Māori*. Te Kotahi Research Institute.

299 Pihama, L., Te Nana, R., Cameron, N., Smith, C., Reid, J., & Southey, K. (2016). Māori cultural definitions of sexual violence. *Sexual Abuse in Australia and New Zealand: An Interdisciplinary Journal, 7(1),* 43–51.

300 Ministry of Social Development. (n.d.). *Te Huringa ō Te Ao*. www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/te-huringa-o-te-ao/index.html

301 E Tū Whānau. (2020). *E Tū Whānau Mahere Rautaki Framework for Change 2019-2024*. https://etuwhanau.org.nz/wp-content/uploads/2021/12/ETW_Mahere_Rautaki__2019-2024-RD5a-lo-res-1-1.pdf

302 (Leahy & Savage, 2022)

303 Tū Pono: Te Mana Kaha o te Whānau (n.d.). *Tū Pono: Te Mana Kaha o te Whānau: A Te Waipounamu Whānau Ora Strategy to Effect Change*. Tū Pono: Te Mana Kaha o te Whānau. https://www.teputahitanga.org/wp-content/uploads/2021/10/Tu-Pono-Strategy.pdf

304 Manaaki Tairāwhiti. (2023). *Self-determination in Te Tairāwhiti: Social services devolution – the roadmap and evidence*. Manaaki Tairāwhiti. https://www.mt.org.nz/wp-content/uploads/Social-Services-Devolution-Roadmap-Final-Nov-3-2023.pdf

305 Oranga Tamariki | Ministry for Children. (2023). *Section 7AA Report 2023: Te whaneke i ngā hua mō ngā tamariki, ō rātou whānau, hapū, iwi anō hoki | Improving outcomes for tamariki Māori and their whānau, hapū and iwi*. Oranga Tamariki.

306 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

307 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

308 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

309 (The Backbone Collective, 2026)

310 (Schmucker & Lösel 2015)

311 (Babcock et al., 2024)

312 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

313 Burns, S., Greaves, A., MacKeith, J., & Good, A., (2020) *Change Star Development Report*. Triangle Consulting Social Enterprise.

314 Ministry of Social Development. (2019). *Family Violence Funding Approach: Building a sustainable future for family violence services*. Ministry of Social Development.

315 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

316 (Wilson, 2023)

317 (Kelly & Westmarland 2015)

318 (Babcock et al., 2016)

319 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

320 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

321 (Wilson, 2023)

322 (Pihama et al., 2023)

323 (McGinn et al., 2021)

324 (Wilson, 2023)

325 Te Pūkotahitanga – Tangata Whenua Advisory Group (2025). *Te Pūkotahitanga: End of Term Report*.

326 (Chung et al., 2020, *Prioritising women's safety in Australian perpetrator interventions)*

327 (The Backbone Collective, 2026)

328 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

329 (Te Pūkotahitanga – Tangata Whenua Advisory Group, 2025)

330 (Wilson, 2023)

331 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

332 Stats NZ. (n.d.). *About Integrated Data*. http://www.stats.govt.nz/integrated-data/

333 https://outcomesstar.org/change-star/

334 Ministry for Ethnic Communities. (2024). *Ethnic Evidence report*.

335 Bettcher, T. M. (2014). LGBT. *TSQ: Transgender Studies Quarterly, 1(1-2),* 118 - 120. Duke University Press

336 Mercier, O. R. (2018). Mātauranga and science. *New Zealand Science Review, 74 (4),* 83-90.

337 (2012, *Nga vaka o kāiga tapu*)

338 (The Centre for Family Violence and Sexual Violence Prevention, 2025)

339 VisAble. *Definition of Safeguarding*. https://www.visable.co.nz/safeguarding/foundations/definition-of-safeguarding

340 (The Centre for Family Violence and Sexual Violence Prevention, 2025)

341 Bettcher, T. M. (2014). Transphobia. *TSQ: Transgender Studies Quarterly, 1(1-2),* 249 - 251. Duke University Press

342 Gender Minorities Aotearoa. Accessed 30 April 2026.

343 (Gender Minorities Aotearoa, 2026)

344 Interview and survey responses from the Review engagements, see methodology in the Engagement Report.

References

Allen + Clarke (2020). *Evidence brief: Support for children and young people who are victims/survivors of sexual violence or display concerning or harmful behaviour.* Oranga Tamariki.

Allen, A. (2024). *Exploring Treatment Change in a Mixed-Risk Community Treatment Programme for Harmful Sexual Behaviour: Contamination or Focusing on a Positive Future?* [Master's thesis, University of Canterbury]. https://ir.canterbury.ac.nz/server/api/core/bitstreams/1172cb1f-e5a8-459f-8ebb-067540e0014a/content

Ape-Esera, L., & Lambie, I. (2019). A journey of identity: A rangatahi treatment programme for Māori adolescents who engage in sexually harmful behaviour. *New Zealand Journal of Psychology, 48(2),* 41–51.

Ara Poutama Aotearoa | Department of Corrections. (2018). Inter-agency alignment of family violence programmes. Practice. *The New Zealand Corrections Journal, 6* (2).

Ara Poutama Aotearoa | Department of Corrections. (2026). *Integrity Monitoring Report: Contracted Non-Violence Programmes for Perpetrators of Family Violence (2026).* [Unpublished report].

Arathoon, C., Thorburn, N., Burgess, M., & Jury, A. (2023). *Evaluation of kōkihi ngā rito.* National Collective of Independent Women's Refuges.

Arce, R., Arias, E., Novo, M., & Fariña, F. (2020). Are interventions with batterers effective? A meta-analytical review. *Psychosocial Intervention, 29(3),* 153–164. https://doi.org/10.5093/pi2020a11

Arias, E., Arce, R., & Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention, 22(2),* 153–160. https://doi.org/10.5093/in2013a18

Babcock, J. C., Gallagher, M. W., Richardson, A. L., Godfrey, D. A., Reeves, V. E., & D'Souza, J. M. (2024). Which battering interventions work? An updated Meta-analytic review of intimate partner violence treatment outcome research. *Clinical Psychology Review, 111,* Article 102437. https://doi.org/10.1016/j.cpr.2024.102437

Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., … & Solano, I. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse, 7(4),* 355-460. https://doi.org/10.1891/1946-6560.7.4.355

Balzer, R., Haimona, D., Henare, M., & Matchitt, V. (1997). *Māori family violence in Aotearoa*. Te Puni Kōkiri.

Bellini, R., & Westmarland, N. (2021). A problem solved is a problem created: the opportunities and challenges associated with an online domestic violence perpetrator programme. *Journal of Gender-Based Violence, 5(3),* 499-515. https://doi.org/10.1332/239868021x16171870951258

Bellini, R., & Westmarland, N. (2023). "We adapted because we had to": How domestic violence perpetrator programmes adapted to work under COVID-19 in the UK, the USA and Australia. *Journal of Aggression, Conflict and Peace Research, 15(3),* 205–215. https://doi.org/10.1108/JACPR-05-2022-0716

Bettcher, T. M. (2014). Transphobia. *TSQ: Transgender Studies Quarterly, 1(1-2), 249 - 251.* Duke University Press

Bevan, M. (2017). New Zealand prisoners' prior exposure to trauma. *Practice: The New Zealand Corrections Journal, 5(1).*

Bonta, J., & Andrews, D. A. (2016). *The psychology of criminal conduct*. Routledge.

Burns, S., Greaves, A., MacKeith, J., & Good, A., (2020) *Change Star Development Report*. Triangle Consulting Social Enterprise.

Campbell, F., Booth, A., Hackett, S., & Sutton, A. (2020). Young People Who Display Harmful Sexual Behaviors and Their Families: A Qualitative Systematic Review of Their Experiences of Professional Interventions. *Trauma, violence & abuse, 21*(3). https://doi.org/10.1177/1524838018770414

Carswell, S.L., Paulin, J., Kaiwai, H.M., Donovan, E. (2020). *Experiences of the family violence system in Aotearoa: An overview of research 2010 – early 2020.* Commissioned by the Office of the Auditor-General.

Christofferson, S. M., Willis, G. M., Cording, J. R., Waitoki, W., Henry, C., & Williams, N. K. (2024). *Stand Strong, Walk Tall: Prehabilitation for a better future – A sexual abuse prevention project. Phase two: Pilot delivery & evaluation.* Ministry of Social Development.

Chung, D., Anderson, S., Green, D., & Vlais, R. (2020). *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices of partner contact (Research report).* Australia's National Research Organisation for Women's Safety (ANROWS). https://anrows.intersearch.com.au/anrowsjspui/handle/1/19911

Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Salter, M., Austen, S., O'Leary, P., Breckenridge, J., Vlais, R., Green, D., Pracilio, A., Young, A., Gore, A., Watts, L., Wilkes-Gillan, S., Speyer, R., Mahoney, N., Anderson, S., & Bissett, (2020). *Improved accountability: The role of perpetrator intervention systems.* Australia's National Research Organisation for Women's Safety (ANROWS). https://anrows.intersearch.com.au/anrowsjspui/handle/1/23034

Clarke, M., Brown, S., & Völlm, B. (2017). Circles of support and accountability for sex offenders: A systematic review of outcomes. *Sexual Abuse: Journal of Research and Treatment, 29(5),* 446–478. https://doi.org/10.1177/1079063215603691

Close. L., Peel, K., & Taskforce for Action on Violence Within Families. (2012). *The voice of experience.* Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/voice-of-experience.pdf

Cording, J., Fehoko, E., Morrison, K., Gilbert, J., Sivanantham, S., & Farrell, K. (2025). *Evaluation of the impact of Budget 2019 funding on the Harmful Sexual Behaviour Service for Non-mandated Adults Final Evaluation Report.* Ministry of Social Development.

Craissati, J., & Blundell, R. (2013). A Community Service for High-Risk Mentally Disordered Sex Offenders: A Follow-Up Study: A Follow-Up Study. *Journal of Interpersonal Violence, 28(6),* 1178-1200.

Crane, C. A., & Easton, C. J. (2017). Integrated treatment options for male perpetrators of intimate partner violence. *Drug and Alcohol Review*, 36(1), 24–33. https://doi.org/10.1111/dar.12496

Crichton-Hill, Y., & Ioane, J. (2023). *Pasifika protective factors for family violence in Aotearoa New Zealand.* Pasefika Proud.

Crocket, K., Davis, E., Kotzé, E., Swann, B., & Swann, H. (Eds.). (2017). *Moemoeā: Māori counselling journeys.* Dunmore Press.

Dixon, L., Treharne, G., Pettie, M., Bowden, C., Patterson, T., Beres, M., Mirfin-Veitch,, B., Shaw, R., Eketone-Kelly, A. & Ashdown, J. (2023). *Male survivors of sexual violence and abuse (SVA): Barriers and facilitators to reporting and accessing services. Ministry of Social Development.*

Durie, M. (2001). *Mauri ora: The dynamics of Māori health.* Oxford University Press.

E Tū Whānau. (2020). *E Tū Whānau Mahere Rautaki Framework for Change 2019-2024.* https://etuwhanau.org.nz/wp-content/uploads/2021/12/ETW_Mahere_Rautaki__2019-2024-RD5a-lo-res-1-1.pdf

Enosa, R., Fa'amatuainu, T.P., Taufa, S.M., Clifford-Lidstone, G., & Filimoehala-Burling, S. (2019). Nga Vaka o Kaiga Tapu. *Aotearoa New Zealand Social Work, 30(4).* https://doi.org/10.11157/anzswj-vol30iss4id607

Eruera, M. (2005). *He Körero Körari – weaving the past into the present for the future*. [Master's thesis, Massey University].

Family Violence Death Review Committee (2014). *Family Violence Death Review Committee Fourth Annual Report.* Health Quality and Safety Commission.

Family Violence Death Review Committee. (2020). *Sixth report, Te Pūrongo tuaono: Men who use violence, Ngā tāne ka whakamahi i te whakarekereke.* Health, Quality & Safety Commission.

Fanslow, J. L., Mellar, B. M., Malihi, A. Z., Gulliver, P. J., & McIntosh, T. K. D. (2026). Help-seeking by women and men after experiencing any IPV, including physical, sexual, and psychological IPV, controlling behaviors, or economic abuse: a population-based study from New Zealand. *Journal of Interpersonal Violence, 41(11-12),* 3653-3682.

Fitton, L., Yu, R., & Fazel, S. (2020). Childhood Maltreatment and Violent Outcomes: A Systematic Review and Meta-Analysis of Prospective Studies. *Trauma, violence & abuse, 21(4),* 754–768. https://doi.org/10.1177/1524838018795269

Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). Does specialised psychological treatment for offending reduce recidivism? A meta-analysis examining staff and programme variables as predictors of treatment effectiveness. *Clinical Psychology Review, 73,* Article 101752. https://doi.org/10.1016/j.cpr.2019.101752

Gear, C., Ting, C., Manuel, C., Eppel, E., & Koziol-McLain, J. (2024). Integrated System Responses for Families Impacted by Violence: A Scoping Review. *International Journal of Integrated Care, 24(2),* 17.

Gender Minorities Aotearoa. Accessed 30 April 2026.

Gibbels, C., Kneer, J., Hartmann, U., & Krueger, T. H. C. (2019). State of the art treatment options for actual and potential sexual offenders and new prevention strategies. *Journal of Psychiatric Practice, 25(4),* 242–257.

Grey, R., Lambie, I., & Ioane, J. (2024). Aotearoa New Zealand adolescents with harmful sexual behaviours: The importance of a holistic approach when working with rangatahi Māori. *Journal of Sexual Aggression.* https://doi.org/10.1080/13552600.2023.2165732

Hansen, W.O. (2020).” Every Bloody Right to be here”: Trans resistance in Aotearoa New Zealand, 1967-1989. Victoria University of Wellington.

Harrison, N. (2024). Ā Mātou Taonga Pīhoretanga: Halting Intergenerational Familial Childhood Sexual Abuse. The University of Auckland.

Harrison, N., Le Grice, J. (2023). Family Relatedness for Māori Survivors of Familial Childhood Sexual Abuse. In Z. Boden-Stuart, & M. Larkin (Eds.), *Relationships and Mental Health*. Palgrave Macmillan.

Helps, N., Bell, C., Schulze, C., Vlais, R., Clark, O., Seamer, J., & Buys, R. (2025). *The role of men’s behaviour change programs in addressing men’s use of domestic, family and sexual violence: An evidence brief (ANROWS insights).* ANROWS. https://anrows.intersearch.com.au/anrowsjspui/handle/1/22976

Helps, N., McGowan, J., & Meyer, S. (2024). Victim–survivors accounts of men’s change: Findings from a combined alcohol and other drug use and domestic violence intervention. *Research on Social Work Practice, 36(1),* 73-84. https://doi.org/10.1177/10497315241301347

Hine, L., Meyer, S., McDermott, L., & Eggins, E. (2022). Intervention programme for fathers who use domestic and family violence: Results from an evaluation of Caring Dads. *Child & Family Social Work, 27*(4), 711–724. https://doi.org/10.1111/cfs.12919

Ioane, J., Tofaeono, R., & Lambie, I. (2021). Pasifika Youth with Harmful Sexual Behaviour Differ from Other Young People and Need a Different Response. *New Zealand Journal of Psychology, 50*(3), 17–28.

Jumarali, S. N., Nnawulezi, N., Eldridge, K., Murphy, C., Engleton, J. (2023). Survivors' perspectives on relationship violence intervention programs. *Journal Family Violence 38,* 477–489. https://hdl.handle.net/20.500.11990/11221

Kantar Public. (2023). *Understanding the support needs of users of violence.* [Unpublished presentation prepared for Ministry of Social Development].

Karakurt, G., Koç, E., Çetinsaya, E. E., Ayluçtarhan, Z., & Bolen, S. (2019). Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence. *Neuroscience and Biobehavioral Reviews, 105,* 220–230. https://doi.org/10.1016/j.neubiorev.2019.08.006

Karapu, R., Cribb, M., Cootes, K., & Awa, T. (2025). *Whakapakari Kaimahi Māori: mō te oranga me te hiranga. Mahi Tūkino Workforce Development Report completed for Te Pūkotahitanga.* Te Rau Ora.

Kelly, L., & Westmarland, N. (2015) *Domestic violence perpetrator programmes: Steps towards change (Project Mirabal final report).* London Metropolitan University and Durham University.

Kimber, M., Adham, S., Gill, S., McTavish, J., & H. L. MacMillan. (2018). The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood: A systematic review. *Child Abuse & Neglect*, *76*, 273-286. https://doi.org/10.1016/j.chiabu.2017.11.007

King, P., & Robertson, N. (2017). Māori men, relationships, and everyday practices: towards broadening domestic violence research. *AlterNative,* 1–8. https://hdl.handle.net/10289/12258

Kruger T., Pitman M., Grennell D., McDonald T., Mariu D., Pomare A., & New Zealand Second Māori Taskforce on Whānau Violence. (2004). *Transforming whānau violence.* Te Puni Kōkiri. https://files.vine.org.nz/koha-files/transforming_whanau_violence.pdf

Lamb, K., Hegarty, K., Amanda, Cina, Fiona., & the University of Melbourne WEAVERs lived experience group., Parker, R. (2020) *The Family Violence Experts by Experience Framework:* Domestic Violence Victoria. https://safeandequal.org.au/wp-content/uploads/DVV_EBE-Framework-Report.pdf

Lambie, I., & McIntosh, T. (2023). *Toward an understanding of Aotearoa New Zealand's adult gang environment: Full report.* Office of the Prime Minister's Chief Science Advisor.

Lambie, I., & Stewart, M. W. (2012). Community solutions for the community's problem: An evaluation of three New Zealand community-based treatment programs for child sexual offenders. *International Journal of Offender Therapy and Comparative Criminology, 56(7).* https://doi.org/10.1177/0306624x11420099

Lambie, I., Geary, J., Fortune, C., Brown, P., and Willingale, J. (2007). *Getting it right: An evaluation of New Zealand community treatment programmes for adolescents who sexually offend: A Summary Report.* Ministry of Social Development.

Lawrence, A. L., & Willis, G. M. (2021). Understanding and challenging stigma associated with sexual interest in children: A systematic review. *International Journal of Sexual Health, 33(2),* 144-162.

Leahy, H., & Savage, C. (2022). *Tū Pono: Te Mana Kaha o te Whānau: Evaluation for Te Pūtahitanga o Te Waipounamu.* Ihi Research. https://www.ihi.co.nz/te-putahitanga-o-te-waipounamu/tu-pono

Leonard, C. & Maraki, J. (2023). *Evaluation of Wave 16 Kaupapa Initiatives for Te Pūtahitanga o Te Waipounamu.* Ihi Research and Te Pūtahitanga o Te Waipounamu.

Ly, T., Fedoroff, J. P., & Briken, P. (2020). A narrative review of research on clinical responses to the problem of sexual offenses in the last decade. *Behavioral Sciences & the Law, 38(2),* 117–134. https://doi.org/10.1002/bsl.2448

Mallie, A. L., Viljoen, J. L., Mordell, S., Spice, A., & Roesch, R. (2011). Childhood abuse and adolescent sexual re-offending: A meta-analysis. Child & Youth Care Forum, 40(5), 401–417.

Manaaki Tairāwhiti. (2023). *Self-determination in Te Tairāwhiti: Social services devolution – the roadmap and evidence.* Manaaki Tairāwhiti. https://www.mt.org.nz/wp-content/uploads/Social-Services-Devolution-Roadmap-Final-Nov-3-2023.pdf

Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse, 22(2),* 191–217. https://doi.org/10.1177/1079063210366039

Marshall, W. L., & Marshall, L. E. (2015). Psychological treatment of the paraphilias: A review and an appraisal of effectiveness. *Current Psychiatry Reports, 17(6),* 47. https://doi.org/10.1007/s11920-015-0580-2

McBreen, K. (2022). *What are we learning from Te Kawa o te Ako about eliminating violence?* Te Wānanga o Raukawa.

McGinn, T., Taylor, B., & McColgan, M. (2021). A qualitative study of the perspectives of domestic violence survivors on behavior change programs with perpetrators. *Journal of Interpersonal Violence, 36*(17-18). https://doi.org/10.1177/0886260519855663

McGinn, T., Taylor, B., McColgan, M., & Lagdon, S. (2016). Survivor perspectives on IPV perpetrator interventions: A systematic narrative review. *Trauma, Violence, & Abuse. 17(3),* 239–255. https://doi.org/10.1177/1524838015584358

Mercier, O. R. (2018). Mātauranga and science. *New Zealand Science Review, 74 (4),* 83-90.

Ministry for Ethnic Communities. (2024). *Ethnic Evidence report.*

Ministry of Justice. (2019). *Information sharing guidance*. Retrieved 20 May 2026, from https://www.justice.govt.nz/justice-sector-policy/key-initiatives/addressing-family-violence-and-sexual-violence/a-new-family-violence-act/information-sharing-guidance/

Ministry of Social Development. (n.d.). *Te Huringa ō Te Ao*. Ministry of Social Development. https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/te-huringa-o-te-ao/index.html

Ministry of Social Development (n.d.). *Te Huringa ō Te Ao Framework*. Ministry of Social Development. https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/te-huringa-o-te-ao/te-huringa-o-te-ao-framework.pdf

Ministry of Social Development. (2019). *Family Violence Funding Approach: Building a sustainable future for family violence services*. Ministry of Social Development.

Ministry of Social Development. (2024). *A report outlining family violence and sexual violence service gaps in Aotearoa*. Ministry of Social Development.

Ministry of Social Development. (2024). Te Huringa ō Te Ao Supporting men's behaviour change - Service Guidelines. Ministry of Social Development.

Ministry of Social Development (2026). *Improving access to family and sexual violence services*. Ministry of Social Development.

New Zealand Family Violence Clearinghouse. (2024). *Strengthening and expanding local and regional family violence and sexual violence networks*. Auckland Uniservices.

New Zealand Government Procurement. (n.d.) Collaborate with other agencies. www.procurement.govt.nz/guides/social-services-procurement/developing-a-social-services-procurement-plan/collaborate-with-other-agencies/

New Zealand Government. (2024). *The child and youth strategy 2024-2027*. https://www.msd.govt.nz/documents/about-msd-and-our-work/child-youth-wellbeing/strategy-and-plan/the-child-and-youth-strategy-2024-27.pdf

Ngā Kaitiaki Mauri, TOAH-NNEST. (2026). *He Ara Toiora - A Kaupapa Māori Workforce Capability Framework for the Mahi Tūkino and Sexual Violence Sector*. TOAH-NNEST.

Ngā Kaitiaki Mauri, TOAH-NNEST. (2022). *Te ara kōkōrangi, he ara toiora: Good practice for preventing and responding to mahi tūkino in Aotearoa*. Ngā Kaitiaki Mauri, TOAH-NNEST.

O'Conner, T., Ford, K., & Kaiwai, H. (2023). *Uncover, discover, recover: The peer-led journey to redemption for men who have used violence*. Safe Man, Safe Family

Office of the Auditor-General. (2015). *Whānau Ora: The first four years*. Office of the Auditor-General.

Office of the Auditor-General. (2023). *Meeting the needs of people affected by family violence and sexual violence*. Office of the Auditor-General.

Oranga Tamariki | Ministry for Children. (2018). *Service specifications: Harmful Sexual Behaviour, Early Intervention and Youth Services.* Oranga Tamariki.

Oranga Tamariki | Ministry for Children. (2023). *Section 7AA Report 2023: Te whaneke i ngā hua mō ngā tamariki, ō rātou whānau, hapū, iwi anō hoki | Improving outcomes for tamariki Māori and their whānau, hapū and iwi.* Oranga Tamariki.

Paewai, P. (2026). First kaupapa Māori workforce capability framework for sexual violence sector launched. *RNZ.* https://www.rnz.co.nz/news/education/593222/first-kaupapa-maori-workforce-capability-framework-for-sexual-violence-sector-launched

Paramo, R. (2016). *Community Child Sexual Offender Treatment Programmes: A Review of Providers and Outcomes.* Ara Poutama Aotearoa | Department of Corrections.

Patterson, T., Hobbs, L., Treharne, G. J., Beres, M. (2022) Seeking of help and support after experiencing sexual harm: considerations for cisgender women, cisgender men and gender-diverse people. *New Zealand Medical Journal, 135(1562),* 56-62. https://doi.org/10.26635/6965.5686

Pihama L., Cameron N., Pitman M. & Te Nana R. (2021). *Whāia te ara ora.* Māori and Indigenous Analysis.

Pihama, L., Cram, F. & Walker, S. (2002). Creating methodological space: A literature review of Kaupapa Māori research. *Canadian Journal of Native Education, 26(1).*

Pihama, L., McRoberts, H., & Indigenous Analysis Ltd. (n.d.). *Te Puāwaitanga o te Kākano: a background paper report.* Prepared for Te Puni Kōkiri.

Pihama, L., Simmonds, N., & Waitoki, W. (2019). *Te Taonga o Taku Ngākau: Ancestral Knowledge and the Wellbeing of Tamariki Māori.* Te Kotahi Research Institute.

Pihama, L., Smith, L.T., Simmonds, S., Raumati, N., Smith, C.W., Cassidy, B., Te Nana, R. Sio, B. (2023) *He Waka Eke Noa: Māori Cultural Frameworks for Violence Prevention and Intervention.* Tū Tama Wahine o Taranaki. https://natlib-primo.hosted.exlibrisgroup.com/permalink/f/1s57t7d/NLNZ_ALMA11409369780002836

Pihama, L., Te Nana, R., Cameron, N., Smith, C., Reid, J., & Southey, K. (2016). Māori cultural definitions of sexual violence. *Sexual Abuse in Australia and New Zealand: An Interdisciplinary Journal, 7(1),* 43–51.

Polaschek, D. L. L. (2016). *Responding to perpetrators of family violence.* New Zealand Family Violence Clearinghouse. https://vine.org.nz/issues-papers/responding-to-perpetrators-of-family-violence

Punzo, G., Velotti P. (2026) Interventions for perpetrators of intimate partner violence: An umbrella review of systematic reviews. *Aggressive Behaviour, 52(1).* Article 70056. https://doi.org/10.1002/ab.70056

Queensland Government Statistician's Office. (2023). *The overlap between offending and victimisation in Queensland.*

Rankine, J., Percival, T., Finau, E., Hope, L.T., Kingi, P., Peteru, M.C., Powell, E., Robati-Mani, R., & Selu, E. (2017). Pacific peoples, violence, and the power and control wheel. *Journal of Interpersonal Violence, 32(18),* 2777–2803. https://doi.org/10.1177/0886260515596148

Richards, K., Death, J., & Ronken, C. (2023). The views of victim/survivors of sexual violence about perpetrator post-release measures. *Criminal Justice Studies, 36(4),* 418–437.

Roguski, M., & Edge, K. (2021). Thinking differently about family violence: Shifting from a criminal justice response to a recovery orientation. Journal of Community & Applied Social Psychology, 31(3), 341–353. https://doi.org/10.1002/casp.2506

Royal Commission of Inquiry into Abuse in Care. (2024). Whanaketia *part 5: Impacts I mahue kau noa i te tika (Through pain and trauma, from darkness to light, Part 5).* Royal Commission of Inquiry into Abuse in Care.

Rua, M. (2015). *Māori men's positive and interconnected sense of self, being and place [Unpublished doctoral thesis].* University of Waikato. https://hdl.handle.net/10289/9440

Ruwhiu, L., & Amokura Family Violence Prevention Consortium. (2009). *A mana tāne echo of hope: Dispelling the illusion of whānau violence - Taitokerau Tāne Māori speak out.* Amokura Family Violence Prevention Consortium.

Sample, L. L., Cooley, B. N., & ten Bensel, T. (2018). Beyond circles of support: "Fearless" - An open peer-to-peer mutual support group for sex offense registrants and their family members. *International Journal of Offender Therapy and Comparative Criminology, 62(13),* 4257–4277. https://doi.org/10.1177/0306624X18758895

Satodiya, R., Bied, A., Shah, K., Parikh, T., & Ash, P. (2024). A systematic review of multisystemic therapy in adolescent sex offenders. *Journal of the American Academy of Psychiatry and the Law, 52(1),* 51–60. https://jaapl.org/content/52/1/51

Schmucker, M., Lösel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology, 11,* 597–630. https://doi.org/10.1007/s11292-015-9241-z

Sheehan, K. A., Thakor, S., & Stewart, D. E. (2012). Turning Points for Perpetrators of Intimate Partner Violence. *Trauma, Violence, & Abuse, 13(1),* 30-40.

Short, J. et al. (2019). Thinking differently: Re-framing family violence responsiveness in the mental health and addictions health care context. *International journal of mental health nursing, 28(5),* 1206–1216. https://doi.org/10.1111/inm.12641

Smith-Marek, E. N., Cafferky, B., Dharnidharka, P., Mallory, A. B., Dominguez, M., High, J., Stith, S. M., & Mendez, M. (2015). Effects of childhood experiences of family violence on adult partner violence: A meta-analytic review. *Journal of Family Theory & Review, 7(4),* 498–519. https://doi.org/10.1111/jftr.12113

Social Investment Agency. (n.d.). *What is social investment?* https://www.sia.govt.nz/social-investment/what-is-social-investment

Social Policy Evaluation and Research Unit. (2018). *What is known about the effectiveness of social sector freephone helplines?* Rapid evidence-based literature review.

Stats NZ. (n.d.). *About Integrated Data.* http://www.stats.govt.nz/integrated-data/

Stewart, L. A., Flight, J., & Slavin-Stewart, C. (2013). Applying effective corrections principles (RNR) to partner abuse interventions. *Partner Abuse, 4(4).* https://doi.org/10.1891/1946-6560.4.4.494

Suaalii-Sauni T., Fa'alau F., Fa'avae D., Siope P., Rimoni M. R., Purea L., Folau, Salanoa F. P., Iosefo F., McRobie S. V. & Veukiso-Ulugia A. (2022*). Experiences and support needs of the Pacific sexual violence workforce in Aotearoa New Zealand.* Ministry of Social Development.

Tangaere, A., & Hagen, P. (2023). Tikanga-led design: Whānau-led innovation for systems transformation. *Entanglements of Designing Social Innovation in the Asia-Pacific.* Routledge.

Tarzia, L., McKenzie, M., Addison, M. J., Hameed, M. A., & Hegarty, K. (2023). "Help Me Realize What I'm Becoming": Men's Views on Digital Interventions as a Way to Promote Early Help-Seeking for Use of Violence in Relationships. *Journal of Interpersonal Violence, 38(13-14),* 8016-8041. https://doi.org/10.1177/08862605231153885

Taskforce for Action on Sexual Violence. (2009). *Te Toiora Mata Tauherenga - Report of the Taskforce for Action on Sexual Violence, Incorporating Views of Te Ohaakii a Hine - National Network Ending Sexual Violence Together.* Ministry of Justice. https://ndhadeliver.natlib.govt.nz/delivery/DeliveryManagerServlet?dps_pid=IE1332120&dps_custom_att_1=ilsdb

Te Amokura Consultants. (2023). *E ora ai te tangata: An analysis of the kaupapa Māori sexual violence sector.* [Unpublished report].

Te Pūkotahitanga – Tangata Whenua Advisory Group (2025). *Te Pūkotahitanga: End of Term Report.*

Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence (2021). *Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence.* New Zealand Government.

Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence (2022). *Analysis paper: Disabled people.* New Zealand Government.

Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2022). *Analysis paper: Ethnic communities.* New Zealand Government.

Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2022). *Analysis paper: Pacific Peoples.* New Zealand Government.

Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2022). Analysis paper: Children and Young People. New Zealand Government.

Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence. (2023). *Entry to expert: Family violence workforce capability framework*. New Zealand Government.

Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence. (2023). *Specialist family violence organisational standards*. New Zealand Government.

Te Puna Aonui, Joint Venture for Eliminating Family Violence and Sexual Violence. (2024). *Understanding the current state of multi-agency responses*. New Zealand Government.

Te Puna Aonui, Joint Venture for the Elimination of Family Violence and Sexual Violence. (2024). *What Works: Responses to People who have used Sexual Violence*. New Zealand Government. https://preventfvsv.govt.nz/assets/Resources/Data-and-Insights/Evidence-Summary_what-works-responding-to-people-who-use-SV.pdf

Te Tiriti o Waitangi 1840. https://waitangitribunal.govt.nz/en/about/the-treaty/maori-and-english-versions

Te Wiata, J., Messiter, D., Sofa, D., Smith, R. & Pierce, H. (2021). *Te Hikina Manawa: A Report on Capability Building for Kaupapa Māori Sexual Violence Providers*. [Unpublished report].

Tempest, L. (2024). *Child to parent violence and abuse: New Zealand's invisible family violence*. VisAble.

Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A Systematic Qualitative Review of Risk and Protective Factors for Sexual Violence Perpetration. *Trauma, Violence, & Abuse, 14(2),* 133-167.

The Backbone Collective. (2023). *Getting it right: a guide for government agencies working with specialist organisations to gather victim-survivor feedback*. The Backbone Collective. https://www.backbone.org.nz/resources

The Backbone Collective. (2026). *Just ticking the box: Victim-survivor insights into the uses and abuses of stopping-violence programmes in Aotearoa New Zealand*. The Backbone Collective.

The Centre for Family Violence and Sexual Violence Prevention. (2024). *Breaking the Cycle of Silence: Te Aorerekura action plan 2025–2030*. New Zealand Government.

The Centre for Family Violence and Sexual Violence Prevention. (2025). *Family Violence Risk and Safety Practice Framework*. New Zealand Government.

The Children's Convention Monitoring Group. (2019). *Getting it Right: Are we listening? Children's participation rights in government policy*. Mana Mokupuna | Office of the Children's Commissioner. https://www.manamokopuna.org.nz/documents/118/CMG2019-Online-FINAL-full2.pdf

The Department of the Prime Minister and Cabinet. (n.d.). *Government Targets*. https://www.dpmc.govt.nz/our-programmes/government-targets

The New Zealand Productivity Commission – Te Kōmihana Whai Hua o Aotearoa. (2015). *More effective social services – Final Report*. New Zealand Productivity Commission.

Tolmie, J., Smith, R., & Wilson, D. (2024). Understanding Intimate Partner Violence: Why Coercive Control Requires a Social and Systemic Entrapment Framework. *Violence Against Women, 30(1),* 54-74. https://doi.org/10.1177/10778012231205585

Tū Pono: Te Mana Kaha o te Whānau (n.d.). *Tū Pono: Te Mana Kaha o te Whānau: A Te Waipounamu Whānau Ora Strategy to Effect Change*. Tū Pono: Te Mana Kaha o te Whānau. https://www.teputahitanga.org/wp-content/uploads/2021/10/Tu-Pono-Strategy.pdf

VisAble. *Definition of Safeguarding*. https://www.visable.co.nz/safeguarding/foundations/definition-of-safeguarding

Whānau Ora Commissioning Agency. (2022). *E Tipu E Rea. Ngā Tini Whetū: The collateral change for reducing child poverty report*. Whānau Ora Commissioning Agency.

Whānau Ora Review Panel. (2018). *Whānau Ora Review Report - Tipu Mātoro ki te Ao: Final report to the Minister for Whānau Ora*. Te Puni Kōkiri.

Wharewera-Mika, J.M. & McPhillips, K.M. (2016). *Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors: Round two*. Te Ohaaki a Hine National Network Ending Sexual Violence Together.

Wheildon, L., & Australia's National Research Organisation for Women's Safety. (2023). *Towards meaningful engagement: Key findings for survivor co-production of public policy on gender-based violence (ANROWS Insights)*. ANROWS. https://anrows.intersearch.com.au/anrowsjspui/handle/1/22659

Willis, G. M., & Levenson, J. S. (2022). Exploring risk for sexual recidivism and treatment responsivity through the lens of early trauma. *Sexual Abuse, 34(5),* 597–619. https://doi.org/10.1177/10790632211051681

Wilson D., Campbell H.J., Allport T., Ruwhiu L., Mikahere-Hall A., Coupe N., Ka'ai T., Karapu R., Reay S., Eruera M., Barbarich-Unasa T.W., Tane J., Khoo C., Dowling B. & Buitenhek, E.M. (2025). *Kei roto tō tātou rongoā*. Taupua Waiora Research Centre, Auckland University of Technology.

Wilson, D. (2023). *Violence within whānau and mahi Tūkino: A litany of sound revisited*. Te Pūkotahitanga – Tangata Whenua Advisory Group for the Minister for the Prevention of Family Violence and Sexual Violence.

Wilson, D., Mikahere-Hall, A., Sherwood, J., Cootes, K., & Jackson, D. (2019). *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Taupua Waiora Māori Research Centre.

Woodley, A., & Point & Associates. (2024). *Project Restore Evaluation*. Point & Associates.

(2012) *Nga vaka o kāiga tapu: a Pacific Conceptual Framework to address family violence in New Zealand*. Taskforce for Action on Violence within Families, Ministry of Social Development. https://www.pasefikaproud.co.nz/assets/Initial-Content/Resources/Nga-vaka-o-kaiga-tapu/PasefikaProudResource-Nga-Vaka-o-Kaiga-Tapu-Main-Pacific-Framework.pdf

Te Aorerekura

New Zealand Government
Te Kāwanatanga o Aotearoa

Executive Board for the Elimination of Family Violence and Sexual Violence
Responding, healing, strengthening