Strengthening the Stopping Violence System:

Engagement report

Te Aorerekura

New Zealand Government
Te Kāwanatanga o Aotearoa

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

This report summarises key insights from engagements undertaken to inform the review of government-funded, community-based interventions for people who use family violence and/or sexual violence in Aotearoa New Zealand (the Review). Engagement was a key component of the Review, providing community, non-governmental, and government insight into the challenges, strengths and opportunities for improvement in the stopping violence intervention system.

Engagement included targeted interviews with approximately 40 participant groups across the family and sexual violence sectors, workshops, and feedback from 121 participants through an online survey. These insights contribute to an important evidence base, reflecting perspectives and experiences of those working across and interacting with the system. However, they are not intended to represent all voices across the sector. The full list of participant groups can be found in Appendix one.

This report is published alongside the *Strengthening the Stopping Violence System* report, which outlines the full findings and recommendations of the Review. While the main report draws on multiple sources of evidence, this report aims to provide transparency of engagement findings and ensures participant voices are clearly represented.

For clarity, this report refers to everyone who participated in the interviews and survey as participants.

The methodology for engagements can be found in Appendix two.

Understanding the needs of people using violence

People using violence have complex needs and require holistic, integrated support

The needs of people using family violence and sexual violence are diverse and require a tailored response. People benefit most from support that is flexible, tailored to their needs and available over time, rather than interventions that favour a one-size-fits-all, short-term, compliance-based approach.

Participants highlighted that people using violence often have complex, intersecting needs that require a holistic and integrated response. Addictions, housing insecurity, trauma, and mental health need to be addressed before someone is ready and able to engage in stopping violence interventions. Providers require increased capability to address these needs or have strong collaboration and connection between mental health, addictions, and other family violence and sexual violence (FVSV) services. However, cost of healthcare, access to mental health assessments, lack of funding for counselling, and long ACC waitlists were frequently cited as barriers to support.

People who use violence have often experienced familial or historic abuse, including state care and sexual abuse, and therefore require trauma-informed support. Interventions should prioritise healing and long-term behaviour change by addressing the underlying drivers of violent behaviour, including the capability to recognise, refer and address the historic trauma often experienced by people using violence.

A clear understanding of a person's risks and needs at the point of entry into a service is essential for effectively supporting behaviour change. For kaupapa Māori providers, this typically involves carrying out both clinical and cultural assessments to ensure a complete view of the individual and their circumstances. Creating safe, respectful spaces where people feel heard and valued is critical for engagement, with participants highlighting the benefits of holistic, culturally grounded, place-based approaches such as marae, sea, or bush-based interventions.

A full continuum of care: from early intervention to long-term care

Participants commented the current approach to addressing family violence and sexual violence focuses mainly on crisis response, with insufficient focus on early intervention and prevention. They emphasised that interventions should be initiated as soon as early warning signs of violence emerge, rather than once harm has escalated. Opportunities to strengthen early and proactive support should be developed; alongside post-completion follow up.

Many participants highlighted the importance of working with schools and communities to promote prevention and early intervention. Engaging children and young people early would help normalise these discussions, address early experiences of trauma and violence and support the development of skills for healthy relationships.

Participants also emphasised the need for increased long-term approaches that recognise violence as both preventable and changeable, and maintain continuity of support over time. This requires sustained investment and flexible funding models that can adapt to changing demand and system pressures and enable programmes to respond to the evolving dynamics of behaviour change. Participants highlighted the importance of commissioning models that allow for open door access, additional sessions, and re-entry into programmes as needed, recognising that people who use violence often have limited support beyond formal services. Post-intervention and follow up options were also identified as critical to supporting deeper, more sustained change.

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Understanding needs for victim/survivors

Interventions need to promote a victim-centred, trauma-informed approach.

Victim/survivor safety can remain compromised, and in some cases, risk may increase, when a person using violence is participating in an intervention. Participants noted this can be due to false reform, retaliation, or premature reconciliation.

People who are entering an intervention through mandatory attendance often place blame on the victim/survivor for having to attend, provoking resentment, anger and escalation of violence in the home. Misuse of programme concepts or language to reframe their behaviour, including in counter-accusations of abuse against the victim/survivor (for example within court processes), or shifting toward less visible forms of harm such as coercive control was also noted.

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Participants emphasised victim/survivors need parallel support to navigate the changes and risks during interventions.

Participants emphasised victim/survivors need parallel support to navigate the changes and risks during interventions. Independent safety planning, risk assessments and monitoring (not mediated by the person using violence) should be embedded into all interventions for people using violence. Consideration also needs to be given to where and how parallel family violence support is delivered, such as delivering services in separate locations for added security.

Victim/survivors and people using violence are not always at the same stage or pace in their change journeys. Participants highlighted that in some cases, people who use violence that are engaged in an intervention may demonstrate behavioural changes that victim/survivors are not prepared for or do not yet trust, creating confusion, fear, or difficulty responding to these changes. Participants noted that people using violence may also attempt to teach their partners what they have learned in a programme, which can be experienced as controlling or invalidating and may contribute to resistance, conflict, or increased tension.

Victim/survivor needs and safety must be consistently applied across interventions for people using violence. Participants noted some providers prioritise whānau safety checks before engaging directly with the person using violence. Another participant noted that family reconciliation processes, where pursued, need to be driven by the victim/survivor’s pace of healing and readiness.

Intervention service design and practice

Culturally grounded, community-led responses

Culturally responsive models are critical to effective interventions for people using violence, particularly for Māori, Pacific people, those from diverse communities. The environment, language and framing of services matter, and programmes must be culturally and contextually grounded to be effective. Several providers emphasised positive outcomes are achieved through community- based services that are culturally aligned and co-designed with subject matter experts.

Strong community connections, including leadership from trusted local figures, ensure interventions reflect the unique needs of communities and support safer, more enduring change. Skilled and trusted facilitators who are based within the community and can build trusting relationships with individuals and their whole whānau supports effective healing and behaviour change.

Whānau centred approaches were highlighted as a core element of culturally responsive practice. Participants stressed that flexibility and adequate resourcing are needed to meaningfully involve whānau, friends, and wider support networks. This approach supports shared understanding of family violence, strengthens safe behaviours, and enables earlier, more effective responses to prevent further harm.

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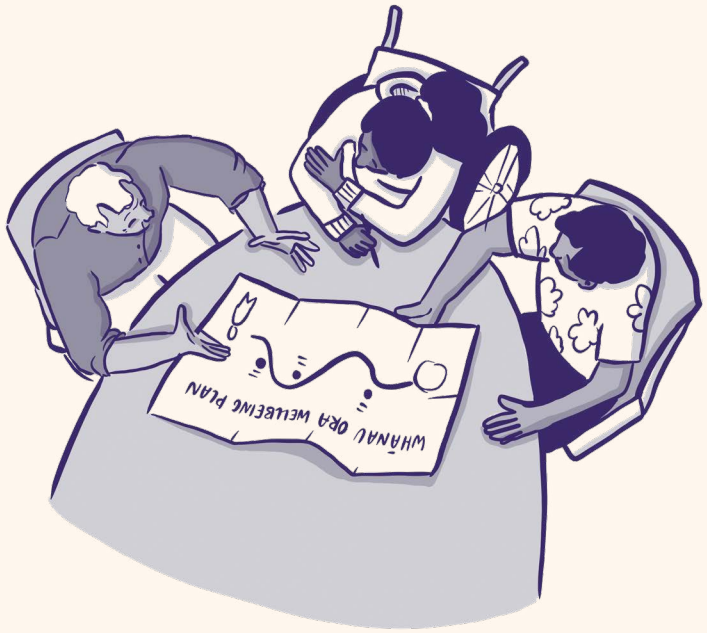

By-Māori, for-Māori approaches are essential for enabling engagement and healing

Participants emphasised that effective responses for Māori must be grounded in kaupapa Māori approaches - designed and delivered by-Māori, for-Māori, and underpinned by Māori values, worldviews, and ways of knowing. Providers noted that many Māori accessing interventions experience disconnection from culture, whakapapa, and whānau. Access to kaupapa Māori programmes and whānau centred approaches was therefore seen as essential to supporting collective healing, cultural reconnection, and sustained change. Wānanga for individuals and their whānau were identified as a key aspect of kaupapa Māori practice, supporting deeper engagement for the individual and their whānau. However, these programmes are not currently widely available, for example there is only one kaupapa Māori Harmful Sexual Behaviour (HSB) and Concerning Sexual Ideation (CSI) provider in Aotearoa.

Some providers use kaupapa Māori therapeutic tools that apply Māori worldview, knowledge and understanding and align to western therapeutic approaches. These are part of integrated clinical and cultural models, pairing psychologists, doctors, and nurses with cultural support such as tikanga advisors, tohunga, Rongoā Māori and wairua practitioners, and other traditional healing modalities. These approaches show positive outcomes but require longer timeframes, sustained, whole-of-whānau engagement and government investment.

> **Access to kaupapa Māori programmes and whānau centred approaches was therefore seen as essential to supporting collective healing, cultural reconnection, and sustained change.**

There are clear gaps in targeted interventions for diverse populations

Ethnic communities

There is a lack of linguistically and culturally appropriate interventions for ethnic communities. Language and cultural barriers prevent meaningful engagement in services, as people using violence and their whānau may not trust or feel safe engaging with mainstream organisations. For migrants, the stress and trauma related to the settlement process, financial hardship, language barriers, social isolation, and segregation can increase the risk of violence and compound access challenges. A holistic, wraparound approach was identified as essential, to address underlying stressors and reduce the risk of violence recurring.

Takatāpui and Rainbow communities

Systemic barriers for Takatāpui and Rainbow people were highlighted as a significant issue. Participants highlighted that interventions for people using violence are heteronormative in design and cater to heterosexual, cisgender couples, which limits their ability to meet the needs of Takatāpui and Rainbow people.

Access to interventions is largely reliant on court or criminal justice referral pathways, which are less accessible for communities who are not as likely to engage with police or justice agencies. Limited opportunities for self-referral, combined with programme models that assume heterosexual relationships, mean that key drivers of violence (transphobia, biphobia, discrimination, stigma) are often missed.

Transgender people face additional systemic barriers, including limited workforce capability and inclusive guidance. At intake, providers do not consistently ask about sexuality or gender identity, increasing the risk of inappropriate placement in group programmes that are not designed to address Rainbow relationships or contexts of harm. Even when one to one support is available, resources are rarely tailored to Rainbow relationships or Rainbow whānau. One participant described a case where a trans woman was excluded from a women's non-violence programme due to transphobia and misplaced perceived safety concerns for other group members.

Disabled people

Disabled people often face accessibility barriers to attending interventions. When they do attend, their needs are often not understood or met by facilitators or practitioners. One participant mentioned this often results in disabled people accessing disability support services instead, where there is a lack of family violence or sexual violence expertise.

Current non violence programmes are not well suited to the needs of neurodivergent children and adults, or those with intellectual disabilities, who often require proactive, timely behaviour management approaches that help them build practical coping strategies.

Safeguarding screening is not routinely embedded in processes, despite its value in identifying early risk factors such as undiagnosed cognitive disability, carer neglect, institutional harm, or coercive family dynamics.

Pacific peoples

Interventions for Pacific people must be culturally grounded and informed by Pacific models of wellbeing. Key elements of effective responses include connection to culture and language, respect for confidentiality, and fostering a strong sense of belonging. A family centred approach was described as particularly important, delivered by culturally appropriate facilitators or practitioners who can walk alongside families in a trusted and relational way. Participants also noted that insufficient funding for Pasefika programmes often requires Pacific people to travel outside their communities to access culturally appropriate support.

Children and young people

Children and young people require responses that are tailored to their stage of development, social environments, life circumstances, and experiences of trauma. Child-to-parent violence and abuse is not widely recognised as family violence, leading to minimisation by parents, schools, and services. Participants called for improved capability within state services to support children using violence who often have high and complex needs.

Schools were seen as a critical setting for early prevention, particularly for children growing up in violent households where violence may be normalised. Participants stressed the need for safe relationships education to be embedded early, alongside accessible, engaging programmes designed specifically for younger people, as many existing courses were not perceived as suitable or effective for youth audiences. Participants also emphasised the importance of reaching children and young people early, particularly those on the cusp of using violence, through education, positive role modelling, and culturally relevant approaches that can shift norms and expectations over time.

Motivation, engagement, and pathways to change

Motivation and a willingness to accept help plays an important part in engagement for people using violence. Interventions need to be in comfortable, safe environments, with trusted relationships. Accountability balanced with compassion is crucial, otherwise people will not be motivated to change.

People using violence often lack awareness of what support is available and how to access it, partly due to disconnection from community and support networks. Strengthening collaboration and communication between local services would help ensure individuals are well informed, have clear pathways to support, and remain engaged, particularly those at high risk who are currently being lost in the system.

Long waitlists and narrow eligibility can often be a barrier to engagement. The availability of non-mandated programmes, particularly for children and young people at risk of using sexual violence was frequently cited by participants as a challenge. For young people engaging in HSB or CSI programmes, enablers include stable home placements, supportive environments, and non-judgmental approaches from therapists.

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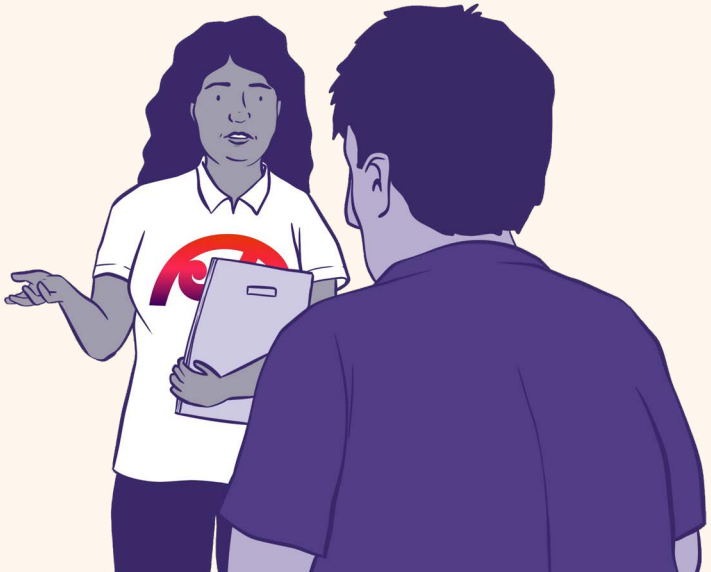
Participants reiterated the need for more funded pathways and provider capacity to support self-referral, noting that current settings often require people to reach crisis point or enter the court system before they can access support. Participants noted that Protection Orders and related processes can be confusing and act as a barrier to engagement, highlighting the need for clear, accessible information on programme obligations and consequences of non compliance.

One participant mentioned the missed opportunity by Oranga Tamariki to motivate and engage with men who have used violence against partners and harmed their children, and specifically to refer or require people using violence to participate in non-violence programmes.



Accessibility, flexibility, and innovation

Programmes need to be designed to ensure they are accessible and available to all population groups including rural and remote populations. Removing any accessibility barriers is key; this may include physical, digital, information and communication barriers affecting disabled people and diverse communities.

Socioeconomic, financial, and educational barriers can also deter people using violence from seeking support, and they may be unable to access the service without additional support.

To address these barriers, there is a need for more practical support, including flexible funding, accessible locations, and a visible community presence by trusted providers. Participants noted that flexible funding models within the justice system can help reduce barriers to engagement, where providers have the additional resources needed to address practical obstacles, such as transport, childcare, or other costs associated with attendance. Some providers have already shifted some programmes online to support rural communities.

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Participants also highlighted how FVSV helplines need to be made accessible to minimise barriers to access. There is currently no central phone line that has adequate accessible formats for disabled people, carers, or family; general phone lines are not set up for callers who may be disabled or have an impairment.

Innovation is important, especially in the rapidly evolving space of technology-facilitated violence. An example was given where people who are searching for sexual abuse material online receive targeted advertising for HSB and CSI services.

System infrastructure and collaboration

System infrastructure challenges significantly constrain effective delivery of family and sexual violence services, with the absence of a strong legislative framework and fragmented system design limiting accountability and coordination across agencies.

Providers report spending substantial time navigating multiple systems on behalf of people using violence, to ensure individuals can get the right support. This experience highlights opportunities to strengthen information sharing and alignment across health, justice, education and social sectors. Persistent disconnection from the education sector further undermines prevention and early intervention, highlighting the need for stronger collaboration and dedicated funding to support violence prevention and response work within schools. Providers point to new contracting models such as Te Huringa o Te Ao, as enabling collaborative, cross-sector service delivery and more joined up approaches.

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Workforce

Investment in capability building is essential

A safe, capable, and sustainable family and sexual violence workforce requires ongoing investment in professional development to increase workforce capacity and capability. Practitioners need access to effective supervision, reflective practice and peer support, alongside opportunities to upskill in best practice models and standards.

Participants noted the workforce must be equipped to respond empathetically and non-judgementally, with a strong understanding of the dynamics of violence and a belief that change is possible. Attendance at an intervention may bring up unresolved trauma, or co-existing conditions that require facilitators to be trained in trauma-informed care and mental health and addiction. Participants also identified the need for targeted training to ensure helpline staff can respond in a culturally safe and appropriate way to diverse communities, including improved accessibility for disabled people, their carers, and family members.

The sector's capability needs to be strengthened to address emerging forms of violence such as technology-facilitated violence, particularly among children and young people.

Participants also emphasised the need for funding for mentors and specialist trainers. This could be provided through a government agency, additional funding to providers, or an externally funded specialist training function to support consistent capability building across the sector. The Te Aorerekura workforce capability frameworks were mentioned as tools being used, but not widely amongst participants.

A mix of clinical, cultural, and community-based expertise is essential. This includes access to Māori healing modalities, and practitioners who understand te ao Māori and the complex trauma experienced by individuals and whānau. Participants noted that practitioners from the same communities as service users, including skilled and empathetic male kaimahi, play a critical role.

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Recruitment and retention remain significant challenges

Recruitment and retention challenges are exacerbated by overwork, unstable funding and low pay, underscoring the need for better support and wellbeing protections for the workforce.

Funding for supervision is a critical component of kaimahi wellbeing and retention. Strong recruitment strategies, collaboration with specialist organisations, and clearer pathways for NGOs to share expertise with government agencies are all necessary for workforce sustainability. This would help build a resilient workforce that can meet varied and complex needs in a safe way.

Participants also highlighted the need for sustained investment in Māori and Pacific workforce development pipelines, particularly in response to an ageing workforce. Within many kaupapa Māori organisations, the tuākana–teina model is used to support succession planning, with senior kaimahi mentoring and developing individuals and whānau engaged in wānanga. This approach was seen as critical to ensuring that practitioners with lived experience are supported to build capability over time and can continue providing guidance and support to future programme participants.

Funding, procurement and contracting

Funding models and contracting constraints

Underfunding and restrictive contracting arrangements were consistently raised as significant barriers during engagement. Participants described current responses as one-size-fits-all and cost-driven, limiting their ability to address the underlying and complex drivers of violence. Many noted that interactions with funders continue to operate within a largely transactional space, rather than a relational one grounded in trust, partnership, and shared accountability.

There was strong support for a shift toward relational contracting, which was described as important for building and sustaining trust between funders and providers. Participants highlighted the challenges created by a competitive funding environment, particularly where organisations without established kaupapa Māori expertise or community history compete for contracts intended to serve Māori communities. Participants also called for greater transparency, meaningful listening, and reciprocity from funders, including the sharing of data and insights back with providers.

More integrated contracting and delivery models, with shared outcomes and deliverables across health, justice, and social sector agencies, were identified as a key opportunity to enable collaboration, reduce fragmentation, and better support community-led approaches to eliminating violence.

Participants described current responses as one-size-fits-all and cost-driven, limiting their ability to address the underlying and complex drivers of violence.

Funding that addresses whānau and community needs

More funding is needed to support a holistic, long-term approach with wraparound services for wāhine, tamariki, and the whole whānau. Providers need more funding flexibility, allowing them to see more clients and the freedom to tailor services to meet their needs. This includes the ability to respond to evolving and forms of violence such as technology-facilitated violence, and potential increases in demand for help.

Te Huringa ō Te Ao was mentioned as an improved approach to contracting, removing the constraints of short-term contracts and enabling communities to have a voice through co-designing the service to meet local needs.

Participants shared that government system changes are often implemented without adequate consideration of impact on diverse communities, resulting in gaps in access, continuity, and support. The paucity of data on violence in diverse communities also impacts funding allocation as there is limited evidence to support dedicated funding. One participant noted this was particularly challenging for disabled people, as making services accessible was not often prioritised.

Outcomes, data, measurement and research

Current methods of assessing effectiveness

Currently, there is no standardised set of measures to assess programme effectiveness, leading to variation in techniques and tools used. Some providers rely on quantitative output measures such as programme completion rates or session attendance, but these metrics often reflect engagement rather than meaningful behavioural change.

A range of qualitative tools are used to obtain insights into intervention effectiveness, including exit questionnaires, narrative reports, and programme evaluations. Some providers assess client progress throughout the course of the programme through a combination of self-assessments, interviews, and facilitator reviews. They also utilise structured assessment tools like the Change Star to measure behaviour change. For Māori, participants emphasised that measures of effectiveness should move beyond reductive statistics and be more strongly grounded in qualitative indicators such as cultural reconnection, whānau narratives, and meaningful participation of Māori leadership within the system.

Some providers conduct post programme engagement with people using violence and victim/survivors to understand longer-term impact. Approaches vary from whānau voice sessions and self-reported behavioural change to more formal measures, such as monitoring recidivism rates and changes in the seriousness of offending.

Participants emphasised there is a lack of research, particularly Aotearoa-based, on what is effective practice when addressing violence amongst specific population groups such as children and young people, Takatāpui and Rainbow people, disabled people and ethnic communities.

Challenges in current measurement practices

It is challenging to measure effectiveness due to inconsistencies in data collection. Without standardised measures, current data does not yet support a robust assessment of effectiveness across interventions. Participants noted it is also important to have context to fully understand outcomes, noting the unreliability of current reporting mechanisms and subjectiveness of data.

Some participants emphasised current methods and tools can be inflexible and may not always support effective engagement with clients or reflect the changing and diverse needs of communities. Many consider current practices such as police reports, self-reporting, and programme completion insufficient and not reflective of real change.

Participants also identified the need for a broader approach to measuring effectiveness, including cultural markers of change, and safe ways of receiving feedback from victim/survivors and wider whānau. Consideration into increased safety and wellbeing markers would also help to provide a more fulsome view of the effectiveness of a programme.

Cultural and community-centred approaches to evidence

Cultural competence and community trust show a positive impact but are not formally measured. Participants, particularly kaupapa Māori providers, noted approaches to evidence shouldn't be driven by western approaches that are one dimensional but instead recognise that different stakeholders (whānau, funders, government agencies, researchers, communities) need different forms of evidence.

Some providers run community engagement sessions to obtain feedback on programme effectiveness, but it is unclear how or whether this information is utilised and is not consistent across services. Providers may also evaluate wānanga, but don't have the resources or funding to analyse and share the data back with funders and community.

Participants' feedback highlighted the importance of taking a wraparound approach to understanding outcomes. This includes focusing on whānau healing, ensuring they have support in all areas of life such as meaningful employment, education, food, and housing. It is also important to have a joined-up, consistent approach across agencies, with collective input from Police, MSD, Justice, Oranga Tamariki, and Corrections.

Many consider current practices such as police reports, self-reporting, and programme completion insufficient and not reflective of real change.

Victim/survivor engagement on interventions

Many participants emphasised engaging victim/survivors can be fundamental to understanding the impact of interventions for people using violence. Safe engagement can help to reduce the risk of further violence and improve visibility of whether the intervention is making a difference to the safety and wellbeing of the victim/survivor and whānau. However, the degree to which providers engage with victim/survivors on service design and delivery varies significantly.

Reasons provided included:

- The victim/survivors choose not to participate
- There are safety considerations, lack of funding and safe processes to engage
- Service model restrictions that don't allow for engagement with victim/survivors unless they are a client in another way
- Engagement only takes place where a relationship was still ongoing
- Involvement with the justice system where Corrections or Protection Orders limit or restrict engagement with victim/survivors
- There is a lack of support to obtain programme feedback and ensure the victim/survivor is not coerced into providing positive feedback for their partner.

Participants identified opportunities to seek victim/survivor feedback through parallel women's and children's programmes for family violence. Wraparound support services (e.g., safety planning and whānau services) are also considered effective ways to gather indirect victim/survivor perspectives. One participant noted engagement is a whole-of-family dynamic, and cultural expectations and intergenerational relationships need to be considered when seeking, sharing and interpreting feedback.

Building a meaningful and shared evidence base

Measuring and interpreting effectiveness requires a comprehensive evidence base. Participants emphasised data collection needs to be consistent and standardised, but flexible enough to account for different client journeys. Government agencies need to better align their outcome measurements, ensuring the right data is collected and interpreted accurately. Information needs to come from multiple sources comprising both formal measures and community voice.

Many participants stressed the need to move beyond compliance-based reporting to real measures of change (e.g., reduced reoffending, improved victim-survivor safety and wellbeing, and long-term behavioural change). This requires a sustained approach to measuring outcomes, including:

> **Participants emphasised data collection needs to be consistent and standardised, but flexible enough to account for different client journeys.**

- Engaging with victim/survivors and whānau to obtain lived experience insights and understand if genuine behaviour change has occurred.
- Engaging with clients post programme to track sustained change.
- Tracking rates of re-offending and incident reports.
- Taking nuanced approaches to analysing re-offending by looking at the severity of subsequent offending and length of time between offending.
- Undertaking longitudinal studies to understand lifestyle and relationship changes.

Reporting is a valuable tool that can be utilised for continuous improvement, yet providers often feel it is overburdensome. Data systems need to be integrated across all organisational levels, increasing efficiency and eliminating duplication which can occur when services hold multiple contracts with different agencies. Improving practices to collect meaningful data could include shared databases and programme logic models for collective impact measurement.

Appendix one: List of engagement groups

Non-Governmental Organisations (NGOs)

- Barnardos Aotearoa
- CNSST Foundation
- Changeability
- Hohou te Rongo Kahukura - Outing Violence
- Kokiri Marae Keriana Olsen Trust
- Korowai Tumanako
- Male Room
- Ngati Ranginui Iwi Society Inc
- RISE
- Safe Network
- She Is Not Your Rehab
- Stop
- SVS Christchurch
- Te Ahi Wairua o Kaikōura
- Te Hapori Ora
- Te Whare Ruruhau
- Turuki Health Care - Kaupapa Māori Health and Social Services
- Tuu Oho Mai
- VisAble
- Whakarongorau Aotearoa
- WellStop

Sector groups

- Te Kupenga Whakaoti Mahi Patunga / National Network of Family Violence Services

Other

- Hall McMaster & Associates Limited
- NZ Law Society
- Public Defence Service
- Ministry of Justice teams
- Ministry of Social Development teams

Appendix Two: Engagement methodology

Targeted stakeholder interviews

Engagement questions were developed by the government cross-agency Working Group, with input from the Reference Group (comprised of non-government stakeholders). Questions were designed to gather stakeholder perspectives on the:

- current state of interventions for people using violence
- needs of victim/survivors
- characteristics of effective interventions
- key challenges facing providers and the wider system
- system level changes required to support improved outcomes, and
- workforce capability and support needs.

Targeted engagement was undertaken with approximately 40 stakeholder groups. The was a sample of family violence and/or sexual violence providers and others connected to the stopping violence sector who were identified by the Working Group. Participants included:

- contracted family violence and/or sexual violence service providers
- sector experts and subject matter specialists
- organisations supporting diverse population groups
- Justice sector stakeholders, and
- agency contract managers and other internal government teams.

These engagements were conducted online via Teams meetings or in person.

Workshops

Two online provider workshops were also held with Te Kupenga Whakaoti Mahi Patunga, the National Network of Family Violence Services. Managers and practitioners of family violence services were invited to take part in an online workshop to provide feedback and input into the Review using the same questions as the targeted stakeholder interviews.

Notes were taken during interviews and workshops to capture key insights and perspectives. Following completion of engagements, these notes were thematically organised, with findings synthesised to support analysis alongside other evidence sources.

A list of stakeholders engaged with can be found in Appendix one.

Online survey

An online survey was also developed to gather input from a broader range of stakeholders across the family violence and sexual violence sector. The questions aligned with the themes explored in interviews and workshops, ensuring consistency across engagement approaches.

The survey included 23 open text questions, with 121 responses received. Of the 95 respondents who provided information about their organisational affiliation (26 did not select a response), participants represented:

- Non-government organisations (70)
- Service providers (31)
- Central Government agencies or Crown entities (8)
- Māori or iwi organisations (7)
- Community groups (5)
- Legal or advocacy organisations (1).

The survey was open to anyone in the public who wished to respond, however it was only promoted through existing channels in the family violence and sexual violence sectors. This included agency newsletters, family violence and sexual violence websites, and via email.

Most respondents worked directly in or alongside interventions for people using violence. Several respondents identified primarily as victim/survivor service providers, and 21% of respondents provided feedback in a personal capacity rather than on behalf of an organisation.

Survey responses were coded and grouped thematically in excel, which allowed us to analyse the frequency of themes. We then used this frequency analysis to summarise the key themes across each survey question.

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