



New Zealand Council Of  
Christian Social Services

**A common approach to understanding Family Violence Risk  
Assessment and Management**

**New Zealand Council of Christian Social Services**

**Submission to Ministry of Justice**

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## **1. Introduction**

The New Zealand Council of Christian Social Services (NZCCSS) has six foundation members: the Anglican Care Network, Baptist Union of New Zealand, Catholic Social Services, Methodist Church of New Zealand, Presbyterian Support New Zealand Inc. and the Salvation Army.

NZCCSS works for a just and compassionate society in Aotearoa New Zealand. We see this as a continuation of the mission of Jesus Christ. In seeking to fulfil this mission, we are committed to giving priority to poor and vulnerable members of our society and to Te Tiriti O Waitangi.

Nationally the range and scope of our six member network is extensive and comprises 213 separate providers, who deliver a range of 37 general types of services via 1024 specific programmes, located in 55 towns and cities throughout New Zealand. Further details on NZCCSS can be found on our website [www.nzccss.org.nz](http://www.nzccss.org.nz).

In preparing this submission, NZCCSS consulted with representatives of member agencies, and drew on their extensive knowledge and experience working in services that support families/whanau experiencing family violence.

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## **2. General comments**

The New Zealand Council of Christian Social Services (NZCCSS) acknowledges and supports the extensive cross-agency work currently overseen by the *Taskforce for Action on Violence within Families*. NZCCSS members have a long history of working alongside families/whanau living in vulnerable environments, and are deeply concerned about the life-long, human cost of violence within families/whanau in all of its manifestations.

### ***Common approach***

In principle, NZCCSS supports the development of a risk assessment and management framework and tools. NZCCSS agrees a common approach to understanding family violence risk assessment and management has potential to support a consistent and coordinated approach across agencies and services. Members thought this approach could have particular merit for generalist services, where family violence impacts may not be considered in the course of delivering a social or health service, and where specific family violence tools have not been developed.

### ***A whole of society conversation about what is a safe and resilient family***

NZCCSS believes a commitment to reduce family violence must start with a *whole of society* conversation about what is a safe and resilient relationship, family, community and how can safety and resilience be supported?

As Christian social service providers, our members place a strong focus on creating spaces to facilitate positive and respectful relationships within families/whanau and supporting people to make positive change in their lives. This strength-based approach is at the heart of our members work in communities.

Through our social services our members also seek to build robust and resilient communities and ultimately a society which is able to offer every member, dignity, shelter and opportunities to grow and live a 'meaningful' life. This shared vision is based on our Christian mission, a commitment to collective responsibility (common good), and a belief our humanity is intrinsically linked to our relationships to each other and to our communities.

While NZCCSS commends government for its across agency focus on reducing family violence, any sustainable reduction would also require public investment in a national conversation on a shared understanding of respectful relationships within families/whanau, alongside a specific focus on family violence strategies. NZCCSS believes this public investment would pay dividend over the long-run in supporting generations of New Zealand families/whanau to build respectful, safe and resilient relationships within their own family/whanau, and community.

### ***The impact of poverty and social exclusion***

As discussed in NZCCSS' submission on [Strengthening New Zealand Legislative Response to Family Violence: A Discussion Document](#), while family violence is experienced and redressed at a personal level, it occurs within a social and societal context. NZCCSS' [Vulnerability Report series](#) captured the impact of external pressures of income poverty. Inadequate household income to afford basic living expenses (nutritious food, housing, health transport) causes real anxiety and also impinges of families to participate in social and educational activities many other families take for granted. This social exclusion adds to the vulnerability of families. Any effective strategy to reduce family violence must also include consideration of structural influences and changes needed to support respectful relationships, along with a focus on individual actions.

## **3. Structure of the framework**

### ***Part 1: the framework***

NZCCSS supports the intent of the risk management family violence system (screening, risk assessment, and risk management), and agrees that working towards a common understanding of family violence, and a more consistent and coordinated approach, has potential to assist organisations to more readily identify and respond to family violence situations.

Members saw the value of the framework and attendant factsheets particularly for new services without existing tools. At the same time however members expressed caution that these tools are not sufficient on their own to be effective.

A key theme throughout discussions was one about family violence as complex (social) space, fraught with contradictions, and requiring a high level of skill to decipher and to work in. A one size fits all tool cannot on its own reduce family violence. Competency in reading what is in reality very subtle (and contradictory) signs of family violence is critical and requires services (NGO and government) to access workforce training.

***"Often the working space is filled with contradiction all over the place – children protecting parents, partners protecting offending partners".***

***"In the past there has been a tick box approach that was just not used by professionals often because they didn't know what to do next. This is a step forward but there needs to be training".***

***“The process can’t be isolated with a risk assessment tool but also requires building up confidence and competence within the workplace”.***

***“There is real skill needed in reading something doesn’t sound right and asking. These signs are more likely the words used not a physical sign”.***

***“Services need to ensure they have someone with basic training and experience or a person to call on to respond to any query sounding like family violence i.e. “I have a friend a bit worried about a protection order”.***

***“Good thing we are all on the same page”.***

***“The tool has value but alongside other tools that may have already been developed by services and that reflect their unique communities”.***

### Outline of Family Violence and its Dynamics

Overall, members agreed the description of family violence capture well the complexity of family violence, how it differ to other types of violence, and how it interfaces with wider health and social issues.

Members requested that in the description of family violence, how family violence leads to poverty should also be included. For example, women often find it hard to maintain a job due to injuries, sickness and mental health issues stemming from the violence. As women remain primary caregivers to children, poverty is also a feature of family violence, particularly when a woman decides to leave the family home. Child poverty is a dimension of income poverty and as such needs also to be captured in the description given its interface with the impact of family violence.

### Scope of involvement

As discussed in the discussion document, acts of family violence are insidious and cut- across all economic groups. As such, a broad scope of services needs the capacity to respond or refer to appropriate health and social services. Members support the inclusion of the framework among New Zealand employers and schools to support the targeting of family violence in the wider community.

### Victim/perpetrator inter-relationship

While NZCCSS members agree that family violence perpetrators are responsible for their violent behaviour, members reported on the complex inter-relationship between the victim and perpetrator. Discussions also acknowledged perpetrators with (unattended) cognitive delay, brain injuries and emotional trauma that may impact on how they manage stressful situations. A compassionate response is needed for all members of a family affected by family violence. Although, this does not excuse the act (s) committed. All of these complex human situations need to be acknowledged and incorporated into the framework.

One member supported a focus on women’s violence in families, drawing on the Dunedin study, which found that women were just as likely to be domestic violence perpetrators as men. Consideration of services specific to women perpetrators may need to be considered in the course of the work undertaken by the Taskforce for Action on Violence within Families.

***“There is a need for a tool for perpetrators who often have experienced no unconditional love/support (unattended trauma). If we don’t attend to the bigger health of all of the families underlying issues will not be resolved”.***

***“Support of perpetrators is a powerful focus of change. What we have learned is that most often a perpetrator has a pin point that must be addressed otherwise the policy is shallow”.***

***“When thinking about whether a perpetrator owns what he is doing one example given is that of a car crash and a person sitting in the car a crumpled mess after the accident. Would we expect the person to make their way to hospital on their own?”***

***“One area of work seeing more and more is multiple-generational patterns of behaviour...The new normal for this group is so far from traditional, exceptional levels of behaviour that there is total lack of reference point to say there is an alternative as it is so deeply entrenched. There is a sense people simply don’t know how to change. Hence need to respond to historical trauma – again not to excuse behaviour but to ignore this, has a long-term impact on families”.***

#### Achieving successful implementation

NZCCSS supports the provision (and funding) of cross-sector training and workforce development discussed on page 10. Supporting non-government organisations (NGOS) to effectively implement the framework and associated tools is an important consideration, particularly given the professional skill required, increased expectations on social services, and an environment of no increased funding to the NGO sector over a substantive period of time.

***“Talking about a wider range of people screening but how we do not over burden a system not already not sufficiently funded. If there is a desire for new programmes and training, how are they going to support/fund this?”***

***“For organisations without volunteers or limited skills in this area, these tools and higher expectations put a lot on them. For example budgeting service providers provide a prime place for running through questions but how do these services get supported?”.***

***“For those NGO reliant on contracts there is insufficient money to support social work training. There are new areas that require new knowledge and training but many services can fall down in terms of time and resource constraints”.***

***“There is a focus on a wider range of people screening but how do we not over burden a system that is already underfunded? If there is a desire for new programmes and training, how are services going to support/fund this. This is a particular concern for smaller services”.***

#### Guiding Practice Principles

NZCCSS members supported the proposed guiding practice principles: (1) Victim Safety (2) perpetrator behaviour change and accountability (3) Collective action.

## **Part 2: A common approach to practice**

*Practical guidance on screening, risk assessment and management that will support the implementation of the framework's common expectations in daily practice.*

### **Practical guidance on screening**

Members focussed on the importance of protocols for engagement, and that for victims who have experienced family violence over a long period of time, there is a need to feel safe (trust) in the relationship before engagement can begin. This requires skilful ways to continue conversations that may need to occur over several appointments before sufficient trust can be built to share a family violence story. The importance of a non-judgemental approach, and acknowledgement of strength and resilience were also raised as critical aspect of any engagement protocol.

Members supported the 'warm referral' approach, which was seen as a similar approach provided under the previous differential response model. The reality of the contract environment was raised by some members with concern that a warm referral may involve resources outside of the scope of contracted (paid) work.

The specific constraints of rural areas and how they access specialist services, including family violence services was raised. It was noted that often these services are miles away and difficult to reach, particularly where the perpetrator of violence may control both finances and transport (car).

***"For screening to be successful there needs to be several opportunities – can't get far without the development of a relationship. Need to create another opportunities to talk. Also need to make sure the environment is conducive (no open plan environments)".***

***"What is imperative is that you suspend judgement with anybody and that you are listening for the nuances of the story. The skill is not making assumptions, listening carefully and a process of respectful enquiry".***

***"Focus on resilience and strength.. Need to harness this strength in a positive way and actively support change tools. This is how we will engage both victim and perpetrators with supportive language i.e. he goes to work and brings in the wage and that's great – let's look at the areas we can support him to make change in other areas - take a whole situation approach".***

***"Budgeting services provides a prime place for running through these questions but how will these agencies be supported?"***

### **Examples of screening questions**

The examples of screening questions provided (page 31) reflected a closed-question approach which was not seen as an effective approach to start conversations about family violence. Open-ended questions that are again strength-based were seen to best support engagement about what is happening in a family.

Members considered it critical that a person does not leave the interaction feeling worse than when they arrived.

One member raised the importance of the screening tool reflecting New Zealand's unique culture and population group i.e. women in gangs.

***"The key issue is around how we approach the enquiry. Alongside questions there is a need to look equally at resilience - not just what is not going well".***

***"Flags – there is a real skill in asking – this doesn't sound right (likely be words not physical signs)".***

NZCCSS recommends further consideration with social workers about examples of strength-based screening questions.

#### Cultural dimension of engagement

NZCCSS members noted the fact sheet on responding to diversity provided reference to cultural awareness but thought that more guidance is needed for general services on culturally appropriate ways to engage with people who are victims of family violence, particularly among Māori women and children. NZCCSS recommends the following resource: *E Tu Whanau: Programme of Action for Addressing Family Violence. 2013-2018. The Māori Reference Group*, which focussed on addressing family violence in Māori communities. A comprehensive document was produced, which provides insight into a Māori-led programme of action to reduce family violence shaped by their cultural meaning.

#### Practical guidance on risk assessment

NZCCSS members support the description of risk assessment, what it is, when it should occur and who is responsible. There was strong support for the inclusion of the victim's view of risk based on their understanding of the pattern of behaviour and triggers of violence. Some members raised the comment that an assessment process should also include an assessment of the person's understanding of their situation and willingness to engage with family violence services. A victim may have their own sense of urgency, decide to stay in the relationship, and then 'maintain' the relationship. The victim's decision needed to be respected. A further comment relates to decisions to refer victims for professional advice and the need to ensure there are no waiting times.

***"When we are looking at safety, this is not a lineal thing, there is a whole lot happening in a family, and the victim knows the patterns i.e. time to ask Nan to have the children. He's just been paid and gone out drinking. We are also starting to learn that victims have whole raft of acts of resistance, and that perpetrator understand these".***

***"Risk assessment should ask about where the person is at and willingness for what is next".***

***"Telling the story – A victim has her own sense of urgency. She may decide to stay in the relationship, and then maintains the relationship. (This needs to be respected)".***

***“Although it says assessment needs to be made by professionals the reality is, it needs to be made now. There should be no waiting time”.***

***“Noted they have a policy of ‘no waiting’- aims to create safety, broader conversation needed i.e. getting back to person when you say, doing what you said you do and remaining the ask able person”.***

#### Practical guidance on risk management

Members acknowledged risk management can be a challenging area. Positive engagement, permission to engage, along with the regularity and frequency of contact between the social worker and client were identified as a critical component of effective engagement and risk management.

One member commented that while screening and assessment are well covered in some of the training available, there is a need for better understanding of how to support victims, and how to work with perpetrators in the area of risk management.

***“From an organisational approach fundamental to believe clients expertise about what works for them. This means we have to suspend our ego and judgement and listen to their story of what works. Ask - what are the new normal for some families? Is the intervention more harmful, damaging than supporting”?***

***“Needs to be a focus on the family/whanau leading our process and our timeframe with support”.***

***“Safety – Her removal is a small part of measure and acting supporting plan. Vital that support continues after the removal”.***

***“How to get to specialist services when isolated or in rural areas i.e. house miles away and he controlled the care cost and practicalities can be barriers”.***

***“Support concept of “Warm referrals”. Like the support provided under the differential response, which sought to address practices like passing on a letter of referral which was ignored. Under the differential response approach people are supported to attend appointments”.***

#### Information sharing

Members commented that they already had clear policies in this area. Permission to share information was always sought, and all members looked to work collaboratively with families.

Questions raised about information sharing were around who owned the information, the importance of consent and how much information about a family needs to be gathered.

***“Part of the challenge is the organisations/agencies ownership of information and what and how much information needs to be gathered”.***

***“Need to be clear about what data we are gathering and measuring this against how useful to change (outcomes) we want to achieve?”***



***“Protocol is needed so that no action occurs without an understanding of the agreed purpose of the information gathering, and that the information meets the higher objective (outcome)”.***

***“The breaking of confidentiality happens only when there is a high risk”.***

#### What happens next?

A key concern raised in relation to risk management is what happens in reality when reports are responded to i.e. when a report is received from Police and followed up by a family violence agency and the extent to which they're able to engage those involved. As noted above, training on how to support victims and perpetrators in the area of risk management is not as robust as screening and assessments.

A further theme across members related to the long commitment needed to walk the journey to wellbeing, and this needed to be reflected in good practice guidelines.

***“Can't ask people to expose themselves and then nothing”***

***“Effective practice involves holding hands and endeavouring to stay with the person and walk alongside them on their journey, which may mean months with contact followed by months with no contact, whilst still involving services and continuing to help them to build safety. It's a long period of recovery, and it needs to be active and is a long commitment. You need to be the one who is 'asking able' and stays in for the long haul”.***

***“A key question for people is what happens after the tool is implemented?”***

### **Part 3: fact sheet**

#### Factsheet 1: Forms of family violence

Members acknowledged the good work breaking down what are a complex range of behaviours that manifest as family violence to help strengthen understanding of what to look out for.

The need to use language used in the factsheet that reflects real world/everyday language was raised. For example (page 46), people rarely use the word 'strangled' in a conversation but might respond to what did you do? Demonstrated arm against throat. Further, it was noted that people may need specific examples to draw out a reply: Does he put you down? No. When you wore jeans how did he react? He put me down. How much money do you have for food? How do you buy things you needed?

Members supported the inclusion of two further forms of violence:

- 1) Spiritual violence – i.e. putting someone down because of their faith, or using their religion to justify male violence, racism, homophobia.
- 2) Cultural practises – i.e. putting someone down on the basis of their culture knowing their culture is important to them.

The use of the term Intimate Partners violence was questioned by one member who discussed this in terms of power and control and the applied assumption of equality in the term intimate partner (violence), when an intentional act of harm is not mutual but reflects a power dynamic.

#### Factsheet 2: Responding to diversity

Members supported the description of the differential impact of family violence on different population groups.

A strong message across members is that family violence is prevalent in higher socio economic groups. Accordingly, a whole of society approach is needed and this should be captured in the fact sheet.

As discussed under Victims/perpetrator interface, a reference to women as perpetrators of violence may also need to be included in the description given the findings from the Dunedin study that women were just as likely to be domestic violence perpetrators as men. This is an important when considering effective risk management responses.  
<http://dunedinstudy.otago.ac.nz/>

#### Fact sheet 3: Indicators of family Violence

Members generally supported the description. One member noted that under *pre-schoolers - potential indicators of family violence for children*, the descriptions might also reflect some symptoms of underlying neurological conditions not necessarily related to family violence.

#### Factsheet 4: Risk Factors.

Members again supported the description and were positive to see risk factors from both a victims and perpetrators perspective.