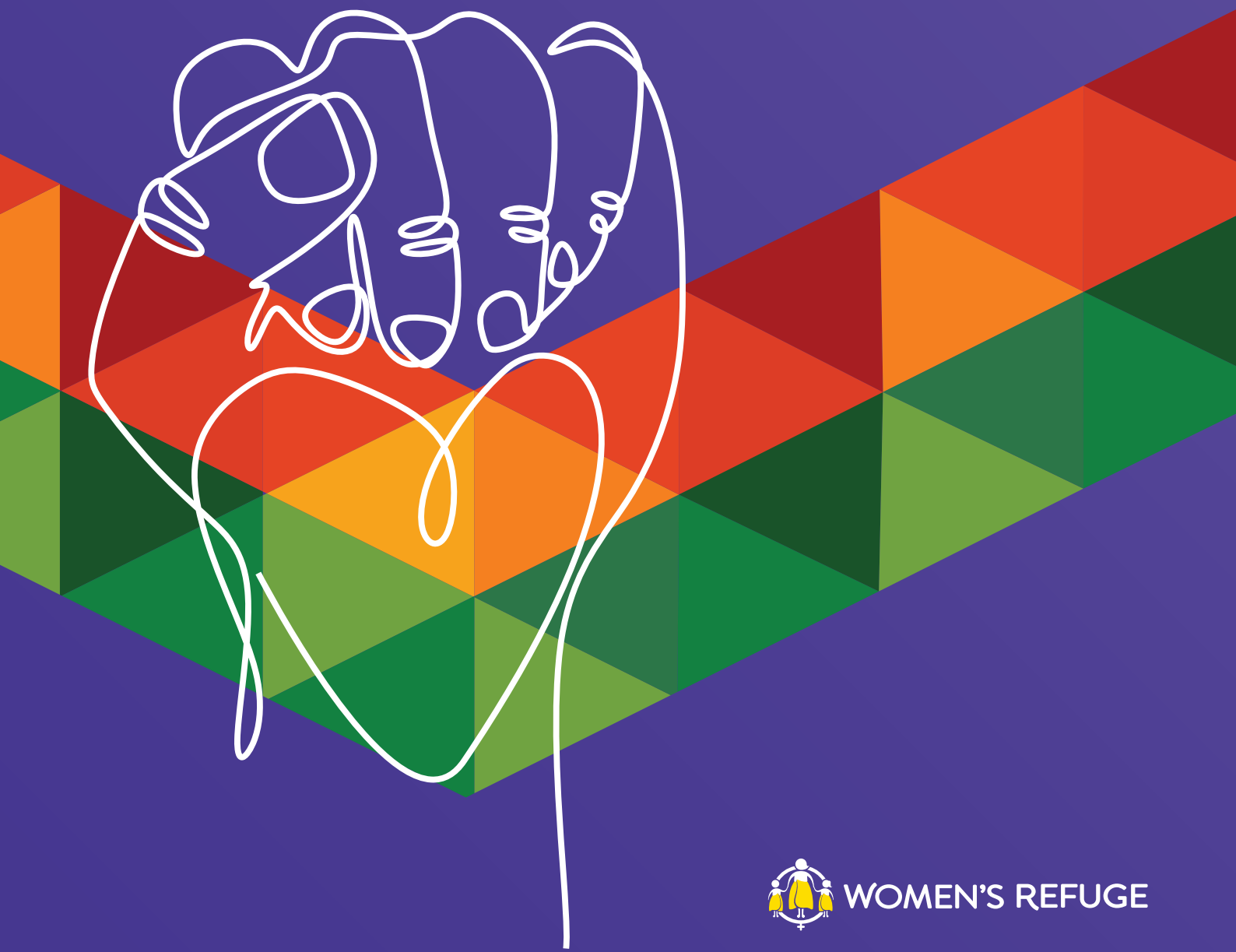
‘SAFER WHEN, SAFER HOW?’

Reframing ‘risk’ and ‘safety’ in intimate partner violence

2025



WOMEN’S REFUGE

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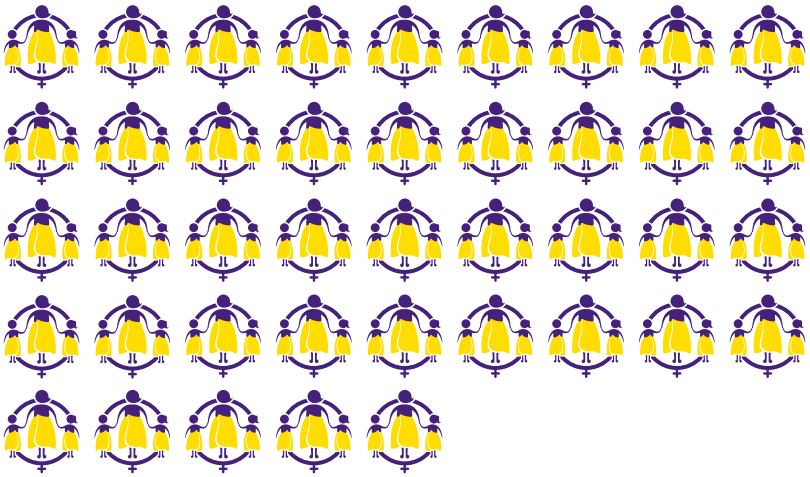
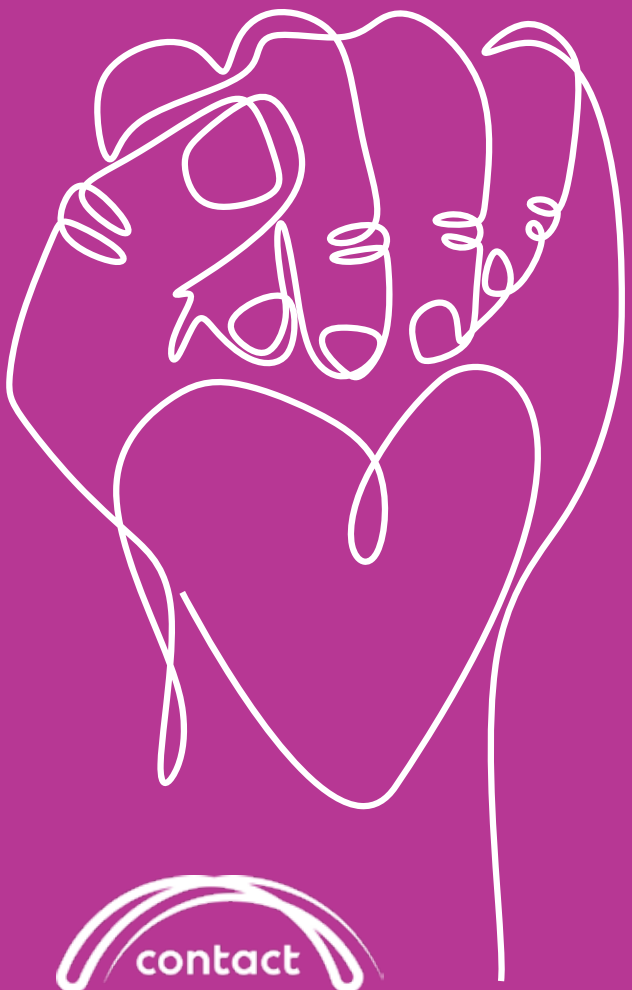
Women's Refuge

The National Collective of Independent Women's Refuges | Ngā Whare Whakaruruhau o Aotearoa (NCIWR), has been providing support to women, children, and whānau impacted by family violence for over 50 years.

Our vision is for all women and children in Aotearoa to live free from family violence.



NCIWR comprises **41** affiliated Women's Refuges and is the largest nationwide organisation providing immediate crisis and long-term family violence specialist advocacy to women in Aotearoa.



contact

Thank You

A huge thank you to everyone who took part in this research.

This report is dedicated to you and was only possible because of you.

Mā mua ka kite a muri, mā muri ka ora a mua.

Those who lead give sight to those who follow, those who follow give life to those who lead.

Contents

Introduction

Overview

This report reframes how we understand risk and safety in the lives of victims of intimate partner violence (IPV) in Aotearoa. Over 1,700 women and non-binary victims told us about a terrain of IPV-related risk that extended far beyond an episode of assault or a separation from an abusive partner. Based on their experiences, we explore how both the violence and the way it is responded to contour that risk and contribute to the burdens victims are forced to carry while navigating it. We then map what victims say made them safer from IPV risk, and how they are safer. The findings show that the potential for safety is not individually established, but collectively constructed through the actions of services and state systems.

Framing IPV and 'risk'

Intimate partner violence is a pervasive, persistent, and profoundly harmful issue in Aotearoa. It is a breach of fundamental human rights that cannot be justified under any circumstance.[1] Women and gender minorities are disproportionately victimised, and men are most commonly the perpetrators, particularly of the most severe and life-threatening forms of abuse.[2] IPV encompasses a wide spectrum of coercive controlling behaviours, including physical, sexual, and psychological abuse,[3] and is both individually enacted and socially sustained. Individuals are always responsible for their decision to use violence; at the same time, those choices are shaped by wider social norms, which act as the scaffolding for how IPV is understood, tolerated, or excused across society.[4]

In Aotearoa, colonisation (historic and contemporary) and gender inequality are core drivers of family violence. The impacts of each intersect with other forms of structural oppression, including racism, ableism, and queerphobia, creating social conditions in which entire groups are devalued and placed at greater risk of harm.[5] The most enduring and compounding harms of IPV are experienced by those whose lives are shaped by systemic inequality: women, Māori, disabled people, and those who are sexually or gender diverse.[6] For wāhine and tamariki Māori, the effects of colonisation and gendered violence often interact, producing layered forms of harm.[7] Colonisation destabilises traditional sources of status, protection, and connection to whenua and whānau, and fuels intergenerational cycles of dispossession, disadvantage, and disconnection, which in turns narrows possible pathways to safety and recovery.[8]

Women's Refuge therefore views IPV (as a subset of family violence) through the lens of gender and colonisation and understands it through the concepts of coercive control and social entrapment. These frameworks highlight how violence functions as a misuse of power by explaining how perpetrators gain and maintain control against an individual victim,[9] and how their accrual and use of relationship authority is reinforced by broader and unequal distributions of power in society.[10]

When reporting on the experiences of those abused by a partner, we use the term 'victim', rather than 'survivor', because not everyone survives IPV. Each year in Aotearoa, an average of nine women are killed by a current or former partner.[11] When people think about IPV risk, the immediate threat of lethal physical violence often dominates the conversation: the risk of being hurt, injured, or killed. However, intimate partner violence can be 'life-limiting' in more ways than one. A perpetrator may end a victim's life, or they may shorten their victim's lifespan more gradually, by contributing to their suicides, by inflicting injuries that cause other health conditions,[12] and by contributing to women's morbidity and mortality in gradual and cumulative ways.[13]

Our conceptualisation of risk departs from the conventional and exclusive focus on the likelihood of continued, severe, or lethal violence. It reflects instead what respondents experienced as risk: a set of conditions that are set in motion by IPV, and remain in motion (often gaining momentum) over time, unless disrupted by effective, safety-building responses from agencies with the power to help.

Perpetrators may also limit the kind of life their victim is able to (and free to) live.[14] This report focuses most on the life-limiting, quietly devastating consequences that are far more prevalent than homicide, yet far less likely to be acknowledged as the product of IPV. They include, for example, social precarity, permanent injury or chronic illness, disconnection from whānau and communities of choice, the introduction of danger and unpredictability into women's and children's lives, and the rapid and relentless depletion of emotional wellbeing, personal and material resources, and everyday functioning.

There is a substantive and growing body of evidence that links specific adverse life outcomes to IPV, showing that 'risk' spills into every domain of life touched by perpetrators' abuse tactics. When not disrupted, these risks may manifest as a victim's exhaustion from relentless abuse and disrupted sleep,[15] chronic illness from her depleted physical resources and constant anticipation of danger,[16] disconnectedness and defeat from being disbelieved,[17] her lost income and job prospects,[18] fractured parenting and daily functioning,[19] trauma-laced memory loss,[20] and the weight of constant concealment so that no one takes her children away and she has a home to return to.[21]

The involvement of services and systems

It is well-known that most victims seek help at some point in the hope of stalling this onslaught of risks.[22] It is equally well-known that attempting to get help does not always forestall either further victimisation, or the adverse impacts that may follow it. Women are often told by well-intentioned helpers to 'just leave', but the widespread belief that leaving an abusive partner ends the violence dangerously oversimplifies victims' realities and obscures the persistence of active threat.[23] The perpetrator, and their potential violence, remains a constant and terrifying backdrop to women's safety decisions both within and beyond the relationship, and often deters victims from attempting to separate.[24]

Victims are similarly often advised to 'get help.' At the same time, seeking help from organisations may also feel fraught with risk. Research consistently shows that help-seeking for women experiencing IPV is typically a protracted, fragmented, and burdensome process.[25] Victims are often required to engage with multiple services across multiple sectors, including health, legal, advocacy, and social services, with little coordination or continuity of care. The process itself imposes a significant emotional and logistical toll, requiring time, money, transport, documentation, and repeated retelling of stories of violence – with no assurance that their experiences will be understood or contextualised appropriately.[26]

What remains largely unknown is the extent to which this investment of energy, time, and personal and social resources yields greater safety or stability. The cumulative burden victims face in the very act of seeking help is rarely quantified. To our knowledge, no studies have comprehensively catalogued the labour, time, and toll involved, or assessed whether these efforts produce meaningful returns in terms of safety or wellbeing.

Purpose of this research

This research, which was generously supported by Contact Energy, begins to address of gap in knowledge about the scope of risks IPV precipitates and how these are influenced by service and system responses. The 1,707 women and non-binary people who answered this questionnaire are all victims of intimate partner violence. They told us what risks were produced by perpetrators' violence and how these were amplified, and what engendered (different kinds of) safety.

There are consequently two parts to the findings: the first focused on risk and safety, and the second on support as the bridge between the two. Throughout both, the voices of victims led the analysis. Their accounts challenge prevailing assumptions about the nature, longevity, and source(s) of risks, and show what works (and what needs to change) to make safety a viable, sustainable prospect for IPV victims in Aotearoa.

By capturing and quantifying the lived realities of seeking help from organisations, we show the scale, complexity, and cost of what victims endure in the pursuit of safety and wellbeing after IPV, and which forms of support are most likely to result in tangible improvements.

The terms 'victim' and 'perpetrator' are used in this report to clearly identify who is harmed by violence and who is responsible for it.

This research focused only on intimate partner violence (IPV), as it is the most common form of violence Women's Refuge responds to and works with, and on the experiences of women and non-binary victims, as they are impacted most often and most severely by IPV.

Women's Refuge works with women (including transgender, takatāpui, and queer women) and non-binary clients who are seeking safety from a partner of any gender.

Method

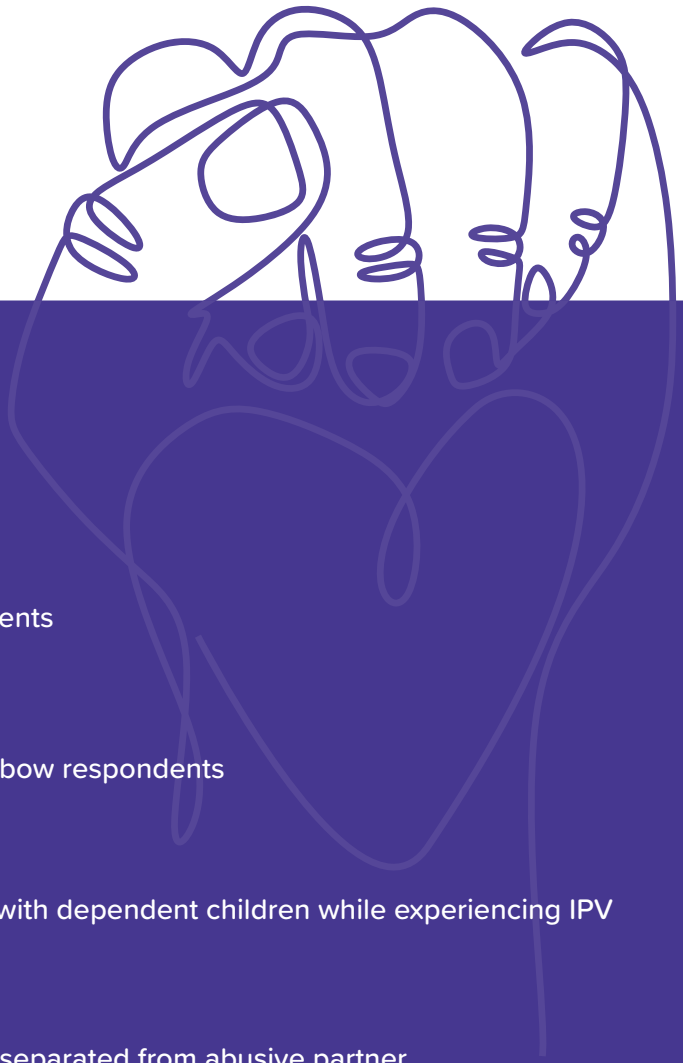
In December 2024, the Women's Refuge research team, with the generous support of Contact Energy, launched a large-scale online questionnaire, which was responded to by 1,707 victims of IPV.

The questionnaire invited victims to share their experiences of risk, support, and safety across key domains, such as ongoing violence, fear for physical safety, worry for children's safety, mental health, physical health, and everyday functioning. These domains were initially developed from qualitative findings in previous Women's Refuge research and refined through an iterative review with our victim advisors (who after participating in previous Refuge research as victim participants, elected to advise on further research) and with our research advisory panel. Input from victim advisors was prioritised throughout this process, and they held final say over how the sections of the questionnaire were defined.

Our internal research advisory panel (of Refuge kaimahi across Aotearoa) provided cultural and ethical oversight over the research process. The panel is comprised of both tangata whenua and tauiwi members. They, along with two Māori academics specialising in gendered violence, provided guidance on ensuring the framing was responsive to Māori victims and a Māori worldview. The research was led primarily by tauiwi researchers, and we recognise this as an inherent limitation; an advisory panel, while important, cannot fully close the gap of voice, lens, and worldview. We sought to partially mitigate this limitation throughout the research process, such as by ensuring our sample is not representative of the Aotearoa population but rather reflects the distribution of victims at the greatest risk of IPV-related harm. We also conducted a separate analysis of data from Māori respondents, and will be developing a subsequent resource to highlight the specific risk and safety experiences of Māori victims for a practice audience. Similarly, standalone resources relating to the experiences of rainbow/takatāpui victims, disabled victims, and victims who are Mums will be separately developed in order to do justice to the distinct experiences of each.

Eligibility to participate in the research was predicated on three factors - being a woman or non-binary person, being a victim of IPV, and living in Aotearoa New Zealand while experiencing IPV. Participation in the research was entirely voluntary and anonymous. Safety and self-determination were central to the research design. Respondents could choose which questions to answer,[i] exit the questionnaire at any time, and access links to immediate support services if needed. As the research was conducted by Women's Refuge, we were also

[i] This means that there is variation in the number of 'overall respondents' throughout as some did not answer every question. The raw data (comprising 2,054 responses) were cleaned and responses that did not answer any of the substantive (non-demographic) questions were removed prior to analysis.



Key demographics

35.1% Māori respondents

21.0% Takatāpui/rainbow respondents

72.7% Respondents with dependent children while experiencing IPV

88.7% Respondents separated from abusive partner

3 Average number of attempts to separate previously

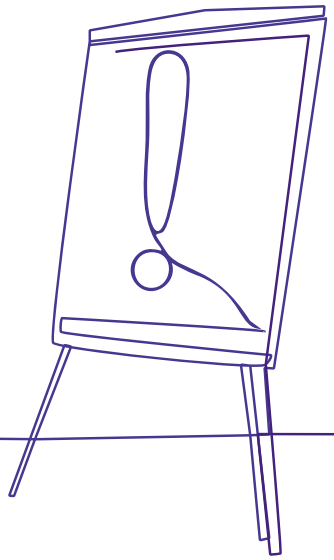
able to act quickly if any responses indicated an immediate need for help, ensuring that victims were not left unseen or unsupported.

Quantitative data were analysed using descriptive and comparative statistical methods, while qualitative data were analysed thematically, using line-by-line coding followed by categorisation into themes and sub-themes. Quotations are used throughout to show, in their own words, victims' experiences of IPV risk, accessing support, and (for some) reclaiming (some kinds of) safety.

Throughout, the terms 'respondents' and 'victims' are used interchangeably. Where findings relating to all 1,707 victims are presented, the sample is referred to as 'overall respondents. In various sections, respondents are grouped for the purposes of comparison, such as by whether they are separated from their abuser or not, and if so, for how long, whether they engaged in specialist services or not, whether they have children or not, and whether seeking help from services led to the violence stopping or not.

1.

‘Risk’ and ‘safety’ in the context of IPV



1.1 Reframing risk and safety

Intimate partner violence is a sustained assault on a victim's time, health, stability, and freedom. The findings that follow will show that at its peak, IPV consumed a significant proportion of our respondents' time each day, costing them sleep, cognitive capacity, energy, and their ability to function, focus, and meet basic daily needs.

These immediate impacts were cumulative, and spawned new, compounding, or snowballing harms or hardships. Separation from abusive partners initially destabilised their lives further and accelerated the progression of risks (and therefore needs) across every domain of life, precipitating help-seeking efforts in parallel with risks. These efforts did not always or automatically yield positive results and often failed to prevent the risks of adverse outcomes from becoming lived realities, and at times introduced new or amplified risks when services or systems responded in unsafe or harmful ways.

Data from respondents therefore supports an expanded definition of what constitutes 'risk' in the context of intimate partner violence:

> **'Risk' includes the presence, immediacy, and severity of potential further violence and the potential for a broader spectrum of structural, relational, and functional harms resulting from what abusers do and what systems fail to prevent. This includes risks to health, cognitive and emotional capacity, economic security, social connectedness, and stability across the life course. These risks are embedded, cumulative, and often compounded by institutional responses that overlook or exacerbate the conditions of entrapment.**

Correspondingly, the findings will explain why 'safety' is it not a destination victims arrive at after walking away for the last time. Instead, it is represented by the long-term restriction of their perpetrator's opportunities to use violence, and their opportunities to stop bracing for impact, to sleep, to truly rest, to be relieved of some of the weight of the burdens they were buckling under, and to reconnect with their families and their closest people.

Safety includes victims knowing they will have a home, will feel up to parenting the way they want to, and have opportunities to make decisions without being punished for them, or having to justify them, or being negatively judged for them. Safety after victimisation meant housing, income, health, relationships, authorship over the narratives recorded about them, and true recovery.

Victims' experiences, and their perspectives on safety, formed the basis for a more complete definition of it, specific to the context of IPV:

> **'Safety' refers to the restoration and maintenance of conditions in which victims are no longer subject to violence, threat, or coercion, and are resourced and supported to recover dignity, rest, autonomy, and full participation in life. It is both cumulative and relational, and includes both physical protection and the stabilisation of health, cognitive capacity, housing, income, parenting, and community belonging through fit-for-purpose systemic entitlements that replenish what violence eroded.**

As with the definition of risk, this expanded definition of safety moves beyond the conventional focus on immediate physical protection to encompass the full restoration of a victim's health, agency, and life stability.

1.2 Risks from IPV – the primary source of risk

Pre-separation risks

We asked victims what it was like for them when the violence was at its worst. Their responses show the all-consuming nature of coping with and managing risk on a day-to-day basis.

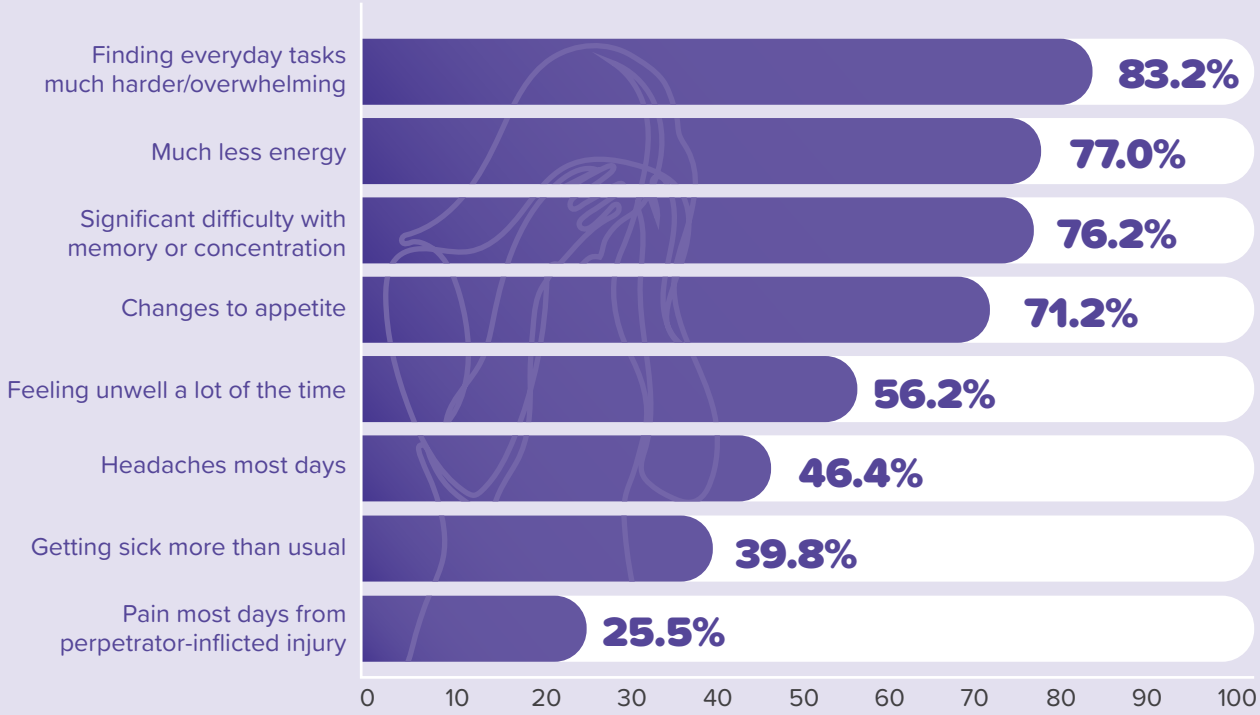
During these periods respondents reported:

Spending **7 hours per day** worrying about, anticipating, or trying to manage partners' abusive behaviour

Losing **9 hours per day** of rest, downtime and sleep

Respondents reported that during this time, their physical wellbeing, memory and concentration, energy, and ability to function in daily life was severely compromised.

Figure 1. Physical and cognitive health impacts experienced by victims during the worst periods of IPV.

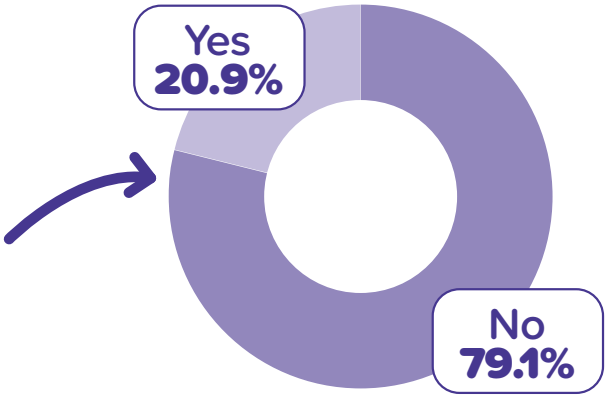


Living with IPV when it was at its worst was tantamount to a full-time occupation of the victim's body, mind, and time. The implications of coping within these conditions, on the other hand, often became apparent only when the peak threat had subsided.

Risks beyond separation

To find out how risks to victims changed form over time, we asked all respondents:

Are you and/or your children still experiencing violence or abuse from your partner/ex-partner?[ii]



Respondents were also asked whether they were separated from their abusive partner. Among those who were separated (88.7% of the sample), we collected information on the length of time since separation and grouped respondents accordingly. All data reflect respondents' accounts of their experiences at the time of the survey – this is not longitudinal.

We asked all respondents about the risks and impacts of IPV on their lives 'right now' (at the time they completed the questionnaire - December 2024) across the following domains:

- Ongoing violence (of any kind)
- Fear for their safety
- Fear for their children's safety
- Difficulty of everyday life
- Worsened mental health
- Worsened physical health
- Reduced connections to whānau/whakapapa

These percentages varied by 'length of time since separation' groups.

Table 1. Distribution of respondent sample by length of time since separation

	Seperated					
	Less than 6 months	6-12 months	1-5 years	5-10 years	10-15 years	more than 15 years
Total	**95**	**125**	**476**	**328**	**179**	**260**

Of all respondents:

88.6% said their **mental health is still much worse** because of the abuse.

82% said managing their **everyday life is still much harder** because of the abuse.

74% said their **physical health is still much worse** because of the abuse.

68.4% felt much **less connected to their whānau/whakapapa.**

58.5% say they **still feel constantly afraid** for their safety.

57.5% (of Māori respondents) felt **less connected to their Reo/tikanga/culture** than before the abuse started.

47.4% of mothers **felt constantly worried** for their children's safety.

[ii] Respondents may have interpreted the word 'violence' to mean further physical assaults, so it is likely a higher proportion of victims are still experiencing other non-physical forms of abuse.

Across all groups, rates of fear and ongoing violence did not decline in parallel; fear persisted long after the violence itself had ceased.

Figure 3 similarly shows how the impacts and risks associated with violence are slow to settle, even years and decades after violence stops.

> *"Life never goes back to what I'd call good, after one year the fear subsides, two years and it's in the back of your mind, one little trigger though and the fear instantly comes back."*

Figure 2. Prevalence data showing fear for safety and experience of ongoing violence by separation length.

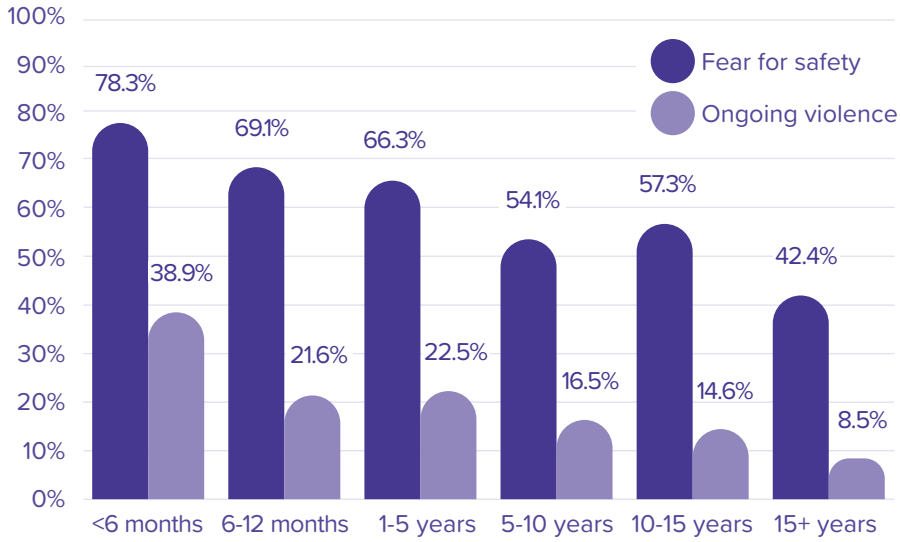
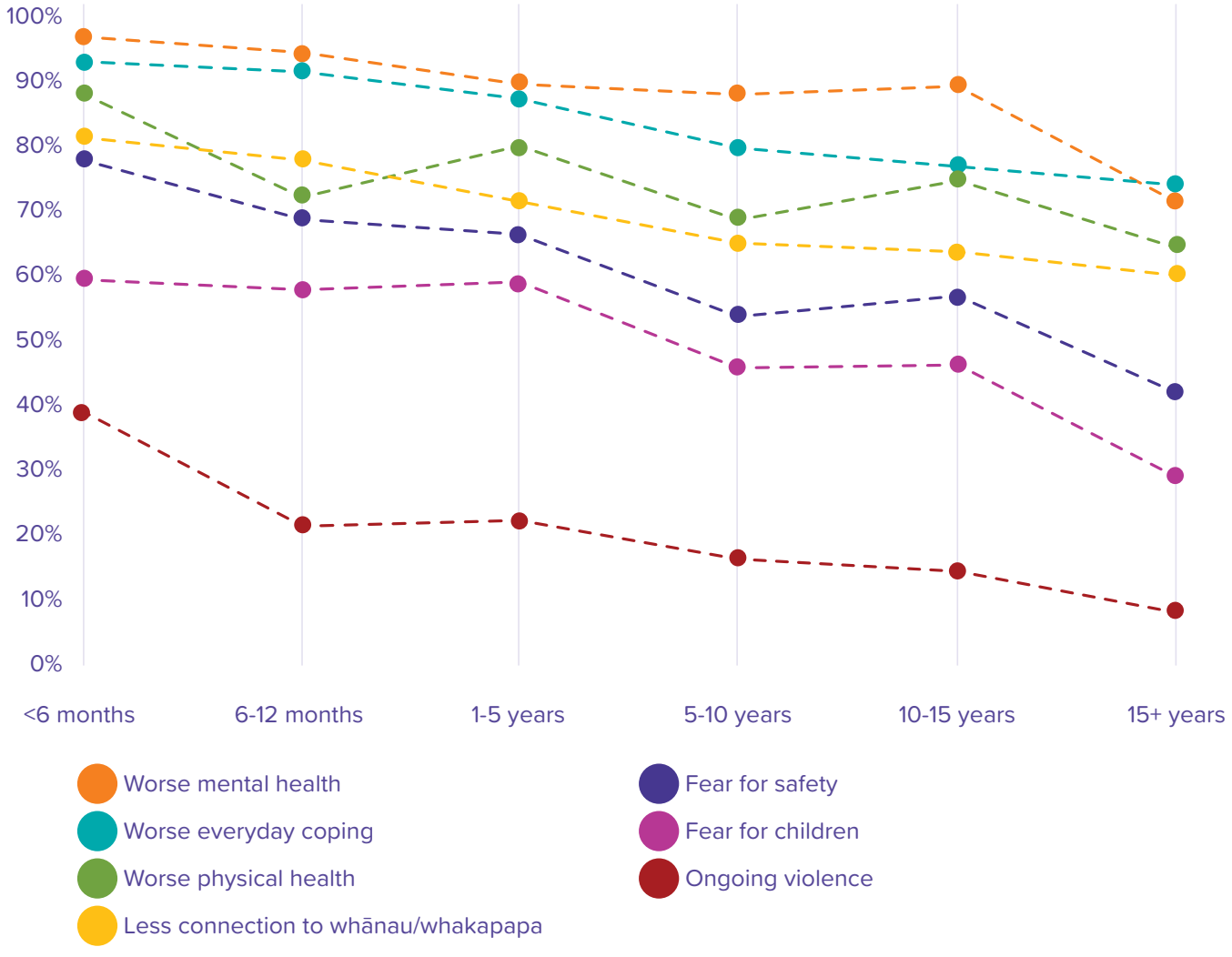


Figure 3. Reported consequences of IPV by post-separation period



0–6 months post-separation (acute danger)

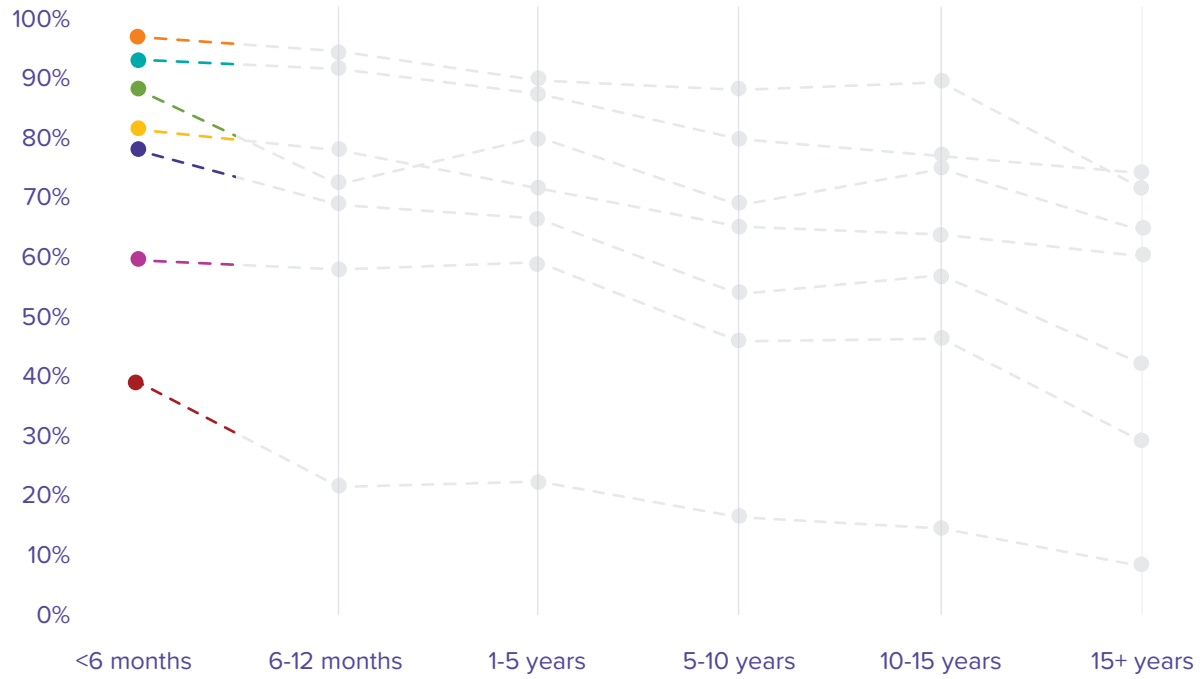
Compared to pre-separation, rates of fear for physical safety and fear for children's safety skyrocketed, as did rates of reported impacts, including impacts to mental health, physical health, connectedness and everyday functioning. These increases reflect the uncertainty, danger and upheaval that characterises initial separation.

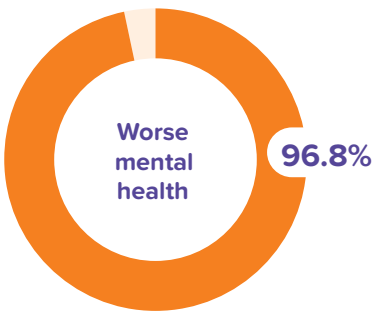
Risk was highest among those who had separated within the past 0–6 months, reflected in elevated rates of fear for physical safety (78.3%), fear for children's safety (59.7%), and further violence (38.9%), as well as nearly all respondents describing worsened mental health, everyday coping, and physical health.

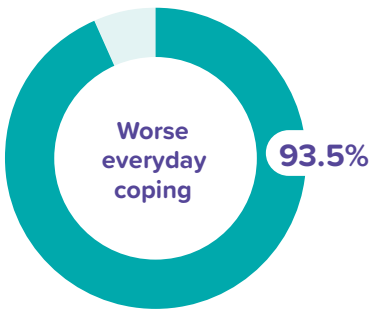
"I had to hire two lawyers because of him. One cost thousands of dollars so I could get a protection order. I also lost trust in the Police and justice system. Meaning I lost the safety I thought I had."

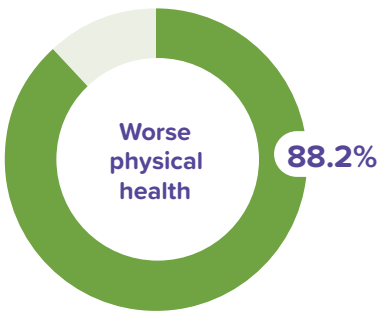
"I'm still concerned that reputational damage could occur, because I am still rejecting reconnection."

"I got put on antidepressants and sleep medications to deal with the symptoms of the relationship."









6–12 months post-separation (combined threat)

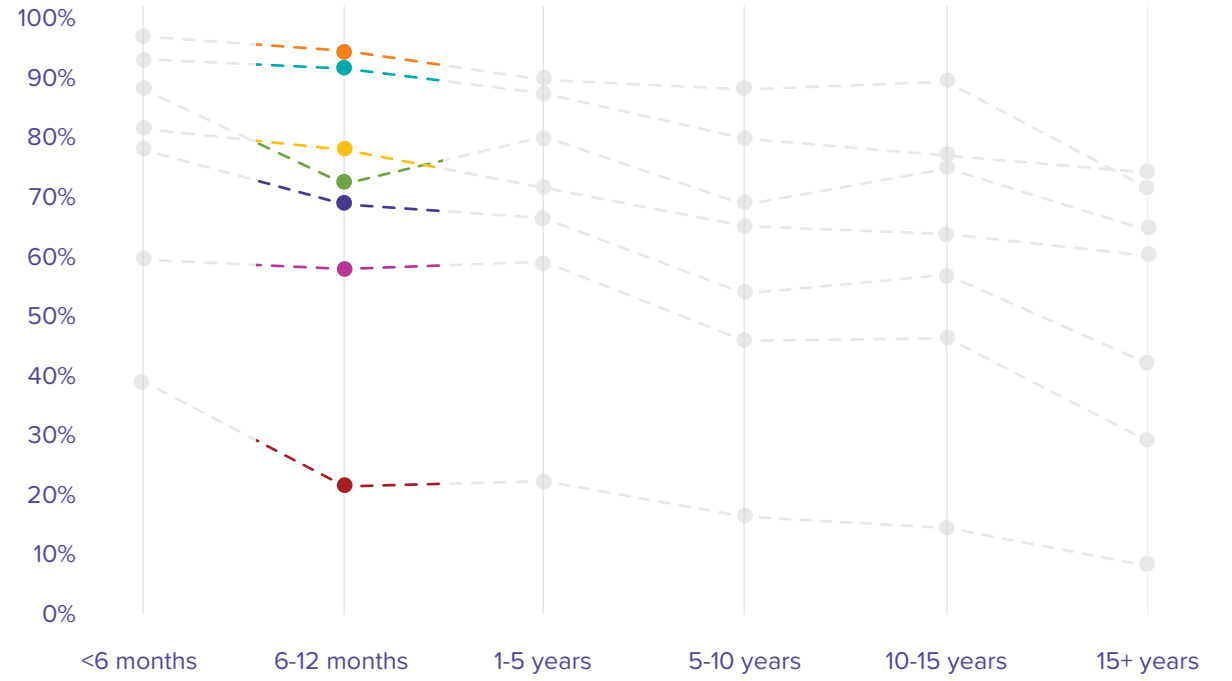
Respondents in this group showed a reduced (but still significant) rate of ongoing violence, but rates of fear for both physical safety (69.1%) and fear for children's safety (58.2%) remained higher than for the 'still together' group. Compared to the 0–6 month group, rates of reported impacts on physical health and connection to whānau and whakapapa were somewhat lower. The most commonly reported impacts at this stage were to mental health, everyday coping, and social connectedness.

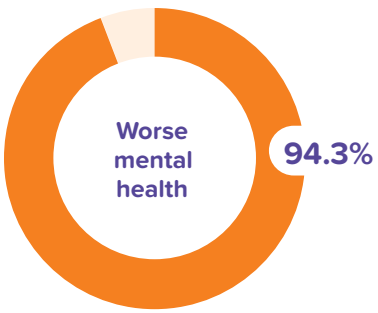
"I had frequent panic attacks, and developed a stress related heart condition that sent me to hospital multiple times."

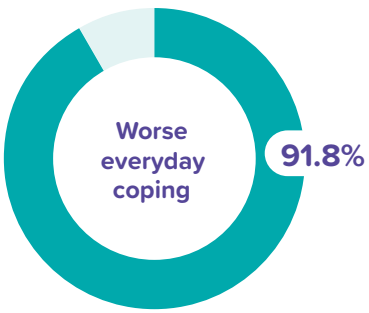
"It has ruined my soul, and I feel lost and alone. But at least I'm away from it."

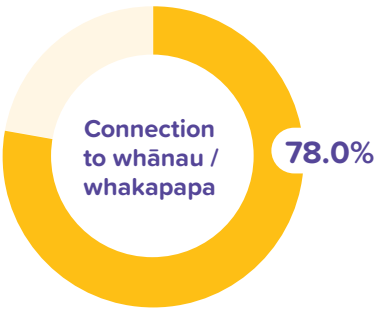
"I'm living day by day. My ex has just gotten unsupervised contact to my two children. He was given no criminal conviction as it was his first offense reported as I never reported the rest."

The first year after separation was most textured by IPV risks and cumulative impacts.







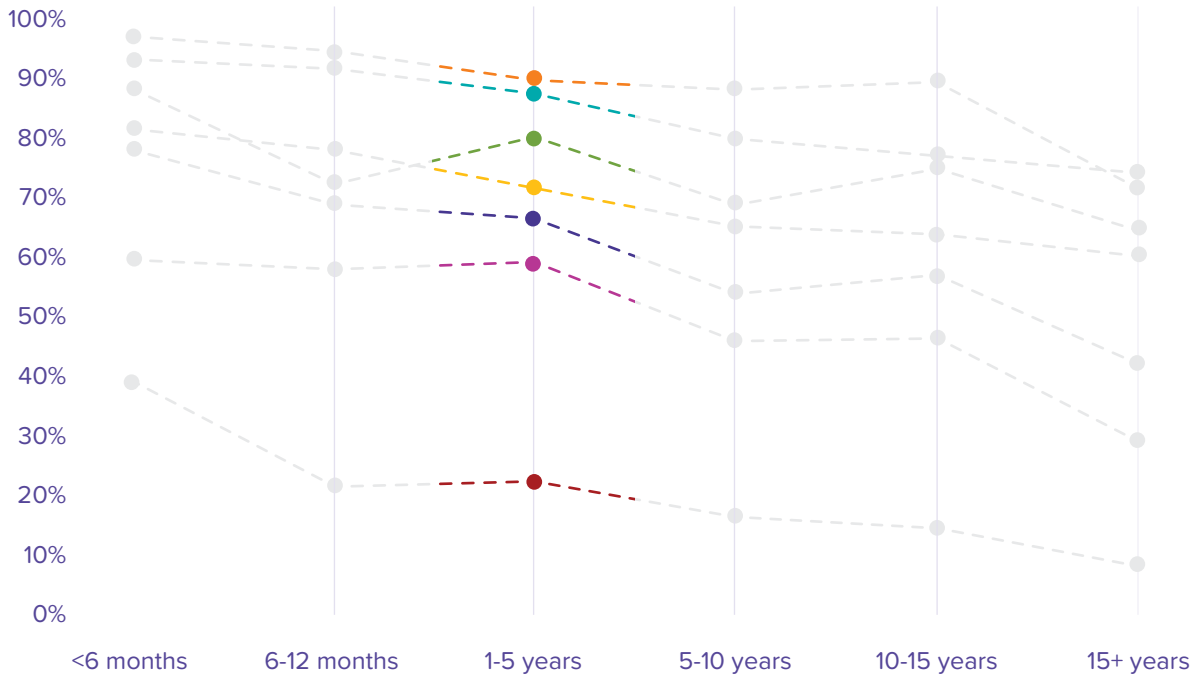


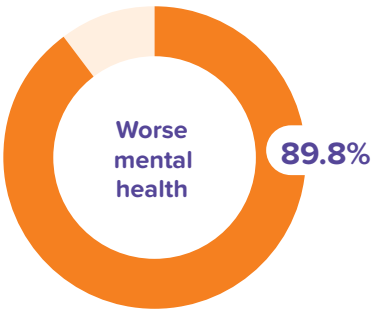
1–5 years post-separation (chronic hardship)

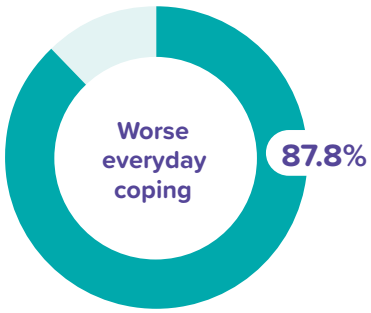
The volatility of this period is evidenced by the divergent trends across risk domains. Compared to the 6-12 months group, the rate of reported ongoing violence increased slightly and the rate of worse physical health increased significantly, while fear for safety continued to decline. The most prevalent impacts for this group were worse physical health, worse mental health, and worse everyday coping.

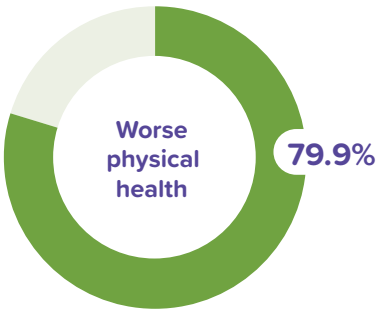
"I lost sight of my own identity and instincts... The fear is constant."

"Me and my children ended up homeless and they got uplifted from my care because I couldn't find stable accommodation."







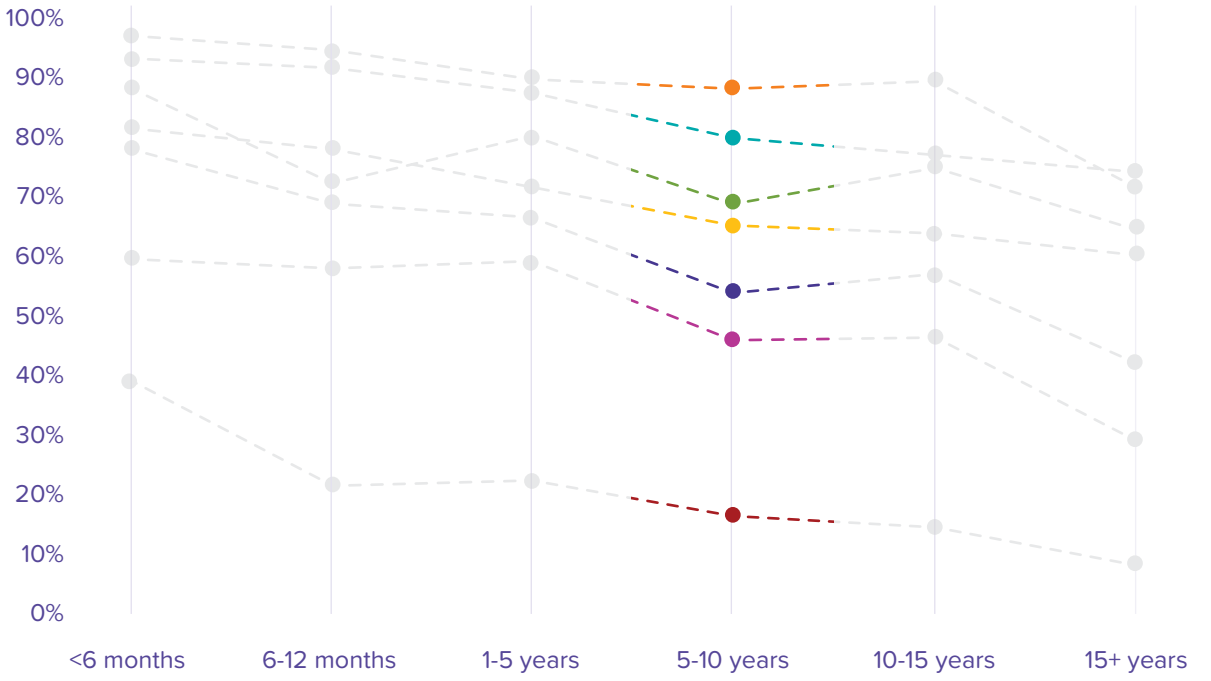


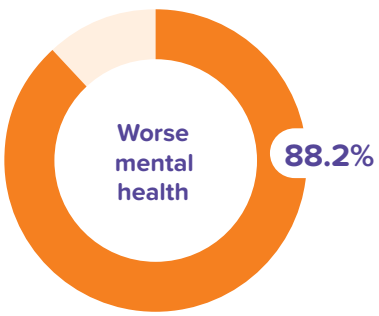
5-10 years post-separation (years later)

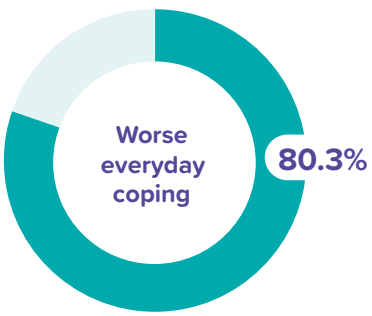
For this group, rates of ongoing violence, fear for physical safety, and fear for children's safety were slightly lower than among those more recently separated. Although risk levels remained above 50 percent across most domains, there was a consistent downward trend across all indicators during this period. The most commonly reported impacts were to mental health, everyday coping, and physical health.

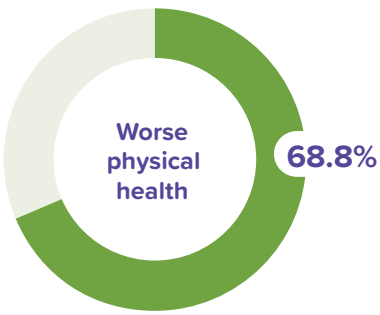
"It took a number of years. It was at least five before I started to feel less anxious about him finding us. It was really hard to find peace. He abused me on so many levels. I still live with some of the effects after all these years."

"He still, after seven years separation, makes it hard to sort out things with the kids."









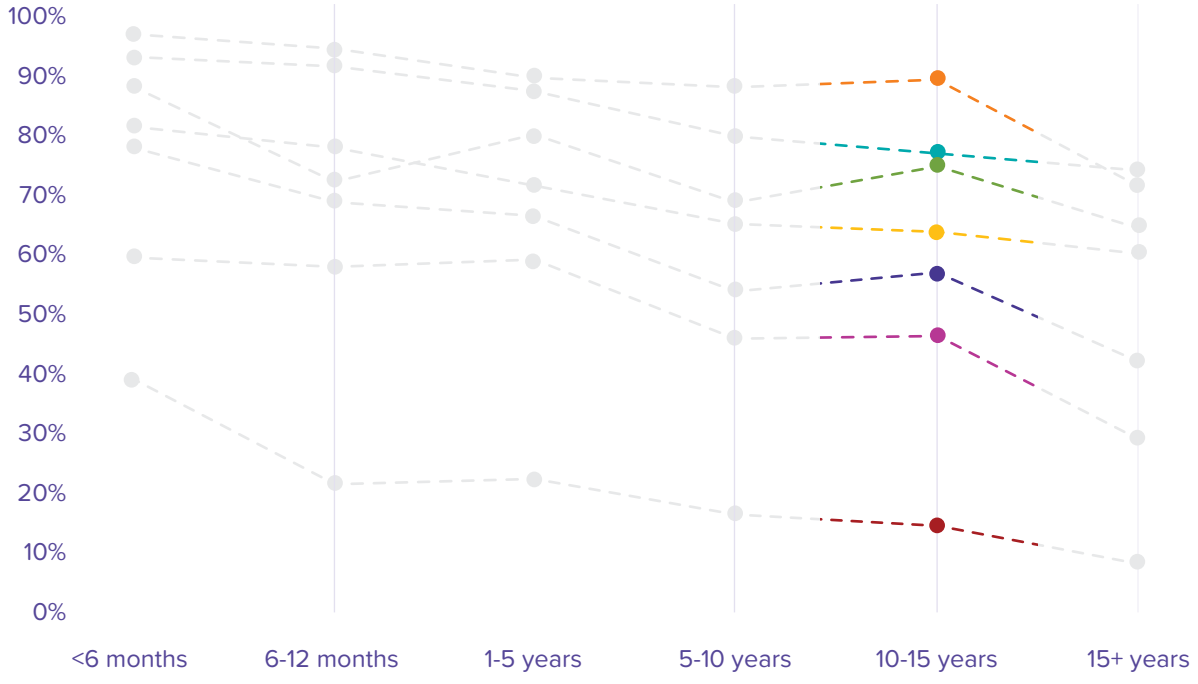
10–15 years post-separation (a decade later)

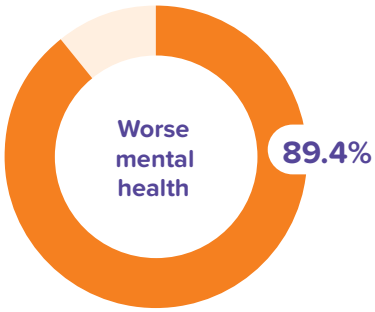
Reported 'right now' risks and impacts during this period remained variable. The rate of ongoing violence declined further, yet rates of fear for personal and children's safety increased slightly, compared to the 5–10 year group. Meanwhile, rates of mental health impacts rose slightly, rates of everyday coping improved modestly, and rates of worse physical health increased significantly. The most commonly reported impacts continued to be worse mental health, impaired everyday coping, and deteriorated physical health.

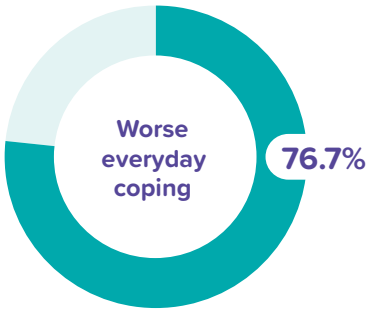
"I have developed autoimmune conditions that I will never recover from."

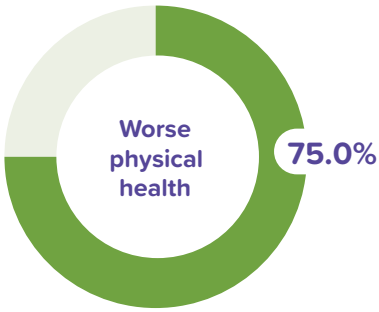
"Fourteen years later I still feel the effects of the violence, manipulation and control that I experienced at the hands of my husband."

"I really have never recovered from the trauma. I recently got my first job, so I hope that goes well. It is only part-time, but it is a start."









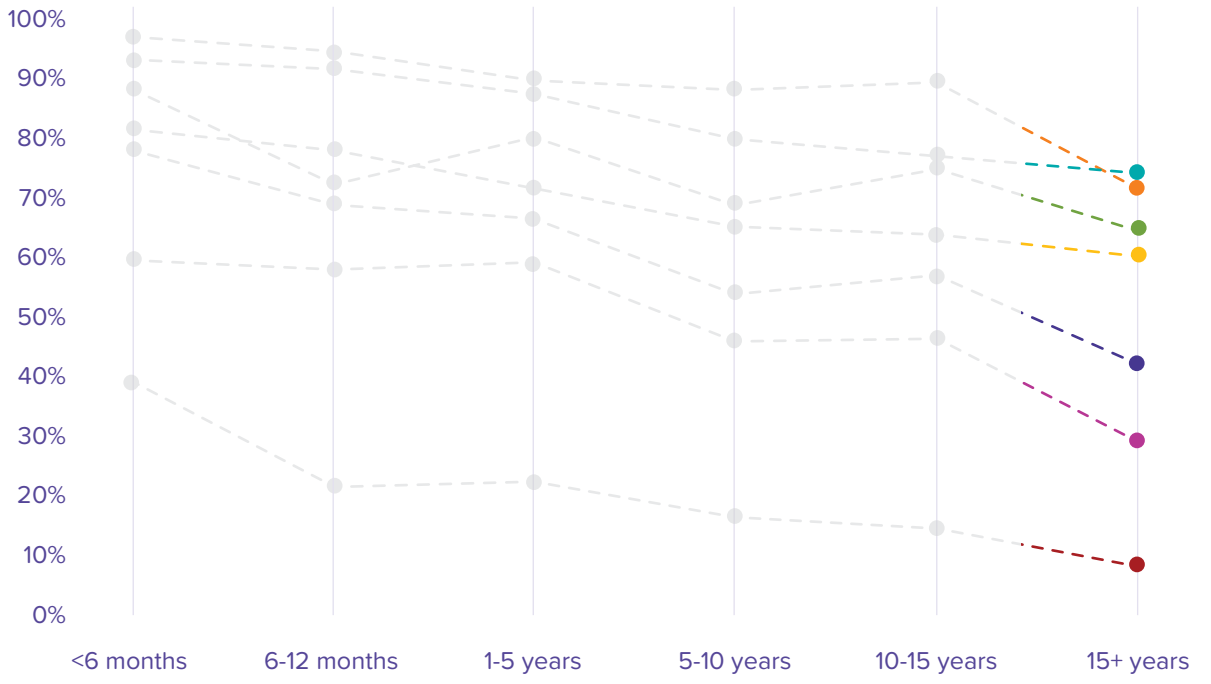
15+ years post-separation (long-term outlook)

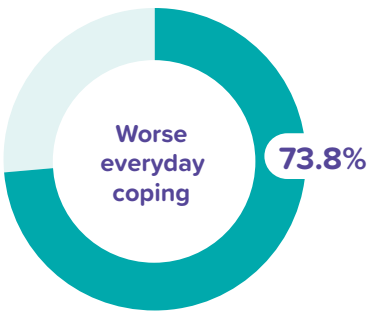
Respondents who had been separated for 15 years or more reported the lowest rates across all risk domains. Fear for personal and children's safety dropped considerably, making this the only group in which fewer than half of respondents experienced these risks 'right now.' Although worsened mental health, everyday coping, and physical health remained the most commonly reported impacts the prevalence of mental health impacts declined significantly, and, for the first time, was not the most reported impact in any group.

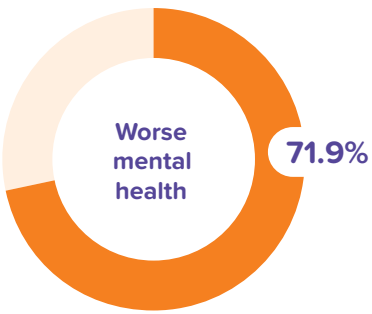
"It impacted my wairua. My self-talk is so negative, and I don't see the good stuff cause that's not what I was told. I'm still so scared all the time, even 19 years later, I'm still ruled by them in my mind... I haven't been able to find a partner. I don't know what loving sex is like, I'm too scared to let anyone close enough."

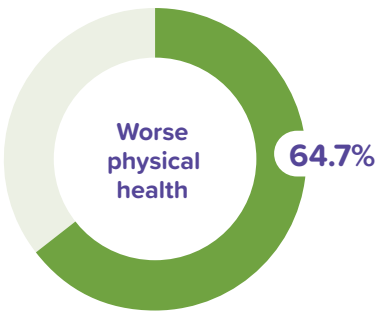
"It's almost 18 and a half years later, the only thing that really helped was time and lots of therapy. I felt broken for the longest time."

"Although it's been 18 years I still suffer from PTSD, and I am now seeing the impact and how it has affected my 3 children in their adult years."









Overall, the risk of further violence tended to decline more predictably than the consequences the violence left behind. It increased immediately after separation, peaked within the first six months, and then declined steadily across subsequent time periods. By 15+ years post-separation, ongoing violence was reported by fewer than 10 percent of respondents.

In contrast, more than half of respondents in this group continued to experience difficulties with mental health, daily functioning, physical wellbeing, and connection to whānau or whakapapa, even after a decade and a half after separation, because of the violence they experienced. Collectively, these trends show that some IPV risks and impacts had non-linear trajectories, and that these risks did not resolve at the same pace or to the same degree.

Victims accessing specialist services reported higher risks

Respondents accessed both specialist and non-specialist services[iii] because of the violence they experienced. Unsurprisingly, given that physical violence lends visibility and perceived legitimacy to help-seeking, women who experienced physical violence as part of the overall abuse they suffered were significantly more likely to seek help from specialist family violence services (53%) than women who did not (31.1%).

Further, the pre-separation risks for victims who engaged with specialist services were far higher than for those who did not access these. For respondents who accessed specialist services, rates of fear for safety were particularly high straight after separation (an increase of 32.3 percentage points from 'pre-separation' to '0-6 months after separation', in contrast to the increase of 16.3 percentage points for those who did not access specialist services).

Victims' trajectories over time show further differences. In the first six months post-separation, which typically coincides with the most intensive support provision by specialist agencies, rates of reported risks rose sharply for both groups, reflecting the acute instability and danger of the immediate aftermath of leaving an abusive partner. However, although victims who accessed specialist services showed comparatively higher rises in reported rates of fear for safety in that same post-separation period they showed a comparatively smaller rise in reported rates of other risk domains. For example, from 'pre-separation' to '0-6 months after separation' the rate of reported physical health risk increased by only 10.4 percentage points for the 'accessed specialist support' group, but by 25 percentage points for the 'no specialist support' group. Similarly, the rate of reported difficulty with managing everyday life rose by only 9.1 percentage points for the 'accessed specialist support' group, yet rose by 22.4 percentage points for the 'no specialist support' group.

Between six and twelve months after leaving their abusers, comparative reductions in reported risk rates were greater for the 'accessed specialist support' than for the 'no specialist support' group, particularly in 'fear for safety' (a reduction of 16.3 percentage points, compared to 1.8 points) and in mental and physical health risks. This trajectory of comparatively greater decreases in reported rates of risks continued to the 15-year post-separation mark for victims who accessed specialist services, by which point rates of 'worse physical and mental health' and 'worry for their children's safety' were far lower.

[iii] Family violence services e.g. Women's Refuges

The spread of risks from the violence

The trajectories of risk set out on the next page attest to the persistence of risks caused by IPV beyond the 'peak' of abuse acuity. We therefore sought to examine the additional impacts, harms, and hardships that emerged when the risks set in motion by abusers were not (or could not be) effectively addressed.

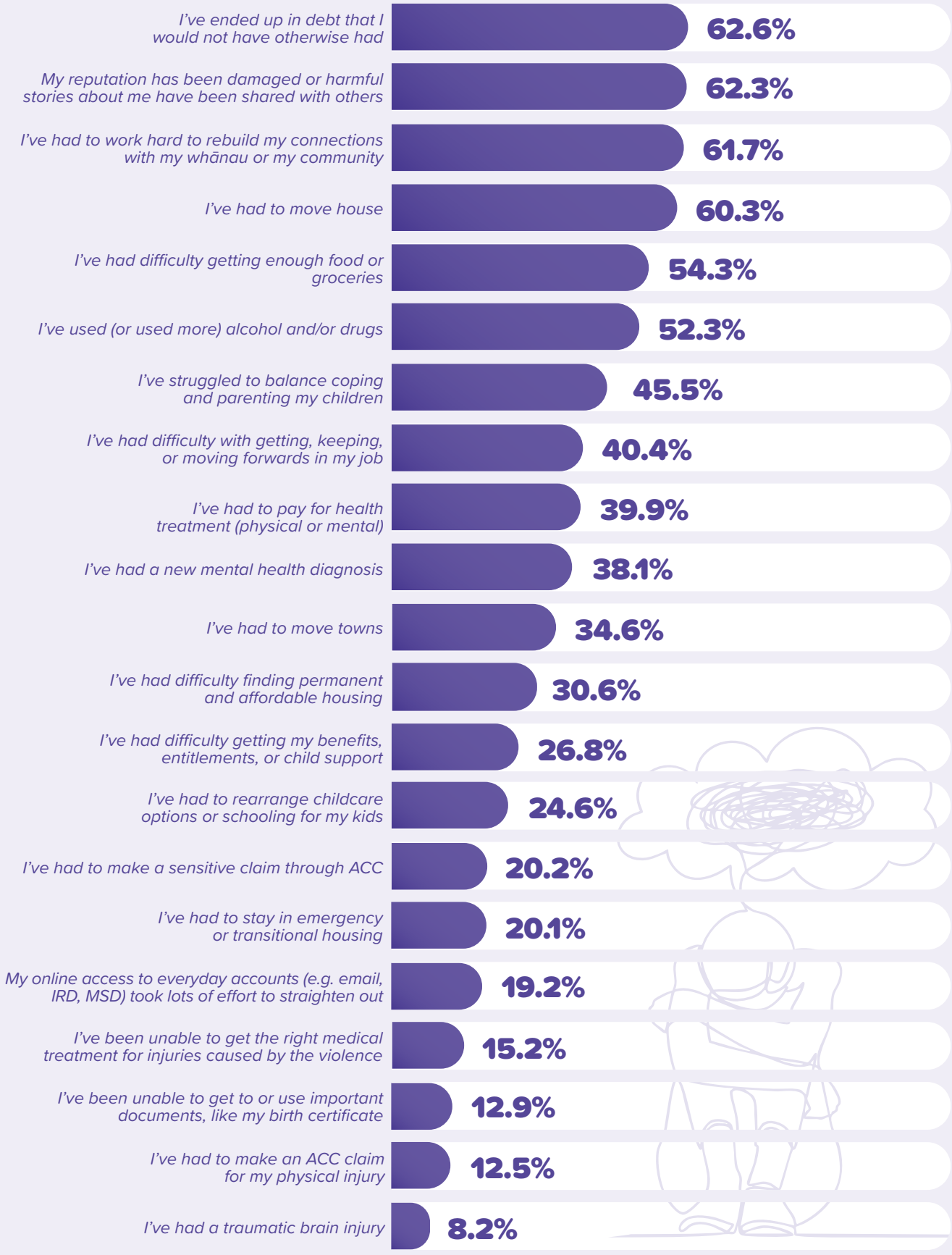
Respondents were asked:

Which of these, if any, are true for you because of your partner's abuse?

Figure 4 presents the rates of various hardships and losses respondents attributed to IPV. These span financial, social, health, and emotional domains, conveying the breadth of adversity violence creates, whether during or (more typically) after the relationship.

Separation from an abuser did not guarantee safety for respondents, further unsettling the common belief that the risks of IPV end when the relationship with an abuser does. For many, in fact, separation marked a new and dangerous chapter. Nearly 40 percent of those separated for less than six months continued to experience violence, and some respondents reported still being abused a decade later. When abuse ended, risks spread outward, taxing victims' time, energy, physical health, cognitive and coping capacity, income, housing stability, relationships, and hope.

Figure 4. Percentage of victims reporting specific hardships caused by a partner's abuse



1.3 Risks from services and systems

Respondents reported struggling with housing, with income sufficiency, with the demands of making ACC claims, and with balancing coping and parenting. They sought help, usually around or shortly after the time that much of their sleep and rest was short-changed by their partners' abuse, despite nearly all saying everyday life was already overwhelming for them, and despite three quarters of them saying they had much less energy than they usually would. Their memory and concentration were impaired from living under siege. They had accounts they had to try and regain access to, entitlements to figure out how to apply for, and the prospect of moving houses and towns to contend with. They had an imminent likelihood of a new mental health diagnosis, additional medical costs to pay for, and, throughout all of that, were suffering from the relentless fear that textured their everyday lives and the endless and exhausting mental safety-strategising that it commanded. These findings paint a picture of risk (and consequent impacts) directly attributable to IPV.

'Services and systems' encompass all state agencies like Police, Justice, Work and Income, and Oranga Tamariki, and all helping organisations like Women's Refuges, Community Advice Bureaus, and Victim Support. Most respondents sought help from multiple services and systems, and just under half accessed a specialist family violence organisation like Women's Refuge.

This section adds detail to this picture of risk by examining institutional responses and what they signified for the nature and impact of risk in victims' lives. Most victims, at some stage, sought out the protection ostensibly proffered by a range of services and systems. They needed this protection only because of perpetrators' use of violence, and they reached out because the power to enact genuine, viable pathways to safety sat not with them, but in dispersed pockets of the wider landscape of helping services and state systems. Every act of help-seeking took a toll on victims' time, energy, and capacity. Often, that toll detracted from the personal and practical resources victims relied on to navigate danger, making help-seeking a form of risk exposure in its own right.

Respondents described how institutional responses contributed to risk, such as by exposing them to further danger or undermining their stability. Services' and systems' inaction and harmful responses further destabilised their lives and obstructed their prospective recovery by failing to respond to their needs.

Often help-seeking was met with responses that exacerbated risk. Many of the organisations they interacted with required respondents to justify what they needed, commit to time demands, and plead for support, often while managing the mental, physical, and emotional exhaustion that abuse had already inflicted.

"I feared I would be killed for months, and I felt completely abandoned by the only places that could do anything about it."

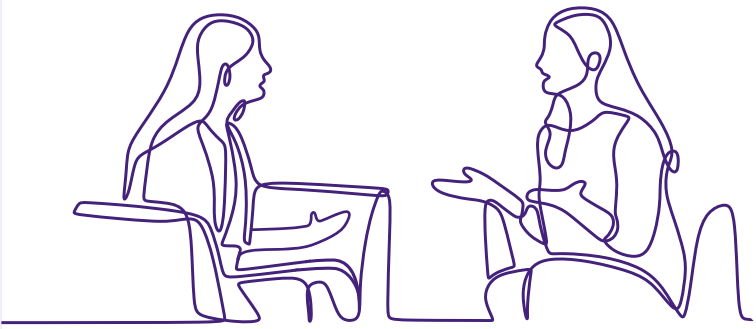
"[I had to] beg and be so assertive and so onto it to access any help."

Numerous respondents described responses that amounted to institutional violence: a suite of service behaviours that compounded IPV-related risk and undermined victims' safety, wellbeing, and or dignity.

Table 2. Forms of institutional violence described by respondents

Narrative violence	Victims' experiences are reframed through scepticism or bias
Procedural violence	Support is made inaccessible through policy, process, or delay, adding time and energy costs
Systemic betrayal	Service delivery is uncommunicative, unsafe, and uncoordinated; the credibility, wellbeing, or caregiving of victims is disqualified; and collusion with perpetrators exacerbates the risk of both victimisation and help-seeking

These service behaviours raise questions about the extent to which services and systems are equipped to offer genuinely safe responses to IPV victims.



Narrative violence

Many respondents recalled that their accounts of violence were disbelieved, minimised, or shamed, especially when the violence was not physical or when they did not conform to stereotypes of how a 'real victim' should behave. Services' responses to victims often failed to make any links between the IPV they experienced and the constraints to capacity they faced as a result.

> *"The lawyers wouldn't believe me about domestic violence after I had just left, even though I had a black eye."*
>
> *"[I was] repeating myself over and over about the abuse, trying to explain the situation."*
>
> *"When someone has had a knife to their throat and their [child's] life threatened, there should be help."*

Psychological and emotional injuries became justifications for surveillance or exclusion, making the very impacts of violence a means of implementing further restrictions on victims. Such responses to IPV impacts as supposed liabilities featured most in relation to court experiences. Victims gave examples of their trauma responses being used against them, and **20.3 percent of women with children under 18 said their mental health was used against them, compared to 11.4 percent of women without dependent children.**

Moreover, systemic disqualification was evidenced in victims' accounts of being positioned as unreliable, unstable, or *"hysterical"*.

> *"Eventually when I sought help from mental health services, they lacked empathy and felt what I had experienced wasn't serious. It seemed that because the abuse wasn't physical and because I didn't have kids what I experienced didn't matter."*
>
> *"I was pressured to have regular contact with my ex-partner and strongly encouraged to reconcile with him, despite the abuse against myself and my child, by the court appointed supervision service in place to protect my child, who was under 12 months at the time, and was told directly that I "should get back together with him because leaving was an overreaction". I was forced to hand my child over several times when both my child and I were distraught."*
>
> *"A public lawyer said there was no point trying to get permanent protection order as I didn't have physical bruises or scars, so 'abuse didn't happen'."*

This narrative violence deepens the disadvantage victims face in legal processes, particularly mothers, and undermines both their credibility and their ability to protect their children. For mothers, services often represented both a critical source of support and a source of profound fear. Nearly half (46.9%) of respondents with children under 18 said they reached out for help specifically because they were worried about their children, but almost as many (43.1%) said they were afraid that seeking help would result in losing their children.

Their parenting was frequently scrutinised through a deficit lens that ignored the violence they were subjected to. Many of their quotes imply a systemic logic wherein mothers were held responsible for the consequences of abuse, often in conjunction with evidence of other biases, while abusers' actions were minimised, excused, or left unaddressed.

This gendered logic of responsibilisation treated victims' caregiving through a deficit lens, using their social precarity, visible distress from violence, or safety-focused decisions to justify punitive or dismissive interventions.

> *"Family Court, lawyers and their psychologists etc have blamed me, have forced my child to have 50/50 care with our abuser and forced me to remain in contact with our abuser giving him full access to us and our lives."*
>
> *"Counsellor approach was not from Māori viewpoint, family and childhood were mentioned in first session as the reason I had ended up in a violent relationship, I was instantly offended and did not return, as I had been raised in a violent free home with a loving and caring whānau."*

Procedural violence

Support was often made inaccessible to some respondents, irrespective of the level of risk they faced. From their initial perceptions of services as *"uninterested"* to services that were deemed to be *"full,"* or *"lacking resource,"* or where there was *"no follow up given,"* or where victims attempted to contact them but would *"simply never hear back from them."* They recalled then disengaging, and feeling *"more alone, confused and shunned"* and less likely to seek support if risk escalated further.

> *"Staff asked when I would be leaving, saying there was lots of demand for spaces every day e.g. 'are you going to be staying another night?' when I'd only been there two nights, and then seeming annoyed when I said yes."*

Rather than meeting urgent need, agencies like Work and Income, MSD, housing services, health services, and sometimes specialist domestic violence services imposed unyielding or contradictory conditions of support access that were not always feasible or safe for victims. Many talked about the *"hours of waiting, admin, calls, and jumping through hoops, just to be told there was no help for people like me,"* and the volume of *"steps to work through to get help"*.

> *"I was made to justify why I was on the sickness benefit at work and income in an open office with people all around... [Staff] angrily pushed me again and again to state exactly why – threatening to cut my benefit if I didn't, so I had to tell him it was from being raped repetitively and domestic violence for months."*

While outright refusals of service were relatively uncommon, many of these quotes show that access to vital support pathways were systematically denied, and that victims were subject to degrading interrogations, made to feel bad for seeking help, or abandoned by the systems they had hoped would offer safety.

Mothering was their first priority; support-seeking, however crucial, was not always possible when it conflicted with their responsibilities as parents. Services and systems that did not cater to these obligations disregarded the structural and gendered realities of caregiving, leaving mothers to navigate support in conditions they did not create.

Almost half of respondents who were Mums reported that all their mental energy was consumed by caring for their children, leaving no capacity to engage with services, while a quarter of them lacked childcare to enable support engagement.

Table 3. Mothering-specific barriers to accessing support services

Barrier reported	% of respondents who said this was true for them[iv]
Didn't have the headspace to get support — all my mental energy went to my kids	44.5%
Not having regular help with childcare meant I couldn't fully focus on getting support	24.7%
Could not keep attending appointments because solely responsible for children and had no one to watch them	22.9%
Trying to care for my kids and process everything that came up in support was too much, so I stopped going	16.1%

Victims who were Mums did not have abundant spare time or logistical flexibility, despite institutional assumptions. In fact, they almost always experienced a deficit of those, because of both the IPV and the intensified caregiving demands it created.

Many respondents also commented on the immense administrative workload that help-seeking demanded:

> *"[They were] telling me to keep trying to call other services when I was already running on almost zero sleep, writing court documents with a sick child, unwell myself, sleeping on a floor."*

> *"I often find that engaging services becomes like a full-time job with way too many people to contact, too much administration… In the end it's just like an ongoing train station of professionals, and sometimes it doesn't feel like you have the overall support because it's still you who has to go to a million meetings, to the point you're just thinking that you made your own life harder. You're already depleted."*

> *"I nearly lost my employment due to the number of phone calls I had to do from Police, averaging six calls per protection order breach. Driving 40 minutes to get to an appointment that was cancelled without notice. A lot of explaining my case to officers who didn't need to know, as they weren't working on my file. Huge burden timewise, [and a] huge amount of calls for very little support. Had to see three lawyers…I felt more pressure to be available and provide information, than the perpetrator was ever told to stop."*

Services, in the experiences of these victims, functioned less as safety nets and more as gatekeepers. The result undermined respondents' faith in the availability of support and safety, and exposed them to further risk and harm.

Systemic betrayal

Victims variously labelled the landscape of support as *"disjointed," "uncoordinated,"* and *"unaccountable,"* the consequences of which created conditions in which risk could persist unchecked. Many of their needs were never met.

> *"Services are completely disjointed. It's like stumbling around in a dark room trying to find what you need. Things could have been so much easier for me, and I could have got better outcomes if there was some sense of working together."*

> *"There should be housing available. I was injured, jobless, homeless, hungry and suicidal and there was absolutely nothing."*

Victims were often forced to navigate risk-laden processes with little support or transparency. Some respondents described services as uncommunicative, reporting that they *"withheld information about what I was entitled to, didn't update me about the investigation,"* and *"breached my privacy".* **They also described how service responses were often divorced from both the context of violence and the risk that situated their needs, so the support was, at best, not fit-for-purpose, and at worst was life-threatening.**

[iv] % of respondents with dependent children at the time, n=1095.

"I was not kept informed as to when the abuser was released from prison or where... I was always worried as to when he could turn up."

"My kids all had to stay in their dad's care (who beat me in front of them) without any contact with me for weeks because the court believed it would help them reunite. They didn't want to and I wasn't allowed to help them."

"The protection order did nothing. There were never warrants for his arrests even with over 300 breaches of this order. I had cops ringing me with different information."

For many victims who were mothers, help-seeking simply established new systems of surveillance and coercion. The burden of protection was placed squarely on them, even as services failed to constrain perpetrators' violence.

"The Family Court also seems to sit outside the family violence support system, counter-productive instructions and processes leading to further harm."

"The social worker treated me rudely because I called the Police twice when our protection order was breached. I was threatened with having my kids taken away if he kept coming to the house. I called because he WAS coming to the house."

In addition, a number of respondents described experiences of overt or implied pressure from services to make decisions that did not align with what they knew was safest. The below table shows that victims were coerced into unsafe contact with perpetrators and exposed to environments in which the abuse could easily flourish.

"The Police wanted me to serve the trespass notice on him myself."

Some services even deferred to the priorities set by perpetrators, despite their use of violence. Some professionals, including counsellors, social workers, and programme facilitators, framed abusers' wellbeing, progress, and engagement as the paramount priority, while ignoring victims' safety and wellbeing.

"My abusive partner attended anger management classes weekly. He was even asked to mentor new attending men as he "did so well," [even though] the abuse at home and anger never stopped behind closed doors."

Respondents commented that the system *"allows the abuse to continue and the children to suffer from the continued abuse."* Others described practitioners who *"asked me to remain in the relationship as he was concerned for my ex's mental health,"* or *"made me take my husband*

Table 4. Rates of reported institutional pressure or coercion

Did services/organisations pressure you to:	Percent
Apply for a protection order for yourself or your children	37.3
Have contact with your abuser	36.2
Stay separated or have no contact with your abuser	25.3
Complete a parenting course	22.4
Apply for a parenting order	17.2
Enrol your children in a family violence/safety programme	11.0

back after he was jailed for abusing me." Finally, they shared examples of services *"that implied I was causing the abuse."*

Respondents turned to services and systems for protection because the ability to create safe and viable pathways lay outside their own reach. They sought help at a point when violence had already stripped them of personal (cognitive, physical, emotional, and material) resources, and when the mental load of managing daily life was already overwhelming. **Each interaction demanded they justify their needs, endure procedural delays, and comply with scrutiny while both depleted and dependent on agencies' safety measures.** The time, energy, and emotional costs of help-seeking drained the same resources victims depended on to navigate risk.

Overall, these respondents described being disbelieved and dismissed, with their trauma and caregiving treated as evidence of instability. They repeated their stories to indifferent staff, waited when put on hold, defended their eligibility and justified their reasons for needing help, and endured cancelled appointments and the changing of staff. They complied with arbitrary conditions under threat of losing their children, income, or housing. For mothers, support pathways routinely clashed with the realities of caregiving, stretching already limited energy, time, and childcare capacity. Institutions responded to these constraints as individual shortcomings rather than as consequences of violence. Many described the service landscape as disjointed, uncommunicative, and sometimes withholding of help, leaving risks unaddressed and burdens shifted back onto victims. **Help-seeking therefore exposed victims to narrative violence, procedural barriers, and systemic betrayal that compounded their disadvantage, while leaving perpetrators' power intact.**

1.4 Showing the sequence of risk

The findings about risk from both sources (IPV and system responses to it) show the sequence of risk observable across victims' lives. Intimate partner violence generates both direct and insidious risks, which are then shaped and amplified or disrupted and reversed by institutional and service responses to victims.

Figure 5. The sequence of IPV risk progression

Figure 6. The sequence of IPV risk, response, and safety

To illustrate how risk unfolds after IPV according to system responses to victims, the following sequence is constructed from single-respondent data. It sets out the progression of financial risk in the absence of restorative system responses.

Violence:
One victim described some aspects of the violence perpetrated by her partner by saying ***"as well as hitting me and choking me he took out heaps of debt in my name... [He] made me lie to everyone, police, WINZ, [and] insurance companies, and everyone we knew."***

Immediate impacts:
She described ***"struggling to be able to think about managing day to day living - money to pay bills."*** She added that ***"I had to go to food banks, there was no money for food,"*** and recalled that ***"the money side was the biggest stress."***

Risks of further violence and/or accumulating consequences:
She then ***"got behind in rent... [and] couldn't afford to go to the doctor [for my] check-ups."*** At the same time, the administrative workload of dealing with these impacts took a toll; she had to ***"call around and get payment plans"*** and ***"somehow find the money to fix my phone which he broke,"*** all while ***"barely holding on."*** She sold her car to cover outstanding bills. As a result ***"it was a mission every time I had to go deal with more people or pick up my kids."***

Risks that intensify and compound through responses to help-seeking:
Help that reversed the impacts and consequent risks to the viability of sustained safety was not forthcoming. She ***"had to pay for transport, pay for kids' food just to go to all the appointments,"*** and tried ***"three different services that didn't help and just made me feel worse."*** They ***"made me jump through a million hoops and if I was lucky I got a food parcel, but I could only get two and then it stopped."*** Agencies "***kept offering budgeting advice,"*** even though ***"there was no money to budget with."*** When she lost her rental, she was referred to Kainga Ora, and ended up in temporary accommodation ***"with my traumatised kids, and then they got more traumatised because that place was way more dangerous than my ex."***

Entrenched negative outcomes:
She explained that ***"I couldn't not go back without more support, it wasn't fair [to my] kids so we went back to him. All the moving around and then being around more dangerous people [impacted them] and I wanted them to know there would always be food in the cupboard."*** She then felt penalised and afraid of unwanted intervention that could follow, saying ***"then [Oranga Tamariki] got involved and threatened to take them because I went back."***

In this victim's experience, services and systems she engaged with did not act on the risks of further harm enough to prevent these from becoming a reality for her and her children. The sequence of how these risks progressed over time show how the quality of system responses determines whether the risks of adversity turn into embedded adverse outcomes, or are acted on in ways that change the trajectory of then to make safety possible. They also show the potential points at which these risks could be disrupted.

1.5 What 'safety' really means to victims

To understand what real, sustainable safety meant to victims of IPV, we asked them what it looked and felt like, and what made, or would make, their lives work well now. As expected, this question was interpreted in multiple ways. Their answers traversed a range of safety concepts: the steps or support that created safety for them; their emotional recovery; their reclamation of quality of life; and their movement toward futures they had built or imagined for themselves.

Many focused first on the bedrock of safety: having effective mechanisms that either put distance between them and their perpetrators, or reliably constrained perpetrators' access to them and opportunities to use violence against them. They spoke of *"having a protection order on my ex for life," "knowing that he's so* far *away and leaves me alone,"* "*bail conditions requiring he move to the other island,"* and *"going absolutely no contact."* Many of their examples explained that although risk-laden, separation represented the potential for steps toward safety and wellbeing.

> *"That really started to happen for me when there was distance, and protection and parenting orders in place. It's hard to feel good when you're always looking over your shoulder, but the moments start to become more frequent as you feel safer and can relax."*

From there, they identified how safety was the return of stability to vital parts of their lives. It included being able to *"change my trajectory," "go back to school," "work full-time again,"* ***"focus on my children and family bonds again,"*** *"grieve the life I lost and be able to live forward again,"* and "*deal with my physical wellbeing."*

Their explanations of safety showed how closely intertwined the concept of being 'safe' was with being 'well' – it involved recovery both from the violence and from the physical, economic, and emotional legacies of it. They described safety as being indicated by their *"sense of direction, purpose," "financial freedom," "sleep," "happy kids,"* and ***"being independent – financially, physically, mentally,"*** and by their reclaiming of *"independence, peace, harmony, and making my own decisions."*

They noticed their safety in how they went about their days, saying they were "not scared or walking on eggshells," *"free from judgement, no more living with fear," "had been able to move house at last,"* ***"not having to feel panicked in my heart like a pulse just ticking constantly,"*** and *"feeling secure in my wellbeing."*

At the same time, respondents articulated how safety from further violence, on its own, did not automatically give rise to (all kinds of) recovery. **There was no universal threshold at which 'safety' was considered complete,** underlining the effort, work, and grit that the constant construction of safety scaffolding required of victims.

> *"Not having someone control me. I feel less stress day to day. My main stress is financial. But I feel more secure in myself and my wellbeing despite this."*
>
> *"It's taken a lot of time and a lot of working on myself to make my life happy and enjoyable now. I won't ever feel 100% safe because of the things that have happened but it's definitely a lot better."*

Many also explained not just what safety meant to them now, but how they got there and what made it possible. They described a wide range of different pathways; for some, safety and healing were engendered by *"the Māori approach to hauora [and] re-introduction to things I had previously enjoyed, for example, gardening, DIY, and weaving,"* while for others, it was *"learning about the cycle of violence"* and *"how that all played a role in my relationship and ability to be a Mum."*

Finally, respondents articulated what futures they could imagine now that they were safe(r) from violence.

> *"I could focus on the future, have dreams and set ambitious but realistic goals with career, friendships, relationships, identity, finances, hobbies/adventures, and have hope for the future."*

However, the concept of safety remained hypothetical for numerous victims, who identified pivotal gaps in the landscape of support, precluding movement toward safety. They specifically identified a lack of mental health support, financial support, IPV-informed therapy, employment support, and safe judicial decision-making in care of children cases.

> *"[I still need] access to mental health support and financial support to ease the stress and strain of money."*
>
> *"[I still need] help financially and emotionally for my youngest daughter, who he still abuses emotionally."*

These quotes underline why victims need continuing support for the consequences of IPV. These ongoing needs often coexisted with reported improvements in safety and wellbeing after accessing services, suggesting that a victim may be safer, and still somewhat unsafe at the same time.

Victims' descriptions of safety, in the context of IPV, included distance from (and their children's distance from) perpetrators, social and material stability in their daily lives, emotional and psychological recovery, reconnection with their children, whānau, and communities, and the ability to plan for a future on their own terms.

Access to support that repositioned (victim) blame and assigned responsibility for violence (and its impacts) to perpetrators was a common theme in their reflections on what removed barriers to safety:

> *"Accepting that everything that happened wasn't my fault, and the failures of the abuser and organisations was their fault not mine. Once I accepted me, I became more at peace."*

Conclusion

These findings show us what risk looks like, how long it perpetuates, and how much of it flourishes unseen by those with the power to act on it. They also underline the potential for risk to be compounded by inadequate and endangering responses to it.

Even if victims were never assaulted again after getting out of a home shared with their abusive partner, the weight of everything else that the violence had set into motion stayed just as heavy. **In short, the consequences of abusers' actions compromised the very infrastructure of victims' lives after they left, while also compromising the capacity and resources they would otherwise later rebuild those lives with.**

For many, separation led to increased physical safety, yet on its own did not resolve risk or prevent it from gaining traction. Victims continued to grapple with the legacies of violence long after the immediate danger had passed. Their reflections make clear that comprehensive recovery is contingent on structural conditions and systemic responses that enable it.

2.
Support as the potential bridge

To victims of IPV, risk lives in many potential futures. It lives within every possibility of a perpetrator's further violence toward them. It also lives within what the violence has already set in motion for them: the chronic sleep deprivation, the economic instability, the isolation, the damage to health, and the profound losses of time, peace of mind, reputation, relationships with their children, trust, and momentum. **These risks accumulate, deepen, and reshape the trajectory of victims' (and their children's) lives – if not reversed or mitigated.** This section therefore explores what bridges (or could bridge) 'risk' and 'safety': what interrupts the progression of risk before the potential for adverse outcomes become victims' realities.

Most of the ways systems and services respond to intimate partner violence are calibrated to the severity and lethality of violence, not the prolonged dismantling of a life. The latter might present more quietly, through the erosion of dignity, the loss of relational safety, or the exhaustion from carrying too much for too long. Yet safety, as defined by victims, is not a singular threshold, nor always enacted through a singular path. It traverses multiple domains and is enabled by support that keeps pace as they navigate a shifting, arduous, and at times treacherous terrain of risk and recovery. Victims of IPV need support, yes, but it needs to be the right kind, given at the right time, in the right way, as defined by them. That support might look like a stable place to live, or enough money to survive, or protection from ongoing threat. It might look like help with parenting, or the chance to sleep or to think. It might mean being afforded time to rest and find relief from the weight of responsibility.

When victims reached out for help, the response they received either lightened their load or made it heavier. **There was no such thing as neutral ground; every action taken (or not taken) shifted the balance toward safety or toward danger**. Part Two of the findings therefore begins with what victims invested in the support-seeking process, and in turn, what support they received from services and systems. It traces the differences between service responses that increased victims' safety and wellbeing, and those that increased risk.

2.1 Quantifying safer outcomes

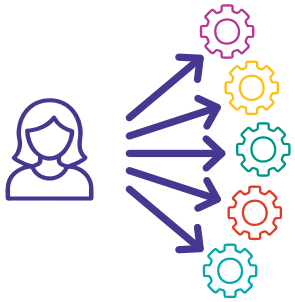
'Safety' can be quantified in different ways. For instance, just over half of all respondents reported feeling safer or better off because of seeking support from services. This figure was higher than the proportion who said they were no longer afraid for their safety, and significantly higher than the proportion who said that engaging with services led to the violence stopping for good – showing that no single indicator of safety caters fully to its complexity.

For the purposes of this analysis, we identified three distinct groups of respondents based on whether they reported that **engaging with services led to the violence stopping for good (24.6%), stopping temporarily (16.2%), or not stopping at all (59.2%; hereafter referred to as the 'violence continued' group).**

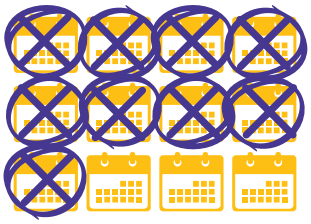
We used these groupings for comparison because stopping violence from continuing represents a critical (if incomplete) indicator of safety. The accounts of the 'violence stopped for good' group show the architecture of support that improved victims' safety; showcasing not only what services did effectively, but how they did it.

2.2 The labour of seeking support – and its payoff

For many victims, getting help from services (including health, justice, community support, banks, counselling, housing, and financial services) imposed significant burdens of time, emotional labour, and persistence. Our findings show that, overall:



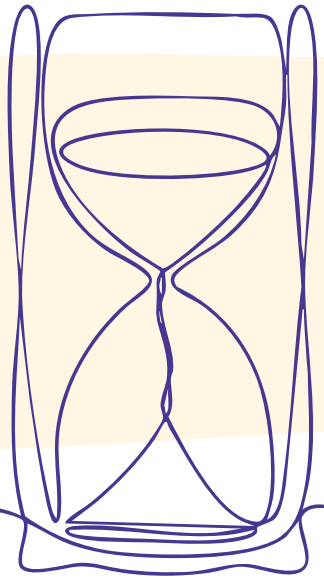
Respondents engaged with an average of **5 different services** in seeking help. However, there was no 'typical' number, as some victims described engaging with more than 10 services while trying to get the right kind of support.



Respondents spent an average of **9 months** interacting with these services. Again, these data fluctuated (SD = 4.39) and the most common answer was **12 months**, which was the top of our scale.

Help-seeking absorbed an average of

12 hours per month



It took victims an average of

21 hours of effort

before anything useful happened for them.

For nearly half of all respondents, one of the services they accessed was a specialist family violence agency (such as a Women's Refuge) whose sole purpose is providing specialist support and safety for victims of IPV and other forms of family violence. When talking about what kind of support was needed, and what facilitated (or did not facilitate) greater safety, we therefore differentiate between **'all services'** and **'specialist services'.**

2.3 What made services safe to engage with

Safety cannot be facilitated by services unless victims first consider them safe to engage with. Some victims chose not to involve services; others limited their engagement or the extent of what they shared with services. Given the reasons for this are canvassed in other research, we focus solely on what oriented victims' perceptions of services as a safe and viable prospect for engagement.

Intuiting warmth and welcomeness was a prerequisite to engagement for many respondents, while its absence was a compelling deterrent to engaging further. They described the value of being believed, affirmed, met with kindness, and supported to make sense of their experiences. Within the narratives of respondents for whom the 'violence stopped for good', services and staff were overwhelmingly described as *"kind," "respectful," "understanding," "supportive," "open," "transparent," "patient,"* and *"non-judgmental."*

Table 5. Rates of respondents who reported whanaungatanga and manaakitanga from specialist services

	The violence stopped for good	The violence stopped temporarily	The violence continued
Whanaungatanga was there from the start – I felt welcome and comfortable	92.2%	87.5%	77.6%
Staff showed manaakitanga (respect and care) that was tailored to me and what I needed.	94.1%	91.7%	82.7%
I trusted staff would be there for me and act in my best interest	86.6%	84.9%	65.9%

They also explained that the service(s) they accessed *"listened", "did not pressure"* them, and gave them lots of *"validation and empathy."* Some expanded on the value this represented to them:

> *"They provided an environment I have never experienced before, a safe place, a kind and trusting demeanour from the woman who helped me. I cannot articulate just how powerful that was for me, how critical that was, to not be judged and to be believed despite being so shut down and silenced for years."*

Accordingly, the 'violence stopped for good' group were more likely to say they experienced both whanaungatanga and manaakitanga from specialist services.[v] They were also more likely to say they trusted that staff were there for them and would act in their best interests, further emphasising the role of relational trust as a mechanism of safety.

[v] Percentages shown here combine those who 'strongly agreed' and 'agreed' with these statements.

In addition to the environment they cultivated with victims, what they did for them and how they did it either fostered or undermined that relational trust. **Relational trust was also established through service transparency, particularly about their collection and use of victims' own information.** Correspondingly, a common reason respondents gave for not seeking help was their fear of information being misinterpreted or shared negatively with other agencies, leading to unwanted scrutiny or intervention. They talked about *"the fear in me of losing my kids if you involve any agencies"* and *"fear of losing my baby in the system."*

Conversely, the 'violence stopped for good' group were more likely to say they trusted the specialist service because *"they were honest with me, involved me in everything,"* they were *"open and transparent,"* and they *"told me what they wrote."* They reported that more of the organisations they engaged with recorded information about them transparently, compared to the 'violence continued group'. For example, nearly half of the 'stopped for good' group said services shared information about the IPV to the court or their lawyer, compared to only 39.1 percent for the 'violence continued' group.

A genuine understanding of IPV was similarly crucial to services being safe for victims to access. The 'violence stopped for good' group frequently described the value emerging from services that *"verified to me that I was experiencing abuse", "listened and supported me, helped me with lawyers for Family Court", "helped me to realise how many actions were abuse",* and *"really understood what I was going through."*

> *"They showed they understood me – that they understood I was trying to protect my child, and that they understood what I needed to make things easier and just did that."*

Relatedly, the violence 'stopped for good' group reported that more services understood the violence and its impacts, compared to the 'violence continued' group.

Rates of reporting pressure or coercion from services varied between groups. The 'violence stopped for good' group reported the lowest (though still concerning) rates of pressure from services (e.g. pressure to separate, maintain contact with abusers, apply for legal orders, or participate in parenting programmes). Just over a quarter were pressured to maintain contact with an abuser, for instance, compared to 40.8 percent of the 'violence continued' group.

Table 6. Numbers of services accessed, perceived information transparency, IPV understanding

	The violence stopped for good	The violence stopped temporarily	The violence continued
Average number of services victims accessed (specialist and non-specialist)	**5** services	**6** services	**5** services
Average number of services (specialist and non-specialist) that gave them the chance to see the information recorded about them/the violence, check it was accurate, and approve it	**2** services	**3** services	**1** service
Average number of services who truly understood the IPV and its impacts on their lives	**3** services	**4** services	**2** services

2.4 Three factors of effective support: practical help, acting quickly, and matching support to needs

Three points of difference were identified between support that offered concrete gains in safety to victims, and support that did not: practical support with things they could not do on their own, giving help quickly when victims most needed it, and providing support that matched and was tailored to what victims most needed help with.

1. Practical help with the things victims could not do alone

As earlier identified, IPV left most victims profoundly depleted. Most, at the time they likely sought help, struggled with everyday tasks, had difficulty remembering and concentrating on things, had much less energy than they normally would, and were often exhausted.

> *"They took full control of the situation, pushed and advocated for me through WINZ, OT, and even the Police so I ended up in a safe situation."*
>
> *"Women's Refuge helped me pack some essentials and they picked up my kids from school the day I left my abuser, because I honestly had no energy left to do it myself."*

The 'violence stopped for good' group were much less likely to report that services expected more from them than they could realistically manage.

Services that alleviated their burdens by acting on their behalf were much more effective for victims than services that imposed further expectations of them.

Unburdening victims is linked to greater safety: Over 70 percent of the 'violence stopped for good' group said a service made them safer by taking concrete action on their behalf,[vi] compared to only 38.3 percent of the 'violence continued' group.

Overburdening victims is linked to greater risk: More than half of the 'violence continued' group (60.9%) said services had unrealistic expectations of them, compared to 40.2 percent of the 'violence stopped for good' group.

[vi] Respondents were asked: Did any service make you better off or safer by doing things for you that you could not have done alone?

2. Taking action quickly

Unsurprisingly, given the context of risk, respondents considered timely help to be essential for safety. They named the "fast response," "prompt response," and "middle of the night response" as essential, and noted that without it, *"I would have talked myself out of leaving."*

> *"Police intervened quickly once I called and made sure myself and my son were safe. Women's Refuge following up and talking through everything, making sure I had a plan and was safe."*

"My lawyer jumped straight into action."

Quicker may be safer: for the 'violence stopped for a good' group, it took an average of 16 hours of support-seeking before something useful happened, compared to an average of 24 hours (often spread over weeks or months) for the 'violence continued' group.

3. Matching support provision with victims' needs

The third factor linked to effective support (from specialist services specifically) was how well it matched what support they needed. Respondents who accessed a specialist service selected all the types of support they needed at the time.

The forms of support commonly reported as needed were: help arranging time and space alone; finding counsellors or doctors and making appointments; looking for suitable and affordable accommodation; talking through abuse tactics at their own pace; and helping friends and whānau understand the abuse.

Respondents were also asked which of these supports were actually provided by the specialist service, and rates of 'support needed' and 'support provided' are contrasted for both the 'violence stopped for good' and 'violence continued' groups in figure 8.

Figure 7. Rate of reported support needs at the time of accessing specialist services

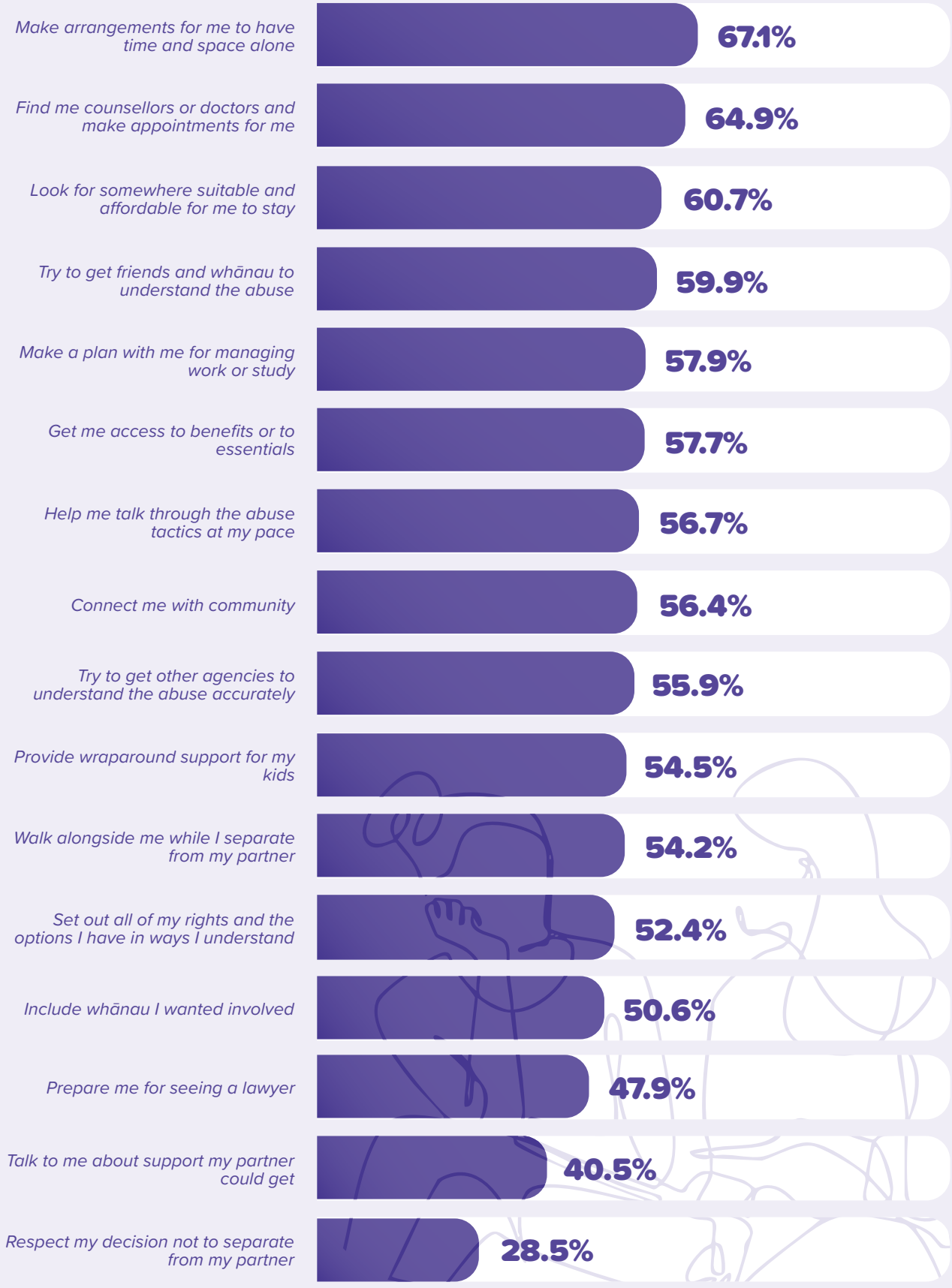
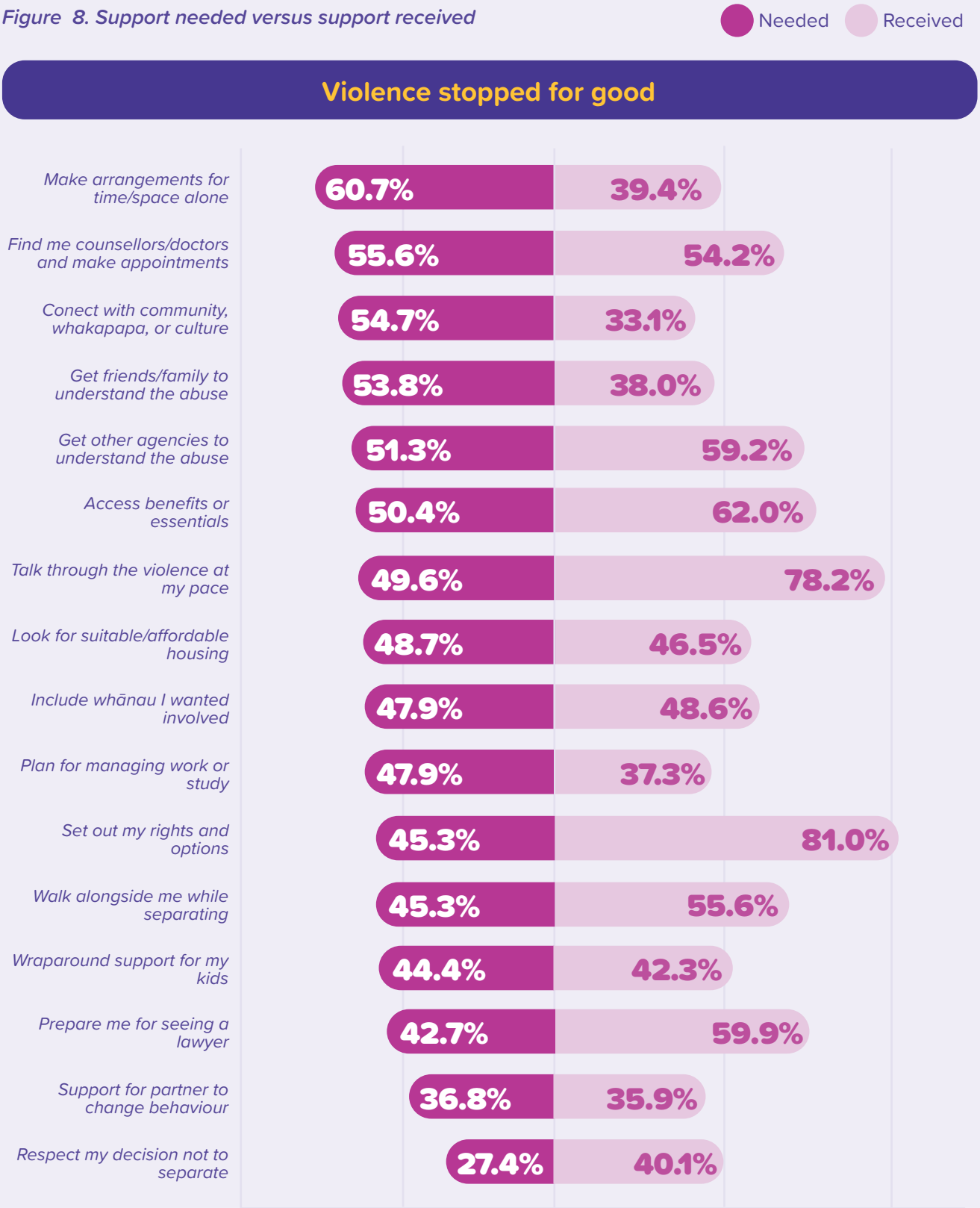
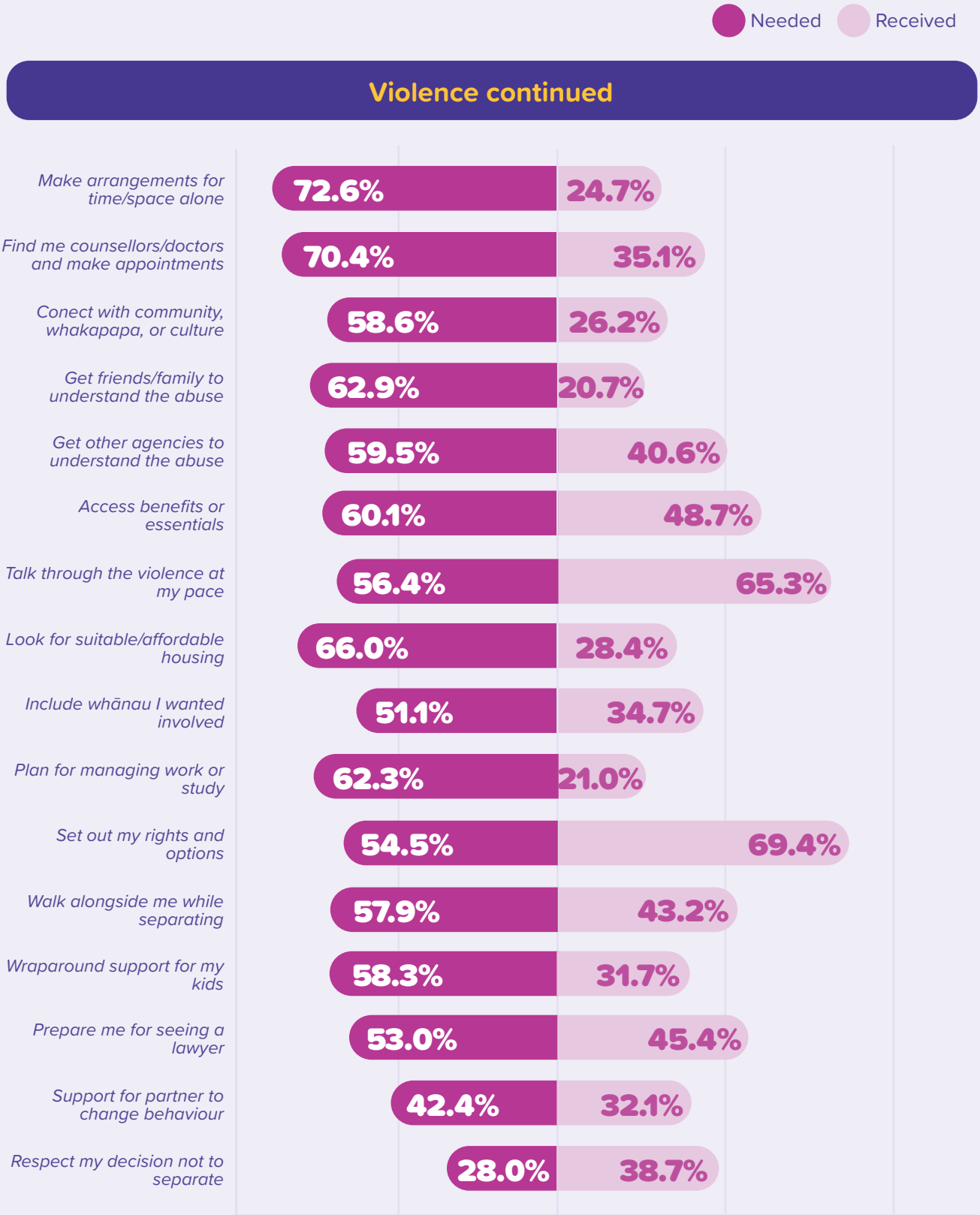


Figure 8. Support needed versus support received





Rates of support were consistently higher across all categories for those in the 'violence stopped for good' group. Importantly, support was also far better aligned to their expressed needs. In 12 of 16 support categories, the 'violence stopped for good' group received support at rates equal to or exceeding their needs (i.e., within 5% variation), compared to only 3 of 16 categories for the 'violence continued' group.

Shortfalls in support for the 'violence continued' group were particularly pronounced in the following categories:

Table 7. Particularly pronounced shortfalls in support provided for the 'violence continued' group

	Gap between rate of 'support needed' and rate of 'support provided'	
Support category	**Violence continued group**	**Violence stopped for good group**
Get friends, family or whānau to understand the abuse	**42.2%** gap	**15.8%** gap
Make a plan for managing work or study	**41.3%** gap	**10.6%** gap
Look for suitable and affordable housing	**37.6%** gap	**2.2%** gap
Find counsellors/doctors and make appointments	**35.3%** gap	**1.4%** gap

Service gaps were also identified for the 'violence stopped for good' group, though at much lower rates than for those whose violence continued. These remaining gaps appear to reflect some degree of organisational adherence to a narrow or standardised 'script' of safety, and highlight the potential for support to be strengthened by greater agility and responsiveness to victims' needs.

The three factors of effective support identified in this section (practical help with things victims could not do alone, timely or immediate help, and alignment of support with victims' specific needs) were echoed in respondents' own explanations of what shifted them toward safety. When asked what services did that made the greatest difference, respondents often credited multiple organisations as instrumental in facilitating improved safety and wellbeing after IPV. Their experiences are the antithesis of the institutional harms set out in Part One of the finding; these respondents described narrative validation, procedural safety, and systemic solidarity.

Table 8. Examples of narrative validation, procedural safety, and systemic solidarity.

Narrative validation	Procedural safety	Systemic solidarity
Victims' accounts believed, affirmed, and centred as credible and legitimate; their story honoured and taken seriously.	Transparent, timely, navigable processes that reduce burden, respect victims' time, privacy, and capacity, and enable access.	Institutions act in coordinated, proactive ways to repair, protect, and restore victims' safety and dignity by filtering 'need' through the lens of violence and risk.
"Really helpful, available, let me talk and work through it in my own time, gave me options, checked in with me." *"They supported my decisions and walked alongside me throughout my journey without judgements."* *"Staying in a safe house gave me time to process the situation. I felt heard, and I had my own voice about what I wanted to happen."* *"I felt safe, welcome and protected. This helped me and my children to have some time to rest and recover and get the support to move forward."*	*"Housing, letting me know which services were available to me, benefits."* *"Budget advisory helped me apply for finance to help with $5000 worth of debt that I was struggling with."* *"They helped me relocate and advocated to MSD for me to get funds for moving."* *"Māori Women's Refuge provided safety measures such as panic buttons, flood lights, dead locks on windows and doors along with changing locks."* *"Put in a new door and locks."* *"Locks, cameras, counselling, and support."* *"Women's Refuge provided me with new locks, window security etc and installed a panic button which made me feel safer immediately."*	*"Police arrested him, and he was sentenced."* *"Lawyer got me a protection order and Police enforce it when he breaks it."* *"The Police took guns off his property."* *"They helped me get another protection order AND hold my ex accountable."* *"WINZ and Housing NZ were amazing … they found a flat for me late that Friday evening … food donated … I remember feeling on top of the world being away from my abuser."* *"Wrap-around care from the doctors who were able to get five different types of help for me was life changing."*

Throughout the hundreds of examples victims gave of what made them safer, they spoke of being believed, respected, and supported without judgement, timely and proactive support that reduced burdens rather than adding to them, and coordinated, purposeful, context-responsive actions that restricted perpetrators' power and protected their safety and dignity. These qualities (narrative validation, procedural dignity, and systemic solidarity), especially when enacted in tandem, interrupted trajectories of risk.

Each service a victim engages with represents an opportunity to either create safety or compound risk. The fact that respondents accessed an average of five different services each means that for every victim five different services have a chance to either reduce or intensify risk. The findings here suggest that the absence of harmful responses across all touchpoints matters as much as the presence of proactive, timely, and concrete support that enables safety (in any form).

2.5 Safer how? What risks are reduced through specialist support

Just over half of all respondents (52.6%) said that engaging with (any/all) services made them safer or better off. Over 70 percent of those who accessed a specialist service (73.4%) said that it made them safer.

As shown in Part One of the findings, safety after IPV encompasses far more than whether violence continues.

Respondents who accessed a specialist family violence service were more likely to report that accessing services made them safer or better off, including 82.1 percent of the 'violence stopped for good' group, 88.2 percent of the 'violence stopped temporarily' group, and 64.9 percent of the 'violence continued' group. **Specialist services appear to contribute to a sense of safety and wellbeing even when violence continues, which is arguably testament to their capacity to orient support within (and despite) ongoing risk.**

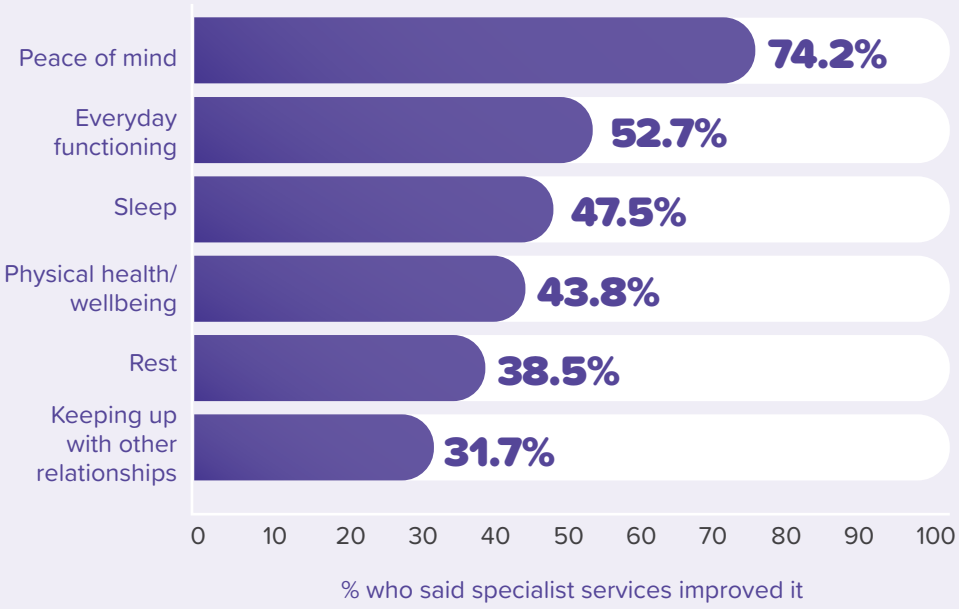
Victims' own descriptions of what stood out for them highlight the breadth of benefits they derived from this support, such as immediate protection, emotional support, a reprieve from demands, fears, and burdens, and dignity.

> *"They were always saying encouraging things. [They] were always available for a debrief or hug when I came back after a hard day rebuilding my life from ground zero. Staff also understood when I just needed a few hours to sleep and hide from the world and supported this space too. Staff and guests laughed a lot too. It was also encouraged to talk about/share anything (privacy maintained of course) which was amazing. I really found my identity and self-respect at Refuge, which was life changing, they literally saved my life."*

> *"I trusted them, as they sheltered us, fed us, clothed us and [gave us] necessary essentials needed. They comforted my children and their wellbeing. Before dealing with my situation of what I was going through, they made us safe and comfortable first."*

To better quantify some of these benefits, respondents who had accessed specialist services were also asked whether support improved their safety and wellbeing in several domains. These domains (peace of mind, everyday functioning, sleep, rest, physical health and wellbeing, and keeping up with other relationships) align with some of the risk domains set out in Part One. **Improvements in these domains may therefore indicate that services both mitigated immediate risks and helped disrupt the momentum of risk before it could metastasise into adverse outcomes.**

Figure 9. Rates of respondents who engaged with a specialist service and reported gains to safety and wellbeing



Improvements seldom traversed all domains. Peace of mind was most often reported as having improved, followed by everyday functioning. Rates of reported improvements to everyday functioning and sleep both hovered around the 50 percent mark, and rates of reported improvements to rest, physical health, and keeping up with other relationships were much lower.

However, the 'violence stopped for good' group reported much higher rates of improvements.

Victims with more complex impacts often reported fewer reported improvements. For instance, rates of reported improvements were lower for those who reported getting a new mental health diagnosis as a result of IPV. Their reported rate of improvement to 'peace of mind' was more than 20 percentage points lower,[vii] and their reported rate of improvements to 'sleep,' 'physical health,' and 'keeping up with relationships' were all more than 15 percentage points lower.]

Table 9. Rates of reported gains to safety and wellbeing after seeking help from specialist services.

Domain of reported improvement	Violence stopped for good	Violence continued
Peace of mind (freedom from fear, worry, and constant mental safety planning)	82.0%	67.6%
Sleep	62.6%	40.6%
Everyday functioning (memory, concentration, mental space)	56.1%	52.5%
Physical health/wellbeing	52.5%	39.3%
Rest time	45.3%	35.2%
Keeping up with other relationships	39.6%	29.5%

[vii] Compared to reported rates for those without a new mental health diagnosis

Table 10 sets out the evidence for what victims need from services and services, and which of these were improved by support from specialist services. It also the implications of support provision beyond the scope of specialist services.

Table 10. The needs addressed by specialist services and implications for wider support provision

Risk	Evidence of initial need (of all respondents)	Evidence of how specialist services met need	Implications for wider support provision
Risk of physical violence	All experienced abuse from a partner; of those separated, 18.7% experienced ongoing violence, most commonly in the first six months following separation.	**74.2%** said their peace of mind, freedom from fear, worry, and constant mental safety planning improved	Most commonly rated improvement, suggesting specialist services fulfil their primary purpose consistently.
Loss of time	Respondents lost an average of seven hours per day spent worrying about, anticipating, or trying to manage partners' abusive behaviour.		
Impeded everyday functioning	83.2% found everyday tasks harder or more overwhelming; over a quarter had difficulties with memory/ concentration.	**52.7%** said their everyday functioning (e.g. memory, concentration, and mental space) improved	Improvement for roughly half; services could prioritise unburdening victims more. However, much of the potential for relief lies within state mechanisms.
Loss of sleep	Respondents lost an average of nine hours per day of sleep, rest, or downtime.	**47.5%** said their sleep improved	
Loss of rest		**38.5%** said their rest time improved	Improvement for just over a third, suggesting a prevalent unmet need.
Physical health	Nearly half had headaches most days; over three quarters had much less energy than usual; more than half felt unwell a lot of the time. One quarter experienced pain most days from an IPV-related injury, and over half used alcohol or drugs because of the abuse.	**43.8%** said their physical health and wellbeing improved	Improvement for nearly half; pathways to (and entitlement for) specialised health intervention are needed.
Relationships and social connection	On a 10-point scale (0-not at all difficult to 10-extremely difficult), respondents gave an average rating of '8' when asked how difficult the abuse made relationships with friends/whānau, and 61.7% said they had to work on rebuilding these relationships.	**31.7%** said their ability to keep up with other relationships improved	Improvement for less than a third, suggesting a prevalent unmet need.

The question is not just “did services reduce the risk of violence?” but also “what kind of safety was gained, and what risks remain unaddressed?”

Table 10 reflects dimensions of safety and recovery that are not usually prioritised or measured in evaluations of support, but which indicate areas for potential disruption of risk momentum. The reported rates of improvements show that risk was frequently acted on, which may have limited their progression. The fact that ‘peace of mind’ improved for nearly three quarters is noteworthy and affirms the psychological benefit of services believing, supporting, and safeguarding women.

Equally, these reported improvements do not resolve the risks victims faced or inherently equate to recovery; rather, they show that engagement with (effective) services makes recovery gains likely. They therefore make visible the ways that specialist services support safety within ongoing risk, and how they lay a foundation for sustainable recovery.

These findings show that victims may be both safer than they were, and still be unsafe. They may experience improved mental health, and still suffer debilitating emotional impacts; or they may experience improved physical health, but depleted energy and regular pain. For many victims, safety, and the recovery it both requires and engenders, may be a lifelong pursuit.

These rates of risk and improvement reflect that duality, and signal both the effectiveness of specialist support, and the structural conditions that undermine what it can offer. In no domain did risk simply go away. Risk remained even for respondents who reported improvements because of specialist support, and for those who described the support as *“sustained”* and *“transformative”*.

While influential in shaping the conditions of safety, specialist services did not have the power to fully halt and reverse the momentum of structurally embedded IPV risks. This power was held principally by state agencies; specialist agencies could help to carve out pathways to safety or wellbeing, but could not reconfigure the terrain of it entirely.

Conclusion

Every respondent featured here sought help for IPV. But what did getting support ultimately make them safer from?

The closer support came to meeting or exceeding victims' actual needs, the more likely it was to enable meaningful, cross-domain restoration of wellbeing. **Support worked best when it was timely, tangible, tailored, and rooted in relational trust. Accordingly, victims were safest when help arrived quickly, matched what they most needed, and took on burdens they could not carry alone.** Accordingly, safety, as defined by victims, was cumulative and materially grounded; represented by the stability, freedom, and wellbeing that they would already have if not for the violence.

Some dimensions of safety substantially improved through support, particularly protection from violence or the perceived threat of it. These improvements represent immense gains; risk does not end when violence does, but certainly cannot end while violence continues. Physical safety, while not exactly synonymous with reclaimed life potential, appeared to unlock further possibilities for IPV recovery. When violence was not stopped, because of systemic gaps, perpetrator impunity, or both, the risks victims faced were higher, and they described a range of negative (and at times life-threatening) outcomes.

Yet even for those who described wonderful experiences of support that traversed every indictor of efficacy and led to sustained freedom from further violence, risks persisted.

Risks related to health, rest, parenting, daily functioning, and social connectedness (in particular) persisted prolifically, often due to the structural barriers and system responses to violence that prevented the role of support agencies from being fully potentiated. Victims identified several structural obstacles earlier in the findings, such as benefit refusal, housing shortages, unsafe Family Court decisions, and access barriers to healthcare, counselling, or income support. These all limited how effective support from services could be at preventing further destabilisation of victims' lives and laying the groundwork for recovery.

The disjuncture between rates of reported improvements from accessing services, and the actual indicators of 'right now' safety and wellbeing, underlines an outstanding gap in intervention logic: support aimed at the micro-level of a victim's life cannot (quickly, or wholly) address the structural wounds that reverberate throughout victims' lives alone. These sit outside of support agencies' sphere of influence and require a reconfiguring of the wider systems that victims are part of.

These findings strongly support the conceptual model of risk sequencing outlined in Part One of the findings: **violence → immediate impacts → compounded risks → entrenched outcomes.**

Until systems guarantee safety from further violence and address the enduring consequences of that violence on housing, health, parenting, connectedness, and economic security, we cannot call what is currently offered a full or sufficient form of safety.

Discussion

Refining the concepts of 'risk' and 'safety'

Across our findings, two sources of risk emerged: the violence itself, and the institutional responses that embedded, extended, or overlooked that violence. Intimate partner violence operated as a sustained disruptor of safety, stability, and wellbeing, and the risks associated with it extended well beyond the threat of physical assault or homicide. Victims in our research described profound and enduring risks, even years or decades after violence stopped, that undermined nearly every domain of life. These included housing instability, cognitive strain, income loss, compromised parenting, fractured relationships, diminished emotional and material resources, and the erosion of their everyday functioning. Because of the violence, 62.6 percent of them ended up in debt, 62.3 percent had their reputations damaged, 61.7 percent found their relationships to others were damaged, and 54.3 percent had difficulty getting enough food and groceries for themselves and their kids.

It is well known that IPV leaves behind a long arc of disruption. Health-wise, one longitudinal study of 1,713 mid-life women found those who had experienced physical IPV suffered accelerated decline in working memory.[27] Other studies link IPV to chronic fatigue, poor self-rated health, arthritis, liver and kidney conditions, stroke, chronic pain, nervous system damage, and respiratory problems.[28] Stress, confusion, fear, and self-blame have also been shown to diminish victims' ability to maintain health routines like sleep, exercise, and nutrition,[29] while resource losses – such as the loss of housing, income, or relationships – create further barriers to healthcare. These impacts can persist for decades and shorten life expectancy by up to eight years.[30] Financially, IPV contributes to coerced debt, employment sabotage, and legal costs, often costing in the tens of thousands of dollars.[31] The consequences of these economic abuse tactics mean that victims are more likely to live in poverty, and IPV is a leading cause of homelessness among women and children.[32] Socially, IPV reduces support networks by 30-50%, leaving victims further isolated[33] – and in 50-70% of cases, abusive ex-partners pursue custody or shared care, often as a means of continued control.[34] Finally, the Backbone Collective found that many victims face ongoing material stability challenges long after violence ends, including difficulties securing safe housing, financial strain, and limited access to essential services.[35]

Accordingly, respondents did not describe risk only in terms of episodes of violence. During the worst periods of IPV, they reported severe cognitive and physical depletion: diminished memory, impaired concentration, fatigue, disrupted sleep, and compromised everyday functioning. Because of the violence, nearly half struggled to balance coping with parenting their children. Because of the violence, over a third struggled with getting, keeping, or moving forwards in employment. Because of the violence, a third had to move towns. Because of the violence, 30.6 percent struggled to find adequate housing, and 38.1 percent ended up with a new mental health diagnosis. Because of the violence, 82 percent of these victims said that right now, managing their everyday lives is still much harder than it was before the abuse.

Even after separation, these risks continued. While the majority of respondents were no longer experiencing direct violence, many still reported fear, health deterioration, poor coping capacity, and disrupted relationships years later. As one victim reflected:

> *"life never goes back to what I'd call good. After one year the fear subsides, two years and it's in the back of your mind, one little trigger though and the fear instantly comes back".*

Clearly, IPV-generated risk does not dissipate evenly or quickly. Risks to mental health, physical wellbeing, everyday coping, and connection to whānau or whakapapa often remained elevated even more than a decade after the violence had ceased.

As our 'sequence of risk' suggests, these longer-term dangers must be understood not as inherent 'impacts' of IPV, but as 'risks' – the outcomes of which are neither predetermined nor immutable.

Correspondingly, 'safety' must be understood as a set of conditions constructed incrementally. From the findings of this report, ten key ingredients of safety and wellbeing in the context and aftermath of IPV can be identified; namely:

- Freedom from ongoing threat
- Relief from fear and hypervigilance
- Rest, sleep, and time to recover
- Emotional stability and therapeutic avenues for support
- Cognitive capacity and manageability of daily life
- Safe and stable housing
- Health improvement or stabilisation
- Freedom to parent and protect children
- Connection and belonging
- Recovery of lost potential

These are grounded in victims' own accounts of what changed in their lives when they became truly safer and as such represent the characteristics of safety itself - what it looked like, felt like, and made possible for them. It was often only possible when enabled by specific, tangible, repeated actions taken by those with the power to help; in particular, those that came when called, stayed the course, and followed through by finding ways to replenish what the violence took away.

Responses to risk seldom restore safety in full

Specialist family violence services played a vital role in meeting victims' immediate needs. They addressed immediate risk and stabilised immediate safety, offering relief, protection, and (when delivered effectively) a buffer against further risk and corresponding deterioration of safety, stability, wellbeing, resources, and prospects. Accordingly, among victims who accessed specialist support, 74.2 percent reported improved peace of mind, 52.7 percent reported improved everyday functioning, and 47.5 percent reported improved sleep.

These services worked differently to most other systems and agencies accessed by victims. They appeared more likely to recognise victims' needs as the legacies of the violence perpetrated against them, and to recognise the active threat these legacies of risk pose to their futures. Unlike other services, most victims reported that the support offered by specialist services made them safer or better off, and they were considered most effective when they responded to victims' needs with support sufficiency or even support saturation.

In comparison, other agencies that victims were required to access to find housing, get income support, access healthcare, or obtain legal safety measures were reported as significantly less likely to make them safer or better off. In addition, victims' narratives showed these agencies were more likely to decontextualise their needs and overlook the source of them: the violence. For example, respondents described seeking help for the financial hardship left by violence, and being offered debt plans that meant their money would be further depleted, week after week. The identification of these risks in relation to help-seeking for IPV is hardly novel. Studies have previously found that

help-seeking after IPV is associated with greater distress than the abuse itself,[36] that minoritised women are routinely dismissed by police or the abuse of them is minimised, deterring further help-seeking,[37] and that many victims perceive formal systems as low-yield and high-risk, with burdens outweighing the limited benefits of engagement.[38] In particular, a recent Backbone Collective report underlines similar issues of fragmented, retraumatising, and context-blind system responses to victims and their children, and show that the outcomes of help-seeking often falls short of actual safety, material stability, or even relief from structural burdens.[39]

In addition, respondents' examples of narrative violence, procedural violence, and systemic betrayal (in Part One of the findings) show that their investment in seeking help from services and systems did not simply fail to pay off in terms of meeting the needs they presented with. It also further diminished their resources, time, and capacity to function, precisely when these had been most depleted by the demands of surviving IPV. On average, respondents had to engage with five different services (e.g. Police, Work and Income, lawyers, community organisations), with some accessing ten or more. They spent approximately nine months in contact with these agencies and invested an average of 12 hours per month trying to get the help they needed. These findings quantify the sheer labour victims must perform to access mechanisms of support, giving further weight to previous research findings about the burdens put on victims by forcing them to engage with multiple services over long periods.[40]

Further, victims' efforts did not then guarantee their access to actual, meaningful support; nor lead to a later decrease in safety work. Services overwhelmingly still relied on (already depleted) victims to carry the bulk of the burden of risk navigation, documentation, and safety planning. At the same time, services' transparency was low; on average only two out of five services allowed victims to see or approve the information recorded about them, compounding the (actual and perceived) risks associated with authorship and stewardship over the records of victims' personal, sensitive, and often traumatic histories.

These systemic responses separating immediate need from the wider backdrop of IPV risk therefore reflects an implied intervention logic that fails to address the full sequence of IPV risk: from violence, to resource depletion, to the absence of stabilising support, to entrenched outcomes. Such intervention logic is further evidenced in the policy and strategy work by Government in recent years. In suicide prevention plans, debt to government frameworks,[41] for example, IPV barely features, rendering the result of these unfit and inaccessible for victims whose needs intersect with them. In contrast, attempts to forge past these system barriers are at times enacted by corporate bodies., such as through pathways for victims to access banking, or debt forgiveness for utilities.

These are commendable and much needed. But they alone cannot restore what was taken by violence; this requires structural, government-led solutions. No one should be condemned to a lifetime of risk, fear, illness, or financial hardship because of their partner's decisions to use violence against them. But they are. Unlike for other categories of crime, there is no compensation, insurance claim, or statutory entitlement that offers meaningful redress for the long-term impairment, suffering, and life sabotage that perpetrators of IPV catalyse in the lives of its victims.

Victims' experiences reinforce that while advocacy can improve safety and quality of life in the short term, structural supports are necessary to sustain those gains.[42] Similarly, the Committee on the Elimination of Discrimination against Women's 2023 concluding observations on New Zealand[43] urged stronger support for victims, improved access to justice, and safe, suitable housing. State systems victims had to interact with when seeking safety rarely combated the gendered economic and social penalties[44] imposed by the violence. Supporting victims to simply carry the costs and consequences of perpetrators' violence *better*, rather than restoring what was taken from them, ignores the human rights imperative[45] to combat the longer-term sequence of risk and harm that originates from the violence. As our findings show, the human cost of disregarding that backdrop of risk progression is profound.

Government agencies can design structural measures that repair rights violations and support recovery – if they choose to. Universal evidence thresholds for family violence could create consistency and predictability across agencies,[viii] easing the burdens on victims who currently have to fight to prove their eligibility for certain supports, safeguards, and resources. State housing provision could prioritise IPV victims and guarantee rapid access, and longer-term temporary housing can be made available to meet immediate needs. Compensation payments could be created for victims, and could account for economic and health losses caused by abuse. ACC sensitive claims could include family violence-related trauma. Dedicated funding and training could establish a workforce of IPV-specialist therapists. Victims could access designated childcare allowances, and pools of specialist childcare workers could be reserved to make victims' respite from caregiving obligations viable. Courts could be required to consider risk information collated by specialist agencies, to give weight to these in care of children proceedings, and to ban the use of unsafe reunification practices. Additional welfare benefits could be given to victims for at least one year after separation, along with funded home safety improvements and alarms to help relieve fear and mitigate threat. The burden of safety work, made necessary by perpetrators' use of violence, should never fall on their victims, whom the violence has left least resourced to carry it.

Strengthening intervention logic begins with distinguishing 'risk' from the eventual adverse 'outcome' – and situating service responses to IPV as the bridge between the two

That system, defined by responsiveness, redress, and relational repair, is still some distance from the one we currently have. Restoring victims' long-term safety in full would require a reorientation of intervention logic: true safety and recovery from IPV is predicated on shifting responsibility away from victims and onto the systems with the power to prevent, interrupt, and repair IPV-related losses. *Te Aorerekura* and associated plans of action to combat family violence nationally should feature this intervention logic, and direct specific actions that give effect to it – rather than framing risk as physical only, and alluding to safety only in the vaguest of terms.

The work to change this paradigm needs to be Government-led, informed by specialists, and structurally integrated. The alternative is for the state to leave the weight of perpetrators' violence on victims, and to continue to fall short of their responsibility to uphold victims' rights.

[viii] Such as the threshold developed for use by workplaces in relation to the Domestic Violence (Victims' Protection) Act 2018.

Implications for specialist services

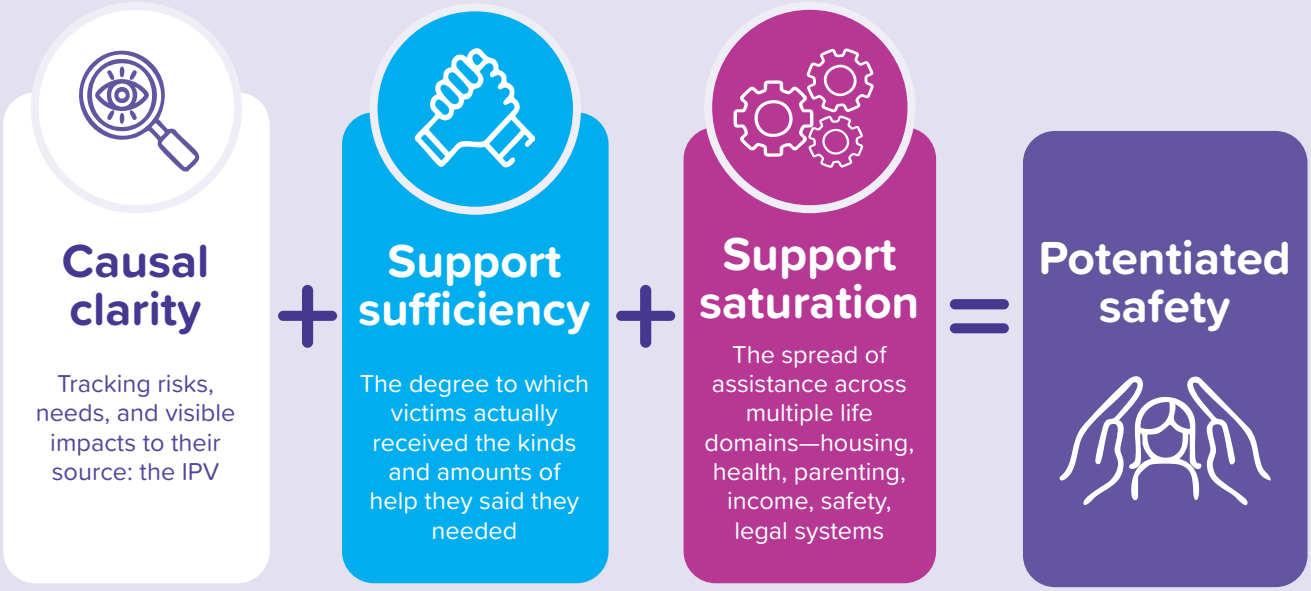
Given the structural limitations identified, it is particularly important for services to strive to serve victims' safety, recovery, and wellbeing from IPV in the way they have said works best for them. If the systems with the power to enable structural conditions of safety and the services victims turn to when they need help most both act on these changes, 'safety' could become a viable prospect for every victim of IPV in Aotearoa. Service intervention appears most essential for the first year after victims separate, as evidenced by the disproportionately high rates of risks and impacts reported during these periods.

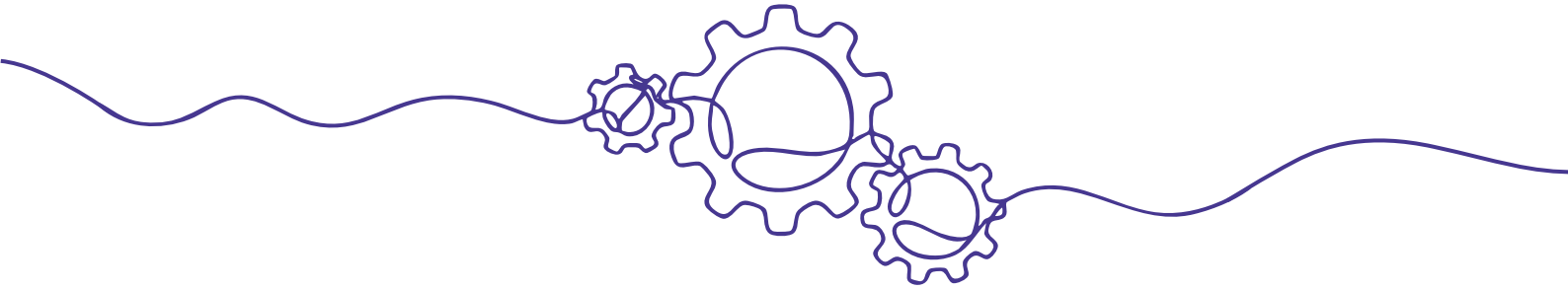
The ten ingredients of safety and wellbeing can also serve as indicators of how services are supporting victims' recovery and long-term stability and can therefore be used to assess *what the support actually produces* in victims' lives. Are victims able to sleep through the night, think clearly, and parent without fear? Do they have secure housing, restored health, and the ability to reconnect with community or culture? These outcomes are often regarded as contiguous, and automatic, benefits of being safer, but are in fact representative of safety – safety that is concrete, victim-defined, and sustainable. They therefore offer a potentially powerful evaluative framework that centres victims' lived experiences, resists tokenistic engagement or victim responsibilisation, and reorients safety gains as reparative, expansive across multiple domains of life, and enduring beyond isolated temporal phases of IPV risk.

The ten ingredients of safety and wellbeing

- Freedom from ongoing threat
- Relief from fear and hypervigilance
- Rest, sleep, and time to recover
- Emotional stability and therapeutic avenues for support
- Cognitive capacity and manageability of daily life
- Safe and stable housing
- Health improvement or stabilisation
- Freedom to parent and protect children
- Connection and belonging
- Recovery of lost potential

Safer response formula





These two aspects of effective services stand out starkly. **Causal clarity** prevents, for example, a woman's exhaustion from being seen as a personal failing, instead of reflecting the cumulative toll of night-time fear, enormous energy output to navigate unwieldy bureaucratic systems, perpetual financial stress, and solo caregiving under surveillance. **Support sufficiency** (the degree to which victims actually received the kinds and amounts of help they said they needed) and **support saturation** (the spread of assistance across multiple life domains like housing, health, parenting, income, safety, legal systems) work by interrupting the snowball effect of IPV consequences on victims' lives. In tandem, these ensure that the right help is provided in full to IPV victims – who invest a lot, and face a lot of risk, just to get this help.

Support sufficiency, however, is not achievable through simply referring them elsewhere. It is indicated by doing more for victims, as well as ensuring others do more for them – thereby decreasing victims' administrative and safety workload. As our findings show, support was more effective when services acted directly on victims' behalf, such as by resolving housing issues, negotiating with Work and Income, coordinating with schools, navigating legal processes, and helping others understand the violence. These efforts removed pressure, made systems usable, and reduced the cognitive and emotional toll of survival. This shift in labour – away from victim and onto the service - was associated with better outcomes.

Some services, and some studies of practice, are beginning to move in this direction. For instance, one recent review, emphasised the long-term nature of need after IPV and the paramount role of somebody to walk alongside for the duration.[46] Another meta-analysis found that advocacy improved PTSD, depression, and safety, but only when these outcomes were seen by services as directly linked to the violence.[47] Meanwhile, another found that utilising victims' input into the design of services for them reduced gaps between what clients needed and what support they received.[48] This is similarly evidenced within IPV services for children; designing services based on their feedback about what advocacy they needed made services for them more effective.[49]

Finally, maximising the value of tools already widely used can support safety in more powerful ways. For instance, risk information, captured by standard risk practices within specialist agencies, offers more protective potential than simply identifying whether someone is at immediate physical risk. By mapping all the ways someone has used violence against the victim, specialist services can anticipate how the sequence of risk originating from those abuse tactics might gain momentum, and move to disrupt it straight away. When used well, it can guide earlier, broader, and more strategic interventions that interrupt the trajectory of accumulating risk and harm.

The findings have implications for service aims, and correspondingly, for the metrics used to evaluate service efficacy. At present, vital aspects of safety and recovery, like rest, physical health, mental health, and stability, are seldom embedded into service design as core targets of support. Accordingly, evaluations of service effectiveness could evolve to strengthen both causal clarity and the measurement of support sufficiency/saturation by utilising indicators of what changed for the victim as a result of the support she received – not what she has improved on, but what has been improved for her. For example, this might involve:

- Tracking rest, recovery, and emotional decompression,
- Measuring reductions in victims' practical and caregiving load,
- Using violence-informed wellbeing indicators (like capacity to function), and
- Capturing institutional responsiveness – whether the systems victims had to interact with adapted their approach to the IPV context, followed through for the victim, or imposed further strain on them.

Services set up to work only, or primarily, with IPV (and other forms of family violence) should consider, and account for, the direct input of 1,707 victims about what they need most to make accessing support pay off for them by way of increasing their safety. Their input led to the identification of the following imperatives for effective, IPV-informed services:

Link the origin of risk back to the perpetrator's use of violence

Victims sought help because the perpetrator's violence had escalated, accumulated, or entrenched risk beyond what they could manage alone. Services that correctly identified the source of danger, loss, or depletion as IPV, and responded to that, rather than locating the problem in the victim, were more likely to facilitate lasting safety. Victims were significantly more likely to report that violence stopped for good when services upheld a clear, consistent understanding of the perpetrator's role in creating the conditions of risk – and how these perpetuated even if the violence did not.

Act quickly, the moment victims reach out

Timing mattered. The violence-stopped group experienced significantly shorter waits before receiving meaningful support. Action that occurred while victims were still in danger, and before they lost housing, income, or custody, was far more likely to interrupt violence and interrupt the insidious risks to their possible futures.

Provide support that goes beyond what they can do alone

Victims who reported long-term safety were more likely to have received tangible, helpful support that met a real need they could not meet alone. Whether it was securing safe housing, finding ways to get essential goods or groceries, or overcoming bureaucratic barriers, the key difference was whether services provided something materially and practically useful – not just emotional validation, risk assessment, or referrals.

Work to a flexible and responsive mandate

Service responses that adapted to the realities of victims' lives, rather than enforcing pre-set rules or scripts, were more likely to contribute to safety. Victims described being excluded or under-served when distressed, when past the crisis, or when their needs didn't match a narrow organisational remit. Those who received responsive, discretionary support that aligned itself to whatever they most needed at the time were more likely to report service-facilitated improvements to safety and wellbeing.

Centre all kinds of risk – not just the risk of violence

Services that helped victims find time to rest, helped them get some sleep, found them ways to have time out without also having to parent or juggle other responsibilities (and encouraged them to take that time for themselves) gave them a jump-start on their road to recovery. Responding to other needs that ultimately track back to the violence, like help with parenting, or help with housing, or help with substance use, works much better at protecting their safety than generic delivery of a standardised menu of service options does.

Protect victims from institutional burden

The cost of help-seeking was high. Victims spent on average, 12 hours per month and 21 hours before receiving anything meaningfully helpful. Those with less safe outcomes reported greater help-seeking burdens and service-initiated demands on their capacity. Services that reduced the volume of administrative work and anticipated systemic hurdles made a significant difference to victims' safety, stability, and prospects for recovery.

Interrupt reputational damage and institutional silencing

Victims' credibility was routinely undermined across services. When advocates actively countered this dynamic by believing victims, naming the abuse clearly, and documenting and communicating it accurately, respondents were more likely to sustain their engagement and report longer-term safety from violence. Giving victims the chance to correct the record about them showed transparency, built trust, and protected against institutional violence.

Repair in every way possible

Services associated with lasting safety provided targeted, tailored help for victims and acted on their behalf to meet their needs, including by ensuring other services came through for them. Good advocacy treated violence as the cause of multiple losses, and their service as the mechanism for repairing them.

Preserve dignity and autonomy

Victims described being helped most when services respected their intelligence, priorities, and decisions. Services that imposed requirements, set conditions, applied pressure to act (or not act) in a certain way, or exercised control over access to support reproduced the dynamics of coercive control. In contrast, those that upheld dignity and allowed for self-determination created conditions for real safety, and eventually wellbeing, to flourish.

Provide sustained support beyond crisis

Many of the risks associated with IPV only became apparent after separation, and often escalated after that, at least initially. Services that remained involved until these risks improved were more likely to be credited with supporting full recovery, while short-term interventions without follow-through seldom led to safety that lasted.

The ingredients that collectively constitute safety from IPV risk show how responses to violence can become less reactive, fragmented, and conditional, and more responsive, reparative, and anchored in a structural, IPV-informed understanding of 'risk' and 'safety'.

Conclusion

This report set out to trace the realities of intimate partner violence (IPV) in Aotearoa, grounded in the experiences of 1,707 victims. It mapped the long arc of risk that violence initiates and the conditions under which safety becomes possible. It found that IPV precipitates a prolonged, systemically embedded process of erosion – of time, energy, cognitive capacity, physical and mental health, social capital, and financial stability. Victims described, in precise and painful terms, the loss of their energy, their sleep, their health, their homes, their income, and their credibility. They do not walk away from the violence unchanged; years after it ends, they are still living with its consequences.

The first six months post-separation were often the most acute. But even victims who separated more than 15 years ago, more than half reported worsened health, impaired functioning, and ongoing fear. Of all respondents, half still reported constant fear for their safety, and most said their ability to manage everyday life remained much harder because of the violence. Victims did not passively endure these risks. They acted strategically and repeatedly to regain control, secure protection, and access safety. They sought help from systems designed to offer it, often at great personal cost. Many found the help they received did not match what they needed.

The burden of safety work often fell to them, despite them being the least resourced to carry it. Risk, for many respondents, was a present condition, shaped by the past actions of perpetrators and the ongoing absence or failure of structural responses to those actions. Instead of relieving victims of burden, systems (particularly state systems) frequently reproduced the conditions of control, uncertainty, and degradation that characterised the abuse itself. Their accounts therefore showed two sources of risk: the perpetrator's violence, and the institutional responses that embedded, extended, or failed to interrupt it. The conditions of exhaustion, housing insecurity, cognitive overload, and parental strain that victims described were consequences of unmet needs that stemmed both from identifiable violence, and from identifiable inaction. Violence generated risk. Institutions either interrupted that risk or contributed to its progression.

The mechanisms through which services, especially specialist services, interrupted risk and facilitated improvements to victims' safety and wellbeing also emerged through the findings. When services believed victims, acted quickly, reduced their burden, and matched support to need, safety became more possible and more proximal. Specialist services stabilised these victims' lives, reducing danger, improving health, restoring (some) capacity, and making it possible for victims to reclaim their time, rest, and relationships. Most importantly, they shifted some of the labour of risk management off victims and onto the systems responsible for protection.

The pathways to safety, and the characteristics of safety, are made visible through victims' own reflections. It is now the responsibility of systems to follow victims' perspectives on what helps, and act on these. That means predicating system design and service intervention logic on causal clarity: understanding that the needs victims present with are the result of IPV. It also means evaluating support principally by what changes it brings about in the lives of those receiving that support, and grounding service delivery in victims' own definitions of safety, dignity, and wellbeing.

Structural change is required; both to reconceptualise IPV and risk and to make safety achievable. That change requires every person in every role in every service or system that is part of a victim's ecology to act on risk. That is not to say that every response must provide a complete solution to every form of risk. Every response can, however, meet a need – if they act according to the safer response formula.

Finally, structural change requires the reformation of intervention design within formal response systems. A system that truly supports recovery must recognise violence as the origin point of risk, acknowledge the sequelae of resource loss it creates, and invest in support that is timely, sufficient, and sustained. Services within the system landscape must account for the risks introduced through their own practices and processes, reduce the administrative burden placed on victims, and be oriented toward outcomes that victims themselves recognise as signs of safety. The potential for safety is therefore represented by the sum of institutional actions taken to interrupt risk and restore wellbeing.

Victims' evidence of risk and safety have sketched both the sequence of risk, and the blueprint of what puts safety within their reach. All that is left is for agencies to act on it.

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