'SAFER WHEN, SAFER HOW?'

Reframing 'risk' and 'safety' in intimate partner violence
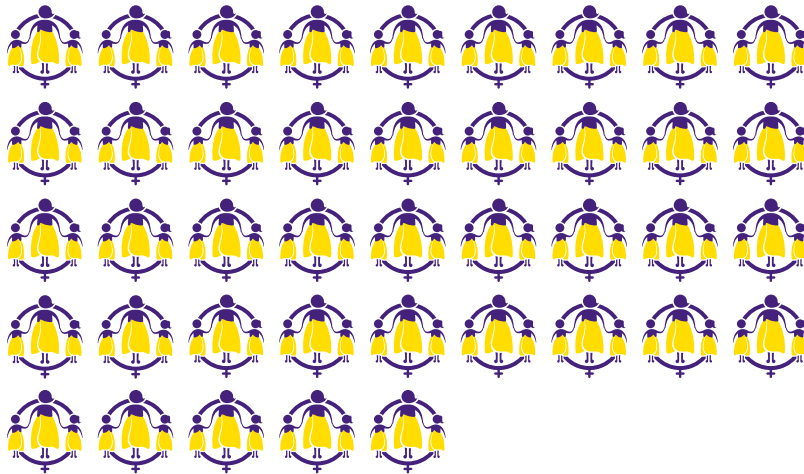
2025

EXECUTIVE SUMMARY

WOMEN'S REFUGE

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.

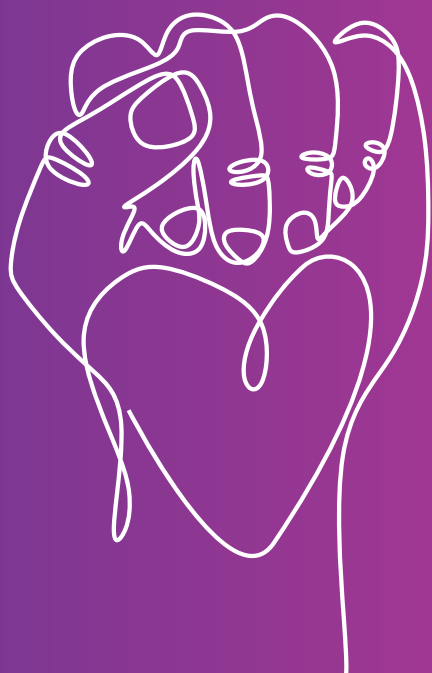**Our vision is for all women and children in Aotearoa to live free from family violence.**

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.

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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.

Background

Intimate partner violence (IPV) in Aotearoa is a pervasive violation of human rights: one rooted in gender inequality and colonisation, and disproportionately harming women, Māori, disabled, and gender- or sexually-diverse people. Women's Refuge frames IPV as coercive control and social entrapment, recognising it as a misuse of structural power by individuals that produces both immediate danger and life-limiting consequences such as injury, social precarity, chronic illness, and loss of autonomy. This report therefore broadens the concept of 'risk' beyond the threat of lethal violence to encompass the cumulative, compounding harms that unfold across victims' lives unless effectively disrupted.

While many victims seek help to interrupt the risks of IPV, engaging services rarely guarantees safety and often exposes them to ongoing threat and harm. Help-seeking is typically fragmented, burdensome, and emotionally costly, but the cumulative toll of this process, and whether it pays off for victims, remains poorly understood and largely undocumented.

Purpose

Drawing on the voices of 1,707 women and non-binary victims, this report explores how perpetrators' violence produces risk, how system responses amplify these, what fosters safety, and how support can bridge 'risk' and 'support.'

Method

In December 2024, the Women's Refuge research team, supported by Contact Energy, launched an online questionnaire completed by 1,707 women and non-binary victims of IPV, exploring risks, support, and safety across key domains. The questionnaire was co-designed with victim advisors and a culturally diverse advisory panel to centre victims' experiences, although the limitations of Tauiwi-led research are acknowledged. Data were analysed using descriptive, comparative, and thematic methods, with findings presented using the overall sample and subgroups, illustrated throughout with victims' own words.

Part 1 of findings:

IPV 'risk and safety'

Intimate partner violence is a sustained assault on a victim's time, health, stability, and freedom. The findings 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. Victims' help-seeking efforts did not always yield positive results and at times introduced new or amplified risks. 'Risk' should therefore be understood as the 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.

Correspondingly, the findings will show that 'safety' is represented by 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.

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.
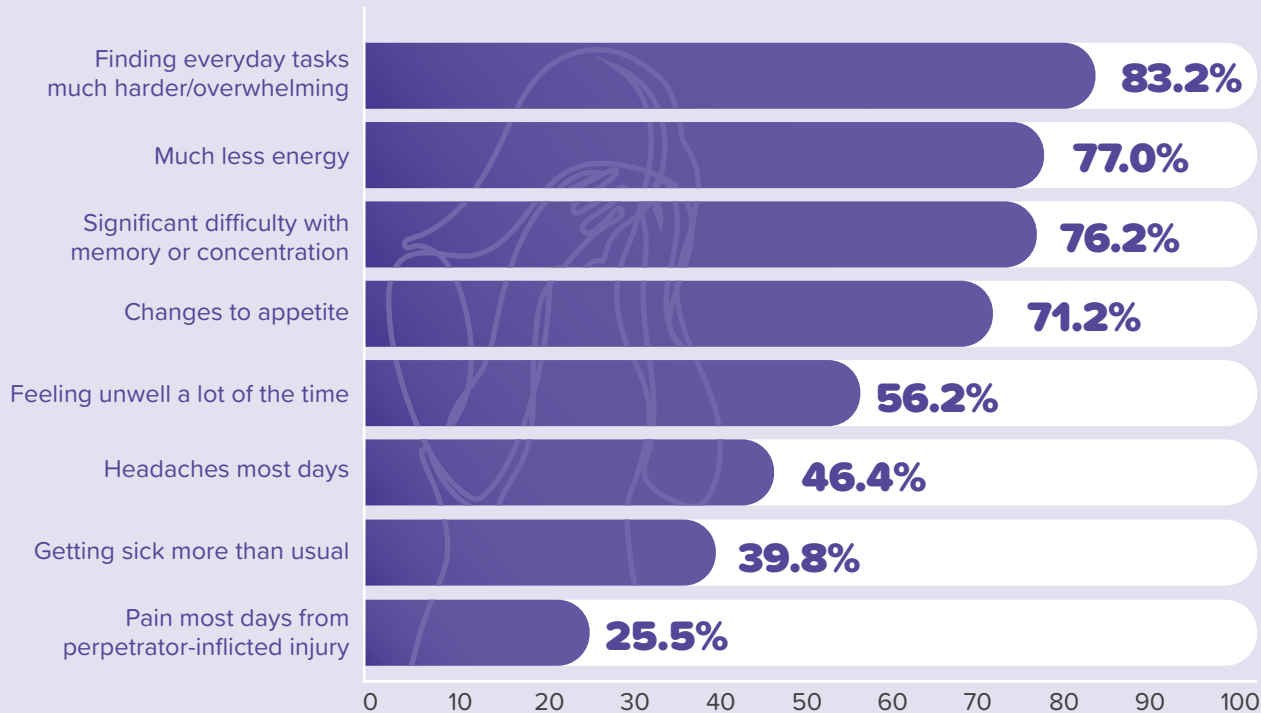
During these periods respondents reported:

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.

Impact	Percentage
Finding everyday tasks much harder/overwhelming	83.2%
Much less energy	77.0%
Significant difficulty with memory or concentration	76.2%
Changes to appetite	71.2%
Feeling unwell a lot of the time	56.2%
Headaches most days	46.4%
Getting sick more than usual	39.8%
Pain most days from perpetrator-inflicted injury	25.5%

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 impacts did not stop when the violence did:

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]

Yes 20.9%

No 79.1%
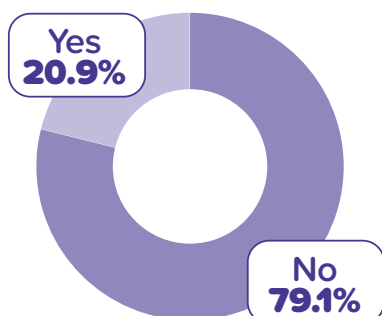
Of all respondents:

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.

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.

Rates of fear and ongoing violence did not decline in parallel; fear persisted long after the violence itself had ceased. Similarly, the impacts and risks associated with violence were slow to settle, even years after violence stopped.

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**

Figure 2. Reported consequences of IPV by post-separation period
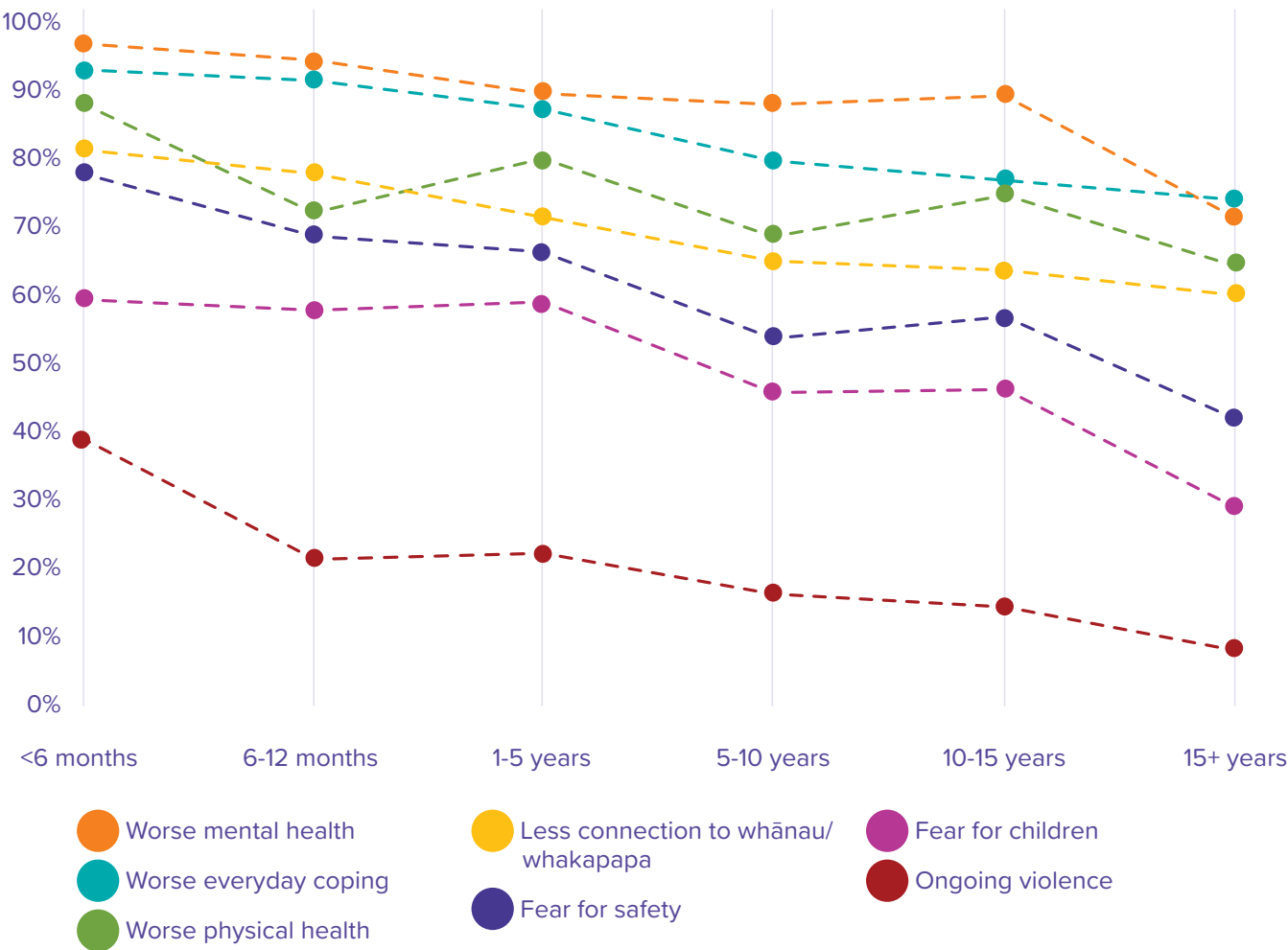
Compared to pre-separation, rates of fear for physical safety and fear for children's safety skyrocketed in the first six months after separation, as did rates of reported impacts, including impacts to mental health, physical health, connectedness and everyday functioning. These increases reflect the uncertainty, danger and upheaval that characterises initial separation. In the 5-10 year period after separation, worsened mental health and everyday functioning were reported by over 80 percent of respondents.

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.

When abuse ended, risks spread outward, taxing victims' time, energy, physical health, cognitive and coping capacity, income, housing stability, relationships, and hope.

Figure 3. Percentage of victims reporting specific hardships caused by a partner's abuse

Hardship	Percentage
I've ended up in debt that I would not have otherwise had	62.6%
My reputation has been damaged or harmful stories about me have been shared with others	62.3%
I've had to work hard to rebuild my connections with my whānau or my community	61.7%
I've had to move house	60.3%
I've had difficulty getting enough food or groceries	54.3%
I've used (or used more) alcohol and/or drugs	52.3%
I've struggled to balance coping and parenting my children	45.5%
I've had difficulty with getting, keeping, or moving forwards in my job	40.4%
I've had to pay for health treatment (physical or mental)	39.9%
I've had a new mental health diagnosis	38.1%
I've had to move towns	34.6%
I've had difficulty finding permanent and affordable housing	30.6%
I've had difficulty getting my benefits, entitlements, or child support	26.8%
I've had to rearrange childcare options or schooling for my kids	24.6%
I've had to make a sensitive claim through ACC	20.2%
I've had to stay in emergency or transitional housing	20.1%
My online access to everyday accounts (e.g. email, IRD, MSD) took lots of effort to straighten out	19.2%
I've been unable to get the right medical treatment for injuries caused by the violence	15.2%
I've been unable to get to or use important documents, like my birth certificate	12.9%
I've had to make an ACC claim for my physical injury	12.5%
I've had a traumatic brain injury	8.2%

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Most victims, at some stage, sought out the protection ostensibly proffered by a range of services and 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.**

For some, their psychological and emotional injuries became justifications for surveillance or exclusion; for others (especially mothers), their social precarity, visible distress from violence, or safety-focused decisions were used to justify punitive or dismissive interventions. Some services did not cater to the structural and gendered realities of mothering in the context of IPV, leaving victims to choose what to prioritise – the care of their children, or their access to help. Many respondents also experienced overt or implied pressure from services to make decisions that did not align with what they knew was safest. They described the service landscape as disjointed, uncommunicative, and sometimes withholding of help, leaving risks unaddressed and burdens shifted back onto victims.

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 4. The sequence of IPV risk progression

*Figure 5. The sequence of IPV risk, response, and safety*

Figure 4:
- Violence
- Immediate impacts
- Risks (of further violence and/or accumulating consequences)
- Risks that intensify and compound through responses to help-seeking, further limiting victims' resources, choices, and stability
- Entrenched negative outcomes

Figure 5:
- Violence
- Immediate impacts
- Immediate support (both for physical safety and to support wellbeing)
- Need matched, proactive, burden-relieving support and restoration of safety, capacity, and resources
- Sustained and embedded safety and wellbeing.

Part 2 of findings:
Support as the potential bridge

The risks associated with IPV 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.

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).**
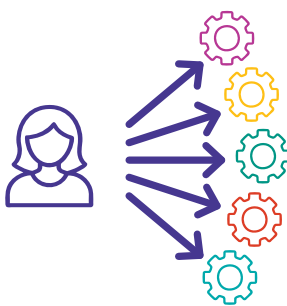
Respondents engaged with an average of **5 different services** in seeking help. However, there was no 'typical' number, as some victims described engaging with more than 10 services while trying to get the right kind of support.
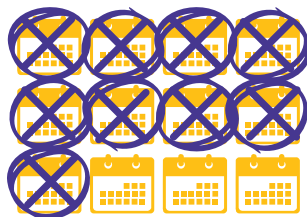
Respondents spent an average of **9 months** interacting with these services. Again, these data fluctuated (SD = 4.39) and the most common answer was **12 months**, which was the top of our scale.
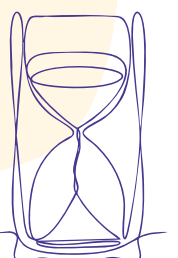
Help-seeking absorbed an average of

12 hours per month

It took victims an average of

21 hours of effort

before anything useful happened for them.

Safety cannot be facilitated by services unless victims first consider them safe to engage with. The 'stopped for good' group were more likely to report that they were met with whanaungatanga and manaakitanga, that they trusted staff would be there for them and act in their best interests, that services recorded information about them transparently, that services understood their experiences of violence, and that services did not use pressure or coercion.

Three points of difference were identified between support that offered concrete gains in safety to victims, and support that did not:

1. Practical support with things they could not do on their own

2. Giving help quickly when victims most needed it

3. Providing support that matched and was tailored to what victims most needed help with.

Victims who accessed a specialist family violence service (such as a Women's Refuge) were asked which kinds of support they needed, and which kinds of support they received. The support received by the 'violence stopped for good' group was more likely to meet or exceed their reported needs compared to the 'violence continued' group, which showed a significant support deficit.

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.

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.

Figure 6. Support needed versus support received

Needed ● **Received** ●

Violence stopped for good

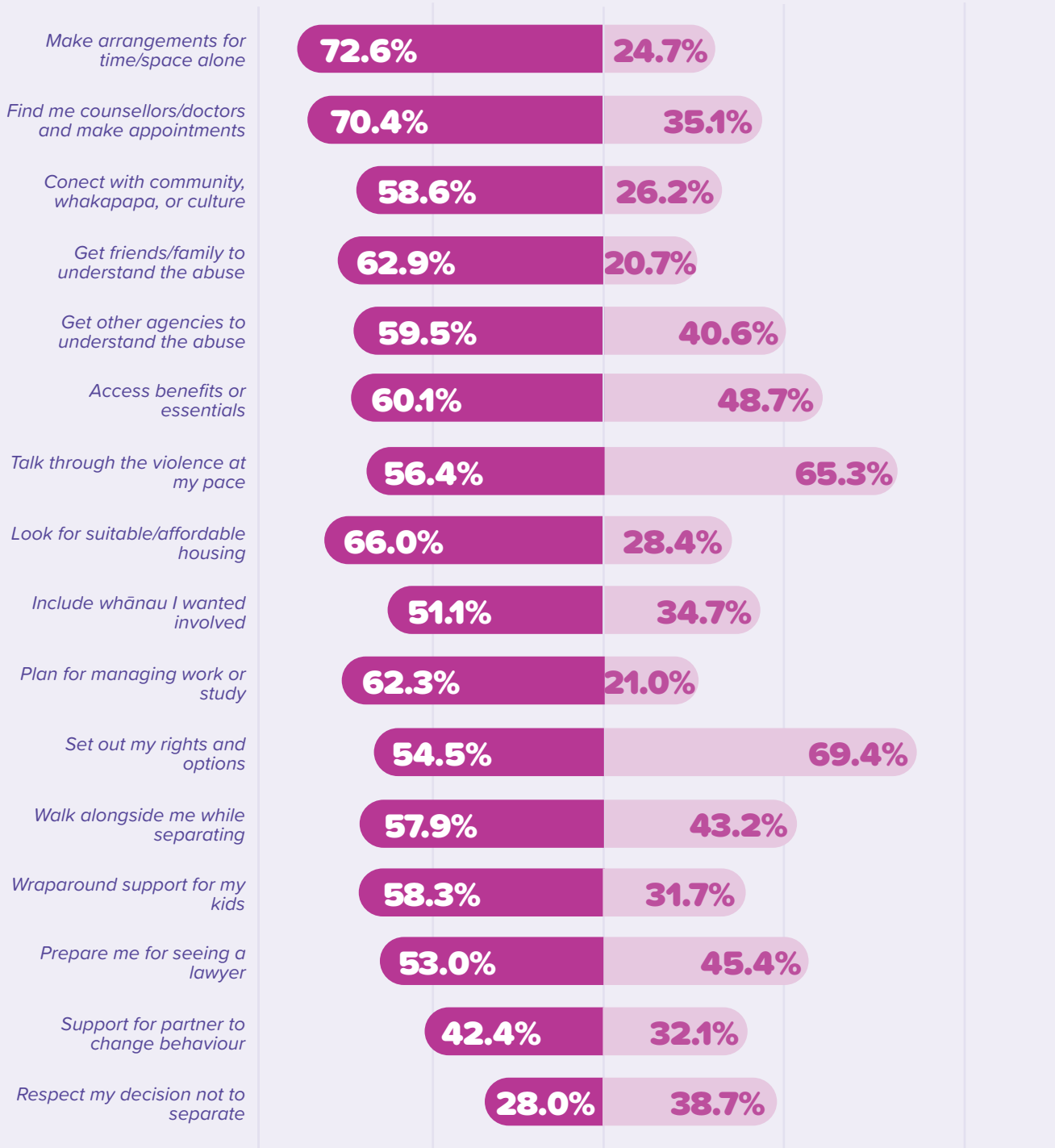| Support	Needed	Received
Make arrangements for time/space alone	60.7%	39.4%
Find me counsellors/doctors and make appointments	55.6%	54.2%
Conect with community, whakapapa, or culture	54.7%	33.1%
Get friends/family to understand the abuse	53.8%	38.0%
Get other agencies to understand the abuse	51.3%	59.2%
Access benefits or essentials	50.4%	62.0%
Talk through the violence at my pace	49.6%	78.2%
Look for suitable/affordable housing	48.7%	46.5%
Include whānau I wanted involved	47.9%	48.6%
Plan for managing work or study	47.9%	37.3%
Set out my rights and options	45.3%	81.0%
Walk alongside me while separating	45.3%	55.6%
Wraparound support for my kids	44.4%	42.3%
Prepare me for seeing a lawyer	42.7%	59.9%
Support for partner to change behaviour	36.8%	35.9%
Respect my decision not to separate	27.4%	40.1%

Violence continued

Legend: ● Needed ● Received

Category	Needed	Received
Make arrangements for time/space alone	72.6%	24.7%
Find me counsellors/doctors and make appointments	70.4%	35.1%
Conect with community, whakapapa, or culture	58.6%	26.2%
Get friends/family to understand the abuse	62.9%	20.7%
Get other agencies to understand the abuse	59.5%	40.6%
Access benefits or essentials	60.1%	48.7%
Talk through the violence at my pace	56.4%	65.3%
Look for suitable/affordable housing	66.0%	28.4%
Include whānau I wanted involved	51.1%	34.7%
Plan for managing work or study	62.3%	21.0%
Set out my rights and options	54.5%	69.4%
Walk alongside me while separating	57.9%	43.2%
Wraparound support for my kids	58.3%	31.7%
Prepare me for seeing a lawyer	53.0%	45.4%
Support for partner to change behaviour	42.4%	32.1%
Respect my decision not to separate	28.0%	38.7%

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. 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.

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, dignity, and a reprieve from demands, fears, and burdens.

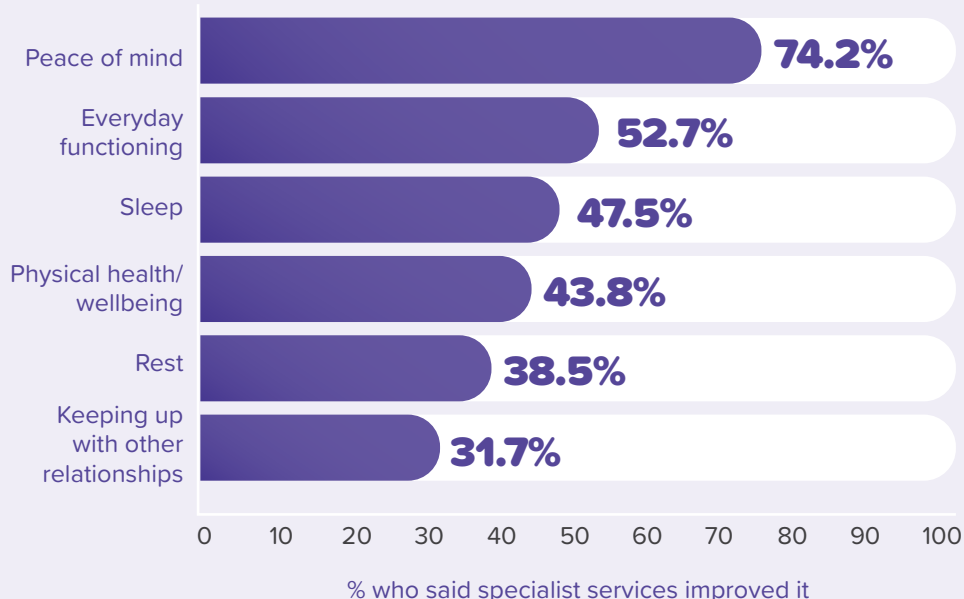To better quantify some of these benefits, respondents who had accessed specialist

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.

services were also asked whether support improved their safety and wellbeing in several domains (aligning with risk domains in part one): peace of mind, everyday functioning, sleep, rest, physical health and wellbeing, and keeping up with other relationships. **Improvements in these domains may indicate that services mitigated immediate risks and helped disrupt the momentum of risk before it could metastasise into adverse outcomes.**

In every domain, the 'violence stopped for good' group reported improvements at higher rates.

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.

Figure 7. Rates of respondents who engaged with a specialist service and reported gains to safety and wellbeing

Domain	%
Peace of mind	74.2%
Everyday functioning	52.7%
Sleep	47.5%
Physical health/wellbeing	43.8%
Rest	38.5%
Keeping up with other relationships	31.7%

% who said specialist services improved it

Equally, these reported improvements did not resolve the risks victims faced or inherently equate to recovery; rather, they show that engagement with (effective) services makes recovery gains likely. High rates of continued risks existed alongside these improvements.

Table 2. 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		**47.5%** said their sleep improved	
Loss of rest	Respondents lost an average of nine hours per day of sleep, rest, or downtime.	**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 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: 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.

Discussion

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.

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 (if acted on).** 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

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.

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. 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.

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.** State systems victims had to interact with when seeking safety rarely combated the gendered economic and social penalties imposed by 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[1] for family violence could create consistency and predictability across agencies, 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.

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[1] For example, using the threshold developed for the Domestic Violence (Victims' Protection) Act 2018

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.
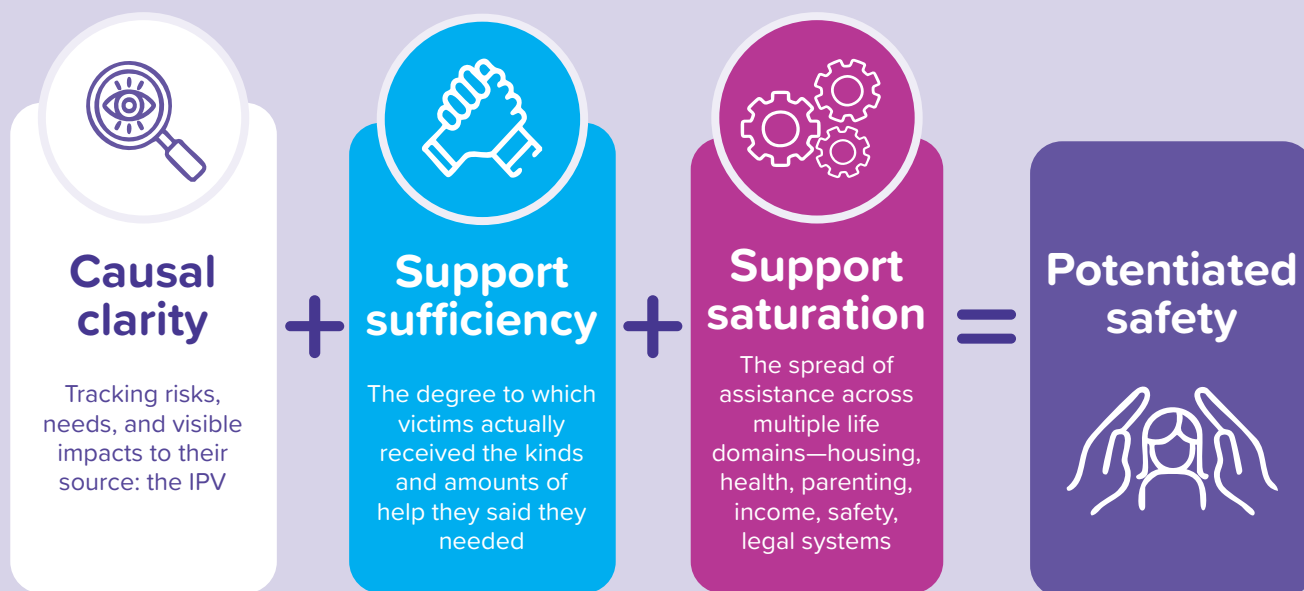
If the systems with the power to enable structural conditions of safety and the services victims turn to when they need help most both act on these changes, 'safety' could become a viable prospect for every victim of IPV in Aotearoa. Service intervention appears most essential for the first year after victims separate, as evidenced by the disproportionately high rates of risks and impacts reported during these periods.

This report also has implications for specialist services. Causal clarity (linking current problems to their root cause: the IPV) and support sufficiency/saturation (meeting victims' actual needs and spreading assistance across every domain) are pivotal to ensuring the right help is provided in full to victims, who invest a lot, and face a lot of risk, just to get this help.

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.

Finally, 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.

Safer response formula

Causal clarity

Tracking risks, needs, and visible impacts to their source: the IPV

+

Support sufficiency

The degree to which victims actually received the kinds and amounts of help they said they needed

+

Support saturation

The spread of assistance across multiple life domains—housing, health, parenting, income, safety, legal systems

=

Potentiated 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 more than half of victims who separated more than 15 years ago 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 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. 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. 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.

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 illustrated both the sequence of IPV risk, and the blueprint of what puts safety within their reach. All that is left is for agencies to act on it.

WOMEN'S REFUGE