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Examining the Family Violence "Safety" System in Aotearoa New Zealand: Where are Victim-Survivors Experiencing Safe Practice?

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Australian Research Council Centre of Excellence for the Elimination of Violence Against Women

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The Australian Research Council Centre of Excellence for the Elimination of Violence Against Women acknowledges the Traditional Custodians of the lands on which our various nodes stand and whose cultures and customs have nurtured and continue to nurture these lands. We pay our respects to Elders past and present. We extend our respects to all Aboriginal, Torres Strait Islander, and other Indigenous peoples around the world.

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Table of Contents

Executive Summary 3
Aims of this Research 4
Methods 6
Key Findings 8
1. Introduction 8
2. The Family Violence Response System 10
2.1 The lack of practical help 10
2.2 Fragmented, transactional, and single-issue responses 11
2.3 Framing family violence as a victim-survivor's mental health issue 17
2.4 A system built on distrust of those it serves 25
2.5 Wāhine Māori are disproportionately poorly served 31
2.6 The system colludes with people using violence 34
3. Te Ao Māori Informed and Kaupapa Māori Marae-led Approaches 36
3.1 Kāinga rua: a place of safety, support and belonging 36
3.2 Relational, dignifying and wrap-around support 37
3.3 Kaupapa Māori principles 38
Conclusion 41
Glossary of Māori words 45
References 48

Executive Summary

In this report, a critical multi-case study approach is used to explore the day-to-day functioning of the family violence response system in Aotearoa New Zealand as experienced by victim-survivors.

Five victim-survivors (three wāhine Māori and two Pākehā) were interviewed and their family violence agency records obtained on their behalf under the Privacy Act 2020. These accounts and records were triangulated and analysed in light of a broader literature review on family violence system responsiveness and the diverse expertise of the research team. The result is a deep, multi-layered, critical analysis of the operations of the family violence response system over time.

Whilst participants had some positive experiences of practitioners and individuals, there were key features of the systemic response to family violence that were unhelpful, unsafe, and at times extremely harmful. These were:

- failure to provide the practical help that victim-survivors needed;
- system fragmentation – a large number of agencies each delivering transactional, single-issue, time-limited responses;
- family violence systemically understood and responded to as an issue of the victim-survivor's mental health;
- a system built on distrust of those it serves;
- wāhine Māori being disproportionately poorly served; and
- systemic collusion with men using violence.

These issues were evidenced not only in the women's experiences as recounted to us, but in the records of the agencies they engaged with, or were required to be involved with.

In stark contrast to this were the responses received from kaupapa Māori practitioners and providers. In this report, we discuss the response one participant received from the Manaaki Tangata e Rua programme provided by Te Puea Memorial Marae. This wahine (woman) and her tamariki (children) received:

- a culturally safe response, which provided immediate protection and material assistance;
- a holistic assessment of her circumstances and a long-term wrap-around response. Kaimahi (workers) used their relationships with state agencies to shield her from the fragmented state system and bring the services she needed to her on the marae;
- relational, respectful and positive acknowledgement of her as a Māori māmā, and all she was doing, as opposed to starting from the premise that she was doing something wrong.

This very different response was underpinned by, and enacted from, Indigenous values and an Indigenous worldview.

These observations suggest[1] that Māori leadership, governance and ongoing oversight offer the greatest potential in the urgent task of transforming the state family violence response system – for the benefit of all victim-survivors and their families and whānau.

[1] This suggestion is not new. We acknowledge the ongoing work of the Mana Wāhine Kaupapa Inquiry claimants, Māori scholars, practitioners and hapori (communities) - who have been pushing for such changes across multiple systems.

Aims of this Research

There have now been decades of government work directed at improving and integrating institutional responses to family violence in Aotearoa New Zealand. While it is acknowledged that change is not easy or quick in relation to complex systems such as the family violence response system (Gear et al., 2024), the potential for transformation has been impeded by continuous cycles of "new" government-directed initiatives (Roguski, 2023). These have been "layered over and competing with existing initiatives, along with a loss of focus and investment for existing and effective initiatives" (Sety & Moore, 2024, p. 4). There has also been little by way of assessment as to whether any of this enormous volume of change has resulted in improvement to the safety responses that victim-survivors are receiving (Carswell et al., 2020).

Furthermore, while there are complaint processes for individual agencies that form part of the systemic response, there are no complaint processes that victim-survivors can use in respect of the functioning of the family violence system itself. Complaints in respect of individual agency practice are unlikely to be successful if that practice is standard or normal – even if it is poor family violence practice or has harmful effects in combination with other aspects of the family violence response. In other words, victim-survivors have no avenues of redress or improvement in respect of systemically harmful practice. Davidson Knight et al. (2017, p. 13) point out that it is key in complex systems "that funders take some responsibility for the health of the systems they work within". Our aim in undertaking this project was therefore to hold the family violence response system *as a whole* accountable to those it is charged with keeping safe by investigating and assessing overall system functioning as that is experienced by victim-survivors.

There is now a significant body of research directed at understanding intimate partner violence (IPV) in terms of the behaviours used by abusive partners and the effects of these on victim-survivors' lives – for example, the research into IPV as a form of coercive control (Stark, 2007; Barlow & Walklate, 2022; McMahon & McGorrey, 2020; Sharp-Jeffs et al., 2018). There is significantly less research directed at understanding how effective the family violence response system is in supporting safety and wellbeing or exacerbating the danger that victim-survivors of IPV live with (although see Wilson & Webber, 2014; FVDRC, 2016; Wilson et al., 2019; Thorburn et al., 2025). By "family violence response system,"[2] we refer to the network of state, state-funded, and community agencies that victim-survivors commonly engage with when seeking safety, support, or an intervention. In Aotearoa New Zealand these include the police, Oranga Tamariki (the statutory child protection agency), refuges and specialist family violence services, the Ministry of Social Development (which administers state-funded benefits), health services, housing providers, courts, education providers and legal services.

The absence of research that renders visible the limitations of the family violence response system, particularly in light of what is now known about IPV as a form of coercive control, matters. This is because such an absence supports the myth that victim-survivors are responsible for the abuse they have endured because they have "chosen" not to engage positively with the family violence response system and have therefore "chosen" not to be safe (Rose et al., 2024). Furthermore, women who are disproportionately under-protected by the family violence response system, and for whom state violence and neglect may be more of an issue in their lives than the

[2] We do not use the term "family violence safety system" because, as will become apparent in this report, in many instances the response received from family violence agencies does not make victim-survivors safer.

violence of individual men, do not have their experiences well represented (Wilson et al., 2019).[3] Our aim is also to contribute to the research addressing this gap.

The inspiration for this research comes from one of its participants. She spent decades engaging with the family violence response system and, in the process, requested access to her agency records. What she found is one of the accounts shared in this report.

[3] Of course, the role of the state in relation to family violence is deeper than simply whether adequate family violence safety responses are made available to victim-survivors; the state also has responsibility for structural inequities that support violence – for example, state housing policies that mean that victim-survivors have the intolerable trade-off of enduring either violence or homelessness.

Methods

In this report, we use a critical multi-case study approach to explore the day-to-day functioning of the family violence response system in Aotearoa New Zealand, as experienced by victim-survivors of intimate partner violence (IPV) who are attempting to keep themselves and their children safe.

This study recruited five victim-survivors of IPV (three wāhine Māori and two Pākehā women – three Indigenous women and two non-Indigenous European women) through experienced practitioners working in the sector. Victim-survivors who met our recruitment criteria (which included at least one contact with family violence agencies within the last three years – 2021–2024) and indicated a willingness to participate were interviewed about their experiences of IPV and pathways towards safety. A Māori/Pasifika research assistant with lived experience of harmful system responses undertook this first set of interviews.

The interviews focused on participants' experiences with agencies they sought support from, or that became involved in their lives due to IPV. The open-ended interview questions were grounded in an understanding of IPV as a form of social and systemic entrapment (FVDRC, 2016; Tolmie et al., 2024; Wilson et al., 2019). This framework recognises that the violence that victim-survivors experience extends beyond the coercive control exercised by their partners, to include:

- the responsiveness of the family violence response system and the community to victim-survivors, their (ex) partners, families, kinship networks and communities; and
- how the infrastructure of colonial violence, the operation of state-sanctioned violence, and the intersection of structural inequities can shape the quality of the safety responses available to a victim-survivor, her children, and her relational support networks, and compound her partner's use of violence.

With the participants' authority, we then wrote to the agencies seeking access on their behalf to their agency case records under Principle 6(1)(b) of the Privacy Act 2020 (NZ), which requires agencies that hold personal information about someone to provide (and correct) that information on request. The women were interviewed again in light of these records (or as many as we had, given that not all agencies were compliant with the law). A Pākehā researcher/practitioner with significant experience in reviewing family violence system responsiveness undertook this second set of interviews.

Reading the interviews and case records together to critically analyse the functioning of the family violence response system across the range of engagements by the five participants over many years was a long and iterative process. It was conducted both individually and in discussion between the three researchers. Literature reviews were undertaken as issues emerged. These situated the experiences of participants in the context of what is generally known about the phenomenon of IPV or of agency practice, as experienced by victim-survivors generally or from certain communities. The three-person research team brought their own subject positioning and experience to the analysis. Two are Pākehā, whilst one is wahine Māori. Two have, between them, more than 13 years of experience in family violence systems review on behalf of the New Zealand Family Violence Death Review Committee; two have legal training; one has extensive experience in family violence advocacy in Aotearoa New Zealand and other jurisdictions; whilst one brings lived experience negotiating the family violence response system to the analysis. The final report was peer reviewed by a leading Māori scholar, Professor Khylee Quince.

In line with a critical multi-case study approach (Diem et al., 2023; Flyvbjerg, 2011), this project "scaled deep" (Cole & Hagen, 2024, p. 2096) into the functioning of the family violence response system using five intergenerational "living experiences" (Cataldo et al., 2026) of system functioning. The women interviewed had, over decades, dealt with hundreds of professionals, and their agency records ran into thousands of pages. The strength of this particular project is that the participants' narratives and their case records – as compiled by the agencies they were dealing with – were triangulated to provide detailed contextual lenses and a rich juxtaposition of perspectives and experiences in the micro-details of day-to-day agency practice.

Prior to publication, this report was returned to the five women whose collective experiences shaped the findings. The participants reviewed the representation of their experiences – in relationship with a researcher or on their own, depending on their preference – and gave their authority for these to be published. To ensure the safety and confidentiality of participants' identities, the following pseudonyms were used throughout the project: Ava, Cathleen, Erena, Māreikura, and Ngākau.

All five of these women are mothers. Collectively, they have 20 children. Four women have four or more children, with at least one of these children having very serious medical health needs or high needs. Being a mother was deeply important to these women; for example, Ngākau said that what she held on to throughout was "being the best mother I could be," despite the numerous attacks on this. She knew the hardships she had experienced in bringing up her tamariki and the self-sacrifices she had made in that process, even if others charged with making decisions about the lives of her tamariki did not care about this.

The five participants were dealing with six men – three Pākehā, two Māori and one Pasifika. One Māori participant described her relationships with two abusive partners, both of whom were Pākehā (only one was the father to her tamariki), whilst the other two Māori participants had a Māori and Pasifika partner, respectively. One of the Pākehā participants was dealing with a Pākehā partner, whilst the other had a Māori partner.

All of the women endured high levels of coercive control, which included terrifying assaults that they attempted to flee and/or defend themselves against, and in which they were physically injured. All five experienced multifaceted attacks on their mothering – for example, their partner physically attacking their stomach when they were pregnant, physically attacking them in the presence of their children, verbally denigrating them as mothers, and removing essential material resources needed to care for their children. These fathers used the children to control them and attempted to undermine their relationship with their children by disparaging them to their children. Some of these men also made false reports about their mothering to agencies. Agencies assisted the men by pressuring the women to agree to arrangements for the care of their children that compromised their values with respect to caring for their children, or that removed their ability to care for their children.

Following the guidance of Wilson et al. (2019), when referring to Māori women, men and children the terms wāhine, tāne and tamariki are used in this report. This is in recognition of the mana and unique status wāhine, tāne and tamariki hold as Māori, the Indigenous people of Aotearoa. Similarly, "references to whānau relate directly to the extended family networks that function collectively for Māori, distinct from the common understandings of family" (p. 13).

Key Findings

1. Introduction

This report looks at the functioning of the family violence response system in Aotearoa New Zealand from the perspective of victim-survivors who are forced to engage with it in their efforts to enact safety for themselves and their children.

Thorburn et al. (2025, p. 32) point out that IPV is an ongoing pattern of harm that has risks beyond the immediate threat of physical assault or death, to include "housing stability, cognitive strain, income loss, compromised parenting, fractured relationships, diminished emotional and material resources, and the erosion of … everyday functioning" (see also Tonumaipe'a et al, 2026, pp. 36, 43). Given this understanding of IPV, Thorburn et al. (2025) describe safety for victim-survivors as "the restoration and maintenance of conditions in which victims are no longer subject to violence, threat, or coercion, and are resourced to recover dignity, rest, autonomy and full participation in life" (p. 13).

For wāhine Māori, any understanding of safety must also affirm "the mana that Māori women hold both individually and collectively" (Pihama, 2020, p. 359). Tonumaipe'a et al. (2026) found that wāhine Māori and Pasifika women victim-survivors described safety as:

> "relational, something experienced in the body, in the home, in the quality of relationships with those one loves…. as longitudinal, not a moment of resolution, but a slow, supported process of restoration. And they described it as mana-enhancing, not defined by victimhood and risk, but by the reclamation of identity, capability and dignity." (p. 29)

We take on board these understandings of safety for the purposes of assessing the systemic responses to victim-survivors in this report. This means that we do not treat safety as only the immediate reduction of a threat of physical violence at a particular moment; it also requires a reduction in the ongoing threat and the restoration of self-determination and wellbeing.

The report findings are structured around the contrast we observed between the responses provided by agencies that are part of the "mainstream"[4] family violence response system and the responses victim-survivors received from kaupapa Māori programmes and practitioners.[5] In particular, this report focuses on a kaupapa Māori marae-led response as experienced by one of our participants. To explain this contrast, this report is divided into two substantive sections.

Section 2 of this report describes why the participants in this project did not find the mainstream family violence response system helpful. Most needed practical support, and instead were caught up in a fragmented system, dealing with services that were only funded and focused on dealing with one part of their social realities. The women described going from service to service or sitting in extremely difficult circumstances, being repeatedly asked to tell their painful experiences of abuse to strangers without getting the practical help they needed. They described a system built on distrust of those it is meant to serve, and help offered in one part of the system being weaponised in another. Throughout the system, family violence was often responded to as though it were a mental health issue for the women concerned or as though their experiences of IPV could be effectively treated by mainstream mental health services. The three wāhine Māori participants

[4] We use "mainstream" to refer to the dominant Western model of service delivery.

[5] Both in the practices and outcomes as experienced by victim-survivors.

faced levels of gendered racism which meant they struggled to be believed and had the worst believed of them, adding another layer of institutional harm to their experiences of IPV and perpetuating the ongoing harms of settler colonialism (Pihama et al., 2023, p. 34). All of these features point to a system design with the structural dynamics to function in collusion with the men using violence against them.

Section 3 of this report contrasts the systemic family violence response set out in Section 2 with the response Māreikura and her tamariki received when welcomed into Te Puea Memorial Marae's Manaaki Tāngata e Rua programme. This kaupapa Māori marae-led approach, as its name states, extended manaaki and immediately embraced the whānau with an "awhi package" (Lee-Morgan et al., 2019, p. 28) in the form of safe accommodation, kai (food) and ongoing practical help with the safety and self-determination needs of the whānau. The kaimahi (workers) undertook a Te Ao Māori "wholistic" (Miles et al., 2023) assessment of what had happened and was still happening, guided by what Māreikura (not kaimahi from the marae) saw as important. Although she was dealing with the same fragmented system described in Section 2 of this report (and which had played a key role in generating the crises the whānau were experiencing), the kaimahi at Te Puea Memorial Marae used their collective expertise and relationships to hold and assist the whānau. They brought services to her and facilitated connections with practitioners who were willing to help constructively. The hau kāinga and kaimahi embodied aroha and provided consistent and highly effective systems advocacy. They attended all meetings with service providers and other organisations, including her employer.

Finally, we draw a simple conclusion from our observations about where safe family violence practice is currently occurring in Aotearoa New Zealand. Our suggestion is that a Māori values-centred system offers the greatest potential to transform the existing family violence response system for all victim-survivors (Hudson et al., 2010; Rua et al., 2023; Tangaere & Hagen, 2023). This is because te ao Māori values fundamentally challenge the neoliberal logics, and focus attention on removing the systemic barriers that currently impede safe and equitable outcomes for victim-survivors and their families and whānau (Rose et al., 2024).

2. The Family Violence Response System

The women in this project described moments where they experienced aroha and āwhitanga from individuals working in the family violence response system. For example, Erena was in the hospital barefoot after being badly assaulted by her partner and one of the cleaners gave her his jandals (thongs or flip flops). Māreikura described parking her van (in which they were living) in the hospital carpark where her tamariki could be cared for by her adult children, whilst she tended to her extremely ill adult child who was an in-patient. She said that the staff looking the other way whilst they used the facilities was "manaakitanga in action." She also described a police officer taking time to sit down with her and encourage her to get a protection order – sharing the story of her own mother in the process, which Māreikura could relate to. Cathleen changed health providers because she felt judged. When she disclosed to her new doctor that she was using drugs and experiencing IPV, she could tell that he was shocked, but he did not judge her. Instead, he asked if she was okay.

Despite these individual experiences, however, key features of the existing family violence response system undercut its usefulness for victim-survivors and their families and whānau, and even compounded the harm they were experiencing from their partners. In this section we describe features of the systemic response that were common to the experiences of all of the participants.

2.1 The lack of practical help

All five women in this study had contact with agencies because they needed safety for themselves and their children (Carswell et al., 2020; Thorburn et al., 2025). Their engagement with the family violence response system did not provide this in any enduring sense. There were times when agency actions mitigated an immediate threat of physical violence, but this did not address the ongoing danger and precarity the women were living with, and there were also times when actions taken failed to assist and/or inflicted or escalated harm. The women who were forced into financial reliance on the state in consequence of family violence (and colonial violence) had fundamental survival needs, for example, safe and stable accommodation and food, which the system struggled to meet or met inadequately.

Erena said she cried when she read her agency records. Reading them back, she could see herself "reaching out and it just felt like …. fucking someone help! I was screaming out everywhere and not really getting it." Māreikura said she felt judged and "repeatedly victimised" by a "system that failed to protect us."

For most of these women, the engagement of "mainstream" family violence agencies, whilst necessary, also made the challenges they were navigating *worse*. Ngākau said:

> "What you needed the most was practical help, and the services…do not provide this…The more engagement you had…the more they required from you – courses, your time, you were at times handed over to other social workers who found it easier to get you to tell your story again then read your file (little did I know at the time, that this was… beneficial in many respects),[6] home visits that added pressure to clean the house… And all of this took you away from your responsibilities to your children…The impact on your mana and wairua was long-lasting and indescribable."

[6] Because it meant that negative narratives in one set of agency records were not necessarily replicated in the next agency's practice.

She provided a practical illustration:

> "I had one social worker from a District Health Board[7] let herself into my house, I was preparing dinner. The children eight, four and twins two…It was quite a stressful time of the day to visit unannounced. I soon realised it had become quiet…She had left the front door open, the twins were 200 metres down the road. She hung around…It is part of our culture to feed our guests. I struggled with this as I was on a very tight budget. She ate and left. The next day I rang the DHB and told them I did not require this service."

The women described being passed from agency to agency, living in untenable situations that were not resolved for intolerable periods of time, and being given phone numbers of people who might be able to help, but upon calling, could not. Sometimes, the only "help" was where an agency simply made them recount their story again. In Ngākau's words:

> "I … felt raped of my story repeatedly. They would sit down… all love and caring …[you would] say your story and then what you needed help for … and I soon learnt that … you would never hear from them again. …. when I got into emergency transitional housing …I would get random phone calls... some…NGO, talking about my housing and it was the same narrative every time..."

This is confirmed by Ngākau's agency records in which she is contacted many times over the three-and-a-half-year period she was in emergency housing for a discussion of her housing needs, before being provided with a lecture on the difficulty of meeting those needs and a ranking score for her level of need, and then no further action. Meanwhile, Ngākau was living in circumstances that provided her and her tamariki with no safety, stability, privacy or dignity (Bidois et al., 2024).

Three of the women described the systemic response to their help-seeking after leaving their abusive partners as being so harmful that, in retrospect, they questioned whether it would have been preferable to have stayed and tolerated their partner's abuse. Whilst living with the abuse had left physical injuries that some of the women will never fully recover from (such as broken bones, teeth and traumatic brain injury), the costs of leaving were profound. Their subsequent engagement with agencies exposed them to practices they experienced as degrading, coercive, and destabilising. In addition, this engagement resulted in the loss of irreplaceable dimensions of their lives, including the capacity to care for and protect their children, as well as material lifelines such as financial security and a home that they owned.

It is worth pointing out that providing people with actual help does not create dependence. Manaaki Tairāwhiti (2025) analysed 1,542 whānau journeys with Manaaki Navigators between 2019 and 2025 and found that most whānau did not ask for further support once their needs were actually met. Across this sample, 72 per cent of whānau did not ask for support again within three months of getting the help they needed.

2.2 Fragmented, transactional, and single-issue responses

Victim-survivors might come into the existing family violence response system through any number of entry points – for example, by engaging with health (including via emergency clinics, hospitals, GPs or mental health and addiction services), housing, social security or income support (Work and Income New Zealand), the police, child protection (Oranga Tamariki), the family court, the criminal justice system, non-government agencies from the family violence sector, Kaupapa Māori

[7] Note that District Health Boards were replaced by a centralised national health system in 2022.

providers, the education system (secondary schools or tertiary institutions), or the Aotearoa New Zealand no-fault personal injury scheme (Accident Compensation Corporation or ACC).

The system that they enter, as pointed out by the New Zealand Family Violence Death Review Committee, is designed by default (Family Violence Death Review Committee, 2016). It is a collection of responses that are part of systems designed to deal with other issues, with a cluster of underfunded initiatives for family violence. The existing system is therefore highly fragmented (Carswell et al., 2020). It consists of a large number of agencies, each assessing and responding in a transactional and mono-cultural (Boulton et al., 2018, 2020; Kaiwai et al, 2020; Moyle, 2014, 2025; Pihama et al., 2023) manner to the single issue that they are funded to deal with. At no point do victim-survivors receive a holistic response to family violence that addresses all of the issues that they are grappling with (Mossman et al., 2019). This contrasts with Indigenous relational and wholistic systems thinking, which understands everything as interconnected, and embedded within cultural, spiritual, collective, and material relationships (Goodchild, 2022; Miles et al., 2023; Johnson et al., 2024).

Furthermore, the responses of individual services to family violence are also often not particularly helpful because each service's practice is animated by other agendas that undercut their family violence response. For example, the police are focused on responding to crimes and so deal with each "incident" as though it is a decontextualised event, with a focus on the physical violence. Mainstream mental health services are focused on diagnosis, treatment and medication options in relation to mental health issues, and addiction services on harm reduction in relation to substance use. The family court is focused on dispute resolution between two "equal" parties. Child protection is focused on stopping children from being abused, which includes being exposed to IPV, and so puts the adult victim-survivor under pressure to prevent this.

To receive a response to IPV, victim-survivors are required to verbally disclose abuse (Short et al., 2019). Disclosure generally results in a referral to a specialist family violence service, which may not, at this point, have much practical support to offer victim-survivors. The problem with a system built on overt disclosure is that victim-survivors experience many barriers to disclosure (Rose et al., 2011). It may take some time for a victim-survivor (as it did with Ava) to come to terms with the fact that they are experiencing IPV, as opposed to dysfunctional life circumstances. Victim-survivors who are subject to high levels of control may rightly fear that disclosure will result in retaliatory violence from their partner, negative judgement by professionals or punitive consequences for their partners, which will repercuss on themselves or their children (Controller and Auditor-General, 2023).[8] Disclosure may also expose victim-survivors and their children to the full harms of the family violence response system itself. For example, mothers who use drugs may be unable to disclose because of the discrimination they experience and the fear of losing their children. Drug use may also be bound up with the abuse itself: used as a coping mechanism, supplied or encouraged by the abusive partner, and/or used to discredit her or redirect attention from his violence when she seeks help. These dynamics can become barriers to both safety and to the support needed for recovery from addiction (Jackson, 2025; Morrison et al., 2023). If there are children involved, disclosure may mean a report of concern to Oranga Tamariki (child protection), which may add another layer of distress and fear the adult victim-survivor has to manage. The Māori Expert Advisory Group's report to the Ministry of Health (2022, p. 32) has pointed out that unless the wider issues of institutionalised racism and ableism in the health system are urgently addressed, people will not disclose abuse "for fear of what state-led institutional responses might

[8] Pointing out that the Ministry of Social Development found, in a 2020 survey, that half of women affected by family violence were too scared to talk about the abuse and 37% did not feel safe seeking support.

flow, especially in relation to Oranga Tamariki intervention as a result of reports of concern" (see also Carswell et al., 2020, pp. 41–42). Erena referred to this legitimate fear when she talked about child protection services offering her help while she was in the hospital after having her leg broken by her partner. She said she did not know whether the help she was being offered was "actual help – to help me, or if it was the kind of help that would get me or [the children's father] into trouble."

Only one of the five women in this project, Māreikura, fully disclosed the abuse from the time when she first came into the system. Her disclosure was treated as an overstatement and a potential attempt to obtain an unfair advantage in the family court in relation to the care of the tamariki. For wāhine Māori, the mamae of family violence is compounded when the response system does not believe them. This harm is connected to intergenerational histories of colonisation and state intervention, but it is also produced in the practices of the family violence response system. When wāhine disclose abuse and are met with doubt, minimisation, suspicion, or deficit-based assumptions, the act of seeking help can become another point of danger. They learn that disclosure does not necessarily produce safety but may instead produce records, assessments, referrals, labels, or interventions that misrepresent what they have said and intensify the scrutiny placed on them and their whānau by government agencies. In Ngākau's words:

> "When a tuakana once told me to 'guard your story,' I did not fully understand what she meant at the time. I do now. I have found as a wahine Māori, disclosure is not always met with belief, even when basic logic would show that what has been disclosed is true. Once they decide not to believe you, everything that follows can be built on that disbelief. Notes are written and shared, assessments are made, labels are attached, and decisions are made about your life and your tamariki's lives based on something that was never true. In systems that are not designed to fully hear or protect wāhine Māori, our stories can be taken from their context, used for purposes we never intended, and returned to us as evidence against us. The mamae is not only in being harmed, it is in learning that even our truth must be protected."

The Māori Expert Advisory Group (2022, p. 33) has also criticised tacking disclosure onto a service that does nothing to help but simply refers the victim-survivor to another service. It said that "there needs to be a shift from screening merely to report to screening to support." In other words, screening should be part of an overarching model of care within a holistic response (Māori Expert Advisory Group, 2022).

Over the past few decades, the mainstream specialist family violence services[9] that victim-survivors are referred to have narrowed their practice to comply with the constraints of a neoliberal contracting and funding model (Price & Kelly, 2021). These services do not appear to be contracted to engage in systems advocacy to ensure victim-survivors receive the help they need.[10] For the five participants in this report, the specialist family violence sector offered minimal help. Four of the women tried to access refuge – only one was successful. Of those who were unsuccessful, one was rejected because no spaces were available, one could not find a refuge that would also take her three dependent male children, and the remaining woman said the refuge worker asked her questions in such a way that it was obvious that she wanted to find her need not

[9] These include Women's Refuge, sexual violence services, and other community-based family violence organisations providing support, advocacy, and safety planning.

[10] Systems advocacy refers to practitioners' responsibilities in actively assisting (and at times accompanying) victim-survivors in their engagements with multiple agencies and services, including housing, welfare, legal, health, and child protection services, to ensure these agencies provide the appropriate responses, supports, and resources to victim-survivors and their children.

sufficiently high risk (as, indeed, she did). This mother was dealing with an extremely dangerous ex-partner who knew where her friends and associates lived and was actively pursuing her. The wahine who went into refuge had to barricade herself and her tamariki in their bedroom at night to prevent another resident from breaking in. She also had her car and food stolen by other residents (she was left by the police with the care of one of these residents' children when they were arrested) and was required to tend the extensive skin wounds of another woman who had been put into a freezer by her partner. Similarly, the standardised safety plans recommended by the family violence sector were of limited use. Cathleen said her partner simply smashed her hidden safety phone when she tried to use it. He would also beat her until she handed over her phone and PIN and then go through everything, including bank accounts (demanding explanations for transactions). This made it impossible to hide money away for an emergency escape. Ava, after she was arrested and bailed, was visited by a specialist family violence worker, who listened to her experiences, before telling her she was resilient and should write a book. Ava did not hear from them again.

Every woman in this study had a different (disjointed) trajectory through the family violence response system. We illustrate the point about fragmentation with Māreikura's experience, which evidences the service roundabout victim-survivors can find themselves on, and how the impact of "failing" to meet service eligibility criteria results in ever-deepening crisis for themselves and their children.

Māreikura came into the system through the police and the family court. She had purchased a house with her own funds and in her own name during her marriage, intending this to provide long-term security for herself and her tamariki. Māreikura, not having ready access to a family lawyer, did not appreciate that a home that is lived in by a couple longer than three years is essentially owned by both, even if only one of them is on the legal title and intends it to remain separate property. This meant that when she sold the home in an effort to leave, after being attacked by her ex-husband in front of their tamariki, he was able to lodge a claim over the proceeds from the house sale in the family court. The funds were frozen in a lawyer's trust fund for almost four years, as they could only be released with the agreement of her ex-husband. A no-fault divorce means that the family court puts aside how the parties treated each other during the marriage when dividing the property. In family law, child support issues are also separated from relationship property issues. Throughout this period of time, Māreikura received only *one* payment for child support from her ex-husband. This was during a pivotal point in the family court proceedings, immediately after she had pointed out to the court that she had not received any child support, and all the Inland Revenue Department[11] could do about that was note it. As in the relationship and subsequent to the resolution of court proceedings, Māreikura continued to be the primary caregiver for their tamariki throughout the separation, getting them to school and to doctors' appointments, whilst bearing the full financial cost of their care. As her living crises deepened Māreikura notes that:

> "I was treated as though being homeless and being poor was all my fault. And that the reason I was not provided with financial help was due to poor decisions made on my part."

Māreikura went to multiple lawyers but could not come up with the necessary financial retainer to engage them, and her job disqualified her from legal aid or welfare support. At this point, she was carrying significant relationship debt, was unable to get any bank credit and had exhausted her savings getting the house ready for sale. She also had to take leave from her job to manage

[11] The organisation charged with collecting child support payments.

everything (including an adult child who developed a life-threatening medical condition), and so was receiving no income. As she was not a welfare beneficiary, she could not get a referral for emergency housing. Her ex-husband refused to allow her to pay the substantial relationship debt in her name out of the proceeds from the house sale (she was being harassed by creditors, which was damaging her credit rating) or allow her to use a small portion of the proceeds as a rental bond. She needed a lawyer to (eventually) negotiate this, who pointed out that her ex-husband was using the family law system to engage in financial abuse. By the time the funds were eventually distributed, they were badly eroded by the cost of the protracted family court dispute, including accumulated lawyers' fees.

Māreikura applied for almost 40 rental properties for herself and her tamariki to live in over this time. Research evidences how wāhine Māori, particularly those with tamariki, struggle to get into the private rental market (Moyle et al., 2024; Roestenburg & Taylor, 2025; Terruhn & Collins, 2025). Māreikura said wāhine Māori are assumed to have gang affiliations or substance abuse issues (an observation supported by one of Erena's Housing New Zealand assessments: "Erena confirmed she does not have addictions, gang affiliations and faces no convictions"). Māreikura was eventually offered a rental property, but her ex-husband refused to release the bond money. After whānau accommodation options fell through, Māreikura and her three tamariki were forced to live in her van for six weeks. It was "cold, uncomfortable and dangerous." Māreikura remembers having to drive away quickly after a street fight broke out one night, and the van was hit. Māreikura managed to keep her tamariki in school during this period, parking outside their school, work, the local park, and the hospital where she was caring for her extremely ill adult child, so that they could use the facilities. One of her tamariki also has significant health issues, and she had to attend clinic appointments and hospital stays for him throughout this ordeal.

Māreikura disclosed her level of fear from her ex-partner's abuse repeatedly to agencies. She contacted Housing NZ, Work and Income New Zealand, Immigration NZ, the police, the City Mission, her employer and the Citizens Advice Bureau. She went to whānau and friends for assistance and to the bishop in her church. She went to multiple home viewings and contacted multiple lawyers – seeking accommodation and legal help. She scraped together the money to apply for a protection order and self-represented through the first two family court hearings. Eventually, in desperation, she contacted members of Parliament and Māori Television.

The police record that they had decided to give her a "gold service response" and note that she is "well educated and proactive in obtaining a protection order and seems to have the right people around to support her." Their response involved contacting her every 30 days and recording their visits to her (when they could find her, as the whānau had no stable accommodation). Whilst she appreciated this, she said the police showed up late when she was attacked, did not show up to an appointment (without explanation), and gave her a phone number, but did not offer her blankets or a food parcel. What happened next is set out in Section 3 of this report.

Over the many years Erena was entangled in the family violence response system, she was required to take 17 courses addressing parenting issues, addiction issues and family violence. She commented on fragmentation even in this one small part of the system:

> "I noticed … that a lot of the courses only dealt with the [one] issue…. you know if it was a parenting course they only dealt with parenting. They don't deal with parenting while being beaten up and they didn't deal with parenting with more than two kids or … parenting with disabled children. So there were lots of different courses that were like – "yeah well we are not actually here to talk about that. I am sad that you are going through that," but then bring

me back. So even just being able to talk about [my experiences] as a whole [in the interviews for this project] felt really quite mind blowing…."

Erena said one course was different – it was not run as a "business structured model." They offered women the option of being picked up or having a petrol voucher, provided child care and a cooked lunch. In other words, they removed structural barriers to attendance and participation. They also held space in a relational way, which acknowledged that everyone is a teacher and a learner:

"Each week they would have a different topic... But …. anything and everything was acceptable ….. The tikanga that was set… had even the roughest of ladies being really respectful …. Why …. it was open was that they used to have a whakawhanaungatanga time …. normally the first half of the morning… …The tutors would [ask]... "how do you think that made you feel?" "how do you think the kids felt through that?" and "do you think there maybe could have been a better way?" .... It wasn't about teaching [the participants] how to handle it, it was about bringing out what they think was the best way. And so there were lots of different issues that got talked about there …. It was really vast but really healing and there would be other women there that would be able to offer [understanding] …."

In a fragmented system, not only do people not receive a holistic response but the system undercuts itself. For example, Ava's mental health records were weaponised in the family court by her abusive ex-partner to discredit her as a mother in proceedings for the care of the children. She said, "every time I reached out for help it was used against me." This phenomenon has been noted in other research. For example, general practitioners in Australia have said that fear often stopped victim-survivors from receiving the support they needed because they were afraid of the repercussions in the family court (Kuruppu et al., 2023).

Erena had inconsistent and confusing responses. For example, she was placed under pressure by Oranga Tamariki (child protection) to permanently separate from the father of the tamariki because of his extreme physical violence towards her in the presence of the children. However, when this resulted in Erena being hospitalised, the tamariki were placed in the care of their paternal grandparents, even though Erena informed the police that this would mean that their father would be caring for them. The police simply advised her to go to the family court and change the care arrangements. She said:

"I've got one agency saying oh you have got to leave the father and the other one saying no, you have to stay around whānau, hapu and iwi so it creates a lot of confusion and disheartenment …. Because you want to do the right thing but… the people trying to tell you what the right thing is can't even get their crap together."

Unskilled responses in one part of the system can flow on and influence responses in another part. Ngākau shared how records in one part of the system – which contained inaccuracies or deeply disrespectful narratives about her, influenced by what her abusive partner had said to justify or deny his behaviour – were shared with agencies in another part of the system, meaning that these inaccuracies live on in other agencies' case management systems. Ngākau was sometimes conscious, talking to one agency, that they were cross-examining her – checking whether or not her account corresponded with what had been recorded in another part of the system or in other agency records – in order to decide if she was credible or not.

Transitions between different parts of the system are disjointed. For example, Ngākau engaged in tertiary study in order to be able to help women in similar circumstances. This necessitated moving

between StudyLink (the student allowance) and the JobSeeker Benefit (the unemployment benefit). As soon as her exams finished, her student allowance stopped, and so she had to start the arduous process of applying for the JobSeeker Benefit whilst she was also preparing for and sitting her exams. This required GP appointments to obtain documentation and disclosing information that stirred up painful emotions during a time she needed to focus on her studies. The changeover in payment processes could take two to three weeks, during which time she had no money. This was extraordinarily stressful as she was the single parent of four rangatahi, had an exorbitant rent to pay, and could not risk missing rent payments.

The fragmented nature of the family violence response system also made it murky to navigate. Māreikura said she would have appreciated having enough information to know that she needed to put her house in the names of her tamariki when she purchased it. When she commenced separation, she would have liked the whole picture first – everything she needed to do to separate and protect herself and her children in the process, as well as the costs involved for each stage.

2.3 Framing family violence as a victim-survivor's mental health issue

Women living with abusive partners routinely have their distress (Carswell et al., 2020)[12] and/or their coping strategies responded to as though they are suffering from mental health or addiction issues (Donnelly & Holt, 2021; Heron & Eisma, 2021; Humphreys & Thiara, 2003; Trevillion et al., 2014; Webb et al., 2025). The result is medicalised practice focused on diagnosis, medication, counselling and harm reduction in relation to substance abuse – often without going deeper and questioning *why* they might be highly distressed or using alcohol or other drugs. When this happens the violence the women are enduring/have endured disappears. The victim-survivor becomes hypervisible as the "problem" to be fixed, whilst their abusive partner becomes invisible. At times, as happened for Ava, the abusive partner is then positioned as the safe person and consulted by medical health professionals as the person able to provide them with authoritative insights into the victim-survivor's behaviour and her mental ill health.

Men using violence can control their partners through substance use coercion, which essentially involves the use of drugs or alcohol to control a victim-survivor – for example, supplying her with substances or sabotaging her sobriety so that she is more dependent on him, but also less credible to those who might otherwise help her (Phillips et al., 2020). Abusive partners can also use mental health coercion – for example, telling the victim-survivor and/or others that she is mentally unwell and cannot be trusted (Heward-Bell, 2023). This can undermine her faith in herself and her credibility with others if she tries to explain what is happening to her. A referral to mental health services can serve as confirmation for this form of abuse (Humphreys & Thiara, 2003). Sweet (2021) points out that such gaslighting tactics are assisted by the "idea that women are overly emotional and lack reason," which is thinking "built into the fabric of our social world" (p. 164). She notes also that, "irrationality and lack of emotional control are racialized and classed" (Sweet, 2021, p. 165). Certainly for wāhine Māori colonial gendered racism can result in relentless and unjustly negative readings of, and responses to, their distress or their self-medication with substances.

Tseris et al. (2024) demonstrate that the Western mental health system, founded as it is on the biomedical model, plays a role in silencing and pathologising women experiencing distress,

[12] Pointing out that the New Zealand Crime Victim Safety Survey reveals that "victims of offences by a family member (37%) exhibited moderate to high levels of psychological distress at more than four times the rate of other adults (8%)." (Ministry of Justice, 2020, p. 2)

suffering or difference, including victim-survivors of IPV. The biomedical model does not attend to the *social causes* of distress or address these (Donnelly & Holt, 2021). Instead, it locates the issue in the individual's reaction, thus pathologising them, with the result that they carry a diagnosis and therefore have reduced credibility. Furthermore, if women are distressed as a result of struggling with inequitable and oppressive circumstances, the issue becomes framed as being about them learning to manage their emotions in response to those circumstances (Tseris et al., 2024). In other words, these are the systemic and predictable outcomes of a model that assumes that distress, emotional suffering and difference are illnesses in the individual requiring medical intervention (Tseris et al., 2024).

IPV has become closely associated with the trauma that it causes to the victim-survivor (Tseris et al., 2024).[13] Sweet (2021) traces how the domestic violence movement in the US has embraced the association of domestic violence with "trauma" in order to attract government funding, resulting in the rise of what Bracken (2002) and Horwitz (2002) have called the "trauma industry." This has shifted the focus from addressing victim-survivors' immediate material needs and structural conditions that produce vulnerability towards establishing therapeutic bureaucracies aimed at assisting victim-survivors to recover from trauma.

The manner in which Western trauma discourse can set up a deficit framing of victim-survivors (Pihama et al., 2020), in this case, supported by the particular logic of the family court system, is seen in the response of the lawyer for the child to Māreikura. The lawyer in an affidavit to the family court stated that Māreikura's "trauma" was preventing her from being a good parent. His definition of a good parent was measured by the degree to which she was facilitating contact between her tamariki (who had seen their father inflict serious physical violence on their māmā) and their father. The myriad of ways that the father was undermining Māreikura and the wellbeing of their tamariki during this difficult time, as well as simply failing to show up, on the other hand, were ignored.

As noted by Sweet (2021), a consequence of seeing family violence through the prism of trauma is that victim-survivors are often offered mental health services rather than tangible support, such as employment, housing, money, childcare, a car and legal representation. For example, they are often offered emotional and cognitive techniques to cope with stress, despite being entrapped in precarious and dangerous circumstances that are not endurable, without practical help and collective safety responses. The result is an extra layer of work – women are put in the position of "hurrying between therapy appointments, trying to 'cure' themselves of abuse" (Sweet, 2021, p. 24).

For example, as described above, Māreikura was in intolerable circumstances. She was unwell, parenting three tamariki whilst living in a van and dealing with a life-threatening medical emergency for one of her adult children who also had tamariki – whilst struggling to deal with no income and debts. In an amazing feat of mothering, and with the support of her other adult children, she managed to care for her adult child in hospital, still get her tamariki to school so that they remained in a routine, attend to the high medical needs of one tamaiti and persevere, despite constant rebuffs, in approaching agencies and individuals for help. Her medical records from this time note that she "disclosed multiple stressors" and the health professionals "explored coping strategies, mirtazapine, offered counselling, to attend CBT."[14] Māreikura's capacity to cope with stressful

[13] Pointing out that: "'trauma-informed practice' is a concept that has become both ubiquitous and de-politicised, taking on the very assumptions that it sought to critique, including a deterministic, and pathologising symptom focus on people, often women, who have survived violence." (p. 23)

[14] Cognitive behavioural therapy.

circumstances was nothing short of extraordinary – what she needed urgently at this point was material help, and she certainly did not need more things to do. For other participants, such as Ava and Erena, trauma or behaviour change work was coerced by agencies – if they did not undertake it, they risked losing or not regaining the care of their children.

The employment of Western trauma and mental health discourses as the lens through which to understand and address family violence has a colonising dimension not addressed by Sweet (2021). For example, mental health services use individualistic Western conceptual health framings, which set up a power dynamic in which an "expert" is charged with working to "fix" someone who is psychologically "damaged". Māori understandings of wellbeing are based on balance at the many levels at which a person is in relationship to the universe, including the spiritual dimension, rather than individual psychological deficit (Asher BlackDeer & Benedict, 2026; Pihama et al., 2020; Valero et al., 2025). Furthermore, trauma has collective and intergenerational dimensions for Māori "linked to the experience of colonisation, racism and discrimination, negative stereotyping and subsequent unequal rates of violence, poverty and ill health" (Pihama et al., 2020, p. 66). Not only does this mean that "imported individualistic western approaches" are ineffective and culturally unsafe, but there is a need for "Kaupapa Māori and Indigenous approaches to healing" for Māori (Pihama et al., 2017, p. 25).

Vera-Gray (2019) describes the manner in which "trauma" operates in relation to sexual violence, which also has resonance here. She suggests that seeing rape in terms of the individual trauma of the victim has the effect of depoliticising the issue of sexual violence – locating "the harms as resulting from its extra-ordinariness rather than acknowledging its prevalence in the lives of women and girls" (p. 61). Vera-Gray (2019) notes that:

> "Critiquing the dominance of trauma as a way of understanding the harms of rape is not the same as arguing that rape is not traumatic, nor that service provision should not be 'trauma informed.' Rather it is to point out how such dominance can function to silence other forms of harm." (p. 61)

The result is that we see the harm as an individual issue but fail to understand its social and collective dimensions. Vera-Gray (2019) suggests that it is helpful for victim-survivors to move away from using "trauma" as our only lens for understanding what has happened to them. This is because politicising the violation locates the cause "outside the self" (p. 66) and supports victim-survivors not to be defined by what happened to them. Moving away from "trauma" also enables service provision to be integrated and holistic – there is a clear understanding of the victim-survivor's support needs "in the total context" of her "life" and an appreciation of the fact that she is best placed to understand that context (Vera-Gray, 2019, p. 68).

We will illustrate the issues canvassed here through Ava's, and then Ngākau's, experiences. Ava first came into the family violence response system when she showed up at a medical clinic, angry and injured, with no memory of how she had been injured. Ava describes this in retrospect as a "desperate plea for help". She was, at the time, on psychiatric medications, which she had first been put on by maternal mental health services when she suffered maternal depression more than a decade prior.

Ava's partner had a history of gaslighting her about her mental health and engaging in substance use coercion (Heward-Bell, 2023, p. 103). For example, he would tell Ava that they had not talked about things they had spoken about, he tried to persuade her that she was schizophrenic or had multiple personality disorder (calling her by different names that represented her different "personalities"), if she was saying things he did not like, he would say, "go and take your meds,

you're not right in the head". He would say that she had done things like putting knots in the blinds or assaulting the children whilst she was in blackout and could not remember what had happened, and he told her that if she left him, he would get the children because she was "crazy". He also told the children to stay away from her at different times because she was having an "episode." Whilst he kept Ava in an extreme state of material deprivation, the one thing he allowed her was alcohol. He used this to sabotage her sobriety every time she tried to give it up. For example, he would pick fights, having put her favourite bottle of wine in the fridge. He even secretly brought alcohol into the hospital when she was hospitalised. At the time she came into hospital, she was drinking to alcoholic blackout every night in order to endure his sexual assaults.

Ava's drinking and medication allowed him to control her but also allowed him to control the narrative with agencies, so that his violence disappeared from view and her problematic drinking or mental health issues became the focus. Ava's husband had a history of regularly initiating engagement with agencies where she was the client, as revealed by her Work and Income New Zealand (WINZ) files, which record multiple interactions with him as her "agent", whilst she is largely silent in these records.

When Ava showed up at the medical clinic, she was transferred to hospital and ended up in respite care. When she came into hospital, she immediately slept for 24 hours. She did not verbally disclose when screened for IPV. However, she did not have a bank account or money, a phone or a car, did not control her social media or Inland Revenue Department number and had no close friends or family support other than her husband. She had taken out a protection order against him in the past, he had convictions (including for assault and methamphetamine use), and he was red-flagged by the hospital for forcibly administering medications to one of their children whilst they were in hospital – however, none of this historic information was in the hospital records readily available to staff (in part because child and adult health records are kept separately). Whilst in hospital, Ava was connected to mental health and addiction services and thereafter the focus was on getting her medication right and providing support to help her stop drinking. A social worker was involved to determine whether she presented a risk to her children.

In the records taken by agencies over this time, it is apparent that Ava was very clear that both she *and her husband* had issues with alcohol and that she would struggle to give up because her drinking was done with him. At one point, her plan was recorded as being to give up when he was not around. The notes record "Ava seems only to drink with her partner in the evenings," and she is not drinking weekdays, but "drinking Friday and Saturday with her husband when he has days off work." The Community Alcohol and Drug Services notes record that Ava "uses alcohol to sleep," whilst the mental health nurse reports that Ava and husband drink together, although Ava is noted to "drink more than her husband, who drinks socially."

The hospital records during her stay record an early conversation between health professionals and Ava's husband in which he stated that she had been violent to their two teenage children and himself before leaving the house and ending up in hospital. He also said that she had a "split personality" and is "better on her meds". He was noted to be "distressed, overwhelmed and tearful" and thereafter he is positioned throughout the records as protective, the safe parent and a "social drinker", with no evidentiary basis for this characterisation. These services recorded what he said without checking the accuracy of this with her or questioning his motivation. In fact, Ava was unaware of what he was telling agencies until participating in this project and seeing her records.

Ava's drinking was understood as the central problem to be resolved, but no one asked her why she was drinking. Ava told us she was drinking to block out the abuse and get some respite when

no other means were possible: “having the alcohol to relax your body to be able to get some sleep and some down time.” However, the attitude of mental health and community alcohol and drug services was:

> “If you stop drinking your problems will be solved. You know, and it’s like well the reason I am drinking is so I can cope with my life and … I was quite adamant that I wasn’t an alcoholic and I didn’t have a drinking problem which I still … believe now… I was in a very dark place and I was using it as a survival tool but … I don’t think it controlled me…. I was deliberately abusing it to numb the pain and to black out to avoid the sexual assaults…”

Her husband rang the psychiatrist she was seeing after her time in respite care to report her behaviour at home. He also attempted to engage with other mental health services who were working with her after their separation to offer his opinion about her mental health (he informed them that she had a borderline personality disorder diagnosis – which she does not). Since ceasing to live with her husband, Ava is no longer on psychiatric medication, does not use drugs and only occasionally drinks.

Ava said, whilst in respite care, she asked the mental health workers for assistance in writing her CV for the purpose of applying for jobs. She knew she needed financial independence to get herself and her children out of the situation they were in. This request is not recorded in the agency records, nor was it addressed, because the focus of agency practice was on getting the psychiatric drugs right and reducing her alcohol consumption.

We have discussed elsewhere the manner in which Ava’s partner was able to use the criminal justice system and the family court to get her arrested, evict her from her home and secure the primary care of the children (Tolmie et al, forthcoming). Ava had to rebuild her life after this. Her main way of accessing help was via the Accident Compensation Corporation (ACC) sensitive claims process. She was diagnosed with an “adjustment disorder” and post-traumatic stress disorder (PTSD) and the focus was on understanding her trauma and helping her to cope, using behaviour change strategies and mindfulness techniques. Ava said, “if that’s all that’s on offer I will take it.” She had been the primary caregiver for her children before her arrest and was seriously worried about the wellbeing of her children in the care of their father afterwards. She asked ACC for financial assistance in travelling to and from the family court to try and get the care of her children back, as well as social work support to advocate through the family court process (on the basis that this would address the social barriers that compromised Ava’s ability to engage in treatment or assessment). This was declined, although ACC was happy to pay for her transportation to and from the ACC-funded counselling sessions she was provided with.

Ngākau has been diagnosed with PTSD and lives with permanent physical disabilities due to her ex-partner’s violence, but had no mental health diagnosis prior to experiencing violence. She left her first partner because she believed he would kill her but entered a family violence response system that was simply not able to offer her safety – and, in fact, frequently sided with him in order to strip her of resources, independence, and, at times, the capacity to care for her tamariki. Her justified distress about what was happening to her and her tamariki was repeatedly interpreted by agencies as a manifestation of her “mental health” issues. Consequently, his behaviour was downplayed, and she became the “problem.” This issue was amplified over time as records from one agency were shared with others.

For example, the police repeatedly failed to enforce her protection order against her first partner. Ngākau was struggling with the fact that no one seemed to be able to protect her and her tamariki. ACC denied her assistance for PTSD on the basis that she could not prove that her PTSD was

caused by “one physical injury”, as opposed to an accumulation of physical injuries from her ex-partner, “which doesn’t meet our criteria.” When informed of this, Ngākau is recorded as becoming “frantic” and stating that she was tired of people saying that they would help and then not following through. She is recorded as saying that she would have to “do something drastic to stop him for good.” ACC made a report of concern to Oranga Tamariki, which stated that Ngākau was “fraught with desperation... someone needs to be alerted to this client’s predicament” and “because of the concerns around her mental health it is unclear if she can be considered an adequate protector for her child”.

Oranga Tamariki then had conversations with the police, a family violence NGO[15] and Ngākau. The NGO explained to Oranga Tamariki that the issues with child contact changeovers were not because her ex-partner did not understand the remit of the protection order, rather he was deliberately using access as another way to get to Ngākau. The Oranga Tamariki social worker spoke to Ngākau’s ex-partner about these concerns and went back to tell her this, noting “[i]t appears Ngākau was not prepared to listen.” The social worker records that all “the mother” was concerned about was whether there would be a recurrence, and “I have told her that it is up to father to change but we have spoken to him.” The social worker also records that, “whatever is her experience with police she needs to contact police if she feels unsafe as that would affect the safety of her children.” In other words, after all these meetings the solution was that Ngākau’s abusive ex-partner was alerted to the fact that she was discussing his behaviour with agencies, and she was instructed to rely on the agency that had repeatedly failed her in the first place. The notes incorrectly state that Ngākau “takes medication for depression, but it does not impact her ability to parent.” In fact, Ngākau has never taken medication for depression.

When Ngākau separated from the father of her tamariki, the family court judge stated that further IPV was unlikely given the couple’s separation. He noted that he was not concerned about further violence from the father as he had not been violent towards anyone other than Ngākau. In fact, Ngākau had been assiduous in ensuring that she, not her tamariki, bore the brunt of his violence – a fact not noted by the judge. The judge went on to recommend that Ngākau see a clinical psychologist in order to acquire anxiety management skills and “assertiveness training so she does not enter another violent relationship.”

Both of Ngākau’s abusive partners, who were Pākehā, were able to undermine her by informing others that she was mentally unwell. For example, the father of the tamariki took them out of a school they were thriving in and enrolled them in another school, contrary to both a family court order and their wishes. On the advice of her lawyer, Ngākau, with a support person, went to the new school to remove the tamariki and return them to their previous school. The principal, who had clearly been briefed by the father, called the Police to stop her. Ngākau was recorded by the staff, who did not know her, as having “had a mental breakdown in the past” and Oranga Tamariki was informed that “it was not known if she is mentally unwell.” Her upset was presented in the report of concern made by the principal as evidence of her being emotionally unstable. Ngākau was only able to communicate with her tamariki (to let them know that she was going to fix the situation) at the school with a police officer in attendance (a “hit to your mana”). The next day, an urgent court order meant that they were returned to their original school (although their work for the first half of the year had been ripped from their books by the new school).

Ngākau’s second partner informed the police that she had mental health issues, and the police recorded, without any medical foundation, that “she suffers from anxiety and has a history of

[15] Non-governmental organisation.

depression." Ngākau was made homeless when the police trespassed her from where she was living with her partner, but subsequently refused to secure her property, which she was forced to leave behind when she was trespassed. This meant that many of her possessions were lost and destroyed, including taonga such as the artwork of her tamaiti for their end-of-year school assessment, the whenua (placenta) of her tama, and handcrafted garden tools by her beloved pāpā, who had passed. Her justified upset in response to this was recorded throughout the police notes. She is variously described as "angry and frustrated", "agitated and upset," "distressed" "angry" and "disgruntled". A private note is recorded on her file to the effect that she has "consumed a lot of police time over the breakup with her ex-partner." On the other hand, her abusive partner's reactions are recorded as reasonable; his emotions are "genuine shock" that she has alleged sexual offences by him and "stress" caused by actions he alleged that she had taken (stealing documents that he did not have to begin with – for example, qualifications that he had misrepresented to his employers that he had but did not). His responses are framed as the reasonable emotional responses of a person negatively impacted by the difficult behaviour of another – whilst hers are not. The police notes suggest they responded to Ngākau as someone wasting their time and who was guilty of what her ex-partner accused her of (stealing his documents and being mentally unwell), whilst he is responded to as someone well-intentioned with respect to her property, with the right to know what he is accused of, innocent of what she has accused him of and justifiably stressed by what she has done to him.

The police then put a mental health alert on Ngākau's file at the instigation of her ex-partner, without her knowledge and without assessment from a medical professional. Ngākau did not find out about this alert until she was in family court proceedings with him, and it was annexed to a document that he had obtained from the police and provided to the court in order to discredit her.

After receiving a report from her ex-partner suggesting that she was suicidal, the police contacted a regional mental health team and forced her to go into the hospital for a mental health assessment under threat of being compulsorily committed. This was highly distressing for Ngākau because she knew it had been orchestrated by her ex-partner. Her upset and her attempts to explain this are recorded in the mental health notes as potential "paranoia" and an apparent "fixation" on "injustices committed by her ex-partner." She was discharged promptly by the psychiatrist who assessed her, but Ngākau found the whole experience "traumatising."

Ngākau has challenged the mental health alert through the Independent Police Conduct Authority complaints process. It has not been removed from her file, although she has received a written apology from the police for its inappropriate entry. Her experiences with the police have made her justifiably concerned about any police vetting processes for employment purposes – as well as what *any* agencies think they know or are sharing about her.

Ngākau's GP, whom she has found very supportive, lodged an ACC "sensitive claim" to get her some support. However, he was not able to get her housing, despite his letters to various government agencies stating that this was an urgent physical health issue. During the sensitive claims process, Ngākau was initially diagnosed by a Pākehā psychologist as suffering PTSD as a result of sexualised violence she had experienced from her ex-partner. The psychologist's focus was on teaching her effective "coping and distress tolerance" skills, despite it being noted repeatedly throughout the clinical notes that her levels of anxiety could not really be reduced until she was provided with a more stable living situation – it was recorded that she was living in her car and then in emergency housing. Whilst the diagnosis of PTSD links the issues Ngākau was experiencing to the behaviours of her abusive partner, at one point she was obliged to see a psychiatrist who diagnosed her as having an "anxiety disorder", which locates the problem very

differently. The psychiatrist's notes also state that Ngākau's "judgment was limited given she was not keen to trial psychotropic medications...." This caused Ngākau serious concern. She was worried that the psychiatrist's report would be shared with the police and she would receive a worse response than the (terrible) response she was already receiving.

ACC would not offer Ngākau practical help to recover from the physical injuries she had endured as a consequence of IPV. For example, some of the physical assaults had occurred overseas, and so it would not provide her with assistance to fix her teeth, even though these had been cracked as a result of recent blows to the head and regularly abscessed. ACC refused to provide her with some of the support she requested in relation to her back pain as this was "only a lumber sprain" which "should be resolved" and therefore was "possibly not injury related". It was noted, again without medical evidence: "Client has mental health issues." She was also refused visual therapy which had been recommended by two specialists, a clinical neuropsychologist and a behavioural optometrist, after her concussion. The opinion recorded by ACC is that "this is now psychological as injury should have healed" and "the mental injuries covered under other claims[16] are known to impact on cognitive functioning."

Because of a permanent hand injury from a historical assault by the father of her tamariki, Ngākau was sitting a law exam under approved special conditions that allowed her to type rather than handwrite the exam. This approval followed the provision of medical evidence and completion of the university's disability support processes. Two hours into the three-hour exam, however, her hand started shaking so badly she could no longer operate the keyboard. The invigilator refused to type to her dictation, inaccurately stating this would be "plagiarism." It was subsequently determined that, should Ngākau wish to later re-sit her exam, she would be required to obtain a further medical certificate, despite the university having already accepted medical evidence of her injury and approved accommodations on that basis. This was particularly distressing given that her remaining exams were in a few days and she had to prepare for these. The events occurred during the post-COVID period, when access to medical appointments was limited, there was no doctor on campus, and she was advised to seek certification from any available clinic, requiring further expense that she was unable to absorb. The invigilator's solution was for Ngākau to sign a form stating that she had a mental impairment as this could be authorised without further medical verification. Ngākau said: "that got me terribly upset because … it was…years later and they were still putting it on me that I had a mental problem and I don't think they even still really understand the harm that [results from] always trying to say you are crazy." Ngākau insisted, "it is a physical injury" and they said, "but look at you, you are really upset!"

For Ngākau, this was not an isolated incident but part of a much longer pattern of experiences in which the consequences of violence were repeatedly reframed as deficiencies within herself. The permanent physical injuries she carried, together with her distress when confronted with institutional barriers, were repeatedly interpreted through assumptions about her mental health rather than recognised as ongoing consequences of serious violence. She described this as deeply violating, as though the abuse she had suffered and its enduring impacts were rendered invisible and replaced by narratives that she was "crazy", overly emotional or mentally unwell.

This reframing had significant consequences. It shifted attention away from the violence perpetrated against her and obscured both its enduring effects and the inadequacy of institutional responses to it. Assumptions regarding her mental health were communicated between agencies and treated as fact despite having no medical foundation, including where the information had

[16] This is a reference to the sensitive claims process offered by ACC.

originated from her abusive partner. Consequently, subsequent interactions occurred within an already established narrative that framed her distress as evidence of personal instability. Her later distress and frustration were therefore interpreted not as understandable responses to years of violence and injury, but as confirmation of pre-existing assumptions about her. In this way, the consequences of the original violence came to be understood as problems within Ngākau herself, while the role of institutional responses in reinforcing and compounding those harms remained largely invisible.

2.4 A system built on distrust of those it serves

When we commenced this project, a number of those working in the family violence field anticipated that we would have no difficulty in finding participants. The reality turned out to be different. Key contacts were unable to find any participants. Several victim-survivors at first agreed to participate and then changed their minds. Those who agreed to participate expressed fear, and some indicated that, if they did participate, there were agencies that we could not approach for records. This reflected the fact that many victim-survivors are dependent on agencies for survival or for the continued care of their children. These women were afraid of drawing attention to themselves or displeasing the relevant agencies, in case they were targeted and experienced some kind of retaliation.

When participants did agree to be involved, some found the agencies' behaviours during the gathering of records intimidating. For example, participants had the legal right to request their agency records, and we used a lawyer to do so on their behalf. The lawyer asked the agencies for the records to be sent directly to him. Despite this, some of the agencies immediately rang the woman to find out why she wanted her records. The ostensible reason for this was that the agency wanted to know if they could focus their search and therefore cut down on the volume of the material they needed to provide, which is reasonable. However, for women who had had negative experiences of these agencies and who feared their attention, these interactions were frightening and they were disturbed that their lawyer was not contacted when the request had come from him. Several agencies were consistent in this practice, and some were demanding, insisting on talking to the participant even when she indicated that she was busy and becoming defensive when she said that she was taking part in a research study.

There was patchy compliance with the Privacy Act 2020. Some agencies, such as the Police, had well-developed and advertised request procedures and invariably complied with their legal obligations within the deadlines dictated by the legislation. Others did not. One family violence agency sent a participant's records directly to her. This could have been dangerous if she was living with an abusive partner. WINZ sent one participant's records to someone she did not know. This would have been a gross breach of privacy for anyone, but it was profoundly distressing and frightening for her because she struggled to see this as an innocent mistake. Her WINZ records, in particular, were supposed to be locked and only accessible to certain people because of privacy violations that had occurred in the past, which had extremely harmful consequences. A psychologist (who was registered to provide support for ACC sensitive claims resulting from sexual victimisation) replied to a request for one participant's records that she could only release the records with a court order, and then they would be released to the offender's lawyer and often were "not helpful" for the victim to read. When we asked what part of the Privacy Act 2020 she was withholding the records under, given that people had a right to access their records under that Act, she replied that she had made a mistake and would release the records shortly. Although we eventually accessed these records indirectly through ACC, this psychologist never, in fact, sent the records.

These experiences speak to one of the emergent themes from the project, which is that the interactions with state agencies for many victim-survivors are not safe, and for many, they have similar features to their interactions with their abusive partner (Carswell et al., 2020). These women had endured brutal and degrading experiences of violence, including the erosion of their "…own power,… will, and …confidence to make …decisions …." (Erena), but their contact with the family violence response system did not provide them with the safety, dignity and privacy that they needed. Instead, they endured practices from agencies that reminded them of the degradation, surveillance, micro-regulation, isolation, threats, retaliation and coercion that they had experienced from their abusive partner – particularly those who were forced to rely on the state for income and housing (Jackson et al., 2026; Laing, 2017; Roberts et al., 2015; Te Rangi, 2022).

There is a power structure built into the family violence response system, in that agencies – regardless of their level of knowledge about, or empathy for, the lives of their clients – had the power to make decisions that changed those lives (Vera-Gray, 2019).[17] Workers from the agencies spoke to the women as though they, the workers, were authoritative, knew better, were entitled to ask intrusive questions and had the women under surveillance in order to test their credibility or figure out what they were doing wrong so they could help them do better.[18] Women were often not permitted to have privacy and, if they became upset about anything, including their treatment by agencies, this was recorded as though they were emotional, difficult and/or (as explained previously) had mental health issues. Ngākau said that the system starts from the perspective that if you have suffered IPV, something is wrong with you and you need to be fixed. For example, she had a successful international career in event management (at one point she was managing 200 staff) and has worked as a chef, yet as part of her engagement with agencies she was required to undertake cooking and budgeting courses.

We have discussed elsewhere Erena's 11-year history with Oranga Tamariki (Tolmie et al., forthcoming). Oranga Tamariki social workers showed up at her house unannounced, noting in the files what she was wearing (pyjamas) and the state of her lawn (unmown), expecting her to then engage in important meetings that were likely to be upsetting even though her tamariki were present. Her "failure to engage" was recorded. Her parenting was placed under close surveillance (likely the actual reason for the unannounced visits) – if the tamariki were loud, it was assumed, for example, that she had an issue with disciplining them. The social workers decided what they thought she should do (leave her partner permanently) and, if she did not comply, blamed her for the tamariki experiencing her partner's violence against her. They tried to make her participate in a Family Group Conference with the people who had been abusing her and then unilaterally decided to change the plan that she had agreed upon to include actions that she disagreed with and that were not helpful for anyone in the whānau, least of all the tamariki. They threatened to remove her tamariki from her, and, in fact, facilitated their removal for an extended period of time. They believed what people around her said about her – even if this was malicious – but did not apparently believe what she said. They also placed demands on her that she had to meet in order to demonstrate that she was a "protective" mother, acting in the children's best interests. Erena completed 17 courses. She commented that, whilst she may have looked driven, "I didn't actually have an option." Even finding the courses was difficult because she was living in one district and if the course was offered in another district, even if she was close to the district boundary so that course was held only 40 metres away, she was not entitled to that support. Erena noted that some

[17] Noting the women's family and sexual violence movement was originally grounded in very different ethics and practices.

[18] For Māori, the Crown has failed to share power and resources with Māori over decisions that affect Māori lives (Waitangi Tribunal, 2021, pp. 54-56).

courses were unhelpful to the people who were obliged to attend, who then became simply "bums on seats". For example, in the course on:

> "parenting through domestic violence, the lady had never experienced domestic violence and she only had two kids, Now I was one of the ones in there that had the least amount of kids. I had five. Another lady had 12 and the more we talked – [the course convenor] was 'oh my God I just can't even imagine that'...."

When Erena eventually expressed anger as to how she and the tamariki were being treated by Oranga Tamariki, it was noted in her files that she "became hysterical and abusive" and, at another point, "suddenly intimidating".

Keddell (2022) points out that centralised "notify-investigate" models, such as that employed by Oranga Tamariki, create poor conditions for decision making in the child protection space. She notes that decisions are made "at the point of intake, under the poorest conditions of decision making, that is sparse information, historic information, time pressures and limited relational knowledge" and are shaped by "surveillance bias" (p. 87).[19] Associate Professor Emily Keddell and Kerri Cleaver told the Waitangi Tribunal (2021) that:

> "This institutional structure creates both an extreme power differential, and a reliance on assessing risk that draws the focus and resources of the system to this task, and away from helping, support or power sharing." (p. 62)

Such models fail to address the underlying issues because they: "are often ill-equipped to provide poverty alleviation to address family material needs, to address historic inequities and cultural denigration for Indigenous peoples" (Keddell, 2022, p. 84). Kaiwai et al. (2020) also point out the fear "vulnerable Māori whānau or whānau under stress" experience: "because a report of concern can come from a wide range of sources – 'practically from anyone or from anywhere' – and can easily allow for undetected or unexamined racial bias or prejudice to determine its impact and consequences for whānau and tamariki." (p. 28)

Cathleen found that her genuine attempts to seek help with her addiction turned into something more threatening. She was clean for 10 months after giving birth to her child and credits her capacity to do this with the open and honest relationship that she had with her Pregnancy and Parental Service Community Alcohol and Drug Services (CADS) team at that time. She explained that they did not condone using illegal drugs but, understanding that recovery from addiction can be a journey, provided her with safety plans to protect her child if she did use. She still uses these – for example, a "smoke buddy," who is someone sober that her child has a relationship with and who can care for her child if she is using.

Cathleen relapsed after being strangled to unconsciousness by her abusive partner in the presence of their child. She then self-referred back into the CADS programme but had a different worker, whom she did not completely trust and could therefore never be completely honest with. The worker rang just prior to one appointment to say that someone else would be there. When Cathleen arrived:

> "the questions she was asking me about my relationship and things that had happened – it just felt more like an assessment... I felt like she was getting an outside perspective on my

[19] Decisions are also affected by exposure bias (poorer neighbourhoods more exposed to agencies who might report) and visibility bias (certain groups are targeted because they are a visible minority).

situation.. with another staff member there... I kept my distance and when I tried to discharge myself they did a report of concern [to Oranga Tamariki]."

Cathleen was dealing with an exceptionally dangerous man, with a conviction history involving serious violence against previous partners, and yet he was persistently able to use her methamphetamine use to diminish her credibility with agencies, such as Oranga Tamariki and the police. The result was that she, and not he, was consistently understood to be the problem – a form of substance use coercion (Phillips et al., 2021).

The power dynamic built into the relationship Oranga Tamariki had with those it became involved with was also evident in the relationship women had with other state agencies. For example, Ngākau was forced to prove to Work and Income New Zealand (WINZ) that she was staying in the hotel provided by emergency housing and not at her sister's, in response to an anonymous tip-off they had received (most likely from her ex-partner). At another point, she was obliged to prove that she had been the primary caregiver of her tamariki because their father alleged that he had been in this role for the last six months. She suggested that immigration records would demonstrate that he had been overseas but was told WINZ could not access these. She said, "how do you prove that you have had the care of your children when your world has been very small." She was also obliged to prove that she was not fraudulent in claiming legal aid during litigation with her ex-partner. Legal aid records reveal that her ex-partner made numerous and lengthy complaints about her lack of entitlement, including sharing her personal documents that he should not have had access to in order to support his, ultimately unsubstantiated, claims. We have noted above that Ngākau was also obliged to prove to the police and then a mental health team that she was not having a mental health breakdown (in response to another report by her ex-partner).

The distrust of victim-survivors that is built into the family violence response system manifests in the system's bureaucracy. Te Rūnanga o Tūranganui a Kiwa et al. (2023, p. 101) call this "waste work" and estimate that whānau navigators are spending 50% of their time on this administrative burden. Forms must be filled in and extensive documentary proof repeatedly provided. The participants in this project, in times of crises, with limited resources and the responsibility of parenting young children, had to repeatedly jump through hoops to receive the meagre resources that they were entitled to and needed for survival. The demands placed on them were often onerous and unrealistic, but they were treated as at fault if they did not meet them. For example, Ngākau was living with permanent injuries from experiencing IPV. In order to get a disability allowance from StudyLink and disability dispensations for her exams, she had to provide multiple doctors' certificates. Even though her injuries were permanent, these certificates did not sit on her file for permanent use – they had to be refreshed for each institution and, if she was going through multiple processes in one institution, they might need to be refreshed for each process. The wait time to see her doctor (to avoid repeating her story to another), was over two weeks. In one message in her StudyLink records she is recorded explaining how in the past week she had to go four times to the doctor, as they did not have any idea of StudyLink requirements and then, when she asked StudyLink for the link to the form the doctor needed, they insisted the doctor would know. On one visit, the doctor wrote a letter but the letter was not accepted by StudyLink. In the meantime, in the process of going back and forward until this was sorted out, she had been obliged to spend $90 at the doctor's and the doctor's documentation was deemed only valid for four weeks, which meant one week after she finished her exams she had to go through the whole process again. Ngākau had to choose between paying her rent on time, purchasing food, or getting a certificate to sit exams she had spent the last year studying for. She said: "we have to explain our permanent injuries to multiple people on multiple different platforms, multiple times a year."

The WINZ, StudyLink and ACC files of some of these women run into thousands of pages, in which they are applying and reapplying for benefits they had not stopped needing, repeatedly producing medical certificates for themselves and/or their children for conditions that are permanent in order to secure a meagre additional benefit, showing up for assessments and undertaking multiple phone conversations in order to receive a small number of support sessions and having to call in every time they receive a fine because otherwise it is immediately repaid out of the already inadequate amount they receive each week to live on. Erena describes the "belittling" process of having to apply for a food grant: "can you tell me your whole life story, provide all your bank accounts and tell me why you couldn't get it together this week?"

In addition to the labour of applying and reapplying for resources that are often not adequate, agencies require other kinds of labour in order to demonstrate that their clients are worthy recipients. Robertson and Masters-Awatere (2017) convened a focus group of women who had escaped abusive partners and had dealings with Oranga Tamariki in the process. They note:

> "The anger in the room was palpable as women described the hoops they were being forced to jump through by the agencies that were supposed to help them. It became apparent that being a mother entangled in the child protection programme is a full time job: you are expected to attend parenting programmes, get budgeting advice, go to counselling, take your children to play therapy and psychologists' appointments, get a protection order, attend lawyers appointments, participate in family group conferences (often with your abuser), attend family court hearings and mediation sessions, be assessed by court-appointed psychologists, attend WINZ appointments and have regular meetings with the children's social worker.
>
> It is ironic that, as a society, we tell women that they need to escape the power and control tactics of their abuser only to then subject them to the power and control tactics of so-called helping agencies." (p. 93)

Erena said the demands made by agencies were often unreasonable and not whānau-centred. She undertook multiple courses on parenting and family violence and:

> "Every week ...at least two or three cars ... were sitting out there with children in the car because the courts had made [the women] come in but [the women were] not confident enough to stand up and say 'I am actually a single mum. The kids aren't enrolled in day care because I am not working'... It's not whānau centred when… [the children] are sitting out in the car for two hours unsupervised…and then you expect [the women] to be here and not just be a bum on the seat when they have got two kids crying out there.... Look at the reality of what you are asking people to do... Yeah, you are questioning mum – but mum is also the one that upholds all of these other ones, so if we are obligating mum to do this – what does that mean for her?..."

When Ngākau was living in emergency housing, she was obliged to show five rentals a week that she had applied for in order to retain her housing. This meant that she had to attend open homes and apply for rentals every week that were often out of her reach, on top of everything else that she was trying to manage at the time.

Erena had a parenting order that required her to take the tamariki swimming, even though the father's parents had taken her car. She had three tamariki under three and was taking three buses from Pakuranga to Mangere because the lessons were on her days to look after her tamariki. The family court was unable to see that her ex-partner's parents "are disabling me by taking the car".

She said that the lawyer for the child and judge did not listen to her lawyer and that has really: "put some mamae in my heart…. That feeling of being a shit mum…. Not being able to keep them comfortable so many times." Of the court and the lawyer for the child, she said: "I felt they didn't care, didn't see the stupidity of the calls they were making."

We have discussed above the stigma from agencies that victim-survivors, and particularly mothers, with addiction issues experience, despite the fact that IPV is a major determinant of alcohol and drug use (Benoit & Jauffret-Roustide, 2016; Pallatino et al., 2021; Ogden et al, 2022). Cathleen's use of methamphetamine placed her in an impossible bind. The expectation was that she demonstrate that she was "a protective mother" by immediately and permanently addressing her drug addiction – an impossible ask in any circumstances, given the fact that recovery from addiction is a journey. It is a particularly impossible ask whilst a person is unsafe and under extreme stress (Morrison et al., 2023; Papas et al., 2023). Jackson (2025) suggests that "Service providers and mental health clinicians must embrace complexity and chaos rather than expecting tāngata whaiora [people with lived experience of mental distress seeking wellness] to be 'ready' or an 'ideal' fit for services" (p. 1085).

Victim-survivors often had no right to privacy. Ngākau describes being in emergency and then transitional housing for three and a half years. She was subjected to regular monthly inspections (in which her cupboards, drawers and closets were looked through), whilst building managers entered her house without her knowledge or permission. These were disturbing experiences for someone who had experienced coercive control and knew she was still under active surveillance from her abusive ex-partner. Whilst Māreikura rated her experience of Oranga Tamariki as "scary," she passed their assessment. In the process of being assessed the Oranga Tamariki social worker walked through her house and looked everywhere – including in her cupboards and freezer: "I felt judged and it's like I have been victimised again and again."

In an attempt to standardise and improve practices and procedures, responses to family violence have been bureaucratised and professionalised, often resulting in a pro forma check box approach by professionals that lacks heart. The New Zealand Family Violence Death Review Committee (2023) has discussed the need to move away from the "tick-box, output-driven agenda created through neoliberalism" (p. 25). The Committee further notes that:

> "While kaimahi may understand the value of relational practice, prescriptive service delivery contracts prioritise assessment for the purposes of establishing service eligibility, assessing risk or monitoring at the expense of the development of an ongoing relationship. The result is a repetitive cycle of assessment and referral." (p. 45)

Erena said that throughout the responses from services there was a lack of whanaungatanga, with no time afforded to building up relationships, even when it was necessary to deal with deeply personal issues. She found the unannounced visits that agencies such as Oranga Tamariki made disrespectful and invasive. There was never any pōwhiri or introduction where the agency's intention was made clear, so there was no coming together in a "meeting of the minds" to genuinely work together (see also, Waitangi Tribunal, 2021, pp. 63–65). There was no aroha – no attempt, for example, to try to fit themselves around a single māmā's schedule or the needs of the tamariki – scheduling meetings with the tamariki for Friday so they did not have to go to school the next day with stirred up feelings, or meetings with the māmā at the beginning of the day rather than at the end so she was not picking up the tamariki with red eyes. There was no attempt to accommodate the whānau or provide a good explanation as to why the service could not, so that you realise "they are thinking of me and my circumstances." The Waitangi Tribunal (2021, p. 65)

has observed that "rigid professional practices [run] counter to the fluidity of tikanga which cannot be easily confined to a cultural competency checklist." Erena said that showing up in the right way is particularly an issue for Māori:

> "we can see arms. We are able to read body language and that means that we are able to .... feel more comfortable in the situation or we are not.... We are able to pick out bad behaviour or not so nice body language."

Erena also pointed out that the relationship with Oranga Tamariki did not allow reciprocity. Oranga Tamariki had a huge system holding her to account, but was not itself open to criticism: "Lots of conversations with organisations just could not be done on a healthy level and that reminded me so much of my ex."

The result of agency failure to adhere to such fundamentals of human connection meant, according to Erena, "you then understand that they don't get you, they don't understand you and.... you lose the trust in the system or whatever they are saying can actually help you..."

Māreikura summarised her experiences by saying that those working in family violence agencies across the system:

> "should go back to what made them study for the jobs they have… because sometimes I think they lost sight of us as humans. … I am sure when they first started they were wanting to…make sure people had the awhi and the manaaki – but that seemed to have been lost along the way…"

Another example of processes without heart was the way in which the criteria for eligibility were often interpreted. For example, Ngākau was an extremely high-performing student who won scholarships and was invited to do honours. Because of her age, she could only be funded by StudyLink for three, not four years (and the degree that she had embarked on was a four-year degree), unless there were "exceptional circumstances". She did not learn until she reached the three-year mark and applied for an extension that experiencing serious IPV, which prevented her from commencing study earlier in life, did not constitute "exceptional circumstances." Even though it was verbally acknowledged by StudyLink that these were "extraordinary circumstances," she did not fit the "exceptional circumstances" criteria because she had passed all of her papers, which meant that she was declined the study extension.

2.5 Wāhine Māori are disproportionately poorly served

We have described throughout this report a system "design" that is at odds with Indigenous ways of thinking, being and doing (which are holistic, relational, collective, grounded in self-determination, and understand the interconnectedness of everything) (Māori Expert Advisory Group, 2022; Carswell et al., 2020; Kahika-Foote et al., 2026). Instead, the family violence response system is fragmented rather than holistic, transactional rather than relational, and is animated by a Pākehā worldview – "too individualistic and Eurocentric in nature" and "one size fits all" (Māori Expert Advisory Group, 2022, p. 47). For example, the system is grounded in an understanding of IPV as consisting of poor choices by individual men, as opposed to being situated "within the long trajectory of settler colonialism and its ongoing structural violence," which has resulted in: "the erosion of cultural identity, the disruption of whānau and community structures, and the imposition of systems that were not designed to serve Māori or Pasifika peoples" (Tonumaipe'a et al., 2026, p. 9).

The family violence response system was also described by the Māori participants in this study as deeply racist (Ministerial Advisory Committee, 1986; Waitangi Tribunal, 2021). Pihama et al. (2017) state that "[c]ontemporary colonisation is seen in systemic, institutional and interpersonal racism, including the ongoing negative stereotyping of Māori...." This has an internalised dimension where Māori experience "negative self-identities" (p. 24). The experience of systemic and interpersonal racism was expressed most profoundly in this study in the relief that wāhine Māori participants expressed about working with kaupapa Māori organisations and professionals. This was evident in Māreikura's experience with Te Puea Memorial Marae. She said she valued:

> "being told that I was doing good and that I wasn't a stupid Māori woman, and I wasn't reckless… They said it was good that I kept my children in school…and in a safe space.. with a routine while I was trying to…sort us out. So they were saying really good things… that I hadn't thought about because in my head it was all negative."

Ngākau spent two years trying to convince a Pākehā psychologist for her ACC sensitive claims process of her truth (Marsden et al., 2021):

> "I don't think I ever was believed…. I often wondered even today … was it that she didn't believe me and that I was supposed to respond in the way of acceptance … that I was somehow responsible… I remember being hugely upset when …. she let me go …. but getting home and [being] hugely relieved. ….I didn't really talk with her because I never really felt safe …. mainly it was just her facial expressions when I talked about things. I got the same look that I had seen with the police, with everyone else, so I would probably over explain. ….. I was trying to convince her of my truth… of what I had experienced …"

Ngākau then rang a Māori psychologist for help, who respectfully asked "if I was Māori …. the dreaded question…..". Later, Ngākau asked this psychologist:

> "'why did it matter to you [that I was Māori]?' and she said 'because there are so many wāhine Māori out there that need help if I take on anyone else it's one less wāhine Māori that I am not doing' and I thought…. I am in the right place here …. When I finally got to meet her she wasn't taking on ACC ….I think it's all the bureaucracy …but she was willing to take it on for my case because I couldn't afford to do it. ... and she knew I was really geared up…What he had done had broken something and I was determined to get back to who I was ….."

Ngākau's experience goes beyond explaining a lack of racism – it was healing entering a space where being Māori was a precious aspect of her being. She had a "powerful" first meeting with this psychologist:

> "…all the walls still had the old sarking …. but she had put all her little treasures in it… and she did a karakia and even then I felt uncomfortable because I thought …. I was going to be judged …. I had already … started my little journey of getting to know my own whakapapa…. and I was so relieved that I had because…. then she said, 'so Ngākau tell me about you and where you come from, Nō hea koe?' … So I explained…. I felt she was really listening … She was really invested. I hadn't come across that in any of the help that I had had. I really felt seen and then …. she said …. 'well thank you for sharing that.' …She went through her whakapapa…. At the end, she reached over and held my hand and said 'well it's a real honour to meet all of you Ngākau, you, your tupuna, your' ... she sort of looked around me... and I burst into tears. I think the healing in that one hour was more than I had had …. We hadn't even talked about my 'issues'… I just felt really seen … and that stuck with me forever..."

Ngākau remembers leaving the session and:

> "…the grief just poured out of me, but it was a beautiful feeling. It was a relief. I felt... I could tell them anything – that I wasn't going to be judged …. It's like she called all my tupuna into the room… Just to be seen at that one moment and not feel like you are a number…I was floating out of that room.… I just wasn't this big ball of trauma …. so much anymore."

The case records reveal that this psychologist assessed Ngākau using Te Whare Tapa Whā, a contemporary Māori-designed model of health practice (Durie, 1985). She noted that she did not undertake a personality assessment as Ngākau, "is Māori, an indigenous group for whom no valid, culturally appropriate personality measures exist." The psychologist set out Ngākau's experiences of abuse, as well as discussing her experiences of racism and pointing out the link between "racism and psychological distress." She stated that the primary focus would be on restoring Ngākau's mana and wairua using a kaupapa Māori model of treatment, complemented by other tools and frameworks. The Māori Expert Advisory Group to the Ministry of Health (2022) has stressed the importance of culturally appropriate responses in building rapport and "combatting the impacts of a system built on the notions of superiority, racism and unconscious bias" (p. 29).

Whilst it was apparent in the experiences of the wāhine Māori participants that there had been attempts to incorporate Māori values into some agency responses to Māori, these often operated, and were applied, within a Pākehā system which is fundamentally not designed according to these values. Such efforts were therefore "rendered meaningless by the actions and values of the organisation" (Māori Expert Advisory Group, 2022, p. 30). Furthermore, advertising that you are animated by Māori values whilst breaching these values in dealings with Māori is a particularly exploitative and self-delusional form of racism (Waitangi Tribunal, 2021).

Māreikura's experiences illustrate this. Her employer was a tertiary education provider who, like many in Aotearoa today, publicly branded itself as being guided by te Tiriti o Waitangi in shaping its values, priorities, and practices. Despite this, Māreikura experienced callous and discriminatory treatment. Throughout her crises (described above), her colleagues and line manager offered no assistance (not even "a space on their floor to sleep"), and her tamariki were not permitted to stay with her on the institution's marae. Māreikura said her line manager deliberately made her late so that she missed her oral examination for her PhD, whilst other Pākehā employees were supported to meet their PhD requirements. She said her manager was angry when she took leave, and then further unpaid leave because her adult child was critically ill. Furthermore, the institution took over three weeks to produce a letter for WINZ confirming she was on unpaid leave, resulting in a significant delay to emergency beneficiary support, despite her dire circumstances.

When she met with her line manager to negotiate a return to work, she said she was asked to limit her use of te reo Māori in the classroom (even though she held a Māori cultural role in the teaching and service space). Māreikura described this as "an insult" and a breach of te Tiriti o Waitangi. In this meeting, Māreikura said her manager threatened to call the police and Oranga Tamariki because she was living with her tamariki in a van, whilst also telling her that she should be honest with them and "not be ashamed of what happened to [her]".

Māreikura lodged a personal grievance with her employer, stating that she was not ashamed of being homeless as this was not her fault, but she was ashamed of working for an organisation "that has failed to provide the support and wrap-around services that it claims to do so for its staff as well as students." She stated her management was "racist," as well as "ineffective, unprofessional and callous." Her grievance was dismissed by her institution on the basis that due process had been followed and she had retained her job.

2.6 The system colludes with people using violence

International scholars have named the phenomenon in which abusive partners manipulate legal processes and systems to continue the abuse of their ex-partners "legal systems abuse" or simply "systems abuse" (Reeves, 2020, p. 92). For example, Douglas (2021) uses the experiences of victim-survivors to "demonstrate how abusers creatively harness multiple aspects of the legal process and its actors, from protection orders, to custody cases, to police and beyond, to continue their abuse over the years" (p. 3). Men using coercive control can be adept at managing the narrative that might be placed over an event or series of events and positioning themselves as a reasonable or authoritative voice, as well as manipulating practitioners into believing they are the victim (Reeves et al., 2025; Miller, 2001).

The abusive partners of the five women in this research project utilised the family violence response system in their ongoing efforts to control and punish their (ex)partners. Ngākau had had two abusive partners and *both* of them were able to influence police practice. These men did not simply succeed in having their narratives and explanations recorded in the police records as the truth about what occurred on a particular occasion; they were able to get the police to play a key role in the process of making her homeless, the destruction and theft of her possessions and the harnessing of mental health professionals in an attempt to compulsorily commit her under the Mental Health (Compulsory Assessment and Treatment) Act 1992. Ava was prosecuted as the perpetrator of IPV by the police, in respect of an event in which her partner was *not* charged for his physical assault on her, which she was defending herself against, with the result that she lost her home and the care of her children in the family court. Erena's partner called the police in respect of an event in which she had left by the time they arrived. Despite over a decade in which he was recorded as using very serious physical violence against Erena, she was noted in the police records as the "predominant aggressor" on this occasion.

Cathleen was castigated by the police in front of her child for using drugs when she had called the police after being publicly abused by her partner during child contact (which she insisted took place in public places for her and the child's safety). Her partner was able to use the police to take her car back after their separation, eject her onto the street on multiple occasions without her possessions (money, a phone or baby gear) or dictate where she and her child would be dropped off by police so that he knew where to access her after they had left. Cathleen describes the police going to her partner first and allowing him to define the narrative on every single police call-out, except for the one in which he had vacated the premises by the time they arrived (although he was listening to her conversation with the police through a camera he had secretly set up on the premises). He did not have his name on the child's birth certificate, which meant that Cathleen had the right to remove the child from the premises when she left in response to his violence. However, the police recorded his reactions in their records in highly sympathetic terms (apparently uninformed by some of the parenting practices the child's father had engaged in): "[He] was observed sobbing and tears running down his face as he packed [the child's] belongings into a bag." In the last police callout, it is noted as "a custody battle between the parties – male has already contacted a lawyer and OT about his concerns about the child." The police records also state that the child "was screaming and crying on police arrival and just wanted his dad."

But the women's abusive partners were also able to influence other agencies – for example, WINZ cut Ngākau's benefit after her ex-partner's false claim that he had the primary care of their tamariki, which the agency acted on without checking with, or notifying, her. Ava's partner appears in her records across multiple service providers over more than a decade, successfully having his version of her behaviour, mental health and addiction issues recorded as the truth. He was then able to

weaponise her mental health and addiction records in the family court (as noted above). Oranga Tamariki supported Erena's abusive partner's parents to obtain the primary care of the tamariki, despite recording that Erena informed them that his mother told the tamariki that Erena was responsible for their father's physical assault of her ("look what your mother made your father do"). Māreikura's ex-partner repeatedly failed to produce documentation or information throughout the family court process, dragging proceedings out for years, forcing Māreikura and their tamariki to live in poverty, and modelling to the court (had it paid attention to this) how he showed up as a father. Despite this, she, not he, was characterised by the lawyer for the child as the problem in family court proceedings.

The scholarship on systems abuse notes that "such tactics" by IPV predominant aggressors "often intersect with both personal and systemic biases" held by practitioners (Reeves et al., 2025, p. 771). Longbottom (2026, p. 181), for example, points out that race and gender can position victim-survivors as less credible than their partners and as combative or aggressive, meaning that abusive partners can "leverage institutional biases to their advantage." The research has accordingly identified groups of women who are most likely to experience systems abuse (Reeves, 2020) – Indigenous women, culturally and linguistically diverse women, women experiencing mental health issues, disabled women, women with drug and/or alcohol dependency and women experiencing homelessness (Barlow & Walklate, 2025; Reeves, 2023).

The women's experiences in this study suggest system collusion with IPV predominant aggressors that is so widespread that it is hard to see it as a series of individual instances of successful manipulation, as opposed to a feature of the systemic response itself.[20] It is our view that the framing of systems abuse in the literature to date (whilst valuable) does not go far enough, as it does not centre the response system itself as problematic. The family violence response system is comprised of agencies informed by "liberal legal ideology emphasising objectivity and formal equality," which means that it is not set up to understand "the gendered dynamics of violence" (Nancarrow, 2019, p. 18) or the operation of its own systemic racism. Indigenous, critical race, Black feminist, disability justice, and trans scholarship use the term "administrative violence" to make visible how state-led administrative systems "unevenly distribute security, precarity, and vulnerability" (Ruiz et al., 2026, p. 37). This shifts the focus from how individual abusive partners manipulate services to understanding how settler colonial patriarchal thinking underpins the evolution and operation of "administrative systems and bureaucratic institutions" (Ruiz et al., 2026, p. 37) and how these systems can be harmful, in and of themselves, to victim-survivors and their families and whānau (FVDRC, 2016; Smith et al., 2024; Tarrant et al., 2019; Tolmie et al., 2018; Thorburn et al., 2025; Wilson et al., 2019).

[20] We interviewed five women – randomly recruited – yet all five women had had multiple experiences of system collusion.

3. Te Ao Māori Informed and Kaupapa Māori Marae-led Approaches

We have described elsewhere the depth of relational reciprocity and awhi several kaupapa Māori services and practitioners offered to two participants in this study – for example, the support Te Arohanui Trust offered to Erena (Tolmie et al., forthcoming) and a Māori psychologist offered to Ngākau (described in 2.5 above). We have also described how profoundly valuable and healing the wāhine experienced this as being. The Māori Expert Advisory Group to the Ministry of Health (2022) has described the "incredible contribution being made by kaupapa Māori and Pasifika providers in this country." It describes these as "exemplars of excellence" which have not "registered in the national consciousness" (p. 22).[21] Pihama et al. (2026) discuss the manner in which kaupapa Māori approaches in the educational context are informed by a worldview that "predates and exceeds institutional capture." They observe that kaupapa Māori "lives through the actions of those who carry it" and offers significantly more than the immediate context would suggest – systemic and collective transformation, as well as intergenerational healing – being a "strategy for collective survival" (p. 18).

Here we describe a third example of transformative Indigenous praxis, as revealed in Māreikura's experience of Te Puea Memorial Marae's Manaaki Tangata e Rua programme: A kaupapa Māori marae-led approach that provides emergency and transitional housing, wholistic support and social services to homeless urban whānau (Lee-Morgan et al., 2019). We contrast Māreikura's experience with the response our participants received from the family violence response system, as described in Section 2 of this report.

3.1 Kāinga rua: a place of safety, support and belonging

Māreikura, having tried everywhere else, contacted Māori Television[22] asking for help. They interviewed her for a news story, then accompanied her to Te Puea Memorial Marae in an attempt to find her help.[23] Kaimahi from Māori Television entered the marae first, to check whether Te Puea Memorial Marae were in a position to awhi the whānau. In other words, those from Māori Television did not see their role as simply confined to making a news story – they responded to Māreikura as a person. Furthermore, they did not simply tell her where Te Puea Memorial Marae was or provide her with the address and leave her to find her own way there. They accompanied her and did not leave her until they knew that she was provided for.

Māreikura and her tamariki were then welcomed into the programme. First, they were given a cabin and provided with kai. At the same time, a safety strategy was put in place – the Māori wardens were alerted as to the threat Māreikura was experiencing from her ex-partner and his family (some of whom the police were unaware were also threatening her), whilst security was provided with photos so that these people could not enter the premises. Māreikura remembered sleeping for a week – just getting up to attend to the things that she needed to, such as her tamariki, and then going back to sleep.

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[21] See, for example, Tū Tama Wahine o Taranaki Incorporated (Tū Tama Wahine); Tūhoe Hauora and Manaaki Tairāwhiti, discussed by Roguski (2023).

[22] Māori Television changed its name to Whakaata Māori in 2022.

[23] For Māori, marae have always provided shelter to those in need. In this sense, Te Puea Memorial Marae's Manaaki Tangata e Rua programme is continuing to do what marae have always done. Lee-Morgan et al. (2019) note how the mahi of Te Puea Memorial Marae "exists within a cultural framework that conceives of urban marae as a 'kāinga rua' (second home)…. a safe haven" (p. 13).

Early in the process, she was invited to sit down and share her whole story. The kaimahi said: “this would give him a better sense of where everything fits as it is like a jigsaw. Māreikura is more than happy as it would mean she can move on with her life.” In Te Puea Memorial Marae’s case records, it is stated: “She reported it was the first time anyone had actually done this and it felt like a burden had been lifted off her shoulders.”

3.2 Relational, dignifying and wrap-around support

The kaimahi from the Manaaki Tangata e Rua programme brought all the state services to meet with Māreikura on the marae. They had established relationships with these services, so they knew what her entitlements were and had people within the services that they were able to work with. In fact, workers from the Ministry of Social Development and Kāinga Ora (formerly Housing New Zealand) are co-located on the Marae and are part of the Manaaki Tangata e Rua programme team. In the words of Dennis (2019, p. 4): “This arrangement ensured the needs of homeless whānau were responded to in an efficient manner and with humility and care by employees of the state”.

Kaimahi from the Manaaki Tangata e Rua programme were able to address Māreikura’s need for financial support and accommodation by getting her on the fast track for social housing, as well as helping her put together a bond and rent advance and finding her a lawyer for the family court. All of these meetings were in person “as the process is best suited for our people at the marae” – “kanohi ki te kanohi works well”.

The kaimahi from the Manaaki Tangata e Rua programme provided in-person support at all meetings with agencies. In addition, the kaimahi attended other difficult meetings – such as a meeting with Māreikura’s employer to negotiate her return to work. In these meetings, the kaimahi sat alongside Māreikura and recorded her perspective. It was noted, for example, in the meeting with her employer that the employer expressed that “she didn’t believe” she had been given all the information from Māreikura, “alongside her interpretation of shame.” The notes record that “Māreikura tried to raise issues which she thought were important however she was shut down [by her manager], so calmly stuck to the kaupapa of the meeting with a view to addressing these at a later date.” After noting what was agreed in the meeting, the kaimahi from the Manaaki Tangata e Rua programme recorded that “Māreikura left the meeting feeling disempowered as she had given all the information, evidence and anything else they wanted.” These notes stick to the facts and there is a notable absence of irrelevant negative information.

Within 17 days, Māreikura had been offered a house by Kāinga Ora. Twenty-five days after arriving at the marae Māreikura and her tamariki left for their new house. The kaimahi provided her with some plates, pots, cutlery and crockery, as well as lending her some mattresses: “Māreikura didn’t ask for much and was happy with the minimal numbers, saying they will get by… Māreikura and children left reluctantly after saying their goodbyes.”

The kaimahi from Te Puea Memorial Marae’s programme continued to offer her support. For example, several weeks later they attended a roundtable with Māreikura and her lawyer and her ex-partner’s lawyer. Her ex-partner was “not happy with outsiders being present” and so there was a collective agreement that one social worker would stay. The other kaimahi said a karakia and then departed. Māreikura’s case was kept open so that kaimahi could support her through a family court hearing and get her into a “rent to buy” scheme – continuing to record throughout this time how she and her tamariki were doing, including achievements and events in their lives. Kaimahi

from Te Puea Memorial Marae's programme are still in relationship with Māreikura today, inviting her to events and making kai parcels available for her to collect when they have extra provisions.

A mana-enhancing tone is evident throughout the notes made by kaimahi from the Manaaki Tangata e Rua programme – recording Māreikura's perspective, noticing her humility, grace, and acknowledging her determination and commitment as a māmā. For example, the notes record returning a small koha from Māreikura: "we are not allowed to accept any koha from whānau and we believe that you need this putea for you and the [tamariki]. It was a lovely gesture which [the worker] appreciated."[24] At another point, they acknowledge, "it has been an enduring and prolonged journey for you and the kids, all at the hands of a bureaucracy and its officials that think and work for a system and not the people. I look forward to finally walking in the door of your own home…. This will happen soon, kia mau toonu e Māreikura"[25] (Moyle et al., 2024; Moyle, 2026). It is noted that, "Despite all that has happened to this whānau, Māreikura remains positive and looked well."

The tone adopted throughout the notes is reciprocated by agencies that kaimahi from the Manaaki Tangata e Rua programme refer Māreikura to (always with a personal and mana-enhancing introduction and handover). For example, one records: "It has been a privilege and lovely to work with Māreikura."

Māreikura told us that she valued the fact that kaimahi from Te Puea Memorial Marae's programme followed through on their promises. She said the:

> "Others did not keep their promises, whereas if Te Puea said they would do something at a certain date and time it would always happen. I got a nice feeling inside because I was getting all my needs met in reality and not having to wait a day or two."

The notes reveal the kaimahi from the marae actively advocating within the system in order to "change the service delivery mindset" of some of the larger government organisations, describing this as a "collective effort." For example, the person working with Māreikura wrote to the Chief Judge of the local District Court, introducing Māreikura as "a very determined wahine Māori and committed mother who has supported herself through higher education (PhD)" and explaining why the family court system has failed her by not dealing with her "situation respectfully and finally": "She continues to be victimised."

3.3 Kaupapa Māori principles

This marae-led support, grounded in kaupapa Māori, reflects a fundamentally different way of thinking, being and doing to that revealed in the practice of the family violence response system, as described in Section 2 of this report (Lee-Morgan et al., 2019, p. 42). Lee-Morgan and Hoskins (2017) draw upon the kaupapa Māori principles set out by Smith (2017) to articulate what informs the Manaaki Tangata e Rua programme at Te Puea Memorial Marae. These include: Tino Rangatiratanga – the principle of self-determination; Taonga Tuku Iho – the principle of cultural

[24] Professor Khylee Quince notes that the returning of koha is not appropriate within tikanga Māori and is likely a function of the state system that the programme must operate within in order to receive and maintain funding. She observes that the example potentially illustrates the complexities of navigating between tikanga tūturu (genuine tikanga) and that which is deemed acceptable within the kawanatanga space. Gear et al. (2024, p. 8) point out the burden placed on Indigenous providers to walk in two worlds ("being responsive to other world views, practice discourses and integration logic"), which is not borne by non-Indigenous providers.

[25] Translated this means: "Hold fast Māreikura".

aspiration; Ako Māori – The principle of culturally preferred pedagogy; Kia piki ake i ngā raruraru o te kāinga – the principle of socio-economic mediation; Whānau – the principle of extended family structure; and Kaupapa – The principle of collective philosophy. They note that, while the programme enacts all of these principles, "the Te Puea Memorial Marae response perhaps best exemplifies the 'kia piki ake i ngā raruraru o te kāinga' in an effort to offer practical support for homeless whānau" (Lee-Morgan & Hoskins, 2017, p. 14).

Dennis (2019, p. 21) describes the Te Puea programme as taking place on the marae ("one of those few Māori spaces where the rules of engagement are based on Māori ways of being and knowing");[26] being driven by the "philosophies, determination and vision" (p. 23) of Tainui matriarch Te Kirihaehae Te Puea Herangi; being informed by shared tikanga elements and principles; and blending "lore" (tikanga) and law (Pākehā systems and governmental requirements) "into one seamless practice to efficiently meet the urgent and long-term ongoing needs of families experiencing homelessness" (p. 25). Dennis notes that the kaimahi are "marae people": "raised on marae and socialised into the Māori cultural concepts of marae life" (p. 3). What is significant about the marae-led approach is therefore not simply the provision of practical support, but how it is enacted from a kaupapa Māori "relational system" (Pihama et al., 2026, p. 17), a whanaū-centred continuum (Lee-Morgan et al., 2019). Pihama et al. (2026) state that:

> "Kaupapa Māori is not simply a cultural worldview; it is a critique of the systems that divide, isolate, and individualize. In this sense, it functions both as a restorative practice and as a form of structural analysis. It offers a means to not only live differently, but to understand why things are the way they are, and how they might be otherwise." (p. 20)

Dennis (2019) describes the success of the Manaaki Tangata Programme as "about letting the marae environment and tikanga do what it did naturally, and that was give people the space and time to regather their confidence, self-esteem and dignity," whilst kaimahi "provided the urgent and immediate support" (p. 50) that was needed. Kaimahi work alongside the whānau, acknowledging and actively mitigating the systemic barriers that they are confronted with. They *consolidate* forms of assistance so whānau have the ability to *stabilise* in a culturally safe environment – where they can rest and start their healing and restoration pathways. Stabilisation is a safety response; a māmā cannot meaningfully engage with legal processes, housing decisions, financial support, or planning for her tamariki while she is hungry, displaced, exhausted, traumatised, and required to repeatedly prove her need (whilst also being shamed for having that need).

This stabilising awhi stands in stark contrast to our participants' experiences of the family violence response system, where assistance is rarely provided in a relational, holistic, sustained and dignifying way. Instead, as we have described in Section 2 of this report, women have to proceed down pre-determined institutional pathways involving multiple services to meet basic needs. Support for these basic needs is dispersed, conditional, and difficult to access. With each provider she encounters, she must retell her experiences, satisfy a new institutional threshold, complete another assessment, produce further documentation, and translate her circumstances into the language and eligibility criteria of that particular service. These demands are repeated across a system with services that often do not communicate effectively with one another. This significant administrative and navigational burden is borne by the woman, who is trying to survive and attend to the needs of her children (whose wellbeing is also directly shaped by these disparate processes).

[26] See also "Kāinga tahi, kāinga rua: A kaupapa Māori Response of Te Puea Memorial Marae" (Lee-Morgan & Hoskins, 2017, p. 13).

Whilst fragmentation in the family violence response system has been recognised by many as problematic, as Gear et al. (2024, p. 7) note, Western "systems-centred" approaches to system integration tend to focus on improving information sharing between agencies with the aim of enhancing system efficiency in response to crisis events. There is no evidence, however, that these approaches to integration improve the response for victim-survivors. Whilst Western models of integration are generally framed around a particular problem (for example, family violence) or care pathway; kaupapa Māori systems approaches, by way of contrast, and as illustrated by Māreikura's experiences, go deeper. These approaches are organised around addressing the underlying structural inequities that have led to poor whānau outcomes in general and are oriented by relational accountability, cultural knowing and knowledge, healing and self-determination (Tangaere & Hagen, 2023).

The experiences of all the women in our project provide further evidence that what "imported individualistic Western approaches" (Pihama et al., 2017, p. 25) offer victim-survivors is limited, suggesting there is much the current family violence response system can learn from kaupapa Māori approaches (Hudson et al., 2010; McIntyre et al., 2023; Rua et al., 2023; Tangaere & Hagen, 2023).

Conclusion

In this study, the participants' experiences and their agency records reveal a highly variable family violence response system in which each agency, addressing only one aspect of their lives, operates through its own institutional priorities, thresholds and standardised responses. Although the responses differ across agencies, they frequently produce the same effect – fragmenting victim-survivors' lived experiences, exacerbating their precarity, displacing them and their tamariki/children, undermining their safety, marginalising their cultural and social realities (Pihama et al., 2023), and constraining flexible and fluid service adaptation (Carswell et al., 2020; Day et al., 2021; Sety & Moore, 2024; Tairawhiti Community Commissioning Working Group, 2026).

Many others have made similar observations. For example, Thorburn et al. (2025), based on survey feedback from 1,707 victim-survivors in Aotearoa New Zealand, note that:

> "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." (p. 8)

Thorburn et al. (2025) also point out that the family violence response to victim-survivors, far from providing safety, often subjects them to "institutional violence":

> "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, the 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 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." (p. 31)

We are not therefore alone in making the point that, despite decades of government initiatives to improve the family violence response system, it is not yet fit for purpose as judged from the perspective of the victim-survivors who are forced into reliance on it. It also seems clear that simply addressing the fragmentation in service provision, per se, will not be enough to provide the deeper transformative change across the systemic response that is required.

Discussing the impact of neoliberalism on social policy and service delivery in Aotearoa New Zealand, Parkinson (2025) points out that, despite increased inequity and greater and more acute social needs in Aotearoa New Zealand society:

> "The retrenching of government and austerity measures associated with neoliberalism have resulted in reduced social services and health funding… and a move to state-NGO contracts…. These contracts reflect neoliberal values, prioritising short-term interventions,

much narrower criteria for access, an individualistic approach, and competition between social services." (references removed) (p. 12)

Likewise, Price and Kelly (2021) discuss the manner in which neoliberal ideology has reshaped social service delivery in Aotearoa New Zealand, including "[t]he demands of managerialism, compliance, productivity measurement, accountability and risk aversion" (p. 68).

Tangaere and Hagen (2023) describe "western, clinical, individualised, compartmentalised, or deficit measures and views of wellbeing [and safety]," noting that these:

> "will only ever achieve incrementally different outcomes. No amount of services will address the structural drivers of inequity, including structural racism and the ongoing impacts of colonisation embedded in our current status quo systems." (p. 151)

Neoliberalism has also had a significant impact on the family violence sector. For example, in the 1970s women's spaces and support services grew out of political activism and were organised around collectivist, non-hierarchical and feminist values. Over time, the women's movement, which was largely monocultural (Jonsson, 2020; Simmonds, 2011), also became professionalised, de-politicised, and subject to bureaucratic neoliberal service delivery requirements as a condition of government funding. As Vera-Gray (2019) notes with respect to sexualised violence, this "shift moved the focus from rape's social, cultural, and structural dimensions to the individual and interpersonal" (p. 61).

If we are to have a family violence response that is fit for purpose, it seems clear that we need a system that is organised differently and animated by a very different set of values and priorities. In the UK, there are calls to rethink neoliberal professionalism through a feminist lens, so that practitioners can enact "compassionate professionalism" and provide relational, not simply procedural, support to victim-survivors (Robson & Collins, 2026, p. 3). However, the challenge is how existing services can "maintain relational practice" under the pressures of neoliberal contract and funding models and state expectations of service delivery (Robson & Collins, 2026, p. 12).

In Aotearoa New Zealand, we no longer need to keep transporting thinking and practice from elsewhere, as "we know why things are the way they are" and we have the gift of established and enduring knowledge systems which can guide "how they might be otherwise" (Pihama et al., 2026, p. 20). In our study, emerging in stark contrast to the fragmented, unsafe and deficit-framed responses all five of our participants received from the family violence response system, are the experiences of the wāhine Māori with kaupapa Māori providers and practitioners.

In Section 3 of this report, we outlined Māreikura's experiences of the Manaaki Tāngata e Rua programme, a kaupapa Māori programme offered by Te Puea Memorial Marae. Although this is not a family violence service per se,[27] Māreikura and her tamariki were provided with immediate protection, shelter, material assistance, and ongoing mana-enhancing relational support that uplifted them and provided them with mana motuhake (whānau-sustainability: Dennis, 2019, p. 27) in their lives. This programme addressed the structural barriers the whānau experienced and drew upon relationships kaimahi had built over time with state agencies and workers in state agencies to mitigate the fragmentation in the family violence response system. If we accept that, for IPV victim-survivors, safety includes both physical safety and being "resourced and supported to recover

[27] Of course, this is the point of Manaaki Tangata – it is not about the particular kaupapa of family violence, but about uplifting those who engage with their service, whatever their circumstances and issues.

dignity, rest, autonomy, and full participation" (Thorburn et al., 2025, p. 13) in the specificity of their lives, communities and cultural contexts, then this represents a truly safe response.

The response to Māreikura and her tamariki was, as we also observed in Section 3 of this report, embedded in a very different worldview. As a further example, and in contrast to the gendered hierarchy imported by settler colonialism (which devalues women relative to men), in te ao Māori women are te whare tangata, and their authority, dignity and sacred power are recognised through mana wāhine theory and practice (Mikaere, 1999/2019; Pihama, 2020).[28] Furthermore, as pointed out in Section 2 of this report, te ao Māori concepts of health and wellbeing are not grounded in pathologising, individualising and deficit-based conceptual frameworks (Kahika-Foote et al., 2026).

Our conclusion is a simple one. Change in complex systems is unpredictable. It is best achieved by tracking ways of thinking, doing and being – observing whether they are effective over time, and amplifying those initiatives that are working, whilst discontinuing those that are not (FVDRC, 2016). Based on what we have observed, a holistic values-led response system orientated by Māori cultural imperatives and understandings offers the best potential for restorative and transformative practice with IPV victim-survivors and their families and whānau (Gerbic & Muriwai, 2025).

Māori-led systems change could enable both the flourishing of kaupapa Māori approaches for whānau Māori (Pihama et al., 2023), *and* Māori-centred approaches (Oranga Tamariki Evidence Centre, 2021) for everyone. We suggest that the reconfiguration of the family violence response system be Māori-centred, both because when whānau Māori are forced to engage with mainstream family violence services they require a culturally safe response, but also because all victim-survivors would benefit from an approach that is holistic, relational, mana-enhancing, culturally safe and focused on the provision of equitable material support. The inclusive, relational, dignifying, and restorative potential of Māori cultural imperatives, relationships and values also necessarily stand in direct contradistinction to "systems that divide, isolate and individualise" (Pihama et al., 2026, p. 20) and are resistant to "institutional capture" (Pihama et al., 2026, p. 18). As Parkinson (2025, p. 17) points out:

> "Although there is currently no end in sight for neoliberalism in Aotearoa New Zealand, tangata whenua have shown time and time again that despite decades of colonial undermining and resistance to Māori life and language, collective and radical responses can transform peoples and societies."

While *Te Aorerekura: the National Strategy to Eliminate Family Violence and Sexual Violence* (2021), has been positioned as a hopeful antidote to the systemic problems that are discussed in Section 2 of this report, its capacity to change the operation of the current family violence response system is questionable. *Te Aorerekura* recognises that effective responses must be safe, accessible, integrated, available early, and provided by trusted people; as well as the risks and consequences of unsafe responses. At a surface level, *Te Aorerekura* therefore articulates a relational, holistic and integrated vision. In reality, however, it has failed to braid Indigenous systems thinking into system responses in a transformative, rather than performative and ultimately assimilatory, manner (Cram & Lyons, 2024; Johnson et al., 2024; Roguski, 2023). Western-centric systems and integration thinking are still front and centre in action plans[29] and the coalition

[28] Marlene Longbottom explains that Indigenous women in Australia also have a different starting point – being "formidable sources of power" for their communities (Longbottom, 2026, p. 46). It follows that the "contemporary indigenous liberation movement reflects the egalitarian frameworks that operated prior to colonisation" (Longbottom, 2026, p. 55).

[29] See New Zealand Government (2024),Te Aorerekura *Action Plan 2025-2030: Breaking The Cycle Of Violence*.

government's actions.[30] What this means is that *Te Aorerekura* has failed at a fundamental level to deliver the kind of transformative shift in thought and practice that is required.

Changing Western systems is hard, "because the systems we are trying to change are monolithic, complex, [and] deeply entrenched" (Johnson et al., 2024, p. 53). In Aotearoa, Western sites of power – the government, health, education, and the criminal justice systems – have not been willing to share power with, or learn from, Indigenous Peoples who are regarded as "the first systems thinkers" (Fredericks et al., 2023, p. 8).

The deep systems change work that we, amongst many others, have suggested is urgently needed if we are to respond to family violence safely will not be easy. It will take time, and it requires Māori leadership and governance, in partnership with Pākehā. We acknowledge that there may be anxiety in this for some Pākehā (Russell, 2022), whilst others may see it as necessary in moving forward (Came et al., 2026). However, there are relational exemplars[31] of how this restoration work could be undertaken, which recognise the "different spheres of influence" (Mutu & Jackson, 2016, p. 9) of rangatiratanga and kāwanatanga (as articulated in Aotearoa's foundational constitutional document – te Tiriti o Waitangi). If we do not want more of the same – and we believe that the participants' experiences as set out in this report powerfully illustrate why we should not be attached to the status quo – then it is time to have the courage and foresight to do things differently.

[30] The Minister for Prevention of Family and Sexual Violence decided not to extend the tenure of the members of the Tangata Whenua Ministerial Advisory Group, Te Pūkotahitanga, beyond 30 June 2025. In its place, Minister Chhour stated that she intended to establish a new multi-cultural advisory group: "I need an advisory board that can advise on all issues victim-survivors face, and one that reflects the diversity of our nation, not just the seventeen per cent of New Zealanders who identify as Māori." In response, Te Pūkotahitanga members reminded the Minister that: "These names were not branding assets – they were taonga, gifted with purpose, tikanga, and expectation. When those responsibilities are no longer honoured, we reserve the right to reclaim them." The statement affirmed the decision to reclaim the reo names as "a tikanga-based response to the Crown's failure to uphold its responsibilities." https://vine.org.nz/news/tangata-whenua-ministerial-advisory-board-reclaim-names-gifted-to-te-puna-aonui

[31] See Part Four – the Constitutional Vision, Matike Mai Report. (Mutu & Jackson, 2016, pp. 99–112).

Glossary of Māori words

Kupu	English meaning/contextual explanation
Ako Māori	Māori approaches to teaching and learning
Aroha	Love, compassion, affection, care
Awhi	To support, assist, embrace, or care for a person
Āwhitanga	Support, care, assistance; the act or process of supporting
Hapū	Kinship group; sub-tribe comprising related whānau
Hapori	A community of people connected through shared relationships, identity, place or common interests, often reflecting a sense of belonging and collective responsibility
Hau Kāinga	Home, true home; local or home people of a marae
Iwi	Tribe; extended kinship group descended from common ancestors
Kai	Food
Kaimahi	Worker or staff member; support and care workers
Kāinga rua	Second home
Kanohi ki te kanohi	Face to face; in-person engagement
Karakia	Prayer, incantation, blessing, or ritual recitation
Kaupapa Māori	Māori-centred approach or framework grounded in Māori values, knowledge, and ways of being
Kāwanatanga	Governance; government or the exercise of governing authority
Kia mau tonu	Hold fast; remain steadfast
Koha	Gift, contribution, offering
Kupu	Word, expression, vocabulary
Mahi	Work, activity, task
Māmā	Mother
Mamae	Pain, hurt, distress, sorrow
Mana	Authority, status, prestige, dignity, influence; inherent or acquired standing
Manaaki	To care for, support, show respect or hospitality
Manaaki Tangata	Care for/support people

Kupu	English meaning/contextual explanation
Manaakitanga	Care, hospitality, respect, generosity, and the practice of enhancing the mana of others
Mana Motuhake	Autonomy, self-determination, independent authority; control over one's own destiny
Mana Wāhine	A Māori framework centring the authority, knowledge, experiences, and realities of wāhine Māori
Māori	Indigenous people of Aotearoa New Zealand; also the Māori language or Māori identity depending on context
Marae	Communal meeting place and complex central to whānau, hapū, and iwi social and cultural life
Nō hea koe?	Where are you from?
Oranga Tamariki	Wellbeing of children; also the name of the Ministry for Children
Pākehā	New Zealander of European descent
Pāpā	Father
Pōwhiri	Formal welcoming ceremony
Pūtea	Money, funds, financial resources
Rangatahi	Young person or younger generation
Rangatiratanga	Chieftainship, authority, leadership, autonomy, self-determination
Tainui	Ancestral Waikato-Tainui waka and the iwi and communities associated with it
Tama	Son; boy
Tamaiti	Child
Tamariki	Children
Tāne	Man, male, husband
Tangata whenua	People of the land; Indigenous people with ancestral authority and connection to a particular place
Tāngata whaiora	People seeking wellbeing; commonly used for people with lived experience of mental distress who are seeking wellness
Taonga	Treasure; something valued or culturally significant, tangible or intangible
Te Ao Māori	The Māori world; Māori worldview and ways of understanding the world
Te Reo Māori	The Māori language
Te Tiriti o Waitangi	The Māori language text of the 1840 agreement signed between rangatira Māori and representatives of the British Crown
Te Whare Tangata	The house of humanity; a concept recognising the reproductive, genealogical, and intergenerational significance of wāhine Māori

Kupu	English meaning/contextual explanation
Te Whare Tapa Whā	Māori model of health developed by Tā Mason Durie, comprising four interconnected dimensions: physical, mental/emotional, spiritual, and whānau, grounded in whenua
Tikanga	Māori customs, values, principles, correct practices, and ways of doing things
Tikanga tūturu	Authentic, enduring, or traditional tikanga
Tuakana	Older sibling or cousin of the same gender
Tūpuna	Ancestor or ancestors
Wāhine	Women; plural of wahine
Wairua	Spirit; spiritual dimension or essence
Whakapapa	Genealogy; genealogical relationships connecting people to whānau, ancestors, whenua, and the wider world
Whakawhanaungatanga	The process of establishing, developing, and maintaining relationships
Whanaungatanga	Kinship, relationships, connectedness, and a sense of belonging arising through shared relationships and experiences
Whānau	Family; extended family and wider networks of kinship and relationships
Whenua	Land; also placenta, reflecting the relationship between people, birth, and land

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