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# Te Aorerekura

## towards eliminating family violence – reflections from the Atawhai project

### Abstract

Family violence is an under-recognised contributor to ill-health. Atawhai, a three-year research project focusing on sustainable responses to family violence in primary healthcare services, suggests that relationships and networks among locality-based service providers and local communities will help in making New Zealand's strategy to eliminate family violence a reality. More is needed than joining up the government agencies delivering services to those experiencing family violence. Building relationships between communities and healthcare providers to harness the contextual and cultural knowledge of those most affected has to be integral to a sustainable response that begins to address the causes of this wicked problem, along with developing place-based solutions.

**Keywords** family violence, domestic violence, health, New Zealand, *Te Aorerekura*, strategy for elimination of family violence, Atawhai, sustainable response to family violence

Family violence is a key determinant of ill-health inadequately responded to within health systems globally (World Health Organization, 2016). In Aotearoa New Zealand, family violence is defined as 'a pattern of behaviour that coerces, controls or harms within the context of a close personal relationship'

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and is recognised as gender-based, disproportionately affecting women and children (Te Puna Aonui, 2021, p.10), particularly indigenous women, young women and women on low incomes. Population-based data estimates show that nearly two in three Pākehā women, over two in three Māori women, two in five Pasifika women and one in three Asian women will experience a form of physical, sexual, psychological, controlling or economic violence by an intimate partner in their lifetime (Fanslow et al., 2023a, 2023b). The prevalence of family violence compounds with the impacts of colonisation, racism and poverty, resulting in coercive control of women's lives by family members and intimate partners (Family Violence Death Review Committee, 2016; Short et al., 2019; Roguski, 2023; Mellor et al., 2024). Family violence is non-discriminatory, also affecting men, older people, disabled, migrants and LGBTQIA+ communities.

#### Government response to family violence

The New Zealand government has worked on policies and services to prevent family violence over at least two decades (e.g., Ministry for Social Development, 2002, 2010; Eppel, 2011), but it would be hard to claim much progress other than more awareness of family violence as a social and economic issue (e.g., Controller and Auditor-General, 2021), and certainly not its recognition as a health issue. The focus has largely been on the various departments and agencies of the Crown working better together. The formation of a joint venture involving ten government agencies<sup>1</sup> in 2017 began a refreshed effort by government to stop family violence.

The passing of the Public Sector Act 2020 allowed the joint venture to be formalised as an interdepartmental executive board called Te Puna Aonui and the creation of the 2021 strategy and action plan *Te Aorerekura* (New Zealand Government, 2021; Te Puna Aonui, 2021). Essentially a Crown-centric document, *Te Aorerekura* claims to be 'a new collective path for government, tangata whenua, specialist sectors, and communities ... to eliminate sexual violence and family violence' in Aotearoa New Zealand (Te Puna Aonui, 2021, p.6). *Te Aorerekura* endorses notions of collaboration and

## BOX 1 Te Aorerekura: the national strategy to eliminate family violence and sexual violence

Te Aorerekura has a 25-year moemoea (vision) that 'all people in Aotearoa New Zealand are thriving; their wellbeing is enhanced and sustained because they are safe and supported to live their lives free from family violence and sexual violence'.

Te Aorerekura adopts the Tokotoru prevention and well-being model (Te Puna Aonui, n.d.), which highlights three interconnections: strengthening (factors that protect against family violence and sexual violence); responding (holistic early intervention, crisis responses and long-term support); and healing (spaces and support that enable healing, recovery and restoration). Te Tokotoru is reflective of the public health prevention continuum of primary, secondary, tertiary prevention of violence.

The six shifts of Te Aorerekura:

1. Adopting a strength-based wellbeing approach that will integrate all aspects by adopting the Tokotoru model with a focus on changing the social conditions, structures and

norms that perpetuate harm.

2. Mobilising communities through sustainable, trust-based relationships and commissioning decisions that are grounded in te Tiriti, and sharing evidence on what works.
3. Ensuring that the specialist, general and informal workforces are resourced and equipped to safely respond, heal and prevent and enable wellbeing.
4. Investing in a Tiriti-based primary prevention model that strengthens the protective factors so that family violence and sexual violence do not occur.
5. Ensuring that accessible, safe and integrated responses meet specific needs, do not perpetuate trauma, and achieve safety and accountability.
6. Increasing capacity for healing to acknowledge and address trauma for people and whānau

shared responsibility for action and impact on reducing family violence across government agencies. It also acknowledges the need to involve local communities and tangata whenua. (See Box 1 for a brief overview of *Te Aorerekura*.) The health system has had little profile to date and remains a minor actor, with the relationship between family violence and ill-health inadequately recognised.

From a traditional institutional accountability viewpoint, implementation of *Te Aorerekura* is the responsibility of Te Puna Aonui. In a report on the progress of *Te Aorerekura* towards eliminating family violence, the auditor-general highlighted the need for Te Puna Aonui to:

work together and with advocacy groups for those affected by family violence and

sexual violence to find safe and appropriate ways to hear directly from people who experience or use violence, to improve how responses to family violence and sexual violence are provided. ... Some people told us that Te Puna Aonui agencies determine the time frames for work and that this has led to some in the community feeling that their work with the agencies was rushed. Others were concerned that, although the agencies ask for community input, they often disregard it. (Controller and Auditor-General, 2023, pp.28, 26)

All six of the auditor-general's recommendations involve working with local communities to partner in development and implementation of programmes and initiatives.

In the light of the auditor-general's 2023 observations and recommendations, it is the objective of this article to offer insights from our research on achieving sustainable responses to family violence as a health issue and how this might inform future progress towards the *Te Aorerekura* goal of eliminating family violence in Aotearoa.

#### Improving health system responsiveness to family violence: the Atawhai study

While the high rates of family violence in Aotearoa are recognised in *Te Aorerekura*, the significant impact on health and

understanding, trust and positives for both provider and the person seeking care (Gear, Eppel and Koziol-McLain, 2018).

The Atawhai study took a step further towards a more systemic response. It endeavoured to answer the questions, what does an effective and sustainable response to family violence look like for primary care, and what influences change in primary care family violence responsiveness?, by drawing on the experience of healthcare practitioners. The multidisciplinary research team of tangata whenua and tangata Tiriti members brought together knowledge of reo,

differently for the benefit of those seeking care. Through a series of whakawhitiwhiti kōrero wānanga (similar to deliberative dialogue workshops), Atawhai identified ways to make it easier for health providers to respond to families and whānau experiencing or using violence (see Gear, Koziol-McLain et al., 2024 for more detail). Participants explored and challenged individual, collective and system understandings about family violence as a determinant of health and what is needed to improve service delivery in primary care settings.

The Atawhai research revealed that effective and sustainable responses to family violence come about through quality, trusted relationships among providers of health and community care and those seeking health care. The health provider cannot solve the problem of family violence, but can walk alongside whānau and families, offering opportunities for change. In response to this learning, participants founded the Atawhai Network, a locally grown healthcare provider-led network which 'connects health care professionals and organisations with other providers, information and tools to safely journey with whānau and families in their experience of family violence' (Atawhai, n.d.). Practically, the network offers peer support to critically reflect on the problem of family violence and how it is responded to in practice. Small changes by individual learning become amplified through connections, repetition and time, leading to transformative and sustainable change. (See summary of Atawhai in Figure 1.) Atawhai was recognised by the minister for the elimination of family violence and sexual violence in 2022 as exemplifying *Te Aorerekura* shift two, 'Mobilising Communities', by developing high-trust relationships between tangata whenua, tangata Tiriti, healthcare and other family violence service providers in building a community-led collaborative and adaptive response to family violence.

#### Applying the learnings from Atawhai for more impactful system change

Achieving systemic change is challenging, particularly in a complex, multi-actor world, with many only partially understood cause-and-effect relationships,

... primary needs differ from place to place, family to family... contextual and historical factors seemingly unrelated to family violence, such as secure housing, or employment assistance available either before or alongside family violence services [should be accounted for]

wellbeing is poorly articulated. Systemic support for primary care professionals to respond to family violence in practice is lacking despite evidence that primary care is frequently identified internationally as a place support is sought (Australian Institute of Health and Welfare, 2018; Family Violence Death Review Committee, 2014; Fanslow and Robinson, 2004). The Atawhai study built on earlier research that investigated how primary healthcare providers may respond sustainably to those affected by family violence in Aotearoa New Zealand. Findings indicated a complex interaction between the world of the individual health practitioner (personal and professional) and the world of the person accessing care. The authors theorised that a positive and sustainable trajectory of change could emerge when this interaction generates mutual

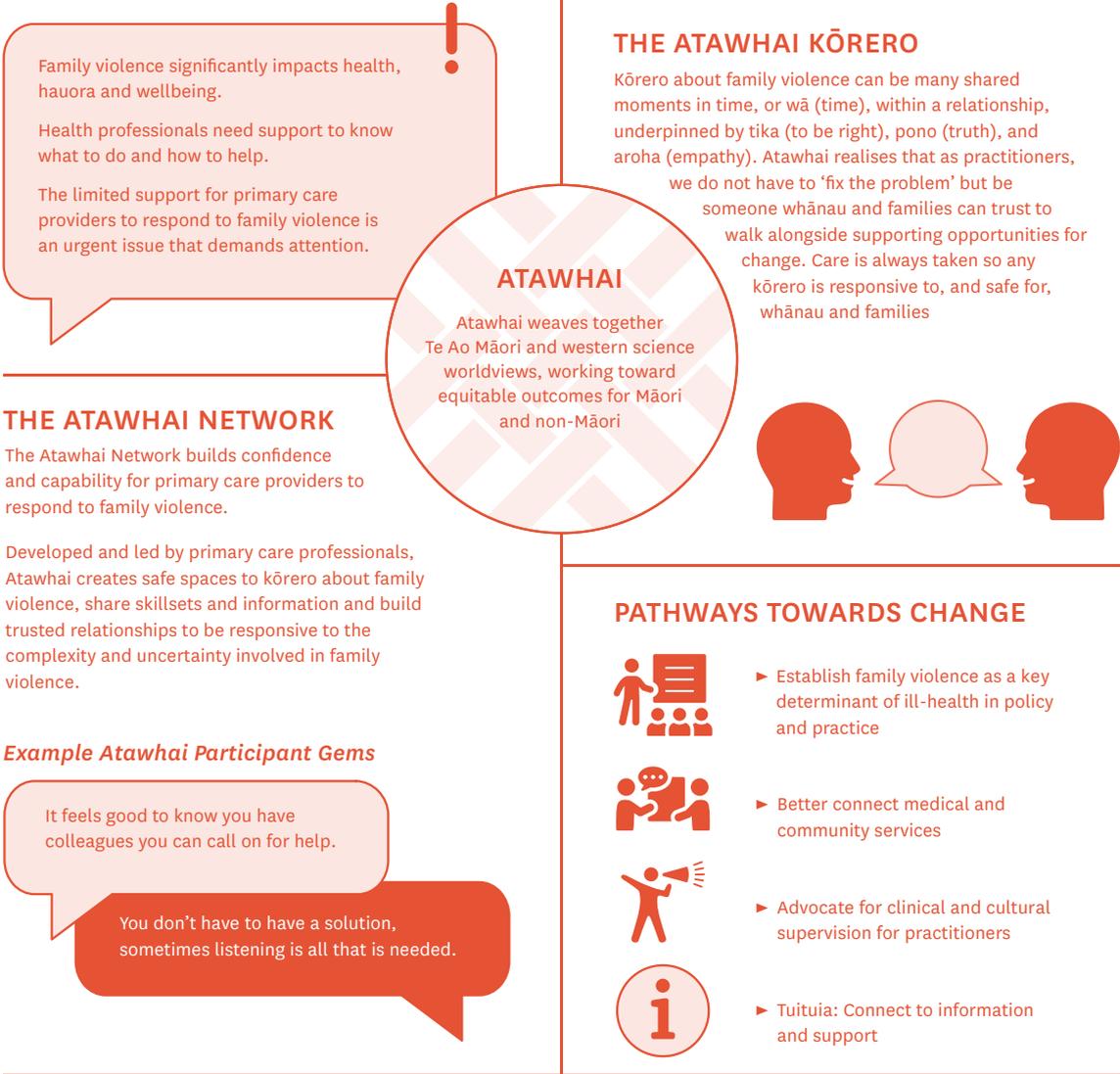
mātauranga, tikanga and local community (the Bay of Plenty, where the research was conducted), as well as skills and experience in the fields of qualitative research methods, violence against women, primary care service delivery, Māori health research, complexity theory and specialist community family violence services (Gear, Koziol-McLain et al., 2024).

With the knowledge that the systems and structures that make up primary healthcare are largely created by the Crown and its agencies, the Atawhai methodology foregrounded te ao Māori, the Māori world view, drawing also on complexity theory and participatory research methodologies. Given the complex systems that create family violence and primary healthcare, this methodological approach aimed to gain insights into how these complex systems operate and might function

Figure 1: Summary of Atawhai findings



**Ehara taku toa i te toa takitahi, engari he toa takitini.**  
 My success is not mine alone, it is the success of the collective



**WHAT INFLUENCES SUSTAINABLE CHANGE?**



Building quality relationships among professionals and those seeking care



Critically reflecting on the systems and structures shaping policy and practice



Join our network today [www.atawhaitia.co.nz](http://www.atawhaitia.co.nz) or email [kiaora@atawhaitia.co.nz](mailto:kiaora@atawhaitia.co.nz)

Source: <https://www.atawhaitia.co.nz/atawhai-network/>

a long history, diverse cultural perspectives, dominant hegemonies and many entrenched institutional practices. The Atawhai findings underlined the importance of local relationships and networks for appreciating how these factors interact in a local context for responding sustainably to family violence as a health issue.

Actors at the micro level are capable of seeing where their current practices are less effective and can make changes through their own organisations and those around them. Our conclusions are reinforced by

relationships that enable primary care professionals to walk alongside those experiencing or using family violence and connect them to services they may need over many different moments in time. This allows those affected to return multiple times as needed and begin a pathway of eliminating family violence from their lives. Within the Atawhai Network we heard many anecdotes about how individuals made a difference through strengthened relationships and bringing new resources from their organisations to work against the perpetuation of family violence in the

been done to date is not working, and a willingness to do things differently, build relationships and trust with like-minded individuals working together across institutional and cultural settings towards a shared outcome. The Atawhai research process enabled this kind of reimagination, and individuals and organisations discovered new understandings of how they could respond to family violence.

International literature calls for ‘integrated’ family violence service delivery, which could be viewed as a variant of the notion of joined-up. Reviewing this literature, we found differing understandings of what integration of family violence services looks like based on perspective or world view (Gear, Ting et al., 2024). In the dominant perspective, government agencies tend to take a government services-centric view of being integrated: they try to make their existing services work together through strategies such as co-location, protocols, referrals and warm handovers among service providers. In a second perspective, ‘integration’ depends on the individual: the type and mix of services provided are discussed, and tailored to an individual’s needs at that point in time. This notion of integration is common within a service sector such as health. While there might be negotiation, the service providers (their professions and funders) hold much of the power over what is offered. In a third perspective, ‘integration’ is about family, whānau and community, context, and connection to the daily lives and relationships experienced. This third perspective recognises that primary needs differ from place to place, family to family. It takes account of contextual and historical factors seemingly unrelated to family violence, such as secure housing, or employment assistance available either before or alongside family violence services. We note that research to inform this latter perspective is currently thin and hard to find (ibid.).

**Conclusion: what more for Te Aorerekura and systemic change that will lead to the elimination of family violence?**

In a complex, adaptive social system, history and the initial conditions are important and need to be taken into account because they are part of the

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Elinor Ostrom’s Institutional Analysis and Development framework (Ostrom, 2005) for understanding how structured human interactions create novel and stable solutions. The recently published understanding of systemic change emerging through interactions at the micro, meso and macro levels from the Māori world view by Johnson, Allport and Boulton (2024) also reinforces our conclusions within the Aotearoa New Zealand context.

Essentially, the actors and resources available in each local context are unique. They must be encouraged to evolve into a pattern that works in that context. In the Atawhai research, no two primary care settings were identical and no two primary care professionals responded to family violence in the same way, or provided an identical response pathway. Yet there were common features which act as navigational lights: for example, establishing trusted

community. But we learned that it is a ‘slow burn’, with these relationships taking time to build and begin to produce results. They also remain vulnerable to changing personnel through organisational restructuring and changing government priorities, which can decimate networks that have taken years to begin producing results. The Atawhai Network has taken time to form because of the multiple pressures on primary care practitioners and health sector restructuring, which, continuing as we write, is affecting all in the network.

Research on government agencies joining up and collaborating with communities internationally and in Aotearoa New Zealand over recent decades finds that it is not easy and takes time (e.g., Ansell and Gash, 2008; Vangen and Huxham, 2014; Eppel et al., 2013). Success comes down to an ‘ah-ha’ moment, a realisation that continuing to do what has

dynamics shaping the system now and into the future (Eppel, Matheson and Walton, 2011). The dynamism of the system created by interaction among its constituent parts (individuals, organisations and rules) generates feedback loops and patterns that continue to shape and limit what can happen long after they originally came into effect. While the effects of historical colonialism for family violence are well known (e.g., Family Violence Death Review, 2016; Roguski, 2023), the effects of modern institutions, such as the Public Finance Act 1989, also drive how government agencies behave. It has been argued that the model imposed by the Public Finance Act, channelling as it does all government funding via departments, controlled by a minister, imposes power imbalances that prevent government agencies from being good collaborative partners on hard-to-solve social problems.

Everyone wanting to help eliminate family violence needs to work with the implications of a complex system in mind. In practice this means:

- one person or organisation can only partially know the system and no one can know it all;
- there will always be uncertainties and unknowns; and
- relationships and trust are essential for connecting up the system.

Shared knowledge of the system could be improved by:

- creating conditions that share learning – for example, annual wānanga among people working on family violence at the community level to share lessons while avoiding the temptation to abstract to a single view;
- engaging researchers to conduct developmental evaluations; and
- building opportunities to spot the emergence of new and helpful patterns and encourage them.

We note that the *Te Aorerekura* aim of devolving high-trust, low-transactional commissioning to communities is yet to be realised. This means that Te Puna Aonui agencies remain locked into the accountabilities and path dependencies imposed by the Public Finance Act, and the actions to date therefore can only be one part of what is needed in a strategy for eliminating family violence. The next steps

need to realise the innovation that is possible from true collaborative power and decision making with local communities. It needs the will of government to create a new funding and accountability model such as that advanced by Warren (2021, 2022), and willingness to trust local groups to make allocative and performance decisions about how best to eliminate family violence in their context. A low transaction cost funding model needs to be deployed quickly, building on the model advanced by Warren and what has been learned through Whānau Ora models (Te Puni Kōkiri, 2019). Rather than waiting

different from those needed in place B, because the actors and the context are different. For government agencies this means things won't be neat or neatly the same everywhere. This is because solving hard, entrenched problems requires the messiness of local knowledge and context and tacit knowledge of local actors to remain in play. Through embracing the contextualised richness of this approach, *Te Aorerekura* could become more of a tapestry pattern of local and regional plans that, taken together, create a whole greater than the sum of the parts. Only by recognising that no one can fully know or

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until the perfect model is clear, room can be made to learn the way forward and adapt the model along the way.

There has to be acceptance that not every step taken will work well, but can provide the evidence for learning and adapting. An expert group advising the Department of the Prime Minister and Cabinet of Australia has argued that a strategy to eliminate family violence needs to go beyond the agencies delivering family violence services and bring all of the system to bear, including housing, health, education, employment and welfare (Campbell et al., 2024). In particular, it dedicates attention to the role of healthcare, which has had little implementation focus in *Te Aorerekura* so far. The context and local actors need to be visible and active in both the development and the implementation of the next iteration of *Te Aorerekura*.

There also needs to be acceptance that the solutions developed for place A will be

understand a complex system will the challenging goal of eliminating family violence be achieved.

The Atawhai Network has the potential to be the beginnings of a national network of primary healthcare practitioners committed to playing their role in eliminating family violence: sharing knowledge, experience and resources among individual practitioners and primary healthcare practices around the country. Currently, local efforts, such as the excellent and highly experienced practice in Hawke's Bay (Higgins, Manhire and Marshall, 2015) or the efforts to provide general practitioner training about family violence (see [medsac.org.nz](https://medsac.org.nz)) remain isolated. These efforts could become part of a distributed national knowledge and community of practice network. Without ongoing resourcing post-research, the Atawhai Network will likely struggle to maintain itself.

*Te Aorerekura* shift two direct government agencies towards mobilising 'communities through sustainable, trust-based relationships and commissioning decisions that are grounded in Te Tiriti and sharing evidence on what works' (Te Puna Aonui, 2021, p.38). Atawhai findings endorse this intent and exemplify ways to do this. Institutional changes, such as the new funding and accountability model, are needed for the Crown and its agencies to become a power-sharing collaborator with communities. Given that family violence is a key determinant of ill-health, there is much more scope for the Crown to deploy all of the systems of government – including education, health, welfare and housing<sup>2</sup> – towards preventing family violence from occurring rather than just making services after it occurs work better. Primary healthcare is uniquely positioned to be a leader, as a service whānau and families consistently identify as a place to seek care.

#### Postscript

On 15 December 2024, the minister responsible for the prevention of family and sexual violence, Karen Chhour, released *Breaking the Cycle of Silence: Te Aorerekura action plan 2025–2030* (Te Puna Aonui, 2024). This new plan focuses on three areas of the government's response to family violence where it is occurring:

- how the government invests and commissions response services;
- immediate safety of people experiencing family violence; and
- stopping violence.

There are no specifics in the plan about the latter. The plan remains firmly focused on the government's institutions and agencies involved in immediate responses to those experiencing family violence. There is a proposal to work with twelve local communities; the plan's focus is on the governance of these relationships. Along with new approaches to commissioning

these local initiatives, there could be an opportunity to value the development of respectful power-sharing relationships with local networks. Using a social investment approach as the plan proposes means working with both the immediate impacts and also the long-term, deeply-entrenched and interconnected causes of family violence in equal measure. Family violence as a contributor to ill-health remains under-recognised in this new plan and the health agencies are minor players.

<sup>1</sup> The Accident Compensation Corporation, the Department of Corrections, the Ministry of Education, the Ministry of Health, the Ministry of Justice, the Ministry of Social Development, the New Zealand Police, Ōranga Tamariki, Te Puni Kōkiri and the Department of the Prime Minister and Cabinet.

<sup>2</sup> We note that Housing is not part of the current Te Puna Aonui grouping of agencies responsible for *Te Aorerekura*.

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