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**Who we are:**

The Public Health Association of New Zealand (PHA) is a national association with members from the public, private and voluntary sectors. Our organisation's vision is 'Good health for all - health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao', and our purpose is to advocate for the health of all New Zealanders. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society.

We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document, defining respectful relationships between tangata whenua and tangata Tiriti, and are actively committed to supporting Te Tiriti values in policy and legislation.

We acknowledge the contribution of the Wellington PHA to this consultation.

***The Public Health Association (PHA) supports the goal of a violence-free Aotearoa, and shares the vision that future generations will be free from family and sexual violence.***

We want to thank Minister Davidson for her leadership in this arena<sup>1</sup> and for the opportunity to make a submission on this important topic.

PHA welcomes this national engagement process for prevention and elimination of family and sexual violence. We support this strategy adopting a te Tiriti framework. We acknowledge that such violence affects all our communities, and we affirm the need to prevent violence and develop wrap around services for all (including those using violence) to stop the cycle.

PHA supports the moves the government is taking to address the prevent violence against women in Aotearoa and in acknowledging that addressing equity, especially gender equity, is a fundamental component to reducing sexual violence and gender-based violence that is entrenched in our society. PHA agrees that action needs to be taken on many fronts to break the cycles of violence and return families and communities to be places of safety and wellness. PHA particularly welcomes the whole of government approach to address these issues. We also recognise the vital role of communities and support prioritising strengthening NGO capacity and improving government capacity and commitment to work in collaboration and partnership with NGOs.

PHA agrees that Māori-led policy and service design and using te Ao Māori frameworks and responses, will improve wellbeing for *all* New Zealanders and to remedy the intergenerational harm of colonisation.

PHA supports shifting the balance of investment toward prevention that is being proposed including early investment in the first 1,000 days of a child's life and onwards. Care for family must commence from birth through all stages of life, with special consideration for vulnerable people including the disabled and elderly.

**As the consultation survey appears geared towards individual and public comment, the PHA has chosen instead to respond to the initial findings related to each of your focus areas.**

***Focus Area #1: Recognise Te Ao Māori - Whaimana Te Ao Māori***

- *Te Ao Māori frameworks and responses form the basis of practices, including the acknowledgement of the intergenerational harm of colonisation.*
- *Recognising that Western ideas of power and gender are different from a te ao Māori way of thinking, which has resulted in losses for tangata whenua (e.g., of land), and influenced Māori concepts (e.g., what it means to be a 'man' in society).*
- *Understanding the potential of Māori-led policy and service design and provision for eliminating family violence and sexual violence.*

We agree that Māori-led policy, service design and provision in eliminating family violence and sexual violence should inform all such prevention initiatives and services. A multipronged approach mitigating the impacts of institutional racism, systemic sexism and colonisation when working Tangata Whenua by Tangata Tiriti is crucial to the success of whānau, hapu and iwi led policy.

We advocate for more resourcing to be allocated to grassroots initiatives to decolonise western ideas of power and gender for all whānau Māori. The focus must be on wellbeing and healing the mamae and whakamā (embarrassment and pain) within a safe Māori context, designed for and by Māori practitioners. We ask that contributing factors such as addiction and the ability to access services by Māori be considered in providing solutions. At minimum, more resourcing to proven effective kaupapa, and novel Māori services must be written into policy as an immediate requirement for action to enable a Te Ao Māori response to the elimination of family and sexual violence.

Considerable evidence exists about the relative financial insecurity of women, particularly Māori women. Women are more likely to take time out of the workforce to raise children and care for elderly relatives<sup>2</sup>, have lower average KiwiSaver balances than men (the gender pay gap in New Zealand is 9.5%)<sup>3</sup> and are more likely to be the victims of financial abuse in relationships<sup>4</sup>.

We recommend that further resource be allocated within this plan to whānau, hapu and iwi to provide safe spaces for Māori wahine and their tamariki. We recommend that these safe spaces “whakaruruhau” (more shelter refuges run for and by Māori) be made available to whānau Māori due to family and sexual violence as an immediate measure to address Māori over representation in the above statistics. We further highlight that due to COVID lockdown, and associated impacts of this pandemic this situation is likely to have worsened.

We would draw to your attention the recommendations of the from the Welfare Advisory Expert Group (WEAG) regarding entitlement of each person in a relationship to a benefit as an individual with the same freedom as is contingent for wage earners, is considered as part of welfare reforms to ensure a woman is not impeded from leaving a violent relationship due to lack of an income in her own right. Similarly, current legislation and practice related to housing tenancies and tenancy transfer increase the risk of homelessness for many women contemplating leaving violent relationships.

### ***Focus Area #2: Bring government responses together - Whakapiri ngā mahi ō te kāwanatanga***

- *People and whānau are supported by integrated community services enabled by government agencies working closely together to reduce barriers and increase safety.*

Seamless services, where well delivered are of obvious benefit. However, real concerns about data sharing must be addressed. Please consider the requirements from Te Mana Raraunga (concerning Māori data sovereignty) in designing data sharing. Recently, there was the incredibly damaging impact of Rape Crisis being required to share service user data with MSD, leading to women being reluctant to access support. In that instance, the motivation was financial governance of service provision – but closer agency working must be supported by the development of appropriate protocols and consent. Lack of trust in services (particularly in Oranga Tamariki) and perceived vulnerability to child removals urgently needs to be addressed if women and children are not left in positions of harm due to such fears.

### ***Focus Area #3: Recognise tangata whenua leadership and community-led approaches - Hāpaitia te mana ō tangata whenua me kaupapa hapori***

- *Decision making that is shared between Māori, Government and community; and uses Te Tiriti o Waitangi as the starting point.*
- *High trust and enduring relationships support shared decision-making on resources and investments between Māori, NGOs, communities and government. This will enable flexible services to meet diverse needs and reduce the administrative burden on service providers*

We strongly agree with the above points. A further example of a practical action that could help develop high trust relationships include the establishment of a robust and timely mechanism for review and complaint, and the involvement of service users in this process.

### ***Focus Area #4: Strengthen workforces to prevent and respond to family violence and sexual violence - Whakakaha i te hunga mahi ki te autaki me te whakautu ki te tūkinu whānau***

- *People and communities are supported by workforces that are diverse, skilled, resourced and have clearly defined roles in responding to and preventing family violence and sexual violence.*
- *Services are shaped to meet specific needs including the history, culture and situation of people and whānau.*
- *A common understanding of family violence and sexual violence, trauma, and cultural competency.*

PHA interprets ‘the common understanding of family violence and sexual violence’ to mean that a definition of family violence and sexual violence will be agreed so that all parties engaging in reducing family harm, across all strata of New Zealand society, will be operating from this common understanding.

We consider that workforce development is one of **the** most important and tangible areas an action plan should tackle first. This includes creating more diverse workforces (at all levels within organisations), and comprehensive staff development to ensure cultural competence.

The workforces in family and sexual violence services are under resourced and working in demanding jobs and with high and heavy caseloads. Gender inequity is also an issue for these workforces, often compounded by poor pay, lack of child-care support and training, professional development, and career development.

We recommend at minimum cultural competencies be developed recognizing Te Tiriti obligations mana motuhake and rangatiratanga, determining what that looks like within this sector operationally within this plan. Compliance by all services to uphold these competencies when dealing with Tangata Whenua Māori must be required, measured and reported on. The need to combat institutional racism and to uphold Te Tiriti partnership obligations is crucial in strengthening future workforces and turning the tide for Māori.

A comprehensive workforce plan involving NGOs and workforce organisations that adequately maps the workforces in family and sexual violence services is needed. This should examine detail on the numbers, distribution, composition, roles, characteristics, and training requirements. Such a plan could be based on other workforce strategies such as the mental health workforce stocktake, and the Health and Disability Kaiawhina Workforce Action Plan. Providing opportunities to attract staff, lessening the impact of lack of continuity caused by short term funding and job insecurity, and addressing barriers to their development and retention are all essential.

#### ***Focus Area#5: Increase the focus on prevention - Whakanui i te arotahinga ki te aukati***

- *Greater investment in preventing family violence and sexual violence.*
- *Ensuring all responses heal, strengthen and protect from violence.*

Greater investment is certainly needed. Ensuring that responses are evidence based and informed by consultation within affected communities is also important. Addressing the social determinants of family violence linked to poverty, stress, financial and housing insecurity, along with systemic programmes to increase community resilience requires an all-of government, but community led approach.

A vast literature going back well over a decade has signalled the need for such an approach.<sup>5,6</sup> As discussed recently, we do not lack evidence or ideas. Until recently, there has been a lack of the will to prioritise the ending of family and sexual violence and the funding to comprehensively do so. This joint venture approach offers real hope of ACTION to back a newly developed strategy.

#### ***Focus Area #6: Develop ways for government to create changes – Whakawhanake ngā mahi o te kawanatanga ā tōna wā***

- *Government's rules, through legislation and policy support tangata whenua and community needs.*
- *Government actions, through strategies and initiatives, support real change.*
- *Government funding and commissioning approaches are flexible and enable shared decision making.*

While governments can create legislation policy support and funding via the budget mechanisms to support change, it is largely communities and NGOs who will actually be enacting those changes. The PHA particularly supports the need for flexible and shared funding decision making. We would also advocate for sustainable funding and draw to your attention our concern that cycles of short-term funding are unproductive and wasteful. Commissioning approaches that adopt “outcomes and reporting” appropriate in both scale and content that are compatible with te Ao Māori principles (rather than arbitrary metrics) to demonstrate worth will need to be co-developed and agreed.

#### ***Focus Area #7: Enable continuous learning and improvement - Whakamanatia te mātauranga me te whakapai tonu***

- *To learn what works and what needs to change.*
- *To gather, share, use and understand data and insights from across Government, Māori and communities in a transparent and consistent way.*
- *To invest in research from diverse perspectives.*

**Focus Areas #6 and #7 will be pivotal for ensuring that strategies are effectively enacted. Ongoing review of the practical impacts of the strategy will be essential.**

There have been many valiant and valid projects aimed at developing an evidence base to Aotearoa-specific interventions. Learning from such evaluations is crucial. Robust research is costly. Investment and time is needed for relationship building, co-design, and for projects to run a decent course before evaluations can generate meaningful conclusions. Health promotion interventions frequently start with small scale pilot projects, and in the best instances are evaluated. For example, an evaluation of a mass media campaign into attitudinal change around family violence<sup>7</sup> found that the campaign was highly visible across all groups, particularly Māori and Pacific peoples. Unfortunately, funding for continuity often fails to follow even positive evaluations, and secondly, when replicated at larger scale, the additional and passionate champions involved with the pilot are lacking, local contexts and priorities may differ – and the wider roll outs are less effective than the pilot evaluations had predicted.

Leah Bain  
Acting CEO  
Public Health Association of New Zealand

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to read 'Leah Bain'.

#### References:

<sup>1</sup> Minister Marama Davidson's speech to the 65<sup>th</sup> United Nations Commission on the Status of Women Side Event ,  
March 2021 [Speech to the 65th United Nations Commission on the Status of Women Side Event, March 15 2021 | Beehive.govt.nz](#)

<sup>2</sup> <https://cffc.govt.nz/news-and-media/news/money-skills-for-women-offered-in-new-workplace-course/>

<sup>3</sup> <https://www.stats.govt.nz/information-releases/labour-market-statistics-income-june-2020-quarter>

<sup>4</sup> <https://news.aut.ac.nz/news/legal-system-perpetrates-financial-abuse>

<sup>5</sup> Haldane HJ. The provision of culturally specific care for victims of family violence in Aotearoa/New Zealand. *Global public health*. 2009 Sep 1;4(5):477-89.

<sup>6</sup> Atwool N. Care and protection/family violence: Aotearoa New Zealand. *Children Australia*. 2020 Mar;45(1):5-7.

<sup>7</sup> Centre for Social Research and Evaluation (2010). An innovative approach to changing social attitudes around family violence in New Zealand: Key ideas, insights and lessons learnt. The Campaign for Action on Family Violence. Wellington: Ministry of Social Development.