



**Te Tāhū Hauora**  
Health Quality & Safety  
Commission

**Femicide: Deaths resulting from  
gender-based violence in  
Aotearoa New Zealand**

**Kōhuru Wahine: nā te ririhau ā-ira  
i te whenua o Aotearoa**

June 2025



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**Te Kāwanatanga  
o Aotearoa**  
New Zealand Government

# Foreword by Chair of Te Tāhū Hauora Health Quality & Safety Commission Board | He kupu nā te Heamana o Te Tāhū Hauora

This country is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women.<sup>1</sup> As such, we are legally and morally obliged to collect data and report on gender-based violence against women and girls. This report from the National Mortality Review Committee provides an initial exploration of deaths related to gender-based violence against women and girls.<sup>2</sup>

It is confronting and uncomfortable reading, but we should not let that deter us. Rather, this makes it even more important for professionals across the broad spectrum of services and systems responding to gender-based violence to read and understand the report and what we can learn from these tragic deaths.

From law makers to law enforcement, health and social support services and broader community engagement, the report highlights that gender-based violence touches the work and lives of so many people. It also shows that many of us have an opportunity to make a meaningful difference.

The work on this report has been led by Family Violence Death Review subject matter experts. Importantly, the report draws on information across several subject matter areas to form a more comprehensive understanding of femicide. For example, the information presented here includes family violence, perinatal and maternal, and suicide data. The wide range of people and data used in developing this report offers opportunities for wide impact across response services and systems.

Thank you to those who contributed to this report. Researching and preparing such a report is not an easy job. Those involved have had to traverse often distressing and difficult content, and deserve our thanks and acknowledgement. I also want to acknowledge the people, families and whānau behind these harrowing statistics. We cannot undo what has occurred, but we can learn from it and do all we can to prevent it happening again.

At the Commission, and through He Mutunga Kore | National Mortality Review Committee, we will continue to actively engage with stakeholders and government partners to enhance cross-agency and community understanding of the issues highlighted here. We will encourage targeted approaches and action across response systems to address these painfully stark statistics. We hope this report contributes to improved service and system responses to all those impacted by gender-based violence.

Rae Lamb  
Chair  
Te Tāhū Hauora Health Quality & Safety Commission

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<sup>1</sup> Ministry for Women. Convention on the Elimination of All Forms of Discrimination against Women. URL: <https://www.women.govt.nz/international/convention-elimination-all-forms-discrimination-against-women>

<sup>2</sup> This report includes data from varying time periods between 2006 and 2023. Time periods and the related datasets are clarified alongside the data presented and also in Appendix 1.

## Opening karakia | He karakia timatanga<sup>3</sup>

First and foremost, we wish to acknowledge those who have lost their lives through gender-based violence, and those who live on through the aftermath of this trauma. This karakia is offered for readers at the opening of this report.

|   |  |
|---|--|
| Tukua te wairua kia rere ki ngā taumata   | Allow one's spirit to exercise its potential       |
| Hai ārahi i ā tātou mahi                  | To guide us in our work                            |
| Me tā tātou whai i ngā tikanga a rātou mā | as well as our pursuit of our ancestral traditions |
| Kia mau kia ita                           | Take hold, preserve it                             |
| Kia kore ai e ngaro                       | Ensure it is never lost                            |
| Kia pupuri                                | Hold fast  |
| Kia whakamaua                             | Secure it  |
| Kia tina. Tina! Hui ē, tāiki ē!           | Draw together. Affirm!                             |

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<sup>3</sup> The Committee is grateful to Shayne Walker for recommending this karakia to open this report.

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## Acknowledgements | He whakamihi

The Family Violence Death Review subject matter experts acknowledge those who supported the work presented in this report. We also gratefully acknowledge those who help protect and respond to women and girls experiencing gender-based violence.

Part of our Family Violence Death Review process is to understand the experiences and hear stories of surviving family and whānau. Their voices inform this report. In particular, the views of surviving family and whānau help shape the scenarios through which a woman or girl might achieve safety.

We would also like to thank those whose contribution has been instrumental in the development of this report, who have helped to write this report, and who support our ongoing work. They include:

- Denise Wilson, Amokura Panoho and Poata Watene from Te Pūkotahitanga – Tangata Whenua Ministerial Advisory Group, for sharing their wisdom and insights
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- stakeholder hui participants, including representatives from the following organisations and agencies: Ministry of Health – Manatū Hauora (Ministry of Health), Health New Zealand | Te Whatu Ora (Health New Zealand), Manatū Wāhine Ministry for Women (Manatū Wāhine), Ministry of Justice, Ministry of Social Development (MSD), Office for Seniors, New Zealand Police, Department of Corrections, Te Pūkotahitanga, Mental Health and Wellbeing Commission, New Zealand College of Midwives, Oranga Tamariki – Ministry for Children (Oranga Tamariki), Te Puna Aonui, Ministry for Pacific Peoples, Ministry of Foreign Affairs and Trade, Vine – Violence Information Aotearoa (formerly the New Zealand Family Violence Clearinghouse), University of Auckland, VisAble, Women's Refuge, Accident Compensation Corporation, Hohou te Rongo Kahukura, Chief Victims Advisor, He Waka Tapu, and lived experience representatives
- our external peer reviewers Patsilí Toledo Vásquez (United Nations Committee on the Elimination of Discrimination against Women), Elisabeth McDonald (University of Canterbury) and Irene de Haan (University of Auckland) for their expert critique, insights and eye for detail
- the Mortality Review Management Group and Te Pou Tikanga from Te Tāhū Hauora Health Quality & Safety Commission.

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<sup>4</sup> We also acknowledge those participants for whom we were unable to obtain consent.



## Support available | He tautoko

This report contains information that may be distressing for some people. It includes themes of murder, sexual abuse and suicide. If you need help, please contact support services.

If you are in immediate danger, call the police on 111.

- Crisisline: 0800 REFUGE/0800 733 843 – 24-hour Women's Refuge national helpline
- Elder Abuse Response Service: 0800 EA NOT OK/0800 32 668 65 or text 5032 – 24-hour elder abuse helpline
- Family Violence: 0800 456 450 – 24-hour family violence helpline
- Hey Bro: 0800 HeyBro/0800 439 276 – supporting men to be free from violence
- Oranga Tamariki: 0508 FAMILY/0508 326 459 – 24-hour helpline to report a concern about a child
- Rape Crisis: 0800 883 300 – 24-hour helpline
- Safe to talk – Kōrero mai, ka ora: 0800 044 334 or text 4334 – 24-hour sexual harm helpline
- Shakti: 0800 SHAKTI/0800 742 584 – 24-hour crisis line with multilingual staff
- Shine: 0508 744 633 – 24-hour family violence support
- Suicide Crisis Helpline: 0508 TAUTOKO/0508 828 865 – suicide helpline

For more information on support and help services, go to the Vine – Violence Intervention Aotearoa website: <https://www.vine.org.nz/knowledge-hub/support-and-services>



## **Family Violence Death Review subject matter experts | Ngā mātanga kaupapa o te Arotakenga**

Dr Nicola Atwool (Chair) – independent contractor, retired Associate Professor, University of Otago Social and Community Work Programme

Dianne Cooze, Ngāti Porou – lived experience member, Manager of Regulatory Compliance, Fire and Emergency New Zealand

Professor Mark Henaghan – Professor of Law, University of Auckland

Dr Michael Roguski, Te Āti Awa, Ngāti Tūwharetoa – Director, Kaitiaki Research and Evaluation and Adjunct Professor, Te Herenga Waka | Victoria University of Wellington

Shayne Walker ONZM, Ngāi Tahu, Kāti Māmoe, Waitaha, Ngāti Kahungunu – Associate Professor, University of Otago Social and Community Work Programme

Dr Armon Tamatea, Rongowhākāta, Te Aitanga-a-Māhaki – Associate Professor of Psychology and Director of clinical psychology training, University of Waikato

Sumudu Thode – Principal, Thode Utting & Co, Barristers and Solicitors

Dr Moana Eruera, Ngāpuhi, Ngāti Ruanui, Ngāti Rangiwewehi – Chief Executive Officer, Ngāpuhi Iwi Social Services

## National Mortality Review Committee members | He Mutunga Kore te pae arotake

Dr Liza Edmonds (Chair), Ngā Puhi, Ngāti Whātua – neonatal paediatrician, Associate Professor Te Tātai Hauora o Hine, Te Herenga Waka | Victoria University of Wellington, and Honorary Clinical Lecturer Department of Child Health, University of Otago

Professor Alistair Woodward (Deputy-Chair) – epidemiologist and public health medicine specialist. Professor Epidemiology & Biostatistics, University of Auckland

Taima Campbell, Ngāti Tamaterā, Ngāti Maru, Ngāti Kiriwera – Chief Executive, Hauraki PHO

Dr Rawiri Keenan, Te Atiawa, Taranaki – specialist general practitioner, Associate Professor, University of Waikato

Te Paea Bradshaw, Ngāti Kahungunu, Rangitāne, Ngāti Hamua – registered midwife, Māori midwifery advisor, New Zealand College of Midwives

Liz Pennington – registered nurse with extensive experience in mental health, addictions and psychological trauma response

## Chairs' introduction | He kupu whakataki nā te heamana

The Family Violence Death Review subject matter experts (formerly the Family Violence Death Review Committee (FVDRC)) continue its in-depth reviews of deaths that happen as a result of intimate partner violence, intrafamilial violence and child abuse and neglect. Femicide positions gender-based violence as a human rights violation, placing the responsibility on governments to prioritise the safety of all women and girls. For too long, we have relegated gender-based violence to the sphere of private lives rather than recognising this is a social and political issue that adversely impacts half our population.

This report examines the full extent of gender-based violence through the lens of femicide. Taking this approach, we identified family violence deaths that have not previously been accounted for:

- maternal suicide
- perinatal mortality
- homicide of women outside intimate partner violence and intrafamilial violence
- homicide of older women
- technology-facilitated abuse.

Mortality data shows maternal suicide and perinatal mortality are strongly associated with women's previous experience of family violence. The available data is likely to underestimate this association. First, because health records do not always capture incidents of family harm. Second, perinatal mortality data only includes deaths during pregnancy and up to 42 days after the end of pregnancy, and many cases occur outside this time period.

Very little is known about death by homicide of women outside intimate partner violence and intrafamilial violence. There is a clear need to examine these homicides more closely because it is likely that many are also gender based.

Internationally, a focus on femicide has highlighted that gender-based violence is not confined to women and girls. Those outside of the traditional male/female binary populations are also more vulnerable to gender-based homicide. However, we do not currently have information available to accurately describe the experiences of these groups, and they remain invisible.

In addition, we have insufficient information to describe the gender-based violence experiences of migrant and refugee women and disabled people, including intellectually disabled people.

The data we do have demonstrates no significant reduction in family violence has occurred between 2009 and 2022 and that Māori women and girls experience higher rates of family violence homicide. We continue to have a system that responds to individual acts of violence and fails to address the underlying causes of gender-based violence.

Our past reports have highlighted systemic barriers that contribute to preventable deaths from family violence. Recurring themes are:

- the need for integrated agency responses to support and enable action at community level
- the importance of paying attention to different needs and facilitating community-based responses rather than relying on a one-size fits all solution
- the importance of whānau-based responses and active outreach for perpetrators
- the importance of duty to care at all levels
- the need for responses and practice to be trauma- and violence-informed
- the lack of after-care services for survivors of family violence, which increases the risk of intergenerational trauma.

This analysis led us to consider why it has taken so long to address the underlying causes of family violence. One of the frustrations for past and present members of the Family Violence Death Review Committee and subject matter expert group is the slow uptake of our recommendations.

Although some legislative change came out of the fourth report (such as the development of the Family Violence Act, 2018), the third report was the first to raise the issue of after-care services. Nationally, no action has followed.

Any change has happened at community level, and the organisations delivering services in the community continue to do so despite restrictive contracts and no substantive progress toward a commissioning model that allows for services to respond to different population groups.

For this reason, the report includes a section on ‘difficult knowledge’. It explores how we defend ourselves from knowledge that disrupts our current understanding and thinking. These are automatic responses outside of conscious awareness. To assimilate new learning about challenging subjects, we need to approach them with an open mind and maintain a critical awareness that allows us to consider different and potentially disruptive views. Such an approach will be necessary if the important issues raised in this report are to motivate action, and change how we respond to gender-based violence. We invite readers to approach the challenging material in this report with an open mind.

Nicola Atwool

Chair, Family Violence Death Review subject matter experts

Liza Edmonds

Chair, He Mutunga Kore | National Mortality Review Committee

# Executive summary | He whakarāpopoto matua

Family violence death review (FVDR) was established as an ongoing programme of work following the review and restructure of the national mortality review function in 2023.

Members of the previous Family Violence Death Review Committee (FVDRC) now form the group of FVDR Subject Matter Experts (SMEs) that undertake family violence death review on behalf of He Mutunga Kore | National Mortality Review Committee (the Committee).

This report, the ninth on deaths related to family violence, explores femicide within Aotearoa New Zealand.

We examine the concept of femicide as described in the United Nations Office on Drugs and Crime (UNODC) statistical framework for measuring femicide.<sup>5</sup> We further explore deaths associated with damage to women's bodies. This includes the deaths of unborn babies associated with violence exposure, and women and girls who die by suicide. In addition, we highlight emergent issues, such as technology-facilitated violence, the impact of organised crime on femicide, and human trafficking.

Femicide can be broadly defined as 'the killing of women and girls because of their gender'.<sup>6</sup> It is the most extreme manifestation of violence against women and girls and is a human rights violation.<sup>7</sup>

In publishing this report, we aim to start a discussion about the impact of gender-based violence against women and girls and the prevention and response strategies required.

We highlight the need to address the inequitable experiences of violence for particular groups. These include wāhine Māori (Māori women) and kōtiro Māori (Māori girls), unborn babies, older women, and those from disabled, ethnically diverse, takatāpui and rainbow communities.

For details on methods, see Appendix 1.

## Key findings

Females account for slightly over one-third of homicide victims in New Zealand. Family members are responsible for approximately 58 percent of these deaths. The FVDR data set can provide information about these victims and the circumstances leading to their deaths. For the remainder, little information is known, apart from that needed to prosecute an offender. As a result, we have insufficient information to determine if they could be considered victims of femicide.

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<sup>5</sup> UNODC and UN Women. 2021. *Statistical Framework for Measuring the Gender-related Killing of Women and Girls (also referred to as 'femicide/feminicide')*. Vienna.

<sup>6</sup> Vienna Declaration on Femicide. 2012.

<sup>7</sup> UNODC and UN Women. 2022. *Gender-related Killings of Women and Girls (Femicide/Feminicide): Global estimates of gender-related killings of women and girls in the private sphere in 2021 – Improving data to improve responses*. United Nations Office on Drugs and Crime.

## **Gaps in current data collection**

Significant gaps in our current data systems limit our ability to provide an accurate account of femicide and gender-based violence.

Routine data is lacking on migrant or refugee status, disability, sexual orientation and gender identity.<sup>8</sup> People associated with each of these factors are more likely to experience gender-based violence.

When deciding what data to collect for the purposes of understanding femicide in New Zealand, one consideration should be data relating to these groups.

This report presents a call to action to make all women, including those who are transgender or gender diverse, more visible in the society of New Zealand.

## **Inequitable experiences for wāhine and kōtiro Māori**

We identified inequities in the rates of family violence homicide for wāhine and kōtiro Māori compared with non-Māori women and girls between 2018 and 2022 (see 'The inequitable impact of femicide on Māori'). Had these inequities not existed, there would be approximately 25 more wāhine and kōtiro Māori alive today.

## **Suicide and gender-based violence**

We highlight the overlap between suicide and the experience of violence, with a focus on maternal mortality.

Drawing on data from the Maternal Mortality Working Group, linked with New Zealand Police family harm records, we determined that 63 percent of cases of maternal suicide had a police-reported family violence record. Given that only a small proportion of people who experience violence will report it to police, we anticipate this is an under-count.

For those women who died by suicide, we note the following.

- Before their deaths, there were life-course opportunities for intervention. Violence was seldom a single reported incident, but an ongoing pattern.
- There were strong links between their deaths and drugs and alcohol abuse. Interventions are needed to impact on not only the drug and alcohol consumption, but also the underlying trauma that may be contributing to drug and alcohol use.
- There is an ongoing need for maternal support services, both after birth and following the loss of a baby. Further, maternal services need to respond to the violence identified.

## **Perinatal mortality**

With the use of Perinatal and Maternal Mortality data, we have highlighted violence during pregnancy as a contributor to perinatal loss. Police and maternal services need to recognise violence in pregnancy as a threat to life, both for the pregnant woman and the baby.

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<sup>8</sup> Dawson M. 2024. Statistical frameworks. In UNFPA, UNODC, UN Women, CVRS, KnowVAWDData, Addressing Femicide: Measurement and Accountability, Hybrid Expert Group Meeting, 3–5 December.

We detail an increase in the numbers of perinatal deaths associated with violence in pregnancy in 2020–2022, compared with 2018–2019. While this increase may be the result of an increase in recording of violence in pregnancy, we also note the potential to respond to this violence to protect the lives of those involved.

## **Emergent issues**

We draw attention to the impact of disability and chronic health conditions in placing older women at risk of homicide. While these cases are currently rare, they could potentially increase as the population ages. We note inaccurate reporting of these cases in the media, which fail to consider the victim's decision-making capability.

The impact of repeated brain injury as an unreported cause of femicide is highlighted. In the section on emergent issues, we note the relationship between repeated brain injury and suicide or other forms of premature death. We also note the impact of non-fatal strangulation on brain health.

Drawing on lessons learned from other jurisdictions, we describe the potential for an increase in femicides as a result of organised crime and human trafficking. The lack of information available on such associations limits our ability to consider potential preventive opportunities for New Zealand.

Finally, we highlight the potential for technology-facilitated abuse to drive gender-based violence and contribute to deaths by suicide. Comprehensive approaches are needed to prevent and respond to new and emergent forms of violence, such as technology-facilitated abuse.

## **Recommendations**

We conclude this report with two sets recommendations. The first, presented in Box 5, are concluding observations from the Committee on the Elimination of Discrimination against Women, following the ninth Periodic Review of Aotearoa New Zealand's progress.

The second set was developed in collaboration with cross-agency partners and community stakeholders. They include recommendations directed at partner agencies, as well as for more active engagement with community to facilitate community response.

Along with the need for effective preventive action and response, a clear message from our stakeholder engagement was the need to ensure ongoing support for survivors of femicide. We refer to the FVDRC's Eighth Report for a description of an after-care system.



# Introduction | He kupu whakataki

The Family Violence Death Review Committee (FVDR) was established in 2009 as a Ministerial Advisory Committee reporting to the Minister of Health. At the time, it was one of three mortality review committees, together with the Perinatal and Maternal Mortality Review Committee (PMMRC) and the Child and Youth Mortality Review Committee.

In 2010, FVDR, along with the other mortality review committees, became a function of Te Tāhū Hauora Health Quality & Safety Commission (the Commission).<sup>9</sup> In 2023, following a review of the national mortality review structure,<sup>10</sup> the previous committees were disestablished, and He Mutunga Kore | National Mortality Review Committee (the Committee) was set up to allow more agility in mortality review and the ability to work across subject matter areas. Family violence death review (FVDR) was established as an ongoing programme of work, and the previous committee became subject matter experts (SMEs) working on behalf of the Committee.

The FVDR SMEs contribute to the public good by producing and disseminating data,<sup>11</sup> knowledge<sup>12</sup> and recommendations for public policy and legislation.<sup>13</sup> In this regard, an ongoing challenge we face is to recognise and identify gaps in knowledge about deaths.

The data presented in this report is collated by the FVDR SMEs acting as agents of the Committee. The data is under the guardianship of the Committee, as outlined in schedule 5 of the Pae Ora (Health Futures) Act 2022.<sup>14</sup>

## The ninth report on deaths related to family violence

In this ninth report from the FVDR SMEs, we consider the gender-based killing of women and girls, also known as femicide. This is a shift away from seeking to understand the deaths of women and girls within the family context, to seeking a fuller understanding of the social conditions that place women and girls at risk of homicide.

Femicide is defined as the killing of women and girls because of their gender.<sup>15</sup>

Deaths resulting from femicide are a subset of those deaths attributed to gender-based violence. Gender-based violence includes violence against 'all those people that deviate

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<sup>9</sup> New Zealand Public Health and Disability Act 2000, section 59A. URL: [www.legislation.govt.nz/act/public/2000/0091/13.0/DLM3397613.html](http://www.legislation.govt.nz/act/public/2000/0091/13.0/DLM3397613.html) (accessed 21 March 2025). Section 59E sets out the establishment and reporting structure of the mortality review committees.

<sup>10</sup> Francis Health. 2022. *Final Report: Review of the National Mortality Review Function*. URL: [www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/Publications-resources/NMRF\\_Final-Report-March-2022.pdf](http://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/Publications-resources/NMRF_Final-Report-March-2022.pdf) (accessed 16 April 2025).

<sup>11</sup> Family violence death information sheet series. URL: [www.hqsc.govt.nz/resources/resource-library/family-violence-death-information-sheet-series/](http://www.hqsc.govt.nz/resources/resource-library/family-violence-death-information-sheet-series/) (accessed 16 April 2025).

<sup>12</sup> Summary of Family Violence Death Review Reports. URL: [www.hqsc.govt.nz/resources/resource-library/summary-of-family-violence-death-review-committee-fvdr-reports/](http://www.hqsc.govt.nz/resources/resource-library/summary-of-family-violence-death-review-committee-fvdr-reports/) (accessed 16 April 2025).

<sup>13</sup> Historical Family Violence Death Review Committee (FVDR) submissions. URL: [www.hqsc.govt.nz/resources/resource-library/historical-family-violence-death-review-committee-fvdr-submissions/](http://www.hqsc.govt.nz/resources/resource-library/historical-family-violence-death-review-committee-fvdr-submissions/) (accessed 16 April 2025).

<sup>14</sup> Pae Ora (Healthy Futures) Act 2022, schedule 5, clause 2. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/LMS575993.html](http://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575993.html) (accessed 21 March 2025).

<sup>15</sup> UNODC and UN Women. 2021. *Statistical Framework for Measuring the Gender-related Killing of Women and Girls (also referred to as 'femicide/feminicide')*. Vienna.

from what is considered to be normal in terms of the social roles assigned to men and women, and it [penalises] the sexual options and behaviours that differ from the norm'.<sup>16, 17</sup> For example, the New Zealand Crime Victims Survey highlights that the prevalence of family and sexual violence is higher among members of the takatāpui<sup>18</sup> and rainbow communities.<sup>19</sup>

While this report is focused on femicide, the gender-related killing of women and girls, at the outset we acknowledge and note the lack of data available to understand and report on the gender-based killing of members of takatāpui and rainbow communities and those who experience disability. Where the risk factors for femicide overlap with those for gender-based violence more generally, we have highlighted these within this report.

Cristina Fabre has developed a 'typology of femicide' that allows a comprehensive understanding of contextual factors that give rise to femicide (Figure 1), and the intersecting risk factors that make femicide more likely to occur.

Intersecting risk factors, and intersectionality, describe how people's lives are shaped by overlapping social identities (disability, gender or sexual identity, ethnicity, age) that compound their experiences of discrimination.<sup>20</sup> These create unique challenges in obtaining support as many services are not developed to be responsive to these experiences.

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<sup>16</sup> Juliano (2006), cited in Toledo P. 2017. Criminalisation of femicide/feminicide in Latin American countries. *Rivista di Criminologia, Vittimologia e Sicurezza* 11(2). DOI: 10.14664/rcvs/724.

<sup>17</sup> Recent examples of hate crimes both within Aotearoa and throughout the Pacific highlight the need for an inclusive understanding of gender-based violence. See Plummer B. 2025, 12 March. Four arrested over Destiny Church-linked protest at Auckland children's event at Te Atatū Community Centre. *New Zealand Herald*. URL: [www.nzherald.co.nz/nz/four-arrested-over-destiny-church-linked-protest-at-auckland-childrens-event-at-te-atatu-community-centre/QE6D6DUOXVFNDI5P2DJWSJCZCY/](http://www.nzherald.co.nz/nz/four-arrested-over-destiny-church-linked-protest-at-auckland-childrens-event-at-te-atatu-community-centre/QE6D6DUOXVFNDI5P2DJWSJCZCY/) (accessed 16 April 2025); RNZ. 2024, 16 April. Call for justice after suspected murder of Fiji's LGBTQI+ community member. URL: [www.rnz.co.nz/international/pacific-news/514403/call-for-justice-after-suspected-murder-of-fiji-s-lgbtqi-community-member](http://www.rnz.co.nz/international/pacific-news/514403/call-for-justice-after-suspected-murder-of-fiji-s-lgbtqi-community-member) (accessed 16 April 2025).

<sup>18</sup> Takatāpui is a traditional Māori term meaning 'intimate companion of the same sex'. It has been reclaimed to embrace all Māori who identify with diverse genders, sexualities and sex characteristics. Takatāpui: A resource hub. URL: <https://takatapui.nz/#home> (accessed 1 April 2025).

<sup>19</sup> New Zealand Crime Victims Survey. 2025. NZCVS Data Tables 2025. URL: [www.justice.govt.nz/assets/Documents/Publications/NZCVS-2023-Cycle-6-Sexual-violence-and-family-offences.xlsx](http://www.justice.govt.nz/assets/Documents/Publications/NZCVS-2023-Cycle-6-Sexual-violence-and-family-offences.xlsx) (accessed 13 March 2025).

<sup>20</sup> Crenshaw K. 1991. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Review* 43(6): 1241–99.

**Figure 1: Typology of femicide: conceptualising and contextualising**

| Interpersonal  | Sexual  | Criminal   | Cultural   | Political  |
|--|---|--|--|--|
| <ul style="list-style-type: none"> <li>• Killing of women by (ex) partner - intimate partner violence</li> <li>• Killing of women and girls by family members</li> <li>• Killing of older women</li> </ul> | <ul style="list-style-type: none"> <li>• Non-intimate sexual killing</li> <li>• Killing of women involving sexual violence</li> </ul> | <ul style="list-style-type: none"> <li>• Trafficking related killing</li> <li>• Killing in the context of organised crime</li> <li>• Gang-related killing</li> </ul> | <ul style="list-style-type: none"> <li>• 'Honour' killings</li> <li>• Dowry, female genital mutilation related</li> <li>• Related to sexual orientation and gender identity</li> <li>• Result of misogynistic attitudes and social practices</li> <li>• Racism</li> <li>• Forced medical terminations</li> <li>• Sex-selection based terminations</li> <li>• Patriarchy</li> </ul> | <ul style="list-style-type: none"> <li>• Unsafe abortion-related death</li> <li>• Killing due to risky working conditions</li> <li>• Denial of health care for reproductive reasons</li> </ul> |

Source: Adapted from Fabre (2024).<sup>21</sup>

Part of the challenge in measuring Fabre's typology is the lack of available data to monitor and describe the circumstances surrounding deaths. Most notably, both within Aotearoa New Zealand and at the global level, there are gaps in routine documentation of sexual orientation and gender identity,<sup>22</sup> little information on disability status is available and homicide reports do not routinely record migrant or refugee status.<sup>23</sup> Further, limited contextual information is available, including on the relationship between the deceased and the offender outside of familial relationships.

## Our approach to writing this report

This report is centred on Fabre's typology. In choosing this focus, we have sought to describe both homicides and other deaths associated with violence-related damage to the bodies of women and girls.

This report has evolved out of a series of engagements at both national and international levels. We have sought the input of a wide range of people who are interested in this topic within the national mortality review structure, including from Te Pūkōtahitanga (the tangata whenua Ministerial Advisory Group on family violence and sexual violence),<sup>24</sup> from partner government agencies and through international collaborators.

<sup>21</sup> Fabre C. 2024. Statistical Frameworks In UNFPA, UNODC, UN Women, CVRS, KnowVAWData. 2024. Addressing Femicide: Measurement and Accountability, Hybrid Expert Group Meeting, 3–5 December

<sup>22</sup> This lack of documentation is of particular relevance for children and young people in the care of Oranga Tamariki, up to one in five of whom is from the takatāpui or rainbow community. Oranga Tamariki Evidence Centre. 2023. *Rainbow Children in Care: Understanding how Oranga Tamariki can better support rainbow children and youth*. Wellington: Oranga Tamariki | Ministry for Children.

<sup>23</sup> Dawson M. Statistical frameworks. In UNFPA et al, *op. cit.*

<sup>24</sup> Te Puna Aonui. (nd). Te Pūkōtahitanga. URL: <https://tepunaaonui.govt.nz/about-us/ministerial-advisory-group> (accessed 13 March 2025).

These activities have produced some parallel publications, which we draw on throughout this document. You can read the original documents:

- Whanaungatanga: Creating opportunities that support wāhine and kōtiro Māori from kāhupo to mauri ora<sup>25</sup>
- Femicide and mana-wāhine: a kōrero to progress understanding and prevention of deaths of women and girls in New Zealand<sup>26</sup>

We have written this report with the context of New Zealand in mind. We acknowledge the experience for wāhine Māori (Māori women) and kōtiro Māori (Māori girls), who are over-represented in femicide statistics. We also seek to highlight issues of particular importance for migrant communities, reflecting that the high proportion of the population of New Zealand who were born overseas. Some experiences of femicide have not been included in this report. Such experiences include the rape and targeted torture of women and girls in the context of conflicts<sup>27, 28</sup> and missing women.<sup>29, 30</sup> We also endeavour to highlight that contexts existing in other countries have the potential to develop here. In doing so, we aim to take both a preventive and response-based approach.

As the United Nations Office on Drugs and Crime (UNODC) has observed,<sup>31</sup> information about femicide deaths outside of a family environment is limited. For this reason, sections of this report are exploratory, intended to foster a desire for further information and additional action by government agencies.

In some sections, we present case studies of experiences leading to a femicide along with alternative responses that could have resulted in safety. These experiences have been drawn from in-depth reviews and accounts from friends and family or whānau (extended family or family group). For details of the methods used in the production of this report, see Appendix 1.

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<sup>25</sup> Dobbs, T. (2025). Whanaungatanga: Creating opportunities that support wāhine and kōtiro Māori from kāhupo to mauri ora. Auckland, New Zealand: VINE – Violence Information Aotearoa, University of Auckland. URL: <https://www.vine.org.nz/reports/whanaungatanga-creating-opportunities-that-support-wahine-and-kotiro-maori-from-kahupo-to-mauri-ora>

<sup>26</sup> HQSC. 2025. *Femicide and mana-wāhine: a kōrero to progress understanding and prevention of deaths of women and girls in New Zealand*. URL: [www.hqsc.govt.nz/resources/resource-library/femicide-and-mana-wahine/](http://www.hqsc.govt.nz/resources/resource-library/femicide-and-mana-wahine/)

<sup>27</sup> United Nations Development Fund for Women. (nd). Rape as a tactic for war. URL: [www.unwomen.org/sites/default/files/Headquarters/Media/Publications/UNIFEM/EVAWkit\\_06\\_Factsheet\\_ConflictAndPostConflict\\_en.pdf](http://www.unwomen.org/sites/default/files/Headquarters/Media/Publications/UNIFEM/EVAWkit_06_Factsheet_ConflictAndPostConflict_en.pdf) (accessed 24 April 2025).

<sup>28</sup> While wars no longer occur within Aotearoa, rape was used as a tactic of war during the New Zealand (land) Wars. The use of rape as a tactic of war has been acknowledged by Aotearoa governments. See, for example: Haunui-Thomson S, Martin R. 2017. Tears as Crown apologies for Parihaka atrocities. *RNZ*. URL: [www.rnz.co.nz/news/te-manu-korihi/332613/tears-as-crown-apologies-for-parihaka-atrocities](http://www.rnz.co.nz/news/te-manu-korihi/332613/tears-as-crown-apologies-for-parihaka-atrocities); Forbes M. 2017. Plans under way to pardon Rua Kēnana. *RNZ*. URL: [www.rnz.co.nz/news/te-manu-korihi/334486/plans-under-way-to-pardon-rua-kenana](http://www.rnz.co.nz/news/te-manu-korihi/334486/plans-under-way-to-pardon-rua-kenana) (accessed 31 March 2025)

<sup>29</sup> Native Hope. Missing and murdered Indigenous women. URL: [www.nativehope.org/missing-and-murdered-indigenous-women-mmiiw](http://www.nativehope.org/missing-and-murdered-indigenous-women-mmiiw) (accessed 24 April 2025).

<sup>30</sup> The New Zealand Police has a publicly available missing persons list, which includes women and girls reported missing since 1983. This list contains only those people that the Police has permission to display. URL: [www.police.govt.nz/missing-persons/missing-persons-list](http://www.police.govt.nz/missing-persons/missing-persons-list) (accessed 24 April 2025).

<sup>31</sup> UNODC and UN Women 2021, *op. cit.*

This report is not an easy read but clearly describes the experiences within the context of New Zealand.

## Background

In 1985, Aotearoa New Zealand provisionally ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). A full ratification of this international convention occurred in 2007 when the final reservation was withdrawn.<sup>32</sup>

States that ratify the Convention are legally obliged to:

Eliminate all forms of discrimination against women in all areas of life.

Ensure women's full development and advancement in order that they can exercise and enjoy their human rights and fundamental freedoms in the same way as men.

Allow the CEDAW Committee to scrutinize their efforts to implement the treaty by reporting to the body at regular intervals.<sup>33</sup>

General recommendation 35 of CEDAW directly addresses violence against women, and highlights the importance of regular monitoring:

Establish a system to regularly collect, analyse and publish statistical data on the number of complaints about all forms of gender-based violence against women, including technology-mediated violence ... include the establishment or designation of observatories for the collection of administrative data on the gender-based killings of women, also referred to as 'femicide' or 'feminicide', and attempted killings of women.<sup>34</sup>

At its heart, CEDAW underscores that violence against women and girls is a violation of human rights.<sup>35</sup> The New Zealand Bill of Rights Act 1990 also describes these rights, including the right not to be deprived of life (section 8), the right not to be subjected to torture or cruel treatment (section 9) and the right to freedom from discrimination (section 19).<sup>36</sup>

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<sup>32</sup> Ministry for Women. 2023. Convention on the Elimination of All Forms of Discrimination against Women. URL: [www.women.govt.nz/international/convention-elimination-all-forms-discrimination-against-women](http://www.women.govt.nz/international/convention-elimination-all-forms-discrimination-against-women) (accessed 13 March 2025).

<sup>33</sup> *Ibid.*

<sup>34</sup> United Nations. 2017. General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19. CEDAW/C/GC/35, p 18. URL: [https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en) (accessed 13 March 2025).

<sup>35</sup> *Ibid.*

<sup>36</sup> URL: [www.legislation.govt.nz/act/public/1990/0109/latest/whole.html](http://www.legislation.govt.nz/act/public/1990/0109/latest/whole.html) (accessed 24 April 2025).

## Defining femicide

In her analysis of the criminalisation of femicide in Latin American countries, Toledo describes how femicide was conceptualised in the United States of America and Latin America.

In the USA, the term ‘femicide’ was first coined to describe the murders of women by men, motivated by hatred, contempt, pleasure or a sense of ownership of women.<sup>37</sup> Latin American activists sought to highlight that the deaths were not only gender-based, but also crimes committed due to the inaction of the State.<sup>38</sup> This extension of understanding introduced the term ‘feminicide’, which contained as central elements impunity, State responsibility and discrimination (leading to a failure to uphold human rights).

In Toledo’s view, the responsibility of the State for ensuring the safety of women and girls has largely disappeared from current understandings of feminicide. Instead, the terms feminicide and femicide are used interchangeably.<sup>39</sup>

Including the expression ‘gender-based violence against women’ in their definition of femicide, CEDAW’s General Recommendation 35 emphasises that this form of violence should be understood ‘as a social rather than an individual problem’.<sup>40</sup>

Toledo quotes the original work of Russell and Caputi to explore the breadth of experiences that can result in these deaths:

Femicide is the ultimate end of a continuum of terror that includes rape, torture, sexual slavery (particularly in prostitution), incestuous and extrafamilial child sexual abuse, physical and emotional battery, sexual harassment, genital mutilations ... unnecessary gynaecological operations (gratuitous hysterectomies), forced heterosexuality, forced sterilisation, forced motherhood (criminalising contraception and abortion) ... denial of protein to women in some cultures ... Whenever these forms of terrorism result in death, they become femicides.<sup>41</sup>

We have chosen to use the term ‘femicide’ in this report. In doing so, we are not absolving the responsibility of the State for ensuring safety from violence against women (and gender-based violence more generally). However, to date, the approach in New Zealand has been to focus on violence that occurs within the family context. The strengths and limitations of this approach have been the subject of numerous publications by the FVDRRC since its inception in 2009.<sup>42</sup>

Because this report is an initial exploration of femicide for New Zealand extending beyond those deaths that occur within the family, we believe the adoption of the term ‘feminicide’ at

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<sup>37</sup> Russell D, Caputi J. 1990. September–October. ‘Femicide’: Speaking the unspeakable. *Ms. Magazine*.

<sup>38</sup> Lagarde M. 2005. El feminicidio, delito contra la humanidad. In: CEFRRM, Feminicidio, justicia y derecho, Chamber of Deputies of the Hon. Congress of the Union, 59th Legislature Mexico, pp 151–64.

<sup>39</sup> Toledo 2017, *op. cit.*

<sup>40</sup> United Nations 2017, *op. cit.* (accessed 28 April 2025), para 9.

<sup>41</sup> Russell and Caputi (1990), cited in Toledo 2017, *op. cit.*, p 35.

<sup>42</sup> Family Violence Death Review Committee. 2022. *A duty to care | Me Manaaki te tangata. Seventh Report*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission.



this stage is premature. However, where the State response is insufficient to support the safety of those at risk of femicide, this report will identify those circumstances.

Numerous publications have highlighted that femicide is an interruption of whakapapa (genealogy).<sup>43, 44</sup> Femicide can be intimate or non-intimate. Intimate and non-intimate forms of violence co-exist, ranging from the interpersonal to the systemic. It can be sexual violence, transphobic violence, lesbophobic violence or racial violence.<sup>45</sup>

## ***Counting, measurement and change***

In 2021, UN Women and the UNODC produced a statistical framework for the measurement of femicide at the population level (presented descriptively in Figure 2).<sup>46</sup> The guide was followed up with a global report on femicide in 2022.<sup>47</sup> The objective of producing the framework was to:

improve data collection through the statistical framework for measuring the gender-related killing of women and girls ... The framework also aims to expand the knowledge base beyond gender-related killings in the family, as quality, comparable data about femicides perpetrated in the public sphere remains extremely limited.<sup>48</sup>

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<sup>43</sup> Simmonds NB. 2017. Honouring our ancestors: reclaiming the power of Māori maternities. In H Tait Neufeld, J Cidro (eds), *Indigenous Experiences of Pregnancy and Birth*. Ontario: Demeter Press.

<sup>44</sup> Family Violence Death Review Committee, 2016. *Fifth Report: January 2014 to December 2015*. Wellington: Health Quality & Safety Commission.

<sup>45</sup> UN OHCHR Regional Office for Central America. 2014. Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide). URL: <https://lac.unwomen.org/en/digiteca/publicaciones/2014/10/modelo-de-protocolo> (accessed 24 April 2025).

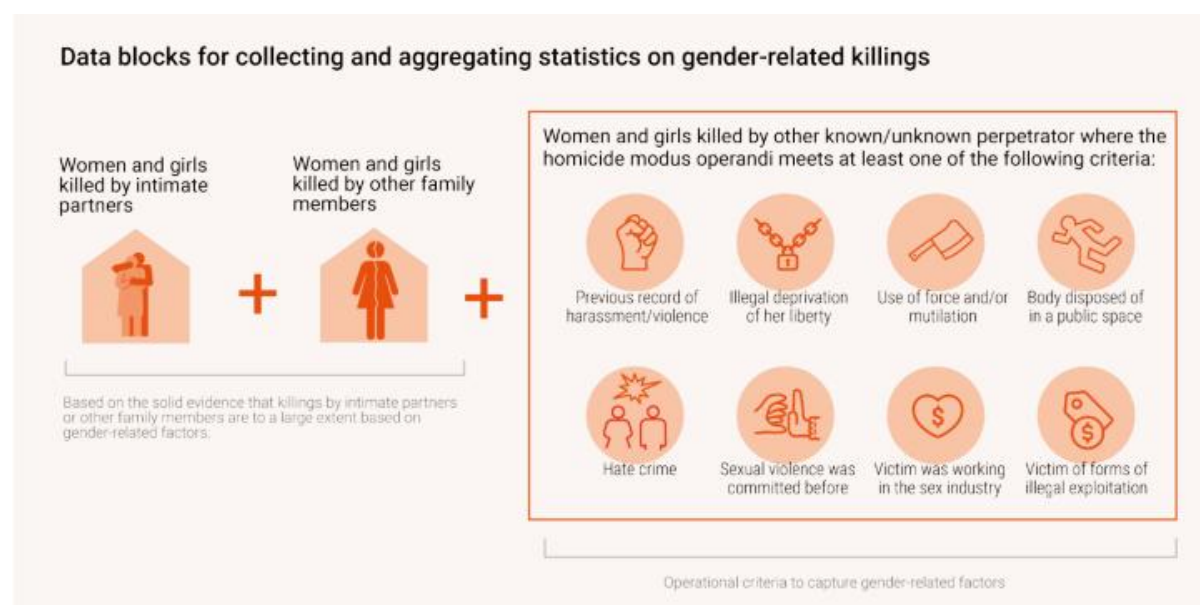
<sup>46</sup> UNODC and UN Women 2021, *op. cit.*

<sup>47</sup> Of note, UNODC has been producing global reports on femicide since 2018. However, the 2022 report was the first released following the production of the Statistical framework. UNODC and UN Women. 2022. *Gender-related Killings of Women and Girls (Femicide/Feminicide): Global estimates of gender-related killings of women and girls in the private sphere in 2021 – Improving data to improve responses*. United Nations Office on Drugs and Crime.

<sup>48</sup> UNODC and UN Women 2022, *op. cit.*, p 3.



**Figure 2: Data blocks for identifying gender-related killings of women and girls (femicide)**



Source: UNODC.<sup>49</sup>

While the statistical framework describes femicide as the most extreme manifestation of gender-based violence against women, it only captures those deaths directly related to homicide. However, the UNODC also asserted the need for definitions to be more inclusive; arguing that only capturing homicides that are immediately related to gender-based violence against women underestimates the impact and the associated loss of life.<sup>50</sup>

The need for more inclusive definitions can be argued on at least two counts. First, a substantial body of literature attests to suicidality as a secondary and longer-term impact of gender-based violence.<sup>51</sup> For example, Kafka and colleagues highlight that:

The trauma of intimate partner violence (IPV) and the stressors related to managing an abusive relationship can take a toll on survivors' mental health ... heterosexual women who had experienced physical IPV were seven times more likely to report suicidal ideation than women who had not experienced physical IPV.<sup>52</sup>

<sup>49</sup> UNODC and UN Women 2021, *op. cit.*

<sup>50</sup> UNODC and UN Women 2021, *op. cit.*

<sup>51</sup> Kafka JM, Moracco KE, Young BR, et al. 2021. Fatalities related to intimate partner violence: towards a comprehensive perspective. *Injury Prevention* 27(2): 137–144.

<sup>52</sup> Afifi et al (2009), cited in *ibid.*, p 2.

In the USA<sup>53</sup> and United Kingdom,<sup>54</sup> more women who experience intimate partner violence die as a result of suicide than of homicide. Recent research from Women's Refuge suggests the same may be the case in New Zealand.<sup>55</sup> Indeed, there are cases of homicide staged as a suicide, leading to the suggestion of 'concealed femicides'.<sup>56</sup>

Second, a direct assault on a pregnant women's abdomen can result in placental abruption.<sup>57</sup> Other forms of violence during pregnancy have been associated with preterm labour and the premature death of the fetus.<sup>58</sup> Targeting the abdomen is a direct assault on a pregnant woman's unique contribution to society. It is an extreme form of controlling their reproductive agency.<sup>59</sup>

Counting for the sake of counting will not, on its own, promote change. At a recent meeting on measuring femicide and addressing accountability for change,<sup>60</sup> participants were challenged about the continuation of routine monitoring when that information is not used to effect change. The question was raised about whether the right data was being collected to formulate policy and promote social change.

To respond to this challenge, we have sought to do more than report on numbers within this report. In particular, we have reviewed case summaries to provide further context and illustrate the policy and social changes necessary to respond.

New Zealand has no routine collection of information about deaths that could be attributed to femicide through which we can develop a more detailed understanding of these events. The closest is that collated by the FVDR SMEs, which has been developed for the purposes of understanding family violence. However, the information contained within FVDR data set provides a start, to which we have added information from other mortality review data sets held the Committee,<sup>61</sup> the New Zealand Police homicide victims' reports, Women's Refuge and research reports (see Appendix 1 for detail on methods).

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<sup>53</sup> *Ibid.*

<sup>54</sup> National Police Chief's Council. 2024. Scale of homicide and suicides by domestic abuse victims revealed. URL: [https://news.npcc.police.uk/releases/report-reveals-scale-of-domestic-homicide-and-suicides-by-victims-of-domestic-abuse#:~:text=A%20total%20of%20242%20domestic,31%20adult%20family%20homicides%20\(AFH\)](https://news.npcc.police.uk/releases/report-reveals-scale-of-domestic-homicide-and-suicides-by-victims-of-domestic-abuse#:~:text=A%20total%20of%20242%20domestic,31%20adult%20family%20homicides%20(AFH)) (accessed 15 November 2024).

<sup>55</sup> Women's Refuge. 2024. *Family Violence and Suicide: Responding well to risk*. URL: <https://womensrefuge.org.nz/wp-content/uploads/2024/03/Family-violence-and-Suicide-V2-FINAL.pdf> (accessed 15 November 2024).

<sup>56</sup> Bitton Y, Dayan H. 'The perfect murder': an exploratory study of staged murder scenes and concealed femicide. *The British Journal of Criminology* 59(5): 1054–75. DOI: [10.1093/bjc/azz015](https://doi.org/10.1093/bjc/azz015).

<sup>57</sup> Placental abruption is the early separation of the placenta from the lining of the uterus before the completion of the second stage of labour. It is one of the causes of bleeding during the second half of pregnancy and is a relatively rare but serious complication that puts the wellbeing of both mother and fetus at risk. Schmidt P, Skelly CL, Raines, DA. 2022. Placental abruption. In *National Library of Medicine*. URL: [www.ncbi.nlm.nih.gov/books/NBK482335/](https://www.ncbi.nlm.nih.gov/books/NBK482335/) (accessed 22 February 2025).

<sup>58</sup> Lutgendorf MA. 2019. Intimate partner violence and women's health. *Obstetrics & Gynecology* 134(3): 470–80.

<sup>59</sup> Burry K, Thorburn N, Jury A. 2020. 'I had no control over my body': women's experiences of reproductive coercion in Aotearoa New Zealand. *Aotearoa New Zealand Social Work* 32(1): 17–31. DOI: [10.11157/anzswj-vol32iss1id701](https://doi.org/10.11157/anzswj-vol32iss1id701).

<sup>60</sup> UNFPA et al 2024, *op. cit.*

<sup>61</sup> The National Mortality Review Function, of which He Mutunga Kore and the FVDR SMEs are components, is supported by the Commission.

## Difficult knowledge

As we have already acknowledged, much of this report content is confronting. With this in mind, before presenting the content in more detail, we now discuss the concept of 'difficult knowledge'.<sup>62</sup> The term 'difficult knowledge' has emerged as scholars have sought to understand how engaging with information that involves violence or social trauma, generally committed against a marginalised group in society, could evoke emotional reactions in students.<sup>63</sup>

Conceptualising femicide as difficult knowledge invites readers to be open to any discomfort they experience in response to reading the report. Our view is that a more comprehensive appreciation of femicide is needed to provoke and generate professional, government and social responses that help drive action and change to prevent future deaths. This requires fostering an understanding of gender-based violence against women as a social problem – a problem that demands more than individual interventions to address it.

## Understanding difficult knowledge

Early research in this area focused on descriptions of social and historical content (for example, genocide, war and rape) that is traumatic or hard to engage with. Researchers described learning encounters that were 'cognitively, psychologically and emotionally destabilising for the audience'.<sup>64, 65, 66, 67, 68</sup> They found that some knowledge is 'difficult' not only because of its traumatic content, but also because interacting and engaging with this content is deeply unsettling for the audience.<sup>69</sup>

We believe this is also true for femicide. Understanding femicide requires an appreciation of the traumatic and 'difficult' facets described. It requires an exploration of the ongoing continuum of harm and violence experienced by women and girls.

Simon and Eppert discuss the necessity of creating 'communities of memory' that support the study of and response to testimonies of suffering:

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<sup>62</sup> Pitt A, Britzman D. 2003. Speculations on qualities of difficult knowledge in teaching and learning: an experiment in psychoanalytic research. *International Journal of Qualitative Studies in Education* 16(6): 755–76.

<sup>63</sup> Stoddard J. 2022. Difficult knowledge and history education. *Pedagogy, Culture & Society* 30(3): 383–400.

<sup>64</sup> Britzman DP. 1998. *Lost Subjects, Contested Objects: Toward a psychoanalytic inquiry of learning*. State University of New York Press.

<sup>65</sup> Britzman DP. 2000. If the story cannot end: deferred action, ambivalence, and difficult knowledge. In RI Simon, S Rosenberg, C Eppert (eds), *Between Hope and Despair: Pedagogy and the remembrance of historical trauma* (pp 27–57). Rowman & Littlefield.

<sup>66</sup> Bryan A. 2016. The sociology classroom as a pedagogical site of discomfort: difficult knowledge and the emotional dynamics of teaching and learning. *Irish Journal of Sociology* 24(1): 7–33.

<sup>67</sup> Horton A. 2024. 'Empathy is a better emotion': the trouble with empathy in high stakes English classrooms. *Changing English* 31(3): 291–306.

<sup>68</sup> Pitt and Britzman 2003, *op. cit.*

<sup>69</sup> Zembylas M. 2014. Theorizing 'difficult knowledge' in the aftermath of the 'affective Turn': implications for curriculum and pedagogy in handling traumatic representations. *Curriculum Inquiry* 44(3): 390–412.

An ethical practice of witnessing includes the obligation to bear witness – to re-testify, to somehow convey what one has heard and thinks important to remember. Communities of memory are locations in which such obligations can be worked out. More specifically, they are productive spaces in which to name, distribute, produce, and practice expressive resources that enable a witnessing which establishes living memories.<sup>70</sup> (p 187)

The work of the FVDR SMEs is to bring to light some of the personal, painful histories that exist within the information reviewed.<sup>71</sup> We also seek to provide an alternative commentary to one that might reflect community indifference and depersonalisation of either the deceased or the offender.<sup>72</sup>

By writing our reports, the FVDR SMEs are endeavouring to create communities of memory.<sup>73</sup> Through this, we seek to create transformative spaces that support and encourage moral response and action. As with our previous work, the FVDR SMEs aim to take a systems approach that does not apportion blame to individuals but rather focuses on areas for practice and policy improvement across the wider government system.<sup>74</sup>

These deaths are an intersection of personal, gender, social, cultural, historical and systemic forces that impact on behaviour, consequences and trauma. Our description of these requires an ethics of care for both the information and the human lives they represent, which we have endeavoured to embed in this report.

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<sup>70</sup> Simon RI, Eppert C. 1997. Remembering obligation: pedagogy and the witnessing of testimony of historical trauma. *Canadian Journal of Education/Revue Canadienne de L'éducation* 22(2): 175–91.

<sup>71</sup> Britzman 1998, *op. cit.*

<sup>72</sup> van Kessel C, Saleh M. 2020. Fighting the plague: 'Difficult' knowledge as sirens' song in teacher education. *Journal of Curriculum Studies Research* 2(2): 1–20.

<sup>73</sup> Zembylas M. 2006. Witnessing in the classroom: the ethics and politics of affect. *Educational Theory* 56(3): 305–24.

<sup>74</sup> Family Violence Death Review Committee 2022, *op. cit.*

## The numbers – a place to start | Ngā tatauranga – he wāhi hei tīmata

Figure 3 is drawn from the New Zealand Police Homicide Victims Report and describes homicides that occurred in Aotearoa New Zealand between 2007 and 2022.<sup>75</sup> Females accounted for 34 percent of homicide victims in this period.<sup>76</sup> In contrast, female homicide victims account for 20 percent of all homicides at the global level.<sup>77</sup>

Between 2007 and 2022, intimate partners and family members were responsible for 24.7 percent of homicides where males were victims (compared with 11.8 percent globally<sup>78</sup>). Intimate partners and family members were responsible for 58.3 percent of homicides where females were victims (in line with global estimates of 60 percent<sup>79</sup>).

As defined by the United Nations statistical framework, killings of women by intimate partners and family members are cases of femicide (Figure 2). However, we have insufficient information to determine if any or all of the remaining 41.7 percent of females could also be considered victims of femicide. Of note, for 8 percent of female victims in the Homicide Victims Report, the relationship between the victim and the offender was ‘unknown/unclear’.

This situation, where there is difficulty determining whether other killings of women constitute a femicide, is not unique to New Zealand. At the international level, in response to a lack of available information, impacted communities have established femicide observatories to raise awareness and draw political attention to the issue.<sup>80</sup>

In the FVDR data set, of the 215 women and girls who were killed by family members between 2009 and 2022,<sup>81</sup> 62 percent were killed by intimate partners (current or ex-partners), 24 percent were aged under 18 years and killed by parents, and 14 percent were killed by adult children or other family members. In contrast, among men and boys (174 deaths between 2009 and 2022), 31 percent were killed by intimate partners (or new partners of previous partners), 31 percent were aged under 18 years and killed by parents, and 37 percent were killed by adult children or other family members.

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<sup>75</sup> While information is available from the New Zealand Police through to 2022, figures for 2022 were considered provisional at the time of writing this report. New Zealand Police. 2024. *Police Statistics on Homicide Victims in New Zealand 2007–2021: A summary of statistics about victims of murder, manslaughter, and infanticide*. Wellington: New Zealand Police. URL: [www.police.govt.nz/sites/default/files/publications/homicide-victims-report-2022.pdf](http://www.police.govt.nz/sites/default/files/publications/homicide-victims-report-2022.pdf) (accessed 24 April 2025).

<sup>76</sup> The homicide victims report (New Zealand Police 2022, *ibid.*) only describes gender as male, female or unknown. At present, the data does not recognise gender diversity.

<sup>77</sup> UNODC and UN Women. 2024. *Femicides in 2023: Global estimates of intimate partner/family member femicides*. United Nations. URL: [www.unodc.org/documents/data-and-analysis/briefs/Femicide\\_Brief\\_2024.pdf](http://www.unodc.org/documents/data-and-analysis/briefs/Femicide_Brief_2024.pdf) (accessed 28 March 2025).

<sup>78</sup> *Ibid.*

<sup>79</sup> *Ibid.*

<sup>80</sup> See, for example: European Observatory on Femicide. (nd). URL: <https://eof.cut.ac.cy/>; Canadian Femicide Observatory for Justice and Accountability. (nd). URL: <https://femicideincanada.ca/>; and Gender Equality Observatory for Latin America and the Caribbean. (nd). URL: <https://oig.cepal.org/en/indicators/femicide-or-feminicide> (accessed 24 April 2025).

<sup>81</sup> FVDR data.

Figure 3 summarises the homicide statistics from 2007 to 2022 where the victim is female. Figure 4 provides an estimate of the trends in family violence homicide rates over time, from 2009 to 2022, where the victim is a female.

However, as described in the introduction, homicides capture only part of the impact of femicide. In the following sections, we describe additional deaths that could be considered within a wider understanding of femicide.

**Figure 3: Homicide numbers, 2007–2022**

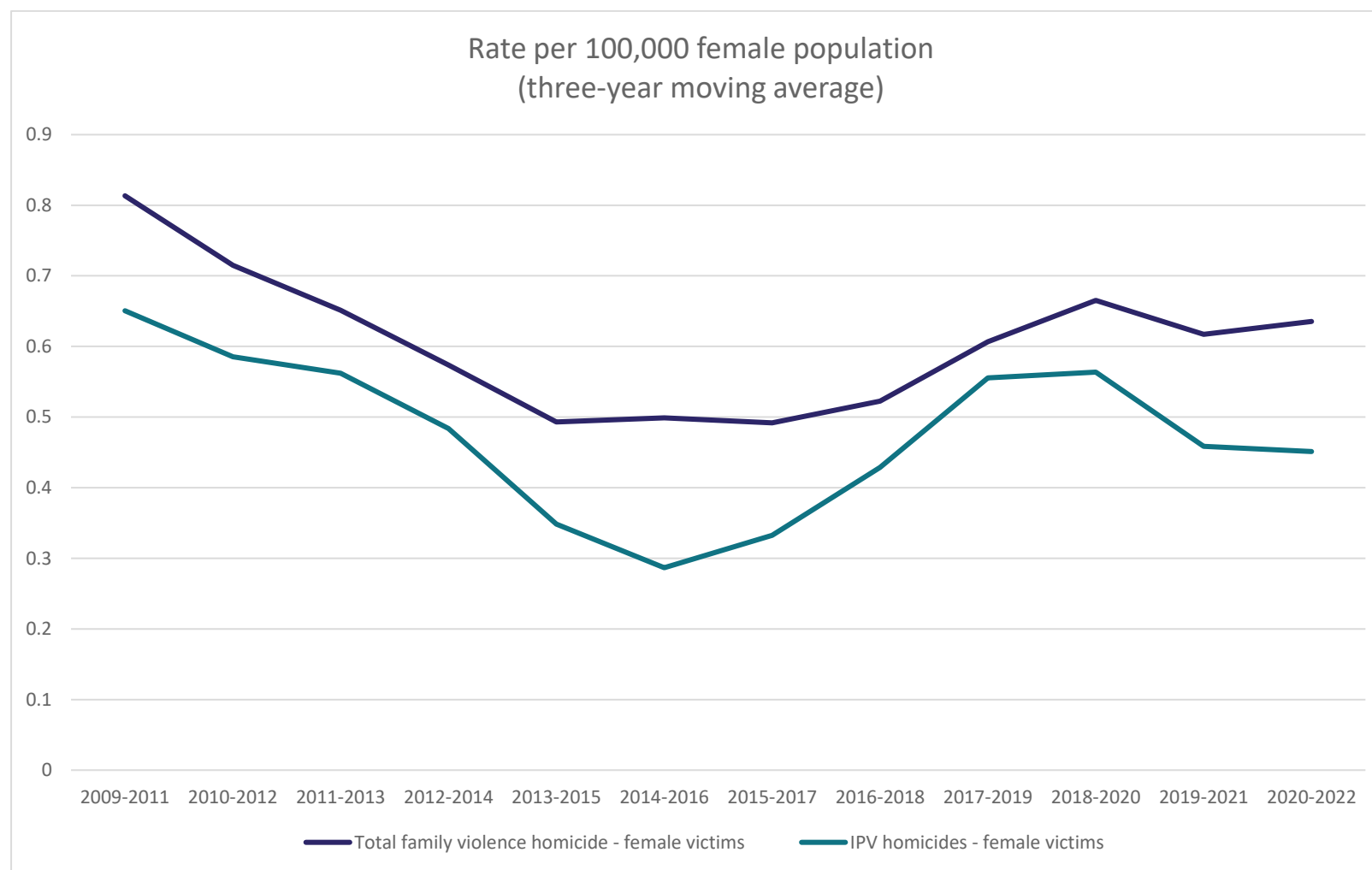


Source: New Zealand Police (2024).<sup>82</sup>

<sup>82</sup> The New Zealand Police (2024, op. cit.) data captures new partners as 'Not family but linked to family' in its classification of the relationship between the victim and the offender. The relationship of 'not family but linked to family' is defined as the victim and offender not being 'family', but each having one of the above four relationships to a third person. For example, this category would include a victim who is killed by her spouse's ex-spouse. It would also include a victim who is the new boyfriend/girlfriend of the offender's mother/father. These relationships have always been considered familial for the purposes of family violence death review, so have been reclassified accordingly in Figure 3.



**Figure 4: Rates of family violence homicide over time, female victims, 2009–2022**



Source: FVDR data set. Rates for intimate partner violence are per 100,000 women aged 15 years or over.

## The inequitable impact of femicide on Māori<sup>83</sup> | Te pānga tautika-kore o te kōhuru wahine ki te Māori

There are tensions between Western perspectives on the root causes of femicide and those of tangata whenua (Māori) and other Indigenous people.<sup>84</sup> These differing understandings highlight the need for distinct approaches to addressing femicide for Māori and non-Māori in Aotearoa New Zealand.

While previous FVDRC reports have extensively covered the history and context of whānau violence,<sup>85</sup> in developing the current report, we sought guidance from tangata whenua about how to contextualise femicide for New Zealand.

Figure 5 presents the whole population trends in homicide rates between 2009 and 2022.<sup>86</sup> Figure 6 illustrates the rates for Māori and non-Māori during this same period. Over time, the disparities in the rates of homicide between Māori and non-Māori increase.<sup>87</sup>

There are inequities in the rates of family violence homicide for wāhine and kōtiro Māori compared with non-Māori women and girls between 2018 and 2022. Had these inequities not existed, there would be approximately 25 more wāhine and kōtiro Māori alive today.

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<sup>83</sup> This section is based on: HQSC. 2025. *Femicide and mana-wāhine: a kōrero to progress understanding and prevention of deaths of women and girls in New Zealand*. URL: [www.hqsc.govt.nz/resources/resource-library/femicide-and-mana-wahine/](http://www.hqsc.govt.nz/resources/resource-library/femicide-and-mana-wahine/)

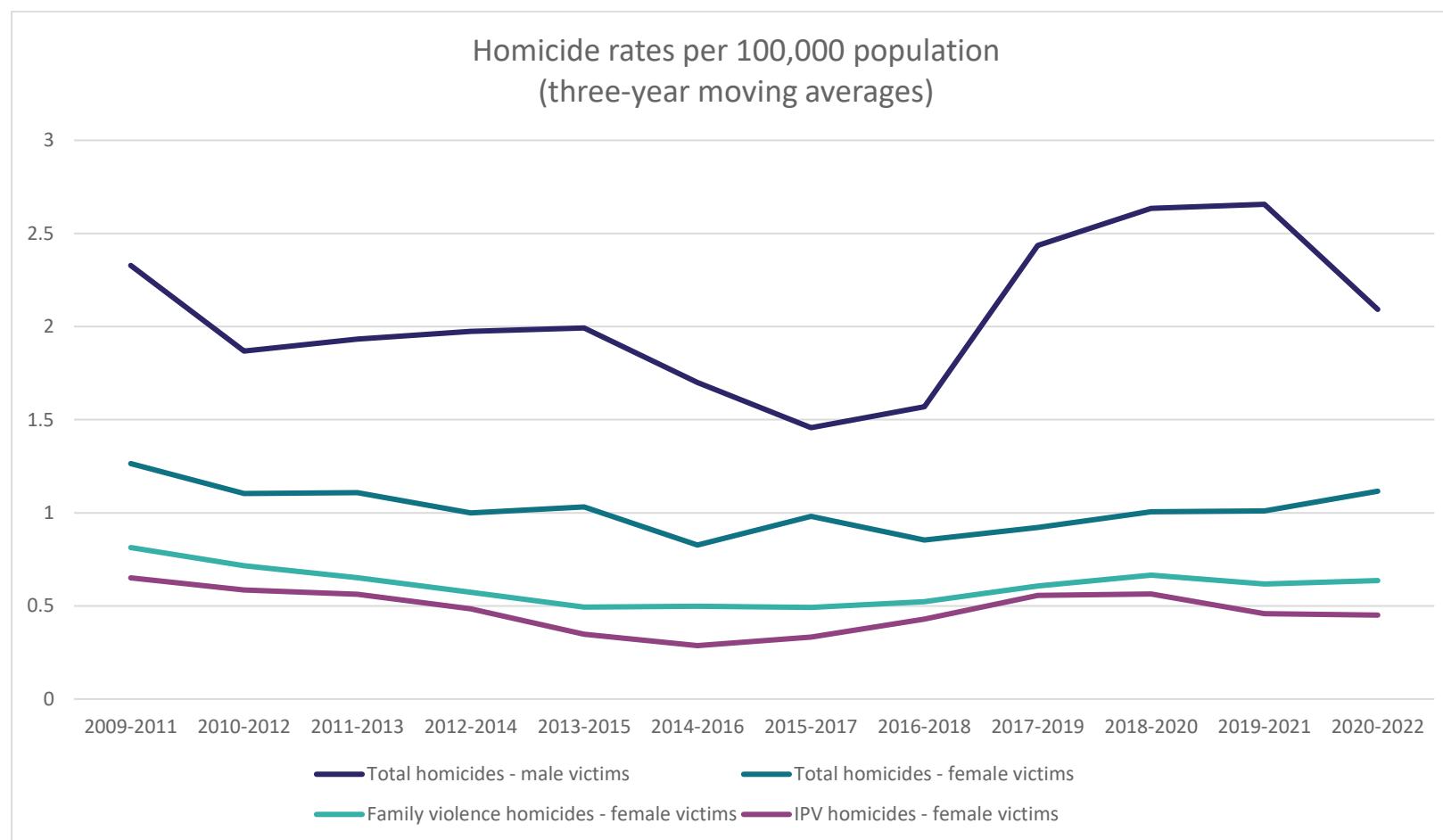
<sup>84</sup> Geardon J. 2021. Indigenous feminism is our culture. *Stanford Social Innovation Review*. URL: [https://ssir.org/articles/entry/indigenous\\_feminism\\_is\\_our\\_culture](https://ssir.org/articles/entry/indigenous_feminism_is_our_culture) (accessed 24 April 2025).

<sup>85</sup> See, for example, the fifth, sixth and seventh reports at: Te Tāhū Hauora Health Quality & Safety Commission. 2023. Summary of Family Violence Death Review Committee (FVDRC) reports. URL: [www.hqsc.govt.nz/resources/resource-library/summary-of-family-violence-death-review-committee-fvdr-reports/](http://www.hqsc.govt.nz/resources/resource-library/summary-of-family-violence-death-review-committee-fvdr-reports/) (accessed 24 April 2025).

<sup>86</sup> In this figure, we have included the overall rates of homicide for men as a comparison. Note that the Christchurch mosque attack victims are included in the estimates for 2017–2019, 2018–2020 and 2019–2021, substantially increasing the homicide rates for men over these periods.

<sup>87</sup> Population estimates for the rates calculations presented in Figure 6 have been drawn from Health New Zealand. 2024. Populations web tool. URL: <https://tewhātuora.shinyapps.io/populations-web-tool/> (accessed 5 December 2024).

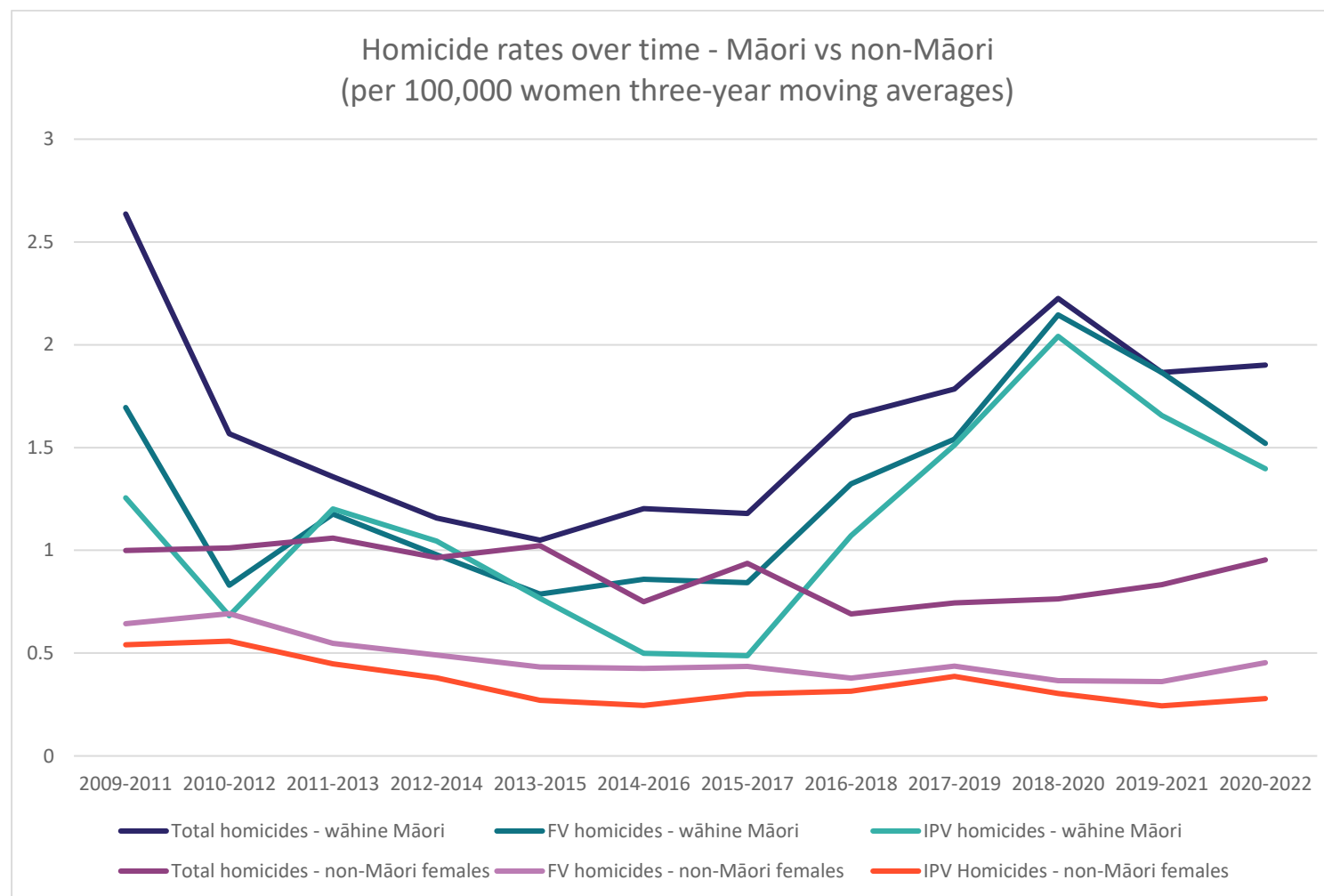
**Figure 5: Rates of homicide (three-year moving averages), by type of homicide, New Zealand, 2009–2022**



Source: Rates for total homicides are drawn from New Zealand Police (2024).<sup>88</sup> Rates for family violence and intimate partner violence (IPV) homicides are drawn from the FVDR SME data set. Three-year moving averages have been used to smooth the variation that occurs due to small numbers. Rates for intimate partner violence are per 100,000 women aged 15 years or over.

<sup>88</sup> New Zealand Police 2024, op. cit.

**Figure 6: Rates of homicide (three-year moving averages), by type of homicide and ethnicity, New Zealand, 2009–2022**



Source: Rates for total homicides are drawn from New Zealand Police (2024). Rates for family violence (FV) and intimate partner violence (IPV) homicides are drawn from the FVDR SME data set. Three-year moving averages have been used to smooth the variation that occurs due to small numbers. Rates for intimate partner violence are per 100,000 women aged 15 years or over.

As we have described in previous reports, these deaths will have lasting and disproportionate impacts on whānau Māori and Māori communities.<sup>89</sup>

Globally, there is a move to recognise the wider impact of femicide through legislation. For example, Costa Rica has implemented reparation legislation for surviving families and children.<sup>90</sup> In addition, in its Model Law for the prevention of gender-related killing, the Organisation of American States highlights the need for legislated reparation:

Reparation must be provided, and must be transformative, adequate, effective, rapid and proportional to the damage suffered. It should include ... satisfaction through acts for the benefit of victims, guarantees of non-repetition and compensation for moral, material and immaterial damage and whenever possible, physical, psychological and social rehabilitation.<sup>91</sup>

The need for after-care and support for the families of victims has been highlighted in three FVDR reports.<sup>92, 93, 94</sup> Although initial discussions have taken place, progress remains limited. Without further progress and given the continued over-representation of wāhine and kōtiro Māori in femicide statistics, whānau Māori and their communities will continue to bear a disproportionate burden of trauma.

## Violence as a whole-of-life issue

In our work to develop this report,<sup>95</sup> stakeholders highlighted the need to address gender-based violence against wāhine Māori as a whole-of-life issue, best confronted through a comprehensive response. They also highlighted concerns about the links between violence, suicidality and maternal outcomes for hāpū māmā (pregnant Māori women).

The case study presented in Table 1 was drawn from the FVDR SME data set. It describes an example of gender-based violence as a whole-of-life issue.

In reading and interpreting the case study, it is important to recognise the historical context in which this experience and related cases arise. This context includes well-documented

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<sup>89</sup> Family Violence Death Review Committee. 2023. *An ongoing duty to care | He tauwhiro haere te mahi. Responding to survivors of family violence homicide*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission.

<sup>90</sup> Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Gender Equality Observatory for Latin America and the Caribbean, <https://oig.cepal.org/es/leyes>. (accessed 5 May 2025). See also Ecuador's experience: Díaz WP. 2024. Ecuador's landmark legislation on transformative reparations for femicide victims' families: law passes against all odds. *Oxford Human Rights Hub*. URL: <https://ohrh.law.ox.ac.uk/ecuadors-landmark-legislation-on-transformative-reparations-for-femicide-victims-families-law-passes-against-all-odds/> (accessed 24 April 2025).

<sup>91</sup> Inter-American Commission of Women. Follow-up Mechanism to the Belém do Pará Convention (MESECVI). 2018. *Inter-American Model Law on the Prevention, Punishment and Eradication of the Gender-Related Killing of Women and Girls (Femicide/Feminicide)*. Washington, DC: MESECVI, p 36.

<sup>92</sup> Family Violence Death Review Committee. 2013. *Third Annual Report: December 2011 to December 2012*. Wellington: Health Quality & Safety Commission

<sup>93</sup> Family Violence Death Review Committee 2022, *op. cit.*

<sup>94</sup> Family Violence Death Review Committee 2023, *op. cit.*

<sup>95</sup> Our discussion paper was also presented to, and discussed by, Te Pukotahitanga, the Māori Advisory Group to the Minister for the Prevention of Family Violence and Sexual Violence.

patterns of over-representation of whānau Māori in State care,<sup>96, 97</sup> and their disproportionate experiences of abuse while in care.<sup>98</sup> Further, intersecting experiences of being both Māori and female, compounded the impact of abuse:

... the types of abuse and neglect that were differently experienced by women and girls – psychological and emotional abuse and neglect, medical abuse and neglect and physical neglect ... particularly due to forced vaginal examinations and coerced adoption of their babies ... the factors that had specific effects on girls and women. These were the societal factor of sexism and gendered discrimination against women and girls, and faith-specific factors including gendered roles and sexism in positions of authority, negative attitudes about sex and female sexuality, and religious beliefs that were used to justify abuse and neglect in unmarried mothers' homes.<sup>99</sup>

In our Seventh Report, we emphasised the need for a duty of care for individuals affected by systemic and social entrapment.<sup>100</sup> In an alternative scenario highlighting the benefits of culturally aligned support services, Table 1 illustrates the importance of embedding this duty of care throughout life, recognising the lasting impact of trauma. As with all of the case studies presented in this report, identifying information in this summarised example has been altered to maintain the confidentiality of those involved.

**Table 1: A life-course trajectory that results in femicide, and an alternative scenario**

| <b><i>Aroha's experience</i></b>  | <b><i>Alternative scenario</i></b>  |
|---|---|
| Aroha was exposed to intimate partner violence and sexual abuse within her whānau from a young age.   | Aroha was exposed to intimate partner violence and sexual abuse within her whānau from a young age.   |
| She also experienced early trauma through the death of a sibling.   | She also experienced early trauma through the death of a sibling.   |
| Aroha was raised by an aunt but struggled to find her place at school so didn't attend often.   | Aroha was raised by an aunt but struggled to find her place at school so didn't attend often.   |
| Aroha also increasingly considered taking her own life. She struggled to engage with support services but wasn't offered any other options. | An iwi-based social worker made contact with Aroha through school as a result of the school reaching out. Counselling support was offered for Aroha, her mum and other family members. It had become apparent |

<sup>96</sup> Rashbroke R, Wilkinson A. 2019. *Cracks in the Dam: The social and economic forces behind the placement of children into care*. Wellington: Abuse in Care Royal Commission of Inquiry. URL: [www.abuseincare.org.nz/assets/Uploads/Cracks-in-the-Dam.pdf](http://www.abuseincare.org.nz/assets/Uploads/Cracks-in-the-Dam.pdf) (accessed 24 April 2025).

<sup>97</sup> Savage C, Moyle P, Kus-Harbord L, et al. 2021. *Hāhā-uri, hāhā-tea: Māori involvement in State care 1950–1999*. Report prepared for the Crown Secretariat. Ihi Research.

<sup>98</sup> Abuse in Care Royal Commission of Inquiry. 2024. *Māori Survivors' Experiences of Abuse and Neglect in Care*. Wellington: Abuse in Care Royal Commission of Inquiry. URL: [www.abuseincare.org.nz/reports/whanaketia/summaries/maori-survivors-experiences](http://www.abuseincare.org.nz/reports/whanaketia/summaries/maori-survivors-experiences) (accessed 24 April 2025).

<sup>99</sup> Abuse in Care Royal Commission of Inquiry. 2024. *Women and Girls' Experiences of Abuse and Neglect in Care*. Wellington: Abuse in Care Royal Commission of Inquiry. URL: [www.abuseincare.org.nz/reports/whanaketia/summaries/women-and-girls-experiences-of-abuse-and-neglect-in-care](http://www.abuseincare.org.nz/reports/whanaketia/summaries/women-and-girls-experiences-of-abuse-and-neglect-in-care) (accessed 24 April 2025).

<sup>100</sup> Family Violence Death Review Committee 2022, *op. cit.*

|  |   |
|--|---|
| <p>Aroha began using drugs and alcohol in her early adolescence.</p> <p>She became a mother while she was still in her early teens. Shortly after, she met Eddie.</p> <p>Aside from Eddie, Aroha didn't have a lot of family support. Without this support, she found parenting difficult and was increasingly reliant on Eddie as her main support person. However, Eddie was more interested in enjoying life. He was also becoming more violent.</p> <p>Neighbours would often complain about drinking and partying at Aroha and Eddie's house. Child protection services received notifications of neglect and the emotional and physical abuse of the children during this time.</p> <p>While records were made of the violence that the children witnessed, little support was offered to Aroha.</p> <p>A community agency became involved and encouraged Aroha to report the violence. However, while she would initially provide information to police, she would also retract it out of fear of losing her children and what Eddie might do. Eddie had threatened Aroha that she would lose the kids because she was a 'terrible mother'.</p> <p>Aroha found it increasingly difficult to cooperate with police.</p> <p>Following a particularly prolonged and brutal assault, police arrested Eddie and charged him with injuring with intent to cause grievous bodily harm. He was sentenced to 18 months' imprisonment.</p> <p>Aroha formally separated from Eddie.</p> <p>Following his release, Eddie was bailed close to Aroha's address. He had conditions not to contact Aroha.</p> <p>Despite the reports of violence and the imprisonment, a comprehensive plan was not put in place to support Aroha.</p> <p>After an argument one night, Eddie killed Aroha by physically assaulting her.</p> | <p>that the whole whānau needed support to address their grief from the loss of Aroha's sibling.</p> <p>Aroha began to feel safe working with the organisation and felt able to open up about her childhood. As a result, effective support was put in place to address the ongoing alcohol abuse and violence within Aroha's whānau, as well as the sexual violence she had experienced.</p> <p>While she was on a good path, Aroha continued to experience difficulties at school and with her mental health.</p> <p>When she began considering ending her life, early intervention was possible through her social worker.</p> <p>With time and ongoing specialist and whānau support, the family learned how best to support Aroha and look after each other.</p> <p>When she was older, Aroha met Eddie.</p> <p>When he started to become violent, she was able to talk with whānau and was supported to re-engage with the iwi-based social services.</p> <p>She was supported to develop a safety plan that would help her to maintain the safety of both her and her children.</p> <p>Eddie was supported to address his use of violence.</p> <p>The iwi-based social services have continued to work alongside Aroha, Eddie and their whānau.</p> <p>They have supported engagements with government agencies (child protection services and police) and provided whānau-based support, including trauma-informed parenting support which helped Aroha and her children feel supported and safe.</p> |
|--|---|

We draw out these associations in the following sections.



# ‘Slow femicides’: gender-based violence and suicide<sup>101</sup> | Te āta kōhuru wahine: te ririhau ā-ira me te whakamomori

The experience of violence and subsequent suicide overlap substantially. Rowlands and Dangar<sup>102</sup> report:

... there is a strong association between the experience of domestic abuse and self-harm and suicidality.<sup>103</sup> Tragically, some of these cases end in death, although pathways to suicide are ‘complicated and non-linear’,<sup>104</sup> not least because suicide may be the consequence of multiple, intersecting risk factors and adverse events.<sup>105</sup> Nonetheless, some estimates have suggested that a third of deaths by suicide of women may be at least partially attributable to domestic abuse.<sup>106</sup>

Research by Women’s Refuge<sup>107</sup> in Aotearoa New Zealand highlights the emotional and psychological toll that intimate partner violence has on women over time. Through interviewing victim survivors about self-harm and suicidality in the context of intimate partner violence, the study identified risk factors associated with suicidal thoughts and suicide attempts – in particular:

- feelings of worthlessness
- perceiving no way out of situations where there is violence
- a sense of hopelessness about the future
- extreme fatigue due to the energy it takes trying to survive
- becoming too high-risk for other people to help
- feelings of liability, inability to contribute, and self-hatred
- feeling uncared for, lonely and excluded.

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<sup>101</sup> Our early thinking for this section was drawn from historical data collated through the Suicide Mortality Review Committee (SuMRC) to investigate the link between the experience of violence and subsequent suicide. Because the SuMRC was disestablished in June 2022, the information it held is no longer updated so only historical data is available for this report. Our preliminary analysis of data from the FVDRC, SuMRC and Perinatal and Maternal Mortality Review Committee is presented in FVDR SMEs 2025, *op. cit.*

<sup>102</sup> Rowlands J, Dangar S. 2024. The challenges and opportunities of reviewing domestic abuse-related deaths by suicide in England and Wales. *Journal of Family Violence* 39: 723–37. DOI: 10.1007/s10896-023-00492-z, p 723.

<sup>103</sup> McManus S, Walby S, Barbosa EC, et al. 2022. Intimate partner violence, suicidality, and self-harm: a probability sample survey of the general population in England. *The Lancet Psychiatry* 9(7): 574–83. DOI: [10.1016/S2215-0366\(22\)00151-1](https://doi.org/10.1016/S2215-0366(22)00151-1).

<sup>104</sup> Munro V, Aitken R. 2018. Adding insult to injury? The Criminal Law’s response to domestic abuse-related suicide in England and Wales. *Criminal Law Review* 9: 732–41.

<sup>105</sup> McManus et al 2022, *op. cit.*

<sup>106</sup> Walby S. 2004. The cost of domestic violence. Women and equality unit. URL: <https://openaccess.city.ac.uk/id/eprint/21681/> (accessed 7 February 2023).

<sup>107</sup> Jury A, Thorburn N, Burry K. 2018. ‘There was no other way out’: Exploring the relationship between women’s experiences of intimate partner violence and their self-harm, suicidal thoughts, and suicide events. Wellington: National Collective of Independent Women’s Refuges.

The research reaffirms the importance of early intervention and appropriate wrap-around support for women experiencing intimate partner violence, including consideration of suicide risk.

Understandings of the association between violence experience and suicide in the international literature are not new. However, specialists in the intimate partner violence and mental health fields have historically worked in isolation, limiting the potential to develop a comprehensive approach to addressing suicide risk for people who have experienced violence.<sup>108, 109</sup>

An enhanced understanding of the overlap between violence and suicide has resulted in prosecutions being brought against perpetrators of violence against women in the UK (see Box 1).<sup>110</sup> Such prosecutions are made possible under laws that establish specific offences related to coercive control.<sup>111</sup>

**Box 1: Media reporting of the first prosecution of Nicholas Allen following the suicide of his previous partner, Justene Reece**

A man whose campaign of threats and harassment caused his former partner to kill herself has been jailed for manslaughter.

In what is believed to be a legal first, Nicholas Allen, 47, was initially charged with coercive behaviour and stalking but Crown Prosecution Service lawyers later brought a charge of unlawful killing against him after an inquiry into Justene Reece's death.

Stafford crown court was told the 46-year-old was found [deceased] at her home in February after leaving a note saying she had 'run out of fight' following six months of threats from Allen.

Allen admitted manslaughter, coercive behaviour and stalking at a previous hearing.

The court heard that Reece set up home with Allen in Stoke-on-Trent and Stafford after meeting him at a scooter club in 2015, but within months he became increasingly obsessive and controlling.

In 2016 she left Allen to live at a women's shelter, prompting him to begin stalking five people close to her in an attempt to track her down, the court heard.

Allen, a former soldier and mechanic, of no fixed address, made about 3,500 attempts to contact Reece after they split in October. He made and sent thousands of calls, texts and messages via Facebook and WhatsApp to both Reece and members of her family, the court heard.

He visited their homes, threatened Reece's son and posted offensive photographs of her mother's grave online. He also contacted employers and on one occasion falsely accused a family member of serious sexual offences.

Source: *The Guardian*, 28 July 2017<sup>112</sup>

<sup>108</sup> Clay R. 2014. Suicide and intimate partner violence. *Monitor on Psychology* 45(10): 30.

<sup>109</sup> Palladino CL, Singh V, Campbell J, Flynn H, Gold KJ. Homicide and suicide during the perinatal period: findings from the National Violent Death Reporting System. *Obstet Gynecol.* 2011 Nov;118(5):1056-1063. doi: 10.1097/AOG.0b013e31823294da. PMID: 22015873; PMCID: PMC3428236.

<sup>110</sup> *R v Allen*, Stafford Crown Court, 28 July 2017.

<sup>111</sup> Naftalin S, Munrow V. 2023. Investigations into suicides in the context of domestic abuse. *Legal Action*. URL: [www.lag.org.uk/article/214523/investigations-into-suicides-in-the-context-of-domestic-abuse](http://www.lag.org.uk/article/214523/investigations-into-suicides-in-the-context-of-domestic-abuse) (accessed 24 April 2025).

<sup>112</sup> Connett D. 2017, 28 July. Stalker jailed for manslaughter of former partner who killed herself. *The Guardian*. URL: [www.theguardian.com/uk-news/2017/jul/28/stalker-jailed-manslaughter-former-partner-killed-herself-nicholas-allen-justene-reece](http://www.theguardian.com/uk-news/2017/jul/28/stalker-jailed-manslaughter-former-partner-killed-herself-nicholas-allen-justene-reece) (accessed 24 April 2025).

Prosecution for unlawful killing such as that described in Box 1, requires analysing the facts and evidence associated with suicides from a gendered perspective.<sup>113</sup> In doing so, prosecutors need to consider differences in status and power held by women and men, taking into account the different needs and challenges (including caring responsibilities and economic independence).<sup>114</sup> Further, fully understanding the relationship between violence experience and suicide requires an acknowledgement of the impact of both psychological and physical violence.<sup>115</sup>

However, even where these advances have been made, they are not universally applied. Within the UK coronial system (as an example), establishing the link between violence experience and suicide does not consistently occur, despite lobbying from family members.<sup>116</sup>

Background work for this report<sup>117</sup> and research from Women's Refuge show an overlap between violence experience and suicide in New Zealand. While the discussion presented in this section largely focuses on intimate partner violence, ongoing impacts of child abuse and neglect,<sup>118</sup> and sexual violence perpetrated by strangers may increase the likelihood of suicide.<sup>119</sup> As transgender and gender diverse people experience higher rates of violent victimisation, suicide as a consequence of this violence will disproportionately impact on these communities.<sup>120</sup>

This relationship between violence against women and girls and suicide has led some authors to suggest that suicide subsequent to the experience of violence is a form of 'slow femicide'.<sup>121</sup> As Walklate and Fitz-Gibbon explain:

... 'slow femicide' draws attention to the 'quality of life costs', the 'living death' experienced in the lives of many women experiencing violence.<sup>122</sup>

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<sup>113</sup> Garzon V. 2024. Prevention and accountability – what works? In UNFPA et al, *op. cit.*

<sup>114</sup> European Institute for Gender Equality. 2016. Gender perspective. URL: <https://eige.europa.eu/publications-resources/thesaurus/terms/1257> (accessed 31 March 2025).

<sup>115</sup> Lodge A. 2020. Domestic abuse, suicide and liability for manslaughter: in pursuit of justice for victims. *Journal of Criminal Law* 84(4): 273–92. DOI: [10.1177/0022018320940127](https://doi.org/10.1177/0022018320940127).

<sup>116</sup> Roberts Y. 2024, 1 June. Domestic abuse drove our daughters to suicide, say families. So what stops coroners acknowledging that? *The Guardian*. URL: [www.theguardian.com/society/article/2024/jun/01/domestic-abuse-daughters-suicide-coroners-victims-england-wales-coercion](https://www.theguardian.com/society/article/2024/jun/01/domestic-abuse-daughters-suicide-coroners-victims-england-wales-coercion) (accessed 24 April 2025).

<sup>117</sup> FVDR SMEs 2025, *op. cit.*

<sup>118</sup> Angelakis I, Austin JL, Gooding P. 2020. Association of childhood maltreatment with suicide behaviors among young people: a systematic review and meta-analysis. *JAMA Open* 3(8): e2012563. DOI: [10.1001/jamanetworkopen.2020.12563](https://doi.org/10.1001/jamanetworkopen.2020.12563).

<sup>119</sup> See, for example, Nightingale M. 2024, 6 December. 'Courageous' teen faces rapist in court, pleads for him to get help. *New Zealand Herald*. URL: <https://www.nzherald.co.nz/nz/courageous-teen-faces-rapist-in-court-pleads-for-him-to-get-help/L3REMBK52BAQBHTQK5WRT6DJKQ/> (accessed 24 April 2025).

<sup>120</sup> Progovac AM, Tran NM, Mullin BO, et al. 2021. Elevated rates of violence victimization and suicide attempt among transgender and gender diverse patients in an urban, safety net health system. *World Medical & Health Policy* 13: 176–98. DOI: [10.1002/wmh3.403](https://doi.org/10.1002/wmh3.403) (accessed 24 April 2025).

<sup>121</sup> Walklate S, Fitz-Gibbon K, McCulloch J, et al. 2020. *Towards a Global Femicide Index: Counting the costs*. Routledge.

<sup>122</sup> Walklate S, Fitz-Gibbon K. 2023. Re-imagining the measurement of femicide: from 'thin' counts to 'thick' counts. *Current Sociology* 71(1): 28–42. DOI: [10.1177/00113921221082698](https://doi.org/10.1177/00113921221082698).

The length of time between any reported violence and the suicide event can make it difficult to establish direct, causal associations between the experience of violence and suicide. As a result, alternative explanations become available which may further deflect attention from the link between violence and suicide. For example, the risks of experiencing intimate partner violence are heightened for women who:

- witnessed their mother being abused by their father
- had a higher number of adverse childhood experiences
- come from lower socio-economic areas
- experience other forms of social adversity (such as racism or other forms of discrimination, drug and alcohol abuse, unemployment and housing instability)
- are from the takatāpui or rainbow community.

However, such risk factors also heighten the risks of suicide.<sup>123</sup>

Further, gender-based violence may be both structural (as a result of discriminatory service delivery) and community-based violence (as experienced by marginalised communities) as well as interpersonal. These experiences compound the difficulty of establishing a direct link between violence experience and suicide.<sup>124</sup>

To clarify the relationship between violence and suicide, it may be tempting to expect that the time between the experience of violence and death by suicide will be short. However, both lifetime and past 12-month exposure to intimate partner violence has been associated with increased risk of suicide.<sup>125</sup> In recognition of this, within the England and Wales domestic homicide review system, suicides where the victim had a history of 'domestic violence' are considered relevant for the review process, even when that history was not directly connected to the death.<sup>126</sup>

Potentially such reviews could also occur in New Zealand, although the mechanism and resources for them would need to be created. To underscore the importance of establishing such a process, we have highlighted an experience Women's Refuge shared with the FVDR SMEs (Box 2).

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<sup>123</sup> Mental Health Foundation. 2024. Suicide statistics. URL: <https://mentalhealth.org.nz/suicide-prevention/suicide-statistics> (accessed 24 April 2025).

<sup>124</sup> Surace T, Fusar-Poli L, Vozza L, et al. 2021. Lifetime prevalence of suicidal ideation and suicidal behaviors in gender non-conforming youths: a meta-analysis. *European Child and Adolescent Psychiatry* 30: 1147–61. DOI: [10.1007/s00787-020-01508-5](https://doi.org/10.1007/s00787-020-01508-5).

<sup>125</sup> McManus et al 2022, *op. cit.*

<sup>126</sup> HM Government. 2022. *Tackling Domestic Abuse Plan*. URL: [www.gov.uk/government/publications/tackling-domestic-abuse-plan](https://www.gov.uk/government/publications/tackling-domestic-abuse-plan) (accessed 24 April 2025).

## Box 2: The intertwined nature of intimate partner violence and suicide

Melodie and Mark's relationship began when Melodie was young.

Mark began sexually and physically assaulting Melodie within the first 12 months of their relationship. He used acts such as strangulation (sometimes to the point that Melodie lost consciousness), grabbing Melodie by the hair and slamming her head against things, and hitting her in the face.

Support workers noted Melodie had 'low self-esteem', which worsened over the duration of the relationship. She experienced mental distress after physical and sexual assaults, which Mark often undertook in response to any action of Melodie's that he perceived as a transgression.

Mark told the children negative things about Melodie's parenting, repeatedly criticised her and subjected her to lengthy and frequent verbal attacks. Mark would also hurt the children.

Melodie tried multiple times to leave Mark and seek safety for herself and the children. She called Women's Refuge after Mark's violence escalated and he threatened to kill the children. Melodie applied for emergency housing in an attempt to leave Mark, but the application was denied. When she had to return to Mark, support services notified Oranga Tamariki | Ministry for Children of Mark's violence.

Mark also made a report of concern to Oranga Tamariki, accusing Melodie of hurting the children. An interview was undertaken, but no violence was substantiated.

Eventually, Melodie was able to move across the country with the children, following a further escalation in Mark's violence. He continued to pursue her. He sent her over 100 emails and texts in the week following her departure.

While she was supported to develop a safety plan and had alarms installed in her house, the psychological control that Mark continued to exert over Melodie resulted in her constantly being fearful of his unpredictable behaviour.

In its review, Women's Refuge noted:

... she commented 'I feel so wearied' and 'I feel so traumatised and overwhelmed' when referring to this post-separation psychological abuse. Her subsequent death by suicide is testament to the cumulative mental burden and hopelessness engendered by his relentless campaign of abuse.

## Maternal suicide

Suicide is the leading cause of maternal mortality in New Zealand. Previous reports by the PMMRC have provided preliminary evidence of an association between the experience of intimate partner violence and subsequent suicide.<sup>127</sup>

The analysis presented in this section draws on investigations by the previous Maternal Mortality Review Working Group (MMRWG) and family violence records for those deaths, drawn from the New Zealand Police.

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<sup>127</sup> PMMRC. 2016. *10th Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2014*. Wellington: Health Quality & Safety Commission.

The associations described in this analysis will likely be a conservative estimate, as the majority of women do **not** report their experiences of family violence to police.<sup>128</sup> Further, women who experience violence during pregnancy are not regularly provided with the opportunity to report this experience.<sup>129</sup>

## The numbers

There were 41 cases of maternal suicide between 2006 and 2023. Of these, 26 (63 percent) had a police-reported family harm<sup>130</sup> record. In contrast, 29 percent of people who experience interpersonal violence report it to police.<sup>131</sup> The results show that mothers who die by suicide are substantially over-represented in the data on police-reported violence experience. Further, it is likely that some of those who did not have a police family harm record also experienced violence, but did not report it to police.

The age range of those with a police family harm record was 15–36 years. Half of those who died by suicide were aged 25 years or younger.

Ethnicity information was available for 23 of the 26 cases. Among those who had their ethnicity recorded, over half of those who died by suicide were Māori, 30 percent were New Zealand European and the remainder were a combination of Māori and Pacific or Māori and European.

## Lessons drawn from the data

### *Understanding the life-course and opportunities for intervention*

Some inconsistencies in reporting the experience of intimate partner violence, or other forms of violence, were evident between police records on family harm and the MMRWG review records.

For example, in one case, the young woman involved was recorded as the predominant aggressor in police family harm records. In contrast, in the MMRWG record of the case, the young woman's medical termination of pregnancy (which preceded the suicide) was described as related to the 'threats, harassment and verbal abuse from ex-partner'.

As highlighted above, both lifetime and past 12-month exposure to violence is associated with suicide. As described in previous PMMRC reports, pregnancy and childbirth are not protective against suicide.<sup>132</sup> Nor are they protective against violence.<sup>133</sup> Further, as outlined in our Eighth Report, for young women who are survivors of a homicide against a parent or sibling, their first contact with secondary health services following the homicide event is often pregnancy related:

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<sup>128</sup> Ministry of Justice. 2025. New Zealand Crime and Victims Survey. Key Results – Cycle 7. February 2025. Results drawn from Cycle 7 (2024) of the New Zealand Crime and Victims Survey. Wellington: Ministry of Justice. URL: [www.justice.govt.nz/assets/Documents/Publications/NZCVS-Key-Results-2024-Cycle-7-2.pdf](http://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Key-Results-2024-Cycle-7-2.pdf) (accessed 13 March 2025).

<sup>129</sup> Burry et al 2020, *op. cit.*

<sup>130</sup> New Zealand Police captures family violence experiences as 'family harm'. In doing so, it aims to encapsulate a broader, more holistic view of the issues occurring within a family. New Zealand Police. (nd). Family harm approach. URL: [www.police.govt.nz/advice-services/family-violence/family-harm-approach-resources](http://www.police.govt.nz/advice-services/family-violence/family-harm-approach-resources) (accessed 1 April 2025).

<sup>131</sup> Ministry of Justice 2025, *op. cit.*

<sup>132</sup> PMMRC 2016, *op. cit.*

<sup>133</sup> Chen XY, Lo CKM, Chen Q, et al. 2024. Intimate partner violence against women before, during, and after pregnancy: a meta-analysis. *Trauma, Violence, & Abuse* 25(4): 2768–80.



Pregnancy or childbirth was recorded in surviving children from age 14 years onwards. Complications occurred in the majority of these pregnancies, some of which resulted in medical abortions.<sup>134</sup>

In that report, we noted the potential for difficult or incomplete pregnancies to compound pre-existing trauma. We further noted that the PMMRC had recommended improving understanding of the overlaps between violence experience, mental wellbeing and termination of pregnancies in two separate reports, 2012<sup>135</sup> and 2015.<sup>136</sup>

By 2021, the PMMRC considered the need to respond to maternal women's experiences of violence was urgent.<sup>137</sup> We support this call, as it remains relevant in 2025, and seek to strengthen it by noting that such responses need to be cognisant of women's lifetime experiences of violence.

It is through inaction and the lack of response to lifetime exposure to violence that slow femicides occur. Services that are responsive to hāpū māmā and pregnant women's experiences of violence are those that 'reflect the totality of women's experiences of men's violence, the perpetration of that violence, the social conditions fostering acts of violence, and the structures and institutions supporting it'.<sup>138</sup>

In other words, failing to respond to the experiences of violence becomes a human rights violation as, in these cases, it is denying the right to life, the right not to be subjected to torture or cruel treatment and the right to freedom from discrimination.<sup>139</sup> For these rights to be upheld, there is a need for complete, comprehensive information on lifetime experiences. This includes the compounding impact of child sexual assault/abuse and intimate partner violence, as was documented in six (14 percent) of the cases included in the current analysis.

#### *Drugs, alcohol abuse and self-medication*

Of the 26 hāpū māmā and pregnant women with a police family harm report, 15 (58 percent) had drug and/or alcohol abuse in close proximity to the suicide. The literature provides substantial evidence that acute intoxication increases the risk of suicide.<sup>140, 141, 142</sup>

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<sup>134</sup> Family Violence Death Review Committee 2023, *op. cit.*

<sup>135</sup> PMMRC. 2012. *Sixth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2010*. Wellington: Health Quality & Safety Commission.

<sup>136</sup> PMMRC. 2015. *Ninth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2013*. Wellington: Health Quality & Safety Commission.

<sup>137</sup> PMMRC. 2021. *Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Whā o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki: Reporting mortality and morbidity 2018 | Te tuku pūrongo mō te mate me te whakamate 2018*. Wellington: Health Quality & Safety Commission.

<sup>138</sup> Walklate and Fitz-Gibbon 2023, *op. cit.*

<sup>139</sup> New Zealand Bill of Rights Act 1990, *op. cit.*

<sup>140</sup> Rizk MM, Herzog S, Dugad S, et al. 2021. Suicide risk and addiction: the impact of alcohol and opioid use disorders. *Current Addiction Reports* 8(2):194–207. DOI: [10.1007/s40429-021-00361-z](https://doi.org/10.1007/s40429-021-00361-z).

<sup>141</sup> Armoon B, Fleury MJ, Bayani A, et al. 2022. Suicidal behaviors among intravenous drug users: a meta-analysis. *Journal of Substance Use* 29(1): 10–20. DOI: [10.1080/14659891.2022.2120435](https://doi.org/10.1080/14659891.2022.2120435).

<sup>142</sup> Esang M; Ahmed S. 2018. A closer look at substance use and suicide. *American Journal of Psychiatry Residents' Journal* 13(6): 6–8. DOI: [10.1176/appi.ajp-rj.2018.130603](https://doi.org/10.1176/appi.ajp-rj.2018.130603).

However, there is a complex relationship between substance use disorders and experiences of violence. While excessive alcohol consumption can increase the risks of experiencing violence,<sup>143</sup> women experiencing violence also use substances as a form of self-medication.<sup>144</sup>

Brief interventions have been proposed as a method of addressing the immediate risk of suicide for people with substance use disorders. However, brief interventions will do little to address the underlying trauma that may be triggering the consumption of these substances.

In reflecting on their results that described the co-occurrence of mental health concerns, substance abuse and intimate partner violence, Lessard and colleagues<sup>145</sup> note:

Each of the problems studied here can individually generate social prejudice about parents ... For example, a mother who has [a substance use problem] or [mental health problem] is often perceived as being a bad mother ... Mothers who are victims of violence have to deal with the constraints of social institutions that tend to assign complete responsibility for child protection to mothers.<sup>146, 147</sup> The role of the 'good mother' who protects her children by leaving her violent partner is thus put forward, ignoring the fact that IPV is a control pattern anchored in sexism that can last long after the separation.<sup>148</sup> Furthermore, these mothers often have to deal with the constraints of a judicial system that can revictimize them by encouraging agreement and mediation between the two parties regarding custody arrangements and the equal sharing of parenting responsibilities, sometimes to the detriment of the mothers' safety and that of their children.<sup>149</sup>

#### *The lack of maternal support services*

For 15 of the 26 maternal suicides with a police family harm record (58 percent), there was evidence of insufficient or ineffective service provision.

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<sup>143</sup> Fanslow J, Gulliver P. 2015 Exploring risk and protective factors for recent and past intimate partner violence against New Zealand women. *Violence and Victims* 30(6): 960–83. DOI: [10.1891/0886-6708.VV-D-14-00010](https://doi.org/10.1891/0886-6708.VV-D-14-00010).

<sup>144</sup> Gezinski LB, Gonzalez-Pons KM, Rogers MM. 2021. Substance use as a coping mechanism for survivors of intimate partner violence: implications for safety and service accessibility. *Violence Against Women* 27(2): 108–23. DOI: [10.1177/1077801219882496](https://doi.org/10.1177/1077801219882496).

<sup>145</sup> Lessard G, Lévesque S, Lavergne C, et al. 2021. How adolescents, mothers, and fathers qualitatively describe their experiences of co-occurrent problems: intimate partner violence, mental health, and substance use. *Journal of Interpersonal Violence* 36(23–24): NP12831–NP12854.

<sup>146</sup> Humphreys C, Thiara R. 2003. Mental health and domestic violence: 'I call it symptoms of abuse'. *British Journal of Social Work* 33(2): 209–26.

<sup>147</sup> Lapierre S. 2010. More responsibilities, less control: understanding the challenges and difficulties involved in mothering in the context of domestic violence. *British Journal of Social Work* 40: 1434–51.

<sup>148</sup> Rinfret-Raynor M, Dubé M, Drouin C, et al. 2008. Violence conjugale postséparation en contexte d'exercice des droits d'accès aux enfants [Post-separation domestic violence in the context of the exercise of access rights to children]. In S Arcand, D Damant, S Gravel, et al (eds), *Violences faites aux femmes [Violence Against Women]* (pp 185–207). Presses de l'Université du Québec.

<sup>149</sup> Rinfret-Raynor et al 2008, *op. cit.*



Some examples of risks the case notes identified for these hapū māmā or pregnant women include:

- a family history of mental illness – medical termination of pregnancy – traumatic birth process – no contact with maternal mental health services through this time
- depressed about termination of pregnancy – involved in a court case against father of baby in relation to his assault on her – no communication with maternal mental health services
- father of baby abusive – history of suicidal ideation and self-harm – engaged with crisis team but assessed not to be at suicide risk
- abusive partner – termination of pregnancy resulting from rape – high levels of anxiety – no evidence of treatment
- substance abuse issues – sexual and physical abuse by partner – previous suicide attempt – seen by mental health team and assessed as low to moderate risk
- long history of Oranga Tamariki involvement – extensive violence from partners – police called before incident.

Māori are at increased risk of experiencing poor service response.<sup>150</sup> As highlighted above, wāhine Māori also have higher rates of maternal suicide than other population groups in New Zealand.

To explore solutions to wāhine and kōtiro Māori suicide, we sought the input of Terry Dobbs, Co-Director of Violence Information Aotearoa. Terry's report is published on the Violence Information Aotearoa website and highlights opportunities for improved responsiveness to wāhine and kōtiro Māori, contributing to the prevention of suicide.<sup>151</sup>

In relation to hapū māmā, Terry drew on lessons learned from *E Hine*<sup>152</sup> and *He Korowai Manaaki*.<sup>153</sup> Both examples highlighted the value of integrated care approaches, supported by Māori knowledge, practices and practitioners. The programmes underscored the importance of shifting from a position where young parenthood is a stigmatised experience to one that views young parenthood as 'deserving of support and celebration'.<sup>154</sup> They also highlight the value of strength-based community approaches, supported by health service delivery.

Table 2 presents two case studies drawn from the maternal suicide data explored for this section – one Māori and one non-Māori. We have also described an alternative scenario for each of these cases, drawn from the solutions offered by Terry and from the international literature.

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<sup>150</sup> Edmonds K, Cram F, Bennett M, et al. 2022. Hapū ora (pregnancy wellness): Māori research responses from conception, through pregnancy and 'the first 1000 days' – a call to action for us all. *Journal of the Royal Society of New Zealand* 52(4): 318–34.

<sup>151</sup> Dobbs T. 2025, *op. cit.*

<sup>152</sup> Lawton B, Cram F, Makowharemahihi C, et al. 2013. Developing a Kaupapa Māori research project to help reduce disparities experienced by young Māori women and their babies. *AlterNative: An International Journal of Indigenous Peoples* 9(3): 246–61.

<sup>153</sup> Lawton B, Storey F, Edmonds L, et al. 2020. COVID-19: an urgent threat and an opportunity for indigenous and minority groups in high-income countries. *The BMJ Opinion* 10: 1–2.

<sup>154</sup> Edmonds et al 2022, *op. cit.*

**Table 2: Case studies of maternal suicide, and alternative scenarios**

| <b><i>Maria's experience</i></b>  | <b><i>Alternative scenario</i></b>   |
|---|--|
| <p>Maria's first recorded experience of violence was witnessing her sister's boyfriend assaulting her sister when Maria was living with them at age 18.</p> <p>When she subsequently got into a relationship and experienced violence, her boyfriend managed to always convince authorities that Maria was to blame for the violence.</p> <p>After being involved in a traffic crash, Maria developed ongoing pain issues. She was referred for surgery to address the cause of the pain. On investigation, it was noted that Maria was pregnant, and a decision was made to terminate the pregnancy in order to progress with the surgery.</p> <p>Maria developed significant mental health issues following the surgery, possibly exacerbated by the termination of pregnancy and her ongoing exposure to violence. She used cannabis to help her cope with anxiety.</p> <p>When Maria became pregnant a second time, her midwife noted that she was continuing to experience high levels of anxiety, post-traumatic stress disorder and pain. The midwife's view was that Maria's issues were creating strain on the relationship.</p> <p>Maria was noted as being 'difficult to engage' despite the fact that she was making significant changes for the wellbeing of her baby – including giving up smoking and cannabis.</p> <p>Maria was seven months' pregnant when she died by suicide. Her midwife had recently visited and noted that her partner was 'abusive and disruptive'.</p> <p>Maria's partner continues to have a growing family harm record with the police.</p> | <p>When police responded to Maria's sister, they checked on the wellbeing of other people in the house. They noted at the time that Maria was traumatised by the experience. Although she preferred not to go into detail, there was concern that this wasn't the first time Maria had witnessed one of the wāhine in her whānau being assaulted.</p> <p>Maria was referred to her local Hauora provider. Police had informed the provider that they were concerned she required further mental health support.</p> <p>As she was in contact with a trusted professional when she had her traffic crash, Maria was able to receive counselling support as well as support for the physical health issues she was experiencing.</p> <p>The counselling was also beneficial when she subsequently had to terminate the pregnancy in order to progress with the surgery she required. Both maternal support services and her counsellor supported Maria throughout this difficult time of loss and grief, which significantly helped her on her journey towards healing.</p> <p>Over time, Maria disclosed to her support person that she was experiencing physical and psychological violence at home. She mentioned that her partner was always able to portray her as the perpetrator and she needed support to clearly describe what was really going on.</p> <p>Her support person worked alongside a men's stopping violence programme and they helped Maria's partner to attend this. The organisation worked with both Maria and her partner, so it understood whether he was changing his behaviour and becoming more supportive of her or not.</p> <p>When Maria and her partner became pregnant the second time, they had a network of support people around them. The trust in these relationships ensured that their whānau environment was supportive when the pēpi was born.</p> |

|   |   |
|---|---|
| <p><b>Tania's experience</b></p> <p>Tania didn't report her experiences of violence to the police. The one time that she tried, they didn't do anything, so she didn't see the point.</p> <p>She did talk to health professionals, and they put her on medication for depression. They didn't seem to understand that she needed more than medication.</p> <p>Her partner was sexually abusive as well as physically abusive. When she became pregnant, he would target her belly, and she had lost a couple of pregnancies as a result.</p> <p>When he raped her and she subsequently became pregnant again, she asked for a termination as she didn't want to endure the physical violence and emotional trauma that would result in the loss of another pregnancy.</p> <p>Tania started acting out as she was beginning to struggle to control her emotions. One of her health professionals referred her to a residential treatment programme to help her cope with the termination. However, there was no follow-up and Tania received no support.</p> <p>Tania was extremely anxious that her partner would discover the termination. When she received no further support, Tania suicided.</p> <p>Tania's partner has an ongoing family harm record with the police.</p> | <p><b>Alternative scenario</b></p> <p>When Tania first reported the violence she was experiencing to the police, they followed up a few days later with a home visit. They brought along a Women's Refuge support person and they started to discuss the ways in which Tania could be supported.</p> <p>Tania was concerned about leaving her partner. She was scared he would track her down and do something worse than he was already doing.</p> <p>Tania's support person was concerned about her mental wellbeing, but also knew that Tania needed ongoing support to address the violence she was experiencing.</p> <p>Her support person accompanied her when she discussed her concerns with her GP and continued to support her once she was put on medication for depression.</p> <p>When she was raped, Tania again sought the help of the Women's Refuge support person, who accompanied her when she sought a termination. She encouraged Tania to report her partner to police again, as she was concerned that this was an escalation of the violence Tania was experiencing.</p> <p>While the police progressed with their investigations, Tania was placed into a safe house. She was provided with ongoing support and counselling and, when the time was right, was supported into a home away from her partner.</p> |
|---|---|

### *The lack of research on the experiences of other communities*

This section has been relatively silent on the experiences of ethnically diverse women, despite known associations between the experiences of gender-based violence and forced migration for refugee women.<sup>155, 156</sup> As the data for this report indicates, at present there are no records of maternal suicide for these women. However, the data only captures maternal suicides within the first six weeks post-partum. Recent revisions of the classifications of

<sup>155</sup> Mathis CM, Steiner JJ, Kappas Mazzio A, et al. 2024. Sexual and reproductive healthcare needs of refugee women exposed to gender-based violence: the case for trauma-informed care in resettlement contexts. *International Journal of Environmental Research and Public Health* 21(8): 1046. DOI: [10.3390/ijerph21081046](https://doi.org/10.3390/ijerph21081046) (accessed 24 April 2025).

<sup>156</sup> Croskery-Hewitt S. 2023. *Fighting or Facilitating Family Violence? Immigration policy and family violence in New Zealand*. Wellington: Michael and Suzanne Borrin Foundation.

maternal deaths suggest that these should include those up to one year post-partum to provide a more comprehensive overview of maternal and late maternal deaths.<sup>157</sup>

Overseas research indicates there are compounding impacts of the levels of structural and cultural competencies in maternal care<sup>158</sup> and the silencing of ethnically diverse women's experiences of violence.<sup>159, 160</sup> Our inability to describe the experiences of ethnically diverse women highlights a significant gap in our data and therefore in our understanding and ability to effectively respond to these women.

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<sup>157</sup> WHO. 2021. *International Statistical Classification of Diseases and Related Health Problems 11th revision*. Geneva: World Health Organization.

<sup>158</sup> Sharma V, Singh N, Chiang A, et al. 2023. Structural and cultural competencies in maternity care for ethnic minority and migrant women: practitioner perspectives from Aotearoa New Zealand. *International Journal of Migration, Health and Social Care* 19(3/4): 200–14. DOI: [10.1108/IJMHSC-12-2022-0122](https://doi.org/10.1108/IJMHSC-12-2022-0122) (accessed 24 April 2025).

<sup>159</sup> Somasekhar S, Robertson NR, Thakker J. 2020. Indian women's experiences of domestic violence in the context of migration to Aotearoa New Zealand: The role of women's in-laws. *New Zealand Journal of Psychology* (Online) 49(1): 29–37.

<sup>160</sup> Rahmanipour S, Kumar S, Simon-Kumar R. 2019. Underreporting sexual violence among 'ethnic' migrant women: perspectives from Aotearoa/New Zealand. *Culture, Health & Sexuality* 21(7): 837–52.

## Perinatal mortality | Mate perināti

Tarzia and McKenzie have described reproductive coercion and abuse as a ‘most extensive and severe form of coercive control’, used to ‘dehumanise, degrade, and dominate [women] psychologically’.<sup>161</sup> They describe reproductive coercion as manifesting in ‘pregnancy promoting’ and ‘pregnancy preventing’ behaviours. The direct physical assault of a woman’s abdomen during pregnancy falls into the category of pregnancy preventing.

Heward-Belle argues that men who target motherhood in their abuse ‘deploy a particularly formidable tactic of oppression, one which threatens a central aspect of many women’s identities’.<sup>162</sup> Within Aotearoa New Zealand, Edmonds and colleagues<sup>163</sup> observe:

The adage He Tapu Te Whare Tangata indicates the reverence of Māori women and people with cervixes as ‘whare tangata’ (houses of humanity) and the sacredness of the womb, also known as ‘whare tangata’ (the house in which all human life grows), for their vital role in this continuation.<sup>164</sup>

In her interviews with men who were abusive to their pregnant partner, Heward-Belle reported that one-third of the men indicated that they had intentionally targeted the stomach while their partner was pregnant. Subsequently, these men used the social norms imposed on mothers to further punish them through child protection services, family courts and medicine – limiting their access to prenatal and postnatal care.<sup>165</sup>

We have included perinatal mortality related to intimate partner violence in our understanding of femicide because, as described above, this form of violence goes to the very heart of gender-based violence. It ‘involves a violation of reproductive autonomy or ... is directed at people because of their reproductive capacity’.<sup>166</sup>

Of note, however, is that, like earlier sections, this section does not focus on the experiences of ethnically diverse women and culturally specific forms of violence that they may experience,<sup>167</sup> such as forced marriage and dowry abuse.<sup>168</sup> While these experiences are not unknown in New Zealand, the information available on them is limited. However, previous PMMRC reports note the high prevalence of adverse outcomes for babies of Indian women in New Zealand.<sup>169</sup>

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<sup>161</sup> Tarzia L, McKenzie M. 2024. Reproductive coercion and abuse in intimate relationships: women’s perceptions of perpetrator motivations. *PLoS ONE* 19(4): e0299069. DOI: [10.1371/journal.pone.0299069](https://doi.org/10.1371/journal.pone.0299069).

<sup>162</sup> Heward-Belle S. 2017. Exploiting the ‘good mother’ as a tactic of coercive control. *Affilia* 32(3): 374–89.

<sup>163</sup> Edmonds et al 2022, op. cit., p 321.

<sup>164</sup> Adcock A, Stevenson K, Cram F, et al. 2021a. He Tapu Te Whare Tangata (sacred house of humanity): under-screened Māori women talk about HPV self-testing cervical screening clinical pathways. *International Journal of Gynaecology and Obstetrics* 155(2): 275–81.

<sup>165</sup> Heward-Belle 2017, op. cit.

<sup>166</sup> Grey R. 2017. The ICC’s first ‘forced pregnancy’ case in historical perspective. *Journal of International Criminal Justice* 15(5): 905–30. DOI: [10.1093/jicj/mqx051](https://doi.org/10.1093/jicj/mqx051).

<sup>167</sup> Simon-Kumar R. 2019. *Ethnic Perspectives on Family Violence in Aotearoa New Zealand*. Issues Paper 14. Auckland: New Zealand Family Violence Clearinghouse.

<sup>168</sup> *Ibid.*

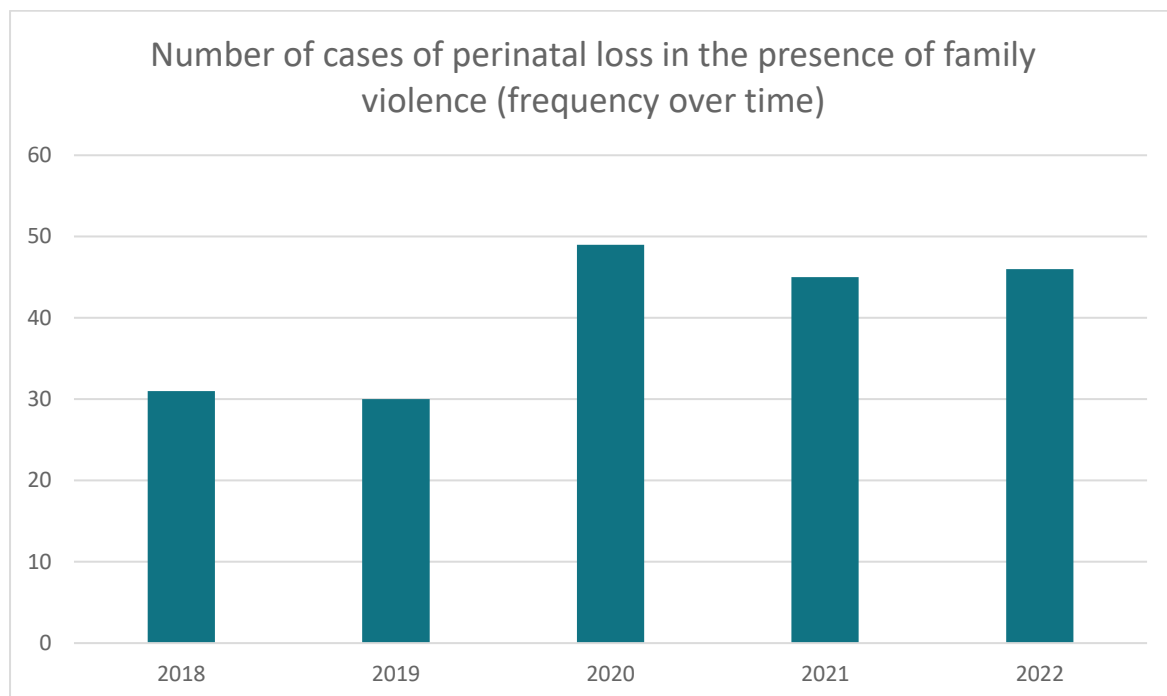
<sup>169</sup> PMMRC. 2024. *Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki: Reporting Mortality and Morbidity 2021 | Te Tuku Pūrongo mā te Mate me te Whakamate 2021*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission.

## The numbers

The FVDR SME data includes deaths where a pregnant woman is killed during a physical assault. However, we are not routinely advised on whether a perinatal loss occurs in the process of an assault.<sup>170</sup> To provide further insight into the frequency of these deaths, we again drew on data collected by the PMMRC, where the data it collected noted family violence had occurred (see Appendix 1 for details on the methods involved in this analysis).

Over the period 2018–2022, an average of 40 perinatal deaths related to family violence occurred each year (Figure 7). In comparison, over the same period an average of 16 cases of homicides related to family violence against women and girls occurred each year. These findings show that substantially more loss of life can be attributed to family violence than the number of homicides currently recorded within the FVDR data.

**Figure 7: Number of cases of perinatal loss in the presence of family violence, New Zealand, 2018–2022**



## Lessons drawn from the data

In their advocacy for generating a more comprehensive understanding of femicide, Walklate and Fitz-Gibbon recommend viewing femicide through a ‘wide angled-lens and incorporating all those lives that were curtailed or shortened’.<sup>171</sup> They also highlight the need to understand the safety and security options available for women experiencing men’s violence.

<sup>170</sup> The Crimes Act 1961 defines culpable homicide as a death where a person ‘by any means wilfully stops the breath of any person for ... and death ensues from such stopping of breath’ (section 168(1)(c)). As such, for a death to be considered a homicide, and therefore for the related information to be shared with the FVDR SMEs, the deceased needs to have taken a breath. Where a fetus has not been born and taken a breath, the death will not be counted as a homicide.

<sup>171</sup> Walklate and Fitz-Gibbon 2023, *op. cit.*

Heward-Belle notes that systems and structures often work against women's safety by blaming the mother and making her responsible for the violence she is experiencing.<sup>172</sup> As described in other sections of this report, Māori, ethnic minority, and migrant women experience particular difficulties in obtaining effective support during pregnancy.<sup>173, 174</sup>

In our review of the perinatal mortality data, we noted few options for safety were available. Instead, as captured within clinical records, pregnant women were regularly noted as 'did not engage', 'did not attend' or 'late booking'. Significantly, this approach was taken despite the existence of a record of family violence impacting on the woman's ability to attend care.

These clinical records show how pregnant women can be blamed for not attending services rather than focusing on clinicians and reflecting on the system created for providing care and support during pregnancy. We found no documented understanding of **why** it may be difficult for these women to access services in their particular context.

In one case, the record was:

Presented to [emergency department] following assault (kick to abdomen). No [vaginal] bleeding or abdominal pain. Informal [ultrasound scan] showed [fetal heartbeat] present. Discharged home.

Several questions arise from this brief summary.

- If the woman was assaulted, why was it considered appropriate to discharge her home (somewhere that she was possibly at risk of further violence)?
- Was there an understanding of the protective people in her life?
- Given she had been kicked in the stomach while pregnant, were the risks to her safety considered?
- Was her psychological wellbeing considered?
- Was the objective of the assault considered?
- Who is being made responsible for the safety of the pregnant woman and the fetus?
- Why did the health system not support this woman?

Buchanan and Humphreys have described how health professionals' responses to coercive control in pregnancy can either help a women identify their partner's behaviours as abusive or can enhance their feelings of isolation.<sup>175</sup>

The PMMRC reports illustrate the increased risk of perinatal loss for Māori, Pacific and Indian women in New Zealand, in particular. As a result of the lack of information about how violence contributes to this greater risk, culturally responsive solutions are lacking.

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<sup>172</sup> Heward-Belle 2017, *op. cit.*

<sup>173</sup> Lawton et al 2020, *op. cit.*

<sup>174</sup> Sharma et al 2023, *op. cit.*

<sup>175</sup> Buchanan F, Humphreys C. 2021. Coercive control during pregnancy, birthing and postpartum: women's experiences and perspectives on health practitioners' responses. *Journal of Family Violence* 36: 325–35. DOI: [10.1007/s10896-020-00161-5](https://doi.org/10.1007/s10896-020-00161-5).



# Emergent femicide issues to consider | Ngā take kōhuru wahine hei whakaaro

## *Women as adults at risk*<sup>176</sup>

The main focus of this section is on women experiencing chronic health conditions. However, we note that there is also a heightened risk of violence experience for disabled people, D/deaf,<sup>177</sup> and tangata whaikaha (disabled) Māori. At present, insufficient data is available to fully consider these groups in this report. In this context, we note it as another data gap.

We have included this section because of the social norms that surround the role of women as the carer and nurturer. Indeed, we noted in our Seventh Report<sup>178</sup> and have documented in in-depth reviews of death events where there is a disability in the family, that women hold a disproportionate responsibility for caring.

However, what happens when the roles are reversed, and it is women who need care and support?

## **Older women**

The FVDR data set includes cases where an older woman was increasingly unwell and her partner chose to end her life and then his own, ostensibly to reduce ‘pain and suffering’.

While these cases are relatively rare, their incidence could potentially increase because the population is ageing while chronic health conditions are increasing.<sup>179</sup>

In these cases, the police, media or coroners describe the offender as a ‘good, loving’ partner, ‘just doing the best thing for her’. They state that in this ‘happy couple ... [she] suffered from a number of medical conditions and required significant home care, the burden of which appeared to largely fall on [him]’.

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<sup>176</sup> We use ‘adults at risk’ to describe the increased risks presented to women when they are chronically unwell or experiencing disability. As our 2023 position paper states, ‘we use the preferred term, “adults at risk”. This term refers to any adult who needs care and support, is at risk of abuse and is unable to remove or protect themselves because of those needs. All three parts of this definition need to apply. A key element of the definition is that it is situational and does not apply to any specific population group.’ FVDR. 2023. Responding to adults at risk who need care and support and who are experiencing family violence. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/FVDR/Publications-resources/Position-paper-responding-to-adults-at-risk.pdf](http://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/FVDR/Publications-resources/Position-paper-responding-to-adults-at-risk.pdf) (accessed 26 April 2025).

<sup>177</sup> ‘Deaf’ with a capital ‘D’ is used to describe Deaf culture and community. With a lower case ‘d’, ‘deaf’ is used to describe a person’s audiological ability to hear. Inclusive Education. (nd). Understanding being deaf and hard of hearing. URL: <https://inclusive.tki.org.nz/guides/deaf-or-hard-of-hearing-students-and-learning/understanding-being-deaf-and-hard-of-hearing/> (accessed 1 April 2025).

<sup>178</sup> Family Violence Death Review Committee 2022, *op. cit.*

<sup>179</sup> While life expectancy in Aotearoa has increased by 3.63 years between 2000 (when it was 78.6 years) and 2021 (when it was 82.2 years), healthy life expectancy has increased at a slower rate – by 2.72 years between 2000 (67.3 years) and 2021 (70.0 years). WHO. 2024. Health data overview for New Zealand. URL: <https://data.who.int/countries/554> (accessed 26 April 2025).



However, such statements fail to consider the woman's perspective. Many of our case summaries highlight that the woman involved had no knowledge of her partner's plans to end both of their lives.

Caregiver burden theories suggest the husband cares for a sick wife and can no longer bear the stress of her dementia or her health decline. It is important to note that most women who are sick or disabled are not requesting to be murdered. Attributing these desires to them misrepresents the rights and perspectives of persons with disabilities ... Media often attributes men's violence toward their ill wives as 'mercy killing,' ... Interestingly, women outlive men and are more often in the position of caring for an ailing spouse prior to their death. However, women do not turn to homicide-suicide as a strategy to end their problems, as men are more likely to do.<sup>180</sup>

Of note, healthy life expectancy for women in Aotearoa New Zealand is 70.3 years, while for men it is 69.6 years. Women can expect to spend 14 years of their life with some form(s) of ill health, while men will expect to spend slightly over 10 years with some form(s) of ill health.<sup>181</sup>

In New Zealand, similar to other countries, intimate partner murder suicides in older people appear to be a phenomenon predominantly among those of European ethnicity.<sup>182</sup> While some of this difference in behaviour may be accounted for by differences in life expectancy between New Zealand European and other populations,<sup>183</sup> this is unlikely to be the only explanation given it is replicated across the globe. Further, our data is similar to other countries where the men who are responsible for these events are unlikely to have a criminal record.<sup>184</sup>

Of those women aged 60 years or over, who were killed by either their intimate partner or an adult child (n=14), 11 (79 percent) were New Zealand European. The others were either Chinese (n=2) or Māori (n=1).

Salari and Sillito warn against romanticising these events in the way that the quotes above from police and coroners illustrate. Doing so, they suggest, encourages a belief that such events are acceptable. They also suggest that doing so blames the woman's disability for the violence.<sup>185</sup>

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<sup>180</sup> Salari S; Sillito CL. 2020. Homicide-suicide by men against female intimate partners. In T Shackelford (ed), *The SAGE Handbook of Domestic Violence* (pp 143–56), p 145.

<sup>181</sup> WHO 2024, *op. cit.*

<sup>182</sup> Bridges FS, Tankersley WB. 2010. Mean ages of homicide victims and victims of homicide-suicide. *Psychological Reports* 106(1): 163–9. DOI: 10.2466/PRO.106.1.163-169.

<sup>183</sup> Stats NZ. 2021. Growth in life expectancy slows. URL: [www.stats.govt.nz/news/growth-in-life-expectancy-slows](https://www.stats.govt.nz/news/growth-in-life-expectancy-slows) (accessed 23 November 2024).

<sup>184</sup> Campbell JC, Webster D, Koziol-McLain J, et al. 2003. Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health* 93(7): 1089–97.

<sup>185</sup> Salari and Sillito 2020, *op. cit.*

### *The overlap between caring for unwell adult children and homicide*

Of the intrafamilial violence deaths that the FVDR SMEs recorded between 2009 and 2022, 23 were patricide (the killing of fathers), 20 were matricide (the killing of mothers), 18 were fratricide (the killing of brothers) and 3 were sororicide (the killing of sisters). The remainder involved other relationships, such as aunts, uncles and grandparents.

It is important to note that most family violence offenders do not suffer from mental health disorder, and that these disorders make it more likely that someone will be the **victim** of violence rather than a perpetrator of it.<sup>186</sup>

However, in the recorded cases of matricide, 60 percent of the offenders were identified in the reviews of death events as experiencing serious mental disorder, compared with 35 percent of the offenders in patricide events. The offenders in matricide were overwhelmingly sons (80 percent).

Recent research has suggested that matricide may be a 'hidden form of femicide'. The researchers suggested that social norms that place mothers in caring roles shift the duty of care from mental health and government services back to the family, rendering mothers vulnerable to fatal violence.<sup>187</sup> This involves:

the simultaneous responsabilization and marginalization of parent-victims.<sup>188</sup>

Indeed, in our review of cases, we have noted that many of these deaths do not occur 'out of the blue' but are associated with inadequate mental health care leading up to the death event.

One of the main issues is still the shame and stigma associated with reporting the problem, with parents often reluctant to report their own son or daughter to police and struggling to find anywhere else to access support. With little focus in the media, parents often feel they are the only one experiencing such abuse.<sup>189</sup>

### **The impact of repeated trauma**

Chronic traumatic encephalopathy (CTE) is generally associated with male-dominated sports in which participants receive repeated head knocks because of high-impact contact.<sup>190</sup> However, it is increasingly recognised that CTE is a potential outcome of repeated head trauma from physical assaults in women who experience intimate partner violence.<sup>191</sup>

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<sup>186</sup> Caman S, Sturup J, Howner K. 2022. Mental disorders and intimate partner femicide: clinical characteristics in perpetrators of intimate partner femicide and male-to-male homicide. *Frontiers in Psychiatry* 13: 844807.

<sup>187</sup> Miles C, Condry R, Windsor E. 2023. Parricide, mental illness and parental proximity: the gendered contexts of parricide in England and Wales. *Violence Against Women* 29(2): 87–111.

<sup>188</sup> *Ibid*, p 87.

<sup>189</sup> Murray J. 2025, 5 March. 'A real injustice': mothers killed by their children is still a hidden issue in UK. *The Guardian*. URL: [www.theguardian.com/uk-news/2025/mar/05/real-injustice-mothers-killed-children-hidden-issue-uk](https://www.theguardian.com/uk-news/2025/mar/05/real-injustice-mothers-killed-children-hidden-issue-uk) (accessed 26 April 2025).

<sup>190</sup> McKee AC, Mez J, Abdolmohammadi B, et al. 2023. Neuropathologic and clinical findings in young contact sport athletes exposed to repetitive head impacts. *JAMA Neurology* 80(10): 1037–50. DOI: [10.1001/jamaneurol.2023.2907](https://doi.org/10.1001/jamaneurol.2023.2907).

<sup>191</sup> Colantonio A. 2020. Beyond football: intimate partner violence and concussion/brain injury. *Canadian Psychology / Psychologie canadienne* 61(2): 163–6. DOI: [10.1037/cap0000208](https://doi.org/10.1037/cap0000208).

It can result in cognitive symptoms, mood disturbances and behavioural dysregulation. For those experiencing CTE, suicide and substance use disorders are a common cause of death.<sup>192</sup>

Brain injuries can also result from non-fatal strangulation where oxygen flow to the brain has been interrupted. In a systematic review of neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence, Bichard and colleagues note:

Pathological changes included arterial dissection and stroke. Neurological consequences included loss of consciousness, indicating at least mild acquired brain injury, seizures, motor and speech disorders, and paralysis. Psychological outcomes included PTSD, depression, suicidality, and dissociation. Cognitive and behavioural sequelae were described less frequently, but included memory loss, increased aggression, compliance, and lack of help-seeking.<sup>193</sup>

Women who have experienced violence-related brain injuries need health services to identify them and to provide effective options for response and rehabilitation.

In a recent retrospective chart review of intimate partner violence and strangulation over four years (2018–2021) in one hospital in New Zealand, King and colleagues identified 660 records that screened positive for intimate partner violence (44.2 per 100,000 population).<sup>194</sup> While records showed 49.7 percent of survivors were ‘choked out’ and 38.2 percent were ‘knocked out’, only 0.6 percent were offered a strangulation assessment and 0.8 percent were offered a traumatic brain injury assessment.

Recent research from Women’s Refuge has shown that, of the women accessing support for intimate partner violence, 57 percent had been hit or punched in the head and 40 percent had been strangled or suffocated. For those women who had experienced symptoms consistent with a traumatic brain injury, over 90 percent indicated their physical or mental health had got worse.<sup>195</sup>

In discussing the implications of the case review, King and colleagues<sup>196</sup> noted:

Intimate partner violence related [brain injury] and its potential long-term sequelae are an underappreciated and unrecognised public health problem.<sup>197</sup> Unlike sports athletes or military veterans, intimate partner violence survivors are not rested, do not have any form of routine monitoring

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<sup>192</sup> McKee et al 2023, *op. cit.*

<sup>193</sup> Bichard H, Byrne C, Saville CW, et al. 2022. The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: a systematic review. *Neuropsychological Rehabilitation* 32(6): 1164–92.

<sup>194</sup> King DA, Hume PA, Theadom A, et al. 2023. Intimate partner violence reporting and assessment of traumatic brain injuries and strangulation by a New Zealand hospital health service. *Journal of Family Violence* 1–13.

<sup>195</sup> Thorburn N, Arathoon C, Beaumont S, et al. 2025. *Traumatic Brain Injury and Intimate Partner Violence in Aotearoa*. Wellington: National Collective of Independent Women’s Refuges Ngā Whare Whakaruruhau o Aotearoa.

<sup>196</sup> King et al 2023, *op. cit.*

<sup>197</sup> Valera EM, Campbell J, Gill J, et al. 2019. Correlates of brain injuries in women subjected to intimate partner violence: identifying the dangers and raising awareness. *Journal of Aggression, Maltreatment & Trauma* 28(6): 695–713. DOI: [10.1080/10926771.2019.1581864](https://doi.org/10.1080/10926771.2019.1581864).

and may have limited opportunities to recover between brain injuries.<sup>198, 199, 200</sup> In addition, intimate partner violence survivors may experience multiple [brain injuries] within days of each other with minimal or no rest or any form of recovery between incidents.<sup>201, 202</sup>

The health system has been identified as providing crucial first responders to people who experience violence.<sup>203</sup> However, to fill this role, professionals in the health system need to identify health issues associated with violence experience.

In a recent online survey of 106 health professionals (including doctors, nurses, midwives and paramedics) in New Zealand, the majority reported that they had received no formal training in assessing non-fatal strangulation.<sup>204</sup> There was a lack of understanding of brain injury as a potential symptom of strangulation, and they lacked confidence and guidance to respond safely and appropriately in these situations, so chose not to ask the patient. In discussing their results, Donaldson and colleagues<sup>205</sup> note:

Sadler (2002)<sup>206</sup> says health professionals who work in emergency or acute care are more likely to find legal situations a cause of considerable uncertainty and anxiety. This is true in the NZ context. Spangaro (2017)<sup>207</sup> describes how NZ healthcare professionals are concerned with addressing the issue of abuse due to fear of 'opening Pandora's box', fear of offending, a sense of powerlessness, time constraints and privacy issues. The American Nurses Association and Sadler (2002) both highlight a lack of education and clinical preparation, in both undergraduate and postgraduate education, on dealing with violence and legal investigations. This is also true in NZ nursing education, where education and clinical preparation on violence and legal investigations are limited in both undergraduate and postgraduate nursing programs ...

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<sup>198</sup> Iverson KM, Pogoda TK. 2015. Traumatic brain injury among women veterans: an invisible wound of intimate partner violence. *Medical Care* 53(Suppl 1): S112–S119. DOI: [10.1097/mlr.0000000000000263](https://doi.org/10.1097/mlr.0000000000000263).

<sup>199</sup> Meyer JE, Jammula V, Arnett PA. 2022. Head trauma in a community-based sample of victims of intimate partner violence: prevalence, mechanisms of injury and symptom presentation. *Journal of Interpersonal Violence* 37: 17–18. DOI: [10.1177/08862605211016362](https://doi.org/10.1177/08862605211016362).

<sup>200</sup> Voelker R. 2018. For survivors of intimate partner violence, overlooked brain injuries take a toll. *JAMA* 320(6): 535–7. DOI: [10.1001/jama.2018.9051](https://doi.org/10.1001/jama.2018.9051).

<sup>201</sup> Valera E, Kucyi A. 2017. Brain injury in women experiencing intimate partner-violence: neural mechanistic evidence of an invisible trauma. *Brain Imaging and Behavior* 11(6), 1664–77. DOI: [10.1007/s11682-016-9643-1](https://doi.org/10.1007/s11682-016-9643-1).

<sup>202</sup> Voelker 2018, *op. cit.*

<sup>203</sup> Campbell J. 2024. Strengthened GBV responses to mitigate risk of femicide. In UNFPA et al, *op. cit.*

<sup>204</sup> Donaldson AE, Ravono A, Hurren E, et al. 2024. An exploration of frontline health professional's current understanding of non-fatal strangulation. *Journal of Advanced Nursing* 80(12): 5090–101.

<sup>205</sup> *Ibid*

<sup>206</sup> Sadler D. 2002. Forensic skills for nurses. *Nursing Times* 17(9): 514–5. URL: [www.nursingtimes.net/forensic-skills-for-nurses/197703.article](http://www.nursingtimes.net/forensic-skills-for-nurses/197703.article) (accessed 27 April 2025).

<sup>207</sup> Spangaro J. 2017. What is the role of health systems in responding to domestic violence? An evidence review. *Australian Health Review* 41: 639–45. DOI: [10.1071/AH16155](https://doi.org/10.1071/AH16155).

It is time that if we want to improve awareness and responses to strangulation, then education and validated screening and assessment tools are needed to prepare and provide the best medical and legal care for patients who present with [non-fatal strangulation (NFS)]. There is a significant need for an NFS education package and screening and assessment tools to support our frontline health professionals in assessing and treating NFS.<sup>208</sup>

The health consequences of non-fatal strangulation and head injury through assault increase women's need for care and support. Both experiences are identified as risk factors for escalating physical abuse to the point of homicide, and both create the conditions for potential suicide. Further, they limit women's access to support services and criminal redress. As Elisabeth McDonald highlights in her review of intimate partner rape cases that were prosecuted in criminal courts in New Zealand:

Two complainants attempted suicide close in time to the alleged offending. Nine complainants gave evidence of being strangled or unable to breathe for periods of time during the alleged assaults or rapes. It is accepted that loss of oxygen to the brain is the cause of brain injury which has implications for cognitive difficulties. Of the 15 complainants only three reported an absence of brain injury or mental health issues – in other words 80% of complainants had conditions that may well have affected their cognitive abilities at trial (including the impact of strangulation on brain function).<sup>209</sup>

## ***Organised crime and human trafficking***

As highlighted in the background section, slightly over 40 percent of murders of women in Aotearoa are not related to family violence. Figure 6 shows that most of these murders are of non-Māori women.

Very little information is publicly available on the underlying reasons for these deaths or the context in which they occurred. For this reason, this section draws on international evidence of the factors associated with femicide to promote further thinking about potential preventive actions.

The number (and size) of transnational drug seizures by New Zealand Customs, in association with its international partners, has increased substantially. In addition, Customs has noted a global increase in the amount of child sexual exploitation, including online material.<sup>210</sup>

The relationship between organised crime and gender-based violence is complex. The following examples illustrate just some aspects of this complexity.

- Various forms of organised crime, such as human trafficking for the purposes of sexual exploitation, involve violence and abuse against women and girls.

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<sup>208</sup> Donaldson et al 2024, *op. cit.*, p 5907.

<sup>209</sup> McDonald E. 2023. *Prosecuting Intimate Partner Rape*. Christchurch: Canterbury University Press. DOI: [10.26021/14045](https://doi.org/10.26021/14045), p 114.

<sup>210</sup> New Zealand Customs Service. 2023. *Briefing to the Incoming Minister*. URL: [www.customs.govt.nz/globalassets/documents/oia/briefing-to-the-incoming-minister-casey-costello.pdf](https://www.customs.govt.nz/globalassets/documents/oia/briefing-to-the-incoming-minister-casey-costello.pdf) (accessed 27 April 2025).



- Many women within organised criminal groups face violence, including sexual or gender-based violence, by partners or members of the group.
- Being a victim of sexual or gender-based violence as a child or committed by an intimate partner is a risk factor for becoming involved in organised crime, in particular – but not exclusively – for women and girls.
- Experiencing sexual or gender-based violence may motivate someone to engage with organised crime on the grounds that they can escape abusive relationships, seek protection from violence in the family and community, or earn money.<sup>211</sup>

In addition, certain responses to organised crime can heighten risks for women. For example, in Mexico, where the response to illicit drug crime has increasingly involved the military, the number of murdered and missing women and girls has also grown substantially.<sup>212</sup>

In Latin America, action has been prompted by exceptionally high rates of femicide, combined with the existence of a specific regional treaty on violence against women,<sup>213</sup> and strong coordination in feminist activism. All Latin American countries, except Cuba and Haiti, have adopted laws that specifically penalise femicide.

Within the Latin American region, it is recognised that femicide can happen in a wide range of contexts, including intimate and family relationships, sexual violence, prostitution or stigmatised occupations; trafficking, smuggling or gang violence; and female genital mutilation.<sup>214</sup> These types of killings are understood to have arisen from a discriminatory view of women and their position in society and the killings are prosecuted on this basis. In contrast, in New Zealand, section 9(1)(h) of the Sentencing Act 2002 excludes gender from the listed grounds of hostility on which hate crimes are based.<sup>215</sup>

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<sup>211</sup> UNODC. 2022. *Organized Crime and Gender: Issues relating to the United Nations Convention Against Transnational Organized Crime*. Vienna: United Nations. URL: [https://sherloc.unodc.org/cld/uploads/pdf/Issue\\_Paper\\_Organized\\_Crime\\_and\\_Gender\\_1.pdf](https://sherloc.unodc.org/cld/uploads/pdf/Issue_Paper_Organized_Crime_and_Gender_1.pdf) (accessed 27 April 2025), p 26.

<sup>212</sup> Atuesta LH, Barba EV. 2020. *Las Dos Guerras: El impacto de los enfrentamientos de las fuerzas armadas en los asesinatos de mujeres en México (2007–2018)*. [The Two Wars. The impact of armed forces confrontations in the murders of women in Mexico (2007–2018).] URL: [www.intersecta.org/posts/las-dos-guerras](http://www.intersecta.org/posts/las-dos-guerras) (accessed 27 April 2025). Available in Spanish and English.

<sup>213</sup> The Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Belém do Pará Convention), adopted in 1994.

<sup>214</sup> Deus A, Gonzalez D. 2018. *Analysis of Femicide Legislation in Latin America and the Caribbean and a Proposal for a Model Law*. MESECVI and UN Women. URL: <https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2019/05/1Final%20Analysis%20of%20Femicide%20Legislation%20in%20Latin%20America%20and%20the%20Caribbean-compressed.pdf>; UN OHCHR Regional Office for Central America. 2014. *Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide)*. URL: <https://lac.unwomen.org/en/digiteca/publicaciones/2014/10/modelo-de-protocolo> (accessed 27 April 2025).

<sup>215</sup> Brown C. 2004. Legislating against hate crime in New Zealand: the need to recognise gender-based violence. *Victoria University Law Review* 35(3): 591–608.

The relationship between gender-based violence against women and organised crime has been the focus of coordinated work by prosecutors in the Latin American region. As a result of this work, they have identified multiple elements that should be assessed when dealing with crimes of gender-based violence against women in the context of organised crime.<sup>216</sup>

In a review of the preparedness of New Zealand to monitor and combat human trafficking in 2022, the US Department of State reported that:

... the government did not meet the minimum standards in several key areas. The government did not initiate any prosecutions, convict any traffickers, or identify any victims. Officials did not have written procedures for victim identification, and the government has never reported identifying an adult victim of sex trafficking.<sup>217</sup>

The US Department of State noted that migrant women (including students) may be particularly vulnerable to sex trafficking. While the Prostitution Reform Act 2003 enhanced protections for residents of New Zealand, the same does not apply for those on temporary or student visas.<sup>218</sup> As such, those who control these women can use the Prostitution Reform Act 2003 as a method to prevent them from reporting by threatening to get them deported.

## **Technology-facilitated abuse<sup>219</sup>**

As with many other types of violence and abuse, Indigenous people and women from marginalised groups are at increased risk of technology-facilitated abuse. Those at risk include people living with disabilities, takatāpui and rainbow people, and those from ethnic minority groups, as Dunn observes:<sup>220</sup>

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<sup>216</sup> These elements include: the sociocultural context in which the complex/organised crime group is formed; the group's goals, values and purposes; the group's own structure and characteristics (eg, hierarchy, breadth and number of members, internal divisions and sections), especially the positions, roles and functions of women within the group (eg, position within the hierarchy, initiation rites, women's roles within the group, sanctions for women who deviate from the rules); the group's activities (some groups aim to exploit women in various ways); the group's internal dynamics and operating rules; the group's relationship and interaction with other similar and opposing groups; the specific position of the female victim within the group; the specific position of the aggressor within the group; and the group and personal relationship between the aggressor and the female victim. Asociación Iberoamericana de Ministerios Públicos. 2022. *Criminalidad organizada o compleja y violencia contra las mujeres*. URL: [www.mpf.gob.ar/ufem/files/2022/08/Informe\\_REG\\_Aiamp\\_Crimen\\_FINAL.pdf](http://www.mpf.gob.ar/ufem/files/2022/08/Informe_REG_Aiamp_Crimen_FINAL.pdf) (accessed 27 April 2025).

<sup>217</sup> US Department of State. 2022. *Trafficking in Persons Report: New Zealand*. URL: [www.state.gov/reports/2022-trafficking-in-persons-report/new-zealand/](https://www.state.gov/reports/2022-trafficking-in-persons-report/new-zealand/) (accessed 24 November 2024).

<sup>218</sup> Bennachie C, Pickering A, Lee J, et al. 2021. Unfinished decriminalization: the impact of section 19 of the Prostitution Reform Act 2003 on migrant sex workers' rights and lives in Aotearoa New Zealand. *Social Sciences* 10(5): 179. DOI: [10.3390/socsci10050179](https://doi.org/10.3390/socsci10050179).

<sup>219</sup> The academic literature uses a wide variety of terms to describe technology-facilitated violence. The choice depends on the lens taken by the researchers involved: for example, the term tends to be 'technology-facilitated violence' for general approaches; 'technology-facilitated gender-based violence' for those understanding it from a gendered perspective; 'image-based sexual abuse' for those focused on sexual violence; or 'technology-facilitated intimate partner violence' for those focused on intimate partner violence use. In this section, we use the term the researchers adopted in the specific work under discussion.

<sup>220</sup> Dunn S. 2020. Technology-facilitated gender-based violence: an overview. *Centre for International Governance Innovation: Supporting a Safer Internet Paper No. 1*. URL: <https://ssrn.com/abstract=3772042> (accessed 27 April 2025), pp16–17.

... rooted in racism, misogyny, homophobia, transphobia and other forms of discrimination ... A Black lesbian experiences sexist online attacks against her not strictly as a woman, but as a Black lesbian woman.<sup>221</sup> As such, a person's intersecting identity factors will alter the experiences they have online, influencing the qualitative ways they are attacked and the level of violence geared toward them.<sup>222</sup>

A growing body of work describes the use of information technology in monitoring, controlling and psychologically abusing intimate partners.<sup>223, 224, 225</sup> Indeed, Australian research on intimate partner femicides highlights how coercive control and stalking are closely associated with technology-facilitated abuse, 'allowing offenders to enact an omnipresent violence'.<sup>226</sup>

Technology-facilitated abuse also occurs outside intimate relationships – in particular, in the form of technology-facilitated sexual abuse, which has an uneven impact on women and people of sexual, gender and ethnic minorities.<sup>227, 228</sup> The United Nations Population Fund describes how this form of violence can start online and escalate to physical spaces, creating a continuum of 'online-offline abuse that can end in the most extreme forms of violence, including femicide'.<sup>229</sup>

Technology-facilitated gender-based violence<sup>230</sup> takes a multitude of different forms as outlined in Box 3. However, the list of forms presented in Box 3, while extensive, may not be complete. As McLauchlan and Harris<sup>231</sup> note when discussing how technology facilitates intimate partner violence:

... the use of certain words (such as derogatory or sexualized content directed at victim/survivors who have been sexually assaulted), referring to certain memories or people (like those associated with traumatic events), or calling at

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<sup>221</sup> Amnesty International. 2018. *Toxic Twitter*. Amnesty International. URL: [www.amnesty.org/en/latest/research/2018/03/online-violence-against-women-chapter-1-1/](https://www.amnesty.org/en/latest/research/2018/03/online-violence-against-women-chapter-1-1/) (accessed 27 April 2025).

<sup>222</sup> Dhrodia A. 2018. Unsocial media: a toxic place for women. *IPPR Progressive Review* 24(4): 380–7.

<sup>223</sup> Vasil S, Segrave M. 2024. Beyond technology-facilitated abuse: domestic and family violence and temporary migration. *The British Journal of Criminology* 64(1): 175–93. DOI: [10.1093/bjc/azad023](https://doi.org/10.1093/bjc/azad023).

<sup>224</sup> McLachlan F, Harris B. 2022. Intimate risks: examining online and offline abuse, homicide flags, and femicide. *Victims & Offenders* 17(5): 623–46.

<sup>225</sup> Carlson B, Day M., 2023. Technology-facilitated abuse: the need for Indigenous-led research and response. In B Harris, D Woodlock (eds), *Technology and Domestic and Family Violence* (pp 33–48). Routledge.

<sup>226</sup> McLachlan and Harris 2022, *op. cit.*, p 623.

<sup>227</sup> Champion A, Oswald F, Pedersen CL. 2021. Technology-facilitated sexual violence and suicide risk: a serial mediation model investigating bullying, depression, perceived burdensomeness, and thwarted belongingness. *Canadian Journal of Human Sexuality* 30(1): 125–41.

<sup>228</sup> Dunn 2020, *op. cit.*

<sup>229</sup> UNFPA. (nd). Technology-facilitated gender-based violence: a growing threat. URL: [www.unfpa.org/TFGBV](https://www.unfpa.org/TFGBV) (accessed 27 April 2025).

<sup>230</sup> There is debate about whether technology-facilitated violence is specifically gender-based given that both men and women experience it (see, eg, Champion AR, Oswald F, Khera D et al. 2022. Examining the gendered impacts of technology-facilitated sexual violence: a mixed methods approach. *Archives of Sexual Behavior* 51(3): 1607–24). However, we position it as gender-based on the reasoning that people who experience multiple forms of discrimination bear enhanced risk, as described by Dunn 2020, *op. cit.*

<sup>231</sup> McLauchlan and Harris 2022, *op. cit.*



certain times can be distressing for some, but not otherwise flagged as serious or harmful by others.<sup>232</sup> The intimate and relational knowledge a perpetrator has of a target allows them to individualize their approach.<sup>233, 234</sup>

### **Box 3: Forms of technology-facilitated, gender-based violence<sup>235</sup>**

- Harassment: Unwanted digital communication.
- Networked harassment: Undertaking coordinated and organised attacks against particular individuals or issues.
- Image-based sexual abuse: Distributing private sexual images without consent, including threats to create and distribute these.
- Voyeurism/creepshots: A person surreptitiously taking photos or recording video for a sexual purpose.
- Sexploitation: Profiting from websites dedicated to sharing non-consensually distributed intimate images.
- Sextortion: Using a sexual image to coerce a person into doing something against their wishes.
- Documenting or broadcasting sexual assault: Recoding and disseminating images of a sexual attack.
- Synthetic media: Manipulating images to make it appear as though people are engaging in sexual activity.
- Public disclosure of private information: Using information to embarrass and harm the reputation of the target of this type of assault.
- Doxing: Publishing legal name, address, phone number and other identifying information without the person's consent. Used to intimidate victim/survivor by driving online harassment and increasing fear of in-person harm.
- Defamation and misrepresentation: Publishing false information about someone that harms their reputation.
- Stalking and monitoring: Repeated unwanted monitoring, communication or threatening behaviour.
- Impersonation: Creating fake online accounts to spread false information.
- Threats: Spreading death and rape threats through online dialogue.
- Hate speech: Dehumanising and encouraging violence against a person or group based on an identifying feature, such as religion, gender, ethnicity, sexuality, disability.

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<sup>232</sup> Woodlock D. 2013. Technology-facilitated stalking: findings and recommendations from the SmartSafe project. Domestic Violence Resource Centre Victoria.

<sup>233</sup> Doerfler P. 2019. Something you have and someone you know: designing for interpersonal security. Paper presented at Enigma A Usenix Conference. URL: [www.usenix.org/conference/enigma2019/presentation/doerfler](http://www.usenix.org/conference/enigma2019/presentation/doerfler) (accessed 27 April 2025).

<sup>234</sup> Levy K, Schneier B. 2020. Privacy threats in intimate relationships. *Journal of Cybersecurity* 6(1): 1–13. DOI: [10.1093/cybsec/tyaa006](https://doi.org/10.1093/cybsec/tyaa006).

<sup>235</sup> Dunn 2020, *op. cit.*

In New Zealand, the majority of those who report serious 'harmful digital communication' (69 percent) are women, while the majority of offenders (88 percent) are men.<sup>236</sup> Among those who engage in harmful digital communications, men are more likely to be doing so for the purposes of 'influencing their target's behaviour/thoughts and to scare them', and they are also more likely to be trying to embarrass their target or get revenge.<sup>237</sup>

In a survey of adults in New Zealand conducted in 2019, Henry and colleagues found that 35 percent of respondents reported that someone had taken a nude or sexual image of them without their consent; 22 percent said that someone had shared a nude or sexual image of them without their consent; and 20 percent reported that someone had made threats to share a nude or sexual image of them. Māori, gay, lesbian, bisexual (LGB) + and younger respondents (under 39 years of age) were significantly more likely to report experiencing image-based sexual abuse.<sup>238</sup>

Champion and colleagues have described how technology-facilitated violence can create a cascade of compounding impacts for people targeted. In their analysis, they show how the initial violent act created the context within which increased harassment could occur, leading to social isolation, depression and suicide.<sup>239</sup> Alongside the personal impacts for those targeted, a significant and far-reaching outcome of technology-facilitated abuse is the subsequent silencing of the voices of transgender people and women (in particular) on online platforms.<sup>240</sup>

Henry and colleagues have further described the 'all-encompassing' nature of image-based sexual violence, which results in ongoing and devastating harms.<sup>241, 242</sup> In an investigation conducted in New Zealand, they drew on interviews with victims/survivors to explore the impact of the violence experienced:

Participants described their experiences in terms of a 'social rupture': a marked and overwhelming rupture or breach that radically disrupted their lives.<sup>243</sup> Faith said it was 'devastating, like it broke me'. Rachel described it as 'life ruining' ... Relatedly, participants mentioned a significant deterioration in their mental health. Olivia said she 'drank and had more prescription meds than any food intake'. Kerry said she tried to take her own life about a year after her images were shared around her school and she had experienced 'constant harassment' and 'slut-shaming'.<sup>244</sup>

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<sup>236</sup> Pacheco E, Melhuish N. 2021. The face of technology-facilitated aggression in New Zealand: exploring adult aggressors' behaviors. In J Bailey, A Flynn, N Henry (eds), *The Emerald International Handbook of Technology-Facilitated Violence and Abuse* (pp 103–23). Emerald Publishing.

<sup>237</sup> *Ibid.*

<sup>238</sup> Henry N, Witt A. 2021. Governing image-based sexual abuse: digital platform policies, tools, and practices. In Bailey et al (eds), *op. cit.*, pp 749–68.

<sup>239</sup> Champion et al 2021, *op. cit.*

<sup>240</sup> Dunn 2020, *op. cit.*

<sup>241</sup> Henry and Witt 2021, *op. cit.*

<sup>242</sup> McGlynn C, Rackley E, Johnson K, et al. 2021. 'It's torture for the soul': The harms of image-based sexual abuse. *Social & Legal Studies* 30: 541–62.

<sup>243</sup> *Ibid.*

<sup>244</sup> Henry N, Gavey N, McGlynn C, et al. 2023. 'Devastating, like it broke me': responding to image-based sexual abuse in Aotearoa New Zealand. *Criminology & Criminal Justice* 23(5): 861–79, p 867.

Only around one-quarter of those interviewed for Henry's study had reported their experience to the police. Of these, half received a helpful response. Only two considered approaching NetSafe to seek support for their experience.

In reviewing the criminal and civil responses available in New Zealand, Henry and colleagues note the limitation of the Harmful Digital Communications Act (2015) is that:

it requires proof that the posting of a digital communication would 'cause harm to an ordinary reasonable person in the position of the victim' (s22(1)(b)) and that the posting of the communication actually 'causes harm to the victim' (s22(1)(c)).<sup>245</sup>

Since the publication of this investigation, the Harmful Digital Communications (Unauthorised Posting of Intimate Visual Recording) Amendment Act 2022 has been enacted, removing the need for proof of harm. However, this legislation does not cover digitally altered images, nor does it provide automatic anonymity or name suppression for the complainant.

To more effectively respond to the experiences described, Henry et al recommend a suite of justice, redress and support options that are 'straightforward to navigate and come with guidance, support and care throughout the whole process'.<sup>246</sup>

Apart from the research described above, the literature gives only limited consideration to suicide as a consequence of technology-facilitated gender-based violence and abuse. While bullying or cyber-bullying may be understood as gender neutral,<sup>247</sup> such abuse is often gender-based, and is directed more strongly towards disabled, gender-diverse, Indigenous and ethnic minority women and girls.<sup>248</sup>

Recent research from the United Kingdom highlights that suicide-related online experience was reported in 24 percent of suicide deaths in young people (aged 10–19 years) between 2014 and 2016 and was more common in girls than boys.<sup>249</sup> Given the rapid increase in the number of children and young people reporting online sexual abuse,<sup>250</sup> support mechanisms are required for those who have been victimised through online or technology-facilitated behaviour.

## ***Difficult knowledge revisited***

By building the concept of difficult knowledge into our discussion, we have sought to understand how the work of the FVDR SMEs can impact on those who engage with our work.

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<sup>245</sup> *Ibid.*, p 872.

<sup>246</sup> *Ibid.*, p 874.

<sup>247</sup> Schonfeld A, McNiel D, Toyoshima T, et al. 2023. Cyberbullying and adolescent suicide. *Journal of the American Academy of Psychiatry and the Law* 51(1): 112–19. DOI: [10.29158/JAAPL.220078-22](https://doi.org/10.29158/JAAPL.220078-22).

<sup>248</sup> European Institute for Gender Equality. 2022. Cyber violence against women and girls: key terms and concepts. URL: [https://eige.europa.eu/sites/default/files/cyber\\_violence\\_against\\_women\\_and\\_girls\\_key\\_terms\\_and\\_concepts.pdf](https://eige.europa.eu/sites/default/files/cyber_violence_against_women_and_girls_key_terms_and_concepts.pdf) (accessed 27 April 2025).

<sup>249</sup> Rodway C, Tham SG, Richards N, et al. 2023. Online harms? Suicide-related online experience: a UK-wide case series study of young people who die by suicide. *Psychological Medicine* 53(10): 4434–45. DOI: 10.1017/S0033291722001258.

<sup>250</sup> Morrah M. 2025, 30 March. 'Predator playground': Snapchat child sex abuse material skyrockets. *New Zealand Herald*. URL: [www.nzherald.co.nz/nz/predator-playground-snapchat-child-sex-abuse-material-skyrockets/DXM4BJZ2JRBOVJDOG4WPPBR3CA/](https://www.nzherald.co.nz/nz/predator-playground-snapchat-child-sex-abuse-material-skyrockets/DXM4BJZ2JRBOVJDOG4WPPBR3CA/) (accessed 27 April 2025).

The point of introducing the concept of difficult knowledge is not to define parameters for what can and cannot be considered traumatic, nor to 'solve' difficult knowledge as though its presence were a problem.<sup>251</sup> Instead, addressing the difficult knowledge of death in the context of femicide presents the possibility of forming new networks for knowledge production and social understanding, just as we have aimed to do in this report.

Box 4 provides some reflective questions for policy makers, service providers and practitioners, across both government and community contexts, to consider. They aim to stimulate discussion, reflection and subsequent action to enhance understanding of and responses to femicide in New Zealand.

#### **Box 4: Reflective questions for discussion and practice**

- ***Consciousness raising***

How might we increase social awareness of the pervasiveness of gender-based violence and its reverberations in society?

- ***Analyse myths and misinformation***

In increasingly complex times, what approaches are required to address myths and misinformation about gender-based violence?

In particular, what can we do to address the misinformation that is echoed, amplified and transmitted to reproduce the conditions of violence?

- ***Contribute to efforts to unlearn violence***

How can service providers be supported to increase trauma- and violence-informed education as well as create opportunities for promoting new understandings and compassionate relationships?

- ***Address difficult knowledge and end-user resistance***

How can we seek or create opportunities to disrupt the commonly held social norms that reinforce oppression?

How do we enable the voices of those who are experiencing multiple and compounding minority group experiences, that are often silenced through lack of information?

- ***Facilitate structures for care***

By engaging with difficult knowledge, is it possible to enact a duty to care?

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<sup>251</sup> Pitt and Britzman 2003, *op. cit.*

## Conclusion | He kupu whakatepe

In preparation for the International Day for the Elimination of Violence Against Women, on 25 November 2024, the United Nations Special Procedures mandate holders released a joint statement. The statement acknowledged the growth in understanding of femicide related to intimate partner violence, but identified that

important gaps remain in gathering data and understanding femicide that happens in other contexts such as sexual violence, prostitution, human trafficking, mass femicide, violence against older women, and during armed conflict ... States must also lead efforts to understand the true scale of femicide and its different manifestations as well as how some groups of women and girls are particularly exposed to femicide based on their ethnic, racial, descent, religious, and/or sexual identities, age, as well as other grounds, particularly where they intersect.<sup>252</sup>

In 2023, the UN Special Rapporteur on Extrajudicial, Summary or Arbitrary Executions undertook a review of femicides as a way of 'identifying, seeking accountability for, and helping to prevent this global scourge'.<sup>253</sup> He situated femicide within a human rights framework, specifically drawing on the right to life (but also other rights), and building on the work of his predecessor, who had noted that:

a State's obligation of due diligence to protect the right to life is more than the mere enactment of formal legal provisions and that it requires the State to act in good faith to effectively prevent violence against women.<sup>254</sup>

This report provides an overview of gender-based violence against women and girls and a wider conceptualisation of femicide. There remain some clear gaps in our understanding.

As described in the background section, counting alone will not promote change. This report, as an early publication in this area for Aotearoa New Zealand, presents content that might be considered confronting or shocking. However, to change this situation, action is required.

Legislation to address femicide will, at a social level, provide an indicator of the unacceptability of these crimes. As with data collection though, legislation alone will not address femicide. Underlining the limited progress to date, the Inter-American Commission of Women observes:

the depiction of the scale of the problem in numbers and extensive legislation being developed have not led to the elimination of this behaviour, as clear budgetary and public policy constraints on the prioritization of prevention of violence against women continue to exist.<sup>255</sup>

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<sup>252</sup> United Nations Human Rights Special Procedures. 2024. The international community must spare no effort to end femicide. Statement by United Nations Special Procedures mandate holders ahead of the International Day for the Elimination of Violence against Women.

<sup>253</sup> United Nations. 2023. General Assembly. Seventy-eighth session Item 73 (b) Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions, Morris Tidball-Binz  
URL: <https://documents.un.org/doc/undoc/gen/n23/223/44/pdf/n2322344.pdf?OpenElement> (accessed 27 April 2025), p 2.

<sup>254</sup> United Nations. 2021. General Assembly. Seventy-sixth session Item 75 (b) Report of the Special Rapporteur of the Human Rights Council on extrajudicial, summary or arbitrary executions. URL: <https://documents.un.org/doc/undoc/gen/n21/214/72/pdf/n2121472.pdf> (accessed 27 April 2025), p 12.

<sup>255</sup> Inter-American Commission of Women 2018, *op. cit.*

## Recommendations | Ngā whakataau

On 11 March 2025, we drew a network of stakeholders together to discuss a draft of this report. As part of that workshop, we requested ideas for recommendations in the hope that developing recommendations with partner agencies would enhance the likelihood that those recommendations would be taken up and applicable to practice.

### *Observations from the CEDAW Committee*

To contextualise the recommendations produced with our stakeholders, we include the concluding observations from the 9th Periodic Review of Aotearoa New Zealand's progress under CEDAW (Box 5).<sup>256</sup>

#### **Box 5: Concluding observations from the Committee on the Elimination of Discrimination against Women, 9th Periodic Review of Aotearoa New Zealand's progress**

The Committee notes with concern, ... and reiterates its previous concern regarding the lack of explicit protections under the New Zealand Human Rights Act 1993 against discrimination based on gender identity, gender expression or sex characteristics. (paragraph 8)

...

The Committee is gravely concerned about information brought before it that shows an increase over the last five years in incidents of family violence and intimate partner violence, with the highest rates among Māori and Pasifika women, ethnic and religious minority women and women with disabilities ...

Recalling its general recommendation No. 35 (2017) on gender-based violence against women, updating general recommendation No. 19, the Committee recommends that the State party:

- (a) Assess and develop policies to address the root causes and compounding factors of gender-based violence against women, including economic violence;
- (b) Adopt and implement legislation to specifically criminalize stalking;
- (c) Continue to adopt measures, based on systematic data collection and analysis, to strengthen the prevention of gender-based violence against women and reduce revictimization and reoffending rates;
- (d) Allocate adequate human, technical and financial resources for the provision of victim support services and ensure the effective participation of civil society, representatives of victims and social workers in decision-making on the delivery of protection, social and rehabilitation services;
- (e) Strengthen protection from gender-based violence against women, including through enhanced law enforcement, for disadvantaged groups of women, including Māori and Pasifika women, ethnic and religious minority women and women with disabilities. (paragraphs 20–21)

<sup>256</sup> Committee on the Elimination of Discrimination against Women. 2024. Concluding observations on the ninth periodic report of New Zealand. CEDAW/C/NZL/CO/9. URL: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FNZL%2FCO%2F9&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FNZL%2FCO%2F9&Lang=en) (accessed 17 March 2025).

...

Recalling its general recommendation No. 38 (2020) on trafficking in women and girls in the context of global migration, the Committee recommends that the State party strengthen its anti-trafficking framework and consider restoring the Modern Slavery Leadership Advisory Group. It urges the State party to strengthen investigations and prosecutions of the perpetrators of trafficking in women and girls and to ensure the early identification and referral of trafficking victims to appropriate services, including legal aid and rehabilitation programmes. The Committee also recommends that the State party adopt legislation to eliminate modern forms of slavery and slavery-like practices, in line with international standards ...

the Committee calls upon the State party to review its legal framework, in particular section 19 of the Prostitution Reform Act 2003, to ensure that migrant women in prostitution are afforded the same rights and protections as women in prostitution who are New Zealand citizens or permanent residents. It further recommends that the State party strengthen its efforts to combat gender-based violence against and the exploitation of migrant women in prostitution, including by providing safe avenues for reporting abuses without fear of deportation. (paragraphs 23 and 25)

...

Recalling its general recommendation No. 18 (1991) on disabled women and general recommendation No. 39 (2022) on the rights of Indigenous women and girls, respectively, the Committee recommends that the State party:

- (a) Continue to expand access to health services, including by reinstating dedicated health services, for women from minority groups who are most at risk of inaccessibility or stigma and discrimination by healthcare authorities and service providers, in particular rural women, migrant women and Māori women;

...

- (c) Review the policy and service delivery frameworks for women with intellectual and psychosocial disabilities, including the current Disability Action Plan, to cover women and girls with intellectual and psychological disabilities; (paragraph 35)

...

The Committee recommends that the State party amend its legislation and provide capacity-building to judges to ensure that gender-based violence is adequately taken into account (paragraph 45).

...

Recalling its general recommendation No. 9 (1989) on statistical data concerning the situation of women, the Committee recommends that the State party carry out an assessment of its tools for collecting data, take steps to address any weaknesses in data collection and improve data verification, diversify data collection and allow individuals to report anonymously on the basis of the principle of self-identification. (paragraph 47)

## ***Recommendations from stakeholders***

### **Accountability for recommendations**

As highlighted above, data collection and reporting, on their own, do not create change. As the collective of government agencies responsible for addressing family violence and sexual violence, Te Puna Aonui should take a lead role in ensuring accountability for recommendations produced.



Further, Te Puna Aonui has a responsibility, in partnership with the He Mutunga Kore | National Mortality Review Committee (the Committee) and the FVDR SMEs, to bring the issues raised to the attention of relevant ministers.

### **Care for survivors and responders**

We again raise the need for effective, comprehensive support for surviving family and whānau following a femicide. As highlighted in this report, the need for after-care has been noted in three previous FVDRC reports and no coordinated response to the recommendation has occurred to date.

There is a ripple effect of femicide – as surviving family and whānau, schools, workplaces and communities will be impacted by a death.

We also note that vicarious trauma is a significant risk for those who are regularly exposed to the outcome of violence experience. Effective care pathways are required both for those who experience and witness violence, and for government and non-government workers who experience vicarious trauma through their work.

### **The Committee and the FVDR SMEs**

Community stakeholders recommended that we determine and implement an effective approach for disseminating and socialising the contents of this report with impacted communities and professional groups beyond the government sector.

Drawing on the concept of ‘difficult knowledge’, we highlight the need to consider gender-based violence as a social problem that requires social responses. This requires dissemination strategies that foster collective reflection and engagement. Such strategies may include facilitated dialogues with communities and schools (as the experiences of young people are central to this report), and creative approaches such as storytelling initiatives or visual summaries.

### **Government–community interface**

There is a need across the government sector to implement a relational approach to commissioning services that reduces the reporting burden on community service providers and enhances opportunities to provide comprehensive, ongoing support.<sup>257</sup>

Such an approach was enabled through social sector commissioning.<sup>258</sup> It would support community empowerment and the ownership of solutions, extended outreach to isolated and marginalised communities, and the provision of appropriate responses to communities in need.

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<sup>257</sup> Office of the Auditor General. 2024. Responses to our recommendations about Whānau Ora and whānau-centred approaches. URL: <https://oag.parliament.nz/2024/whanau-ora-follow-up> (accessed 13 March 2025).

<sup>258</sup> Ministry of Social Development. (nd). Social Sector Commissioning Action Plan and reform. URL: [www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/index.html](http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/index.html) (accessed 13 March 2025).



Allowing existing Whānau Ora<sup>259</sup> providers, for example, to be strengthened and supported over the long term, so that they can continue their important work to support whānau to reach their full potential, could help address some of these issues at the community level.

## Trends in violence experience

Our recommendations to address gender-based violence against women align with those presented by the CEDAW Committee (Box 5). However, in line with suggestions made by our stakeholders, we add the following recommendations.

- Strengthen community involvement to reduce the impact of violence against wāhine and kōtiro Māori.
- Take a life-course approach when responding to wāhine and kōtiro Māori, noting inadequate or inappropriate responses that may have been provided in the past, therefore reducing trust in government agency service providers and enhancing vulnerability to ongoing violence victimisation.<sup>260</sup> In particular, this relates to:
  - the over-representation of tamariki Māori (Māori children) in State care
  - limited access to maternal services
  - limited access to mental health support services.

We note that the CEDAW Committee has made no recommendations that directly relate to violence experienced by older women. In this regard, we also note the work that the Ministry of Social Development (MSD) is doing to understand the prevalence of the abuse of older people. The information presented in this report should be read alongside the body of work produced through MSD. This content is expected to become available in late 2025.

## Reform through legislation

Aotearoa has a legal obligation under CEDAW and other international treaties to address gender-based violence (see the background section).

Current legislation in Aotearoa is focused primarily on violence experienced within the family. Therefore, we recommend that:

- the Human Rights Commission advances a human rights framing of femicide and recommend to the government of Aotearoa how to most effectively address this type of human rights violation
- the Ministry of Justice considers the current legislative gaps for responding to gender-based violence against women and girls as described in this report and work to address these, for example by considering the issues raised concerning human trafficking, prostitution law and technology facilitated harm
- the Ministry of Justice considers ways to hold perpetrators criminally liable for violence-related suicide. For example, experiences from England and Wales have shown that criminalising coercive control has led to prosecutions when suicide has occurred in response to such behaviour.<sup>261</sup>

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<sup>259</sup> Whānau Ora Kaupapa. URL: [www.tpk.govt.nz/en/nga-putea-me-ng-a-ratonga/whanau-ora/whanau-ora-kaupapa2](http://www.tpk.govt.nz/en/nga-putea-me-ng-a-ratonga/whanau-ora/whanau-ora-kaupapa2) (accessed 14 April 2025).

<sup>260</sup> FVDRC 2022, *op. cit.*

<sup>261</sup> Connett 2017, *op. cit.*

## Improved data collection and reporting

We recommend a system to regularly collect, analyse and publish statistical data on femicide.

We further recommend that routine data collections by all government agencies prioritise the collection of reliable data on ethnicity, sexuality, gender identity, disability status and migrant status.

## Improvements in the provision of maternal services for women who experience violence

We again raise the importance of health professionals developing an understanding of the link between violence, mental wellbeing and pregnancy. However, knowledge alone is insufficient to drive improved practice. Therefore, we make the following recommendations.

- The Ministry of Health and Health New Zealand support the development and implementation of locality-appropriate, culturally aligned support services for hāpū māmā and pregnant women who have experienced violence. This recommendation will require effective collaboration with local non-governmental organisations, including resourcing, to ensure ongoing support for those people impacted, giving them the opportunity to re-engage in times of need. Service providers require:
  - effective training on the need for collecting comprehensive information on life experiences that can influence pregnancy outcomes
  - support to address substance abuse
  - collaborative decision-making with the pregnant woman, maternal mental health and social services
  - holistic support to aid in recovery from the impact of lifetime experiences.
- Equitable access to maternity services, including antenatal and postnatal supports, is required.
  - Caseloads for service providers should reflect the complexity of needs that exist within the community they serve. This will enhance continuity of care and enable maternal service providers to navigate required system responses in partnership with hāpū māmā and pregnant women.
  - The importance of maternal mental health services, both during pregnancy and after a pregnancy loss, needs to be recognised. The PMMRC has identified the need for bereavement care pathways for people who have experienced pregnancy loss. We reinforce the need for this service, with additional supports provided for women who have experienced violence.
  - We highlight the importance of integrated care for young pregnant women.<sup>262</sup>
- In our maternal suicide section, we note the absence of information on migrant, refugee or disability status. Providing more effective responses for these communities requires engagement with them to develop an understanding of their support needs.

We note that these recommendations have the potential to be addressed through the developing Kahu Taurima Maternity Commissioning Framework and Bereavement Care Pathway. While we understand an investment is required to ensure the success of these

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<sup>262</sup> Dobbs 2025, *op. cit.*

initiatives, in referencing a *social investment* approach, such an investment would take a longer-term view, support early intervention and prevention and target investment which improves the lives of people who need it most.<sup>263</sup>

## **Policing practices**

Where police respond to a pregnant woman who has experienced violence, they need to understand the threat to life – for both the pregnant woman and the baby – and the need to respond accordingly.

## **Slow femicide**

While the numbers presented in this document are small relative to the overall prevalence of suicide in Aotearoa, they provide a clear opportunity for intervention.

- To effectively address the experiences outlined in this report (life-time experience of violence, technology-facilitated violence, brain injury), Health New Zealand needs to invest in models that provide continuity of care. Such models require effective partnership with local non-governmental organisations that can maintain trusting relationships with their communities.
- Service provision should reflect a life-course understanding of suicide. This would enable providers to (for example) identify support services required for older people, as well as recognise the impact of multiple experiences of pregnancy loss and/or of violence.
- In circumstances where families become isolated when caring for those who are experiencing chronic health conditions, effective links with community supports are required. Where it is becoming apparent that caregivers are overwhelmed in the face of ongoing care needs, the safety of those in need of care and support is paramount. VisAble<sup>264</sup> provides guidance and coordination for responses that safeguard Adults at Risk and should be considered as a form of violence prevention and response support for disabled and chronically unwell community members.

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<sup>263</sup> Social Investment Agency. 2025. What is social investment? URL: <https://www.sia.govt.nz/social-investment/what-is-social-investment> (accessed 12 June 2025)

<sup>264</sup> URL: [www.visable.co.nz](http://www.visable.co.nz) (accessed 28 April 2025).

## Closing karakia | He karakia whakatepe

Hā ki roto

Hā ki waho

Kia tau te mauri e kōkiri nei

I ngā piki, me ngā heke

Ko te rangimārie tāku e rapu nei

Tihei mauri ora

Breath in

Breath out

Settle the emotions that stir in me

Through the ups and downs

It is peace that I seek

Sneeze, the breath of life

# Appendix 1: Methods | Āpitihanga 1: Ngā Tukanga

This appendix describes the methodological approach used in developing this report.

In addition to the methods described below, the report has been developed through a series of domestic and international engagements. These include:

- UNODC, Expert meeting on femicide review committees, 6–8 November 2023, Vienna
- UNFPA, UNODC, UN Women, CVRS, KnowVAWData, Addressing femicide: measurement and accountability, Hybrid Expert Group Meeting, 3–5 December 2024, New York and online.
- FVDR SMEs and the Committee, Exploring femicide within a mana wāhine lens, 29 September 2023, Auckland.
- Te Pukotahitanga Ministerial Advisory Group on Family Violence and Sexual Violence, consultation on approach to 9th Report. online
- FVDR SMEs, Stakeholder engagement for reviewing findings and generating recommendations, 11 March 2025, Wellington.

## Quantitative analyses

### Rates

#### *Data sources*

Homicide data was drawn from the New Zealand Police homicide victims report covering the years 2007–2021.<sup>265</sup>

Family violence homicide data was drawn from the FVDR data set, collated on behalf of the Committee.

Population estimates were drawn from Stats NZ's estimated resident population. For total homicide and total family violence, all age groups were included. For intimate partner violence homicides, the population was those aged 15 years and over.

Estimated resident populations for Māori and non-Māori, used as the denominator for calculating rates (Figures 5 and 6), were drawn from the Health New Zealand populations web tool.<sup>266</sup> As with the total population estimates, for total homicide and total family violence homicide, all age groups were included. For intimate partner violence homicides, the population was those aged 15 years and over.

#### *Calculations*

All rates are calculated per 100,000 population using the following formula:

$$(n/\text{population}) \times 100,000$$

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<sup>265</sup> New Zealand Police 2024, *op. cit.*

<sup>266</sup> Health New Zealand 2024, *op. cit.*

Three-year moving averages are presented in the graphs to smooth variability between years. For example, this is calculated for the period 2018–2020 using the following formula:

$$((\text{sum of homicides (2018-2020)}/3)/(\text{sum of population (2018-2020)}/3))*100,000$$

## Maternal suicide

### Data sources

Maternal suicides include those determined by the Maternal Mortality Working Group on behalf of the PMMRC. Maternal mortality is defined as the death of a woman while pregnant or within 42 days of the end of pregnancy (miscarriage, termination or birth), irrespective of the duration and site of the pregnancy.<sup>267</sup> Records included contextual and reproductive history leading to the suicide.

New Zealand Police family harm records include those women who have died as a result of a suicide (lifetime reports). These records provide information on the role of the deceased and others in the family harm report, the date when the reported event occurred, and any follow-up actions undertaken.

Records were linked using personal identifiers (name, date of birth and date of death).

## Perinatal loss

### Data source

PMMRC data is the source for perinatal-related deaths (aged 20 weeks gestation through to 27 days).

Cases were identified using the following definitions.

- A record exists showing family violence was a barrier to adequate care provision.
- A notification shows that the mother experienced family violence in this pregnancy.
- Family violence-related terms were included in the case summary.
- Family violence was included as one of the Perinatal Society of Australia and New Zealand (PSANZ), International Classification of Diseases (ICD) or mortality codes.

Table A1 sets out case capture according to source code, by year.

**Table A1: Case capture according to source – more than one source may have identified existence of family violence**

| Source   | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|
| Family violence recorded as a barrier to care              | 9    | 16   | 17   | 18   | 21   |
| Record of mother experiencing family violence in pregnancy | 22   | 20   | 35   | 36   | 38   |
| Family violence terms in case summary                      | 4    | 9    | 16   | 9    | 13   |
| PSANZ, ICD or mortality records                            | 5    | 2    | 1    | 0    | 1    |

<sup>267</sup> PMMRC. 2022. *Methods and Definitions for Perinatal and Maternal Mortality Review Committee Reporting | Ngā Tikanga me ngā Kupu Whakamārama mō te Tuku Pūrongo a te Komiti Arotake Ira Tangata*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission, p 6.

## ***Qualitative data***

In the narratives in this report, we have changed or removed identifying features. They are made up of a combination of experiences, drawn on to maintain the confidentiality of those involved, but also ensuring consistency in the context of the lives of those involved in the death event.

### **The inequitable impact of femicide on Māori**

Aroha's case summary is drawn from a combination of in-depth reviews conducted by the previous Family Violence Death Review Committee.

### **Gender-based violence and suicide**

The summary of Melodie and Mark's relationship was drawn from a series of case reviews provided by Women's Refuge.

### **Maternal suicide**

The experiences of Maria and Tania have been drawn from maternal mortality reviews conducted by the Maternal Mortality Review Working Group.

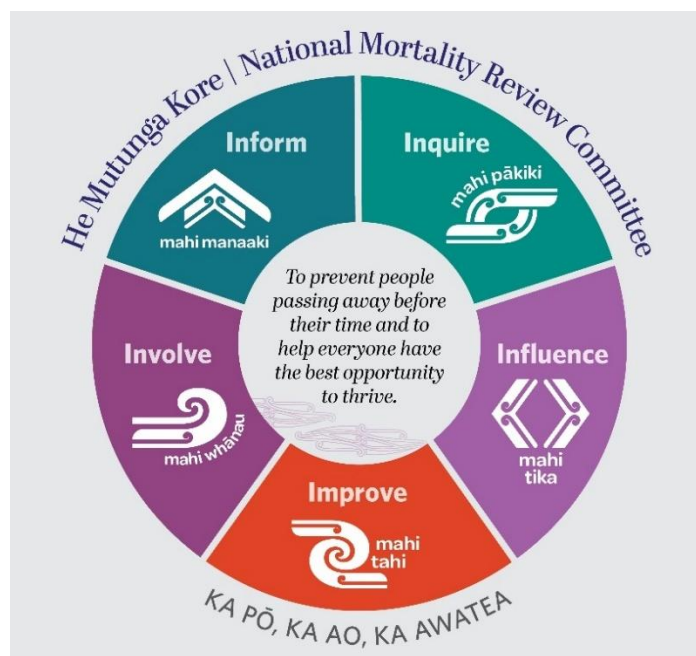
### **Perinatal loss**

Description of perinatal loss and service provision drawn from the case summaries created to form the basis of perinatal mortality review.



## Appendix 2: He Mutunga Kore | National Mortality Review Committee

**Ka pō, ka ao, ka awatea**



The name He Mutunga Kore provides the base context of the National Mortality Review Committee. It provides a stance where there is no end to the fight for equity, no end to challenging the gaps in the health system for ongoing improvements. There is no end to remembering our loved ones whom we have lost too early. There is no end to reflection and learning. He Mutunga Kore is a name, it is context, it is a stance and it is a responsibility.

### *‘He Mutunga Kore’*

He Mutunga Kore speaks to the eternal nature of our existence through mauri and wairua. The inherent imperative to remember where we have come from is embodied in our transference of whakapapa, and the speaking of the names and the stories of those that have gone before us so that they live on in our consciousness. He Mutunga Kore means that those names and stories will be accorded the mana they deserve in all of our deliberations and recommendations.

### *‘Ka pō, ka ao, ka awatea’*

Ka pō, ka ao, ka awatea refers to the key thresholds of life – from the darkness, in the waters of our mothers, and born into a domain of light and sensory perception. As we journey through life and learn, we move from a state of opportunity (ka pō) to a state of clarity (ka ao) and insightful wisdom (ka awatea). This cycle happens continuously throughout our lives and blueprints the process of development. As such, it is our responsibility to review data and information on those who have passed, to listen to the voices of their whānau, analyse the information so that it shines the light, and provide surveillance by presenting the information to effect change.

*‘He mutunga kore ... Ka pō, ka ao, ka awatea’*

The context of He Mutunga Kore: Ka pō, ka ao, ka awatea interweaves into the Committee’s mission statement with action-based values. Together, the name and values provide a foundation and the direction for the committee’s approach to reducing avoidable mortality. He Mutunga Kore encompasses the responsibility to:

- involve people through mahi whānau
- inquire into what has been done, and what can be done, through mahi pākiki
- inform in a respectful and compassionate yet challenging way through mahi manaaki
- influence through mahi tika to ensure we do the right thing to understand avoidable death
- improve the process of understanding through mahi tahi.