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An ongoing duty to care He tauwhiro haere te mahi

**Responding to survivors of
family violence homicide**

February 2023

**Hei urupare ki ngā toiora
o te ririhau ā-whānau**

Huitanguru 2023

**Executive summary | He kupu whakarāpopoto
extracted from full report at
[www.hqsc.govt.nz/resources/resource-library/
fvdrc-eighth-report](http://www.hqsc.govt.nz/resources/resource-library/fvdrc-eighth-report)**



Te Kāwanatanga o Aotearoa
New Zealand Government



**HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND**
Kupu Taurangi Hauora o Aotearoa

**Family Violence Death
Review Committee**



He tao huata e taea te karo

Executive summary | He whakarāpopoto matua

In this report from the Family Violence Death Review Committee (the Committee), we extend the work we undertook for the seventh report, *A duty to care*, published in June 2022. *A duty to care* explored the factors that have shifted government agencies off the ‘caring pathway’ for people who experience violence. We drew on te ao Māori concepts of whakapapa, whanaungatanga and manaakitanga to describe a type of caring that is reciprocal and unqualified, based on respect and kindness. In other words, we described a duty to care.

In this report, we explore the existence (or absence) of an after-care system for children who have experienced a family violence homicide. This report is also an investigation of whether the infrastructure currently exists to fulfil the requirements of a recommendation from the Committee in 2013 – to provide an after-care system for children (and wider whānau) who experience a family violence homicide.

Our approach

Using records drawn from Births, Deaths and Marriages (Department of Internal Affairs), we identified 509 surviving New Zealand-born children who are biologically related to either the deceased or an offender in 133 events of intimate partner violence homicide and 54 events of child abuse and neglect homicide that occurred between 2009 and 2019. The Committee acknowledges this total will be an undercount of surviving children, because it does not include those not born in New Zealand and those who were not biologically related but resident at the property.

We sought information on hospital admissions for all of the children that we identified. For a random selection of 60 surviving children, the records of the Ministry of Social Development (MSD), the Ministry of Justice (Victim Support), Accident Compensation Corporation (ACC) and Oranga Tamariki were searched to determine if the children received support from these agencies.

To provide a deeper understanding of the lived experience of after-care that whānau and families have, we have drawn illustrative case studies from whānau interviews undertaken during the Committee’s in-depth review of family violence homicide events.

Lack of routine support

Hospital discharge information highlighted that the most common cause of hospitalisation for the cohort of survivors was pregnancy or childbirth (43 percent of hospital visits). This group included the surviving children who were born into the family or whānau after the death event, and biological children of those involved in the event who were having their own children.

From MSD and Ministry of Justice records, it was not possible to determine which children received support. Most of the children did not receive support from either Oranga Tamariki or ACC. This report therefore documents the lack of routine support available.

In part, children did not receive support because they did not meet eligibility criteria. However, some children were not known to either Oranga Tamariki or ACC. Further, where material and social support was provided, it was varied and inconsistent.

The lived experiences of whānau and families from in-depth reviews of homicide events highlighted the ongoing impact of the lack of an after-care system. Some surviving children were made homeless, while others struggled with drug and alcohol problems. Some participants spoke clearly about difficulties in establishing safe and stable support structures.

Proposed solutions

Target support: Due to the nature of the trauma that the children have experienced, the Committee recommends giving them ongoing targeted support. Through this support, surviving children (along with other family or whānau members) should be able to re-engage at multiple points in time as and when they are in need of additional support.

Universal support: The Committee also highlights the importance of making this targeted support available within the context of effective universal services. We cannot assume that all of the needs of all surviving children will be apparent. Universal systems provide a safety net for responding when the need for additional support is not clear.

At a minimum, it is necessary to review the eligibility criteria of current support systems, and to review and extend the time of timebound support. The Committee also considers it is important to empower social service providers to develop holistic support services that respond to survivors. This should be supported by implementing a public health model to respond to family violence.

An ideal solution: In the Committee's view, moving further towards an ideal solution requires these core components of an after-care system:

- a trigger system that helps to identify surviving family or whānau members from a family violence homicide. A question to consider is how similar existing postvention support systems for sudden unexpected death in infancy could be extended to family violence homicides
- a professional ally with specialist skills and experience who acts as a 'super-advocate' for surviving whānau or family members
- a whole child/whole whānau approach mediated by the professional ally to recognise the impact of loss, the need to lean on someone, the need for expertise about resources within the system and the advantages of someone with power to procure necessary resources
- a tailored approach that is family- or whānau-led, responding to what they need.

Illustrating these components are 'alternative scenarios' that we have developed through reimagining the experiences of families or whānau that the in-depth reviews revealed. In providing an overview of the proposed support role, the Committee stresses the importance of being able to navigate complex situations that involve: conflict over the appropriate caregiving arrangements for surviving family or whānau members; surface-level emotions about who is responsible for what; and a lifetime (and perhaps intergenerational) experience of trauma. The Committee underscores the importance of acknowledging the specialist set of skills needed in these situations.

Practice guidelines

To support the implementation of an after-care system, we have also proposed some practice guidelines. The guidelines include these key points.

- Organisations must have the capacity to engage with and walk alongside survivors, and to help them access a range of services over a significant period of time.
- Rather than subjecting survivors to assessment processes, the approach needs to create safe space in which survivors can express their support needs.
- Engagement practice will need to be trauma-informed, culturally competent and relational.
- Decision-making should pay attention to oranga with a long-term focus.
- The above ways of working have to be embedded within an organisational culture that:
 - pays attention to the physical environment and organisational processes to prevent them from further traumatising people who are trying to access services
 - provides safe physical spaces within which the engagement and relational practice can take place
 - supports kaiāwhina to engage with and be alongside survivors in practical ways, including in its approach to allocating their workload and assigning their time to particular tasks.
- Organisations must be embedded within their communities. It will only be possible to create pathways to ongoing, coordinated service delivery if organisations are well connected within their community and have access to inter-agency forums that can address complexity in a solution-focused way.
- Relationships with families or whānau must be transparent and respectful.

As a final link between *A duty to care* and the current report, the Committee has again drawn on the principles from the 2017 Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework. We have used these principles to develop the following reflective questions that encourage kaiāwhina to uphold their duty to care for surviving whānau and to allow whānau or families to be experts in their own lives.

Principles and reflective questions

Ūkaipō – recognising the origins of the voice and the story, recognising context and identity

- What is the story of this family or whānau?
- How will their story influence interactions with government agencies?
- What resources are available to this family or whānau?

Rangatiratanga – high-quality leadership, advocacy and service relationships in a practice based in humility, knowledge and knowing the limits of knowledge

- Do we come to the table to understand the needs of this whānau or family rather than to advance our agenda?
- How do we support this whānau or family, seeking to highlight their successes rather than our own?
- How do we contribute to positive outcomes rather than determining what the outcome should be?

Whanaungatanga – actively strengthening meaningful, sustainable and purposeful relationships

- What efforts are we making to establish trusting relationships?
- How do agency leaders model an acknowledgement that we need to support this family or whānau?
- What processes are we putting in place to help strengthen independence for this whānau or family?

Aroha – accepting a person’s experience, suspending judgement and focusing on strengths

- How do we encourage victims/survivors and their family or whānau to be experts in their own lives?
- How do we acknowledge that reality without shifting it to fit our mandate?

Kaitiakitanga – protecting the vulnerable

- Do we have a clear understanding of how current systems reinforce the experience of violence?
- How do we support those at increased risk of being marginalised by service structures?
- Do we listen to the family or whānau when they tell us we are part of the problem?

Manaakitanga – acknowledging the mana of others through the expression of aroha, hospitality, generosity and mutual respect

- How does our agency embody the spirit of service to this whānau or family?
- Do our interactions with the whānau or family underscore an attitude of respect?
- Are we generous with our time and resources to support whānau or families?

Kotahitanga – taking a collective, whole-of-whānau approach

- How does our agency act as part of a team?
- Are we open to radical change in order to change outcomes for families and whānau?



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