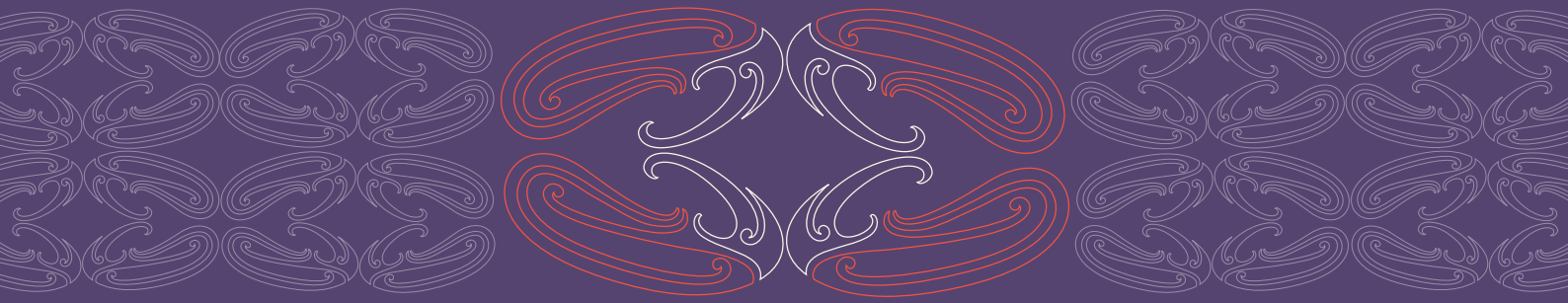
An ongoing duty to care
He tauwhiro haere te mahi



Responding to survivors of family violence homicide

February 2023

Hei urupare ki ngā toiora o te ririhau ā-whānau

Huitanguru 2023

Te Kāwanatanga o Aotearoa
New Zealand Government

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

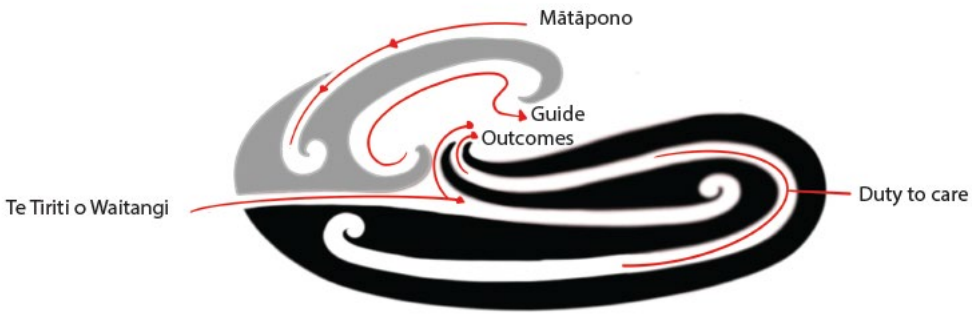
Family Violence Death Review Committee
He tao huata e taea te karo

He kokonga whare e kitea,
he kokonga ngākau e kore e kitea.

A corner of a house may be seen and examined
but not so the corners of the heart.

The tohu used in this report and its companion document was created for the Family Violence Death Review Committee by Manukorihi Winiata (Ngāti Raukawa, Te Ātiawa, Ngāti Awa, Ngāti Tūwharetoa). The design contains three important elements: duty to care, mātāpono (cultural values) and Te Tiriti o Waitangi. These elements are represented in the three koru within the design.

- **Mātāpono** are cultural values that act as guiding principles passed down through the generations. This can be seen with the koru coming downwards while also guiding outcomes that consider both Te Tiriti o Waitangi and the duty to care (ukaipotanga and kaitiakitanga).
- **Te Tiriti o Waitangi** is represented in the horizontal koru running through the middle of the design. It is designed to run through the middle to symbolise Partnership, Participation and Protection. It also flows with the koru below until they both meet at the top, which represents the outcomes (rangatiratanga, whanaungatanga and kotahitanga).
- **Duty to care** can be seen in the koru below providing support while also caressing/wrapping around the koru represented as Te Tiriti o Waitangi. The wrapping form communicates caring, acknowledgment and commitment (manaakitanga and aroha).



The Committee would like to mihi Manu for his mahi.

He karakia timatanga[1]

Tukua te wairua kia rere ki ngā taumata	Allow one's sprit 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!

[1] The Committee is grateful to Shayne Walker for recommending this karakia to open this report.

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Acknowledgements | He whakamihi

This report has evolved from the Family Violence Death Review Committee's (the Committee's) commitment to understanding of the reality of surviving family or whānau members. As part of the process of conducting reviews into family violence homicides, the Committee has met with surviving whānau and listened to their stories. From this kōrero we have learned about the depths of the ongoing grief that whānau continue to experience. The compounding of this grief because whānau have had difficulties accessing the basic necessities of life and the services they need to heal has led the Committee to speak here on behalf of those who continue to suffer.

At the outset of this report we would like to acknowledge those who have made space to share their story with us – who have welcomed us into their homes and shared their experiences. We would also like to acknowledge those we haven't spoken to, but whose experiences we trust are also captured within this report. As a Committee we are aware that the death of a loved one isn't the end of a journey, and that carrying on requires good travelling companions who step up and fulfil their duty to care for those left behind.

The Committee would also like to thank all of those who have helped to develop and write this report, as well as support our ongoing work. They include:

- organisations that are working hard to provide ongoing support for survivors of family violence homicide, especially Oho Mairangi Trust, which has clearly captured the ongoing, persistent effort required and whose workers embody the 'super-advocate' described in this report
- in-depth review panel members for their time, commitment and work in gathering and collating information and actively participating in the in-depth review process, in particular, Synthia Dash, Peri Mason and Tokerau Joseph, for their cultural guidance, and Irene de Haan, in her role as independent chair
- whānau, families and friends who have participated in the in-depth review process for their incredible generosity in sharing their stories
- Kahui Atawhai, the Family Violence Death Review Committee's champions network, in particular, Denis Grennell and Poata Watene, for championing the voice of hapori
- Mereana Ruri, Rolinda Karepu and Irene de Haan for their comprehensive review of an early draft of the report
- Te Rōpū, the Health Quality & Safety Commission's Māori advisory committee, and the Consumer Advisory Group
- the mortality review secretariat of the Health Quality & Safety Commission.

Support available | He tautoko

If you are in immediate danger, please call 111

Women's Refuge National Helpline – Crisisline: 0800 REFUGE/0800 733 843

shine* Domestic Abuse Helpline: 0508 744 633

Shakti 24-hour crisis line with multilingual staff: 0800 SHAKTI/0800 742 584

Worried about a child? Call: 0508 FAMILY/0508 326 459 (Oranga Tamariki – Ministry for Children)

Rape Crisis – National Call Line: 0800 88 33 00

Safe to talk – Kōrero mai, ka ora 24/7 Sexual harm helpline: 0800 044 334 or text 4334

Elder Abuse Response Service National Helpline: 0800 EA NOT OK/0800 32 668 65

Hey Bro helpline: 0800 HeyBro/0800 439 276 – supporting men to be free from violence

Family Violence Information Line: 0800 456 450 (available 9 am–11 pm daily)

For more information on helping services, go to the New Zealand Family Violence Clearinghouse website: https://nzfvc.org.nz/links

Family Violence Death Review Committee members | Uepū Arotake Mate mā te Tūkino ā-Whānau

Dr Fiona Cram (Chair) MNZM, Ngāti Pāhauwera: director, Katoa Research Ltd

Dr Jacqueline Short (Deputy Chair): clinical director, DAMHS Forensic and Rehabilitation Service, Te Korowai Whariki Central Regional Forensic Service

Dr Nicola Atwool: independent contractor, Department of Sociology, Gender and Social Work, University of Otago

Dianne Cooze, Ngāti Porou: Civil Aviation Authority, lived experience member

Dr Michael Roguski, Te Āti Awa, Ngāti Tūwharetoa: director, Kaitiaki Research and Evaluation

Stormie Waapu, Ngāti Kahungunu: barrister

Shayne Walker ONZM, Ngāi Tahu, Kāti Māmoe, Waitaha, Ngāti Kahungunu: senior lecturer, Department of Sociology, Gender and Social Work, University of Otago

Prof Mark Henaghan: Faculty of Law, University of Auckland (co-opted expert advisor)

Foreword by Chair of the Health Quality & Safety Commission | Kupu whakataki mai i te Heamana o te Kupu Taurangi Hauora o Aotearoa

As Chair of the Health Quality & Safety Commission (the Commission), I welcome the Family Violence Death Review Committee's (the Committee's) eighth report, *An ongoing duty to care: Responding to survivors of family violence homicide | He tauwhiro haere te mahi: Hei urupare ki ngā toiora o te ririhau ā-whānau.*

This report builds on the Committee's seventh report, which challenged us all, as a society, to reflect on and keep questioning how we demonstrate our care for one another.

It illustrates the ripples that are created from a homicide event by drawing on experiences that have been shared with the Committee through in-depth reviews.

It also clearly documents the lived experiences associated with the lack of support available for survivors of a family violence homicide, and the gaps that exist within financial and social support systems.

The Commission Board supports the Committee's innovative approach in highlighting how we can provide support for these survivors with 'alternative scenarios'. This work to address the needs of surviving families or whānau is not a simple task, but one that is necessary for those working in government and agencies, including health.

The need to embed responses within communities is clear, and the skills of people in 'connector' roles will be key. We must continue to demonstrate our care for one another. We need to be responsive and work meaningfully to restore people's faith in agencies and organisations where it has been lost.

Importantly, the awareness of care pathways by all health professionals for responding to family violence, such as when supporting women through a pregnancy, is vital, as has been reported by the Perinatal and Maternal Mortality Review Committee.

This is not an easy read, but we must understand that we are failing some members of our society and our actions can and do exacerbate their trauma. Actions have been taken because of recommendations produced from previous Committee reports, for which the Commission and the Committee are grateful. However, the suggestions presented in this report provide another challenge for government agencies. These suggestions will require government agencies to come together with community organisations to determine how they can support and bring to life the alternate pathways described.

I would like to thank Dr Fiona Cram and members of the Committee for their ongoing dedication to speaking for people who have experienced a family violence homicide as part of their dedication to reducing family violence mortality.

Dr Dale Bramley
Chair, Health Quality & Safety Commission

Chair's introduction | He kupu nā te heamana

The Family Violence Death Review Committee's (the Committee's) work includes the examination of case files about suspected family violence deaths so they can be classified and entered into our database. These files contain the histories of the lives of those who have died and those who have killed. They also often contain details about those who have been left behind, some of whom were present when the death occurred, in the same room or in the same house. There are others left behind, who were closely related to the person who was killed and/or the one who killed, who have been elsewhere at the time of the death. In this way, the repercussions of family violence deaths reverberate within and beyond the walls of a single home, reaching into the lives of whānau and family members left behind.

When we widened our focus to include those left behind, we wondered what happened to the children impacted by events. Had brothers and sisters, sons and daughters, grandchildren, nieces and nephews been looked after by the government agencies that had a duty to care for them? Had the after-care system that we recommended in 2013 come to fruition to support the healing of children impacted by a family violence death? This report, the Committee's eighth, seeks to answer these questions. The report is about the children left behind and the care, or lack of it, they received from formal support agencies in the aftermath of a family violence death.

In addition to reading about the analysis of agency data and our recommendations for a more responsive after-care system, I would like you hold those impacted by family violence deaths close in your thoughts when you read this report. The preventable deaths that have intruded into their lives have a hugeness that they should not be asked to cope with by themselves, even with the loving support of whānau and friends. There are many pathways to healing and it is incumbent upon government agencies to step up and facilitate support that is meaningful, culturally responsive and healing for those whose lives have witnessed trauma, hurt and loss.

As the members of the Committee, along with our senior specialist Dr Pauline Gulliver, and all those who so generously give their time and expertise to our in-depth reviews can testify, we have not become inured to the impacts of family violence deaths. This work remains tough, heart-breaking and often exasperating when we see opportunities for genuine care fall by the wayside. As such, our caution is that, like us and those who reviewed this report, you may also find it difficult to read. To support you in this, we humbly include two karakia – a karakia timatanga that you may wish to read or recite before embarking on your reading of the report, and a karakia whakamutunga for when you decide that your reading is finished.

Dr Fiona Cram MNZM
Chair, Family Violence Death Review Committee

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?

Introduction | He kupu whakataki

Around the world, the purpose of conducting domestic homicide reviews is to understand systems and processes that need to be strengthened to reduce the risk of subsequent homicide. In Aotearoa New Zealand ('Aotearoa' from this point), the Family Violence Death Review Committee (the Committee) is responsible for reviewing homicides that occur within a family system.[2] Compared with other jurisdictions, the reviews cover a wider range of relationships, including not only deaths of intimate partners, but also deaths resulting from child abuse and neglect where the offender had a familial relationship with the deceased (aged 18 years or under) and deaths from 'intrafamilial violence' – violence between adult siblings, by adult children on their parents or between other family members. The Committee's reviews have identified an overwhelming pattern of intimate partner violence occurring along with child abuse and neglect.[3] Family violence death events considered 'intrafamilial' are frequently associated with a variety of unmet health or disability needs that occur against a backdrop of violence within the family.[4]

However, despite the acknowledgement that intimate partner violence co-occurs with child abuse and neglect, and the acceptance that intimate partner violence directly impacts children, the Committee has noted that homicide reports do not routinely record the presence of surviving children. Similarly, in child abuse and neglect homicides where there may be surviving siblings either living in the same home or not, information is not routinely collected about them unless they are identified as witnesses. As a result of the lack of a detailed understanding of the context of intrafamilial violence death in the wider family violence response system, there is a failure either to see these homicides as 'family violence' or to appreciate the potential impact (or historical experience) of violence exposure on children of the deceased or the offender.

While a growing body of research is exploring the needs of children who have survived intimate partner homicide events,[5,6,7] little evidence is available on the effective provision of routine support following a family violence homicide event. Indeed, within current support systems, surviving children are only eligible for support if they are aged 18 years or younger.[8] The result is that no thought is given to the intergenerational impacts of homicide experience.

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[2] Family Violence Death Review Committee. URL: www.hqsc.govt.nz/our-work/mortality-review-committees/family-violence-death-review-committee/ (accessed 25 July 2022).
[3] Family Violence Death Review Committee. 2017. Family Violence Death Review Committee's Position Brief: Six reasons why we cannot be effective with either intimate partner violence or child abuse and neglect unless we address both together. URL: www.hqsc.govt.nz/resources/resource-library/family-violence-death-review-committees-position-brief-february-2017/ (accessed 13 July 2022).
[4] Family Violence Death Review Committee. 2022. *A Duty to Care – Me Manaaki te Tangata: Seventh report – Pūrongo tuawhitu.* Wellington: Health Quality & Safety Commission, p 46.
[5] Alisic E, Groot A, Snetselaar H, et al. 2017. Children's perspectives on life and well-being after parental intimate partner homicide. *European Journal of Psychotraumatology* 8(Supp 6): 1463796. DOI: 10.1080/20008198.2018.1463796 (accessed 30 November 2022).
[6] Stanley N, Chantler K, Robbins R. 2019. Children and domestic homicide. *British Journal of Social Work* 49(1): 59–76 DOI: 10.1093/bjsw/bcy024 (accessed 30 November 2022).
[7] Reif K, Jaffe P. 2019. Remembering the forgotten victims: child-related themes in domestic homicide fatality reviews. *Child Abuse and Neglect* 98: 104223. DOI: 10.1016/j.chiabu.2019.104223 (accessed 30 November 2022).
[8] In Aotearoa, 18 years is the maximum 'age of care' for children. This aligns with Aotearoa's obligations under the United Nations Convention on the Rights of the Child, which sets the age of adulthood at 18. Apatov E. 2022. *Raising the Age of Care: A technical analysis*. Wellington: Oranga Tamariki—Ministry for Children. URL: www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Raising-the-Age-of-Care-A-technical-analysis-report/Raising-age-of-care.pdf (accessed 28 November 2022).

It is also important to note that the impacts of a family violence homicide will spread beyond those children who were living with the deceased or offender at the time of the event. Surviving children living with other families or whānau or who have been placed in State care may experience bewilderment or disbelief about a loss that has happened at a distance. They may feel deep regret at missing out on time with the deceased, or guilty with a sense that they were somehow to blame or implicated or could have taken action to prevent the death.

In this, the eighth report from the Committee, we conduct an administrative follow-up of the biological children of the deceased or offender in intimate partner homicides, or siblings of child abuse and neglect homicides. An administrative follow-up provides an opportunity to trace the surviving children through government agency data sets where there is a reasonable expectation that the agency under consideration will provide some support for surviving children. The purpose of this work has been to determine if there are automated processes of identifying those children who have experienced a family violence homicide and providing them with opportunities to access ongoing support. It is an opportunity to define and describe effective after-care support based on an understanding of how it is currently provided for surviving children.

To strengthen understanding of current after-care experiences of children, throughout this report we have included the voices of surviving friends, families or whānau. These voices come from the Committee's in-depth reviews of family violence deaths, which we conduct two to four times per year as part of a comprehensive review of how the deceased and offender engage with government and non-governmental organisations (NGOs). Surviving whānau or family members are invited to share their experiences with the review team (in a process called uiui whānau)[9] during this review. To date, uiui whānau have been conducted with survivors of death events involving intimate partner violence, child abuse and neglect, and intrafamilial violence, who come from Māori whānau as well as Pacific and Pākehā families. Some of these scenarios, with identifying details removed, appear in this report to illustrate a range of recent experiences. The report also presents alternative, contrasting scenarios in which the same survivors and whānau receive adequate support and an opportunity for healing.

This report is an initial exploration into the experiences of surviving children of a family violence homicide, no matter what their age was at the date of the death event. In doing so, we question whether routine support is available for surviving family or whānau members, examine the limits of that support in moving survivors towards healing and propose a conceptual framing for working towards healing. Throughout this report, we draw on both western knowledge streams and mātauranga Māori to hone an analysis of people's experiences that is informed by and responsive to Te Tiriti o Waitangi (Te Tiriti).[10] We use He Horowai, the cascading waterfall of experiences, as a metaphor that helps to explain the different life courses for Māori, Pacific and Pākehā and as a methodology to incorporate

[9] As part of the in-depth review process, the Committee talks with surviving friends, family or whānau of the deceased or offender. This process is described as uiui whānau, or a line of enquiry or questioning. The Committee is working towards a process of wānanga (te reo Māori) or talanoa (Pasifika). Whānau wānanga or whānau talanoa describes the ability to sit in conversation with the whānau. Roguski M, Grennell D, Dash S, et al. 2002. Te Pou: an Indigenous framework to evaluate the inclusion of family voice in family violence homicide reviews. *Journal of Family Violence*. DOI: 10.1007/s10896-022-00459-6 (accessed 1 December 2022).

[10] This follows the model of He Awa Whiria – Braided Rivers. Macfarlane A. 2009. Collaborative Action Research Network: Keynote address. CARN Symposium, University of Canterbury.

mātauranga Māori and western knowledge.[11] Using He Horowai, it is possible to clearly describe the differential experiences before and immediately after the homicide event, as the scenarios illustrate. We attempt to draw these differences through to the proposed alternative scenarios.

As with the Committee's previous work, we have aimed to take a strengths-based and 'solutions-focused' approach. Where we identify a gap in the system, we also highlight current effective approaches that non-governmental agencies are taking to support families or whānau who have experienced a death resulting from family violence.

At present, a complete system does not appear to exist. However, this does not mean that the potential to create such a system is also absent.[12] Aotearoa has pockets of good practice that create healing relationships and support child survivors to be safe, connected and flourishing.[13] It is possible to learn from these real-life examples and use them to guide the development of a future after-care system. To further support government agencies in considering such a system, we have proposed practice guidance for when they interact with surviving families or whānau (see Practice guidelines).

Box 1: A note on age

As a Committee, we acknowledge definitions of a 'child' differ between, for example, legislation, international conventions and mātauranga Māori. However, if we limit the definition to a specific age, at the societal level, we miss the reality that whānau or family members may continue to be interdependent in ways that go beyond a child's financial dependence while they are living in the same house as their parent. Therefore, throughout this report, we have defined 'surviving children' based on their relationship with either the victim or the offender rather than on the age they were at the death event.

> Irrespective of my age, I am a child of my parents.

We have also been careful to avoid defining the 'trauma experience' (the survivor's experience of family violence) and how this will be shaped by the age of the child. The risk of providing such definitions is that they become accepted as fact and then form the basis of decisions about whether someone is eligible to receive services. Implicit in our argument is that it will never be possible to understand the full experience of violence from the perspective of the surviving children. Nor will it be possible to completely foresee the child's needs for support into the future. However, support systems that are capable of responding when and where they are needed should be available for surviving children. The children included in this report range in age from being born 12 years after the homicide, to being age 52 at the time of the death event.

[11] Family Violence Death Review Committee 2022, *op. cit.*, p 34.
[12] For example, Skylight Trust specialises in working with children in a family-centred approach to address trauma, loss and grief. This approach is fundamentally important to what we are proposing in this report but does not address the structural issues that families also currently encounter. Indeed, for structural issues to be addressed requires the involvement of central government.
[13] Kaiwai H, Allport T, Herd R, et al. 2020. *Ko te Wā Whakawhiti, It's Time for Change: A Māori inquiry into Oranga Tamariki*. Auckland: Whānau Ora Commissioning Agency. URL: https://whanauora.nz/wp-content/uploads/2021/06/EXECUTIVE-SUMMARY-REPORT.pdf (accessed August 2022), p 10.

An equity-based, whānau-led, life-course analysis

The question at the heart of this report is whether the existing system is responsive enough to address the acute, immediate and long-term needs of surviving families or whānau. Explicit in He Horowai is an equity lens that is used to avoid a deficits approach – an approach that is evident in agency data sets when they captured many of the families or whānau included in the current analysis as 'non-compliant' or 'did not attend':

> … what would happen if a clinician were unable to write the word noncompliant in an electronic health record. Perhaps they would instead have to figure out what was happening in the lives of their patients, that they could address in order to meet their needs and ensure that they feel they deserve care, empathy, and safety.[14]

Lack of access in the current context is an indicator of an inaccessible system that has not been specifically designed with the wellbeing of surviving families or whānau in mind.[15] We shift the lens from asking **why** whānau or families did not engage with services, to asking **what** it is about service design or delivery that **prevents** whānau or families from effectively engaging. For example, from uiui whānau, it is possible to understand where the provision of support contributes to ongoing trauma rather than a healing process for the whānau:

> When they call, we've got the house. When we come to check it out I wasn't happy, because this is everything, this is like the image of where my dad died. But we had no option but to take it because they said if we can't accept it we could have to wait for another, for a year for us to wait for another house … So, I have to hide my tears, my pain, because we thought we were going to be homeless. I didn't expect this. This will bring back memories, it is not far from where my dad passed away. So every time I see police, I am like that small kid hiding, you know. Like I am scared, I am trying to protect my kids.[16]

Our analysis highlights how the actions (or lack of action) of agencies and institutions serve to enhance inequities, rather than providing a context for healing and recovery. In doing so, we focus on the social and economic determinants of inequities and marginalisation.[17]

Because Māori whānau are over-represented in family violence homicide data, they are also over-represented as survivors of homicide events. The Committee has previously grounded the failings of our current family violence system in the multiple and repeated breaches of Te Tiriti o Waitangi, and we continue to do so in the current analysis. By framing our analysis within an understanding of breaches of Te Tiriti, we shift our equity lens away from an individual deficits approach to one that reflects 'a denial of citizenship rather than as a service access issue for an individual or a whānau'.[18]

Whānau Māori are disproportionately impacted by the failings of a system that has not been designed to be culturally responsive – that is, it is not a system with relationships, wellbeing and healing at its heart. Without a routine support system for surviving whānau, services fail to consider the impact of trauma on whakapapa and the wellbeing of children as the

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[14] Crear-Perry J. 2021. The forces that shape inequities in maternal health outcomes. In National Academies of Sciences, Engineering, and Medicine, *Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality: Proceedings of a Workshop*. Washington, DC: The National Academies Press. DOI: 10.17226/26307 (accessed 1 December 2022), p 9.
[15] Whitehead J, Pearson A, Lawrenson R, et al. 2020. 'We're trying to heal, you know?' A mixed methods analysis of the spatial equity of general practitioner services in the Waikato District Health Board region. *New Zealand Population Review* 46: 4–35.
[16] Uiui whānau, Family Violence Death Review Committee in-depth review, 2020.
[17] Ngā Pou Arawhenua. 2019. Māori responsive good practice expectations. Wellington: Health Quality & Safety Commission.
[18] Family Violence Death Review Committee 2022, *op. cit.*, p 29.

responsibility of their kin collective.[19] The result is that children and their informal supports, including their kin, are again left to bear the burden created by a system that does not implement its legal obligation of a duty of care.[20] This continuation of the assaults of colonisation impacts negatively on whānau (ie, on kinship connectivity), whakapapa (including tūpuna and generations to come) and whenua (eg, Māori fulfilling their duty of care for the land).

Indeed, any form of engagement with government services is dependent on the assumption that the surviving whānau or family members see such services as 'helping agencies'. However, reviews of family violence homicides have found that, far from seeing them as potentially helpful, many surviving whānau or families see and/or experience engagement with government services as unhelpful, sometimes leading to outcomes that are contrary to their needs, priorities or hopes. For many whānau or families who experience a family violence homicide, agencies have minimised their voice.[21] As a counter to this experience, whānau- or family-led engagement challenges service providers to 'think again' about who are the experts about family or whānau experiences. Providers should recognise whānau or families that are impacted by a family violence death as the experts in their own lives. This point of view raises questions about the notion of 'expertise'[22] and how the label of an expert is created. It also demands access to and outcomes from services that actually 'help' whānau or families on their own terms.

While the focus of this report is on surviving children, note that some of the surviving children were not born until after the death event, while others were over the age of 24 years at that time (the oldest surviving child was 52 years old; see Box 1). No matter what age the child is, it is impossible to predict how their exposure to family violence homicide will impact on them. By taking a life-course perspective, the Committee can consider the ongoing needs of surviving children at different stages of life. From this perspective, we also can consider the ongoing needs of caregivers for surviving children as well as other surviving family or whānau members.

Understanding vulnerability

In this section we draw on He Horowai to interrogate understandings of vulnerability within western knowledge and mātauranga Māori.

A western perspective

Describing children as vulnerable has been contentious because the term is associated with practices of targeting and increased surveillance of particular groups – in particular Indigenous and marginalised groups – that have harmful consequences.[23] Outright rejection of the concept, however, can be part of the reason why children exposed to adversity remain invisible.[24]

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[19] Simmonds N. nd. Te Taonga o Taku Ngākau: Ancestral wisdom for the wellbeing of Tamariki. Webinar. URL: https://drive.google.com/file/d/1DUeOG2zJ8OzSZ3xu_7wFEq6flGSHncLd/view (accessed 15 July 2022).
[20] Family Violence Death Review Committee 2022, *op. cit.*
[21] Family Violence Death Review Committee 2022, *op. cit.*, p 69.
[22] Johnson S, Robb J. 2022. Family led decision-making, redefining the concepts of 'help', 'solutions' and 'expertise'. Paper presented at the Strengthening Families, Protecting Children National Online Learning Event. URL: www.scie.org.uk/strengthening-families/leeds-family-valued/202206-family-led-decision-making (accessed 14 July 2022).
[23] Cram F, Gulliver P, Ota R, et al. 2015. Understanding overrepresentation of indigenous children in child welfare data: an application of the Drake Risk and Bias models. *Child Maltreatment* 20(3): 170–82.
[24] Family Violence Death Review Committee 2022, *op. cit.*, p 46.

From a western perspective, humans have an extended period of physical and emotional development. At the beginning of life, infants are completely dependent on adults for survival. There can be no more profound reminder of the extreme vulnerability of very small children than our knowledge that shaking an infant can cause severe brain damage and death. But this analysis is not solely focused on survival. It is widely acknowledged that while we arrive in the world with genetic potential, a gene–environment interaction,[25,26] including the influence of parents and the legacy they pass on, determines the outcome of the long development period.[27] Indeed, even siblings exposed to the same family violence history will have different needs and responses.[28]

Research on psychopathology and resilience has expanded our understanding of vulnerability. Within a western frame, the initial focus of resilience research was on understanding why some children have extremely poor outcomes, which are often evident by the time they reach adolescence.[29] More recently, in seeking to understand why not all children born into adverse circumstances do badly, researchers have turned their attention to what makes a difference. Both bodies of research have identified risk factors and have reformulated our understanding of vulnerability to mean susceptibility to poor outcomes.[30] Resilience literature has extended our understanding by paying more attention to protective factors and has established that the balance of protective and risk factors in children's lives is what determines outcomes in adulthood.[31,32,33,34]

It is important to note that while many factors increase the risk of vulnerability, few of these originate in the child. Disability and chronic health difficulties increase children's vulnerability[35] but the remaining risk factors come from the environment. Indeed, in a safe and caring environment supported by adequate services and resources, disability and chronic health conditions should not, on their own, increase the likelihood of negative outcomes.[36] This is noteworthy as policy development often sidelines the environmental factors that enhance children's vulnerabilities to instead focus on individual 'deficits'.[37,38] At the societal level, environmental risk factors include: colonisation; racism; poverty; poor housing; violent neighbourhoods; and marginalisation. At the family level, they include:

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[25] Fonagy P. 2003. Psychopathology from infancy to adulthood: the mystery of unfolding of disturbance in time. *Infant Mental Health Journal* 24(3): 212–39.
[26] Center on the Developing Child. 2007. A Science-based Framework for Early Childhood Policy: Using evidence to improve outcomes in learning behavior and health for vulnerable children. Cambridge, MA: Center on the Developing Child at Harvard University. URL: https://developingchild.harvard.edu/resources/a-science-based-framework-for-early-childhood-policy/ (accessed 1 December 2022).
[27] Mead HM. 2006. *Tikanga Māori: Living by Māori values*. Wellington: Huia, p 67.
[28] Mertin P. 2019. The neglected victims: what (little) we know about child survivors of domestic homicide. *Children Australia* 44(3): 121–5. DOI: 10.1017/cha.2019.19 (accessed 1 December 2022).
[29] Cicchetti D, Toth SL. 1995. A developmental and psychopathology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry* 34: 541–64.
[30] Sroufe LA, Cooper RG, De Hart GB, et al. 1992. *Child Development: Its nature and course* (2nd ed). New York: McGraw-Hill.
[31] Boyden J, Mann G. 2005. Children's risk, resilience and coping in extreme situations. In M Ungar (ed), *Handbook for Working with Children and Youth* (pp 3–25). Thousand Oaks, CA: Sage.
[32] Fraser MW. 2004. The ecology of childhood: a multisystems perspective. In MW Fraser (ed), *Risk and Resilience in Childhood* (pp 1–12). Washington, DC: NASW Press.
[33] Kalil A. 2003. Family Resilience and Good Child Outcomes: A review of the literature. Wellington: Ministry of Social Development.
[34] O'Dougherty Wright M, Masten AS. 2006. Resilience processes in development. In S Goldstein and RB Brooks (eds), *Handbook of Resilience in Children* (pp 17–37). New York: Springer Sciences & Business Media.
[35] Hibbard RA, Desch LW, American Academy of Pediatrics Committee on Child Abuse and Neglect, et al. 2007. Maltreatment of children with disabilities. *Pediatrics* 119(5): 1018–26.
[36] Hager DM. 2017. Not inherently vulnerable: an examination of paradigms, attitudes and systems that enable the abuse of dis/abled women. PhD thesis, University of Auckland, Auckland.
[37] Stanley E, de Froideville SM. 2020. From vulnerability to risk: consolidating state interventions towards Māori children and young people in New Zealand. *Critical Social Policy* 40(4): 526–45. DOI: 10.1177/0261018319895203 (accessed 2 December 2022).
[38] Hager 2017, *op. cit.*, p i.

isolation; family violence, abuse and neglect; compromised parenting due to mental health issues, alcohol, substance abuse and gambling; parent(s) with a criminal record; parent(s) with a low level of educational achievement; early parenthood; high mobility; and changing family structures.[39,40]

An understanding of the enduring impact of early trauma has increased our understanding that when they are exposed early to trauma, children may acquire behaviours that are labelled as 'risk factors'. That they have acquired these behaviours then leads to a perception that these children are somehow less 'deserving' of help and in greater need of monitoring.[41] Such 'risk factors' include: behavioural difficulties; compromised health; and being underprepared for participating in a formal learning environment. Children exposed to only one risk factor will fare better than children with exposure to multiple risk factors but even one risk factor can compromise development, particularly if it continues over time. Multiple experiences of inequity will compound poor outcomes, exacerbating the impact of the violence children have experienced and making it more difficult to find help. Child survivors of family homicide are likely to have been exposed to multiple risk factors and multiple experiences of inequity over and above the experience of family violence and may have complex trauma histories.

The protective factors identified in the resilience literature include the individual attributes of the child. Characteristics such as a sense of self-worth and competence and a positive attitude have been identified as contributing to resilience.[42,43] These characteristics are, however, acquired in the context of stable, consistent parenting and it is dangerous to overlook this connection.[44] The literature acknowledges that where children acquire such resilience attributes, parents are not functioning alone, but instead draw on family and community support.[45,46] Further, children may draw on a supportive relationship with a person or agency in the community[47] and on a positive sense of cultural belonging.[48,49] All of these circumstances are dependent on healthy and functional relationships.

As an example of how risk and resilience factors interact, providing remedial care for a child survivor would require holistic and meaningful help at the societal and family levels as well as help for the child to overcome the behavioural and other difficulties resulting from trauma. They would need to be 'caught up' with education, for example, by receiving counselling that encompassed academic coaching and support with making friends at school, in partnership

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[39] Connolly M, Doolan M. 2007. *Lives Cut Short*. Wellington: Dunmore Publishing.
[40] Duncanson M, Smith D, Davies, E. 2009. Death and Serious Injury from Assault of Children under Five Years in Aotearoa New Zealand: A review of international literature and recent findings. Wellington: Office of the Children's Commissioner. URL: www.occ.org.nz/publications/reports/death-and-serious-injury-from-assault-of-children/ (accessed 2 December 2022).
[41] Stanley and Froideville 2020, *op. cit.*
[42] Brown WK, Rhodes WA. 1991. Factors that promote invulnerability and resiliency in at-risk children. In WK Brown and WA Rhodes (eds), *Why Some Children Succeed Despite the Odds* (pp 171–7). New York: Praeger.
[43] Compas B. 1987. Coping with stress during childhood and adolescence. *Psychological Bulletin* 101: 392–403.
[44] Masten AS, Coatsworth JD. 1998. The development of competence in favorable and unfavorable environments. *American Psychologist* 53(2): 205–20.
[45] Fraser MW. 2004. The ecology of childhood: a multisystems perspective. In MW Fraser (ed), *Risk and Resilience in Childhood* (pp 1–12). Washington, DC: NASW Press.
[46] Wyman PA, Cowen EL, Work WC, et al. 1999. Caregiving and developmental factors differentiating young at-risk urban children showing resilient versus stress-affected outcomes: a replication and extension. *Child Development* 70(3): 645–59.
[47] Yates TM, Egeland B, Sroufe LA. 2003. Rethinking resilience. In S Luthar (ed), *Resilience and Vulnerability* (pp 243–66). Cambridge: Cambridge University Press.
[48] Ungar M. 2003. Methodological and contextual challenges researching childhood resilience: an international collaboration to develop a mixed-method design to investigate health-related phenomena in at-risk child populations. Summary report on year one activities and the first Halifax meeting.
[49] In this context, we are using a wide definition of 'culture' that includes culture as defined through ethnicity, religion, social class, generation, sexual identity, ability or other forms of social groupings.

with the adults supporting the surviving children. Such support would then need to be extended to allow surviving children to develop competence, self-worth and a positive attitude, with an understanding that they may continue to experience guilt or despair. Supporting the sense of being nurtured holistically would require a well-resourced, engaging, tailor-made approach for each child – and so it would require a workforce with special expertise.

Mātauranga Māori

Within te ao Māori, children are taonga, given to whānau to care for and protect, the embodiment of those who have come before.[50] In defining identity, Hirini Moko Mead describes 'ira tangata', that which results from the marriage bed of humans, as an acknowledgement that 'human beings, [as] ira tangata, descend from ira Atua, the Gods'.[51]

> The ihi, the wehi, the wana encapsulate the beliefs we have of children … Ihi is a vital psychic choice, or a personal essence. Wehi is the awe, respect or wonder in children which they should never lose. Wana is the thrill, exhilaration, and excitement which describes the child's love of life … We want children to hold these values all their lives. It is these values that the tīpuna wanted to preserve with their child rearing.[52]

Mead outlines the importance of enculturation so that children know who they are, understand the culture they are born into and how to behave as adults. He recognises that the nurturing and sheltering role of parents is 'crucial in this process'.[53] In addition, Jones and colleagues describe the responsibilities whānau, hapū, iwi and hapori Māori have for also nurturing and raising pēpi, tamariki and rangatahi Māori.[54]

'Vulnerability' in this frame can be seen as the impact of violence experienced on the whole person (wairua, hinengaro, ngākau, tinana) and their whānau.[55] It is a description of the impact of structural violence and colonisation as well as of interpersonal violence. Cameron and colleagues describe the 'significant interruption of traditional values and approaches to our tamariki and the depth of pain associated with that'.[56] In contrast to the interruption that tamariki experience today, historical evidence points to how tamariki were treated with respect and their mana acknowledged. The disruption of mātauranga and tikanga has been 'conveyed across the generations',[57] impacting on safety mechanisms within both hapū and whānau.

Pihama draws on historical trauma theory to explain and understand the complexities of Māori experiences of trauma and the intergenerational transmission of experiences such as being victims of war, genocide and discrimination, and the collective loss of land, language,

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[50] Metge J. 1995. New Growth from Old: The whānau in the modern world. Wellington: GP Print.
[51] Mead 2006, *op. cit.*, p 66.
[52] Jenkins K, Mountain Harte H. 2011. Traditional Māori Parenting: An historical review of literature of traditional Māori childrearing practices in pre-European times. Auckland: Te Kahui Mana Ririki.
[53] Mead 2006, *op. cit.*, p 62.
[54] Jones H, Barber CC, Nikora LW, et al. 2017 Māori child rearing and infant sleep practices. *New Zealand Journal of Psychology* 46(3): 30–7.
[55] Kruger T, Pitman M, Grennell D, et al. 2004. Transforming Whānau Violence – a Conceptual Framework: An updated version of the report from the former Second Māori Taskforce on Whānau Violence. Wellington: Te Puni Kōkiri.
[56] Cameron N, Pihama L, Leatherby R, et al. 2013. *He Mokopuna He Tupuna: Investigating Māori views of childrearing amongst iwi in Taranaki*. A report by Tu Tama Wahine o Taranaki Inc to the Lottery Community Sector Research Fund.
[57] Raumati N. 2022. Reflections from Taranaki. Keynote address presented at He Kokonga Ngākau Symposium: Symposium of Māori reflections of intergenerational trauma and recovery.

culture and identity.[58] The lived reality of this impact for many whānau is poverty and homelessness, as well as poor health outcomes and increased exposure to poor mental health and interpersonal violence.[59] 'Blood memory' and 'soul wounds' are terms used to describe the intergenerational transmission of traumatic historical events.[60]

Protective or 'resilience' factors that Ngaropi Raumati describes consist of the infrastructure of Māori community, including a secure sense of identity and community intelligence.[61] They involve a 'strong ethic of valuing whānau and looking after each other. Whanaungatanga enhances and affirms collective responsibility and obligations to each other that is reciprocal in nature.'[62] Kaupapa Māori draws on mātauranga Māori as protection, to reaffirm what it is to be Māori:

> From a traditional standpoint, the whānau is the primary source of support. Any issues with whānau were resolved within the context of the whānau.[63,64] Communal living reinforced interdependency, requiring constant contact and interaction with other members of the community to ensure that the affairs of the group remained buoyant and operational … The development of healthy relationships for Māori is directly related to the quality of the whānau, hapū and Iwi relationships. Tikanga provides the ancestral knowledge and practices that sit at the centre of Māori relationships. Communication of those tikanga forms the basis of a Māori world view. This, alongside whakapapa, brings to the fore collective obligations and responsibilities for each other in the wider sense of wellbeing.[65]

In their description of resistance and resilience from an Indigenous perspective, Penehira and colleagues draw on the work of Canadian Indigenous researchers, Tousignant and Sioui, to underscore the holism of resistance and how it contributes to healing and wellbeing in communities:

> Characteristics specific to the notion of resilience in Aboriginal cultures are spirituality, holism, resistance and forgiveness. The main obstacle to overcome in the process of resilience is the phenomenon of co-dependency which leads to superficial attachment, lack of trust, and refusal of authority. The concept of cultural identity is central to resilience in this context … community resilience has to rely on the capacity of families to be resilient themselves, which involves breaking the law of silence, naming problems and coping with them with the support of networks and institutions.[66]

In doing so, kaupapa Māori researchers have asserted that, rather than being one single approach to wellbeing, resilience should be seen as a number of inter-related approaches,

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[58] Pihama L, Reynolds P, Smith C, et al. 2014. Positioning historical trauma theory within Aotearoa New Zealand. *AlterNative* 10(3): 248–62.
[59] Pihama L, Tuhiwai Smith L, Evans-Campbell T, et al. 2017. Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing: Te Mauri – Pimatisiwin* 2(3): 18–31.
[60] *Ibid*., p 23.
[61] Raumati 2022, *op. cit.*
[62] Cameron et al 2013, *op. cit.*, p 14.
[63] Mikaere A. 1994. Māori women: caught in the contradictions of a colonised reality. *Waikato Law Review* 2. URL: www.waikato.ac.nz/law/research/waikato_law_review/pubs/volume_2_1994/7 (accessed 2 December 2022).
[64] Pihama L, Cameron N. 2012. Kua tupu te pā harakeke: developing healthy whānau relationships. In Waziyatawin and M Yellow Bird (eds), *For Indigenous Minds Only: A decolonization handbook*. Sante Fe, NM: SAR Press.
[65] Pihama L, Cameron N, Te Nana R. 2019. Historical trauma and whānau violence. Issues Paper 15. Auckland: New Zealand Family Violence Clearinghouse, University of Auckland, p 6.
[66] Tousignant M, Sioui N. 2009. Resilience and Aboriginal communities in crisis: theory and interventions. *Journal of Aboriginal Health* 5(1): 43–61.

including (among other activities) responding to settler oppression[67,68] and societal inequities such as poverty and homelessness that impact on whānau resilience. As such, the lens is placed not on the individual but on the collective and on collective ways of resisting structural violence. In response to this, there is a call for a cross-agency approach to address the impact of collective trauma on cultural, political, economic, social and spiritual levels, placing Māori at the centre of policy and strategic developments.[69] Further, there is a strong argument for the centrality of cultural connectedness, which is linked to healing and wellbeing, restoring Māori cultural and healing paradigms destroyed through colonisation.[70]

Responding to vulnerability

It is important when considering the question of vulnerability to pay attention to the physical and emotional capacity adults have available for parenting and other child-related activities in the community such as education and gaining access to health and social services. Equally, considerations of whakapapa, journeys to Aotearoa for migrant communities, and structural discrimination need to be actively considered.

Fundamentally, based on the work of Tousignant and Sioui,[71] resistance and resilience come from a place of connection and belonging. Vulnerability can be understood as a characteristic of childhood because of children's dependence on adults to provide positive, growth-promoting environments in the home, education settings and the community. It can also be considered a characteristic that is magnified due to social harms created through government policies[72] and historical (and ongoing) trauma resulting from colonisation.[73] There are strong associations between hapori or community environments, government policy and resource availability. In the current context, vulnerability can be seen as avoidable and entirely modifiable. However, options to address vulnerability must allow for iwi, hapū and whānau to determine their own solutions for tangata whenua.[74] Equally, options to address vulnerability within tangata tiriti populations need to consider the place of migrant communities, disabled people, women and children who are often left without access to adequate resources following a family violence homicide.

As highlighted through our uiui whānau, safe, caring communities are the cornerstone for recovery:

> What saved us was our return to our family … it took a village to raise us. All our aunties and uncles … we were raised by a lot of the people that lived in that village. We were bought up in a very caring environment and the trauma that we had experienced, it was healed through the time with our family and that support that was in place … It stays with you, but you learn to move past it and not let it affect what you want to do.[75]

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[67] Penehira M, Green A, Tuhiwai-Smith L, et al. 2014. Māori and indigenous views on R & R – resistance and resilience. *MAI Journal* 3(2): 96–110.
[68] Ngā Pou Arawhenua, Child and Youth Mortality Review Committee and Suicide Mortality Review Committee. 2020. *Te Mauri – The Life Force: Rangatahi suicide report | Te pūrongo mō te mate whakamomori o te rangatahi*. Wellington: Health Quality & Safety Commission.
[69] Pihama et al 2019, *op. cit.*, p 20.
[70] Jackson M. 1987. The Māori and the Criminal Justice System: A new perspective – He Whaipaanga Hou. Wellington: Department of Justice; cited in Pihama et al 2019, op. cit.
[71] Tousignant and Sioui 2009, *op. cit*.
[72] Stanley and de Froideville 2020, *op. cit.*
[73] Pihama et al 2017, *op. cit.*, p 23.
[74] Pihama et al 2019, *op. cit.*, p 20.
[75] Uiui whānau, Family Violence Death Review Committee in-depth review, 26 August 2022.

Our approach | Tā mātou tukanga

Guided by Te Pou

In 2020, Ngā Pou Arawhenua (the Māori caucus of the mortality review committees[76]) published Te Pou.[77] This is a framework calling for members of the Mortality Review Committee secretariat to develop an understanding of the factors that reinforce inequitable experiences of service delivery, which then guide the approach to interpreting and reporting on Māori mortality data. Te Pou also requires that committees reflect on their current methods of death review so that they develop accurate stories and interpretations leading to recommendations that can prevent future deaths.[78]

An analysis that centres on Te Tiriti and is framed by Te Pou brings with it the ability to speak to the result of unchecked privilege in Pākehā men, which has been a byproduct of marginalising Māori in their own home. Deficit-based research in this country continues to compare Māori with Pākehā norms and positions Māori as Other. In the last 30 to 40 years, Māori have challenged this non-Māori research, wanting to tell their own stories and explore their own hypotheses.

The growth of kaupapa Māori research is one example of how Māori have reclaimed research methodology. Kaupapa Māori research has a dual focus: exploring te ao Māori and mātauranga Māori and shining a light on structural barriers to Māori vitality and sustainability.[79] This approach is well aligned with the kaupapa the Committee is embedding in the current piece of work. That is, we are working to develop an understanding of how the actions (or lack of action) of agencies and institutions enhance inequities, rather than providing a context for healing and recovery.

To strengthen pathways to wellness, policy making must remove structural inequities within the family violence system – and that is an inherently political activity. As a Committee, we make recommendations to this end whenever we do an in-depth review of a family violence death along with representatives of the agencies that have been involved in the lives of the family or whānau. Equitable policy development and service delivery, in turn, requires the expression of mana ōrite, Māori leadership, engagement, critique and peer review.[80] This brings the Crown more into line with its obligations under the Declaration on the Rights of Indigenous Peoples, to which Aotearoa became a signatory in 2010.[81] For the Committee to focus on equity, we must acknowledge the systems and structures within which family violence occurs and the world view that these promote.

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[76] The Family Violence Death Review Committee is one of five mortality review committees housed within the Health Quality & Safety Commission.
[77] Wilson D, Crengle S, Cram F. 2020. Improving the quality of mortality review equity reporting: development of an indigenous Māori responsiveness rubric. *International Journal for Quality in Health Care* 32(8): 517–21. DOI: 10.1093/intqhc/mzaa084 (accessed 2 December 2022).
[78] *Ibid.*
[79] Smith GH. 2012. Kaupapa Māori: the dangers of domestication. Interview with Te Kawehau Hoskins and Alison Jones. *New Zealand Journal of Educational Studies* 47(2): 10–20.
[80] Came H, O'Sullivan D, McCreanor T. 2020. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. *Ethnicities* 20(3): 434–56. DOI: 10.1177/1468796819896466 (accessed 2 December 2022).
[81] O'Sullivan D. 2020. Implementing the UN Declaration on the Rights of Indigenous Peoples in New Zealand. Oxford Human Rights Hub. URL: https://ohrh.law.ox.ac.uk/implementing-the-un-declaration-on-the-rights-of-indigenous-peoples-in-new-zealand/ (accessed 2 December 2022).

For this reason, throughout this report we privilege Māori solutions, acknowledging the mana of those who work to deliver these solutions. It is not failing to acknowledge the efforts of non-Māori; rather, this is a continuation of the work undertaken in our seventh report, with the view that it is time for Māori solutions to occupy centre stage, for cultural understandings of a duty to care to describe our relational obligations to each other as human beings, and for responses to be whānau-led rather than being dictated by agency siloes and timeframes.[82] When they signed Te Tiriti, Māori rangatira did so because they were willing to share this country with newcomers. This act of inclusiveness and welcome guides us to de-centre 'whiteness as ownership of the world forever and ever'[83] and to make room for te ao Māori within our work.

Once again, this presents an opportunity for Aotearoa to claim Te Tiriti dividends,[84] by moving away from a tick-box, output-driven agenda created through neoliberalism[85] and to embrace deeply relational solutions that promote and sustain connection and belonging. Relational practice is important for every survivor of a family violence homicide, irrespective of their ethnicity, and solutions from te ao Māori can guide our approach in this work.

Identifying the surviving children

The Committee was established in 2008 and has maintained a database of victims and offenders of family violence death events from 2009 until the present day. The Committee is notified of a family violence death event through the New Zealand Police and through media publications of homicide events. The New Zealand Police provide demographic information about the victim and offender, including name, address and date of birth, as well as reported family violence history. For its purposes, this investigation included death events that occurred between 1 January 2009 and 31 December 2019. Because of the limited information collected on intrafamilial homicides,[86] the current analysis does not include biological children of intrafamilial victims or offenders.

Figure 1 provides an overview of the information flow following a family violence homicide. It highlights the purpose of information collection at each step (light-blue boxes) and the potential for information about surviving children to be missed (orange boxes). We have not given any numbers in each box. However, it is clear from Figure 1 that whether a surviving child receives support depends on an agency recording the child as being impacted by the homicide event, and whether that is recorded depends, in turn, on an agency recording that the child is related to either the victim or the offender. Where a child is not at the scene at the time or does not live there, there is the potential for records to miss these details. It is possible that children will later be identified through New Zealand Police's family violence death review process. However, the Police complete these reviews in fewer than half of family violence death events and often miss out the details of surviving children.

Given the limits on routine data collection about surviving children, the children included in this study were those who were identified as biological descendants of either the victim or the offender in intimate partner homicides (n=133 death events), or the biological children of

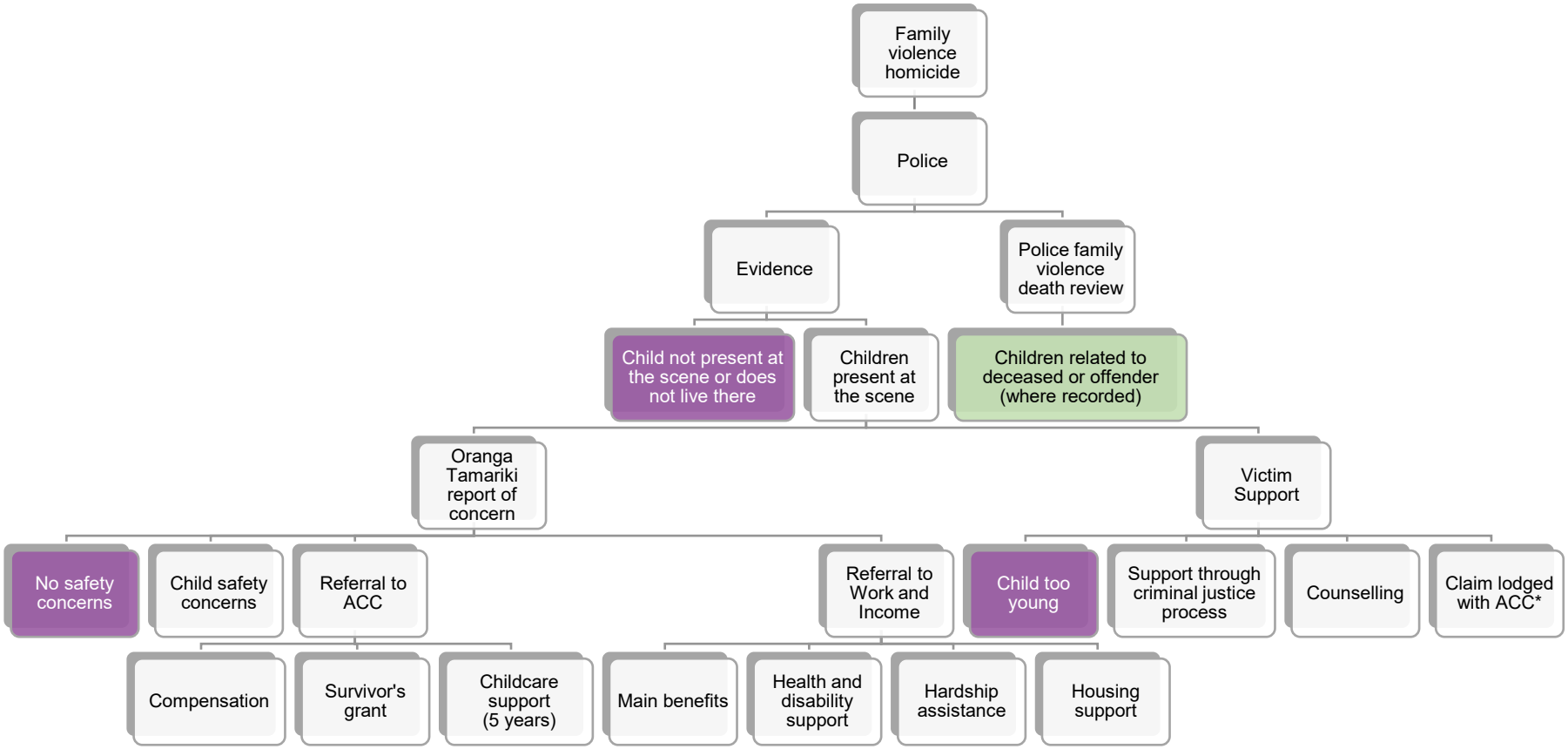
[82] Family Violence Death Review Committee 2022, *op. cit.*, p 11.
[83] Du Bois (1920), cited in: Myers C. 2004. Differences from somewhere: the normativity of whiteness in bioethics in the United States. *American Journal of Bioethics* 3(2): 1–11, p 8.
[84] Family Violence Death Review Committee 2022, *op. cit.*, p 85.
[85] Family Violence Death Review Committee 2022, *op. cit.*, p 43.
[86] Intrafamilial violence is a term that encompasses violence within families that is not included in intimate partner violence or child abuse and neglect. Included are adult siblings, adult children on their parents, cousins and other family relationships.

either a parent or a step-parent in the case of child abuse and neglect homicides (n=54 death events). Children were identified through birth records associated with the parents, in the Births, Deaths and Marriages records of the Department of Internal Affairs.[87] For these records to exist, the child must have been born in Aotearoa and someone must have applied for a birth certificate. Where the child was not born in Aotearoa, Births, Deaths and Marriages will have no record of the birth. Where no one applied for a birth certificate, or the person named on the birth certificate is not the parent, this analysis will not capture these children. As such, we acknowledge that what we present in this report is an undercount of those children who were biological children of the adults involved. Further, children who became whāngai, or who were non-biological children but lived with the family or whānau at the time of the death event, will not be included. From the 187 death events in this analysis, we identified 509 biologically related children.

In our investigation, we placed no limits on the age of the child at the time of the death event. As noted above, as a result of this approach our analysis included some children who were not born at the time of the death event and others who could be considered adults (but whose parent was a deceased victim, an offender or a parent of a deceased child). They have all been included in this administrative follow-up as an acknowledgement that life continues for those who have survived a family violence homicide, and additional children will be born into these homes. They have also been included to acknowledge that many of the children will have had a long-term exposure to family violence, of which the homicide was just one experience (see Lived experience case study 1 for an example).

[87] Around 0.1 percent of live births are not registered within eight years of birth. Stats NZ. nd. Births. URL: https://datainfoplus.stats.govt.nz/Item/nz.govt.stats/24f68263-9666-4dca-b5d8-c1bc4bef92c4 (accessed 13 July 2022).

Figure 1: Information flow following family violence homicide



* An Accident Compensation Corporation (ACC) claim can be lodged by a doctor, funeral director, family member or friend. In the Committee's experience, most of these claims occur through the advice of Victim Support.

Outcomes measured

Health outcomes

In this investigation, we used the child's name, address, date of birth and sex to determine their National Health Index (NHI) number and to extract hospital discharge information from the National Minimum Dataset (NMDS) of hospital discharges. Around 95 percent of New Zealand citizens have a unique NHI number, from which it is possible to positively and uniquely identify them for the purposes of treatment and care, and to maintain medical records.[88] The NMDS is a national collection of public and private hospital discharge information, including clinical information, for inpatients and day patients. It has stored this information since 1988.[89]

To understand the health outcomes associated with violence exposure, we asked for hospital discharge records from the time of the death event to 31 December 2020. More information was available for those who had experienced a family violence homicide earlier. For example, for the most recent death events, follow-up information was available only for 12 months compared with 11 years for death events that occurred at the start of 2009.

While we have aimed to understand the health conditions associated with a family violence homicide, it is important to note that the NMDS does not provide a comprehensive account of those with a formal mental health diagnosis for the Aotearoa population. It is estimated that only 3 percent of the population, representing those with the most serious mental health problems, are able to access specialist, secondary mental health care.[90] As such, the health outcomes reported will not reflect the mental health concerns of surviving children.

Social support

To understand the level of social support that surviving children received, we asked three government agencies responsible for providing either financial or social services support to search their records for a random selection of 60 members of the 509 surviving children. To determine if the support received depended on the age of the child or their proximity to the death event, we selected the 60 children randomly from the following groups:

- 20 from those children aged 0–15 years at the time of the death who were recorded as living with the deceased or offender
- 20 from those children aged 16–24 years at the time of the death event who were recorded as living with the deceased or offender
- 20 of those of any age who had a biological relationship with either the deceased or the offender, but who were not recorded as living with either party at the time of the death event.

The age of the randomly selected surviving children ranged from 0 to 39 years, and included three children who were not born at the time of the death event. Of the 60 children included, 6 (10 percent) were aged over 24 years at the time of the death.

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[88] Ministry of Health. Background information on the NHI. URL: www.health.govt.nz/our-work/health-identity/national-health-index/nhi-information-health-consumers/national-health-index-questions-and-answers#bwhatis (accessed 2 December 2022).
[89] Ministry of Health. National Minimum Dataset (hospital events). URL: www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/national-minimum-dataset-hospital-events (accessed 2 December 2022).
[90] Bowden N, Gibb S, Thabrew H, et al. 2020. Case identification of mental health and related problems in children and young people using the New Zealand Integrated Data Infrastructure. *BMC Medical Informatics and Decision Making* 20: 42. DOI: 10.1186/s12911-020-1057-8 (accessed 3 December 2022).

Understanding social support requires the review of clinical and case records to determine:

1. if they have been notified to the agency concerned
2. the reason for notification
3. outcome of notification
4. provision of support (if applicable).

We approached the following three agencies to participate in this project.

Ministry of Social Development (MSD)

MSD administers health and disability benefits as well as main benefits for the government of Aotearoa (including the Unsupported Child Benefit). It also provides hardship assistance and other supplementary benefits.

Ministry of Justice (Victim Support)

Victim Support, funded through the Ministry of Justice, coordinate a Homicide Case Worker service. The Homicide Case Worker Service provides families of homicide victims (including family violence homicides) with long-term dedicated case manager support from the time of the homicide. The service includes support to families with grieving children and young people. Victim Support can facilitate access to material and social support through MSD, ACC and Oranga Tamariki and offer counselling support options.

Accident Compensation Corporation (ACC)

ACC administers the nation's no-fault accident insurance scheme. It provides support for 'the deceased person's natural or adopted children, born up to a year after the person died' or 'children the deceased lived with and cared for', such as a child from a previous relationship or a foster child. ACC provides payment for a funeral grant that may be used for 'goods and services to commemorate the person who has died', including funeral costs, preparation and transport of the body, flowers, death certificates and memorial services. For families of homicide victims, an additional top-up is available. A one-off payment is also available to the spouse or partner and dependants under 18 years of age. Childcare support is available for children of the deceased under the age of 14 years.

Dependants of the deceased are also eligible for weekly compensation for five years or, in the case of a surviving dependant, until they are 18 years old (or 21 years if they are in full-time study) or earn over the minimum wage.[91] The amount paid is based on 80 percent of the deceased person's earnings and is divided among survivors. According to information on the ACC website, there is flexibility about how this money will be divided between the surviving partner, children and other dependants.[92]

Oranga Tamariki

Oranga Tamariki is the statutory child protection agency for Aotearoa. Under the Oranga Tamariki Act 1989, its Chief Executive is required to establish services and adopt policies designed to improve the wellbeing and long-term outcomes for children and young people.

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[91] ACC. Financial support if someone has died from an injury. URL: www.acc.co.nz/im-injured/financial-support/financial-support-after-death/ (accessed 26 September 2022).
[92] *Ibid.*

Our findings | Ā mātou kitenga

As the introduction has described, this report is an initial exploration into the experiences of surviving children of a family violence homicide, no matter what age they were at the date of the death event. The cohort of surviving children consisted of 256 males and 253 females. Their average age at the date of the death event was 9.5 years.

For deceased recorded as Māori, there were 273 surviving children (54 percent of the total cohort) with an average age of 9.5 years. There were 178 children of Pākehā deceased (35 percent of the cohort), with an average age of 16.9 years, and 42 children of Pacific deceased (8 percent of the cohort), with an average age of 11.1 years. A small number of surviving children were from Asian deceased (9, 2 percent of the cohort) and deceased from other ethnicities (7, 1 percent of the cohort).[93]

Table 1 provides an overview of the age distribution of the surviving children. Negative values represent those children who were born into the family following the homicide.[94]

Table 1: Age distribution of surviving children

Ethnicity of deceased	Number of surviving children	Number of male and female children	Median age	Range of ages
Māori	273	144 female 133 male	8 years	-12 to 39 years
Pacific	42	19 female 23 male	16 years	-9 to 38 years
Pākehā	178	83 females 95 males	9 years	-5 to 52 years
All surviving children	509	253 females 256 males	10 years	-12 to 52 years

This section describes the health of surviving children and the social service supports provided through the MSD (in the form of health, disability or main benefits), the Ministry of Justice, ACC and Oranga Tamariki. We have not attempted to establish a causal link between the experience of family violence homicide and health outcomes. Instead, this section provides an overview of the health of those who had a hospital visit between 2009 and 2020. We have conducted this analysis to establish a broad understanding of the types of health needs that might exist for surviving children. As noted in Box 2, it is not possible to gain a comprehensive account of mental health disorders from the information available.

[93] As outlined in Our approach, Identifying the surviving children, because we sourced the cohort of surviving children from birth records at Births, Deaths and Marriages, it does not include those who born outside of Aotearoa. For this reason, these percentages are unlikely to accurately reflect the distribution of the ethnicity of surviving children.
[94] The numbers of surviving children from deceased of Asian or Other ethnicity were too small to provide separate analyses for these groups.

Box 2: A note on mental health outcomes

Substantial evidence points to an increased risk of depression, post-traumatic stress disorder and complicated or prolonged grief among survivors of a homicide event.[95,96,97,98] However, significant barriers, including financial and informational barriers along with health problems linked to the experience, prevent many survivors from accessing the support required.[99]

The National Minimum Dataset, which we used to learn more about the health outcomes below, does not allow a comprehensive understanding of the prevalence of mental health conditions in the community.[100] Indeed, the large majority of such conditions, if treated, receive treatment through general practitioners and other primary mental health services.[101] Therefore, while we have provided an overview of health conditions as treated in hospitals in this section, we do not cover mental health outcomes.

Health outcomes

Of the 509 surviving children, 329 (65 percent) had a hospital visit during the follow-up period (1 January 2009 to 31 December 2020). To control for variable follow-up times, the current analysis focuses on the first hospital event following the death event. Appendix 1 presents a summary of the first recorded diagnoses.

Of the 329 diagnoses recorded, 142 (43 percent) were related to childbirth or conditions related to the perinatal period. An additional 54 (16 percent) were injury diagnoses, 28 (9 percent) were diseases related to the digestive system and 18 (5 percent) were diseases related to the respiratory system.

There were 97 children born into this cohort after the homicide event. Of these, 67 (69 percent) were live births with no other complications recorded. The remaining 30 infants were noted to have conditions that originated in the perinatal period – in particular, short gestation and low birthweight, slow fetal growth and malnutrition, or respiratory distress. An additional 11 newborns were receiving health supervision due to adverse social circumstances.

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.

Of the 54 children whose first hospital admission following the death event was an injury, 17 percent were admitted because they had experienced an assault. A further 18 percent of

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[95] Amick-McMullan A, Kilpatrick DG, Resnick HS. 1991. Homicide as a risk factor for PTSD among surviving family members. *Behavior Modification* 15: 545–59.
[96] Currier J, Holland J, Coleman R, et al. 2007. Bereavement following violent death: an assault on life and meaning. In R Stevenson and G Cox (eds), *Perspectives on Violence and Violent Death* (pp 177–202). Amityville, NY: Baywood.
[97] McDevitt-Murphy ME, Neimeyer RA, Burke LA, et al. 2012. The toll of traumatic loss in African Americans bereaved by homicide. *Psychological Trauma: Theory, Research, Practice, and Policy* 4: 303–11.
[98] Rheingold AA, Williams JL. 2015. Survivors of homicide: mental health outcomes, social support, and service use among a community-based sample. *Violence and Victims* 30(5): 870–83.
[99] Williams JL, Rheingold AA. 2015. Barriers to care and service satisfaction following homicide loss: associations with mental health outcomes. *Death Studies* 39(1): 12–18. DOI: 10.1080/07481187.2013.846949 (accessed 3 December 2022).
[100] Bowden et al 2020, *op. cit.*
[101] Government Inquiry into Mental Health and Addiction. 2018. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington: Government Inquiry into Mental Health and Addiction. URL: www.mentalhealth.inquiry.govt.nz/inquiry-report/ (accessed 19 October 2022).

these admissions were due to a transport accident, 22 percent were due to falls, 15 percent involved ‘exposure to inanimate mechanical forces’ (including being struck by thrown, projected or falling objects) and 8 percent were the result of being struck by another person (not involving an assault). Ten children (19 percent of those hospitalised with an injury) had a head injury.

The health outcomes described point to a variety of health events that may or may not be associated with the homicide event. What is clear from this analysis, however, is the potential for the intergenerational transmission of trauma – pregnancy and childbirth were the main reason for a hospital visit among this cohort. In addition, there is the potential for a compounding impact of pre-existing trauma with a difficult or incomplete pregnancy.

In 2012, the Perinatal and Maternal Mortality Review Committee (PMMRC) recommended that:

> Termination of pregnancy services should undertake holistic screening for maternal mental health and family violence and provide appropriate support and referral.[102]

In 2015, the PMMRC highlighted the need for clinicians to be aware of the importance of care pathways for responding to family violence when supporting women through a pregnancy.[103]

In its fourteenth report, published in 2021, the PMMRC drew attention to the fact that neither of the recommendations presented in 2012 and 2014 had been addressed. It considered the need to respond to maternal women’s experience of violence is now urgent.[104]

The above analysis highlights that clinicians need to understand not just the current experience of violence during pregnancy, but also the ongoing impact of trauma resulting from significant experience of violence.

Social support

Here we examine our findings on the social support that agencies provided to surviving children, based on the information they provided.

Ministry of Social Development

Our intention was to find out whether MSD supported surviving children by providing them with health and disability benefits, or other forms of benefits. However, it was not possible to do so because MSD does not have routine administrative processes for allocating financial support to family members who have survived a family violence homicide.

Ministry of Justice

It was not possible to identify which children had received support through the Ministry of Justice.

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[102] PMMRC. 2012. Sixth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2010. Wellington: Health Quality & Safety Commission.
[103] PMMRC. 2015. Ninth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2013. Wellington: Health Quality & Safety Commission.
[104] 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.

Oranga Tamariki

Oranga Tamariki provided information about the process it followed to support a surviving child. First, where it received a report of concern for a child[105] following the death event, its records identified that child (and included the date of notification). Second, it recorded the type of response it provided, if it was appropriate to respond, and the outcome of the intervention. Finally, Oranga Tamariki documented the amount of financial support and social support it provided.

Children aged 0–16 years, resident: Among the six children who were survivors of a child abuse and neglect homicide, three were not known to Oranga Tamariki at the time of the death event. However, there was a report of concern for five of the six children following the death of their sibling. Oranga Tamariki provided financial support to the caregivers of three of the children. For another child, it has provided extensive therapeutic support and the child is in the permanent care of her sister while Oranga Tamariki continues to provide financial support to the caregiver. For the remaining two children, the agency's financial support amounted to less than $5,000 each. It offered counselling to only two children.

Among the fourteen children who were survivors of an intimate partner homicide, ten had a history of Oranga Tamariki involvement. A report of concern was issued for all fourteen children within a week of the homicide event. For five children, Oranga Tamariki raised no concerns and offered no intervention. For an additional four children, it responded to the report of concern by focusing primarily on their placement. Oranga Tamariki offered financial support for six children, which for four of these children (or their caregivers) amounted to less than $5,000. It offered four children counselling support. In one case, it offered support to the mother only and the child has since developed issues with her ability to manage her emotions. For four of the surviving children, Oranga Tamariki records noted their placement was unstable and they experienced ongoing trauma, including additional violence.

Children aged 16–24 years, resident: Only one survivor of a child abuse and neglect homicide was in this cohort. This survivor had no previous record with Oranga Tamariki and was not notified through a report of concern.

Of the nineteen surviving children of intimate partner violence homicides, ten had a recorded history with Oranga Tamariki and another one had a youth justice record. Four of the surviving young children had a report of concern following the death event. Oranga Tamariki assessed two of them and recorded an outcome for only one of them. As these children were not present at the death event, Oranga Tamariki considered that no further action was required. It did not offer financial support or counselling to any of these surviving children.

Biological children, non-resident, any age: There were seven surviving siblings of child abuse and neglect deaths. Three of them had not been born at the time of the death event. Following the death event, two of the remaining four were the subject of a report of concern, while Oranga Tamariki considered two were too old for its involvement. Oranga Tamariki did not provide any intervention to either of the children for whom it received a report of concern.

Among the thirteen children who survived an intimate partner violence homicide, five were not known to Oranga Tamariki before the death event and eight had a history of involvement. A report of concern was triggered for two of the surviving children, but Oranga

[105] We have chosen to describe Oranga Tamariki's involvement with individual children rather than with families or whānau. We do so because we are not assuming that surviving children from the same family or whānau have continued to live together or have the same needs.

Tamariki provided no intervention. Its records do not indicate any financial or therapeutic supports for any of these children.

This analysis provides evidence that Oranga Tamariki offered limited and sporadic support. For most surviving children, it provided no support. In some cases, the survivor's age would have made them ineligible for such support. Yet, even where Oranga Tamariki offered support, in no case could that support be considered sufficient to promote healing for those who have survived a family violence homicide.

ACC

Our analysis first searched the ACC data set for the surviving children. Where the records included these children, the analysis then looked at whether that child had been linked to a claim for a fatality. In the cases where both of these criteria were satisfied, we recorded the type of grant provided and how long it was provided for. Where ACC offered childcare support, it was available for a period of up to five years.

We have described the support ACC provided for survivors of child abuse and neglect homicide events as well as intimate partner violence homicide events, as this improves our understanding of the support provided for these survivors across a variety of sources. We acknowledge that sibling survivors are not eligible for financial assistance from ACC (see Our approach, Outcomes measured, ACC).

Children aged 0–16 years, resident: Records show that, of the six surviving siblings of child abuse and neglect homicides, one received a funeral grant, survivor's grant, weekly compensation, and support for childcare. The child who received this support was identified as eligible for weekly compensation until 2023, with the potential for extension to 2026. Childcare payments were provided for five years.[106]

Of the fourteen surviving children from intimate partner violence fatalities, six were identified by ACC as eligible for and were then provided with a funeral grant, survivor's grant and support for childcare. One of these six was also determined as eligible for weekly compensation.

Children aged 16–24 years, resident: The one child who was a surviving sibling of a child abuse and neglect homicide could not be identified within the ACC data set.

Of the nineteen young people who were survivors of an intimate partner violence homicide, four received a funeral grant or survivor's grant. Among the others, one was identified as deceased, three were unable to be located within the ACC data set and eleven were not linked to a fatal claim.

Biological children, non-resident, any age: Of the seven children who were sibling survivors of a child abuse and neglect death, none received financial support. Three could not be located within the ACC data set while four were not linked with a fatal claim.

For the thirteen survivors of an intimate partner violence homicide, four were provided with a funeral grant. Of these, three were also provided with a survivor's grant, and two were provided with either weekly compensation or childcare support. For the remaining nine

[106] It is important to note that this child was the survivor of a homicide event in which the offender also died by suicide. As a result, the child became eligible for compensation on the basis that they had lost a parent.

survivors, two could not be located within the ACC data set and seven were not linked to a fatal claim.

Notably, ACC support is available for mental injury caused by sexual assault (referred to as a Sensitive Claim). ACC can provide cover for a Sensitive Claim where:

- one or more events of sexual abuse or assault, or 'certain criminal acts', as listed in sections of the Crimes Act 1961 and Schedule 3 of the Accident Compensation Act 2001,[107] have occurred, and
- there is a mental injury that has one or more sexual abuse/assault events as a material or substantial cause, and
- the event(s) occurred in Aotearoa or, if the event(s) occurred outside of Aotearoa, the client was ordinarily resident in Aotearoa when the event(s) occurred.

ACC offers fully funded support, treatment and assessment services for survivors of sexual abuse or assault. Box 3 gives further information.

Box 3: ACC sensitive claims

Providing therapeutic and practical support after psychological trauma is not unheard of in the Aotearoa context.

Survivors of sexual abuse or assault can access up to 14 hours of one-to-one therapy, 10 hours of social work and up to 20 hours of whānau support before having their claim assessed for cover. If survivors require additional or longer-term support, they are required to have a supported assessment for cover and entitlements in relation to their mental injury.

ACC-funded treatment and support services can continue for as long as is required for survivors to recover from their mental injury. Survivors can access up to 48 hours of one-to-one therapy per year plus group counselling, social work and whānau sessions.

It doesn't matter if the sexual abuse or assault happened recently or a long time ago; survivors can access ACC support services whenever they're ready. Survivors do not have to make a report to Police or take legal action to access ACC support. An acquittal in court doesn't affect cover.

As with the analysis of Oranga Tamariki data, the above analysis of ACC data provides evidence that support for survivors of family violence homicide is limited and sporadic. Where the homicide event related to child abuse and neglect, eligibility restrictions prevented access to substantive support for sibling survivors. However, for homicides involving intimate partner violence, where children become eligible because of their dependency on the deceased,[108] it is apparent most surviving children still do not receive financial support.

Lived experience scenarios

To 'humanise' the data presented above, here we set out scenarios with details of the lived experience of whānau or families that are the survivors of a family violence homicide event, as captured through uiui whānau. It is important to note that these descriptions are only brief

[107] www.legislation.govt.nz/act/public/2001/0049/latest/DLM105476.html#DLM105476 (accessed 4 December 2022).
[108] ACC. 2022. Financial support if someone has died from an injury. URL: www.acc.co.nz/im-injured/financial-support/financial-support-after-death/ (accessed 12 December 2022).

summaries of the much wider impact of homicide events that we, as a Committee, recognise.

Lived experience case study 1 highlights the need for inter-agency support to keep survivors safe and secure after a homicide event. Grief, housing insecurity and insecurity about parenting ability have a compounding impact on Angel as the non-violent parent. External and internal insecurities impact on her long-term ability to heal.

Lived experience case study 2 describes the difficulties surviving whānau face when they are attempting to advocate for the safety of a surviving sibling. This scenario, where Oranga Tamariki focuses solely on the child's placement, demonstrates the potential for the agency to lose sight of the overall wellbeing and healthy growth and development of the surviving sibling.

Lived experience case study 3 clearly illustrates how negative experiences before a homicide can affect surviving whānau. Where transactional interactions continue and agencies fail to understand the survivor's comprehensive care requirements, trauma can be embedded, with no potential for healing and recovery.

Lived experience case study 4 highlights the need to understand the intergenerational impacts of family violence homicide, where adult children must support their own children as well as trying to heal themselves. Like case study 3, this study is set in a rural community, underscoring the need to provide effective support options for those with limited services available.

Lived experience case study 1: Joseph and Angel

Joseph's family shifted to Aotearoa when he was a baby. However, while Joseph was growing up in Aotearoa he still had strong links to his local Pacific community. Angel was slightly older when her family moved out to Aotearoa, but she met Joseph as her family were also active within their Pacific community.

The way Joseph's dad 'disciplined' the kids while they were growing up was physical and violent. When Joseph's mum died while Joseph was in his early teens, Joseph lost his main source of support. His mum had aways stood up for him and supported him. Joseph's aunties looked after the kids after his mum died, but Joseph was really looking for a place to belong. He hooked up with a bunch of older kids, and the drug use started at that time.

When Joseph and Angel met, he knew he needed to start to sort his life out. He started working full time and tried to reduce his drug use. They were still young when Angel first became pregnant – she was only 16, but she really wanted to be a mum. Joseph wanted to be a good dad, but he didn't understand what 'being a good dad' looked like. Both his older brother and his dad had been violent. Joseph and Angel could not live with either of their parents – there were too many other people in their family homes and the chaos made it hard to cope.

Angel first reported Joseph's use of violence against her when she was pregnant for the second time. Joseph was charged and the bail conditions meant that Joseph had to seek Angel's permission to be with her. But Angel was now estranged from her family and she needed Joseph's help. She felt insecure being in emergency accommodation, and he was able to help them with the finances. She never believed he would hurt either of the babies.

After Joseph killed her new baby, he was found guilty of manslaughter and sentenced to six years in prison.

Angel struggled to cope with her life – she felt guilty that she had trusted Joseph and she began to drink heavily. However, Angel also had a toddler to look after, and she knew that she needed to prove that she could be a good parent to her surviving child. Angel attended a residential programme for mothers and toddlers who had experienced violence. While she wanted to keep staying there, there was pressure on resources and she was told she would need to leave after six months. She still felt insecure and was now also homeless and had to shift back to live with her mother. She knows that her toddler is traumatised by what she witnessed but does not know how to support her well. Angel has also been diagnosed with post-traumatic stress disorder.

Lived experience case study 2: Claire's story

As a young child, Claire experienced a significant amount of violence. Initially, she witnessed the violence that her stepfather used against her mother. Then her stepfather became violent towards her also. It was only when she was sent away to live with her father that Claire was able to start to heal. In her father's community, the whole village raised the children and she felt safe.

However, because of this past experience, Claire knew what violence looked like and she was aware that some of her siblings carried the experiences they had as children. Not all of Claire's siblings were able to recover.

When Claire's brother was imprisoned for assaulting his wife, the family were ashamed, but Claire's mother was committed to supporting her niece and nephew and Claire shared her commitment. They made sure Claire's sister-in-law had a place to stay when Claire's brother was sent to prison.

After her sister-in-law moved out, Claire was concerned that her sister-in-law was still vulnerable. Drugs and alcohol were a feature of her life as she attempted to cope with years of violence that she had also experienced growing up. Claire's sister-in-law started a new relationship with a violent man. Claire made a report of concern to Child, Youth and Family[109] about the safety of the two young children. Although the new partner was charged with assault in the past, few safety strategies were put in place, and he was able to live with Claire's sister-in-law and the children.

Soon after, Claire's nephew was killed by the new partner.

After the death of her nephew, Claire actively sought information on the safety of her niece. Errors were made and her niece's first placement after that was also unsafe. Claire is concerned that her niece requires comprehensive psychological support for the trauma that she was exposed to, but five years later specialist support still has not been provided. Claire still holds concerns about the safety of her niece. She is concerned that her sister-in-law has never come to terms with her own childhood or the trauma that resulted from the loss of her son.

Despite the length of time they have been engaged with Oranga Tamariki, Claire and her family feel as though they are not heard and constantly have to retell their story.

They are frightened for the future of Claire's niece.

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[109] Now Oranga Tamariki.

Lived experience case study 3: Marley's whānau

Tama's family lived rurally, around 25 minutes' drive from the closest town. They had lived there for generations and were able to clearly describe the lines between the land that the Crown had returned to whānau and the land that it had never given back.

Similar to many other Māori whānau, colonisation had left an indelible mark on Tama's family. The dispossession and violence had created intergenerational trauma that showed itself through drug and alcohol use as well as violence. However, Tama's whānau worked hard for each other. They were proud not to be dependent on the State.

Tama grew up exposed to his father's violence. He and his two sisters would run to their auntie's house or hide under a bridge when their 'bad dad' came home. When Tama's father gave up the alcohol and became a kinder person, three more babies were born. However, for Tama and his sisters, the damage had already been done. They struggled to understand why the new babies were treated differently and began to find comfort in drugs and alcohol, which was creating distance between Tama and his parents.

One day when the babies had grown, Tama's younger brother Marley had enough of Tama's drug use. Marley knew that their mum would get angry if Tama drove home after drinking. They were both big boys, and Tama could get violent when he was angry. Marley tried to do what was right, but the years of fighting seemed to build up on him. Before he knew what was happening, Tama was in the hospital because Marley had violently assaulted him, and the whānau was having a conversation about turning off his life support.

Marley was found guilty of manslaughter.

The judge acknowledged that Marley had not intended to kill Tama and that he had a clean record before now. Marley was sentenced to home detention and intensive supervision.

Two years after Tama's death, Marley continues to struggle to process what he has done. His whānau are responsible for getting him to follow the conditions of his sentence, but Marley has changed, and they find it difficult to cope with his frequent mood swings. The people who are treating Marley for drug and alcohol problems do not seem to coordinate their work with the probation officer. The limited support for the whānau seems to have disappeared after the court process has been completed. A lot of professionals are walking in and out of the house, but few stop to help. Marley's partner has recently had a pēpi, and the whānau are concerned about how Marley's behaviour might impact on her.

Marley's mum has also been increasingly unwell, and all of the pressures facing the whānau are building on top of each other.

Lived experience case study 4: Nicola's family

Kelly, Nicola and Sarah were close. They were all born within five years of each other and grew up in a small rural community. As they entered adulthood, Kelly and Nicola left to go to university. After their studies, Nicola returned to work on the family farm and Kelly headed overseas.

Sarah got to know Nicola's partner because they lived in the cottage of the family home while Sarah was still at home. She knew that their relationship had problems because, when Nicola tried to separate from Steve, he broke into the main house where Nicola had stayed for the night and held her up against the wall with his arm over her throat. It was the only time anyone saw any violence.

There were rumours and comments – Steve would drink too much and destroy the children's toys. Nicola tended to pay in cash a lot. But she always seemed to be coping. When she finally left, the kids had both finished school and were starting work, and Nicola made sure that Steve did not know where she had gone. She had planned everything out and managed to keep most of the animals safe. However, there were ongoing negotiations over the farm. Nicola had finally found a way to buy Steve out and they had agreed on these arrangements with the lawyer.

Nicola arrived at the farm to care for the animals early in the morning. She was feeling positive because she knew they had found a way to move on. After greeting her youngest son as he was leaving for work, she said good morning to Steve and went to get to work.

An hour later Steve had killed Nicola.

Steve was sentenced to 10 years for killing Nicola. The court process was terrible as Sarah and Kelly wanted to keep Nicola's memory intact, but Steve's family were fully supporting him. Now the children are caught in the middle. Nicola's oldest son was close to his mum – he misses her visits and cannot understand how it got to this point. With his partner he has a new baby but is struggling to be the father they need him to be. Sarah and Kelly are concerned about Nicola's youngest son. He is always drinking now. The boys are unsure about the relationship they are expected to have with their father.

Sarah has also turned to alcohol to help her cope – Kelly is worried about her and unsure about what to do. Sarah had tried to warn Nicola that Steve was unsafe, but she never believed he would do this.

Sarah is still living in the community where they grew up, but there are constant reminders of Nicola, and she forever feels guilty that she didn't do more.

Summary of current experiences

As our analysis shows, even after a significant traumatic event, support is not guaranteed. Statutory services only come into play when a report of concern is made or where people involved are aware of the support systems available and who is eligible for them. Indeed, from the data Oranga Tamariki provided for the current report and follow-up conversation, it became apparent that the initial focus was on ensuring surviving tamariki had care arrangements in place, followed by an assumption that because Victim Support or ACC was involved, ongoing social support would be provided. At present, Oranga Tamariki gives little consideration to the long-term needs of surviving children unless they are in its care or custody.

The threshold for statutory intervention is high and may not occur until children have been exposed to multiple risks over time. Numerous commentaries have drawn attention to the failure of our statutory care and protection service to engage effectively with Māori[110,111,112,113] and researchers have identified the response of Oranga Tamariki to family violence specifically as a systemic barrier to accessing support for Māori mothers experiencing family violence.[114]

Even where agencies provide statutory services, the amount of support is limited and does not reflect the holistic need of a family or whānau (see, for example, the limited support that ACC and Oranga Tamariki provide, and MSD's lack of records on whether it has provided any support). Where a family or whānau does not meet the threshold to access statutory services, it is possible that a referral to community services is available. However, the Committee's in-depth reviews have shown that referral to community services through a statutory provider may limit effective engagement, and does not give sufficient consideration to the holistic needs of the whānau or family.[115] For example, where a woman is facing intimate partner violence as a result of relationship breakdown, she may be referred to a parenting programme, yet her most pressing needs are for safe, stable accommodation and support to address the violence she is experiencing.

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[110] Māori Perspective Advisory Committee. 1988. Pūao-te-ata-tu: The Report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare. Wellington: Department of Social Welfare.
[111] Kaiwai et al 2020, *op. cit.*
[112] Office of the Children's Commissioner. 2020. *Te Kuku o te Manawa: Ka puta te riri, ka momori te ngākau, ka heke ngā roimata mo tōku pēpi. Report one of two*. URL: www.occ.org.nz/publications/reports/te-kuku-o-te-manawa/ (accessed 12 August 2022).
[113] Office of the Children's Commissioner. 2020. *Te Kuku o te Manawa: Moe ararā! Haumanutia ngā moemoeā a ngā tūpuna mō te oranga o ngā tamariki. Report two of two*. URL: www.occ.org.nz/publications/reports/tktm-report-2/ (accessed 12 August 2022).
[114] Wilson D, Mikahere-Hall A, Sherwood J, et al. 2019. *E Tū Wāhine, E Tū Whānau: Wāhine Māori keeping safe in unsafe relationships*. Auckland: Taupua Waiora Māori Research Centre. URL: https://niphmhr.aut.ac.nz/__data/assets/pdf_file/0011/330302/REPORT_E-Tu-Wahine,-E-Tu-Whanau-Wahine-Maori-keeping-safe-in-unsafe-relationships.pdf (accessed 5 October 2021).
[115] Scott D. 2006. Towards a public health model of child protection in Australia. *Communities, Families and Children Australia* 1(1): 9–16.

Considering possible solutions | Ngā otinga pea

To begin this section, we reiterate that a family violence homicide will have a ripple effect that will differentially impact on surviving family or whānau members and the wider community.[116] Ripple effects will occur within and across generations. Such experiences are compounded by responses and processes from justice and social support structures that can perpetuate further trauma.[117] Social reactions can result in the 'victim' status being 'entrenched and central to that person's identity',[118] leading some survivors to reject the notion of victimhood.

Our findings clearly demonstrate that the current support systems available in Aotearoa do not routinely acknowledge or address the need for support of child survivors of family violence homicide. As Figure 1 (Our approach, Identifying the surviving children) has highlighted, this begins with a lack of routine data collection at the time of the homicide event, which has a cascading impact on the information available to social sector support agencies.

This section explores possible solutions. We first discuss what is known to make a difference for children facing adversity. We then outline changes needed to consistently recognise this group of children and create reliable pathways to providing support for them and the people caring for them. Bringing the vision into reality sets out alternative scenarios of what good after-care may look like with these solutions in place.

There are, however, no simple solutions. The invisibility of child survivors and their wider whānau is symptomatic of wider systemic issues with the ways of commissioning and providing services in Aotearoa, as well as legislative understandings of the need for support for surviving families or whānau. The experience of survivors of the mosque attacks in Christchurch[119,120] and Forster's description of the legislative changes needed to remove disabling experiences within ACC[121] provide evidence of systemic failure to respond in a timely and effective manner to people recovering from trauma and living with disability. Such examples also raise issues with time-limited responses, and the need to walk alongside a family or whānau to meet the needs of all family members in a culturally safe manner.

Making a difference

In our sixth report,[122] the Committee drew attention to the issue of chronic and complex trauma as a way of understanding some of the foundations for men's use of violence. In the current context, we draw on these concepts again, to underscore the impact of the

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[116] Kenney JS. 2002. Metaphors of loss: murder, bereavement, gender, and presentation of the 'victimized' self. *International Review of Victimology* 9(3): 219–51. DOI: 10.1177/026975800200900301 (accessed 5 December 2022).
[117] Condry R. 2010. Secondary victims and secondary victimisation. In SG Shoham, P Knepper and M Kemp (eds), *International Handbook of Victimology* (pp 219–45). Taylor & Francis Group.
[118] *Ibid*., p 220.
[119] O'Callaghan J. 2022, 11 August. Limited support criteria creates 'divide and conquer' situation for March 15 survivors. *Stuff*. URL: www.stuff.co.nz/pou-tiaki/300617487/limited-support-criteria-creates-divide-and-conquer-situation-for-march-15-survivors (accessed 12 August 2022).
[120] Razzaq A. 2021. Welfare & Wellbeing Support for the Victims of the 15 March 2019 Terror Tragedy. Federation of Islamic Associations of New Zealand.
[121] Forster W. 2022. *Removing Disabling Experiences: A vision for the future of our people*. Law Foundation of New Zealand. URL: https://forster.co.nz/assets/image-assets/report-assets/removing-disabling-experiences-10-august-2022.docx (accessed 11 August 2022).
[122] Family Violence Death Review Committee. 2020. *Sixth Report | Te Pūrongo Tuaono: Men who use violence | Ngā tāne ka whakamahi i te whakarekereke*. Wellington: Health Quality & Safety Commission.

experience of chronic and complex trauma, as surviving families or whānau would be expected to experience (Table 2). The compounding impacts of contemporary and historical factors on whānau or family resources, especially for Māori and Pacific whānau in Aotearoa, emphasise the importance of a nuanced response, with a clear awareness of how these factors influence current experiences and responses.

Table 2: Chronic and complex trauma that surviving family and whānau could experience

When social, emotional and cultural support systems are inadequate, complex trauma can have effects such as:	For Māori and Pacific peoples in Aotearoa, such experiences will be compounded by:

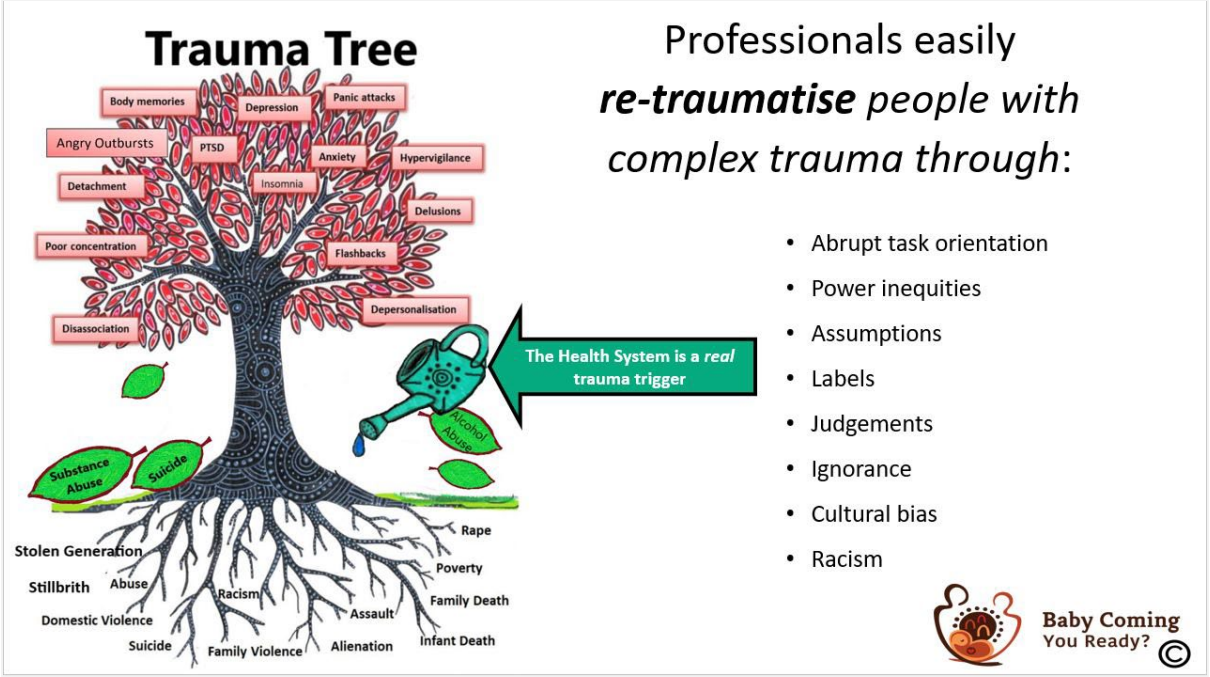
• depression and self-hatred
• difficulties dealing with emotions and impulses, including:
  – aggression
  – being overly reactive
  – being easily overwhelmed
  – finding it difficult to calm oneself
• dissociative responses such as:
  – being numb
  – being in a daze
  – having disconnected thoughts and emotions
• self-destructive behaviours such as:
  – self-harming
  – drug and alcohol addiction
• inability to develop and maintain satisfying personal relationships
• losing a sense of meaning and hope.[123]
	• connections between individual experiences and broader social contexts
	• alienation from land, language and culture[124]
	• inequitable impacts of war, police activity and social policies
	• impacts on 'secure attachment and trust, belief in a just world, sense of connectedness to others, and a stable personal and collective identity'.[125]

Figure 2 illustrates how chronic and complex trauma interacts with service delivery modalities that can contribute to (or feed) trauma experience. The developers of the Baby Coming You Ready? (BCYR) programme in Western Australia have used the Trauma Tree in their programme. Co-designed with Aboriginal communities, Aboriginal and non-Aboriginal practitioners, and Aboriginal and non-Aboriginal researchers, the programme aims to give the mother back control over her care, enhance strengths and supports, and improve maternal and infant health outcomes.

[123] Haskell L, Randall M. 2009. Disrupted attachments: a social context complex trauma framework and the lives or aboriginal peoples in Canada. *Journal of Aboriginal Health* 5(3): 48–99.
[124] Durie M. 2001. Mauri noho: despondency and despair. In *Mauri Ora: The dynamics of Māori health*. Auckland: Oxford University Press.
[125] Kirmayer LJ, Tait C, Simpson C. 2009. The mental health of Aboriginal peoples in Canada: transformations of identity and community. In LJ Kirmayer, GG Valaskakis (eds), *Healing Traditions: The mental health of Aboriginal peoples of Canada*. Vancouver: UBC Press, p 27.

> Drawing on the principles of community control and community development in health, the BCYR project aims to fulfil the needs of Aboriginal people and the practitioners who work alongside them … It is a practical innovation for working alongside Aboriginal mothers and families that enhances strengths and minimises risks.[126]

Figure 2: Trauma Tree



Source: Gliddon J. 2022. Baby Coming You Ready? Paper presented at the 2022 Annual National Stillbirth Forum. Translational Research Institute, Woolloongabba, Queensland. URL: www.youtube.com/watch?v=yqzAqYCF7k8 (accessed 9 November 2022).

Western understandings of recovery and healing universally agree that the key to making a difference for children who have experienced severe and significant trauma lies with early intervention.[127,128,129] Here 'early intervention' means identifying and providing effective support to children and young people at risk of poor outcomes.[130] However, threats to wellbeing do not only arise in the early years of a child's life. To be effective, the concept of 'early intervention' needs to be broadened to early intervention in the life of the child or the life of any problem that may emerge (see Lived experience case studies 2 and 3 in Our findings, Lived experience scenarios, for example).

Cameron and colleagues have highlighted the impact of the interruption of the process and continuity of tikanga that has resulted in an increase in whānau violence and child abuse.

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[126] Baby Coming You Ready? URL: https://babycomingyouready.org.au/ (accessed 9 November 2022).
[127] Allen G, Smith ID. 2008. *Early Intervention: Good parents, great kids, better citizens*. London: Centre for Social Justice/Smith Institute.
[128] Center on the Developing Child 2007, *op. cit.*, p 3.
[129] New South Wales Commission for Children and Young People and Commission for Children and Young People (Queensland). 2004. *A Head Start for Australia: An early years framework*. Surry Hills, NSW: New South Wales Commission for Children and Young People.
[130] Early Intervention Foundation. nd. What is early intervention? URL: www.eif.org.uk/why-it-matters/what-is-early-intervention (accessed 15 August 2022).

Conversely, we can use this knowledge to create a path back to supporting tamariki and pēpi, to respecting their mana, where tamariki are 'adored and treasured'.[131]

> Trauma is quick to settle in, but requires time, patience, perseverance to heal … respect goes a long way … a secured sense of identity and connection to each other.[132]

In the current context, 'early intervention' can be understood as the provision of effective and appropriate support when the person requiring support identifies the need for it. It is too late to avoid the traumatic event. However, the traumatic event does not resolve the family violence experienced within the family or whānau. Indeed, witnessing a homicide will have a long-term impact on surviving family or whānau members.[133] Early intervention is a recognition that the need exists, and effective support should be provided as early as possible.

Traditionally, services have operated in silos and professionals within those silos define their roles in ways that may limit their responsiveness.[134] Further, those who work within these services seldom have the skills or experience necessary to work with family or whānau members who have survived a homicide event. The Committee's in-depth reviews of death events show that service provision often appears to be driven by assessment at the expense of the development of a relationship between professionals and the whānau or family. While kaimahi may understand the value of relational practice, prescriptive service delivery contracts prioritise assessment for the purposes of establishing service eligibility, assessing risk or monitoring at the expense of the development of an ongoing relationship. The result is a repetitive cycle of assessment and referral.

In this context, the role of the professional is defined through the process of assessment rather than their response to the presenting need of the family or whānau in crisis. The assessment process reinforces to professionals that they should only take action when there is evidence of harm or abuse. As a result, professionals may have no information about what to do when there are concerns about current harm but no concrete evidence of it. Because of this ambiguity, families or whānau continue to be unheard and left struggling in isolation:

> … because at the time, I was actually scared … that my kids would get taken away from me. And I didn't want that to happen for me, or for the kids … that was why I didn't want to seek for help. And at the time, I didn't want anybody to know my business … I don't want to be the talk of the community … and I was ashamed of asking for help.[135]

Further, many current services are adult focused. While they may respond to the needs of the adult, they may overlook the wider impact on children and other whānau or family members.[136] Many whānau or families have multiple needs and, despite the rhetoric of coordinated service delivery, a collective response to families or whānau is proving difficult

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[131] Cameron et al 2013, *op. cit.*, p 13.
[132] Raumati 2022, *op. cit.*
[133] Cox JW. 2022, 18 August. Hundreds of US kids witness parents shot to death - this is what it does to them. *Stuff.* URL: www.stuff.co.nz/world/us-canada/300665176/hundreds-of-us-kids-witness-parents-shot-to-death--this-is-what-it-does-to-them (accessed 5 September 2022).
[134] Scott D. 2009. Think child, think family. *Family Matters* 81: 37–42.
[135] Uiui whānau, Family Violence Death Review Committee in-depth review, 23 June 2022.
[136] Scott 2009, *op. cit.*, p 39.

to achieve.[137,138] From the perspective of the whānau or family, establishing a healing relationship depends on their ability to recognise that at least one professional is working **with** them (a professional ally). It is difficult, if not impossible, to establish such a relationship when multiple professionals are responding.

A different approach is needed if we are to be proactive about reducing vulnerability in the aftermath of a family violence homicide. Given the current concentration of resources in crisis intervention, additional resources will be needed to address earlier failures and to provide every child, family and whānau with access to the support they need to achieve positive outcomes. Whānau of family who have experienced family violence homicide are those who pay the ultimate price for earlier failures to respond to vulnerability.

When asked, family and whānau are clear about what they require from agencies in order to receive effective support:

> [The NGO] support us, they advocate for us, … sometimes we don't have words or we don't know how to explain ourselves … they are there too … because they have been with us on this journey.[139]

The current economic climate provides few opportunities for additional expenditure. We need a long-term view if we are to avoid perpetuating the negative cycles that characterise the current situation.[140,141] Targeting services to deliver more intensive and holistic responses in a cost-effective manner to those who most need them is one way of addressing this issue. Although this makes sense in principle, it is not easy to achieve in practice.

Eligibility criteria establish whether someone can access targeted services. In this case, the central criterion could be whether someone is exposed to a family violence homicide. Within the current analysis, it was not possible to identify all children who were biologically related to the deceased or offender through New Zealand Police family violence death reviews. The real-world impact of this gap in information is that some children and their family or whānau will be considered ineligible for support.

Those who fail to meet eligibility criteria can find themselves worse off than those who are eligible.[142,143] For example, eligibility criteria for receiving support following a homicide, as defined in the Accident Compensation Act 2001, include the spouse or partner, any child or any other dependants of the deceased. As such, unless they were acting in a parenting capacity, siblings of the deceased are not eligible for any support through ACC. Indeed, in the case of a child abuse and neglect death, while the non-offending parent may be eligible for financial support to cover 'memorial' costs, they are not eligible for the ongoing support

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[137] Atwool NR. 2003. If it's such a good idea, how come it doesn't work? Theory and practice of integrated service delivery. *Childrenz Issues* 7(2): 31–5.
[138] Atwool N. 2021. Intensive intervention with families experiencing multiple and complex challenges: an alternative to child removal in a bi- and multi-cultural context? *Child & Family Social Work* advance online publication. DOI: 10.1111/cfs.12837 (accessed 5 December 2022).
[139] Uiui whānau, Family Violence Death Review Committee in-depth review, 23 June 2022.
[140] Torgerson CJ, Wiggins A, Torgerson DJ, et al. 2011. *Every Child Counts: The independent evaluation executive summary*. URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/193101/DFE-RBX-10-07.pdf (accessed 12 August 2022).
[141] While it is tempting to provide a fiscal analysis of the consequences of not providing support for surviving family or whānau members, we simply do not have the data to do this. As noted, available records make it difficult to determine who are surviving family of whānau members. Threshold setting for service delivery also limits analysis. As the scenarios in this report show, many survivors experience health and social impacts that administrative data sets never capture.
[142] Gilbert R, Kemp A, Thoburn J, et al. 2009. Recognising and responding to child maltreatment. *Lancet* 373: 167–80.
[143] Scott 2006, *op. cit*.

that is available following an intimate partner homicide.[144] Such experiences are at the heart of the failings of the approach to supporting the wellbeing of survivors from the 15 March terrorist attack,[145] as well as recommendations to restructure or reimagine ACC.[146] Targeting relies on recognition of the need for support and our analysis clearly identifies that child survivors of family homicide are excluded from our system's policies, service and support provision, an experience that survivors from the 15 March terrorist attack again share.[147]

The alternative to targeting is usually perceived to be universalism – that is, making available full and comprehensive support structures for all families or whānau in Aotearoa. It is important to note that, within specific contexts, current evidence suggests that support provision should not be presented as universalism **or** targeting. Rather, a combination of both is required to provide the most effective support. For example, within educational settings, schools that provide a school-wide (universal) trauma- and violence-informed approach become more attuned to the needs and challenges of traumatised students. These schools are then better positioned to handle classroom disruption without the need for punitive responses and to address the needs of students who have not yet been identified as requiring additional support. However, within any given context, targeted responses continue to be required for those with more complex needs. The universal, school-wide response provides a safety net for targeting that does not identify all who need additional supports:

> It assumes that ACEs [adverse childhood experiences] and traumatic stress are widespread in the general student population, and that children who experience adversity are best served by a system that is safe and supportive of children regardless of need and level of risk for future impairment.[148]

At the national level, the major objections to providing universal support are the high cost, the waste of resources in providing services to families or whānau who may not need them and the disproportionate advantage this system gives to middle-class families.[149] There are, however, other disadvantages. Universality does not guarantee that all families will engage with services provided and there is a risk that the families most in need are the most likely to be under-represented.[150,151] One reason for this may be that universal services are Eurocentric in their orientation and fail to provide culturally responsive services. Similarly, if universal services are to reach everyone who needs them, people must see 'mainstream' services as trusted providers in their history of responding to the family or whānau concerned. In-depth reviews reveal the impact of distrust of these services and how this

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[144] Eligibility is defined according to dependency on the deceased. In the case of intimate partner homicide, the surviving child will have been dependent on the deceased. However, in the case of child abuse and neglect homicide, the surviving parent is unlikely to have been dependent on the deceased for material support.
[145] Razzaq 2021, *op. cit.*, p 6.
[146] Forster 2022, *op. cit.*, p 3.
[147] Razzaq 2021, *op. cit.*, p 22.
[148] Herrenkohl TI, Hong S, Verbrugge B. 2019. Trauma-informed programs based in schools: linking concepts to practices and assessing the evidence. *American Journal of Community Psychology,*64(3-4): 373–88, p 385. See also Substance Abuse and Mental Health Services Administration. 2014. *SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
[149] Torgerson et al 2011, *op. cit.*
[150] Buchanan A. 2006. Including the socially excluded: the impact of government policy on vulnerable families and children in need. *British Journal of Social Work* 37: 187–207.
[151] Cortis N, Katz I, Patulny R. 2009. Engaging hard-to-reach families and children. Occasional Paper no. 26, Stronger Families and Communities Strategy 2004–2009. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

distrust is a rational response for a cohort of people whose acute experience of failed service provision has resulted in the death of a family or whānau member.

However, there is a strong argument for universalism in some aspects of providing access to resources for surviving families or whānau. As we have described, people in our analysis comprise an over-representation of families or whānau who have repeatedly experienced the failure of government systems. Most of these families experienced overlapping patterns of violence, including poverty, housing insecurity, unmet health care needs and intimate partner violence and/or child abuse. Notably, these experiences of structural violence occurred before as well as after a homicide event. Poverty, housing insecurity and unmet health care needs can only be addressed through the universal provision of services so that all who call Aotearoa home have access to basic human rights – health, housing and an adequate income. Without the ability to routinely identify surviving families or whānau, it is imperative that access to fundamental resources is available to support survivors to heal from the trauma experiences. Therefore, as with the example of trauma-informed schools described above, a trauma-informed society provides universal services as a safety net for those who have not yet been identified as needing additional support:

> Trauma and systems of oppression are inextricably linked. High rates of poverty, inequality, and family violence are embedded in New Zealand social, political, and economic systems.[152] At the microlevel, these are perceived to be individual failings, but the stark reality is that such problems will never be addressed by social workers on a case-by-case basis.[153] There is a risk that if systemic oppression is ignored, trauma-informed practice will maintain the status quo by perpetuating patterns of victim-blaming, silencing, and shaming.[154] Poverty and inequality are amenable to macrolevel intervention, and if government agencies are to embrace a trauma-informed approach, the detrimental impact of these stressors will need to be addressed in a systemic way.[155]

Where families or whānau do not have a history of engagement with services and lack experience of reaching out and seeking support, they can develop negative coping strategies as a result of a desire to project resilience or stoicism to their community (see, for example, Lived experience case study 4 in Our findings, Lived experience scenarios). In such circumstances, the whakamā of experiencing a family violence homicide can hold family or whānau members back from seeking support. It is these situations that depend on the insights of helping agencies or organisations to identify the need or vulnerability that exists and then be willing for the response to be family- or whānau-led.

Solutions are emerging, guided by Whānau Ora approaches to service commissioning and navigation. For example, Ngā Tini Whetū provides a prototype of comprehensive engagement with whānau at risk for children entering care. Kaiārahi engage directly with whānau to enable whānau to shift from averting crisis, to stabilising and then moving towards thriving and flourishing. Through delivery by Whānau Ora partners, ‘day to day

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[152] Johnson A. 2016. *Moving Targets: State of the nation report.* Auckland: Salvation Army Social Policy and Parliamentary Unit.
[153] Larkin H, Felitti V, Anda RF. 2013. Social work and adverse childhood experiences research: implications for practice and health policy. *Social Work in Public Health* 29(1): 1–16. DOI: 10.1080/19371918.2011.619433 (accessed 5 December 2022).
[154] Becker-Blease KA. 2017. As the world becomes trauma-informed, work to do. *Journal of Trauma & Dissociation* 18(2): 131–8. DOI: 10.1080/15299732.2017.1253401 (accessed 5 December 2022).
[155] Atwool N. 2019. Challenges of operationalizing trauma-informed practice in child protection services in New Zealand. *Child & Family Social Work* 24: 25–32. DOI: 10.1111/cfs.12577 (accessed 5 December 2022).

decision making happens away from an overly risk-adverse and micro-managed environment. The focus stays on whānau.'[156] Service provision and support through a trusted provider also enhances engagement with whānau, increasing the likelihood for success.[157]

However, evaluation of Ngā Tini Whetū also illustrates why such initiatives exist as prototypes rather than progressing towards a business-as-usual approach. In particular, despite changes in the Public Service Act 2020 to enable it, the process for collaboration was not considered straightforward. Financial barriers continued to exist, requiring the involvement of many government ministers.[158] To address this, the evaluation of the initiative recommended considering innovative funding solutions to support Māori–Crown and Iwi–Crown partnerships as well as cross-agency resourcing.

In our seventh report, the Committee highlighted how community-based services that were responsive to the needs of families or whānau (reflecting Whānau Ora approaches) were able to establish trusting relationships, building the foundation to address safety concerns or re-establish support structures needed for safety. Whānau Ora and initiatives such as Ngā Tini Whetū provide examples of whānau-led decision-making, where whānau or families become experts in their own story and can address and resolve crises.

> NGOs and Iwi social services work really hard to lift people up. And that means evaluating and evidencing the effectiveness of your approach to lifting people up. You prove how good you are at lifting people up. But what you don't do is measure the impact of the system that pushes people back down. So, when you get denied food or emergency housing, or if you get denied an increase in your benefit when the mokopuna are staying with you or if you get denied an appointment with a specialist for your kids' hearing to be tested, or get denied access to a living without violence programme because you haven't been through the courts? … What are the precursors to family violence? … What are the things that people don't get help with currently, like mild to moderate mental health, or respite care for children with learning disabilities? The things that people struggle to get early intervention support with, that could be the drivers of the more serious problems. The churn is all over the place. The churn is when we turn people away and make them wait till they're bad enough to come back. That's the churn.[159]

In contrast, our reviews also capture whānau or families whose experience of violence is not 'prosecutable' within the court system. However, that violence does exist and may continue for a prolonged period before the death event. For example, during the relationship the violence may have been primarily psychological or controlling, but also may have been seen as 'normal relationship dynamics' as it upheld traditional patriarchal norms. In the aftermath of such experiences, the silencing of the experience and the othering of the victim through court processes can lead surviving family or whānau members to internalise their experiences, believing that they do not need or deserve support.

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[156] Aiko. 2021. *Ngā Tini Whetū: Lessons learnt*. Report prepared for Whānau Ora Commissioning Agency, Te Puni Kōkiri, Oranga Tamariki and ACC. URL: www.acc.co.nz/assets/research/nga-tini-whetu-lessons-learnt-report-by-aiko.pdf (accessed 30 August 2022).
[157] Durie M. 2017. Ngā Tini Whetū – a navigational strategy for whānau journeys. *Kura nui o Waipareira* (1): 25–40.
[158] Aiko 2021, *op. cit.*, p 22.
[159] Leslynne Jackson, Manaaki Tairāwhiti, quoted in Family Violence Death Review Committee 2022, *op. cit.*, pp 63 and 64.

There is clearly no one-size-fits-all answer, and the challenge is to provide cost-effective early intervention to those with greatest need, as well as opportunities for sustained periods of support that people may access for a long time. A public health model has the potential to provide an adequate level of universal services as the backdrop for access to more targeted support[160,161] for families or whānau who have experienced a family violence homicide. However, choice needs to be built in to such a model, allowing families or whānau to identify who is most appropriate to take the lead in responding to their situation.

The Children's Act 2014 assigned responsibility for child wellbeing to all government ministries that have contact with children and their whānau and required them to develop Children's Action Plans. Allocating this responsibility across sectors in this way had the potential to help implement a public health approach, but significant change did not eventuate because legislative barriers and limitations continued to constrain agencies' operational actions. In particular, 'the system incentivises separate agencies to be enterprising about their own resources, focused on the production of outputs, but [they are] not incentivised to connect with others or focused on achieving better outcomes'.[162]

The coalition Government prioritised the development of a Child and Youth Wellbeing Strategy that promised to reinvigorate efforts to increase timely access to supports for all children, young people and their whānau. Little progress has been seen but the 2022 Oranga Tamariki Action Plan demonstrates a renewed commitment to realising the vision of the strategy. It remains to be seen whether other government agencies will support the implementation plan that Oranga Tamariki has developed.[163]

Repeated failings of government agencies to effectively implement a collective approach to working, as the in-depth reviews frequently identify, provides evidence supporting family- or whānau-led approaches to address family or whānau needs. As highlighted above, Whānau Ora commissioning approaches, where whānau are encouraged to be 'architects of their own solutions',[164] have the potential to create the conditions to achieve sustainable change. However, for this to be successful, government agencies need to be responsive when requested to release resources to support this process.

Even though Whānau Ora commissioning approaches have existed since 2010,[165] government agencies continue to need to build experience, capability and capacity to support the approach.[166] The evaluation of Ngā Tini Whetū highlighted how a poor 'risk appetite' can prevent agencies from taking a whānau-led approach.[167] However, as Manaaki Tairāwhiti clearly describes in its work, the actions of agencies also serve to push whānau

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[160] Reading R, Bissell S, Goldhagen J, et al. 2009. Promotion of children's rights and prevention of child maltreatment. *Lancet* 373: 332–43.
[161] Whitaker DJ, Lutzker JR, Shelley GA. 2005. Child maltreatment prevention priorities at the Centres for Disease Control and Prevention. *Child Maltreatment* 10: 245–59.
[162] State Services Commission. 2019. *Regulatory Impact Assessment: Impact Statement: State Sector Act reform*. Wellington: State Services Commission. URL: www.treasury.govt.nz/publications/risa/regulatory-impact-assessment-impact-statement-state-sector-act-reform (accessed 26 September 2022).
[163] Oranga Tamariki. Oranga Tamariki Action Plan implementation plan. URL: www.orangatamariki.govt.nz/assets/Uploads/About-us/New-ways-of-working/OTAP/Oranga-Tamariki-Action-Plan-implementation-plan.pdf (accessed 12 August 2022).
[164] Independent Whānau Ora Review Panel. 2018. Whānau Ora Review: Tipu Matoro ki te Ao. Final Report to the Minister for Whānau Ora. Wellington: Te Puni Kōkiri.
[165] Independent Whānau Ora Review Panel 2018, *op. cit.*, p 20.
[166] Aiko 2021, *op. cit.*, p 3.
[167] Aiko 2021, *op. cit.*, p 5.

and families down, effectively punishing them where they are not prepared to 'do what it takes' to meet the need presented.[168]

In our uiui whānau, we have heard from survivors who have been made homeless because they were not listed on a tenancy agreement, who have not been considered victims because they were related to the offender, who have had to continue to fight for support despite the significant amount of trauma they have experienced, and whose children have never been offered emotional support even after they were present at the homicide. We have regularly heard from mothers who have had to prove their parenting ability when their partner has killed their child, no matter what significant physical and emotional trauma they have experienced. In such circumstances, relationships with hapori or community services have been a means of re-establishing trust, of enabling families or whānau to take the lead in identifying need and in accessing the support that people need. However, this outcome has often only come about through sustained advocacy on the part of hapori or community services rather than because agencies have devolved people and finances to allow whānau to be architects in their own solutions.

Instead, the experience of the Committee is that surviving whānau or family members are left to support each other through the complexity of emotions that they are experiencing, where a lack of material resources may be compounding a lack of emotional resources, and where survivors adopt unhealthy coping mechanisms in the absence of well-resourced, holistic and sustained support. These experiences lead the Committee to caution against placing an unrealistic burden on wider family and whānau members who may also be on their own healing journey following the death of a loved one. In numerous examples, agencies encourage survivors to lean on family members when those family members are also undertaking their own healing journey and do not have the emotional capacity to provide the support required:

> For me, I don't like to hear about other people's problems … you can't help someone when they don't want it … you just have to distance yourself to regain your strength, protect your hearts and your thoughts.[169]

Where to from here?

The current pattern of service delivery allows far too many children and families or whānau to fall through the cracks. Tinkering with the existing arrangements will not produce a much-needed fundamental shift. Rather, the Committee has identified that, at a minimum, it is necessary to review the eligibility criteria of current supports, review and extend the time of timebound support, empower social service providers to d evelop holistic support services to respond to survivors, and implement a public health model to respond to family violence. Moving further towards an ideal solution requires the following core components:

1. 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

[168] Family Violence Death Review Committee 2022, p 63.
[169] Uiui whānau, Family Violence Death Review Committee in-depth review, 23 June 2022.

2. a professional ally with specialist skills and experience, who act as a 'super-advocate' for surviving whānau or family members.
3. 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 having someone with power to procure necessary resources
4. a tailored approach that is family- or whānau-led, responding to what they need.

Any policy initiatives must be based on a whole child/whole whānau approach that includes all government agencies with direct and indirect impacts on family life. The United Nations Convention on the Rights of the Child provides a framework for such an approach and is compatible with a public health strategy.[170] Given the questions about how applicable a focus on individual children's rights is to Indigenous cultures in the absence of an understanding of collective support structures and Indigenous knowledge systems,[171] the United Nations Declaration on the Rights of Indigenous People needs to stand alongside any solutions to provide a solid foundation.[172] It will also be important to include the rights of those with disabilities at the heart of systemic change.

As the starting point, we must assume that all families and whānau may need additional support at times. It is in the nature of family life that we meet with difficulties and the main influence on our capacity to manage these is whether we have positive experiences of overcoming challenges. Agencies have numerous points of contact with survivors in the aftermath of a family violence homicide, yet no agency is currently charged with a duty to care for them.

Each community is likely to have different patterns of need and Aotearoa has a strong tradition of responsive community-based initiatives.[173] A key factor in whether a whānau or family is able to achieve positive outcomes in the face of adversity is whether they live in a cohesive community.[174] Local approaches are needed to capitalise on this phenomenon. A key characteristic of community-based approaches is that they grow from the ground up. Central government's role changes from prescribing to facilitating support, and intervention is designed and delivered at the community level in partnership with survivors.[175] This is consistent with the Social Sector Commissioning Principle of ensuring that individuals, families, whānau and communities can exercise choice:

> Communities should continue to design and deliver tailored responses and government needs to learn how to best support that.[176]

A range of programmes and services are now being provided by national and local NGOs, Iwi social services, and community-based trusts. The challenge is to provide families and

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[170] Reading et al 2009, *op. cit.*, p 1.
[171] Blackstock C, Bamblett M, Black C. 2020. Indigenous ontology, international law and the application of the Convention to the over-representation of Indigenous children in out of home care in Canada and Australia. *Child Abuse & Neglect* 110(1): 104587. DOI: 10.1016/j.chiabu.2020.104587 (accessed 5 December 2022).
[172] United Nations Declaration on the Rights of Indigenous Peoples. URL: www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf (accessed 12 August 2022).
[173] Family Violence Death Review Committee 2022, *op. cit.*, p 44.
[174] Jack G. 2000. Ecological influences on parenting and child development. *British Journal of Social Work* 30: 703–20.
[175] Family Violence Death Review Committee 2022, *op. cit.*, p 87.
[176] Ministry of Social Development. 2022. *Social Sector Commissioning. Sector Update*. Wellington: Ministry of Social Development. URL: www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/social-sector-commissioning-update-2022.pdf (accessed 26 September 2022).

whānau with access to the right mix of services and keep them engaged with those services. A paradigm shift is needed to embrace the notion of services working alongside one another rather than the current view that one agency's involvement allows others to opt out.[177] Navigators, key workers or kaiāwhina work alongside families and whānau for as long as they are needed, helping them determine priorities and manage the potentially overwhelming competing demands.

Such a person embodies a 'super-advocate', a kaiāwhina who possesses the strength of character that allows them to walk alongside families or whānau and resolve the structural barriers preventing healing and has been endowed with the mana or authority to demand support from other agencies or organisations.

A logical entry point for access to after-care for child survivors of family violence homicide could be the inter-agency forums established in the family violence sector. The Integrated Safety Response pilots and Whāngaia Ngā Pā Harakeke have protocols in place that allow agencies to share information and identify the most appropriate agency to reach out to a whānau or family following a family violence homicide. However, as we have noted throughout this report, the success of this approach requires an understanding of **who** are the victim survivors from a family violence homicide.[178]

A paradigm shift in the direction of coordinated and sustained service delivery will, however, only be effective if there is a significant shift in the driving force behind service delivery. As outlined in our seventh report,[179] Eurocentric and legalistic notions of a duty **of** care currently dominate public service understandings of their role. Specific criteria define whether someone is eligible for services and people who do not meet the criteria or fail to meet specific requirements on which support is contingent are denied support. The only way of providing consistently timely access to needed support is to shift the emphasis to a duty **to** care. With this emphasis, the focus becomes on creating pathways to support through adopting the policy of 'no wrong door'. If it is not within a particular agency's mandate, the agency is at the very least obliged to refer a person to an alternative agency and follow through to see that the agency engages them. Ultimately, the goal should be to design and legislate for a response system that is fit for purpose.

As a signatory to the United Nations Convention on the Rights of Children, the Government has an obligation to honour the rights of all children. This includes ensuring that families and whānau have the resources needed to fulfil their responsibilities and, ideally, to flourish.[180] If we are to respond effectively to children made vulnerable by their circumstances, we need an approach that incorporates all three levels of the ecological model:[181] macro, meso and micro.

[177] Independent Whānau Ora Review Panel 2018, *op. cit*., p 7.
[178] Razzaq 2021, *op. cit*., p 22.
[179] Family Violence Death Review Committee 2022, *op. cit*., p 42.
[180] Kingi TK, Durie MK, Durie M, et al. 2014. *Te Puawaitanga o Ngā Whānau: Six markers of flourishing whānau*. Palmerston North: Massey University
[181] Bronfenbrenner developed the ecological model in the 1970s to describe human development and the complex interaction between individuals and their environment. Where the two are naturally aligned, development (as opposed to survival alone) can occur. The original model has four layers: micro (the individual and their home, work or school); meso (home–school,

Macro level

The macro level forms the backdrop for providing families or whānau with access to the social determinants of good health and preventing existing inequities from further disrupting their pathway to healing.

- Reduce inequality, eliminate child poverty and increase availability of housing so that no child or whānau is denied access to the social capital they need to achieve positive outcomes.
- Change the way services are commissioned[182] to establish a partnership approach that acknowledges community expertise and culturally responsive services. Te Aorerekura promotes an approach that requires government agencies to 'adopt a relational approach to commissioning that emphasises trusted, meaningful relationships with partners that can be shown to work in ways that are safe and valued by the communities they serve'.[183]

Meso level

The meso level defines the settings in which social relationships occur, and therefore the settings that can contribute to healing. It reflects the need for services to be trauma- and violence-informed so they can help people navigate support systems and create emotionally and physically safe environments for staff and for people engaging with the service.[184]

- Develop shared knowledge, skills and values among professionals working with surviving family or whānau members to facilitate communication and effective service delivery. Critical components include a relational approach, cultural safety and trauma-informed models of practice.
- Empower community leaders to coordinate service delivery within communities and identify gaps or emerging issues that require a response.
- Consult and be flexible when developing new services to tailor them to the needs of the diverse groups within our communities. This includes actively involving children, young people and families in the design and delivery of local initiatives so that they are relevant to and have buy-in from the intended recipients.
- Design funding packages that facilitate support, sustain service delivery over time, allow for active outreach to marginalised whānau and support wraparound services.
- Use evaluation strategies that address the complexity of service delivery and are outcomes focused.

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home–peer relations); exo (major institutions); and macro (laws, regulations and social norms). Bronfenbrenner U. 1977. Toward an experimental ecology of human development. *American Psychologist* 32(7): 513–31. We have excluded exo in this current analysis as it is assumed that macro-level decisions will have a direct impact on the exosystem.

[182] We acknowledge that it is a simplification to focus only on commissioning practices at the expense of understanding the legislative framework that upholds such practices (such as the Public Finance Act 1989, the Commerce Act 1986, individual agencies' enabling legislation, individual agencies' key performance indicators and Government Procurement Rules). However, as highlighted in our seventh report, the Public Service Act 2020, the Public Finance (Wellbeing) Amendment Act 2020 and the social sector commissioning principles provide an enabling environment.

[183] Board for the Elimination of Family Violence and Sexual Violence. 2021. *Te Aorerekura – the Enduring Spirit of Affection: The National Strategy to Eliminate Family Violence and Sexual Violence.* Board for the Elimination of Family Violence and Sexual Violence. Wellington: URL: https://tepunaaonui.govt.nz/assets/National-strategy/Finals-translations-alt-formats/Te-Aorerekura-National-Strategy-final.pdf (accessed 6 December 2022).

[184] Family Violence Death Review Committee 2020, *op. cit.*

Micro level

As we have recognised throughout this report, it is in the nature of family life that we meet with difficulties and the main influence on our capacity to manage these is whether we have positive experiences of overcoming challenges. Whānau- or family-led services provide the opportunity to create these positive experiences where kaiāwhina are able to walk alongside people, using their connections and influence to support people to move away from crisis and towards flourishing.[185]

- Identify services with the knowledge and skills to support whānau where a family homicide has occurred.
- Establish community-based forums to recognise whānau in need of support, provide active outreach to whānau and facilitate coordinated service delivery.
- Develop practice guidelines to support those working with whānau after a family homicide event has occurred (see Practice guidelines).
- Engage with families and whānau who need support.

[185] Durie 2017, *op. cit.*

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In Our findings, Lived experience scenarios, we set out four lived experience case studies drawn from our in-depth reviews. What follows are alternative scenarios to each of those experiences, illustrating what after-care could look like under the public health response we have proposed.

Alternative scenario case study 1: Joseph and Angel

Despite the pressure on resources, the case worker assigned to Angel realised it was essential to ensure that plans had been made for her discharge. During the time in the residential programme, Angel had begun to trust her case worker and was able to open up about her difficult family relationships, overcrowding at home and Joseph's control of her. The case worker was a strong advocate for her and she managed to secure social housing for Angel that she was discharged into.

Agencies were also aware that Angel was going to need ongoing support. She continued to experience anxiety and depression as a result of the death of her baby and was uncertain of her ability to effectively parent her toddler. Her relationship with her family also needed repairing – Angel felt like her family blamed her for what happened. Before she was discharged, Angel met and formed a relationship with an NGO kaiāwhina who would support her as a parent as well as providing ongoing support for her toddler. The kaiāwhina also encouraged Angel to invite her family along to support sessions so they could work on their relationship.[186]

The NGO supported the kaiāwhina to take on a key-worker role and reach out to other services so they could take a consistent and collaborative approach. The kaiāwhina was acutely aware that Angel needed support in negotiating her relationship with Joseph. He was able to continue to influence Angel from inside prison, increasing her sense of insecurity and that she was unable to move forward. The kaiāwhina, Angel and a prison support officer had a meeting to understand the dynamics of the situation and what would help Angel. The prison support officer was able to use the information from this meeting to develop a richer understanding of the interventions necessary for Joseph while he was in prison. They agreed what success and rehabilitation might look like and continued to meet regularly to determine if the work that was being undertaken inside the prison was having an impact on how Joseph related to Angel. Plans were also put in place to address Joseph's relationship with his family once he was released from prison.

[186] Ohomairangi Trust. nd. Hoki ki te Rito theory of change. URL: www.ohomairangi.co.nz/theory-of-change.html (accessed 30 August 2022).

Alternative scenario case study 2: Claire

After being notified that her nephew had been killed, Claire contacted Oranga Tamariki to reiterate her concerns about the safety of her niece. This time they listened and invited Claire, her mother and her niece's other grandmother to a meeting to decide what would be appropriate for the immediate future.

The hui included two highly skilled social workers who understood the emotions that the participants would bring into the room as a result of the homicide. While time was set aside to acknowledge these emotions, everyone involved was clear that the main aim for the day was to work through what was needed to keep Claire's niece safe.

It was evident that Claire's sister-in-law was not coping. She needed some time to address her grief. Claire and her mother offered to provide safe and stable accommodation for her niece for as long as was necessary. The meeting participants made plans about how Claire's sister-in-law could access ACC funding. They decided on the additional support that would be available for her niece,[187] including a psychologist who specialised in significant childhood trauma and teacher-aide support for when her niece started school.

Because of the range of emotions that whānau members expressed during the first meeting, Oranga Tamariki agreed to maintain contact with both families to help resolve any disputes that emerged.

Oranga Tamariki supported Claire to take her niece home to her village, with the aim of giving her a sense of belonging and the opportunity to feel the same support that Claire had received as she was growing up.

Over the five years, it hasn't been smooth sailing the whole way. After two years, they had to acknowledge that Claire's sister-in-law was not going to be able to raise her niece. Occasionally, Claire's niece will act out in response to the trauma she experienced. However, Claire and her partner know how to work with the emotions that are there, drawing on the excellent support from the psychologist. They are able to face the future with a sense of hope.

[187] For such support to be available, a change in ACC funding is needed to allow parents and surviving siblings of child abuse and neglect homicides to access support for psychological injury.

Alternative scenario case study 3: Marley's whānau[188]

As part of his home detention, Marley and his whānau were referred to the local Whānau Ora provider. While acknowledging that Marley needed to 'repay his debt to society' as part of his sentence, the judge also recognised that the whānau, as a whole, needed to heal. For Marley to successfully complete his sentence, it was necessary to repair relationships, address trauma and develop trust.

Under the Whānau Ora commissioning model, it was possible to devolve funding and decision-making to respond to whānau aspirations. For Marley and his whānau, a central issue was to address intergenerational trauma by creating a cohesive and nurturing environment for the mokopuna who were being born into the whānau.

The whānau identified that they needed dedicated time in a safe and supportive environment. They worked alongside the Whānau Ora provider to plan and guide a wānanga to be held at their local marae. They received financial support for the process as many of the whānau needed to take time off work, koha was required for the marae and resources and activities were needed to contribute to the healing of the whānau.

The whānau are aware that the wānanga is only the start of their healing journey. However, because of this process, they have strengthened relationships, re-established trust and improved their own confidence to participate in te ao Māori. They have a plan to meet again for regular, dedicated time together. The end of their wānanga included discussions with Probation Services to understand what home detention would look like, what support they should expect, what their responsibilities were for Marley and what Marley's responsibilities were to both his whānau and Probation Services.

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[188] Adapted from: Savage C, Hynds A, Leonard J, et al. 2019. *Impact Report for Wave 7 Whānau Commissioning Initiatives for Te Pūtahitanga o Te Waipounamu*. Whānau Wānanga PS Haitana Whānau Trust. URL: https://communityresearch.org.nz/wp-content/uploads/2020/10/2.-Haitana-Wha%CC%84nau-Wa%CC%84nanga-2.pdf (accessed 11 August 2022).

Alternative scenario case study 4: Nicola's family

Sarah and Kelly, while sisters, had completely different needs. Kelly focused on using her experience to advocate for others. In contrast, Sarah felt responsible for what had happened.

During the busyness leading up to the trial, Sarah had a channel for her emotions. After sentencing, she felt isolated. However, police staff were aware of the potential for Sarah to feel lost and put her in touch with Rural Women. In turn, Rural Women were able to help Sarah feel connected to her rural upbringing, but understood her feeling of no longer belonging in the community that supported Nicola's partner. Rural Women provided Sarah with a list of options for specialist trauma support. Meanwhile, they also encouraged Sarah to continue to engage in the activities that she enjoyed and that she had previously shared with Nicola.

ACC proactively contacted Nicola's sons to offer them support.[189] At the start, neither was interested. However, over time, the partner of Nicola's oldest son encouraged him to take up this support. She needed him to be a father to his kids and his grief was preventing him from really engaging. While ACC focused on his needs specifically, it also offered support for his partner and play therapy for the kids. It was important that they worked through the experience as a family so everyone was aware of what was going on.

Nicola's younger son took longer to understand that he needed help. ACC got in touch every year and, after he received a warning from his boss, he started to recognise that he needed help. He hadn't realised how much he had begun to depend on alcohol to keep the memories and emotions away.

As the date of release draws nearer, both of the boys have an opportunity to discuss how their relationship with their father is going to work with a trusted person who doesn't have emotional ties. This support is important for both of them as it gives them the space to make decisions about their futures in a way that keeps them safe. The connection has also allowed them to develop a better appreciation of the impact of their childhood on them as young men now.

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[189] Again, this support is not available within the existing ACC legislation. Changes would be required to cover Nicola's sons for psychological trauma arising from their mother's death. Currently, the full extent of support ACC may be able to provide is weekly compensation for the loss of their mother's income, if she had her own income.

All four alternative scenarios have the following steps in common.

1. Recognise the need for ongoing support and a person or organisation who accepts responsibility for facilitating this. It is important to note that this recognition does not depend on the kaiāwhina being employed by one particular agency or organisation; rather the kaiāwhina is relational and has the flexibility to respond to the need presented at the time.
2. Recognise that people may not be willing to engage early in their experience of trauma but that their views may change over time, which agencies can encourage through active outreach.

   This is possibly one of the more difficult steps to take. It requires an understanding of the trauma that has occurred in the past and an acceptance that support should always be available when people seek it. The system already has a precedent for services with open-ended availability: ACC's sensitive claims allow for clients to seek out support when they are ready rather than requiring them to do so within a predefined timeframe.
3. Design referral pathways for coordinated multi-agency responses.

   Current referral pathways have the potential for families or whānau to fall between the cracks. Those described in this report will have a shared experience of failed referral pathways and inappropriate referrals, and of negative perceptions in records indicating they are 'difficult to engage' or 'did not attend'. It is the responsibility of agencies or NGOs to:

   - where possible, make referrals that are whānau-led and kaiāwhina-supported
   - canvass the previous experience of the whānau or family with partner agencies or organisations and take any concerns or hesitations into account
   - take steps to facilitate successful engagement with families or whānau, understand road-blocks to engagement and address these road-blocks.
4. Have a diverse range of community-based services so that the whānau or family has access to culturally relevant ways of working.

   As we have highlighted in this report, it is not possible to identify the support or services surviving family or whānau members will need straight after the trauma. Agencies or organisations that are coordinating support for the family or whānau need a comprehensive understanding of the types of support available in the community so they can provide access to the support that the whānau requires. To be effective, networks of support must have an interconnected support structure within the community and networking opportunities for kaiāwhina to share their knowledge of what is available.
5. Identify a kaiāwhina to walk alongside the whānau or family for as long as needed.

   As step 1 above notes, the role of kaiāwhina cannot depend on a single agency or organisation. What it does require, however, are specialist supportive and advocacy skills. Recognising the need for additional support must become part of business as usual among agencies or organisations that are likely to provide support for surviving family or whānau members. As such, each agency or organisation needs to provide for kaiāwhina roles that have the flexibility to be whānau-led, working for the wellbeing of the family or whānau rather than being focused on the mandate of the organisation.

6. Design organisational infrastructure to allow the kaiāwhina and the whānau or family to have access to resources and support.

   Another aspect of the flexibility in the kaiāwhina role is that they have the availability and resources to respond as and when appropriate. Rather than meaning every agency or organisation must have all the resources required, this flexibility can be achieved through having networks that allow access to other organisations or agencies that will help to maintain the health and economic, social and cultural wellbeing of the family or whānau.[190]

7. Respect the mana of the kaiāwhina and the family or whānau at the inter-agency level to facilitate access to supports and services they need.

   In this context, respect requires agencies and organisations to be prepared to include kaiāwhina and the family or whānau in planning meetings when discussing the access to supports and services. In doing so, they must uphold the authority of the whānau or family to be experts in their own lives and allow whānau or family to identify what is important for them, at what time. In supporting this approach, agencies will need to re-orientate their views as to who is an 'expert'.

8. Provide supports and services that embody the ethos of a duty to care and be willing to find solutions to obstacles to healing and recovery that you identify.

   As our Seventh Report explains, a duty **to** care requires that agencies support kaiāwhina to work outside their mandate and allow them to be led by the family or whānau. It requires that whānau are experts in their own lives, control the narrative that is captured about them and can be open and honest about the obstacles they face. Grounding kaiāwhina practice in the principles underpinning the Seventh Report, along with the reflective questions supporting them, will further embody a duty to care. Box 4 sets out these principles and reflective questions (adapted from the Seventh Report to be appropriate for families or whānau instead of community).

9. Use effective commissioning processes in partnership with Iwi, hapū and community so that organisations have stability and continuity.

   Particularly where national offices are involved in commissioning, families or whānau bear the impact of poor commissioning processes that focus on key performance indicators and monitoring at the expense of developing relationships and walking alongside whānau or families. For the previous steps to be possible, commissioning processes need to be flexible enough to allow Iwi, hapori and community services to develop the capacity and capability to respond to families or whānau.

10. Have flexible service delivery processes that can tailor responses the needs of families or whānau rather than requiring them to fit into fixed criteria.

    Finally, service delivery arrangements that build on the flexibility of step 9 will also allow Iwi, hapori or community services to walk alongside a family or whānau as long as they need the support. The work of the Committee has highlighted that these organisations are often able to develop trusting, therapeutic relationships of a kind that government

[190] In this context, the infrastructure referred to is 'soft infrastructure', which includes services, social groupings and personal skills. Dyer M, Dyer R, Weng M-H, et al. 2019. Framework for soft and hard city infrastructures. *Proceedings of the Institution of Civil Engineers – Urban Design and Planning* 172(6): 219–27.

agencies are not able to develop. Service delivery processes should build on these relationships rather than placing obstacles in the way of people working towards wellbeing.

These steps align with the Public Service Commission's Model Standard on working with survivors of large-scale catastrophic events.[191] The Model Standard acknowledges that those involved in catastrophic events need varying levels of help at varying times. It also acknowledges the need for a 'no wrong door' approach to help survivors to navigate complex systems. While survivors of family violence homicide do not share the large-scale nature of the experience, they have progressed through a catastrophic event. Theirs is not an experience shared with a group of people at a particular point in time, but the community has a gradual increase in membership of those whose lives the experience has forever changed and who follow a similar journey to survivors of large-scale events:

- the immediate aftermath, when the focus is on the necessities of life, reuniting with loved ones, and connecting with support networks who may not be local
- the adjustment to the new normal, when the focus is on getting day-to-day life back on track
- the search for truth and justice, when the focus is on getting to the bottom of what happened, learning from the catastrophic event and healing.[192]

In the Public Service Commission's Model Standard, **all** public servants are to uphold the values and the public service is to provide a 'no wrong door' approach. The values are:

> Responsive … Public servants take the time to listen, connect and understand survivors journeys.
>
> Respectful … Public servants partner with survivors and support them to make their own decisions over time.
>
> Trustworthy … The Public Service shares as much information as possible to ensure survivors get the information they need, in a way that best suits them.
>
> Accountable … The Public Service supports survivors in high pressure situations. If mistakes are made in that process, we are upfront with survivors and try to make things right.
>
> Impartial … Fair treatment of survivors means ensuring that all survivors are able to access the services to which they are entitled.[193]

Unfortunately, however, this leaves surviving whānau or family members dependent on the skills and experience that agencies bring to the table for positive outcomes. It takes specialist skills to navigate complex situations, in which family or whānau members may be in conflict over the appropriate caregiving arrangements for survivors, may have surface-level emotions about who is responsible for what, and may have a lifetime (and perhaps intergenerational) experience of trauma. It is not possible to expect all public servants to hold this set of skills. It is, however, possible to expect that people employed in government

[191] Public Service Commission. 2022. *Model Standard 2.1: Te Mahi me ngā Mōrehu – Working with Survivors*. URL: www.publicservice.govt.nz/our-work/integrityandconduct/working-with-survivors/ (accessed 30 August 2022).
[192] *Ibid.*
[193] *Ibid.*

agencies and NGO services will have an awareness of the impact of family violence homicide and understand how to enable appropriate support to be provided.

Figure 3 provides an overview of the role we propose. It will bring significant overlaps between services currently offered. However, it is our belief that these roles should bring with them the mana required to command resources from other agencies and organisations to enable healing and flourishing. It is a sustained exercise in secondary prevention, addressing all components of the Tokutoru model[194] that form the basis of Te Aorerekura,[195] the national strategy to eliminate family violence and sexual violence.

Box 4: Principles and reflective questions

Originally produced for the 2017 Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework, we also used the following principles in our Seventh Report, *A Duty to Care*. We reproduce them here, along with reflective questions to encourage kaiāwhina to uphold their duty to care for surviving whānau and to allow whānau to be experts in their own lives.

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 does agency leadership 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?

[194] Hagen P, Tangaere A, Beaton S, et al. 2021. *Designing for Equity and Intergenerational Wellbeing: Te Tokotoru*. Auckland: Auckland Co-design Lab, The Southern Initiative, Auckland City Council.
[195] Board for the Elimination of Family Violence and Sexual Violence 2021, *op. cit.*

- 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?

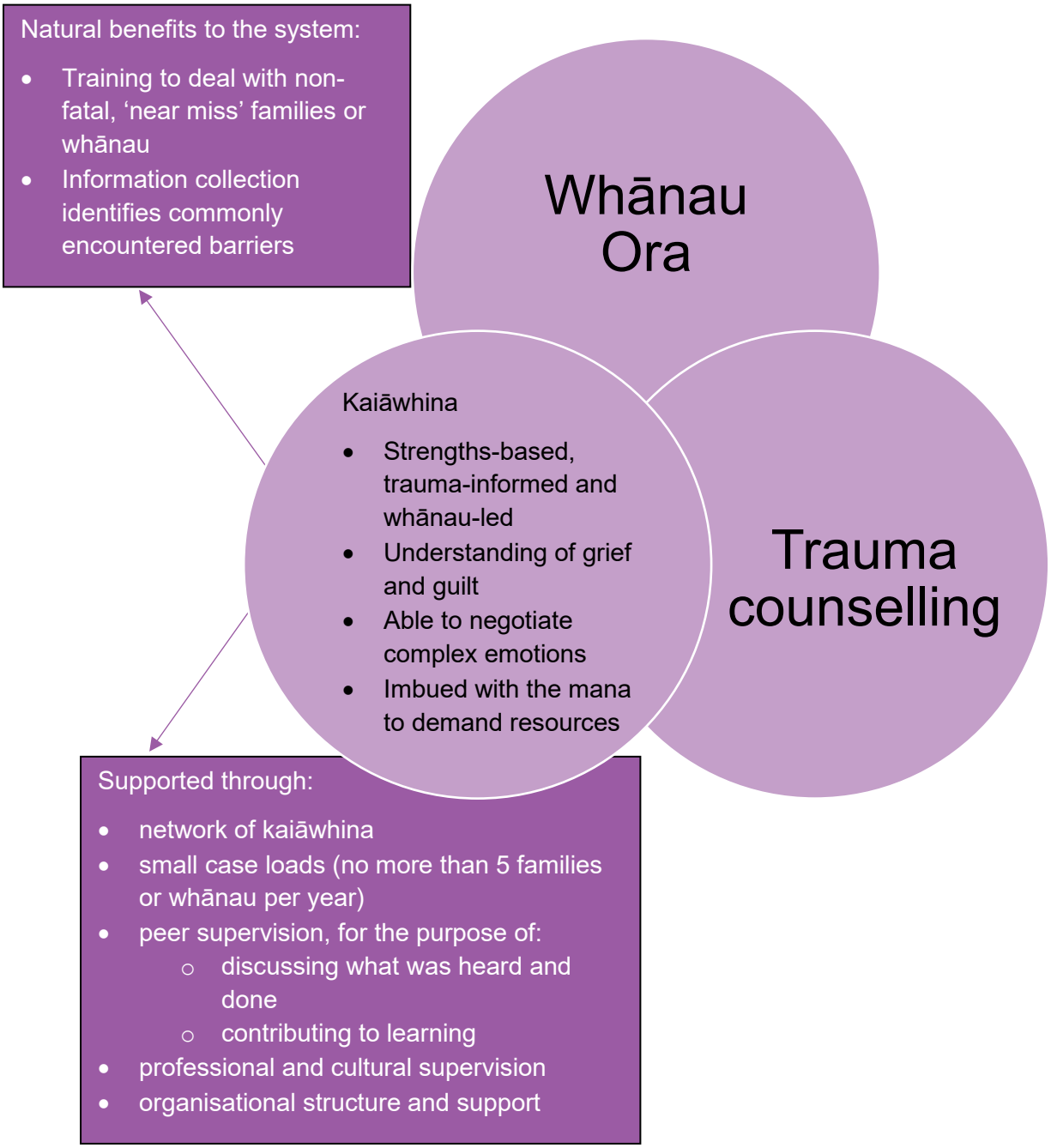
Manaakitanga – acknowledging the mana of others through the expression of aroha, hospitality, generosity and mutual respect

- 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?

Figure 3: Visualising kaiāwhina



Practice guidelines | Ngā aratohu mahi

The scenarios and quotes from survivors in this report provide evidence of how complex their situations are and their critical need for long-term support. In our alternative scenarios – showing how our proposed solutions could provide survivors with the support that they need – a critical step was identifying a person with the capacity to engage with and walk alongside a whānau or family, and help them to access a range of services over a significant period of time. Kaiāwhina who work with survivors of a family violence homicide must understand the complexity of their situation and be willing to engage with it. This does not mean that they have to take sole responsibility for addressing the needs of the survivors they are supporting; rather, they need to take a relational approach to engage with and walk alongside survivors as they struggle to cope with the trauma that has impacted their lives.

Instead of subjecting survivors to assessment processes centred on whether or not they meet the eligibility criteria, the approach needs to create safe space in which survivors can express their support needs. The goal of engagement will be to work out what organisations have the capacity to address and to identify pathways to support for those aspects of healing and recovery that the system may not be able to meet at the first point of contact.

At the micro level of engagement, practice will need to be trauma-informed, culturally competent and relational. Trauma-informed practice helps services to understand behaviour from the perspective of people experiencing trauma, providing alternative explanations for behaviour that may be challenging or oppositional. It emphasises safety and regulating emotion as a way of enabling people to be in a trusting relationship with a kaiāwhina before they engage in the work of identifying needs and finding solutions. When they understand the immediate needs and possible longer-term challenges of the survivors, kaiāwhina with more narrowly defined roles will need to have the knowledge, skills and connections to facilitate referral into inter-agency forums or community-based services such as Whānau Ora, walking alongside and supporting the whānau or family with a mandate to be involved for as long as is necessary. The experience of trauma and understandings of healing and recovery are culturally nuanced. It has no one-size-fits-all solutions and kaiāwhina need to be grounded in an understanding of who they are, be comfortable with navigating difference, and know about the range of services available within the community so that agencies can create pathways to culturally appropriate supports.

> My brother has no faith or trust in OT [Oranga Tamariki] because they have not engaged with him well at all. His communication with them is fuelled by this and the trauma he experienced as a result of losing his son, despite him notifying OT on a number of occasions that his children were in danger. No one has ever acknowledged his behaviour and discussed with him that they understand why he is angry and mistrusting of them. They have put that firmly in the 'too hard' basket.[196]

Kaiāwhina who have a continuing role beyond the initial engagement need to be skilled and experienced practitioners (super-advocates). Individuals and whānau will be in crisis and may have complex histories of trauma impacting on their behaviour and relationship dynamics. Kaiāwhina must be comfortable with conflict and have the skill to help whānau navigate conflict, and work with the wider whānau network without taking sides or allowing unconscious bias to impact on their initial assessment. Individual kaiāwhina can only work in this way when they have the support of an enabling organisation and community.

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[196] Uiui whānau, Family Violence Death Review Committee in-depth review, 26 August 2022.

As we have already identified, the key components of workforce development needed for effective, coordinated service delivery are: a relational approach; cultural competence; and trauma-informed practice. These ways of working have to be embedded within organisational culture. The public sector organisations that work with survivors of family violence homicides will need to be imbued with an ethos of a duty to care and an understanding that there is no wrong door (as the Public Service Commission's Model Standard outlines). A trauma-informed approach pays attention to the physical environment and organisational processes to prevent them from further traumatising people trying to access services. It provides safe physical spaces within which the engagement and relational practice can take place. Kaiāwhina have support to engage with and be alongside survivors in practical ways, including through the approach to allocating their workload and assigning their time to particular tasks.

Following this trauma-informed approach is particularly important when Oranga Tamariki has a role in determining outcomes for child survivors. The approach must engage with both maternal and paternal whānau, who may be deeply divided. The child(ren) must be front and centre while at the same time kaiāwhina must not make assumptions or take a partisan approach (favouring one party over another).[197] Decision-making should pay attention to oranga with a long-term focus.

Children in these circumstances need much more than a place to live. They need networks of support that will sustain them throughout their journey to adulthood and facilitate healing and recovery. All parties must have a voice in decision-making and robust and courageous conversations will be needed so that any new care arrangements can be sustainable.

> … we were forced to meet and build a relationship with people we did not know, had never met and that clearly had preconceived feelings about us. This added more tension to an already stressful situation. No one with OT ever thought … what if this meeting goes wrong? They had no idea how any of us felt about one another or how we would react to one another.[198]

Organisations also need to be part of their communities. Creating pathways to ongoing, coordinated service delivery will only be possible if organisations are well connected within their community and have access to inter-agency forums that can address complexity in a solution-focused way. Transparent and respectful relationships will be necessary to ensure that agencies stepping up to provide services have the resources to sustain their engagement. Agencies, especially public sector organisations, need a much deeper understanding of the dynamics of coordinated service delivery. In addition to case-by-case discussions, these community forums will need to address any gaps in the network of support available to families and whānau. They must have robust conversations to take a solution-focused approach and allocate resources in a way that helps to achieve the solutions identified.

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[197] As we have highlighted in previous publications, to prevent family violence from reoccurring we need to work with those using violence. 'Without ongoing support to sustain behaviour changes, including trauma responses, or escalating consequences for continued abuse, a partner/parent will take his pattern of abusive behaviour into subsequent relationships. His trajectory of violence towards new partners, children, step-children and other family members may be fatal.' Family Violence Death Review Committee. 2017. Position brief: Six reasons why we cannot be effective with either intimate partner violence or child abuse and neglect unless we address both together. URL: www.hqsc.govt.nz/resources/resource-library/family-violence-death-review-committees-position-brief-february-2017 (accessed 20 October 2022).

[198] Uiui whānau, Family Violence Death Review Committee in-depth review, 26 August 2022.

Karakia whakamutunga

Hā ki roto	Breath in
Hā ki waho	Breath out
Kia tau te mauri e kōkiri nei	Settle the emotions that stir in me
I ngā piki, me ngā heke	Through the ups and downs
Ko te rangimārie tāku e rapu nei	It is peace that I seek
Tihei Mauri Ora	Sneeze, the breath of life

Appendix 1: Primary diagnoses of first hospital admission for surviving children | Āpitihanga 1: Ngā tautohu tuatahi o te urunga tuatahi o ngā mōrehu tamariki ki te hōhipera

Table A1: Diagnoses of first admission for surviving children following the death event[199]

Diagnosis category	Number (percentage) by age group (years)						
	0–4	5–9	10–14	15–19	20–24	25+	TOTAL
Infectious and parasitic diseases	4 (3%)	3 (10%)	1 (4%)	2 (4%)	1 (3%)	1 (3%)	12
Neoplasms				2 (4%)	1 (3%)	3 (10%)	6
Endocrine, nutritional and metabolic diseases			1 (4%)				1
Mental and behavioural disorders				2 (4%)		1 (3%)	3
Diseases of the nervous system		1 (3%)	2 (7%)	2 (4%)	1 (3%)		6
Diseases of the eye and adnexa					1 (3%)		1
Diseases of the ear and mastoid process	2 (1%)		1 (4%)				3
Diseases of the circulatory system	1 (1%)	1 (3%)		2 (4%)	1 (3%)		5
Diseases of the respiratory system	7 (5%)	3 (10%)	2 (7%)	3 (6%)	3 (9%)		18
Diseases of the digestive system	2 (1%)	8 (27%)	3 (11%)	7 (13%)	5 (14%)	3 (10%)	28
Diseases of the skin and subcutaneous tissue	2 (1%)	2 (7%)	2 (7%)	3 (6%)		1 (3%)	10
Diseases of the musculoskeletal system and connective tissue			1 (4%)			3 (10%)	4
Diseases of the genitourinary system	1 (1%)	1 (3%)	1 (4%)	3 (6%)	3 (9%)	1 (3%)	10
Pregnancy, childbirth and the puerperium			1 (4%)	9 (17%)	8 (23%)	8 (26%)	26
Conditions originating in the perinatal period	30 (20%)						30

[199] There was a total of 329 hospital events.

Congenital malformations	4 (3%)					1 (3%)	5
Not elsewhere classified	4 (3%)	3 (10%)	2 (7%)	2 (4%)	4 (11%)	2 (6%)	16
Injury and poisoning	10 (7%)	6 (20%)	11 (39%)	15 (27%)	6 (17%)	6 (19%)	54
Factors influencing health status and contact with health services	86 (46%)	2 (7%)			1 (3%)	1 (3%)	90
TOTAL	153	30	28	52	35	31	

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