Inquiry into the funding of specialist sexual violence social services

Report of the Social Services Committee

Fifty-first Parliament
(Alfred Ngaro, Chairperson)
December 2015

Presented to the House of Representatives
# Contents

Summary of recommendations 5  
1 **Introduction** 8  
Costs of sexual violence 9  
2 **Current services** 11  
Providers, services, and stakeholders 11  
Government agencies 12  
Recent efforts to improve services 16  
3 **Our findings** 18  
Governance 18  
Funding 19  
Data 20  
Prevention 21  
Integrated service 22  
Good practice 24  
Workforce 25  
Service coverage 26  
Appropriateness of services for Māori and other groups 27  
4 **Conclusion** 29  
Appendix 30
Inquiry into the funding of specialist sexual violence social services

Summary of recommendations

The Social Services Committee makes the following recommendations to the Government:

1. That it develop an overarching policy framework for an integrated whole-of-system approach to preventing and responding to sexual violence, including a whole-of-Government statement of intent. (page 19)

2. That it clearly set out the mandates, roles, and responsibilities of government agencies for sexual violence services. (page 19)

3. That it nominate a lead agency and establish an interagency organisation to lead and coordinate the Government’s response to sexual violence. (page 19)

4. That it support the specialist sexual violence social services sector to develop and manage itself. (page 19)

5. That it consult widely with stakeholders on proposals affecting funding and infrastructure arrangements. (page 19)

6. That it enable Māori to fully participate in policy development and planning processes, and that kaupapa and tikanga principles be integrated into these processes. (page 19)

7. That it develop and implement an integrated, purpose-built funding and service delivery model for specialist sexual violence social services to achieve desired coverage and access. (page 20)

8. That it allocate funding that takes into account minimum levels of service (as guided by good practice) for clients in all urban and rural areas, including additional funding for specific high-needs areas or groups, particularly for Māori and whānau, to ensure consistent cover. (page 20)

9. That it develop a long-term system for sexual violence data collection, incorporating a careful and consistent approach to data definitions, data capture, and information-sharing. (page 21)

10. That it collect data about specialist sexual violence service use and costs from government agencies and NGOs. (page 21)

11. That it commission targeted population-level research about sexual violence in New Zealand. (page 21)

12. That it commission research into specific groups affected by sexual violence, including research into Māori understandings and definitions of sexual violence, and research into the current effects of sexual violence within Māori whānau. (page 21)

13. That it develop a national violence prevention framework and action plan that would include sexual violence prevention as a major feature. (page 22)
14 That, over time, sexual violence prevention initiatives be informed by New Zealand-based research and evaluation. (page 22)

15 That integration be central to any new policy framework, national strategies, infrastructure projects, and funding and service delivery models for specialist sexual violence social services. (page 24)

16 That the Government draw from the Victorian funding and service delivery model in co-designing an integrated model for New Zealand, modified to meet New Zealand’s unique environment, including an acknowledgement of Māori needs. That services for those with concerning or harmful sexual behaviour be considered in a New Zealand integrated model. (page 24)

17 That it facilitate an assessment of existing good practice guidelines, a discussion of whether it is necessary to make them more consistent with each other, and a discussion of whether further guidelines are needed. As part of this, we recommend that the Government lead the development of a system of national standards for sexual violence services, acknowledging the need for kaupapa Māori. (page 25)

18 That any new model for specialist sexual violence social services properly consider the work of the Law Commission on the court experience for victims/survivors. (page 25)

19 That the Government assess whether changes should be made to the remuneration and working conditions of workers in the sexual violence sector, including

- access to professional development
- access to support such as clinical supervision
- whether there are enough staff to prevent “compassion fatigue”. (page 25)

20 That it assess whether professional accreditation standards and regulations that include kaupapa Māori and other culturally competent practice should be developed and introduced for workers in the specialist sexual violence social services sector. (page 25)

21 That it encourage shared training opportunities in the specialist sexual violence social services workforce. (page 26)

22 That it encourage training opportunities for general service providers in dealing with sexual violence. (page 26)

23 That it determine an acceptable minimum level of service, including appropriate geographic coverage of first response services. (page 26)

24 That it ensure that the opening hours of services are extended where necessary to achieve 24-hour, seven-day coverage for first response services. (page 26)

25 That it explore the use of diverse service delivery mechanisms, especially in remote areas. (page 26)

26 That it take account of provider capability and capacity when contracting. (page 26)

27 That, as part of a new model for specialist sexual violence social services, it ensure that services are accessible to all clients, including those with disabilities, and are whānau-centred, culturally competent, and responsive. (page 28)

28 That it engage with relevant parties to ensure that any new service delivery model includes whānau-centred, culturally competent service options for Māori. (page 28)
29 That it support mainstream service providers to become whānau-centred and culturally competent and work towards the integration of tikanga into practice. (page 28)

30 That it support and strengthen existing kaupapa Māori specialist sexual violence social services. (page 28)

31 That an integrated approach include a strategy to help organisations that support specific population groups to develop expertise in dealing with sexual violence and links with specialist sexual violence service providers. (page 28)

32 That the Government ensure that public information about services is in accessible formats and is well targeted to all audiences, especially high-need target groups. (page 28)
1 Introduction

On 21 August 2013, the Social Services Committee of the 50th Parliament began an inquiry into the funding of specialist sexual violence social services. The terms of reference were to review

- the state of specialist services and determine whether they reflect an integrated approach to service delivery, full coverage, and best practice
- specialist services, including those for Māori and other diverse ethnic communities, and assess whether they are accessible, culturally appropriate, and sustainable.

The Minister for Social Development provided advisers, whom the committee authorised to consult with relevant government agencies as appropriate.

The committee received submissions from 997 organisations and individuals. Organisations included service providers, research and advocacy groups, professional organisations, umbrella organisations, and health sector organisations. Individual submitters included victims/survivors of sexual violence, whānau and friends of victims/survivors, and workers in the sector, including social workers, educators, counsellors, and medical staff.

Some submissions represented many people. In particular, 214 people signed the submission from the Māori caucus of Te Ohaaki a Hine—National Network for Ending Sexual Violence Together (TOAH-NNEST), Ngā Kaitiaki Mauri. Ngā Kaitiaki Mauri also organised two hui for committee members, which 33 agencies and individuals attended.

The committee heard oral evidence from 87 submitters in Auckland and Wellington in 2014.

We are grateful for the time and effort of those who presented evidence. For some submitters, particularly those who have experienced sexual violence, it was clearly very difficult to write or speak about their experiences. We thank those submitters for their bravery and their perseverance. Their contributions to our inquiry have been valuable.

At the conclusion of the 50th Parliament, the Social Services Committee made an interim report on its inquiry. The interim report outlined the main issues submitters raised and noted certain recent initiatives that may help to address those issues. It noted several significant and complex issues that were worth pursuing. The interim report urged a select committee of the 51st Parliament to continue the inquiry as a matter of priority.

We reinstated the inquiry on 29 October 2014.

What are specialist sexual violence social services?

Specialist sexual violence social services provide information, first (crisis) response, and long-term support and treatment for those affected by sexual violence. They also carry out activities aimed at the primary prevention of sexual violence. Services include

- information through media such as printed material, telephone lines, and websites

---

1 We learned that most people prefer the term “victim/survivor”, so we have generally chosen to use this term.
• psycho-social support during medical and police processes
• counselling (both in person and by telephone, internet, or other communication technology)
• social support (such as emergency housing) and financial grants
• advocacy, including support for victims/survivors during police interviews or court processes
• treatment for those with concerning or harmful sexual behaviour (HSB)
• primary prevention programmes and social change campaigns.

Services may be provided
• by individual practitioners
• by non-governmental organisations (NGOs), or
• within government organisations (such as hospitals).

Providers are regarded as “specialist” if their service provision focuses mainly on sexual violence and if their staff have specialised knowledge and skills about issues stemming from sexual violence.

First response services are the psycho-social support services that victims/survivors need during and immediately after a crisis. First response services are delivered face-to-face and/or remotely until long-term support services are in place.

Evidence shows that specialist first response services are very important. A lack of these services, or insufficient or poor quality services, may exacerbate the harm or, at the very least, mean recovery takes longer.

Specialist sexual violence social services exist within a system that includes other health, justice, and social sector responses, such as medical forensic, general practice, emergency department, mental health, and social services.

Costs of sexual violence

Sexual violence causes significant social, health, and economic costs to individuals, families, and communities. The Treasury has estimated that it is our most expensive crime. Based on the Treasury’s research into the 2003/04 costs of crime, the estimated equivalent annual cost of sexual violence in 2012 was $1.8 billion.

Most of this cost is from victims/survivors suffering very long-term problems, such as pain, suffering, and psychological effects, which affect their ability to function well in society. A breakdown of the cost found that 18 percent was Government costs for services responding to sexual violence. The private sector (individuals, households, and businesses) bore 82 percent in lost output and intangible costs. We note that the estimate did not factor in costs incurred by NGOs that deal with the consequences of crime, such as Rape Crisis.

Recent funding

In the 2012/13 financial year, government agencies funded $29.07 million in community-based activity in the specialist sexual violence sector. The amount came from
- the Accident Compensation Corporation (ACC) ($12.86 million)
- the New Zealand Police ($1.46 million)
- the Department of Corrections ($1.03 million)
- the Ministry of Justice ($3.12 million)
- the Ministry of Social Development ($7.88 million)
- the Ministry of Health ($2.72 million).

A breakdown of the $29.07 million by type of client shows that about $23 million (79 percent) went towards services for victims/survivors and that $6 million (21 percent) went towards HSB services. A breakdown by type of service shows that about $16 million (55 percent) was for contracted services from NGOs and that $13 million (45 percent) supported rehabilitation and access to the criminal justice system for victims/survivors.

In addition to the amount spent on community-based services, ACC funded about $33.6 million in financial, treatment, or rehabilitation entitlements for clients engaged with its sensitive claims unit.

We are aware that, since 2012/13, there have been significant changes in ACC, notably the introduction of its Integrated Services for Sensitive Claims (ISSC), which is described below. We were advised that ACC expects to spend $29.5 million on services equivalent to those on which it spent $12.86 million in 2012/13.

The status of some of the current funding for specialist sexual violence social services is stable. However, parts of it are under review, not funded beyond a certain date, or not enough to meet demand.

We note that Government funding does not meet the full costs of services. Many service providers rely on private and philanthropic funding, which is often one-off funding for a fixed period. Services were already suffering from underfunding before the global financial crisis and have endured further constraints since.

To stabilise existing services in the specialist sexual violence sector, the Government allocated an extra $10.4 million over two years in Budget 2014. Details of this are discussed below under the heading “2013 cross-agency review”.
2 Current services

Since the 1980s, the specialist sexual violence social services sector has grown from grassroots community organisations. Most services have been local. They have been funded at the community level, without formal nationwide infrastructure or permanent funding to support them.

We heard that limited, unstable funding, a large volunteer workforce, variable quality guidelines, and a lack of training are all issues that affect the sector. To date, there have been limited opportunities for an integrated and sustainable approach to delivering services.

Service providers are staffed by a mix of professional and non-professional workers. They rely heavily on volunteers. Professional workers belong to a range of professional bodies, but some staff may not belong to any such body.

Providers, services, and stakeholders

This section describes some of the service providers and stakeholders in the specialist sexual violence social services sector. There are a range of community-based specialist providers and prevention services, such as Rape Crisis, HELP, START, and Rape Prevention Education.

Doctors for Sexual Abuse Care (DSAC) is a national organisation. It was formed in 1988 to develop and maintain standards of practice in the delivery of medical and forensic services for sexual assault. It provides members with education and training, and information about service provision around the country.

Members are doctors working in the field; associate membership is available for nurses. DSAC is funded to deliver training and accreditation to medical personnel. In recent years, DSAC has received ad hoc funding from various agencies.

Sexual Abuse Assessment and Treatment Services (SAATS) are medical forensic services for victims/survivors. National funding for SAATS began in 2008, through a tripartite agreement between Police, the Ministry of Health, and ACC.

Contracts are held by District Health Boards (DHBs), which either deliver the service themselves or subcontract part or all of the service. Currently, all DHBs except South Canterbury have a SAATS contract. DSAC trains all SAATS doctors and nurses.

Te Ohaakii a Hine—National Network for Ending Sexual Violence Together (TOAH-NNEST) is a nationwide network representing providers working with all aspects of sexual violence. TOAH-NNEST was formed in 2006 and registered as an incorporated society in 2010. It represents a large number of organisations and individual providers.

TOAH-NNEST receives funding from the Ministry of Justice. Its roles include

- helping to build the capacity and capability of sexual violence service providers
- specialist advice to inform Government policy, legislation, research, strategy, and services
partnership and collaboration with the Government and other stakeholders on specific sexual violence initiatives

- helping the Government to meet better its Te Tiriti o Waitangi obligations regarding sexual violence issues for Māori
- being a national voice for sexual violence service providers
- developing best practice standards
- providing online information and resources to providers and the general public
- being a single access point for the Government and other stakeholders to consult and inform providers.

The Harmful Sexual Behaviour (HSB) sector provides perpetrator assessment and treatment services. Three organisations providing community-based HSB programmes are SAFE Network Incorporated (Auckland), WellStop Incorporated (Wellington), and the STOP Trust (Christchurch). The Department of Corrections also provides some HSB services.

The Male Survivors of Sexual Abuse Trust Aotearoa New Zealand (MSSAT) originated in Christchurch in 1991. It is made up of six trusts located around the country. All MSSAT organisations offer one-to-one and peer group support for male survivors and their significant others.

A National Sexual Violence Survivor Advocate Service is based with TOAH-NNEST. The service is contracted through the Ministry of Justice to provide an advocate for people personally affected by sexual violence.

This service is aimed at improving outcomes for victims/survivors, including facilitating and linking them to services, and supporting them if they choose to pursue a case through the courts. The service also helps to reduce attrition rates and reduce repeat victimisation.

Victim Support is not a specialist sexual violence social service. However, it is the only national, 24-hour, seven-day provider of services to crime victims. This means that Victim Support often provides back-up services when specialist sexual violence social service providers are not available. It provides support to about 2,500 victims of sexual violence a year.

Government agencies

No one government agency is responsible for specialist sexual violence social services. Funding for contracted services is divided among several agencies. The Government funds third party providers and also provides some services directly. Agencies with major roles and responsibilities include ACC, the Police, the Department of Corrections, and the Ministries of Health, Justice, and Social Development.

ACC is responsible for prevention and for long-term recovery. The Ministry of Social Development currently funds some first response services as well as non-mandated HSB treatment, but not on a formal, long-term basis. The Department of Corrections is responsible for mandated HSB treatment—community- and prison-based programmes for convicted offenders.

\(^2\) That is, self-referred treatment, rather than treatment that a Court requires a person to attend.
ACC

ACC funds counselling, health services, income support, and injury prevention. Its Sensitive Claims Unit assesses and manages claims for physical and mental injuries resulting from sexual violence.\(^3\) ACC also contributes to SAATS contracts.

In 2009, ACC introduced a new scheme for sensitive claims.\(^4\) However, the scheme was not well received. Concerns included that the changes were introduced too quickly, that it excluded more people than expected, and that there was minimal support available for clients outside the ACC system.

In response to an independent review in 2010, ACC made several changes to its sensitive claims services to improve access and ensure more timely provision of support. After a follow-up review in 2012, ACC began a comprehensive redesign of its sensitive claims services, which is further described below.

In addition, ACC has developed and is implementing its *Integrated Strategy for Action on Sexual Violence*. This strategy aims to integrate its prevention, first response, and long-term care and recovery services, and to make them more client-centred.

**Primary prevention**

In late 2013, ACC began a primary prevention programme involving several initiatives over five years. One such initiative, piloted in 2014 with support from the Ministry of Education, is *Mates & Dates*, a healthy-relationships programme based in secondary schools aimed at teaching young people skills to prevent sexual and dating violence. *Mates & Dates* is intended to be multi-year, taught by trained specialist facilitators, and nationally available. Around 40 schools have expressed an interest in having the programme.

We understand that ACC requires returns on its investments in injury prevention. In areas such as sexual violence prevention, it expects returns to emerge only in the long term.\(^5\) This means that ACC expects to reduce its claims liability through interventions that stop people from being injured in the first place.

**First response**

ACC is legislated to provide long-term care and recovery services to victims-survivors. We note that it is not legislated to directly fund or provide first response social services outside of the claims process. However, ACC has been exploring how it can work as a partner agency to support such services.

ACC contributes funding to DSAC for training to medical professionals and to SAATS for medical forensic care after sexual violence.

ACC has also worked with the Police to find ways to quickly connect victims-survivors to its services when they contact the Police.

**Long-term care and recovery: Integrated Services for Sensitive Claims**

In 2012, ACC began a comprehensive redesign of its sensitive claims services. Its new Integrated Services for Sensitive Claims (ISSC) went live in late 2014. The new service

---

3 For the purposes of ACC, “sexual violence” means the offences listed in Schedule 3 of the Accident Compensation Act 2001.

4 The *Sensitive Claims Clinical Pathway*.

package is a move towards more responsive and client-centred services delivered by organisations and groups of providers. The ISSC offers expanded provider coverage, better access to services, support for families and whānau, and fully-funded services with no required co-payment.

The ISSC delivers support, assessment, therapy, and other specialist treatment services. Services can be tailored to meet clients’ individual needs. Counselling remains at the centre of the ISSC. Clients can enter, exit, and return to services as needed.

As well as its core services, the ISSC offers education and support for the client’s family and whānau, social work, funding of the client’s therapist to coordinate activities, and funding of a suitable cultural representative to guide the therapist.

However, ACC does not fund all aspects of long-term care and recovery. For example, it does not cover drop-in services or telephone services.

The ISSC is available to anyone who has experienced sexual violence in New Zealand. It is also available to anyone who has experienced sexual violence outside New Zealand while resident in New Zealand. It is not available to a victim/survivor who has experienced sexual violence overseas while not resident in New Zealand.

Services are available before and after a claim has been accepted. A client whose claim has been declined can receive support while being helped to access alternative services. Although sexual violence need not have been the predominant cause of the mental injury, it must have been a material or significant cause. This means that claims are declined when it is difficult to isolate sexual violence as a material or significant cause of the mental injury.

ISSC providers must be able to deliver all of ACC’s core support, assessment, and treatment services. Tenders were invited from organisations, groups of providers, and single providers with the ability to deliver all core services. Provider credentialing aims to achieve consistency between the professions.

There needs to be further investigation into the ISSC to see whether it incorporates kaupapa Māori into its services to ensure that there are culturally appropriate services.

**New Zealand Police**

Through their incident response and investigation work, the Police have contact with both victims and perpetrators of sexual violence. They also contribute to funding for DSAC and SAATS.

Work has been done to make Police investigations consistent throughout the country. All 12 Police districts have dedicated child protection teams and dedicated adult sexual assault coordinators. Seven districts have dedicated adult sexual assault teams.

Police techniques for preventing revictimisation range from giving crime prevention advice to first-time victims/survivors to formal plans for dealing with high-risk repeat victims/survivors.

The Police are part of a national forum involving TOAH-NNEST, Rape Crisis, DSAC, and Victim Support. The forum aims to improve the response to victims/survivors by providing a platform for consultation about policy and practice.

Several initiatives relating to sexual violence have been led by the Police, including hosting the first male survivor national hui in 2013. The Police have also developed and distributed an information brochure about the process for dealing with adult sexual assault.
The Police are involved in community prevention work. They deliver programmes in educational settings, such as *Keeping Ourselves Safe*. Although programme presenters are not required to encourage the reporting of sexual violence, they do so when appropriate.

Another Police role is targeted prevention in a community to reduce the risk posed by a known sex offender.

**Ministry of Social Development**

The Ministry of Social Development funds NGOs to deliver some social services to victims/survivors. The ministry’s Child, Youth and Family unit has a particular focus on supporting child victims/survivors and their families.

The ministry funds assessment and treatment programmes for adults who offend against children. It also funds early intervention programmes for children and young people who display concerning or harmful sexual behaviour. In 2012/13, such programmes were provided to 55 adults, 148 young people, and 36 children.

The ministry is working with ACC on a strategy to address youth needs in relation to sexual violence.

**Ministry of Health**

The Ministry of Health is another government agency that contributes to the sector directly. The ministry funds generic health services, such as doctors, counsellors, and mental health services. It also has some prevention contracts with NGOs and provides funding to DSAC and SAATS.

People are not eligible for DHB-funded mental health services if sexual abuse is the sole presenting problem. However, sexual abuse may result in, or co-exist with, mental health conditions such as depression, post-traumatic stress disorder, or anxiety. People with such conditions are eligible for mental health services. We note that there is variability in the way DHBs apply the exclusion.

**Ministry of Justice**

The Ministry of Justice administers an offender levy that provides financial assistance for victims of serious crime who are engaging with the criminal justice system. This includes paying for their expenses and support to attend court.

The ministry provides grants to NGOs to deliver local primary prevention initiatives that support a reduction in sexual violence. The ministry also provides network funding to TOAH-NNEST. It also funds a specialist provider (*Project Restore*) to do restorative justice work with offenders and victims/survivors.

**Department of Corrections**

Through its psychologists, the Department of Corrections provides prison- and community-based treatment for sex offenders. Those at high risk of reoffending are prioritised for treatment, followed by medium-risk and low-risk offenders respectively. About 175 prisoners receive group-based intensive treatment each year. Several are assessed as inappropriate for group treatment and are referred to individual psychologists.

Resources currently prioritise treatment services for child sex offenders.
The Department of Corrections also funds NGOs to deliver community-based treatment services to 70–100 offenders each year whom the Court orders to attend such services. These services are targeted to those who have committed sex offences against children. Treatment costs between $12,000 and $22,000 for each offender.

We note that offender treatment services are not available in all regions. Combined with high demand and risk prioritisation, this means that timely treatment services are not always available to those who may need them.

**Ministry of Education**

A range of services and programmes, including teacher training, is available to schools. They are provided by the Government as well as by NGOs. The Ministry of Education supports ACC’s *Mates & Dates* programme and has recently released updated sexuality education guides for schools. In addition, SuPERU (formerly the Families Commission) has produced a review of evidence and literature on what works in schools-based relationship education.

**Recent efforts to improve services**

**Taskforce for Action on Sexual Violence**

In 2007, a Taskforce for Action on Sexual Violence was established, made up of 10 Government chief executives and four representatives from TOAH-NNEST. Its report, in 2009, made recommendations about sexual violence prevention, improvements to frontline services, criminal justice reforms, and future directions for sector cooperation. There were 71 recommendations in the report: seven from the taskforce as a whole, and 64 through TOAH-NNEST.

The taskforce was disbanded before all the issues raised in the recommendations had been addressed. Unresolved issues included sexual violence prevention (primary prevention and preventing revictimisation) and frontline services (availability and quality).

**2013 cross-agency review**

In 2013, the Minister for Social Development commissioned a cross-agency review of sexual violence services. The aims were to review the state of the sector, provide support in the short term, and consider sustainable solutions for the long term.

The review was led by the Ministry of Social Development and overseen by a senior officials’ group with members from ACC, the Department of Corrections, the Police, and the Ministries of Education, Health, Justice, Women, and Social Development. The group reviewed particular services, including first response services, services for male survivors, and community-based HSB treatment.

It found that responsibility and funding throughout the country is not sufficient or secure. Short-term actions of the group focused on

- one-off data-gathering and research to fill knowledge gaps about the sector
- improving coordination between agencies to support joined-up and effective services
- prevention activities.
In the Budgets for 2014/15 and 2015/16, the group secured $10.4 million in new funding to be spent over the two years. The sum was allocated through Vote Health and administered by the Ministry of Social Development.

The sum was intended to relieve funding gaps, including 24-hour, seven-day crisis call-outs and emergency counselling services, HSB services, services for male survivors, and medical forensic services. The aim was not to extend existing services, nor to fill unmet demand, but to stabilise certain services while the Government considered long-term solutions.

We were advised that the senior officials’ group is satisfied that the funding has successfully stabilised existing services and increased the geographic reach and opening hours of some services in the short term. The funding ends on 30 June 2016, and long-term responsibility for the continuation of these services has not been confirmed.

The review confirmed the increasing demand for sexual violence services. It found that a stronger emphasis and a nationally coordinated approach are needed to prevent sexual violence and respond effectively when it happens. A national primary prevention strategy was developed, and options are being considered for its implementation.

We note that New Zealand’s human rights situation has been reviewed twice by the United Nations’ Universal Periodic Review (UPR) process, in 2009 and in 2014. In 2014, New Zealand responded to the UPR recommendations by setting out the work of the cross-agency review.

**Ministerial Group on Family Violence and Sexual Violence**

In 2014, a Ministerial Group on Family Violence was reconfigured to include Sexual Violence. The group comprises the Minister of Justice and the Minister for Social Development as co-chairs, plus 11 other ministers in related portfolios.

The group has developed a new cross-agency work programme that has recently received Cabinet approval. The goal of the work programme is to achieve an integrated system for preventing and responding to family violence and sexual violence. The new work programme focuses on understanding the whole system. It

- links and aligns the work already under way on family violence and sexual violence, including the Justice-led *Stronger Response to Family Violence* programme and Social Development-led *Family Violence: Achieving Intergenerational Change* programme
- looks at specific service areas, asking why multiple agencies appear to be funding similar services and whether creating single responsibility leads in particular areas can remove some complexity and confusion from the system
- seeks to build a better understanding of the current service mix, including gaps and overlaps.

We understand that ACC has assumed responsibility for leading the national primary prevention work in sexual violence that was started by the cross-agency review of the senior officials’ group. ACC is currently redeveloping the strategy under the Ministerial Group’s work programme.

The Ministerial Group proposes to report to Cabinet in March 2016 with advice on any required system changes and a plan of action to achieve them, including any proposals for Budget 2016.
3 Our findings

Broadly speaking, the inquiry process confirmed that current services do not provide consistent, effective cover and that current funding approaches are insufficient. Stable and effective services would significantly reduce the costs of sexual violence—both to society and to individuals.

We urge the Government to commit to ensuring that sustainable, efficient specialist sexual violence social services are available to everyone in New Zealand. We urge the Government to develop and implement a long-term approach to do this. This should include

- a model or models for governance that reflect the New Zealand context and Māori and non-Māori good practices
- funding
- the design and delivery of services across the continuum of intervention: prevention, first response, long-term care and recovery, and HSB services.

Strong collaboration between government agencies and NGOs is also crucial to the success of any attempt to improve the specialist sexual violence social services sector.

Several issues emerged from submissions and advice. These are set out below, along with our recommendations.

Governance

Submitters said that there is a lack of stable infrastructure and that the Government and those working in the sector need to work better together. We agree with submitters that integrated sector governance would ensure high quality services. It would also ensure the effective commissioning, funding, and monitoring of services. Government leadership and direction with good stakeholder consultation, that allows for Māori participation, would help to achieve this.

Governance should be clear at the level of institutional arrangements and relationships—that is, how the Government organises itself. Governance should also be clear at the level of infrastructure development and support—that is, how Government supports the sector to develop and maintain itself. There is limited sector coordination in this second area. However, we note, for example, that TOAH-NNEST has been supporting providers since 2006. This type of work could be built on.

Every stakeholder needs to know what their roles and responsibilities are. It would also be desirable for the Government to determine which agency should lead provision of sexual violence services.

Any changes should take account of existing institutions, legislation, and initiatives, such as the Ministerial Group on Family Violence and Sexual Violence. We also note ACC’s unique and substantial role, particularly in prevention and in long-term care and recovery.

ACC’s legislative basis and insurance-based approach have implications for the roles of other agencies. In deciding whether there should be a single lead funding agency or
multiple funding agencies that take a coordinated approach, it should be remembered that ACC may complicate matters for having a single funder. ACC’s enabling legislation prevents it from delegating funding responsibilities and from assuming other agencies’ responsibilities.

**Recommendations**

1. We recommend that the Government develop an overarching policy framework for an integrated whole-of-system approach to preventing and responding to sexual violence, including a whole-of-Government statement of intent.

2. We recommend that the Government clearly set out the mandates, roles, and responsibilities of government agencies for sexual violence services.

3. We recommend that the Government nominate a lead agency and establish an interagency organisation to lead and coordinate the Government’s response to sexual violence.

4. We recommend that the Government support the specialist sexual violence social services sector to develop and manage itself.

5. We recommend that the Government consult widely with stakeholders on proposals affecting funding and infrastructure arrangements.

6. We recommend that the Government enable Māori to fully participate in policy development and planning processes, and that kaupapa and tikanga principles be integrated into these processes.

**Funding**

A recurring theme in submissions was that services are under-funded and struggling to meet demand. Many services rely on unpaid work and volunteers. Funding is unstable and uncertain. Submissions suggested that kaupapa Māori services have been disproportionately affected by funding changes.

The short-term stabilisation funding ($5.2 million each year) was for two years ending 30 June 2016. We understand that providers have been reporting a continuous and significant increase in demand for services. For example, ACC estimates that the number of people using its support, counselling, and other treatment services will increase by 10 percent each year for the next six years. This will need to be carefully monitored so that agencies are not overwhelmed.

The fragmented nature of funding arrangements, with an emphasis on partial funding, has been a particular issue. It does not promote sector collaboration or planning at the government and provider level. This means that providers seek funding from multiple sources. This takes time, and takes staff away from clients. It also causes instability because funding is usually short or medium term.

We support the idea of appropriately funding stable and effective services, and reaping the benefits of long-term financial and social savings. We consider that funding should be enough to ensure sustainable, integrated infrastructure and services.
Because of a lack of data, and because each client requires a customised mix of services and support, it is difficult to estimate a per-person funding amount for sexual violence services. An exception is HSB services, about which there is adequate funding information. However, the cost for these services varies according to the client’s age and whether they access other services. We encourage the Government to identify the full costs of services so that it can understand the funding required.

The Government could consider full rather than partial funding of sexual violence services. Also, funding providers for a minimum level of service would give them certainty even when client volumes fluctuate.

**Recommendations**

7. We recommend that the Government develop and implement an integrated, purpose-built funding and service delivery model for specialist sexual violence social services to achieve desired coverage and access.

8. We recommend that the Government allocate funding that takes into account minimum levels of service (as guided by good practice) for clients in all urban and rural areas, including additional funding for specific high-needs areas or groups, particularly for Māori and whānau, to ensure consistent cover.

**Data**

Data is very important. However, there is not enough data to tell us who is involved, how much money is spent, and how much funding is needed in the sector. The available information is limited, and there is a lack of New Zealand-based research and evaluation on sexual violence.

Information sources include surveys, offences reported to the Police, sensitive claims data collected by ACC, and contract information reported by service providers. The main problems in the data are that

- sexual violence is under-reported
- many providers keep little or no data because confidentiality is important to their clients
- different providers record different types of data
- victims/survivors may see several different providers
- contracting and reporting processes vary between government agencies.

In the United States, the United Kingdom, and Australia, personal safety surveys provide population data about sexual violence. For example, an ongoing, nationally representative survey that assesses experiences of sexual and intimate partner violence among adults has recently started in the United States.6

We need to gather consistent, accurate data, being mindful of privacy concerns and the need for data to inform and improve response efforts. Data would help in determining demand and the required funding, estimating the incidence of sexual violence, learning

---

6 The survey is run by the Centers for Disease Control and Prevention.
about factors contributing to that incidence, and informing the Government’s approach to ensuring that services are appropriate.

**Recommendations**

9. We recommend that the Government develop a long-term system for sexual violence data collection, incorporating a careful and consistent approach to data definitions, data capture, and information-sharing.

10. We recommend that the Government collect data about specialist sexual violence service use and costs from government agencies and NGOs.

11. We recommend that the Government commission targeted population-level research about sexual violence in New Zealand.

12. We recommend that the Government commission research into specific groups affected by sexual violence, including research into Māori understandings and definitions of sexual violence, and research into the current effects of sexual violence within Māori whanau.

**Prevention**

Many submitters said that more emphasis should be given to preventing sexual violence from occurring in the first place. Prevention strategies can include national campaigns, community-led social change initiatives, school-based programmes promoting healthy and safe relationships, and programmes for targeted groups such as ethnic communities. There should be prevention programmes aimed at people of all ages.

International evidence indicates that long-term, integrated approaches to preventing violence against women and girls are increasingly regarded as good practice. These approaches are being implemented in countries such as Australia and the United Kingdom. These approaches can be implemented under the umbrella of a national action plan. They tend to focus on preventing violence against women, rather than preventing sexual violence. Although there are good reasons to develop primary prevention activities that take into account the similarities between sexual violence and other forms of violence against women, it is important to recognise that they are not identical.

A key feature of integrated approaches is that violence prevention initiatives are implemented at three levels. The primary level aims to prevent violence from happening in the first place.

The secondary level aims to prevent (or reduce) short-term effects. We note that victims/survivors are more likely to be revictimised, not necessarily by the same perpetrator. Also, victims/survivors can be re-traumatised through their service experiences, such as having to tell their stories multiple times.

The tertiary level aims to prevent long-term trauma to victims/survivors and to rehabilitate perpetrators. We were advised that sex offender programmes have been proven to be effective: lower recidivism is strongly correlated with completing the programme.

A national action plan could include the following prevention features:

- recognising that females are disproportionately represented as victims/survivors
recognising Māori are disproportionately represented as victim/survivors and kauapapa Māori approaches to prevention are the most effective for Māori

- preventing violence by tackling its causes, changing attitudes and behaviours that condone violence, and promoting equality between women and men, respectful relationships, positive male behaviours, and women’s economic independence
- protecting women and children from revictimisation
- improving system responses by strengthening the workforce, providing high-quality and appropriate services, and taking account of the links between the various forms of violence against women
- early intervention and access to appropriate programmes for perpetrators, including community and self-referred clients
- weaving sexual violence prevention into policy developments throughout the Government, building on previous initiatives or other related reforms such as health, housing, disability, and immigration
- coordinated, cross-sectoral partnerships between the Government, business, and the community
- monitoring outcomes to identify successful approaches
- supporting Māori to increase their awareness of sexual violence and to develop tikanga-based responses to sexual violence.

Prevention in ethnic communities needs to be specifically addressed. Techniques to reach ethnic minority communities include

- using ethnic media
- integrating information about domestic violence into other programmes for ethnic groups
- using prenatal care services as a means for making contact
- providing information early in the immigration process
- emphasising positive concepts such as family harmony rather than directly referring to violence.

**Recommendations**

13 We recommend that the Government develop a national violence prevention framework and action plan that would include sexual violence prevention as a major feature.

14 We recommend that, over time, sexual violence prevention initiatives be informed by New Zealand-based research and evaluation.

**Integrated service**

We heard that services should be integrated throughout the whole system. Specialist and generic providers should cooperate to provide a flexible, responsive, and holistic service
that provides all necessary support to each victim/survivor, including to their family, whānau, friends, and other informal helpers.

In 2010, the Ministry of Women’s Affairs found that integrated, multidisciplinary approaches work well for victims/survivors overseas. It reported that, in the 1990s and 2000s, the United Kingdom, Australia, Denmark, and South Africa acted on recommendations to integrate services for sexual violence into “hubs” or “one-stop-shops” where all services are provided in one location. Coordinated, but not necessarily co-located, sexual violence services have existed in the United States and Canada since the 1970s. Examples of state-wide, coordinated, confidential phone and online services are found in Australia, and we discuss these below.

In New Zealand, some services are integrated. An example is Bay of Plenty Sexual Assault Support Services. This is a free service for children, adolescents, and adults recently affected by sexual assault or abuse. It provides medical examinations, counselling, family therapy, and a 24-hour helpline. We were advised that it is more common in New Zealand for services to entail a first response facility and a series of call-out and referral processes. By nature kaupapa Māori services tend to be integrated, dealing with the whole family.

Although the scope of our inquiry is for specialist sexual violence social services, we observe that successful service integration would include relevant general services (such as GPs) and non-social services (for example, medical services as opposed to social services such as counselling).

**Australian models**

We looked at funding and service delivery models in Australia, with a focus on crisis services in Victoria, New South Wales, and Queensland.

We consider the Victorian model very good. Victoria has a strong and collaborative community sector, clear delineation of functions between NGOs and government agencies, and good coordination between services, including several co-located service facilities.

During the last decade, Victoria has delivered a suite of judicial, legislative, policing, funding, and procedural reforms. It has been at the forefront of advances in national policy and strategy.

Victoria’s Department of Health and Human Services provides funding for the NGO sector. This funding is allocated to the following three areas:

- crisis care
- counselling, advocacy, and support services
- community education and specialist consultation.

The Victorian model was developed in consultation with the NGO sector and had support from stakeholders. It allows both the public sector and NGOs to take a flexible approach to service delivery, while working within a fixed funding envelope and requiring the attainment of high-level targets.

In New South Wales, services are predominantly publicly funded and delivered. Local Health Districts coordinate funding and service delivery in their districts. They have varying minimum requirements for levels of service.

---

7 This department is responsible for health, mental health, aged care, and community and housing services.
The NGO sector in New South Wales is relatively small. NGOs receive state or federal funding as well as funding from other public and private agencies. Funding is typically based on historical levels of demand and resourcing.

Queensland has a fragmented approach compared to Victoria and New South Wales. Diverse government and community organisations deliver services. Services are often limited to specific groups of victims/survivors. Queensland Health funds certain services provided by NGOs and health service districts. Service provision and contracting arrangements vary throughout the state. Funding for NGOs is typically on a grant basis, and funded agencies provide activity reports to Queensland Health.

We note that the Australian models are aimed at victims/survivors but not at people with concerning or harmful sexual behaviour. Also, in considering an Australian example, New Zealand’s differences should be remembered—in particular, our cultural uniqueness and our outcomes-based funding models. Any system or service redesign should factor in the unique needs of particular cultural groups, including Māori as tangata whenua and Treaty partners, Pacific peoples, and other ethnic communities.

Changes may need to be implemented slowly or adjusted to local situations. The experience from Australia is that significant lead times mean better implementation of new approaches.

**Recommendations**

15 We recommend that integration be central to any new policy framework, national strategies, infrastructure projects, and funding and service delivery models for specialist sexual violence social services.

16 We recommend that the Government draw from the Victorian funding and service delivery model in co-designing an integrated model for New Zealand, modified to meet New Zealand’s unique environment, including an acknowledgement of Māori needs. We recommend that services for those with concerning or harmful sexual behaviour be considered in a New Zealand integrated model.

**Good practice**

Delivering services in line with good practice ensures that they are consistently effective. It also prevents revictimisation.

ACC, TOAH-NNEST, and other NGOs have produced various guidelines on good practice for sexual violence services. Workers also belong to a range of professional bodies that each have their own guidelines. This may lead to a lack of consistency about quality expectations throughout the sector. Additionally, staff may not belong to any such body and some voluntary staff are not qualified, so there is no relevant body for them to belong to.

Good practice is informed by research evidence as well as professional opinion, victims/survivors’ experiences and feedback, and Government review. Good practice addresses activities and services for perpetrators, victims/survivors, situations, and communities. It applies to the continuum of intervention: from prevention activities, to first response services, to long-term treatment and recovery services.
The Government can promote good practice in its contracts with providers. Our recommendations about integrating services would also promote good practice.

We note that many submissions identified an integrated approach to service delivery as intrinsic to good practice at two levels: at the level of clients and across services at the levels of primary prevention, first response and long-term recovery.

Court experience

We are aware that the Law Commission is examining pre-trial and trial processes, with a focus on sex offence cases, to identify good practice for improving the court experience of complainants. We understand this work is expected to finish in late 2015, and we would like to see it properly considered.

Recommendations

17 We recommend that the Government facilitate an assessment of existing good practice guidelines, a discussion of whether it is necessary to make them more consistent with each other, and a discussion of whether further guidelines are needed. As part of this, we recommend that the Government lead the development of a system of national standards for sexual violence services, acknowledging the need for kaupapa Māori.

18 We recommend that any new model for specialist sexual violence social services properly consider the work of the Law Commission on the court experience for victims/survivors.

Workforce

Submitters said that the sexual violence workforce faces a range of issues, including low remuneration and few professional development opportunities. We heard that accreditation standards, improved working conditions, and shared training opportunities between agencies could help to improve this.

In addition, submitters suggested sexual violence education for those working in generic frontline social, health, and education services, and in other sectors such as hospitality and media. We agree that general services need to know about sexual violence because many victims/survivors come into contact only with general services. Staff in these services should be able to respond appropriately.

Development and training in the prevention education workforce is also important.

Recommendations

19 We recommend that the Government assess whether changes should be made to the remuneration and working conditions of workers in the sexual violence sector, including

- access to professional development
- access to support such as clinical supervision
- whether there are enough staff to prevent “compassion fatigue”.

20 We recommend that the Government assess whether professional accreditation standards and regulations that include kaupapa Māori and other culturally competent
practice should be developed and introduced for workers in the specialist sexual violence social services sector.

21 We recommend that the Government encourage shared training opportunities in the specialist sexual violence social services workforce.

22 We recommend that the Government encourage training opportunities for general service providers in dealing with sexual violence.

Service coverage

The distribution of some services is uneven, resulting in geographical gaps in services. People living in remote areas find it harder to access certain services. They are usually further away from emergency and secondary services, and are less likely to have landline or cellphone coverage. We heard that only about 70 percent of females (and fewer males) have access to 24-hour, seven-day specialist crisis support services.

Submitters were concerned about long travel times to reach necessary services. They said that transport costs and a lack of public transport make it particularly difficult for rural people on low incomes to attend services. We heard that delays can further traumatise people needing crisis treatment. Also, people may not be able to afford the extra time needed to reach services from remote locations.

We note that face-to-face services are affected by geographic location more than telephone or internet services.

Another issue submitters raised was that specialist sexual violence social services are not consistently available throughout the country. We heard that all communities, including rural ones, should have easy access to services. We also heard that first response services such as helplines, call-out support, and crisis counselling services should be available 24 hours a day, seven days a week.

Consideration should be given to where there are geographic or opening-hour gaps, what capability and capacity would be required to deliver services, and how these gaps can be addressed.

Creative, diverse service delivery mechanisms could be especially useful in remote areas. They could include home visits, mobile services for remote areas, online support, and telephone and text counselling.

Recommendations

23 We recommend that the Government determine an acceptable minimum level of service, including appropriate geographic coverage of first response services.

24 We recommend that the Government ensure that the opening hours of services are extended where necessary to achieve 24-hour, seven-day coverage for first response services.

25 We recommend that the Government explore the use of diverse service delivery mechanisms, especially in remote areas.
We recommend that the Government take account of provider capability and capacity when contracting.

**Appropriateness of services for Māori and other groups**

Regrettably, we heard that there are major barriers to services for some victims/survivors of sexual violence. Services should be more flexible in meeting the diverse needs of various population groups.

Members of specific cultural groups, such as Māori, Pacific peoples, and other ethnic communities, experience higher rates of sexual violence and/or face specific issues with accessing and benefiting from services. For example, Māori women experience high rates of sexual violence. Submissions suggested that they would benefit from service options informed by kaupapa Māori. Research shows that culturally responsive services are better at helping survivors to recover.

Some other population groups are particularly vulnerable, such as children, people with disabilities, and people who are lesbian, gay, bisexual, transgender, or intersex. People in these groups may be more likely to experience sexual violence. However, existing services may not cater for them adequately. For people with disabilities, some existing services are not physically accessible.

Additionally, other groups—such as men and people in prison—may not be recognised as survivors of sexual violence. Existing services may also not cater for them adequately.

Some unique groups are small and will have low numbers of sexual violence clients. For these, it may be efficient to develop expertise about them within existing sexual violence services and to develop expertise about sexual violence within organisations that provide for unique groups.

For example, a victim/survivor from an ethnic minority may feel comfortable with a general support organisation for ethnic women. The organisation would need an understanding of sexual violence and its effects, and links with specialist services so that it could refer clients when required.

We note that ACC expects its providers to adhere to its *Guidelines on Māori Cultural Competencies for Providers* and to have a thorough grounding in the theory and application of cultural responsiveness, as described in *Sexual Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealand* (also known as the *Massey Guidelines*).

**Whānau ora**

In New Zealand, a whānau ora perspective can be appropriate. “Whānau ora” translates as “well families”. It is about cooperation and

recognising the connections between people, not just at a whānau level, but including hapū, iwi, various government entities, non-government organisations, and the private sector.\(^8\)

---

In a whānau-centric service model, whānau would identify their own needs and how best to address them. There are two main issues with such a model in the context of specialist sexual violence social services:

- how it would work, either from a preventive perspective or from the perspective of a victim/survivor
- statutory requirements must be met, particularly for the safety of children and young people.

**Recommendations**

27 We recommend that, as part of a new model for specialist sexual violence social services, the Government ensure that services are accessible to all clients, including those with disabilities, and are whānau-centred, culturally competent, and responsive.

28 We recommend that the Government engage with relevant parties to ensure that any new service delivery model includes whānau-centred, culturally competent service options for Māori.

29 We recommend that the Government support mainstream service providers to become whānau-centred and culturally competent and work towards the integration of tikanga into practice.

30 We recommend that the Government support and strengthen existing kaupapa Māori specialist sexual violence social services.

31 We recommend that an integrated approach include a strategy to help organisations that support specific population groups to develop expertise in dealing with sexual violence and links with specialist sexual violence service providers.

32 We recommend that the Government ensure that public information about services is in accessible formats and is well targeted to all audiences, especially high-need target groups.
Specialist sexual violence social services are crucial to mitigating the costs of sexual violence. Ensuring that people get help to address the psychological trauma resulting from sexual violence and support through the health and justice processes is vital. It reduces long-term costs and improves the wellbeing and contributions to society of victims/survivors.

The first aim in our terms of reference was to inquire whether the state of services reflects an integrated approach to service delivery, full coverage, and best practice. We have found that it does not. Our second aim was to inquire whether services are accessible, culturally appropriate, and sustainable. We are not satisfied that they are.

It is clear that an overhaul of New Zealand's sexual violence services sector is needed. Leadership from the Government is critical, and we urge the Government and all stakeholders to collaborate towards developing a system that meets the needs of all New Zealanders. Addressing sexual violence also aligns well with the Government’s Better Public Services goals of supporting vulnerable children and reducing rates of violent crime and reoffending.

We are aware that this inquiry has coincided with the Government’s work in the area of sexual violence, especially the review by the cross-agency senior officials’ group and the work programme of the Ministerial Group on Family Violence and Sexual Violence.

We understand that the sexual violence senior officials’ group is now working under the Ministerial Group on Family Violence and Sexual Violence. We would expect that these groups could take up our recommendations and incorporate them into their work programme. We envisage that they will address the question of leadership in the sector.

We reiterate that an integrated whole-of-system approach, including a purpose-built funding and service delivery model, would work best for delivering specialist sexual violence social services in New Zealand. We encourage the Government to progress our recommendations with urgency.
Appendix

Committee procedure
The Social Services Committee of the 50th Parliament met between 21 August 2013 and 30 July 2014 to consider the inquiry. It called for public submissions with a closing date of 10 October 2013. It received 997 submissions from organisations and individuals, and heard oral evidence from 87 submitters. It heard evidence in Auckland and Wellington, and presented an interim report towards the end of the 50th Parliament on 31 July 2014.

We reinstated the inquiry on 29 October 2014. We met between 29 October 2014 and 2 December 2015 to consider the inquiry. The Ministry of Social Development provided advice.

Committee members
Alfred Ngaro (Chairperson)
Darroch Ball
Matt Doocey
Jan Logie
Todd Muller
Jono Naylor
Dr Parmjeet Parmar
Carmel Sepuloni
Stuart Smith
Poto Williams