



**MINISTRY OF SOCIAL  
DEVELOPMENT**

TE MANATŪ WHAKAHIATO ORA

**Sexual Harm Crisis Support Service  
Guidelines  
F21**

# Contents

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<b>Contents</b> .....	<b>2</b>
<b>1. About these Guidelines</b> .....	<b>4</b>
Who are these Guidelines for? .....	4
What is the purpose of these Guidelines? .....	4
How should these Guidelines be used? .....	4
Will these Guidelines be revised? .....	4
Where can you go for more information?.....	4
<b>2. Relationships</b> .....	<b>5</b>
Relationship principles .....	5
Inclusive practice .....	5
Good practice approach .....	5
<b>3. About Sexual Harm Crisis Support Services</b> .....	<b>7</b>
What is sexual harm? .....	7
What do we mean by 'crisis'? .....	7
What is the history of crisis support services? .....	7
Why do we purchase crisis support services? .....	8
What are the outcomes we want to achieve? .....	8
<b>4. Service overview</b> .....	<b>9</b>
What are sexual harm crisis support services? .....	9
Who are the services targeted at? .....	9
Who can deliver crisis support services? .....	9
Social Sector Accreditation Standards .....	10
Who is involved? .....	10
<b>5. Service delivery</b> .....	<b>12</b>
How will people access these services? .....	12
How will providers engage with people? .....	12
How long does a client remain with the service?.....	13
What do services focus on? .....	14
What services can clients access?.....	14
How will providers integrate across services?.....	15
What is the service accountability? .....	16
<b>6. Principles of good practice</b> .....	<b>17</b>
What are the key principles of good practice? .....	17
Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors.....	18
<b>7. Workforce capability and support</b> .....	<b>19</b>
The Family Violence, Sexual Violence, and Violence within Whānau Workforce Capability Framework .....	19

Experience and personal characteristics .....	19
Staff recruitment and induction.....	20
Staff safety .....	21
Peer support and supervision.....	21
Professional development.....	21
<b>8. Measuring results and reporting .....</b>	<b>22</b>
How do we know if the services we fund are working? .....	22
What is the Results Measurement Framework? .....	22
What reports are required by the Ministry?.....	22
Service Result Measures .....	23
Family Services Directory .....	26
Health Point .....	26
Evaluation .....	26
<b>9. Definitions.....</b>	<b>27</b>
<b>Appendix 1 – Provider Feedback Form .....</b>	<b>29</b>
<b>Appendix 2 – Client Feedback Form .....</b>	<b>31</b>
<b>Appendix 3– Results Measurement Framework.....</b>	<b>33</b>

# 1. About these Guidelines

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## Who are these Guidelines for?

These Sexual Harm Crisis Support Services Guidelines (Guidelines) are for providers who hold a Ministry of Social Development (the Ministry) Outcome Agreement to provide Sexual Harm Crisis Support Services for adults (crisis support services).

Outcome Agreements with providers of crisis support services require that they are delivered in accordance with these Guidelines. These Guidelines form part of the Outcome Agreement.

## What is the purpose of these Guidelines?

These Guidelines provide:

- a set of practice principles to guide service delivery
- an outline of service delivery and practice
- a resource tool to help providers deliver services consistently
- a resource tool to help providers to meet the desired service outcomes
- a way for the Ministry to improve its responsiveness to feedback regarding changes to the service delivery component of the Outcome Agreement.

## How should these Guidelines be used?

The Guidelines set the minimum standard for service delivery, from which each provider can develop a service that reflects their own philosophical base, incorporating local need and the culture within which they work.

## Will these Guidelines be revised?

This is a living document and will be updated over time to take into account provider feedback. Ministry staff will collaborate with providers to co-develop any further editions, updates or changes. Feedback on the Guidelines is welcome at any time and can be sent to the Ministry's National Office using the feedback form ([Appendix 1](#)).

## Revision of Guidelines for F21

These guidelines are a revision of the original F18 Sexual Harm Crisis Support Guidelines. The Ministry has updated the Guidelines to ensure they are relevant to the recent Budget 2019 investment in Sexual Harm Crisis Support Services.

## Where can you go for more information?

For further information on these Guidelines, please contact your Ministry Relationship Manager as identified in your Outcome Agreement.

## 2. Relationships

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### Relationship principles

All parties listed on your Outcome Agreement shall collaborate to ensure that crisis support services are available, accessible and effective.

All parties recognise these services are a joint endeavour, in which all parties have a shared goal to achieve positive outcomes for adults affected by sexual harm.

The parties agree to:

- act honestly and in good faith
- communicate openly and in a timely manner
- work in a collaborative and constructive manner
- recognise each other's responsibilities
- encourage quality and innovation to achieve positive outcomes for adults affected by sexual harm
- be committed to continuous improvements of service delivery.

Each party shall appoint relationship managers who will be responsible for effectively managing the contract relationship. Details of the relationship managers nominated by each party are set out in the Outcome Agreement.

### Inclusive practice

All parties recognise the needs of all people, and that services are to operate from an indigenous worldview and be culturally effective. Crisis support services are to be provided in a way that is consistent with people's social, economic, political, cultural and spiritual values. Guidance on inclusive practice for mainstream crisis support services is set out in the ['Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors'<sup>1</sup>](#).

### Good practice approach

Crisis support services are specialist services that provide support and advocacy to people affected by sexual harm.

All design and delivery approaches for crisis support services must include 'the prevention of further sexual harm and safety for the client, their family, whānau and community' as an ultimate objective. 'Safety' in this context refers to the emotional, social, spiritual, and physical wellbeing of the person affected.

All parties support the development of good practice in the delivery of the service. This includes:

- using current good practice approaches, taking into account the local and community contexts, and the knowledge and skills relevant to the purpose and focus of this service
- being client-focused, including:
  - involving clients appropriately in decisions about the delivery of the support they receive

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<sup>1</sup> Wharewera-Mika, J.M. & McPhillips, K.M (2016). *Good Practice Responding to Sexual Violence. Guidelines for 'mainstream' crisis support services for survivors.*

- recognising the importance that tangata whenua are entitled to be guided by the values and practices that derive from their own world view
  - recognising the importance of culturally effective and responsive services
- developing services in a way that supports and increases accessibility to services for clients
- providing services in environments that promote client wellbeing and welfare
- using a collaborative approach across services and agencies where possible
- regularly reviewing, reflecting and monitoring of the effectiveness of the service, including client, staff and external feedback, and changing and modifying practice in response
- providing relevant training, professional development and (where appropriate) supervision, and utilising appropriate resources and support
- engaging with a 'community of practice' to share ideas, information and build professional practice knowledge
- participating in internal and external evaluations of services and using the information as part of a continuous improvements process.

## 3. About Sexual Harm Crisis Support Services

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### What is sexual harm?

Sexual harm is a descriptor for a number of sexual behaviours that are engaged in without consent and involve elements of force, coercion and/or power by one person over another for the purpose of sexual gratification and control. This can include both contact and non-contact behaviour, including 'online' computer-assisted sexual harm.

Throughout this document the term sexual harm will be used, rather than sexual violence. The term 'harm' incorporates acts of violence, but also acknowledges many experiences of sexual harm that may not be perceived as violent.

### What do we mean by 'crisis'?

Crisis is not defined by the actual event, but by the person's response (and the response of their family/whānau/community) to that event. A victim/survivor may still be considered in crisis if the event is historical, as crisis episodes can be triggered by events later in a victim's/survivor's life.

### What is the history of crisis support services?

The delivery of community-based sexual harm crisis support services began in New Zealand as a grass-roots movement utilising volunteers as primary support people for those impacted and/or recovering from sexual harm.

Historically, sexual violence services in New Zealand have been under-resourced with limited capacity to meet demand. These services have typically been funded at a community level, without formal nationwide infrastructure or permanent funding to support them.

In response to these issues there has been substantial work since 2009, which included analysis of the sector and increased funding for services through Budget 2014.

Through [Budget 2016](#), it was announced that \$46 million over four years would be provided to support specialist sexual violence services to better support victims and prevent sexual harm. Of this, \$27.6m was made available for sexual harm crisis support services over three years from 1 July 2017.

To stabilise and support the delivery of sexual harm crisis support services, the Ministry:

- consulted with existing sexual violence providers to develop these service guidelines
- offered new three-year contracts to existing crisis support service providers, until 30 June 2020
- opened a tender process to fill geographical gaps in crisis support services across New Zealand.

Building on the work completed through Budget 16, a series of bids for Budget 2019 for sexual violence services were submitted through the Joint Venture for Family Violence and Sexual Violence. This resulted in a Budget package of \$320.9 million over four years for family and sexual violence initiatives.

Through [Budget 2019](#), \$90.3m will be invested in sexual violence services. Of this, \$50.125 million has been made available for sexual harm crisis support services over four years, with \$14.915 million allocated per year from F21 (1 July 2020). This is additional funding on top of baseline funding for sexual harm crisis support services provided through Budget 2016 (\$11.820m per year), and will bring the total allocated sexual harm crisis support funding to \$26.735 million per year from F21.

This investment will help to create a more integrated, efficient and responsive system to those affected by sexual violence, by continuing and building on sexual violence services implemented since Budget 2016. It will mean more people get the services they need, when they need them.

## **Why do we purchase crisis support services?**

The Ministry purchases the provision of specialist sexual harm crisis support services in order to provide immediate support to those impacted by sexual harm and reduce the devastating longer-term impacts that sexual harm has on adults, their families, whānau and communities across the country.

The Ministry's investment strategy in relation to crisis support services is to ensure the provision of sustainable, effective and well-co-ordinated services that are available and accessible for adults (and their family, whānau and community) who have been affected by sexual harm.

## **What are the outcomes we want to achieve?**

For crisis support services, the Ministry would like to see the following outcomes:

- national coverage and accessible services
- more immediate disclosures and supportive responses for victims/survivors, their family and whānau<sup>2</sup>
- physical, emotional and psychological safety for victims/survivors
- increased self-esteem/efficacy and restoration of mana.

In turn, these outcomes will contribute to the longer-term outcomes of:

- early disclosures and more immediate positive responses to victims/survivors of sexual harm
- reduced long-term impacts for victims/survivors and greater resiliency/productivity
- enhanced community awareness and pro-social responding to sexual harm.

With the ultimate goal of:

- safe, attentive and responsive communities of care
- healthier individuals, families and whānau, and more vibrant communities
- a decrease in sexual harm within communities and an increase in victim/survivor wellbeing
- a reduction in costs of sexual harm impacts on society.

(See Part 8 – [Measuring results and reporting](#) for more information on outcomes.)

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<sup>2</sup> In referencing whānau in these Guidelines, it is important to note that this is not merely an extension of family, but people weaved together through whakapapa over multiple generations and across hapū/iwi.

## 4. Service overview

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### What are sexual harm crisis support services?

Crisis support services are specialist sexual harm crisis interventions that operate from an indigenous worldview, are culturally effective and based on established principles of good practice.

Providers will be contracted to provide psycho-social crisis support services. These services take a trauma-informed approach to service provision and include:

- advocacy and support (including callout)
- emergency face-to-face sessions (including crisis counselling)
- crisis social work support.

Crisis for this purpose, is not defined by an actual event, but by a person's (and their family, whānau and community's) response to that event. A response can happen immediately after the event or be triggered at multiple points beyond that event.

The services being described here as crisis support services are those required by a victim/survivor, their family and whānau during or following a crisis. These services need to be:

- immediately available and accessible to all victims/survivors, with sufficient specialist staff to respond
- at no cost to the victim/survivor
- available 24/7, 365 days a year where possible (as sexual harm can occur at any time, but anecdotal evidence suggest it is more likely to happen at night. Flashbacks and nightmares, and disabling terror can happen anytime, but also often occur at night)
- linked into local communities so appropriate referrals can be made.

Given the nature of sexual harm and its on-going impacts for many victims/survivors, the importance of accessible services and an immediate response capability cannot be over-estimated. It is known that many incidents of sexual harm are not reported and that many survivors do not disclose until years after the fact, if they disclose at all.

These crisis support services are part of a broader suite of sexual harm support services that aim to support adult victims/survivors who are in a place of crisis in response to immediate and/or historic sexual harm.

### Who are the services targeted at?

Crisis support services are delivered in a community setting to people who have been affected by sexual harm.

For the purposes of these Guidelines the scope for providers is to deliver services for adults (18 and over), with capability to also support their families and whānau in the context of supporting the primary adult victim/survivor.

Oranga Tamariki contracts with providers to support children and young people affected by sexual violence.

Providers will have internal capability and/or strong interagency links to other services that are able to work with children.

### Who can deliver crisis support services?

Victims/survivors, family, whānau and communities are best serviced by specialist services due to the particular dynamics and high-level impacts from sexual harm.

The provision of crisis support services is a specialist service, delivered by providers that have relevant qualifications and/or specialist training and knowledge about sexual harm and interventions based on researched good practice.

Providers must be able to provide safe and high-quality responses to clients during and immediately following a crisis.

A specialist sexual harm service provider has been defined as:

*"... a non-government organisation that provides services with a sole or primary focus on delivering psycho-social support to people affected by sexual violence"<sup>3</sup>*

Also within more generalist non-government organisations there may be staff with specialist capability who are able to provide safe, high quality support to those affected by sexual harm (eg ACC approved providers, staff with previous specialist sexual harm support experience).

(See Part 7 - [Workforce capability and support](#) for more information on who can deliver services).

## **Social Sector Accreditation Standards**

Providers who deliver crisis support services are required to meet Level 2, [Ministry of Social Development Accreditation Standards](#).

Providers are required to maintain their Approval Level according to the Ministry's relevant Approval and Accreditation Standards.

## **Who is involved?**

### ***The client***

The client is at the centre of all services. A client is defined as an adult (18 and over) victim/survivor who agrees to engage with the Provider for support through a sexual harm crisis event. In supporting the client, support may also be required for their family and whānau.

Providers and the specialist workforce will recognise the diversity of clients and types of harm and deliver services in a way that is responsive to the needs of the client.

The client will be actively informed and consulted about the support that is available to meet their needs. The client's needs are the most important determinant of what happens.

### ***The Provider***

In addition to carrying out all requirements and responsibilities outlined in the Outcome Agreement and these Guidelines, the role of the Provider is to:

- employ and support specialist and appropriate staff
- operate a viable service that is able to support all staff and their professional development, in accordance with the Ministry's Approval and Accreditation Standards and these Guidelines
- ensure appropriate community collaboration and networking links are made to support clients

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<sup>3</sup> As defined by Te Ohaakii A Hine – National Network Ending Sexual Violence Together (TOAH NNEST)

- actively participate in any regional networking, information sharing and knowledge building activities
- develop and maintain effective collaborative working relationships with regional Ministry sites
- participate in training and up-skilling activities to keep up to date with development, innovations and good practice in the development and delivery of crisis support services
- provide and enable access to training and development opportunities as well as regular supervision (in addition to individual supervision, cultural supervision will also be provided for all staff on a regular basis)
- ensure systems and processes are in place to utilise and report on delivery of services and funding in line with the Outcome Agreement and these Guidelines.

### ***The Ministry of Social Development***

The role of the Ministry is to:

- approve providers
- monitor the performance and contractual management of the Provider
- seek and support continuous improvement of service delivery, including updating of these Guidelines
- lead the development of outcomes and service guidelines
- ensure national coverage and quality through a fair and equitable funding allocation process.

### ***National Sexual Violence Helpline***

Safe to talk, Kōrero mai ka ora (Safe to talk), the national sexual violence helpline provides free, confidential information and support to those impacted by sexual harm wherever and whenever they might need it. Information and support can be accessed via phone, text message, email and the website, which includes webchat<sup>4</sup>.

The Ministry expects that providers will interact with the helpline, which will include:

- receiving referrals from the helpline
- making referrals through the helpline to access and align with other available services
- providing information to clients, family and whānau about the helpline
- using the helpline for information and/or support.

The helpline is not intended to inhibit a client's ability to connect with regional services via current local numbers already in operation. A client's trust and relationship with the Provider is vital and should not be compromised by Safe to talk.

### ***The Joint Venture***

The Government formed a Joint Venture for Family Violence and Sexual Violence (the Joint Venture) in September 2018. The Ministry is part of the Joint Venture along with nine other government agencies. The Joint Venture will set the future direction for cross agency work to address family violence, sexual violence and violence within whānau.

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<sup>4</sup> Safe to talk can be accessed by calling 0800 044 334, or by going to the website: [www.safetotalk.nz](http://www.safetotalk.nz)

## 5. Service delivery

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### How will people access these services?

People can self-refer or be referred to crisis support services.

A referral may come from family and whānau and the community, Police, other community organisations, health and forensic services, government agencies, and the national sexual violence helpline, *Safe to talk*. *Safe to talk* can provide contact details<sup>5</sup> for local providers when requested and can make referrals through a three-way contact (warm handover) with the client, the provider and the helpline.

Providers will ensure referral pathways into the service are visible and that barriers are minimised for people to access services. People in crisis need to be able to access the right support when they need it.

This will include options for referral to a local Kaupapa Māori sexual harm service. Where no Kaupapa Māori service is available, or there is limited capacity, it may be possible to refer to a local hapū/iwi as to who has specialist training and is capable of working with Māori victims/survivors of sexual harm in that area.

The client will be given information about what to expect when they access the service, including informed-consent processes, collection and storage of personal information, confidentiality and limits to confidentiality. This information is also available for the client's family and whānau if they are involved as a support network.

Providers will collect sufficient and appropriate information in order to support the client, their family and whānau.

Providers must have processes in place for making referrals to other agencies and services, including keeping records of referrals.

### Coverage of services

The Ministry purchases nationwide coverage of crisis support services.

Providers will have processes in place to ensure adequate service coverage across their target area(s), as stated in their Outcome Agreement.

### Charging for services

The Provider will not charge clients for the delivery of the crisis support services specified in these Guidelines.

### How will providers engage with people?

Crisis support services work to protect, promote and enhance the wellbeing of victims/survivors, their families and whānau by making sure their needs are heard and met. A specialist response to sexual harm is a 'believing response', one of non-judgement and sensitive to a client's state and sense of wellbeing ('being with' rather than 'doing to').

Services are to be client-centred and whānau-centric. Services give autonomy, control and choice back to the client and 'pace' the work in a manageable way, including the use of a person's own language, and supporting their immediate needs and goals.

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<sup>5</sup> Provider contact details are sourced through Healthpoint (<https://www.healthpoint.co.nz/>)

The wellbeing of individual clients has to be (where possible) in the context of their family and whānau and take a strengths-based, mana-enhancing approach. This approach<sup>6</sup> should underpin engagement with clients, their families and whānau.

The following principles derived from Kaupapa orientated practice (specifically Whānau Ora) articulate these ideas:

### **Manaakitanga**

- host victims/survivors, their family and whānau in a way that empowers them, and removes barriers to access support

### **Whānaungatanga**

- establish meaningful relationships in culturally appropriate and effective ways – and engage in a way that builds trust
- work with people, their family and whānau from a cooperative position

### **Tino Rangatiratanga**

- victims/survivors, their family and whānau have autonomy to decide how and when they participate in services
- victims/survivors, their family and whānau (where possible) are aided to make informed decisions about their support needs and options and given the utmost autonomy over their support process

### **Mana**

- victims/survivors, their family and whānau are experts in their own lives – ensure the balance of power through all interactions
- people, their families and whānau lead the conversation and their journey

### **Ako**

- learning is a two-way process - relationships are about learning from each other.

## **How long does a client remain with the service?**

The nature of sexual harm crisis support does not fit within definitive timeframes and/or a 'programmed' delivery.

Crisis is not defined by an actual event, but by a person's (and their family and whānau) response to that event. A response can happen immediately after the event or be triggered at multiple times beyond the event.

Providers will ensure a client is supported for as long as they are experiencing a state of crisis. A state of crisis has no set timeframe, it will last different lengths for different victims/survivors.

Providers may have internal capacity to provide further care and recovery services<sup>7</sup>. If not they must have links to further care and recovery services<sup>8</sup> and make active referrals to such services.

'Completion' of services will be a joint agreement between the client and Provider. If there has been no contact from the client for a period of no less than four (4) months, the 'file' will be considered closed<sup>9</sup>. If that client later accesses services, they are then counted again as a returning client.

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<sup>6</sup> Derived from the whānau-centric framework developed by the Southern Initiative.

<sup>7</sup> Any further care and recovery services are not covered by the contents of this guideline.

<sup>8</sup> Such as Integrated Services for Sensitive Claims (ISSC) through ACC.

<sup>9</sup> If that client later accesses services they are then counted again.

## **What do services focus on?**

Crisis support services provide support to clients affected by sexual harm, and their family and whānau. This support is to meet a client's immediate psychosocial needs in order to mitigate the psychological impacts of sexual harm.

These services help to mitigate the longer-term negative impacts of sexual harm on victims/survivors, and support their ability to live healthy and satisfying lives.

To do this, the aspirational vision for these services is that they operate from an indigenous worldview, are culturally effective and based on established principles of good practice. These services are to be accessible and available for people affected by sexual harm (adult victims/survivors, their family and whānau).

## **What services can clients access?**

The core services being described as crisis support services for these Guidelines are those specialist support services required by a victim/survivor of sexual harm, their family and whānau during or following a crisis. These services may overlap, alternate and/or happen concurrently. The services include:

### **Advocacy and support (callout)**

A service for victims/survivors of sexual harm, their family and whānau where a specialist crisis support worker is available (where possible, 24 hours a day, seven days a week (24/7)) to support a person through any treatment or other processes immediately following a crisis event. This may include:

- Police interviews
- Sexual Abuse Assessment and Treatment Services (SAATS)
- Forensic medical examinations
- Therapeutic medical examinations
- Follow-up medical examinations when requested.

This would involve a specialist crisis support worker meeting a survivor at the Police station or the hospital following a recent event to provide support and advocate for them through a very difficult time. This support may include counselling and advocacy and providing information about legal and medical processes.

Where services do not have 24/7 capability it is expected they have strong links to local and/or national services that are available 24/7.

It is essential to have someone who is able to advocate for the wellbeing of the victim/survivor and that that person understands the process. The specialist support worker is critical in ensuring that the victim/survivor feels believed, is treated with respect and understanding, retains some control over proceedings and is given adequate information.

Where possible, it is ideal to have two specialist crisis support workers available for a callout. This allows sufficient support for the victim/survivor and for the family and whānau.

### **Emergency face-to-face sessions (including crisis counselling)**

A service for victims/survivors of sexual harm, their family and whānau where a specialist crisis support worker provides:

- face-to-face or remote crisis counselling during and/or immediately following a crisis
-

- face-to-face support sessions to provide clients with information and coping mechanisms in the interim before the next steps as determined by the client (this may involve on-going therapy or nothing at all)
- referral of clients to a provider that delivers services under the Integrated Services for Sensitive Claims contract with ACC and/or referral to other services that are best able to meet a client's need (cultural, mental health, self-harm, alcohol and drug use). This may include transition to other services
- assistance with informed decision making
- arranging access to resources.

These services are provided during business hours, with arrangements able to be made outside of these hours if required.

### **Crisis social work support**

A service for victims/survivors, their family and whānau where a specialist crisis support worker can provide social work support during the crisis period.

In addition to the psychological impacts of sexual harm, impacts occur for the victim/survivor across multiple areas of their life. Many victims/survivors, their family and whānau need assistance with practical matters during that crisis period.

This includes assistance with accessing support through Work and Income, support securing accommodation, childcare, food and clothing, consultations and liaisons regarding child safety and crisis support work. The safety of adults and their children is paramount and the above issues often require attention at the point of crisis.

### **How will providers integrate across services?**

An integrated purpose-built service system is needed to effectively respond to sexual harm. This requires a systems approach that includes prevention and early intervention through to crisis response and long-term recovery services.

Providers of crisis support services will:

- work closely with government agencies and other community services to ensure clients who have experienced sexual harm are able to access the help they need when and where they need it
- build connections, collaborate, support and maintain effective relationships with other relevant agencies and services that are able to provide complementary support to clients. This may include:
  - relationships and memorandum of understanding with Māori and Pacific providers, iwi services, health services, courts and alcohol and other drug services.
  - where possible, implementing or planning for a Local Level Agreement (LLA) with local Sexual Assault Assessment and Treatment Service (SAATS), health agencies (including primary care), and local District Police. An example of an LLA between local Police, medical forensic and crisis support services can be found on Appendix 4 (Page 27) of the [SAATS service schedule](#).
- not enter into sub-contracting arrangements for delivery of crisis support services.

## **What is the service accountability?**

In delivering crisis support services, providers are required to meet Level 2 of the Ministry's Approval and Accreditation Standards. As part of that standard, the Provider must comply with the following broad service accountability obligations:<sup>10</sup>

### **Consent and information management**

The Provider must obtain the written consent of the client under the Privacy Act 1993 for collection and storage of their personal information before delivering services. In addition, clients must be told if their anonymised data may be used in research and evaluations. Providers must also tell the client how they can access and make changes to any of their personal information.

### **Complaints policy**

The Provider must have a documented and available complaints policy. Clients will be told how they can make a complaint and what to expect if they do make a complaint.

### **Mandatory reporting**

The Provider must have a documented and up-to-date child protection policy as required under the Vulnerable Children Act 2014. In addition, the Provider will understand and fulfil its statutory and/or regulatory obligations in relation to essential notification reporting.

### **Incident reporting**

The Provider must advise the Ministry (through its Relationship Manager) of any changes, problems, significant risks or issues that may, or are likely to, materially reduce or affect their ability to deliver the crisis support services.

### **Health and safety**

The Provider will perform their obligations regarding health and safety matters in accordance with the Health and Safety at Work Act 2015 and will have a set of documented policies covering (but not limited to) risk management and staff safety and managing disruptive behaviour.

### **Client feedback**

The Provider must have a client feedback process in place. Clients will be informed about how they can provide feedback should they choose to and how that feedback will be used. The Provider will maintain a record of the feedback received to evaluate the impact of their service in meeting clients' needs at the time of engagement and inform on-going improvements in service delivery. A template for collecting feedback is attached in [Appendix 2](#).

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<sup>10</sup> This section should be read in conjunction with the Ministry's Social Sector Accreditation Standards – Level 2, which contains further detail around staffing, health and safety and resolution of complaints.

# 6. Principles of good practice

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## What are the key principles of good practice?

Principles of good practice for the delivery of crisis support services are based on a 'do no harm' ethos and underpinned by the need for a workforce that understands the:

- immediate and inter-generational impacts of trauma
- importance of user autonomy and efficacy in their healing journey
- need to provide robust, integrated interventions for not only the victim/survivor, but those around them impacted by the harm.

Providers need to provide crisis support services that are:

- culturally informed and effective
- client-centred and experienced as supportive and empowering
- available when people need them
- accessible and delivered in an environment that can ensure safety and confidentiality
- trauma-informed and collaborative to ensure the best outcomes for the victim/survivor.

Providers of crisis support services are expected to deliver services based on the following key principles of good practice:

### Client-centred, whānau-centric integrated services

Services give autonomy, control and choice back to the client and focus on the provision of informed choice, safety, dignity and the physical, emotional and social wellbeing of the client.

Providers will acknowledge the social and cultural context of the client, their family and whānau and community and deliver services in a client-led and whānau focused way.

This includes aiding the client and their support network to make informed decisions about their support needs and recognising the importance of cultural effectiveness and responsiveness in service delivery.

Providers will have a clear understanding of their specialist role and work with other services, agencies and communities to provide a collaborative, integrated and holistic response, to people who have been impacted by sexual harm.

### Client engagement

Providers will understand the importance of services being delivered in a safe, relational way that is both trauma-informed as well as client-centred.

Specialist crisis support workers must comply with all relevant ethical codes, standards or guidelines for their profession, particularly in respect to the principle of 'do no harm', conflicts of interest and confidentiality.

Specialist crisis support workers will tailor intervention approaches with sensitivity to the needs of the client, their family and whānau. For example: considering the level of harm/trauma, language, culture, personality style, learning styles, cognitive abilities and access needs.

### Skills oriented

Providers will have staff that demonstrate a strong component of skills, learning and practice to practically engage, help and support clients to manage their internal sense of

crisis and to move towards a place of recovery. This includes engaging with people in trauma, de-escalating the crisis; and pacing interventions for maximum support and doing no further harm.

### **Trained and supported workforce**

Services will be delivered by an appropriately trained, experienced and supported workforce that understand the dynamics and high-level impacts from sexual harm (See Part 7 - [Workforce capability and support](#) for more information about the workforce).

Providers will have processes that govern training, supervision, professional development and support for staff.

### **Maintaining integrity**

Providers will have in-built processes and systems that monitor operations and enable service delivery to be adjusted where necessary, including through the use of external and internal reviews and regular client and other services feedback.

Services are to be informed by on-going monitoring, review and evaluation and supported by a specialist and experienced workforce.

### **On-going evaluation**

Clear systems must be in place to measure, evaluate and monitor the effectiveness of services of crisis support services, including through the development of client feedback and complaints processes.

Providers must be willing and able to participate in any evaluation of services that is undertaken by the Ministry or on behalf of the Ministry.

## **Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors**

The Ministry recognises and endorses the '[Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors](#)' developed through Te Ohaaki a Hine National Network Ending Sexual Violence Together (TOAH-NNEST).

These Good Practice Guidelines provide the foundation for crisis support services, and providers must be able to reference it and demonstrate its application.

TOAH-NNEST is currently developing Good practice guidelines for Kaupapa Māori services, and upon completion, reference to these will be included in this Service Guideline.

As stated in the 'Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors' tangata whenua and tauwiwi should be guided by the values and practices that derive from their respective worldviews.

## 7. Workforce capability and support

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The provision of crisis support services is a specialist area of work, delivered by specialist providers that understand the dynamics and high-level impacts from sexual harm.

The workforce is made up of people that share a combination of qualified knowledge and lived experience that allows them to approach the work in a way that is client-centred, non-judgemental, and that seeks to determine the client's best interests and needs at the time.

### **The Family Violence, Sexual Violence, and Violence within Whānau Workforce Capability Framework**

The Family Violence, Sexual Violence, and Violence within Whānau Workforce Capability Framework<sup>11</sup> (the framework) is a bicultural principle-based framework that defines the skills, knowledge and actions required to safely and effectively address family violence and sexual violence.

The framework describes the actions expected of the workforce, appropriate to their required level of expertise and role expectations, when working with people impacted by family violence, sexual violence and violence within the whānau. It also sets out the responsibilities of organisations to provide a supportive environment for safe practice and continuous improvement.

This framework provides the foundation for the crisis support service, and providers must be able to reference it and demonstrate how the Framework principles and relevant domains (knowledge and skill areas) are reflected in the provider's work with individuals and whānau, and in their organisation.

### **Experience and personal characteristics**

The framework provides a basis to operate from but given the specialist response required to support people affected by sexual harm, there are additional requirements.

The description of key personal characteristics and experience required for the people (now referred to as specialist crisis support workers) delivering crisis support services are listed below:

#### **Specialist crisis support worker**

A specialist crisis support worker is a person that delivers the crisis support services.

This person may be a qualified professional with knowledge, and/or lived experience that allows them to approach the work in a way that is client-centred, non-judgemental, and that seeks to determine the clients' best interests and needs at the time.

Specialist crisis support workers must demonstrate the following:

- a recognised qualification in psychotherapy, psychology, social work, counselling, family therapy and/or equivalent skills and experience including: time in the work, workplace training, lived experience and recovery, mentoring and supervision.
- if they have a lived experience of trauma and recovery, the person has processed any personal trauma and can engage without being triggered themselves

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<sup>11</sup> [The Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework](#) (2017)

- knowledge of and adherence to consent, conflict and confidentiality protocols, including statutory reporting
- knowledge of the dynamics of sexual harm, risk factors and safety planning in a community context
- are trauma informed, understand and recognise the immediate and cumulative impacts of trauma that result from sexual harm
- the personal characteristics and skills to engage (therapeutically) with a cross-section of people in order to maximise the effectiveness of the support provided (for example, the client, their family/whānau/support person)
- a knowledge and understanding of indigenous practice models and culturally relevant understanding and perceptions of sexual harm
- a knowledge and understanding of Māori societal and familial structures, including whānau, hapū, iwi and the dynamics of whānaungatanga
- the ability to work effectively with clients from ethnically diverse backgrounds and minority groups
- an understanding of integrated responses to crisis support and the ability to develop and sustain relationships with other agencies and key personnel across the social services sector
- the ability to liaise with a number of support networks (for example, marae, Church, community groups) and to engage the client's family/whānau/support person in the intervention process
- understands the issue of secondary/vicarious trauma and can demonstrate good work/life balance and self-care, and utilises workplace support and supervision.

The Provider must maintain current registration/membership with their relevant professional body or be in the process of obtaining registration/membership.

## Staff recruitment and induction

When recruiting staff, the Provider will ensure that new staff have the relevant personal characteristics, motivation and skills to be able to work with adults who have been impacted by sexual harm as described in the table above.

The relevant person will demonstrate exceptional interpersonal skills, be a professional with qualifications in a relevant discipline<sup>12</sup> and/or lived experience of sexual harm and subsequent recovery.

With respect to recruitment and induction, the Provider must:

- have documented human resource policies covering the recruitment and vetting of all staff, including processes for recording and responding to criminal history checks
- ensure no applicant is employed if they have conviction for sexual offences, physical violence or any other serious crime
- where applicable, ensure all children's workers meet the safety checking requirements required under the Vulnerable Children Act 2014
- ensure their recruitment processes encourage and enable applicants from a range of backgrounds, including men, woman and gender diverse people, Māori, Pacific and CALD<sup>13</sup> people.

<sup>12</sup> This may include: psychotherapy, psychology, social work, counselling, family therapy.

<sup>13</sup> Culturally and Linguistically Diverse Groups (CALD)

This section should be read together with the Social Sector Accreditation Standards – Level 2 (Staffing Requirements).

## Staff safety

Given the context and nature of sexual harm crisis support services, it is important that providers ensure a safe working environment for both its staff and clients.

In meeting this requirement, the Provider must:

- have documented health and safety procedures which align with the Health and Safety at Work Act 2015
- have documented workplace policies covering risk mitigation and management of disruptive clients
- have a documented complaints and escalation policy
- ensure all premises are safe and fit for purpose.

This section should be read in conjunction with Part 4 – [Service Overview](#) - the Social Sector Accreditation Standards – Level 2 (Health and Safety).

## Peer support and supervision

Well-developed and on-going peer support processes are necessary to support the sexual harm crisis support workforce and to improve staff retention. To meet this, the Provider should:

- provide an induction period, including core induction, training and mentoring, to all new staff
- ensure all staff have professional development plans, which are reviewed and updated annually
- establish clear boundaries and support employees/volunteers in their efforts to sustain a balance between their personal and professional lives.

Providers must also ensure that all staff who provide a direct service to clients, families and whānau have access to regular professional supervision. The clinical supervisor must have a tertiary qualification in a relevant discipline, as well as relevant clinical experience and knowledge.

Supervision is delivered across a number of service lines and can include group supervision, individual (personal<sup>14</sup>) supervision and clinical supervision. While the frequency of supervision can vary based on client load, severity of cases and experience in the sector, at a minimum the Provider must:

- have documented procedures specifying who delivers clinical supervision and the frequency (best practice suggests full-time clinical staff should receive at least one hour per fortnight of formal, one-to-one supervision)
- employ or contract a clinical supervisor and, where possible, employ or contract a cultural supervisor or ensure staff have access to cultural supervision.

## Professional development

Sexual harm crisis support is a specialist area and those working in this area require on-going professional development. As a matter of good practice, the Provider must:

- ensure staff have access to on-going professional development to build on existing knowledge, and access to current research and practice trends

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<sup>14</sup> Personal supervision cannot be delivered by anyone with direct line management over the person requiring personal supervision (*New Zealand Association of Counsellors Code of Ethics*)

- foster a culture of continuous professional development and learning and look for opportunities to share knowledge and experience internally.
- ensure that supervisors and senior staff will have extensive face-to-face experience in working with victims/survivors of sexual harm and be suitably qualified.

If new to the delivery of these services, or with little experience, the Provider must undergo internal induction and training and receive on-support, mentoring and supervision from a suitably qualified provider, national organisation or individual.

## 8. Measuring results and reporting

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### How do we know if the services we fund are working?

The Ministry needs to demonstrate the crisis support services it funds have a positive impact on clients, their families and whānau. The Ministry will do this by collecting client results data that are based on a Results Measurement Framework (RMF).

The Ministry wants to better align funding to those with the highest need, and to invest in programmes, services and providers that can best meet those needs.

### What is the Results Measurement Framework?

The Results Measurement Framework (RMF) is a measurement system that links performance measures in provider Outcome Agreements to the bigger results we are seeking. The Ministry has developed an RMF for the crisis support services.

Providers are required to collect data in order to contribute to an evidence base for the effectiveness of crisis support services.

The RMF has two levels - **the population level** - which covers high level Government priorities, and the **performance level** - which looks at individual providers, programmes / services and client results. The data is backed up by a Narrative Report, which forms part of the Outcome Agreement.

More information on Results Based Accountability can be found at <http://www.business.govt.nz/procurement/for-agencies/buying-social-services/results-based-accountabilitytm-rba/>

### What reports are required by the Ministry?

Reporting is required to meet the contractual obligations set out in the Outcome Agreement. Reporting is necessary to ensure accountability to Government for the funding provided under the Outcome Agreement. The Ministry has agreed on the quantity and nature of the services the funding supports, and is required to report to Government that this has been achieved.

The following report must be completed and sent to your nominated Relationship Manager on the dates set out in the Outcome Agreement:

- service result measure reporting (in line with the RMF Performance Level) are to be reported to the Ministry through your regular Provider Return Reports attached to the Outcome Agreement and listed below.

A **Report Guide** to support providers with their reporting process can be accessed on the Ministry's website: <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/sexual-harm-service-providers-reporting-guide.pdf>

The RMF for the crisis support service is attached as [Appendix 3](#).

## Service Result Measures

The Provider will report on the following service results measures, in line with the sexual harm crisis support services RMF. Quantitative reports must be reports must be **submitted quarterly** and narrative reports **submitted six monthly** to the Provider's Relationship Manager, as outlined in the Outcome Agreement.

Type of measure	Measures (during the reporting period)	Information collected through
Service detail	Programme/service name, start date and end date, source of referral	Service detail reporting
Quantity (how much)	<ul style="list-style-type: none"> <li>Total number of clients receiving the service</li> </ul> <p>Of the total clients reported:</p> <ul style="list-style-type: none"> <li>number of new clients that accessed the service during the reporting period</li> <li>number of clients that were referred to other services and/or transitioned to care and recovery sexual violence services</li> <li>number of clients that accessed the service, and 'closed' during the reporting period.</li> </ul>	Service result measure reporting
Quality (how well)	<p>Of the clients who closed during the reporting period:</p> <ul style="list-style-type: none"> <li>number of clients who provided feedback (either formal 'client satisfaction' feedback, or directly to the Provider)</li> <li>of the clients who provided feedback, number who reported they received the support they needed, when they needed it</li> <li>number of clients that received the support assessed as being needed at the point of crisis, as determined by the specialist crisis support worker.</li> </ul>	
Result Measures (is anyone better off?)	<p>Of the clients that accessed services and provided feedback:</p> <ul style="list-style-type: none"> <li>number who reported that they could easily access the service</li> <li>number reported that they felt heard, understood and not judged</li> <li>number reported that they were helped by the service.</li> </ul>	
<b>Narrative reporting (to support the data)</b>		
	<ol style="list-style-type: none"> <li>What is the 'story behind the data'? (eg, environmental factors that could affect client results including issues, gaps, overlaps and trends)</li> <li>What are your areas for improvement towards achieving better results for clients, their family and whānau (continuous improvement)?</li> <li>Provide evidence on how you are adhering to the "Good Practice Responding to Sexual Violence Guidelines for 'mainstream' crisis support services for survivors".</li> </ol>	Service result measure reporting

<ol style="list-style-type: none"> <li>4. What combination of services do you think is most effective for your clients?</li> <li>5. Who are your partners that help you achieve results, and what joint activities have you participated in?</li> <li>6. Provide examples of strategies or practices used to encourage 'hard to reach' clients to access services</li> <li>7. Provide an explanation of the variance (if any) between the expected number of clients<sup>15</sup> and the actual number of clients supported.</li> </ol>	
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### **Definition of client**

A client is defined as an individual (18 and over) (supported by their family/whānau – where possible and consented to by the primary client) who agrees to engage with the Provider for support during or following a crisis<sup>16</sup> as a result of sexual harm.

This support may include:

- advocacy and support (including callout)
- emergency face-to-face sessions (including crisis counselling)
- crisis social work support.

### **Units of measure**

The contracted volume of measure for the sexual harm crisis support services is 'one available service'.

The service will deliver support for victims/survivors of sexual harm (and their family and whānau) during or following a crisis.

It will provide callout for advocacy and support, emergency face-to-face sessions (including crisis counselling) and crisis social work support.

In this model, the availability of sexual harm crisis support services is paramount. The intent is to ensure the availability of sexual harm crisis support services that are accessible for people affected by sexual harm – when and where they need them.

In this model, the 'available service' can be quantified using an estimated number of Full Time Equivalent (FTE)

This means that the contract volume will be for one service, but guidelines are provided that will form the basis for monitoring and reporting.

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<sup>15</sup> Refer to Unit of Measure description for an explanation of the expected number of clients.

<sup>16</sup> Crisis for this purpose, is not defined by an actual event, but by a person's (and their family, whānau) response to that event. A response can happen immediately after the event, or be triggered at multiple points beyond that event.

## **Full Time Equivalent Rate**

The FTE rate for crisis support services has been developed through the use of the Oranga Tamariki Fair Funding Framework (the Framework). The Framework outlines the components of costs associated with providing a service. It aims to ensure that funding easily reflects costs relative to today's cost of operating a service; provides flexibility in order to apply to different service models, different commissioning arrangements and the ability to respond in an agile way when circumstances change; allows openness and transparency between us and our key partners, to help provide clarity and accountability; creates consistency between different service models, across different organisations and commissioning arrangements.

The rate of \$138,919.45 per FTE has been used to estimate the expected number of specialist crisis support workers (FTE) employed.

- For every \$138,919.45 in funding received, this equates to 1 FTE employed (a specialist crisis support worker) and all associated costs.
- If you receive \$208,379.18 per annum, this would equate to 1.5 FTE employed (specialist crisis support workers) and all associated costs.

One FTE can be made up of multiple staff. For example, 1 FTE could comprise two specialist crisis support workers (0.5 FTE and 0.5 FTE).

This FTE rate considers:

- direct labour costs (eg a specialist crisis support worker, team leader, administration)
- direct best practice costs (eg professional development and training)
- external best practice costs (eg external supervision and mentoring)
- client related costs (eg costs associated with integrating a client back in to the community)
- overhead costs
- that more than one part-time FTE may be employed (eg 0.5 FTE and 0.5 FTE) and which creates increased best practice costs.

## **'Closed' clients**

As crisis can arise at the point of victimisation and can be triggered by events later in a victims/survivors life, crisis cannot be defined by an actual event but by a person's internal response/trauma to that event and is not limited to a timeframe and/or a 'one-off' intervention.

For this purpose, a client should be recorded as 'closed' when:

- they have received the support needed in response to a crisis
- they have been referred to other services, and are no longer in a state of crisis
- they have transitioned to care and recovery sexual violence services (such as Integrated Services for Sensitive Claims (ISSC))
- there has been no contact from the client for a period of no less than four (4) months.

A 'crisis' is defined by a person's internal response to an event, a client (and their family and whānau) may access services multiple times over a 12-month period.

## **Family Services Directory**

Through the term of the Outcome Agreement with the Ministry, providers must ensure their organisation's details are listed and up to date on the Ministry's Family Services Directory.

<https://www.familyservices.govt.nz/directory/>

## **Health Point**

Through the term of the Outcome Agreement, providers must ensure their organisation's details are listed and up to date on Health Point.

<https://www.healthpoint.co.nz/>

## **Evaluation**

The provider agrees to co-operate with, and participate in, any evaluation of the services that is undertaken by the Ministry or by a third party appointed by the Ministry to facilitate such an evaluation.

## 9. Definitions

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In these Guidelines, unless the context specifies otherwise, the following definitions apply:

### **Accessibility**

Accessibility is the measure of how easily people can access and engage with information and communications, services and the environment.

### **Client**

A client is an adult victim/survivor (18 and over) who agrees to engage with the Provider for support through a sexual harm crisis event. Alongside the primary client, support may also be required for their family and whānau.

Clients seeking help may have been the victim of recent or historic sexual harm, seeking information and support concerning the impact of that on their life.

### **Client-centred**

Client-centred practice refers to the principle of finding and empowering the client's own efficacy and autonomy and acknowledging the person's expert knowledge of themselves. Client outcomes are not directed by the specialist crisis support worker but rather the client themselves and interventions are paced in a way that allows maximum engagement, challenge and growth.

### **Crisis**

Crisis is not defined by an actual event, but by a person's (and their family and whānau) response to that event. A response can happen immediately after the event, or be triggered at multiple times beyond the event.

### **Culturally effective**

Culturally effective responses refer to the workforce's ability to deliver responses and interventions that are grounded in shared understanding of the cultural context that the person comes from.

For New Zealand this specifically refers to the kaupapa and tikanga of Mauri Ora and Whānau Ora and responses that are embedded within these principals. Culturally effective responses are more than an organisation's acknowledgement of a person's culture. They are a full response from the culture for the culture (kaupapa).

### **Indigenous worldview**

Providers understand and acknowledge Māori as tangata whenua (local people, hosts, and indigenous people - people born of the whenua) and support the beliefs and values that underpin a holistic, Whānau Ora approach to wellbeing.

### **Intervention**

The action or process of intervening that works to improve the wellbeing of a person. Interventions are the sum of the total support received over time and may include programmes, courses and other services.

### **Sexual harm**

Sexual harm is a descriptor for a number of sexual behaviours that are engaged in without consent and involve elements of force, coercion and/or power by one person over another for the purpose of sexual gratification and control. These behaviours can

include both contact and non-contact behaviour inclusive of 'online' computer-assisted sexual harm.

### **Sexual Harm Crisis Support Services**

Sexual harm crisis support services are specialist sexual violence psychosocial crisis interventions that operate from an indigenous worldview, are culturally effective and based on established principles of good practice.

### **Specialist Sexual Violence Service Provider**

#### *Specialist*

A non-government organisation that provides services with a sole or primary focus on delivering psychosocial support to people affected by sexual harm.

#### *Non-specialist*

A non-government organisation that provides services that does not have the primary focus on delivering psychosocial support to people affected by sexual harm, but has staff with specialist capability able to provide safe, high quality support to people affected by sexual harm.

### **Specialist crisis support worker**

A specialist crisis support worker is the term used to describe a person delivering the crisis support services. This person may either be a volunteer or qualified professional. They have either qualified knowledge, and/or lived experience that allows them to approach the work in a way that is client-centred, non-judgemental, and that seeks to determine the client's best interests and needs at the time.

### **Trauma-informed**

Trauma-informed care and practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and victims/survivors, and that creates opportunities for victims/survivors to rebuild a sense of control and empowerment.

Trauma informed responses also understand the varied dynamic impacts of individual trauma, cumulative trauma, and intergenerational trauma on individuals, families and communities.

### **Whānau-centric**

Whānau-centric interventions acknowledge the whakapapa of the persons experience and their connections to multiple generations and kin. Interventions are delivered in a culturally effective way and do not see the person in isolation but as fundamentally embedded within a wider whānau group.

# Appendix 1 – Provider Feedback Form

## Provider Feedback Form

Please email to your Contract Manager or your Community Investment Advisor.

Name of service

Summary of, and reasons, for Suggested change

Topic

Reference (section/page)

Suggested change/description

Contact Name:

Position:

Provider name:

Provider email:

Provider phone:

Date submitted:



## Appendix 2 – Client Feedback Form<sup>17</sup>

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Please tick the box that applies to you and add comments/feedback if you tick the orange or red boxes, thank you.

1. Did you receive the **support** you needed?

 YES SOME  
WHAT NO

Comments: \_\_\_\_\_

2. Did you receive the support you needed **when you needed it**?

 YES SOME  
WHAT NO

Comments: \_\_\_\_\_

3. Were you able to **access** our service easily?

 YES SOME  
WHAT NO

Comments: \_\_\_\_\_

4. Did you feel **safe and supported** during the sessions?

 YES SOME  
WHAT NO

Comments: \_\_\_\_\_

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<sup>17</sup> Client Feedback form provided by: Catherine Buckley, Bay of Plenty Sexual Assault Support Service.

5. Please tick the **words you feel** explain your experience of our service.

Not Judged

Cold

Heard

Apprehensive

Supported

Comfortable

Misunderstood

Understood

Judged

Listened to

Nurtured

Uncomfortable

Believed

Other: \_\_\_\_\_

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# Appendix 3– Results Measurement Framework

## INTERVENTION LOGIC, RESULTS AND MEASURES SEXUAL HARM CRISIS SUPPORT SERVICES

