



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Sexual violence post-crisis care and recovery:

Consultation summary

June 2019

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Part 1 – Setting the scene

Purpose

The Ministry of Social Development (MSD) have been focusing on strengthening and stabilising sexual violence services through the investment of \$46m over four years secured through Budget 16. The first stage of work has focused on the implementation of sexual harm crisis support services, a new national sexual violence helpline (safe to talk), harmful sexual behaviour services (for non-mandated adults) and support for male survivors of sexual abuse.

To build on the progress made and develop a more sustainable and systematic service response to sexual violence, MSD has been focusing on the emerging gaps in sexual violence services, specifically the psychosocial support available. This report is focused on the identified gap in post-crisis care and recovery services and what service providers told us about the needs of people experiencing this service gap.

The purpose of this report is to provide an overview of what service providers told us about this emerging area and to start to think about what a potential service model could look like.

Budget 2016

In 2015, the Social Services Committee identified that victim/survivors and perpetrators of sexual violence were not receiving the services that they need, because¹:

- there was insufficient investment; and
- services were poorly coordinated, without visibility of specific service needs and populations.

In response, \$46m was appropriated (over four years) in Budget 2016 for the provision of sexual violence services. The funding is distributed as follows:

| 2016/17 | 2017/18 | 2018/19 | 2019/20 | 4 year total |
|---------|-----------|-----------|-----------|--------------|
| \$7.88m | \$10.689m | \$14.277m | \$13.039m | \$45.89m |

The Budget 2016 funding has been used to maintain and increase the level of provision of the following sexual violence services:

- **Sexual Harm Crisis Support Services (SHCSS)**, comprising of 24/7 callout for advocacy and support, emergency face-to-face sessions (including crisis counselling), and crisis social work support. There is on-going years funding (\$12m per annum) for the continuation of these services

¹ Social Services Committee (December 2015). *Inquiry into the funding of specialist sexual violence social services. Report of the social services committee.* Wellington

- **Harmful Sexual Behaviour (HSB) services for non-mandated adults** (i.e. those who are not in the criminal justice system), are clinical assessment and intervention services for adults that have engaged in harmful sexual behaviour.
- **Services for male survivors of sexual abuse**, are specialist sexual violence services aimed at enabling the long-term recovery and wellbeing of male survivors of sexual abuse. This is done through peer-to-peer and group support sessions.
- **National Sexual Harm Helpline ‘Safe to talk—Kōrero Mai Ka Ora’**, is a 24/7 free and confidential helpline that can provide information and support to people affected by sexual harm in any way.

Sexual Harm Crisis Support Services (SHCSS)

SHCSS refers to the specialist support services required by a victim/survivor of sexual violence (and their family/whānau) during or following a crisis. The specific services MSD purchases under SHCSS contracts are:

- 24/7 callout for advocacy and support
- emergency face-to-face sessions (including crisis counselling)
- crisis social work support.

In July 2017, MSD offered new three year contracts from 1 July 2017 – 30 June 2020 to 33 existing sexual violence providers who were delivering a crisis support services. MSD now contracts with 35 providers to deliver SHCSS across New Zealand. An additional 19 geographical gaps in SHCSS were also filled nationally across the 35 providers, following two open procurement processes.

More information is available here: <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/closing-gaps.html>

Integrated Services for Sensitive Claims (ISSC) offered by Accident Compensation Corporation (ACC)

The ISSC offers a variety of care and recovery support to victims/survivors through a package of sexual violence response services. It provides tailored support, assessment, therapy and other specialist treatment services, with counselling being the core component. However, there are a number of barriers to accessing these services, including legislative eligibility criteria². To access support through the ISSC, there must be a sensitive claim lodged for a ‘mental injury’ where:

² The eligibility criteria for sensitive claims can be found here: <https://www.acc.co.nz/assets/contracts/issc-og.pdf>

- there has been an event of sexual abuse or assault(s), or 'certain criminal acts', as listed in sections of the Crimes Act 1961 and Schedule 3 of the AC Act 2001, and
- there is a mental injury and the sexual abuse / assault event(s) is a material or significant cause of that mental injury, and
- the event occurred in New Zealand or, if the event occurred outside of New Zealand, the client was ordinarily resident in New Zealand when the event occurred.

Due to the above legal criteria, there is a service gap for some victims/survivors who do not have access ISSC support. This impacts a number of client groups, such as migrants and refugees, as well as victims/survivors who do not meet the criteria for a 'mental injury'.

SHCSS providers 'holding' victims/survivors

It is not just those victims/survivors who are ineligible to access ISSC support that experience a service gap outside of crisis support services. Malatest International has completed a formative evaluation³ on Specialist Sexual Harm Support Services (the Formative Evaluation) which identifies long wait lists to access ISSC support, and support needed by victims/survivors to access other specialist long-term support (such as ISSC, mental health services or alcohol and drug services).

Some providers report they use portions of funding from other government and non-government contracts to deliver a variety of support to victims/survivors whose needs extend past crisis intervention.

The Formative Evaluation also identifies an opportunity in the 'holding' space to provide effective support work to victims/survivors, which could avoid further psychological damage to those who are not currently having their psychosocial needs met, and where further crisis responses or long-term psychosocial needs could be avoided.

Support that extends outside of the crisis space is particularly relevant to Kaupapa Māori organisations⁴. These providers often state that they require more time to provide a more appropriate cultural response to their victims/survivors and their whānau (including engaging through the appropriate use of tikanga, kawa (protocols) to connect on the basis of whakapapa).

What support is needed in post-crisis care and recovery?

Sexual violence post-crisis care and recovery refers to the psychosocial support and recovery service needs of victims/survivors (and their families and whānau) when the

³ The Formative Evaluation can be found here: <https://objective.ssi.govt.nz/id:A11163946/document/versions/published>.

⁴ Malatest International (May 2018). *Formative Evaluation Report: Specialist Sexual Harm Services*, P29.

state of crisis recedes, until no longer needed (after reaching independence, or engaged in another appropriate service, such as the ISSC). Post-crisis care and recovery services could include:

- post-crisis counselling (number of sessions and length of time varies) primarily for victims/survivors, but also available for families and whānau
- therapeutic trauma recovery to assist with emotional and psychological healing
- helping victims/survivors develop skills and strategies for managing safety and future wellbeing
- social work support via phone, email and face-to-face
- psychosocial support for victims/survivors going through the criminal justice system (this could also be part of crisis support services)
- preparing a client to engage in another appropriate service, such as the ISSC.

At [Appendix One](#) we have provided more information about sexual violence in New Zealand, and relevant research about post-crisis care and recovery.

Approach to external consultation

Malatest International's regional workshops

As a first step to better understanding the identified service gap in post-crisis care and recovery services, we attended seven workshops with local service providers in the following regions:

- Wellington, 22 May 2018, 18 participants
- Auckland, 25 May 2018, 23 participants
- Whangarei, 29 June 2018, 12 participants
- Hamilton, 1 June 2018, 30 participants
- Nelson, 12 June 2018, 10 participants
- Christchurch, 15 June 2018, 17 participants
- Dunedin, 22 June 2018, 14 participants

The workshops provided a recap of Malatest International's evaluation approach and an overview of the preliminary evaluation findings from visits with providers. The session invited providers to share their unique challenges and consider opportunities to strengthen the services.

The feedback from these sessions and individual conversations with providers (during the workshop) indicated service gaps across the country in sexual violence post-crisis care and recovery services⁵.

⁵ The term 'Post-crisis care and Recovery' was discussed with the providers that we met with and there was general agreement that it reflected the services we were discussing.

We identified providers who had specific experience or interest in post-crisis care and recovery services, and planned for further engagement with these providers.

Engagement with selected providers

We engaged with 12 SHCSS providers who are already delivering a range of post-crisis care and recovery services, or have indicated there is a need for it. We selected providers based on:

- a current contract to deliver SHCSS, and
- direct feedback from the provider regarding the gap in post-crisis care and recovery services.

We also selected providers to ensure a diverse range of cultural and geographical representation across Aotearoa. A list of the providers we consulted with and the consultation questions that informed our discussions can be found in [Appendix two](#).

The consultation provided an opportunity to hear directly from providers about the strengths and challenges of delivering post-crisis care and recovery services and the gaps that they experienced. We talked about a client's journey, what good practice looked like, the capabilities a specialist sexual violence workforce requires, and what an effective service model could be.

There is currently no dedicated funding available to deliver this service.

Part 2 – What we heard

Informal meetings with SHCSS providers

This section outlines key findings taken from the 12 provider meetings in July/August 2018. It is acknowledged that there were some regional variations, but this section focuses on the key themes that came through and does not necessarily reflect everything discussed as part of the meetings.

The information below is split into the groups of questions that providers were asked as part of this engagement.

Client Journey

The journey is not linear

It is a misconception that all victims/survivors of sexual violence access crisis support and then go on to seek support through ISSC, it is not a linear process. This aligns with research⁶ that supports multiple interventions tailored to individual needs and not just long-term therapy. Instead victims/survivors often require support around their 'survival' or practical needs, at least in the initial stages of recovery.

If longer term support is required, victims/survivors may still require interim support prior to accessing ISSC. Three main reasons were identified by providers:

- time and support is needed to engage in the process of ISSC counselling
- the structure of ISSC support is not what is needed immediately following a crisis
- there are long waitlists to access ISSC support in many areas across New Zealand.

SHCSS providers refer to the support between crisis support and long-term support through ISSC as the 'holding'⁷ space, which can be short-term over a couple of weeks, or long-term spanning months, or years.

The journey is dependent on the individual experience of trauma, background and circumstances

Victims/survivors who have a complex history of trauma may need intensive immediate support in this 'holding' space until they reach independence, or engage in another appropriate service, such as the ISSC. It is common for victims/survivors who have experienced historical trauma to have compounding and complex psychosocial issues, which require immediate wrap-around support.

⁶ Wharewera-Mika, J.M & McPhillips, K.M (2016) *Good Practise Responding to Sexual Violence. Guidelines for 'mainstream' crisis support services for survivors.*

⁷ 'Holding' can include advocacy, social support work, trauma processing support and basic safety and goal planning.

Victims/survivors with a good network of natural supports might be referred straight to the ISSC and remain independent on a waitlist without requiring additional support. However, it is vital to provide adequate support to victims/survivors when they need it, so that the result of their trauma does not ripple out to other areas of their lives eg their employment or relationships.

Family and whānau support is essential to a victim/survivor's recovery, especially for Māori. One Kaupapa Māori organisation explained that one person's experience of sexual violence impacted their entire hapu and the provider needed to 'hold' the entire group. A focus of post-crisis care and recovery is to empower family and whānau to heal from itself, by giving them the tools they require. A Kaupapa Māori organisation described this function as the "transmission of knowledge" and is essential to the recovery journey for Māori.

The geographic location can impact the journey

In urban locations such as Auckland, there are challenges around travel time in traffic, access to affordable housing, and significant population increases. In rural locations⁸ there are a lack of quality support services available to refer on to, a high level of isolation and a requirement to travel long distances to access support. A provider in a rural location told us about needing to travel four hours in each direction to meet a victim/survivor.

Each geographic location has varying needs which can require unique responses and demands on services eg immigration support, language barriers and a shortage of culturally appropriate support services.

Availability and eligibility for post-crisis care and recovery services

Barriers to accessing ACC-funded support through ISSC

A significant barrier to accessing ISSC is ACC's legislative eligibility criteria, meaning many victims/survivors are left without a structured form of support past crisis intervention. Migrants and refugees often fall into this group and an influx in these population groups (as reported by providers) in some locations is putting pressure on SHCSS. A lack of social supports for these groups mean it can be very complicated for agencies to provide adequate support.

There are a number of other reasons⁹ why a victim/survivor may be ineligible to access the ISSC, but there is currently no funded alternative post-crisis care and recovery service available to them.

⁸ For example, locations on the West Coast or across Te Tai Tokerau.

⁹ Such as the sexual violence event not being a material or significant cause of a diagnosed 'mental injury' as determined by ACC, or the sexual violence not meeting criteria as listed under the Crimes Act 1961 and Schedule 3 of the AC Act 2001. There is

For those that can, and want to access ISSC, it is reported that demand on service exceeds supply of counsellors. Providers told us that in some areas, there are waitlists of over three months.

Additionally, providers told us that the 'individualised' focus of counselling support through ISSC does not always fulfil all victims/survivors post-crisis care and recovery needs; they still require 'holding' in addition to 'therapy-focused' support. Kaupapa Māori organisations identified the 'individual' focus through ISSC being a barrier for Māori victims/survivors and their whānau.

The process of accessing support through ISSC is prescribed and can be challenging for providers to navigate. There are requirements to plan early in the engagement with a victim/survivor when the journey is not always clear. The process also requires clients to be assessed for a mental injury which can risk re-traumatising a person. The required diagnosis of a mental injury also has potential implications for victims/survivors later in life eg entry in to the Police force or having this noted on a health insurance policy¹⁰.

Despite many improvements in the management of sensitive claims through the ISSC, some providers described a lack of 'trust' in ACC for many victims/survivors. It could be because of a bad experience previously, or because of a history of trauma in relation to institutions.

It is noted that ISSC provides a crucial service for which there is a high demand and like many government organisations ACC probably has a set budget each year for this service. As such, they can only do so much with the resources at their disposal. Yes, there is a gap in this area, but it is important to not lose sight of the important role ISSC play in the Sexual Violence Sector.

Barriers for SHCSS agencies to deliver post-crisis care and recovery

Limited resources are the biggest barrier to meeting victims/survivors' post-crisis care and recovery needs outside of ISSC. In some regions, there are limited providers available (ISSC or other) to refer on to after crisis intervention. Demand exceeds supply and providers report that are forced to use a triage system to prioritise victims/survivors based on need and risk. Usually these victims/survivors are on a waitlist to access ISSC support, but require 'holding' during this time.

Some victims/survivors experience practical barriers to accessing services, such as childcare whilst the mother attends a support session, or travel to get to the provider. Equally providers have resource issues themselves, making it challenging to visit victims/survivors safely¹¹.

more information on the ACC cover criteria here:

<https://www.acc.co.nz/assets/contracts/issc-og.pdf>, Page 13.

¹⁰ Some providers were particularly hesitant about referring young people or children to ISSC, given these potential implications.

¹¹ Such as access to safe vehicles and requiring two crisis support workers to do home visits.

Workforce capability and retention of staff are further barriers; providers struggle to meet salary expectations and provide adequate training and opportunities for staff development under the current funding structure.

The demand on agencies is impacted by changes to supports in the community eg ISSC providers not taking any new referrals. District Health Board services not managing acute mental health needs internally can also impact the demand on SHCSS.

What is needed?

There is agreement that specialist 'social work' type support is critical to meeting the post-crisis service gap for victims/survivors in the current sexual violence service system. Post-crisis care and recovery support is needed to fill the service gap for those ineligible for ISSC, or for those who have needs outside of ISSC. Support should empower victims/survivors and adequately support them back to independence, or to engage in additional supports.

From our discussions with providers, we propose that post-crisis care and recovery support includes the following components:

Victim/Survivor

- Advocacy – supporting victims/survivors to communicate and seek appropriate support with other agencies, such as: mental health services, GPs, employers, Work and Income New Zealand (W&I), Police, ACC, immigration or lawyers.
- Therapy focused support – ISSC are the most appropriate service to deliver therapy-focused support long-term, but SHCSS providers are required to have this capability internally if they do not have links with the ISSC. It is also a critical function of support in the earlier stages of recovery and an on-going need during recovery, as victims/survivors make steps to recovery and may experience setbacks.
- Psycho-education – is focused on providing victims/survivors with the tools that they can use to manage their recovery.
- Support to “navigate” the system – tailored support by managing referrals and helping the victim/survivor understand their needs and what supports are available to them. A function of navigating is also liaising with appropriate agencies and accessing the necessary supports.

Family and whānau support – trauma processing support for those supporting the victim/survivor can be vital for the recovery of the victim/survivor, especially for Māori. Psycho-education is also important for family and whānau when supporting the victim/survivor and knowing how to respond to disclosures and triggers supportively.

Survival needs – providing practical support at the time it is needed. It can include safety planning and goal setting, or meeting basic needs such as access to food, housing and budgeting.

Additional support providers felt post-crisis support could be complimented by:

Prevention – debunking rape myths, providing targeted prevention programmes, education, and training in schools and the community.

Psychosocial support through the criminal justice system – preparing the victims/survivor for court or justice proceedings and liaising and advocating on their behalf (this can also be provided as part of crisis support).

Group support – creating a ‘therapeutic community’ with other victims/survivors eg male survivors peer support group.

Length of engagement

As described above, each person’s journey is different. The length of engagement varies and depends on the support required and the support available. If a victim/survivor requires long-term support but is not eligible to access ISSC, then the SHCSS could be required to ‘hold’ the person for months or years.

Long waitlists for ISSC in some locations will also impact the length of engagement required in post-crisis care and recovery through SHCSS. Additionally, some victims/survivors require practical support alongside long-term counselling support through ISSC.

This timeframe varies significantly, but there was general agreement from providers that commonly there is a need for at least between 6-12 sessions of post-crisis care and recovery support.

Workforce required

Providers told us that the workforce required to deliver post-crisis care and recovery support would be an adequately trained and supported extension of the current SHCSS providers. Ideally the person delivering the post-crisis care and recovery should be the same person who delivers SHCSS.

Providers felt that a social worker, counsellor, or specialist support worker should deliver this support. Importantly, the provider should have appropriate training for specialist sexual violence trauma processing and also be able to refer to appropriately qualified practitioners, if necessary.

For Tauwiwi services, cultural needs require an appropriate response and should be guided by the inclusive practise principles¹². Māori victims/survivors and whānau should have access to Māori practitioners or Kaupapa Māori organisation to deliver this service.

All providers should have access to clinical and cultural supervision and training.

Benefits of post-crisis care and recovery services

Preventing the ‘ripple’ effect of further harm

A significant benefit of post-crisis care and recovery support is meeting the needs of those who are currently unsupported outside of crisis support services. For those without

¹² Wharewera-Mika, J.M. & McPhillips, K.M (2016). *Good Practice Responding to Sexual Violence. Guidelines for ‘mainstream’ crisis support services for survivors.*

on-going support, especially for those with complex needs such as PTSD, the trauma can affect victims/survivors in a range of other areas in their lives.

By providing the right support at the right time, victims/survivors are more likely to process their trauma and access the tailored support that they need, stopping the cycle of victims/survivors circling in and out of crisis response rather than seeking long-term support.

Early intervention is critical in preventing long-term impacts of trauma, significant mental health or social issues. Immediate intervention can provide victims/survivors with the psycho-education that they need to navigate their trauma experience and process it safely and sustainably.

Promotes self and whānau healing

Post-crisis care and recovery support fills the gap for those on waitlists who are not engaged in support services, with the potential to teach skills to self-manage and build a supportive environment around victims/survivors. Early intervention can encourage 'help-seeking' at the time it is needed and promote this behaviour in the future, if needed.

Help-seeking from the early point of crisis increases connectedness and avoids the negative impacts of isolation. Group support has also been recognised as providing a therapeutic/healing community, something which is not offered through the ISSC.

By recognising that long-term counselling is not what all victims/survivors need, post-crisis care and recovery can empower individuals and their whānau to heal from within. However, if long-term counselling is required, a service bridging the gap between crisis and long-term support can support victims/survivors to better engage in the process of therapy.

A whānau centred approach is in line with the operating model for Kaupapa Māori organisations. They believe in providing whānau with the tools needed to heal themselves, not to separate out support in to crisis and long-term, but to just respond to the need, whatever that is.

Reduced costs/impacts on other social supports

Increased help-seeking and early intervention may increase immediate demand on government and non-government organisation services. However, early intervention which avoids long-term impacts of trauma means that the cost to other government-funded supports (such as Work and Income or Housing NZ) would reduce in the long-term.

Part 3 – Potential service model

Part 3 proposes a draft service model for post-crisis care and recovery services to meet the needs of victims/survivors of sexual violence. This has been developed based on the previous parts of this document which includes stakeholder engagement, research and feedback.

Please note:

- this is a draft high level model based on the information available
- the report is focused on the understanding, scoping and informing development of a potential service
- at the time of writing this report, there is no confirmed funding for the implementation of such a service. There is no service design and implementation component. If service development of the service described in this document was to progress, further consultation with the sexual violence sector and key stakeholders would take place.

What is the service?

The proposed definition for post-crisis care and recovery is defined earlier in this report. To recap, the proposed description is:

Sexual violence post-crisis care and recovery refers to the psychosocial support and recovery service needs of victims/survivors (and their families and whānau) when the state of crisis ends, until no longer needed (after reaching independence, or engaged in another appropriate service, such as the ISSC).

The core service components being described as post-crisis care and recovery services are those specialist support services required by a victim/survivor of sexual violence following crisis intervention/support.

The specific services that are identified under this service type are:

Social work support

A service for victims/survivors with a specialist social worker (or suitable qualified equivalent) to address post-crisis care and recovery needs following the ending of a sexual violence crisis state. This may include:

- advocacy
- therapy focused support
- psycho-social education

- support to navigate the system
- family and whānau support
- survival needs
- 'holding'¹³ during waitlists for ISSC.

Therapy-focused support

A service that provides trauma-informed therapy and psycho-education for victims/survivors that can't access ISSC support. Trauma processing and psycho-education support is also available for victims/survivors that experience triggers or setbacks, or require further trauma-focused support in the post-crisis space but don't require long-term intervention. Support is available face-to-face.

The trauma-informed therapy support is delivered by a provider specialising in sexual harm trauma processing, or they have referral pathways to meet this requirement. A function of the post-crisis care and recovery service is to also identify risk factors for victims/survivors who may require more intensive support throughout their recovery.

Family, whānau and culturally responsive support

A service specifically focused on providing tailored support to the victim/survivor's support system. The support is focused on psycho-education and building a safe support system around the victim/survivor. It is flexible and designed to equip family and whānau to be empowered to heal from within.

Culturally this service provides the time and space for building rapport and aligning to specific cultural backgrounds and protocols. For Māori victims/survivors accessing Taiwi services, the service can support whakawhanaungatanga and manaakitanga and accountability to whānau, hapu and iwi. One Kaupapa Māori provider told us 'eco-therapy' - taking time to build rapport and connect to nature at the beach before even engaging in the support related to sexual violence.

It provides a structure to better support a person's cultural or specific needs such as translator support, or supporting family/whānau from diverse backgrounds with correct protocol.

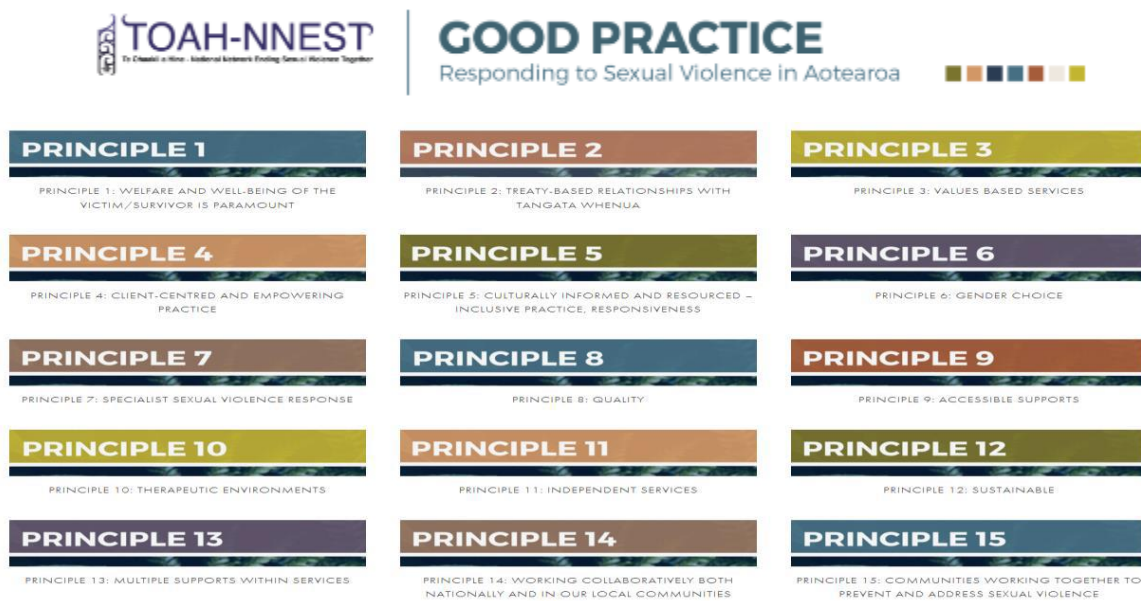
Principles of good practice

The good practice guidelines¹⁴ provide the basis for describing the principles of good practice for delivery of mainstream crisis support services purchased by MSD. The principles relate to crisis but can also be applied to the needs of victims/survivors in post-crisis care and recovery. The 15 principles of good practice are shown below. Further information on each principle is available through the TOAH-NNEST website: <http://toahnnestgoodpractice.org/principles-of-good-practice>.

¹³ 'Holding' can include any mix of advocacy, social support work, trauma processing support and basic safety and goal planning.

¹⁴ Wharewera-Mika, J.M & McPhillips, K.M (2016) *Good Practice Responding to Sexual Violence. Guidelines for 'mainstream' crisis support services for survivors.*

Diagram 1: 15 Principles of Good Practice – TOAH NNEST



Within the good practice guidelines, Te Wiata and Smith (2016) advocate for development of a separate set of good practice guidelines for Kaupapa Māori sexual violence services. This recommendation is supported for both crisis and post-crisis care and recovery. Once developed, these guidelines will become a fundamental component of this service model.

Inclusive practice

The service is to recognise the needs of all people, operate from an indigenous worldview and be culturally effective. Post-crisis care and recovery 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'.¹⁵

It focuses specifically on how to support:

- Māori survivors
- Survivors in Pacific communities
- Survivors in the LGBTI+ community
- Male survivors
- Muslim women
- Survivors with disability
- Asian survivors.

¹⁵ Wharewera-Mika, J.M. & McPhillips, K.M (2016). *Good Practice Responding to Sexual Violence. Guidelines for 'mainstream' crisis support services for survivors.*

What's next?

1. We welcome any feedback to help inform future thinking. (Email all feedback and enquiries to [CI Sexual Violence Services@msd.govt.nz](mailto:CI_Sexual_Violence_Services@msd.govt.nz))
2. There is no dedicated funding for this service currently, but this work may help build an evidence base to inform any future funding decisions.

Appendices

Appendix one: What research tells us

Sexual Violence within New Zealand

Sexual violence has been described as one of the causes of the greatest harm to our society¹⁶. The impacts of sexual violence can include life-long anxiety, suicide, depression, loss of self-esteem and confidence, alcohol and drug dependency, drop in socio-economic status, relationship and sexual difficulties, family violence and involvement in crime. These impacts can weaken families and society safety, leading to higher rates of re-victimisation and vulnerability factors¹⁷.

Sexual violence is prevalent in New Zealand; with between 1 in 3 and 1 in 5 women and between 1 in 6 and 1 in 10 men report having experienced childhood sexual abuse¹⁸. 24% of women and 6% of men surveyed in the 2014 New Zealand Crime and Safety Survey reported that they experienced sexual violence at some point in their lives¹⁹.

Māori are disproportionately represented among victims/survivors of sexual violence; in 2017 NZ Police found that 31% of sexual violence victimisations (where ethnicity was known) were for Māori²⁰. In comparison, only 12% of the population aged 17 plus in 2017 were Māori²¹.

Using evidence to inform the development of a post-crisis care and recovery service

To inform the service design part of this project, MSD commissioned Insights Ministry of Social Development (iMSD) to provide us with an evidence brief related to Post-Crisis Care and Recovery services.

The published evidence brief can be found **here** (link to be added once it has been uploaded to the MSD homepage).

¹⁶ Social Services Committee (December 2015). *Inquiry into the funding of specialist sexual violence social services. Report of the social services committee*. Wellington

¹⁷ Ministry of Social Development (2017). *Sexual Violence Crisis Support Services. Service Development Consultation Document*.

¹⁸ Family Violence Clearinghouse (2017). *Data summaries*.

¹⁹ Ministry of Justice (2014). *New Zealand Crime and Safety Survey: Main Findings Report*. Ministry of Justice, Wellington.

²⁰ New Zealand Police (2017). *Family Harm: A New Approach*. Wellington.

²¹ Ministry of Justice (2018). *Cross-government key messages on family and sexual violence*

Appendix two: External consultation

Consultation schedule

| Providers selected to interview | | Proposed date |
|---------------------------------|---|-------------------------|
| Te Tai Tokerau | Andrea Black – Rape Crisis | 01 August 2018 |
| Auckland | Dee-ann Wolferstan – Te Whare Ruruhou O Meri Trust | 2 August 2018 |
| | Kathryn McPhillips & Sylvia Yandal– Auckland HELP | |
| Hamilton | Catherine Buckley – Bay of Plenty Sexual Assault Support Services | 30 July 2018 |
| | Crisis Team – Rape and Sexual Abuse Healing Centre | |
| Wellington | Lesley Ayland – Wellstop | 27 July – 6 August 2018 |
| | Kyla Rayner & Sandra Fuller – Wellington Rape Crisis | |
| | Conor Twyford – Wellington HELP | |
| Nelson / West Coast | Leanne Kitchen – Sexual Abuse Support and Healing (Nelson) | 7 August 2018 |
| | Jess Frater – Women’s Support Centre West Coast (Westport) | |
| Christchurch | Maggie Tai Rakena & Catherine Gallagher– START | 8 August 2018 |
| | Tania Rangiwhetu – Te Puna Oranga Incorporated | |

Consultation questions

| Understanding the gap |
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| Can you tell us a bit about the journey for victims/survivors from receiving crisis support services to post-crisis support such as the ISSC (through ACC)? |
| What about for victims/survivors who receive crisis support services, but are not eligible for, or choose not to access the ISSC? |
| Are there victims/survivors who do not necessarily need to go on to further long-term support after crisis? If so, what do they need? |
| Current availability and eligibility for services |
| How does your organisation address these needs, if it is able to? |
| How do you determine who needs or would benefit from post-crisis care and recovery services? |
| Is post-crisis support within your organisation easy to access for victims/survivors? |
| Is there a waitlist for post-crisis support within your organisation? What is the average, minimum and maximum time spent on the waitlist? |
| Are there any barriers to accessing post-crisis support within your organisation? |

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| If your organisation is not able to meet these needs, are there other organisations you are able to refer to for services? |
| Do you have access to ISSC support? |
| What referral pathway do you have for victims/survivors who have post-crisis care and recovery needs after they have accessed crisis support services? |
| Are other post-crisis services easy to access? |
| Is there a waitlist for external post-crisis support services? What is the average, minimum and maximum time spent on the waitlist? |
| Are there any barriers to accessing external post-crisis support services? |
| Are there any kaupapa Māori post-crisis care and recovery services available in your area? |
| Funding model |
| How is existing post-crisis support within your organisation currently funded (or externally, if known)? |
| How do you think this service should be funded? |
| Would this be different for a kaupapa Māori post-crisis care and recovery service? |
| Cost of service |
| What activities or specific support tasks form part of a post-crisis care and recovery service for victims/survivors? |
| If known, what activities or specific support tasks form part of a kaupapa Māori post-crisis care and recovery service for victims/survivors? |
| What is the average length of engagement with a client who is post-crisis intervention (either before the ISSC or on-going)? How much time? How many sessions? Can you also tell us the minimum and maximum time/sessions of engagement? |
| Would the length of engagement, time or number of sessions be different for a kaupapa Māori post-crisis care and recovery service? |
| What percentage of victims/survivors do you estimate you currently provide post-crisis care and recovery for, or who ideally would receive post-crisis support if you were able to provide it? |
| How do you manage demand for post-crisis care and recovery – do you put a “cap” on service in order to support more victims/survivors, or do you provide maximum support to a smaller number of victims/survivors? |
| Who delivers the service? |
| Who delivers post-crisis support? |
| What skills and/or qualifications are required? |
| Are there differences between who may deliver post-crisis support within your organisation in comparison to other external support i.e. the ISSC? |
| Do you know of any kaupapa Māori providers in the area that deliver post-crisis care and recovery? |

| Benefits of post-crisis care and recovery |
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| How does/would support provided in this space benefit the client? |
| Are you aware of any research or evidence that indicates the effectiveness of post-crisis care and recovery? |
| Do you have any case examples that demonstrate effectiveness of post-crisis care and recovery? |
| In your opinion, can post-crisis support avoid further long-term needs? |