Inquiry into the funding of specialist sexual violence social services

Submission to: Social Services Committee

Contact

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About the New Zealand Nurses Organisation

The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Rūnanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the inquiry into the funding of specialist sexual violence social services to determine:
    - the state of specialist services and whether they reflect an integrated approach to service delivery;
    - full coverage and best practice;
    - specialist services for Māori and other diverse ethnic communities; and to
    - assess whether they are accessible, culturally appropriate and sustainable.
2. We wish to congratulate the Social Services committee on a timely and appropriate inquiry; an area our members felt required some attention. Although we note that in (2009) the Ministry of Justice Taskforce for Action on Sexual violence report gave clear key actions and recommendations to better prevent and respond to sexual violence in Aotearoa New Zealand, however due to under resourcing these actions have not been fully implemented.
3. NZNO has consulted its members and staff in the preparation of this submission, in particular Policy Advisers, Te Rūnanga, and Regional Council members.
4. We strongly support the inquiry, and believe that it is not acceptable or just that sexual violence continues to be a significant and serious social

problem in Aotearoa New Zealand in 2013, with approximately 29 percent of women and 9 percent of men reporting experience(s) of unwanted and distressing sexual contact at some point in their lives[i].

5. It is also unacceptable that Māori women and young women are almost twice as likely to experience sexual violence[ii].
6. NZNO acknowledges that the impacts of sexual violence are serious and potentially long term[iii] and therefore interventions need to be designed to meet the outcomes of the victims, mainly women, rather than focus on service outputs.
7. Members recommend that funding needs to be directed into services that are culturally and clinically appropriate with the ability to provide wrap around services to awhina and support women to navigate available services across a co-ordinate national approach. Inadequate funding and resources were also a barrier to delivery of effective prevention services.

8. NZNO welcomes the opportunity to make an oral submission and advises that we will be represented by NZNO Kaiwhakahaere, Kerri Nuku, Ngāti Kahungunu and Ngai Tai and NZNO Hawkes Bay Regional Council representative Diona Turner.

DISCUSSION

9. We wish to focus on the following issues:

    - funding allocation;
    - evaluation of service provision;
    - ensuring culturally appropriate services;
    - increasing support for nurses to undertake clinical examinations; and
    - providing wrap around services for women.

10. Our members also wish to provide specific comment on the following:
    - What is the impact of sexual violence on the people you work with/nurses?
    - Are there services for all the people who need them?
    - Are there services where we need them?
    - What has been the impact of the ACC changes?
    - What kind of services are needed?

<u>The funding allocation</u>

11. Recent research indicates that funding and resources are described as the most serious barriers to effective prevention for the vast majority of community respondents, as agencies struggled to sustain prevention activities in a funding environment in which pilot projects were funded but ongoing programme delivery was not[iv]. A recent stock take indicated that a lack of national network and strategy has contributed to the sector becoming under resourced. This has resulted in the fragmentation of national networks which has subsequently forced those remaining within this field to work in isolation throughout Aotearoa[v].
12. This scenario has been affirmed by Kaupapa and Tikanga Māori services which also identified that their service provision is dependent on adequate resourcing and sufficient regional workforce capacity [vi].
13. Members recommend that funding needs to be directed into services that are culturally and clinically appropriate, with a consistent coordinated national approach, to enable the provision of wrap-around services to awhina and support women to navigate the services.
14. Only main centres are funded to provide 24/7 services; other areas are dependent upon individual availability and this is not always consistent or adequate.
15. Members stated that contracted funding schedules needed to be apportioned along the long-term continuum of wellbeing for the victim rather than be attached to the forensic investigation only. This process

is focused on apprehending the perpetrator, and alternative funding needs to be provided for the victim's wellbeing.

16. It is known that sexual violence affects every aspect of victims' lives including their social, health, economic and interpersonal wellbeing, and that the experience can lead to other health and social problems including smoking, drug and alcohol overuse, relationship breakdowns, truancy, teenage pregnancy, the ability to parent well and suicidality[vii].
17. Funding therefore needs to have the same commitment to health and wellbeing as whānau ora services which focus on providing wrap-around services tailored to the needs of the person or whānau involved and assign a practitioner or 'navigator' to work with them to identify their needs, develop a plan to address those needs and broker their access to a range of health and social services[viii].

Evaluation of service provision

18. Our members state that current funding supports a trained team of Medical and Nursing staff, the Sexual Abuse Assessment and Treatment Service (SAATs) team to provide the forensic investigation at the first point of contact.
19. The system works well where there are dedicated teams and facilities to provide this. However in rural or provincial areas, care is provided by on-call staff and sometimes there have been delays in getting appropriate assessments done as it is reliant on availability of the team. This has meant women have been left waiting in a distressed state for the team to arrive or determine a time to meet.
20. Members identified that service provision should be focused on wellbeing and outcomes - rather than outputs. Women are supported for the initial assessment and then referred to their General Practitioner (GP) and offered counselling, however there is no national coordination of the service, service delivery is provided on a regional basis which is variable as to who provides the service and who delivers the service.

Ensuring culturally appropriate services

21. It has only been since the mid 1980s that Māori have been formally recognised as having an independent approach to sexual violence within Aotearoa. Given the high incidence of Māori women who are victims of sexual assault, it is disappointing that there are not more culturally appropriate services and Kaupapa Māori prevention programmes. There is a need for a national sexual violence prevention programme delivered from a Kaupapa Māori framework which focuses on Te Reo and is able to facilitate Māori cultural practices and protocols such as whakawhaungatanga.
22. A recent survey indicated that providers of primary prevention of sexual violence are often stretched too far, with most agencies having only a single staff member, working in isolation, focusing on a wide range of prevention activities, with limited resources to consult and co ordinate with others doing similar work, or with those from diverse sectors[ix]. Our member's agree that there are large gaps in the current delivery of culturally appropriate services, with the funding model focused on trained clinical experience rather than culturally and clinically appropriate services.
23. Preventative programmes are needed to work with and educate whānau, hapū and iwi communities, to decrease the incidents of sexual abuse and offending behavior, and focus on models of health and wellbeing for all[x].

Increasing support for nurses to undertake clinical examinations

24. Nurses should be supported to do more of the clinical examinations. Nurses are ideally placed to provide sensitive, competent and culturally safe care to victims of sexual abuse. Studies have shown that women, children and adolescents who have received care from a nurse fully trained in forensic sexual assault examination are more likely to receive both the medical and social care they need than those who have received care from untrained nurses or doctors[xi,xii]. Further, cases that have been examined by nurses trained under the Sexual Assault Nurse

Examiner (SANE) programme in the USA are more likely to progress through to the final stages of prosecution including conviction and/or guilty plea bargains[xiii]. Examination of why prosecution is more successful for cases examined by SANE trained nurses found that particularly for indigenous communities, interconnections between the legal and medical systems were strengthened, and that local cultural knowledge and interaction were essential in building trust among women in the community[xiv].While cultural safety training is part of a nurse's scope of practice this is not mandatory for all frontline staff across all the health and social sectors.

25. NZNO strongly recommends that practising in a manner that the health consumer determines as being culturally safe, and demonstrating the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to clinical practice[xv] is an essential part of health care in Aotearoa New Zealand.
26. We therefore recommend that training in cultural safety should be mandatory for all frontline staff across <u>all</u> health and social sectors. We also recommend that cultural and clinical competency and/or key performance indicators should be included as a service contractual requirement to ensure that all members of the sexual violence team are clinically and culturally competent.

<u>Providing wrap around services for women</u>

27. A coordinated wrap around service for women, with a whānau ora approach that focuses on what the women needs rather than on the clinical model is needed. The current design of the programme is medically rather than consumer focused.
28. Services also need to focus on preventative programmes that educate and support whānau on how to empower their community to prevent sexual abuse by raising awareness of the issue and providing access to education and resources[xvi].

29. Our members have also provided specific comment on the following:

What is the impact of sexual violence on the people you work with/nurses?

- We are specially trained in the field of sexual assault/violence and have annual updates. Most staff have a special interest in sexual health so have worked in this area for some time now.
- Personally, the bi-monthly teaching/ feedback sessions we have are helpful for debriefing and updating knowledge.
- We are aware this can be seen as unpleasant work by some people but feel it is a great, personal service for victims.
- There are also more female doctors becoming involved in this area of work now.

Are there services for all the people who need them?

- I feel the service is well received by the clients we have but feel that there must be a lot more affected than are reporting.
- The service is available 24/7 with Police, self referral and school based nurses being the main source of referral.
- There is good follow up provided by the Sexual Health Service at the DHB with 100% attendance to date.
- The victims are of all ages, physical and mental abilities and socio economic status. I have had mental health service consumers. There are more women than men but we have also had transgender clients.

Are there services where we need them?

- At present the forensic examinations are carried out in designated areas within the DHB as well as Emergency Departments (ED). I feel that a more purpose-built room would be better as the rooms used in the designated areas and ED are used for multiple purposes and my concerns are around privacy and contamination of DNA samples.

What has been the impact of the ACC changes?

- Better access to sexual assault services, Registered Nurses coming on to the on-call roster one week in four, 24/7 service, follow up following sexual assaults.

What kind of services are needed?

- Totally designated sexual assault rooms.

CONCLUSION

NZNO recommends that you:

- **Note that**; we **strongly support** the inquiry, and believe that it is not acceptable or just that sexual violence continues to be a significant and serious social problem in Aotearoa New Zealand in 2013;
- **Note that;** members recommend that funding needs to be directed into services that are culturally and clinically appropriate with the ability to provide wrap around services to awhina and support women to navigate available services across a co- ordinate national approach;
- **Note that**; we wish to make an oral submission;
- **Note that**; we recommend that training in cultural safety should be mandatory for all frontline staff across all health and social sectors;
- **Note that**; we also recommend that cultural and clinical competency and/or key performance indicators should be included as a service contractual requirement to ensure that all members of the sexual violence team are clinically and culturally competent; and

- **Note that**; nurses are ideally placed to provide sensitive, competent and culturally safe care to victims of sexual abuse.

Nāku noa, nā

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