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Tēnā koe,

National Strategy and Action Plans to Eliminate family violence and sexual violence in Aotearoa New Zealand

Atamira | Platform Trust (Platform) welcomes the opportunity to comment on the National Strategy and Action Plans to eliminate family violence and sexual violence in Aotearoa New Zealand. Platform has consulted with members in preparation of this submission as mental health and addiction touches all sides of family violence and sexual violence, and the Mental Health and Addiction (MHA) Non-governmental organisations (NGO) and community sector is well placed to support those affected.

Platform is a peak body representing 66 MHA NGO and community sector organisations that provide support to people whose lives are directly impacted by mental health and addiction, their whānau and the communities where they live. MHA NGO and community organisations include Māori and Pasifika providers, plus people with lived experience and whānau. Platform also represents a wider network of MHA NGOs, (approximately 166) who are not necessarily members but share the same aspiration of a MHA system and sector that is driven by the need for better and more equitable outcomes for all.

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Introduction

The trauma of family violence and sexual violence are significant determinants of poor mental wellbeing and addiction issues in Aotearoa New Zealand¹. Exposure to violence is related to a significant increase in the risk of major depression, suicidal ideation and addiction issues.² People with 'serious mental illness' are six times more likely to experience victimisation through recent domestic or sexual violence than the general population³. We also know violence has a cyclical and intergenerational impact – with sexual violence offenders three times more likely to have been the victim of sexual abuse and twice as likely to be the victim of physical abuse as a child⁴.

A focus on preventing family violence and sexual violence involves the recognition that mental health and addiction are often the cause and consequence of violence. Therefore, the MHA NGO and community sector has a large role to play in the prevention and support of those affected by family violence and sexual violence.

This submission will focus on the first five focus areas of the National strategy and action plans as they are the most relevant to MHA.

Focus Area 1: Recognise te ao Māori

Platform supports Focus Area 1 to recognise te ao Māori in the strategy to eliminate family violence and sexual violence. We support actions to use Te Tiriti o Waitangi as the starting point for developing an equal Crown-Māori relationship to reduce violence, and for the basis for all policy, action, education and planning.

He Ara Oranga heard from tāngata whaiora that working with someone from one's own culture is crucial to feeling safe and building trust to recover from distress and anxiety⁵. The funding of culturally appropriate kaupapa Māori services is therefore critical. Responsive services such as these recognise the interconnectedness of health, education, housing, justice and other social determinants, which is crucial for MHA and violence prevention.

The MHA NGO and community sector has a wide range of kaupapa Māori services already delivering innovative services. These services are ingrained within their communities. Empowering and funding them to deliver family violence and sexual violence services would

¹ Cunningham, R., Kvalsvig, A., Peterson, D., Kuehl, S., Gibb, S., McKenzie, S., Thronley, L., Every-Palmer, S. *Stocktake Report for the Mental Health and Addiction Inquiry (2018)*.

² Fergusson, D. M., Horwood, L. J., & Ridder, E. M. (2005). *Partner Violence and Mental Health Outcomes in a New Zealand Birth Cohort*. Journal of Marriage and Family, 67(5), 1103–1119.

³ Khalifeh, H., Hunt, I. M., Appleby, L., & Howard, L. M. (2016). *Suicide in perinatal and non-perinatal women in contact with psychiatric services: 15 year findings from a UK national inquiry. The Lancet Psychiatry, 3*(3), 233–242. ⁴ *Adverse childhood experiences in the lives of male sex offenders: Implications for trauma informed care* Levenson, Jill S | Willis, Gwenda M | Prescott, David S. Sexual Abuse: A Journal of Research and Treatment, Advance online publication, 28 May 2014.

⁵He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. 2019

allow this work to develop, with a workforce that has proven capability of developing services that recognise and address the need of Māori.

Recommendation 1: *Empower kaupapa Māori MHA NGOs to develop services for family violence and sexual violence prevention.*

Focus Area 2: Bring Government responses together

Platform supports bringing government responses together to prevent family violence and sexual violence. Platform would like to commend the agencies involved for recognising the need to address the issues of family violence and sexual violence from a whole of government perspective.

Violence, mental distress, and addiction do not happen in silos. However, current funding models are designed as if they do. MHA NGOs are faced with a difficult situation when a client comes forward and says they are experiencing violence. They either do the work that they are not funded to do or have to refer the person on to a family violence service, despite having built up enough trust for the person to open up to them. These organisations are often under-funded and under-resourced to be able to provide this support even though they are often well placed to do so. A fully integrated system would recognise the need to support MHA NGOs and to fund them to use the trust they have built to support the people and whānau involved.

In the other instances, the person who is experiencing violence may be unable to get MHA and wellbeing support because they have come through an agency other than health. This could be the perpetrator of violence, the victim, or the whānau of either. The need is at all levels, but they are unable to get the support they need, as a prior diagnosis of a MHA disorder is often required.

Recommendation 2: Fund MHA NGO and community sector organisations to engage in preventative family violence and sexual violence work.

Recommendation 3: *Remove the barriers needed for MHA support for people who are experiencing violence.*

Focus Area 3: Recognise tāngata whenua leadership and community-led approaches

Platform supports Focus Area 3. The effective integration of community, health and social services is essential in order to improve the effectiveness of care that is provided to prevent family violence and sexual violence.

Communities need to be funded and empowered to be able to support their own people. They know what their people need and how best to support them. MHA NGOs are well placed within the community to assist with family violence and sexual violence. It is commonplace for MHA NGOs to have tangata whatora in their service who are experiencing family violence and/or sexual violence. It is important that these organisations are funded and empowered to do this work, and don't just have to refer on.

The MHA NGO and community sector employs a large percentage (66%⁶) of MHA support workers and peer support workers. This means tāngata whaiora are members and leaders in local communities and often employed by MHA NGO and community sector. This sector is therefore well placed to enable and facilitate leadership of tāngata whaiora. Engagement with this workforce is critical if community-led approaches and innovations are to be successful.

As with kaupapa Māori services, the MHA NGO and community sector has organisations running services for other population groups. Services and programmes focused on Pasifika, LGBTQIA+ and people with disabilities are common in the MHA NGO and community sector. As with kaupapa Māori services, engagement with these services around violence prevention would help address the need of these groups.

Recommendation 4: Engage with MHA NGO and community workforce on community-led approaches and innovations.

Recommendation 5: Engage with MHA NGO and Community sector on services targeted at vulnerable population groups.

Focus Area 4: Strengthen workforce to prevent and respond to family violence and sexual violence

Platform strongly endorses the emphasis placed on the strengthening of the workforce across sectors to prevent and respond to family violence and sexual violence. It is a regular occurrence for MHA NGOs to have tāngata whaiora where family violence and sexual violence is a part of their life. It is critical that the MHA workforce are funded and have the appropriate training in place to be able to effectively deal with these situations.

Current practice would often be to refer the person and whānau on to another service, but this creates more barriers as the person now must build a relationship with a new organisation about a sensitive matter. Those who are currently using a community MHA service have often built strong connections and trust with people working in community-based organisations.

Platform recommends the creation of specific family violence and sexual violence training for the MHA workforce. Any training development and provided for the MHA NGO and community sector would require early engagement with representatives from this sector, of which Platform Trust is well placed to support. This would involve the creation of training as well as additional funding for the organisation to have their staff trained. The creation of a MHA/ Family violence and sexual violence micro-credential for the support and peer worker

⁶ Programme for the Integration of Mental Health Data (PRIMHD) Database.

workforce could be an effective way of creating an integrated workforce, capable of effectively working with tangata whaiora who are also experiencing violence. It would be important for this to be extended to focus on different communities of interest. As stated earlier the need for culturally appropriate responses is paramount for an effective prevention system.

Recommendation 6: Engage with the sector to design and fund education for the mental health and addiction workforce on family violence and sexual violence.

Focus Area 5: Increase the focus on prevention

Platform endorses the increased focus on the prevention of family violence and sexual violence. Consideration should be given to even greater prioritisation and resourcing of prevention efforts (for example moving it to Focus Area 2) in order to shift our approach and efforts to reduce the incidence of family violence and sexual violence and to lessen the inequitable and intergenerational impacts, and reliance on service intervention, in the longer-term. We also support initiatives that seek to strengthening protective factors and enable access to skills, resources, and supportive environments to prevent family violence and sexual violence (health promotion). In particular we support the suggested change initiatives that seek to upskill and educated communities about healthy relationships, to change attitudes and beliefs that support violence, and disrupt social and gender norms.

With the causes and consequences of violence being interconnected with MHA, it is pivotal that MHA support at all levels is available to people at risk of, and involved in, violence. As stated under Focus Area 2, funding models and referral pathways do not reflect the need for MHA support when violence occurs (or where violence is at high risk). Changing these recognises that MHA support is a part of recovery from violence and preventing further violence down the track. For this to occur MHA NGOs need to be funded to support people experiencing violence no matter the agency and who they enter the social services sector through.

Conclusion

Mental Health and addiction are involved in both the cause and the consequence of family violence and sexual violence. It is important that the role of MHA support is recognised as both a preventative factor and as necessary after the violence occurs for all those impacted. This can only occur if the models of funding and the referral pathways to attain MHA support are adjusted to be a part of preventing violence. MHA NGOs are well placed within the community to assist with violence prevention. They need to be engaged with, and then empowered and funded to support tāngata whaiora.