



Family, whānau and sexual violence and COVID-19: Recommended prerequisites before engaging non-specialist services

We are heartened by the recognition that family violence (FV) and sexual violence (SV) can escalate during periods of crisis, and the significant work to respond.

We also note there are risks associated with developing responses quickly. Efforts that are well intentioned but not sufficiently considered can inadvertently place people experiencing FV or SV in significant danger.

Below we suggest some principles to address these risks. These are informed by knowledge and previous experience including work to address family violence in the health system, family violence in the context of disasters/emergencies and other work on addressing family violence and sexual violence from a systemic perspective.

Suggested principles

- Partnership, based on Te Tiriti o Waitangi, between Tangata Whenua and Tauwiwi needs to be at the foundation of the COVID-19 FV SV response.
- Safe practice must be developed and led by specialist FV SV providers and specific marginalised populations including Māori communities, Pacific communities, ethnic communities, disabled people, older people and LGBTQI|Takatāpui+. It must also be directly informed by the experiences and voices of victim/survivors.
- In a crisis, risks around violence escalate or intensify. The logistics of seeking help and responding also change. However, the dynamics of violence, the evidence and principles of best practice do not change.
- While family violence, sexual violence and violence within whānau are everyone's business, this does not mean everyone should or can be a specialist responder. The Family Violence Death Review Committee has found that harm is frequently caused by well-intentioned people working outside their scope of expertise.¹
- Best practice (even in a crisis) for non-FV SV specialist workers is to recognise, respond and refer. This means recognise a concern for safety, respond with compassion, and refer (or connect) to a specialist service.
- We also need to be careful that approaches developed in a crisis that are time-limited to the specific context (e.g. Level 3 or Level 4 COVID-19 response) do not become the new default, while taking forward the significant positive developments and learnings.

Role of non FV SV specialist services during COVID-19

- The response to the pandemic makes service delivery and responses difficult. However this does not fundamentally change what are safe and effective responses from non-specialist services (i.e. services whose primary role is not addressing family or sexual violence).
- The best practice response for non-specialist providers is about how to recognise FV or SV concerns, how to respond with supportive statements (e.g. thank you for telling me, I'm taking what you're saying seriously, it's not your fault, there is help available) and knowing how and where to refer.
- This recognise, respond and refer model does *not* include routine inquiry (screening), or general/brief education (e.g. asking everyone if they are safe at home).

It is unsafe for general service providers who have not been formally trained in a response approved by their organisation to expand their response to FV SV without adequate training and appropriate organisational support because:

- Individuals, families, whānau and communities may get unhelpful or dangerous responses. The Family Violence Death Review Committee states that unhelpful responses to victims' disclosures significantly contribute to victim distress. Victims who receive negative responses to their help-seeking are less likely to disclose violence again.¹
- Responders may themselves be experiencing violence. People being asked to do things outside of their scope of practice or work are more likely to be negatively impacted by the information they hear, hold problematic victim blaming beliefs, give unsafe advice or strategies, and experience trauma, especially if they are not supported adequately. This can prevent people from being able to respond appropriately or at all.
- The organisations may get backlash from people they are trying to support or from other organisations.
- If the organisations and people have a negative experience, they may refuse to participate in future work to respond to violence.
- The focus needs to be on supporting frontline workers to respond in a way that promotes safety. We need to provide training and guidance before asking non-specialist organisations to recognise, respond and refer. Organisations also need to be prepared.

Organisational preparation to respond

Consider the nature of:

- The organisation's main role or business
- Relevant staff roles, knowledge and skills.

Organisations need to be prepared before volunteers or staff are asked to respond to FV SV:

1. The senior and/or executive management team need to agree with and fully support the organisation's FV SV response
2. There needs to be a plan to communicate the approach to all people in the organisation
3. There needs to be information or a policy that explains how to respond and refer
4. Check and build relationship with local FV SV agencies about the best way to refer people and to ensure they have capacity to respond to referrals.

Summary of approach for non-specialist responders

- Best practice (even in a crisis) for non-FV SV specialist workers is to recognise, respond and refer. That means recognise a concern for safety, respond with compassion, and refer (or connect to) to a specialist service.
- This recognise, respond and refer model does *not* include routine inquiry (screening), or general/brief education (e.g. asking everyone if they are safe at home).
- If a disclosure or concerns about safety or violence come up when a responder is on the phone or in face-to-face encounters during their normal work, the person should provide a *simple message* about family violence and the services that are available. In an emergency, Police can be called immediately.
- Responders must remember it may not be safe to talk about violence over the phone or by other technology because it is difficult to be sure the person will be safe to talk/communicate freely.

An example of a response to disclosure could be:

Provide minimum supportive statements (e.g., thank you for telling me, I'm taking what you're saying seriously, it's not your fault, there is help available).

If you/anyone is concerned about safety for anyone in the home, you/they can break the bubble and call the Police on 111. Oranga Tamariki can help if there are concerns about the safety of children.

[Name and way of contacting one of the local FV agencies] are available as an essential service.

[Or provide details of website that has information, e.g. It's Not OK Campaign]

References

1. Family Violence Death Review Committee (2016). *Fifth Report: January 2014 to December 2015*. Wellington: Family Violence Death Review Committee.
(Section 2.3: Responses that may be harmful)

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