



CASA Forum
Victorian Centres Against Sexual Assault

VICTORIAN CENTRES AGAINST SEXUAL ASSAULT

STANDARDS OF PRACTICE

3rd Edition: March 2014



CASA Forum
Victorian Centres Against Sexual Assault

CONTENTS:

Acknowledgements

Introduction:

- **About this Manual**
- **CASA Forum**
- **Overview of CASA services**
- **Framework for CASA service delivery**
- **Responsibilities of CASA Managers and Chief Executive Officers to the Forum**

CASAs in Victoria: the Milestone Years

Philosophy of the CASA Forum

Objectives of the CASA Forum

CHAPTER ONE: DIRECT SERVICE PROVISION

SECTION ONE: SERVICES PROVIDED BY VICTORIAN CASAs

1.1	Crisis Care	p.18
1.2	Counselling and Support	p.20
1.3	Information and Advocacy	p.23
1.4	Secondary Consultation	p.25
1.5	External Supervision	p.26
1.6	Student Placements	p.27
1.7	Workforce Development Program	p.29
1.8	Professional Development, Community Education and Training	p.30
1.9	Public Information	p.32
1.10	Group Work	p.34
1.11	Specialist Assessment	p.35
1.12	Sexually Abusive Behaviours Program; Problem Sexual Behaviours; Therapeutic Treatment Orders and Reports	p.38
1.13	Online and Social Media Presence	p.41



CASA Forum

Victorian Centres Against Sexual Assault

SECTION TWO: CLIENTS' RIGHTS

2.1	Clients' Rights	p.44
2.2	Privacy and Confidentiality	p.46
2.3	Complaints	p.48
2.4	Freedom of Information	p.49

SECTION THREE: ACCESS AND EQUITY

3.1	Service Equity and Access	p.52
3.2	Respect and Responsiveness to Cultural Diversity	p.54

SECTION FOUR: CRISIS CARE

4.1	Crisis Care Model	p.56
4.2	Crisis Care Intake	p.59
4.3	Follow Up Service Access	p.62
4.4	Referral and Advocacy	p.63
4.5	Crisis Care Unit Environment	p.64

SECTION FIVE: COUNSELLING - ADULT MODEL

5.1	Adult Therapeutic Model	p.67
5.2	Intake Procedure	p.69
5.3	Referrals From Other Agencies	p.72
5.4	Completion of Counselling	p.74

SECTION SIX: COUNSELLING - CHILDREN AND YOUNG PERSON'S MODEL

6.1	Children's Therapeutic Model	p.76
6.2	Young Person's Therapeutic Model	p.79
6.3	Rights of the Family Member(s), Significant Other(s) and/or Carer(s)	p.82
6.4	Referral And Intake Procedure	p.84
6.5	Best Interest Principles	p.86



6.6	Mandatory Reporting	p.87
6.7	Therapeutic Treatment Orders; Problem Sexual Behaviours and Sexually Abusive Behaviours	p.90

SECTION SEVEN: KNOWLEDGE AND RECORD MANAGEMENT

7.1	Maintenance and Storage of Client Records	p.93
7.2	Content of Client Records	p.95
7.3	Information Sharing	p.100
7.4	Subpoenas	p.102
7.5	Reports for Court	p.104

CHAPTER TWO: COMPLIANCE

SECTION ONE: QUALITY ASSURANCE

1.1	Continuous Quality Improvement	p.107
1.2	Accreditations and Registrations	p.108
1.3	Working With Children Check and National Criminal History Record Check	p.109
1.4	CASA Forum Annual Reports	p.110
1.5	CASA Forum Standards of Practice – Three Yearly	p.111
1.6	Evaluation and Planning for Services and Programs	p.112
1.7	Legal and Funding Requirements	p.113
1.8	Risk Management	p.114

SECTION TWO: SERVICE DEVELOPMENT AND FUTURE DIRECTION

2.1	Prevention of Sexual Assault	p.116
2.2	Research and Evaluation	p.117
2.3	Collaboration and Strategic Positioning	p.118
2.4	Strategic Planning	p.120
2.5	Multidisciplinary Centres	p.122



CHAPTER THREE: MANAGEMENT

SECTION ONE: LEADERSHIP

1.1	Structural Governance and Management	p.126
1.2	Stakeholders	p.128
1.3	Accountability	p.129
1.4	Financial and Resource Management	p.131
1.5	Occupational Health and Safety	p.133
1.6	Media Liaison	p.135
1.7	CASA Forum: Annual Planning and Meetings	p.136

SECTION TWO: HUMAN RESOURCES

2.1	Position Descriptions	p.138
2.2	Professional Qualifications	p.140
2.3	Recruitment	p.141
2.4	Orientation	p.143
2.5	Staff Supervision and Performance Review	p.144
2.6	Professional Development	p.145

APPENDIX I Feminist Framework for Sexual Assault Workforce Training

APPENDIX II Legislative Register

APPENDIX III CASAs' Historical Events

Glossary of Terms

References



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This 3rd Edition reflects the significant on-going changes that continue to take place in programs, practice and legislative reforms.

The Victorian CASA Forum would like to acknowledge the work of those people involved in the 2000 and 2008 editions, in particular Donna Swan (Project Worker) Jo Fuller (NCASA) and Nancy Peck (Editor).

CASAs are committed to continuous quality improvement and this updated manual ensures continued consistency of services across the State.

The Standards of Practice reference group for the 3rd Edition update was comprised of:

Karen Hogan	Gatehouse Centre
Carolyn Worth	South Eastern CASA

Many thanks to all those who continue to contribute their feedback.

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INTRODUCTION

About this Manual

In this document the term 'CASA' is used as a generic description for all members of the CASA Forum.

The aim of this *Standards of Practice Manual* is to:

- Provide a comprehensive set of Standards for Practice for CASAs to follow when services are provided to victims of sexual assault and their families.
- Assist all CASAs across Victoria to provide the highest standard of quality service.
- Consolidate the professional practice of sexual assault services in responding effectively and appropriately to the needs of victim/survivors of sexual assault.
- Set out the *Standards* which Victorian CASAs adhere to and the *Procedures* which CASAs will implement to ensure the highest standard of quality service provision and continuous quality improvement.

CASAs acknowledge that the overwhelming majority (85%) of perpetrators of sexual assault are male (*National Statistics Crime and Safety Survey*, Australian Bureau of Statistics, 2006) and overwhelmingly victim/survivors of sexual assault are women and children. For this reason, the language of this *Standards of Practice Manual* refers to the experience of women and children.

This does not however, deny the incidence or existence of sexual assault perpetrated against men or by women.

CASA Forum

CASA Forum is the peak body of the 15 *Victorian Centres Against Sexual Assault* and the *Victorian Sexual Assault Crisis Line (After Hours)* and the Children's Protection Society (CPS).

CASAs are located in rural, regional and metropolitan settings and operated both within Victorian health services and as independent community-based non-government organisations. CASA Managers or CASA Chief Executive Officers are responsible for day-to-day operations and service delivery, and are members of the CASA Forum.

The Forum provides a collective voice for the CASAs and CPS and acknowledges differences between them related to location and mode of operation. There is a memorandum of understanding between CASA Forum partners which is reviewed annually.



CASA Forum:

- Advocates to ensure that women, children and men who are victim/survivors of sexual assault have access to comprehensive and timely support and crisis intervention to address their immediate and long-term needs.
- Responds to government direction and policy proactively and as required.
- Is headed by a Convenor, rotated every two years, who represents the group and organises the monthly meeting. There is also a co-Convenor who is rotated the alternate two years.
- Is a member of the national body for sexual assault services: the National Association of Services Against Sexual Violence (NASASV).
- Has representatives on a wide range of committees within Victoria.
- Facilitates a monthly rural and metro meeting.

Overview of CASA Services

CASA Forum works to ensure that the experience and requirements of victim/survivors must influence the direction, scope and outcome of services.

CASAs provide a 24 hour response, services and support to:

- Victim/survivors of sexual assault that has occurred within the past 2 weeks.
- Victim/survivors of recent and past sexual assault.
- Their non-offending family members, partners and friends.
- Children under the age of 10 exhibiting problematic sexual behaviours (PSB) and
- Children and young people aged between 10-14 exhibiting sexually abusive behaviours (SAB).
- Young people aged 15 – 17 exhibiting SAB (SECASA and CPS).

CASA Services include:

- Crisis Care
- Advocacy
- Counselling and Support
- Information and Resources



- Therapeutic Treatment Services
- Education and Training
- Statewide Workforce Development
- Sexual Assault Prevention Programs
- Research Projects.

Several counselling approaches are offered including:

- Feminist counselling
- Individual counselling.
- Family therapy
- Cognitive Behaviour Therapy (CBT)
- Narrative Therapy
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Group work
- Creative therapies including play, art and sand.
- For children and young people, developmental approaches and attachment theory.
- Trauma based intervention.

Not all services and counseling approaches are offered by each CASA. The range depends on local community needs, availability of professionals, and model of operation of each CASA.



Framework for CASA Service Delivery

CASAs operate from a structuralist feminist analysis of sexual assault. Therefore, CASAs are committed to addressing the gender, cultural, social, economic and class inequalities which result in the perpetration of sexual assault and violence against women and children.

CASAs aim to provide an accessible, effective and consistent quality service to victim/survivors of sexual assault with the principles of practice based on an articulated understanding of the causes and consequences of sexual assault.

CASAs uphold the Articles of the Universal Declaration of Human Rights, the International Bill of Human Rights and the Victim's Rights Charter.

CASAs operate within the framework of the Victims' Rights Model of service delivery which gives centre place to the rights of victim/survivors. The commitment by CASAs to the Victims' Rights Model of service delivery acknowledges the link between rights, empowerment and long-term healing for victim/survivors of sexual assault.

Knowledge and understanding of the individual, cultural, social and universal context of the lives of women and children is fundamental to enable services to respond consistently and appropriately to the range and diversity of needs of victim/survivors of sexual assault.

The framework therefore acknowledges that CASAs respond to the presenting issues of sexual assault and to the victim/survivor's individual experience of it. This includes the emotional, psychological, developmental, economic and social consequences relating to the sexual assault.

Responsibilities of CASA Managers and Chief Executive Officers to the Forum

CASA Managers and CASA Chief Executive Officers have responsibilities to clients, workers and staff, their funding body, their organisation and/or Board, and to the CASA Forum.

CASA Managers and CASA Chief Executive Officers will:

- Demonstrate their commitment to the collective voice of the CASAs
- Acknowledge that work they carry out for the Forum is an important aspect of their workload, and ensure that this work is visible and representative of the Forum.
- Feedback representation to the Forum.

Work for the Forum includes aspects:

- Regular attendance at meetings and sharing responsibility for chairing and minute taking
- Representing the CASA Forum on Government Committees
- Representation on reference and advisory committees



- Contributing to CASA practice development
- Mentoring new members
- Contributing to ongoing Forum business including:
 - Input to policy documents
 - Input to submissions
 - Notifying other members of new developments
 - Supporting CASA events
- Respectful attention to conflict resolution.



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CASAs IN VICTORIA: THE MILESTONE YEARS

- 1977: Peter Bush, Police Surgeon started seeing rape victims at the Queen Victoria Medical Centre (QVMC). This became SECASA.
- 1978: Women Against Rape, Geelong was formed and ran the Geelong Rape Crisis Centre. Recurrent funding was received in 1982.
- 1979: Government funding was received to run the Sexual Assault Centre at the Queen Victoria Medical Centre.
- 1982 – 1985: three rural sexual assault services were set up in Bendigo, Ballarat and Warrnambool. Northern CASA opened in the Northern Metropolitan Region, and the Royal Children’s Hospital received funding for the Child Protection Unit, which is now called the Gatehouse Centre.
- End of 1985: Six CASAs were operating.
- 1986: Informal CASA meetings began and new Centres were set up and included.
- Mid 1990s: 15 CASAs were operating.
- 1992: the after-hours telephone service, Telephone Service Against Sexual Assault (TELSASA) began. (This is now the Sexual Assault Crisis Line, SACL). The CASA Forum was also established.
- 1994: The CASA Forum was registered as an Incorporated Association.
- 1999: Government funding was received for the provision of family violence services.
- 2001: Government funding was received for the provision of additional after hours services for sexually abused children.
- 2002: The Victoria Government established two Statewide Steering Committees to Reduce Family Violence and Sexual Assault, including representatives from police, government departments, family violence services, the courts, peak bodies for family violence, the CASAs, the No to Violence Male Family Violence Prevention Association, legal services and the Victorian Health Promotion Foundation.
- 2006. The Integrated Family Violence Services Reform provided funding for Counselling services to support women and children who were victims of family violence. This was then extended to provide after-hours Counselling services.
- 2007: Government funding was received for the provision of Sexually Abusive Treatment Services (SABTS).
- 2008: Two Multi-Disciplinary Centres (MDCs) were opened at Frankston (SECASA) and Mildura (Mallee Sexual Assault Centre) as co-locations of Counsellor/Advocates



and SOCIT (Sexual Offences and Child Abuse Investigation Team) members of Victoria Police.

- 2009: Department of Human Services Child Protection (DHS CP) joined the MDC at Frankston.
- 2010: Funding received from the Australian National Child Offender Register (ANCOR) to provide services to families where a registered sex offender is present.
- 2011. The Barwon MDC was opened.



PHILOSOPHY OF THE CASA FORUM

The CASA Forum is committed to addressing the inequalities within society which result in the perpetration of sexual violence and family violence against women, children and men. The Victorian CASA Forum therefore acknowledges that:

- Sexual assault is both a consequence and a reinforcer of the power disparity existing between men and women and children.
- Sexual assault occurs along a continuum of behaviour which includes any uninvited sexual behaviour which makes the recipient feel uncomfortable, harassed or afraid, unwanted touching or remarks, sexual harassment, coerced sexual activity, rape with physical violence and threat to life and sexual assault of children and the grooming of children that accompanies this crime.
- The impact of sexual assault and family violence on the lives of victim/survivors is multifaceted and complex. It includes emotional, social, psychological, legal, health, spiritual, economic and political consequences. To facilitate recovery from sexual and family violence, the Forum recognises the importance of responding to each aspect.
- Recovery from sexual assault and family violence is influenced by a range of factors reflecting positions of men, women and children in society and the power differences between them. These include difference of gender, culture, ethnicity, age, sexuality, religion, ability/disability and socio economic class.
- The entire community and other institutions are responsible for sexual assault and its consequences. Working towards its elimination is the responsibility of all in our society.
- All CASAs work toward the empowerment of clients, through a Victims' Rights Model, informed by the Victim's Rights Charter and the Human Rights Charter. The focus of service provision is the needs of recent and past victim/survivors of sexual assault and victims of domestic and family violence.



OBJECTIVES OF THE CASA FORUM

Direct Service

- CASAs will provide best practice services drawing on evidence based clinical practice, research and evaluation.

Education

- CASAs will provide information and education to raise community and professional awareness of the nature, incidence and impact of sexual assault and family violence.

Prevention

- CASAs will provide advocacy for prevention programs. CASAs will develop, support and participate in programs that work to prevent women, children and men becoming victims of sexual assault and family violence.

Advocacy

- CASAs will advocate for systemic reforms and social change to maximise the outcomes for victim/survivors of sexual assault and family violence.



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CHAPTER ONE:

DIRECT SERVICE PROVISION



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SECTION ONE:

SERVICES PROVIDED BY VICTORIAN CASAs

OVERVIEW

CASA services and programs underpin the right of the victim/survivor to be believed and treated with respect, dignity and sensitivity. CASAs work to ensure that women, children and men who are victim/survivors of sexual assault and family violence have access to timely support and intervention to address their needs. CASAs work towards eliminating sexual and family violence through community and professional education, informing government policy, advocating for law reform and facilitating research to increase understanding of the nature and incidence of sexual assault and family violence.

STANDARDS

- 1.1 Crisis Care
- 1.2 Counselling and Support
- 1.3 Information and Advocacy
- 1.4 Secondary Consultation
- 1.5 External Supervision
- 1.6 Student Placements
- 1.7 Workforce Development Program
- 1.8 Professional Development, Community Education and Training
- 1.9 Public Information
- 1.10 Group Work
- 1.11 Specialist Assessment
- 1.12 Sexually Abusive Behaviours Program and Problem Sexual Behavioural and Therapeutic Treatment Orders
- 1.13 Online and Social Media Presence



STANDARD 1.1: CRISIS CARE

STANDARD

CASAs provide an immediate twenty four (24) hour crisis care response service for victim/survivors of sexual assault, regardless of their Medicare status. Some CASAs also provide this service for victims of family violence.

All CASAs have access to at least one Crisis Care Unit, which may be located in a Multidisciplinary Centre (MDC), hospital or a community based agency.

Counsellor/Advocates are rostered to attend at Crisis Care Units. Some CASAs also attend at Emergency Departments of other hospitals if clients are non-ambulatory, and at other settings such as police stations.

The primary role for Counsellor/Advocates who attend the Crisis Care Units is to enable victim/survivors to make informed decisions. If requested, support will be given to a client during the medical examination.

Clients have the right to request a male or female Counsellor/Advocate, and this will be accommodated where possible.

Children and young people receive an assessment of risk and a safety plan is developed with the Department of Human Services (DHS) Child Protection.

PROCEDURE

1.1.1 The Victims' Rights Model of service provision will be integrated into Crisis Care policies and procedures.

1.1.2 Attending Counsellor/Advocates will:

- Follow the on-site processes at each location to prepare for the arrival of a victim/survivor and liaise with the Sexual Assault Crisis Line (SACL).
- Prioritise the immediate physical, health, emotional and social needs of the victim/survivor
- Provide accurate written information and options to enable the victim/survivor to make informed decisions about all medical, legal and social processes



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- Support and counsel the victim/survivor
- Provide advocacy as needed
- Support any non-offending family members, legal guardians or support person(s).
- Provide written material outlining the services and programs offered by CASAs and in consultation with the victim/survivor, arrange follow-up counselling and support by the most geographically appropriate CASA.
- Inform victim/survivors of their right to access follow up counseling and support through their regional CASA and consult with medical staff about the need for follow-up medical treatment.
- Complete the required documentation for each victim/survivor, for example a CASA Intake Form, IRIS or other hospital forms.
- Open a CASA client file and record all action taken, after the presentation.
- Let SAFL know that the Unit has been completed, in case there is another Unit about to occur.
- Consult a Supervisor/Team Leader/Manager if an issue arises that requires debriefing, such as making a report to Child Protection (CP), threat of suicide or a particularly difficult situation. SAFL may also be called for a debriefing after hours.
- Liaise with DHS Child Protection about an immediate safety plan for children and young people.



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STANDARD 1.2: COUNSELLING AND SUPPORT

STANDARD

CASAs provide a free and confidential short, medium and long-term counselling and support service for victim/survivors of sexual assault, their non offending family member(s), significant other(s) and/or carer(s).

Clients have the right to be supported and make informed decisions. Accurate information and support will be provided about the range of legal, medical and social services, relevant to the time period when the assault occurred. If the time period is:

- **Within the last 72 hours: adult clients are offered a forensic examination if they report to the police, on a 24 hour basis.**
- **Some CASAs can offer a medical examination without a police report, on a 24 hour basis.**
- **Within the last two (2) weeks a Duty Appointment can be offered if the victim/survivor is in crisis or cannot be contained over the phone, on a 24 hour basis.**
- **For children and young people there is no time limit. Eligibility is based on the point of disclosure, on a 24 hour basis.**

Out of hours adult client contact is provided by the Sexual Assault Crisis Line (SACL). If a Counsellor is particularly concerned about a client, they need to provide SACL with information using the Request For Service form.

Clients eligible for Gatehouse out of hours service are contacted directly.

Victim/survivors referred to a CASA from other professionals or agencies will be supported.

Some CASAs provide counselling and support services to children and young people when:

- **A child or young person has made a verbal disclosure of abuse.**
- **A report has been made to the Department of Human Services (Child Protection) or a Sexual Offences and Child Abuse Investigation Team.**



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- **Children aged 4-10 are displaying problematic sexualised behavior (service offered by some CASAs only)**
- **Young people aged 10-18 are displaying sexually abusive behaviour or sexually offending behavior (service offered by some CASAs only).**

Medical services for 0 – 18 year olds is provided by the Victorian Forensic Paediatric Medical Service (VFPMS).

The following people are not eligible for CASA services:

- **Someone over 18 who is actively offending**

PROCEDURE

- 1.2.1 Victim/survivors will have twenty four (24) hours, seven (7) days a week access to support and counselling services (***After Hours Victorian Sexual Assault Crisis Line***).
- 1.2.2 The CASA counselling and support services model will be based on a client focused and directed approach, and will adhere to the provisions of the Victims' Rights Model, Victims' Charter Principles and principles of feminist practice.
- 1.2.3 During initial counselling intake, assessment will be made of each victim/survivor and/or family/carers' level of need for care; safety issues; cultural and special needs; and behavioural issues. If a victim/survivor is in crisis and in urgent need of support services, a priority appointment will be made.
- 1.2.4 During intake, clients and families will be given information by phone about support services and programs. Written material is provided at a face-to-face duty/assessment appointment about their rights within counselling and support sessions.
- 1.2.5 Recent adult victim/survivors (within the past 72 hours and 2 weeks) will be given information about their right to control what action is taken about police reporting, medical interventions and forensic examinations.
- 1.2.6 An Intake Proforma and Client Registration Form will be completed and a client file started, for each new client. Where applicable, a computer record will be set up, for example in the IRIS health network system.
- 1.2.7 Children, young people and families will be given information and a risk assessment will be prepared.



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1.2.8 Action taken following assessment may include:

- Following Mandatory Reporting Guidelines;
- Making a counselling appointment for the child/young person in consultation with non-offending family members or legal guardian at the closest CASA for the family or young person;
- If the child/young person is under 18 years of age, a referral for a medical:
 - In the metropolitan area to the Gatehouse Centre at the Royal Children's Hospital or the Angela Taylor Child Protection Unit at the SECASA Crisis Care Unit at the Monash Medical Centre, or
 - In regional or rural areas with a local paediatrician who is affiliated with the Victorian Forensic Paediatric Medical Service.



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STANDARD 1.3: INFORMATION AND ADVOCACY

STANDARD

CASAs provide information and advocacy for victim/survivors of sexual assault in relation to legal, medical and social issues.

PROCEDURE

- 1.3.1 Counsellor/Advocates will advocate on behalf of the victim/survivor and their family/carer, ensuring they receive accurate information about available support and services.
- 1.3.2 Clients and families/carers will be provided with verbal and written information regarding their legal, medical and social options, and outcomes of risk assessments.
- At a first appointment this will include CASA information sheets or brochures and verbal or written information outlining the client's rights and responsibilities including their right to:
 - A safe environment;
 - Be believed and protected;
 - Be treated with dignity, respect, sensitivity and understanding;
 - Privacy and confidentiality as stipulated in relevant Acts, Principles and Guidelines;
 - Access to counselling files and records;
 - Make a complaint;
 - Have an interpreter and/or communication aid at a scheduled counselling session.
 - Provide feedback about their experience in using the service, by completing the relevant evaluation form;
 - Be supported in a way that is sensitive and appropriate to issues of culture, ethnicity, gender, age, sexuality and level of



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development;

- Supportive and empowering counselling.

1.3.3 Clients accessing crisis care services will be provided with information outlining their right to:

- Request a female doctor or forensic physician;
- An interpreter and/or communication aid;
- Consent;
- Decision-making in respect to medical, legal and support services and procedures;
- Follow-up counselling, support and advocacy;
- Follow-up medical treatment.

1.3.4 The responsibilities of clients will be explained. Clients are expected to:

- Cancel an appointment at the earliest possible time if unable to attend a counseling session;
- Respect the rights of other clients accessing services at the CASA;
- Behave in a manner that is consistent with the respectful environment provided by the CASA.

1.3.5 Multilingual information regarding services and programs will be displayed in a public area at the CASA, to meet the needs of the local and regional community.

1.3.6 Counsellor/Advocates will advocate for the social recognition of the prevalence of sexual assault and family violence within society.



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STANDARD 1.4: SECONDARY CONSULTATION

STANDARD

CASAs provide Secondary Consultation in the form of input and answering questions when professionals from other agencies or organisations wish to discuss a situation or incident they are dealing with that is related to sexual assault.

Generally these consultations are carried out by phone, are one-off queries and do not involve CASA clients. An example would be a query from Police. Some queries may involve follow-up by phone.

PROCEDURE

- 1.4.1 Secondary Consultation will be guided by informed consent and client confidentiality and privacy.
- 1.4.2 Details of all Secondary Consultations will be recorded as required by the CASA.
- 1.4.3 If during Secondary Consultation a professional seeks to consult about a current CASA client, written consent will be obtained from the client before confidential information is provided to the worker. The written consent will be documented in the client's file.
- 1.4.4 During Secondary Consultation CASAs will provide information and verbal advice on how to respond to victim/survivors of sexual assault which is consistent with the philosophy of CASAs, the Victims' Rights Model and the Victims' Charter Principles.
- 1.4.5 Service agreements, protocols or memorandum of understanding will exist with organisations where referral and ongoing contact and consultation are prevalent.
- 1.4.6 CASAs will participate in regional or local agency network meetings to enhance consultation.



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STANDARD 1.5: EXTERNAL SUPERVISION

STANDARD

CASAs may provide External Supervision for professional workers from other agencies or organisations who are working with clients who have been affected by sexual assault or family violence. The aim of this service is to enhance those workers' capacities to provide an effective service.

PROCEDURE

- 1.5.1 CASAs may offer group or individual clinical **External Supervision** to professionals from other agencies.
- 1.5.2 Counsellor/Advocates or other nominated workers can become supervisors if they:
- Have two (2) years employment with a CASA and have been working for a minimum of six (6) years;
 - Are members of the relevant professional organisation
 - Have completed an accredited supervision course.
- 1.5.3 When an application for supervision is received:
- Clarification will be sought from the agency about the background of the professional/s and their supervision needs.
 - A supervisor will be matched with the supervisee.
- 1.5.4 CASA management will decide the cost of supervision to be charged to external agencies and will evaluate the supervision process annually.
- 1.5.5 Supervisors will be accountable for their supervision practice to their CASA supervisor and the Manager.
- 1.5.6 If during External Supervision, a professional seeks to consult about a current CASA client, written consent will be obtained from the client before confidential information is provided to the worker. The written consent will be documented in the client's file.



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STANDARD 1.6: STUDENT PLACEMENTS

STANDARD

CASAs contribute to the education of undergraduate and postgraduate students to increase understanding of the theoretical and skill based issues pertaining to the service provision to victim/survivors of sexual assault.

CASAs may offer placements to students, with Counsellor/Advocates or other nominated workers acting as placement supervisors.

PROCEDURE

1.6.1 CASAs who offer student placements:

- Will interview prospective students.
- May choose to base a placement around a research project devised by the CASA or suggested by the student.
- May select students based on the quality and relevance of their experience and course.
- Will provide students with CASA policies and procedures, CASA Forum Standards of Practice and resources in the fields of sexual assault and family violence.

1.6.2 Counsellor/Advocates who accept the role of placement supervisor will assist the students by:

- Regular clinical supervision as required by the course.
- Setting objectives, methods and time lines for project stages and confirming the outcomes and items to be produced.
- Completing the documentation required by the course, including formal reports and meeting with university staff as required.

1.6.3 Students who accept a student placement with a CASA are expected to:

- Present their relevant documentation including a current Working With



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Children Check and a valid National Criminal History Record Check.

- Demonstrate their understanding of the CASAs and their mission;
- Work closely with their placement supervisor to achieve agreed clinical outcomes.
- Carry out a research project if required, provide their findings to the relevant CASA and present their project to the CASA staff.



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STANDARD 1.7: WORKFORCE DEVELOPMENT PROGRAM

STANDARD

This program is overseen by the Workforce Development Program Reference Group which has membership across the field.

The CASA Forum provides a Statewide Sexual Assault Workforce Development Program. This program is conducted for sexual assault workers in all agencies funded by Department of Human Services.

PROCEDURE

- 1.7.1 The program will conduct 22 days of training per year.
- 1.7.2 In addition, 4 days of flexible training will be provided.
- 1.7.3 The program will provide knowledge and skills based training to sexual assault workers to:
 - Ensure they understand the nature and dynamics of adult and child sexual assault.
 - Ensure they receive information relating to the current sexual assault and child protection legislative reform and policy environment.
 - Enhance their knowledge of related service systems such as mental health, drug and alcohol, Indigenous, child protection, family violence, police and justice services as well as improving the skills of workers to interact across these systems.
 - Develop their competence and confidence in therapeutic interventions such as narrative therapy, crisis counselling, play therapy for children, younger people and adults who have experienced sexual assault.
 - Develop their competence and confidence in working with clients with complex or special needs for example, clients from non-English speaking backgrounds where there is a mental health issue as well as a child sexual assault history, or where the client is experiencing parenting difficulties with his/her own children.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.8: PROFESSIONAL DEVELOPMENT, COMMUNITY EDUCATION AND TRAINING

STANDARD

CASAs are funded to provide community education to enhance prevention and public awareness of issues about sexual assault.

Professional development and training are provided by CASAs to agencies and other workers to increase the ability, confidence and capacity of professionals or community groups to respond to the needs of victim/survivors of sexual assault.

CASAs may offer workshops, scheduled training programs, training tailored for specific groups, or presentation sessions.

PROCEDURE

1.8.1 Professional development and training provided by CASAs will:

- Be consistent with the CASA Vision, Mission and Aims and provide participants with accurate and up-to-date information and research in the field of sexual assault, domestic and family violence.
- Be facilitated by qualified practitioners who maintain a firm understanding of issues related to sexual assault, crisis intervention and trauma.
- Be conducted in a learning environment that is respectful and caters for participants at various stages of personal and professional development.

1.8.2 New content will be developed and sessions offered in response to specific community needs and to reflect updates in research and clinical practice.

1.8.3 Community education will:

- Focus on local educational needs and creating public awareness of why sexual assault occurs, the social nature of the crime, prevention and best practice frameworks.



- Take into account local cultures and provide multilingual information.
- Use a variety of media appropriate to local conditions.

1.8.4 CASAs will:

- Identify and evaluate community development and education projects in their strategic planning.
- Advocate for opportunities to participate in local, state and federal research.
- Document their response to requests for community development and education projects.

1.8.5 All development, training and education materials, program and project records are copyright and the property of the relevant CASA. The Manager may authorise distribution of any items to other organisations or individuals.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.9: PUBLIC INFORMATION

STANDARD

CASAs maintain a pivotal role in changing attitudes and improving the community's response to the experience of sexual assault and the needs of victim/survivors. Public information is provided as part of this role to enhance prevention and public awareness of issues pertaining to sexual assault.

Public information may be distributed in any media format, or structured as workshops or presentation sessions.

CASAs will contribute to the development at regional and statewide levels of policies and plans for proactive use of media to enhance community awareness of the issues of sexual assault.

CASAs will respond to media requests. The CASA Forum has a Media Spokesperson to whom media enquiries are referred.

PROCEDURE

1.9.1 Public information provided by CASAs will:

- Reflect the feminist philosophy and objectives of CASAs;
- Reflect human rights perspectives about sexism and other forms of violence against women and children.
- Focus on local educational needs and creating public awareness of why sexual assault occurs and the social nature of the crime.

1.9.2 CASAs will take into account local cultures when formulating strategies for providing public information.

1.9.3 CASAs will distribute public information items using a variety of media, appropriate to local conditions.

1.9.4 When CASAs provide public information using online channels such as web sites, blogs and social media, they will comply with relevant Acts, Standards and Guidelines applicable to online publishers.

1.9.5 Counsellor/Advocates and other staff who are assigned to use the online



channels to deliver public information or services will receive training and supervision.

- 1.9.6 When CASAs choose to offer workshops or presentation sessions for community groups:
- New content will be developed and sessions offered in response to specific community needs and to reflect updates in research and clinical practice.
 - The information provided:
 - Must be consistent with the CASA Vision, Mission and Aims and provide participants with accurate and up-to-date information and research in the field of sexual assault, domestic and family violence.
 - Will be facilitated by qualified practitioners who maintain a firm understanding of issues related to sexual assault, crisis intervention and trauma.
 - Will apply gender analysis and incorporate a human rights perspective about sexism and other forms of violence against women, children and men.
- 1.9.7 CASAs will develop a Media Policy or adhere to their organisation's policy, which includes the processes by which the CASA and members of staff respond to media requests including:
- Who responds;
 - The consultation process.
- 1.9.8 All public information items are copyright and the property of the relevant CASA. The Manager may authorise distribution of any items to other organisations or individuals.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.10: GROUP WORK

STANDARD

CASAs acknowledge the therapeutic value of group work and will:

- **Develop group programs based on community needs and demand.**
- **Facilitate groups which are non-discriminatory and culturally appropriate.**
- **Run group programs in equitable and accessible locations at times suitable to meet the needs of potential clients.**
- **Invite suitably qualified and experienced external professionals to conduct groups, and assign a Counsellor/Advocate as co-facilitator.**

Group programs will be run for a specified number of weeks and scheduled according to need.

PROCEDURE

1.10.1 Counsellor/Advocates will:

- **Be assigned to facilitate group sessions in pairs, or in partnership with another agency or practitioner.**
- **Discuss privacy and confidentiality with all participants at the start of the first session.**
- **Document issues raised in the group that require follow-up support, advocacy or referral.**



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.11: SPECIALIST ASSESSMENT

STANDARD

Specialist Assessment is a process of clarification of allegations of concern around sexual abuse. It is not counselling or investigation.

Specialist Assessment is provided to aid a DHS Child Protection (CP) assessment when there are behavioural indicators of child sexual assault, inadequate disclosure, or where no disclosure has been made by the child.

CASAs and Gatehouse Centre conduct Specialist Assessments for 3 to 4 year olds, up to 17 years in the following circumstances:

Gatehouse receives:

- **A call from a member of the public.**
- **A call from a parent where DHS has decided not to assess a child or investigate a case.**
- **A Referral from DHS Child Protection (CP) or the Police.**

A CASA may receive:

- **A call from a parent, Police or another professional.**
- **A Referral from DHS CP. CASAs require CP to carry out two investigative sessions before referring.**

Referrals from DHS CP may be in writing or by phone, using the standards of referral as per the joint DHS (CP) and CASA/Gatehouse protocols.

CASAs may decide not to offer Specialist Assessment to a child when a Family Court of Australia (FCOA) contested court case involving that child is in progress. A decision may be made to wait until the case is over.

Depending on circumstances, CASAs may carry out a Specialist Assessment if the perpetrator/offender is unknown. Sometimes there are multiple household members and the child has not been specific about an actual offender.

CASAs would only carry out specialist assessment if the child is not having contact with the offender/perpetrator during the time of the assessment. In the case of an Australian National Child Offender Register (ANCOR) referral a decision will be made on a case by case basis.



Requirements for Counsellor/Advocates who are assigned to carry out assessments:

- **Qualified as a social worker, psychologist or other relevant professional.**
- **Be currently working in a professional counselling capacity.**
- **At least 2 years' experience in counselling children.**
- **Good understanding of child developmental theory.**
- **Practicing in the code governing their own profession.**
- **Completed the Workforce Development Program topic.**

Mentoring/supervision needs must be met. Mentoring may be provided by other staff.

PROCEDURE

1.11.1 Specialist Assessments consist of approximately 7 - 8 sessions:

- 1 or 2 parent session(s)
- 5 child sessions (CASAs), 4 child sessions (Gatehouse): stop after 2 – 3 sessions if nothing is found.
- 1 feedback to parents session

1.11.2 A number of factors will be taken into account including:

- Developmental history
- Social/family background
- Reports from other agencies involved with the family
- Presenting issues and behaviours
- Paediatric assessment
- Any concerns re possible sexual assault.

1.11.3 A short written report is prepared for DHS, and the Police if the referral came from the Police, including:

- Statement of the issues/clarifications



CASA Forum

Victorian Centres Against Sexual Assault

- Description of the methodology used
- Family history
- Number of sessions – but not a session by session reporting
- Conclusions
- Recommendations for the child, family
- Author's background.

1.11.4 Most CASA reports are written for Child Protection. If a report is written by Gatehouse for a service other than CP, the report stays on the child's file.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.12: SEXUALLY ABUSIVE BEHAVIOURS PROGRAM; PROBLEM SEXUAL BEHAVIOURS; THERAPEUTIC TREATMENT ORDERS AND REPORTS

STANDARD

CASAs and Children's Protection Society may provide children and young people under 18 years, exhibiting either Problem Sexual Behaviours or Sexually Abusive Behaviours with professional specialist consultation, intake, assessment and therapeutic treatment to meet the needs of the children and their affected family member(s), significant other(s) and/or carer(s).

CASAs who provide these services will adhere to the CEASE Standards of Practices. CEASE is the peak body whose member agencies are funded to carry out SABTs work. These agencies must also be a member of ANZATSA (Australian and New Zealand Association for the Treatment of Sexual Abuse).

Definitions:

Problem Sexual Behaviours:

Behaviours of a sexual nature displayed by a child under 10 years old. These behaviours may or may not have been known to be reactive to a child's own experience of having been sexually abused.

Sexually Abusive Behaviours:

Behaviours of a sexual nature displayed by a child over the age of 10 and under the age of 18. These behaviours may or may not be known as reactive to a child's own experience of having been sexually abused. They may or may not be considered a chargeable offence within the law.

Therapeutic Treatment Orders (TTO):

An order applied for by the Department of Human Services through the Children's Court in situations where a child or young person over 10 and under 15 years of age requires treatment for Sexually Abusive Behaviours but does not voluntarily choose to attend treatment. TTOs are granted by the Children's Court. The Department of Human Services (Child Protection) may choose to consult with the Therapeutic Treatment Board as to whether an order should be sought.



If a TTO is granted, any criminal proceedings against the child or young person are suspended for the length of the order.

TTOs can only be made for a period of 12 months, with the capacity for a one year extension if deemed necessary. TTOs cannot be breached.

Therapeutic Treatment services are available without a TTO for young people up to 18 years of age.

Therapeutic Treatment Report (TTR):

TTRs can be made by any member of the public who suspects a child or young person has engaged in Sexually Abusive Behaviours. Such reports are made to the Department of Human Services.

PROCEDURE

- 1.12.1 Counsellor/Advocates' organisations are members of CEASE.
- 1.12.2 Staff will be qualified and attend and participate in training programs and forums.
- 1.12.3 Management or the Senior Clinician will facilitate regular consultation and forums for Counsellor/Advocates to discuss their cases and share concerns or issues.
- 1.12.4 Voluntary and TTO referrals will be accepted for Sexually Abusive Behaviours.
- 1.12.5 Referrals will be accepted from Child Protection, Victoria Police, Community Services and families.
- 1.12.6 Children or young people exhibiting Problem Sexual Behaviours or Sexually Abusive Behaviours should not be placed in a situation where either their safety, wellbeing or that of another client may be compromised.
- 1.12.7 The TTO Model should consist of the following stages:
 - Intake (client eligibility);
 - Specialist Risk Assessment;
 - Assessment Report and recommendation;
 - Treatment Plan
 - Treatment;



- Closure.
- 1.12.8 TTO Models need to be flexible to accommodate the development needs of the child or young person. The following components must be integrated within treatment:
- Gaining understanding of the reasons for the behavior.
 - Preventing further abuse;
 - Addressing harm caused;
 - Promoting wellbeing;
 - Healing trauma.
- 1.12.9 Counsellor/Advocates will formulate a safety plan (risk assessment) in collaboration with the client, family member(s), significant other(s) and/or carer(s) and, where possible, external stakeholders (School Counsellor, Department of Human Services, etc.).
- 1.12.10 Clear goals will be developed with the client, family members, and the Counsellor/Advocate about the assessment process and agreed treatment goals.



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Victorian Centres Against Sexual Assault

STANDARD 1.13: ONLINE AND SOCIAL MEDIA PRESENCE

STANDARD

CASAs may choose to use the Internet and social media channels to provide:

- **Free public access to quality information about sexual assault and family violence.**
- **A public voice to raise community awareness of the nature and incidence of sexual assault and family violence and to promote preventative programs.**
- **Interactive outreach services that provide quality resources and referrals.**

The use of any or all of these technologies by an organisation means that the organisation is viewed as an Online Publisher within Australian law and regulation.

PROCEDURE

- 1.13.1 The work of publishing a web site and managing social media channels will be overseen by qualified staff who have relevant experience, such as an Online Project Worker employed by a CASA or an external third party.
- 1.13.2 Documentation such as an Online Procedure Manual and Online Protocol will be prepared, outlining the CASA's requirements for an online presence and service delivery using the chosen technology.
- 1.13.3 The Manager will:
- Lead a Web Advisory committee.
 - Assign Counsellor/Advocates as online workers.
 - Approve new online initiatives and closure of any existing services.
 - Ensure that online services for clients are as accessible and effective as possible.
 - Keep copies of Domain name registrations and hosting service details, if not using an auspicing body's organisation.



CASA Forum

Victorian Centres Against Sexual Assault

1.13.4 Counsellor/Advocates assigned as online Workers will:

- Hold a valid Working With Children registration.
- Comply with all requirements listed in the CASA's Online Procedure Manual, Protocol and other documentation.



SECTION TWO: CLIENTS' RIGHTS

OVERVIEW

CASAs will uphold the rights of clients to have confidentiality, privacy and control over decision making. Clients will be treated with dignity and respect.

The commitment by CASAs to a Victims' Rights Model of service delivery acknowledges the link between rights, empowerment and long term healing for victim/survivors of sexual assault.

STANDARDS

- 2.1 Clients' Rights**
- 2.2 Privacy and Confidentiality**
- 2.3 Complaints**
- 2.4 Freedom of Information**



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Victorian Centres Against Sexual Assault

STANDARD 2.1: CLIENTS' RIGHTS

STANDARD

CASAs acknowledge and will promote the rights and responsibilities of all clients who access counselling and support services. Clients' rights are consistent with the Victims' Rights Model and Victims' Charter Principles.

CASAs will promote the rights of children and young people to safety, stability, wellbeing and development (the *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005*).

PROCEDURE

2.1.1 Counsellor/Advocates will provide the following items to a client at their first counselling session:

- Information package that includes a services brochure.
- Written information about:
 - How to access counselling files and records (the Freedom of Information Act 1982)
 - How to make a complaint;
 - Human Rights Charter.
- Information about privacy and confidentiality (***Information Privacy Act 2000, the Information Privacy Principles (IPP), the Health Records Act 2001*** and the ***Health Privacy Principles (HPP)***).
- 'Consent to Engage in the Process of Counselling' form.
- Written information outlining their rights and responsibilities, including their right to:
 - An interpreter or communication aide at a scheduled counselling session.
 - Provide feedback about their experience in using the service including issues of culture, ethnicity, gender, age, sexuality and level of development.



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Victorian Centres Against Sexual Assault

- A card with the details of their Counsellor/Advocate.
 - An appointment for follow-up counseling, if this is agreed to.
- 2.1.2 Crisis care policies and procedures will describe victim/survivors' rights to:
- Request a female doctor or forensic physician;
 - An interpreter or communication aid;
 - Information about medical, legal and support services and procedures;
 - Follow up counselling and advocacy;
 - Follow up medical treatment.
- 2.1.3 Where a child is a victim/survivor of sexual assault, CASAs will uphold the child's right to safety and protection as detailed in the *United Nations Convention on the Rights of the Child*, and will ensure immediate action is taken to protect the child from further abuse.
- 2.1.4 Clients' rights are to be published in multilingual formats to meet the needs of the local and regional community.
- 2.1.5 CASAs will promote the rights of children and young people to safety, stability, wellbeing and development (***Children, Youth and Families Act 2005*** and ***Child Wellbeing and Safety Act 2005***) including mandatory reporting legislation.



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Victorian Centres Against Sexual Assault

STANDARD 2.2: PRIVACY AND CONFIDENTIALITY

STANDARD

CASAs will keep client file information secure, private and confidential.

PROCEDURE

- 2.2.1 All CASA staff are to sign confidentiality agreements of which a breach will have penalties.
- 2.2.2 CASAs will construct policies and procedures with reference to the *Information Privacy Act 2000*, the *Health Privacy Principles*, the *Health Records Act 2001* the *Freedom of Information Act 1982* and the *Evidence Act Section 32C*.
- 2.2.3 During their initial counselling intake session, clients will be provided with written material regarding their rights to confidentiality and privacy.
- 2.2.4 Policies and procedures on privacy and confidentiality will include the following:
- Only non-identifying information will appear on the cover of client files or where publicly visible;
 - Client files will be kept secure within a locked filing system, or electronically;
 - Adult clients have the right to remain anonymous;
 - Process of consent;
 - Circumstances in which confidentiality without client consent may be breached.
- 2.2.5 CASAs will adhere to and respect the legislative right of a child or young person to confidentiality and privacy. Children and young people have the right to privacy of their health information and to make their own decisions regarding their privacy where they are competent to do so. Parents and guardians do not have automatic access to all health information relating to a child or young person in their care.



CASA Forum

Victorian Centres Against Sexual Assault

Capacity to consent

Determining the competency of a minor to consent can be complex. A minor is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed. This test comes from the English case of *Gillick v West Norfolk Area Health Authority* (1985).

A child or young person's consent may be overridden by a court order on the basis of the child or young person's best interest.

Privacy rights

The **Health Records Act 2001** (HRA) defines a child as being a person under the age of 18 years but does not specify the age at which individuals may be considered capable of giving consent. A child, like any other person, has a right to the privacy of their information. They can also exercise a right of access to their health information depending on their capacity to consent.

A parent's right to make decisions about their child's health information ceases once the child is 18, when the child becomes legally entitled to make their own decisions or earlier if they have the capacity to give informed consent (as per the *Gillick* test above).

- 12 – 16 years depends on the young person and their competency
- 16 – 18 years the law recognises their own authority

HRA 4.2 Health information collected when a child is under 18 years of age must be retained until at least 7 years after their last attendance. Information collected when a client is under 18 years of age must be kept until a client attains 25 years of age.

- 2.2.6 Consent for the release of information, either written or verbal must be obtained from clients.



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Victorian Centres Against Sexual Assault

STANDARD 2.3: COMPLAINTS

STANDARD

CASAs have established procedures for receiving complaints about services provided from clients or other agencies. Complaints about services provided by the CASA are responded to promptly and the outcomes communicated to the client or the other agency.

PROCEDURE

- 2.3.1 Clients will be provided, during their initial intake session, with written material about their right to make a complaint regarding the service they have received.
- 2.3.2 The internal complaints procedure will clearly outline the rights of clients to initiate the complaints process and will incorporate the following steps:
- If the complaint involves a Counsellor/Advocate, the client will be encouraged to voice the complaint to the Counsellor/Advocate. If a client is unsatisfied or feels unable to take this step, they will be advised that a complaint may be forwarded to the CASA Manager;
 - They will be advised of their right to take the complaint further through processes established by the CASA (i.e. forward the complaint in writing to the Board of Governance), or through the established complaints process of the CASAs' auspice organisation;
 - If the client is not satisfied with the outcome of the complaints process, they will be advised that a complaint can be lodged with the ***Ombudsman, Health Service Commissioner*** or the ***Regional Director of the Department of Human Services***.
- 2.3.3 Each step of the internal complaints process will be documented and signed by the Manager, including all action taken and outcomes. All documentation is to be made available to the client.
- 2.3.4 Assistance will be offered by the CASA when the victim/survivor is in need of support in making a complaint due to language or cultural barriers or any other special needs.
- 2.3.5 A complaints file will be held by the Manager. CASAs will review and consider complaints made in supervision, staff meetings and on planning day.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 2.4: FREEDOM OF INFORMATION

STANDARD

CASAs uphold the legal right of clients as outlined in the *Freedom of Information Act 1982* (Section 13) to access their information recorded by the agency.

PROCEDURE

- 2.4.1 Clients will be provided, during their initial counselling intake session, with written material regarding their right to access their file.
- 2.4.2 Freedom of Information material will be displayed in a public area.
- 2.4.3 All requests for access of information are to be forwarded in writing to the Manager, Health Service Department or the Medico Legal office in a hospital.
- 2.4.4 Standardised forms will be completed and recorded in the clients' files.
- 2.4.5 Children or young people have the right to privacy of their health information and to make their own decisions regarding their privacy where they are competent to do so. Parents and guardians do not have automatic access to all health information relating to a child or young person in their care.

Capacity to consent:

Determining the competency of a minor to consent can be complex. A minor is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed. This test comes from the English case of *Gillick v West Norfolk Area Health Authority* (1985).

A child or young person's consent may be overridden by a court order on the basis of the child and young person's best interest.

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CASA Forum

Victorian Centres Against Sexual Assault

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- 12 – 16 years depends on the young person and their competency
- 16 – 18 years the law recognises their own authority.

HRA 4.2 Health information collected when a child is under 18 years of age must be retained until at least 7 years after their last attendance. Information collected when a client is under 18 years of age must be kept until a client attains 25 years of age.

- 2.4.6 CASAs will provide access to an interpreter or communication aide to assist in the translation of the file.
- 2.4.7 Consent will be sought from a client in the instance of the release of records to an external third party or agency.
- 2.4.8 If a client wishes to amend information presented on their file, CASAs shall amend the record by adding a notation to the record in accordance with the ***Freedom of Information Act 1982: Section 42.***



SECTION THREE: ACCESS AND EQUITY

OVERVIEW

The complexity of issues which surround sexual assault means service provision must consider the cultural context of victim/survivors and other individual factors. 'Cultural' refers to the language, beliefs and practices different groups of people use to articulate their identity, often in relation to specific traditions of ethnicity, race, religion, spirituality, occupation, stage of life, social relations and sexual identity.

STANDARDS

- 3.1 Service Equity and Access
- 3.2 Respect and Responsiveness to Cultural Diversity



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STANDARD 3.1: SERVICE EQUITY AND ACCESS

STANDARD

CASAs promote equality of service access and provide services which clearly demonstrate a knowledge and understanding of the range of diverse needs within the community. CASAs provide services and programs that are non-discriminatory, equitable and respectful.

PROCEDURE

- 3.1.1 The following access and equity strategies will be developed and integrated into general organisational procedures:
- Identification of the needs of disadvantaged groups to access the service;
 - Identification of practical and informed strategies to facilitate access;
 - Liaison and contact with Indigenous and culturally specific organisations;
 - Provision of geographically accessible services.
- 3.1.2 Accredited, gender appropriate interpreters will be provided and utilised with telephone, crisis, counselling and advocacy work.
- 3.1.3 CASAs are located as close to public transport as possible. Transport will be arranged in emergency/crisis situations.
- 3.1.4 CASAs will publish multilingual information about their services and programs to meet the needs of the local and regional community.
- 3.1.5 CASA buildings and properties will be wheelchair accessible and equipped with disabled facilities.
- 3.1.6 CASA client demographic data will be used in annual program and strategic planning.



CASA Forum

Victorian Centres Against Sexual Assault

- 3.1.7 CASA staff will participate in local and regional network groups to strategically position a CASA within the community and for the identification of community cultural needs.
- 3.1.8 Staff will receive cross-cultural training.



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Victorian Centres Against Sexual Assault

STANDARD 3.2: RESPECT AND RESPONSIVENESS TO CULTURAL DIVERSITY

STANDARD

CASA practices ensure respect and responsiveness to client diversity and the special needs of groups in the community by remaining inclusive, respectful and flexible.

PROCEDURE

- 3.2.1 Staff and management will be trained and qualified to respond to client cultural diversity.
- 3.2.2 Client demographic data will be used in annual program planning and strategic planning to address issues of cultural appropriateness, access and delivery procedures to targeted groups.
- 3.2.3 CASAs will establish Service Protocols, Service Partnerships or Memoranda of Understanding with the local Indigenous organisations or culturally specific organisations.
- 3.2.4 CASAs will participate in local and regional network groups to strategically position itself within the community and for the identification of community cultural needs.



SECTION FOUR: CRISIS CARE

OVERVIEW

The primary goal of crisis care is to lessen a victim/survivors' trauma by empowering them through the provision of information and facilitation of choice and control over outcomes. CASAs apply principles of the Crisis Intervention Theory that acknowledge the importance of taking action which will increase the long term prospects of recovery. Empowerment of the victim/survivor through the return of control is central to crisis intervention.

STANDARDS

- 4.1 Crisis Care Model**
- 4.2 Crisis Care Intake**
- 4.3 Follow Up Service Access**
- 4.4 Referral and Advocacy**
- 4.5 Crisis Care Unit Environment**



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 4.1: CRISIS CARE MODEL

STANDARD

CASAs provide twenty four (24) hour crisis care support and intervention to recent victim/survivors of sexual assault. Crisis care operates within an established therapeutic model consistent with the Victims' Rights Model and the principles of crisis intervention.

Clients who attend at Crisis Care Units operated by CASAs are offered an option talk, support for forensic medical examinations, police interviews and making police statements. Counsellor/Advocates at some CASAs are trained to liaise with:

- **Victorian Institute of Forensic Medicine nursing staff**
- **Emergency Department medical staff within hospitals**
- **Police Sexual Offences and Child Sexual Abuse Investigation Teams (SOCITS)**
- **Victorian Forensic Paediatric Medical Service**
- **DHS Child Protection.**

PROCEDURE

- 4.1.1 Effective crisis intervention necessitates an immediate response to the emotional and physical safety, legal and social consequences of sexual assault. CASAs will ensure twenty four (24) hour access to crisis care for victim/survivors of recent sexual assault.
- 4.1.2 CASAs will maintain established service agreements or protocols with local hospitals (Emergency Departments), Department of Human Services (Child Protection) and Victoria Police regarding crisis care support and intervention.
- 4.1.3 In line with the Victims' Rights Model, adult victim/survivors will have full control over decisions and actions taken in respect to all medical, legal and support services and issues.
- 4.1.4 Crisis Intervention Theory indicates that the harmful long term effects of sexual assault can be minimised if effective crisis intervention is provided. Principles of crisis intervention will be incorporated in the model of crisis care.



CASA Forum

Victorian Centres Against Sexual Assault

- 4.1.5 CASAs will develop clearly articulated policies and procedures which include:
- An options talk
 - Recognition of the Crisis Intervention Theory and principles of feminist practice;
 - Priority access for recent victim/survivors of sexual assault;
 - Access to an interpreter or communication aide;
 - Identification of appropriate cultural, language, special and developmental needs of victim/survivors;
 - Mandatory reporting;
 - Hours and location of the Crisis Care Unit;
 - Transport;
 - Consent;
 - The roles and responsibilities of Counsellor/Advocates within the Crisis Care Unit.
 - Attendance at other hospitals or police stations by some CASAs.
- 4.1.6 Accessibility and availability of crisis care provision will be made known to community groups, statutory bodies, relevant agencies and government bodies.
- 4.1.7 Victim/survivors will have full access to Independent Third Persons (ITPs), support person(s), an Indigenous Representative or interpreter.
- All CASA Counsellor/Advocates can act as an ITP for crisis care activities for adults.
 - Counsellor/Advocates of some CASAs are trained additionally to act as ITPs within the judicial process, to support clients during police interviews, meetings with lawyers and during court attendance.
- 4.1.8 The victim/survivor will be encouraged to take steps to ensure their physical protection.
- 4.1.9 Crisis intervention procedures will be guided by principles which ensure the safety, protection and wellbeing of children and young people.
- 4.1.10 Children, young people and their family member(s), significant other(s) and/or carer(s) will be informed of the role of the Crisis Care Counsellor/Advocate



and the internal crisis intervention process.

- 4.1.11 CASAs will adhere to their professional and ethical responsibility to report to the Department of Human Services (*Child Protection*) where protective concerns exist.



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STANDARD 4.2: CRISIS CARE INTAKE

STANDARD

CASAs provide immediate access to services and support for recent victim/survivors of sexual assault. In daytime this is through the Duty Intake Worker. After hours for adults it is through the Sexual Assault Crisis Line (SACL) who will contact the Counsellor on-call. For children and young people, the on-call Counsellor will ring the Royal Children's Hospital and ask for the on-call worker.

Services are provided regardless of a client's Medicare status.

The primary role of Counsellor/Advocates who attend at Crisis Care Units operated by CASAs is:

- To enable adult victim/survivors to make informed decisions, and to assess the risk and safety of children and young people
- If requested, support the client during the medical examination.

PROCEDURE

4.2.1 CASAs will roster Counsellor/Advocates for the role of Duty/Intake after hours or on-call. These Counsellor/Advocates will be trained to triage priority of access depending on client needs.

Eligibility criteria:

1. Clients who have been sexually assaulted during the past 72 hours and may be brought in by the police.
2. Clients who have been sexually assaulted within the past two weeks.
3. Children and young people who are in need of a crisis response after disclosure.

4.2.2 CASAs will maintain coordinated referral procedures and protocols with the **Victorian Sexual Assault Crisis Line**.

4.2.3 During initial intake and after hours on-call, Counsellor/Advocates will:

- Prioritise the immediate physical, health, emotional and social needs of the victim/survivor and refer to VIFM, VFPMS, hospital ED and DHS



CASA Forum

Victorian Centres Against Sexual Assault

Child Protection if indicated.

- Ensure the victim/survivor is:
 - Supported and counselled.
 - Offered access to a Public Advocate, Indigenous Representative or Independent Third Person or other support person;
 - Aware of their rights and options regarding medical, legal and social issues. Counsellor/Advocates will provide written information about these options to enable the victim/survivor to make informed decisions.
- Assess and evaluate the risk and safety of the victim/survivor;
- Support any non-offending family members, legal guardians or support person(s);
- Provide advocacy as needed;
- In consultation with the victim/survivor, arrange follow-up counselling and support through the most geographically appropriate CASA.

- 4.2.4 In the instance of a child or young person's recent sexual assault, Counsellor/Advocates will be guided by principles which ensure the safety, protection and wellbeing of the child or young person.
- 4.2.5 When reporting an incident of sexual assault, CASAs will consult and adhere to the **Victoria Police Code of Practice for the Investigation of Sexual Assault**.
- 4.2.6 Reports to the Department of Human Services (Child Protection) will be made in accordance with the Children, Youth and Families Act 2005.
- 4.2.7 CASAs will provide or arrange supervision and/or debriefing for Counsellor/Advocates who attend at Crisis Care Units.
- 4.2.8 Counsellor/Advocates will complete the documentation required by their CASA, including IRIS data, for each client who attends the Crisis Care Unit.
- 4.2.9 When attending a non-ambulatory patient at a hospital, a Counsellor/Advocate will complete the documentation required by the hospital and the CASA.
- 4.2.10 Except for Gatehouse staff, after a presentation at a Crisis Care Unit a Counsellor/Advocate will, where appropriate:
 - Phone the Sexual Assault Crisis Line (SACL) on 03 8345 3494 to



CASA Forum

Victorian Centres Against Sexual Assault

handover and update the client's status.

- Discuss difficult issues with their Supervisor, Team Leader or Manager. If urgent, debrief with the SACL or backup person.



STANDARD 4.3: FOLLOW UP SERVICE ACCESS

STANDARD

Follow up counselling, support and advocacy is offered to the victim/survivors of recent sexual assault, their family member(s), significant other(s) and/or carer(s) to ensure effective and supported recovery.

PROCEDURE

- 4.3.1 CASAs will incorporate *demand management strategies*, as outlined by the Department of Human Services (2008), Demand Management Framework, to ensure intake and service demand is managed efficiently to allow for the shortest possible waiting period (Department of Human Services, 2008, p.18).
- 4.3.2 The victim/survivors will be provided with written material outlining:
- Services and programs offered;
 - Additional options for support (group sessions, etc);
 - Contact and location details (including the After Hours Victorian Sexual Assault Crisis Line);
 - Legal and further medical options;
 - Local and regional referral options;
 - Victims of Crime Assistance Tribunal applications.
- 4.3.3 Counsellor/Advocates will ensure the victim/survivor has access to:
- Transport;
 - Safe accommodation;
 - Child care;
 - Follow up counselling and support.



STANDARD 4.4: REFERRAL AND ADVOCACY

STANDARD

CASAs ensure systematic advocacy, information and referral is provided to victim/survivors who have presented for crisis care services.

PROCEDURE

- 4.4.1 Counsellor/Advocates will advocate on behalf of victim/survivors ensuring they receive information about available support and services. Victim/survivors who present to crisis care services will be provided with written material outlining:
- Services and programs offered;
 - Additional options for support including Group Programs;
 - Contact and location details (including the After Hours Victorian Sexual Assault Crisis Line);
 - Legal and medical rights and options;
 - Local and regional referral options;
 - Victims of Crime Assistance Tribunal applications.
- 4.4.2 CASAs will maintain an agency referral policy or procedure outlining:
- Assessment and intake processes;
 - Waiting list priority listing;
 - Referral criteria.
- 4.4.3 Counsellor/Advocates will advocate for the safety, protection and wellbeing of victim/survivors of sexual assault.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 4.5: CRISIS CARE UNIT ENVIRONMENT

STANDARD

CASAs provide crisis care to recent victim/survivors of sexual assault within an environment which promotes age appropriate safety, privacy, anonymity, comfort and dignity.

PROCEDURE

4.5.1 The building in which a Crisis Care Unit is located will:

- Have wheelchair access and disabled facilities;
- Not have identifying signs to ensure victim/survivors and their family member(s), significant other(s) and/or carer(s) privacy, confidentiality and anonymity.

4.5.2 A Crisis Care Unit will have the following facilities:

- Safety and security with twenty four (24) hour monitoring;
- Private area(s) for crisis intervention, support and counselling;
- Area for medical examinations;
- A lockable fridge for medical use;
- A lockable medical cabinet;
- Bathroom/shower and toilet facilities that are suitable for use by the disabled;
- A dedicated private waiting area;
- Facilities for Police and Department of Human Services staff;
- Adequate store area for clothing, toiletries etc.
- Telephone and computer access;
- A kitchen with fridge and tea/coffee making equipment;



4.5.3 A Crisis Care Unit will provide:

- Multilingual information;
- Information regarding the services and programs provided by CASAs;
- Tea/coffee and other basic refreshments;
- Linen, blankets and towels;
- Clothing and toiletries.



CASA Forum
Victorian Centres Against Sexual Assault

SECTION

FIVE:

COUNSELLING - ADULT MODEL

OVERVIEW

Adult counselling and support services are provided by CASAs within a framework that acknowledges the complex and serious nature of sexual assault. CASAs respond to the counselling and support needs of adult victim/survivors through a framework consistent with the Victims' Rights Model. CASAs' counselling and support model draws on principles of feminist practice and counselling theory relevant to working with victims of trauma.

The Victims' Rights Model acknowledges the importance of sexual assault victim/survivors exercising control over decisions and the therapeutic importance of regaining power.

STANDARDS

- 5.1 Adult Therapeutic Model**
- 5.2 Intake Procedure**
- 5.3 Referrals From Other Agencies**
- 5.4 Completion of Counselling**



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 5.1: ADULT THERAPEUTIC MODEL

STANDARD

The CASA therapeutic model is informed by an understanding and acknowledgement of the experience and trauma related to sexual assault. In providing counselling and support services, CASAs draw on principles of feminist practice and operate within a Victims' Rights Model.

PROCEDURE

5.1.1 CASAs' counselling and support services operate within a framework which is consistent with the Victims' Rights Model. The framework will:

- Acknowledge the structural nature and prevalence of sexual assault;
- Acknowledge individual differences, cultural diversity and special needs;
- Acknowledge the right of victim/survivors to access counselling that promotes recovery, personal empowerment and improved quality of life;
- State explicitly the role and responsibilities of the Counsellor/Advocates and clients within the therapeutic relationship.

5.1.2 Policies and Procedures outlining the adult therapeutic framework will incorporate the Victims' Rights Model, the Victims' Charter Principles and principles of feminist practice and trauma theory.

5.1.3 Counselling and therapeutic models will incorporate the following principles of feminist practice:

- Providing choice and options regarding services and support available;
- Believing and validating the victim/survivor's experience;
- Empowerment through the presentation of options;
- Reframing and reinterpretation of the abuse;
- Use of language which is non-judgmental;



CASA Forum

Victorian Centres Against Sexual Assault

- Affirming and encouraging the victim/survivor's individual strengths.
- 5.1.4 All models of service delivery will acknowledge the importance of the Counsellor/Advocate understanding the contextual, cultural and universal aspects of sexual assault.
- 5.1.5 Therapeutic models will address the individual needs of victim/survivors of sexual assault.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 5.2: INTAKE PROCEDURE

STANDARD

CASAs are committed to providing prompt and professional response to the immediate individual and cultural needs of victim/survivors of sexual assault.

Clients have the right to be supported and make informed decisions. Accurate information and support will be provided about the range of legal, medical and social services, relevant to the time period when the assault occurred. If the time period is:

- **Within the last 72 hours: clients are offered a forensic examination if they report to the police.**
- **Within the last two (2) weeks: no forensic examination. Clients are offered medical treatment and an urgent Duty Appointment if a victim/survivor is in crisis.**

A Duty Appointment can be offered if a victim/survivor is in crisis or cannot be contained over the phone.

The following people are not eligible for CASA services:

- **Adults who are actively offending**
- **Someone who says they are a victim/survivor of childhood sexual assault but who has no memory at all about the assault.**

PROCEDURE

5.2.1 Intake procedures will take account of how a victim/survivor presents. Procedures will cover the following circumstances:

- **Crisis intervention and counselling to recent victim/survivors of sexual assault;**
- **Response to victim/survivors of past and recent sexual assault disclosing for the first time or who are assessed as being in crisis;**
- **Response to adult victim/survivors of childhood sexual assault who identify as needing long term counselling and possible referral.**



CASA Forum

Victorian Centres Against Sexual Assault

- 5.2.2 Counsellor/Advocates will assess the victim/survivor's:
- Level of need for care. If the victim/survivor is in crisis and in urgent need of support services, a priority duty appointment will be made;
 - Safety and protection issues;
 - Reasons for service contact;
 - Individual, cultural and special needs;
 - Issues surrounding the assault;
 - Current impact of the assault;
 - Behavioural issues, including the impact of problematic sexual behaviour or sexually abusive behaviour;
 - Expectation of the service provided.
- 5.2.3 Counsellor/Advocates will consider:
- The time period of the assault;
 - Issues surrounding the assault;
 - Reports or intervention by external agencies;
 - Current involvement or support being received.
- 5.2.4 For each client, the Counsellor/Advocate will complete the documentation required by their CASA:
- Fill out an Intake Proforma and Client Registration Form;
 - As required, start a Client File and record the following details:
 - Client's name
 - Self-identified gender
 - Age and date of birth
 - Address and contact details
 - Indigenous status
 - Preferred language spoken
 - Whether an interpreter or communication aid are needed
 - Time and date of attendance at the Crisis Care Unit
 - Type of assault
 - Number of perpetrators
 - Gender of perpetrator(s)
 - Relationship with perpetrator(s)



CASA Forum

Victorian Centres Against Sexual Assault

- Location of the assault
- Assessment of the impact of the assault
- Description of injuries.
- Contact with police:
 - Name and position of officers
 - Approximate length of time the victim/survivor was in police care before attending the Crisis Care Unit
 - Branch details and contact number
- Name of non-offending family members or legal guardian
- Medical assessment procedure and treatment
- Name of Medical Practitioner
- Name of attending forensic physician
- Follow up counselling arrangements
- Counsellor/Advocate name, signature and date
- Date of the first counselling appointment.

5.2.5 CASAs will incorporate *demand management strategies*, as outlined by the Department of Human Services (2008) Demand Management Framework, to ensure intake and service demand is managed efficiently to allow for the shortest possible waiting period (refer to: Department of Human Services, 2008, p.18).

5.2.6 All victim/survivors contacting a CASA for counselling and support will be provided with information about:

- The CASA and the philosophy of the service;
- The counselling and support provided;
- The roles and responsibilities of the Counsellor/Advocate within the counselling relationship;
- The possibility of their records being subpoenaed, information about the judicial process, the purpose and use of subpoenaed records and the policy of the CASA when a subpoena is received;
- Client rights and responsibilities.

5.2.7 Counsellor/Advocates may provide a victim/survivor's family member(s), significant other(s) and/or carer(s) with information regarding counselling for themselves or alternative options for support.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 5.3: REFERRALS FROM OTHER AGENCIES

STANDARD

Referral procedures will be coordinated to ensure a prompt and professional response to the immediate needs of victim/survivors of sexual assault.

Victim/survivors referred to a CASA from other professionals or agencies will be supported by the CASA. Clients referred by the Department of Human Services may be given priority allocation.

PROCEDURE

- 5.3.1 Referral procedures and criteria for accepting referrals from external agencies or government bodies will include the collection of the following information for assessment:
- Safety and protection issues;
 - Individual, cultural or special needs;
 - Issues surrounding the assault;
 - Current impact of the assault;
 - Behavioural issues;
 - Reports or intervention by external agencies;
 - Current involvement or support being received.
- 5.3.2 It is the responsibility of the CASA to ensure the needs or issues of the victim/survivor are addressed to promote their recovery and empowerment.
- 5.3.3 Referral procedures will outline the client's rights of confidentiality and the process of consent.
- 5.3.4 CASAs will provide referred victim/survivors or family member(s), significant other(s) and/or carer(s) waiting to access services with support and information regarding:
- The services and programs provided by CASAs;



CASA Forum

Victorian Centres Against Sexual Assault

- Transport, contact information and location;
- Access to twenty four (24) hour crisis care (After Hours Victorian Sexual Assault Crisis Line);
- Alternative options for support including Group Programs.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 5.4: COMPLETION OF COUNSELLING

STANDARD

CASAs will ensure that clients who have completed counselling are supported and provided with information and options for ongoing counselling, support or access to other services.

PROCEDURE

- 5.4.1 Options for ongoing counselling or alternative support services will be explored and discussed with the client before the end of the agreed counselling period.
- 5.4.2 Clients will be provided with written material outlining:
- Alternative support options offered by the CASA (group sessions, etc);
 - Services and programs offered by external agencies;
 - The process of consent;
 - Client rights to access their records (***Freedom of Information Act 1982***).
- 5.4.3 Policies and procedures will outline the process for clients' future counselling and access to the service.
- 5.4.4 CASAs will develop a Service Evaluation Survey to be provided to each client before they exit the service.
- 5.4.5 For clients who have received three (3) or more sessions, Counsellor/Advocates will complete a Case Closure Report outlining the client's progress and any relevant sustaining issues. Session notes should be kept for clients who have received less than 3 sessions.
- 5.4.6 Where other agencies or professionals request a written assessment, the Counsellor/Advocate will seek the client's consent before forwarding information.



CASA Forum
Victorian Centres Against Sexual Assault

SECTION SIX:

COUNSELLING - CHILDREN AND YOUNG PERSON'S MODEL

OVERVIEW

CASAs are committed to developing and providing services that promote the healthy development of children and young people and their families who have been affected by sexual assault. CASAs seek to promote children's and young person's safety, wellbeing and best interests,

STANDARDS

- 6.1 Children's Therapeutic Model
- 6.2 Young Person's Therapeutic Model
- 6.3 Rights of the Family Member(s), Significant Other(s) and/or Carer(s)
- 6.4 Referral and Intake Procedure
- 6.5 Best Interest Principles
- 6.6 Mandatory Reporting
- 6.7 Therapeutic Treatment Orders; Problem Sexual Behaviour and Sexually Abusive Behaviour



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 6.1: CHILDREN'S THERAPEUTIC MODEL

STANDARD

Counselling is provided to children within a framework that promotes the healthy development and best interests of child victims of sexual assault. All models of counselling adhere to the principle that children's safety, wellbeing and development are paramount.

PROCEDURE

- 6.1.1 Policies and procedures specific to the Children's Therapeutic Model will be informed by:
- The framework to promote children's safety, wellbeing and development;
 - ***The Best Interest Principles;***
 - ***Decision Making Principles;***
 - ***Aboriginal Child Placement Principle;***
 - ***Children Youth and Families Act 2005;***
 - ***Children Wellbeing and Safety Act 2005;***
 - Trauma and Attachment Model;
 - The powerlessness of children within society, including issues of gender, age and status as factors in the nature and incidence of sexual assault.
- 6.1.2 If a Counsellor/Advocate has reasonable grounds to suspect that a child has been or is currently being sexually or physically assaulted, they will report to the Department of Human Services (Child Protection).
- 6.1.3 Counselling guidelines will ensure counselling and therapeutic techniques are suitable to the child's developmental level.



CASA Forum

Victorian Centres Against Sexual Assault

6.1.4 CASAs' counselling and support services specific to children will operate within a framework that:

- Acknowledges the structural nature and prevalence of sexual assault;
- Acknowledges individual differences, cultural diversity, developmental needs and special needs;
- Acknowledges the right of the child and their family member(s), significant other(s) and/or carer(s) to:
 - Access counselling that promotes recovery, personal empowerment and improved quality of life;
 - Receive information about privacy and confidentiality (***Information Privacy Act 2000, the Information Privacy Principles (IPP), the Health Records Act 2001*** and the ***Health Privacy Principles (HPP)***).
 - Access counselling files and records (***the Freedom of Information Act 1982***).
 - Make a complaint.
 - Consent to engage in the process of counseling.
- Adheres to legislative requirements and the requirements of the Human Rights Charter;
- Follows standards of professional and ethical practice;
- States the role and responsibility of the Counsellor/Advocate and client within the therapeutic relationship.
- Provides a safe environment.

6.1.5 Counsellor/Advocates should collect the following information for assessment and treatment:

- Origin and impact of the assault;
- Identification of emotional, physical, behavioural and psychological issues;
- Identification of issues for the family member(s), significant other(s) and/or carer(s) which resulted from the assault;



CASA Forum

Victorian Centres Against Sexual Assault

- The child's education and developmental level.
- 6.1.6 Assessment will consider any other issues relevant to the child or family member(s), significant other(s) and/or carer(s) which may need to be addressed prior to the beginning of counseling.
- 6.1.7 Treatment with agreed-to goals will commence after assessment, if required.
- 6.1.8 The focus of counselling is to reduce the impact of sexual assault by strengthening the child's self-worth, harnessing existing strengths and coping capacities, identifying new strategies and mobilising support from the child's support network.
- 6.1.9 Consistency of Counsellor/Advocate and environment should be taken into consideration.
- 6.1.10 Therapeutic equipment will be provided to enhance the child's developmental level.
- 6.1.11 Referral processes and procedures will include:
- Consultation with the child and family member(s), significant other(s) and/or carer(s) where a referral to other agencies is being considered;
 - Referring the child or family member(s), significant other(s) and/or carer(s) to an agency where the best interests of the child can be further met.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 6.2: YOUNG PERSON'S THERAPEUTIC MODEL

STANDARD

Counselling is provided to young people within a framework that promotes the healthy development and best interests of the young person. All models of counselling adhere to the principle that a young person's safety, wellbeing and development is paramount; while taking into consideration that young people have individual and diverse needs.

CASAs' counselling and support services specific to young people will operate within a framework that is consistent with the Victims' Rights Model. The framework will:

- **Acknowledge the structural nature and prevalence of sexual assault;**
- **Acknowledge individual differences, cultural diversity and special needs;**
- **Acknowledge the right of the young person to access counselling that promotes recovery, personal empowerment, self-esteem enhancement and improved quality of life;**
- **Adhere to legislative requirements and the requirements of the Human Rights Charter;**
- **Follow standards of professional and ethical practice;**
- **State the role and responsibility of the Counsellor/Advocate and client within the therapeutic relationship.**
- **Acknowledge the right of the child and their family member(s), significant other(s) and/or carer(s) to:**
 - Access counselling that promotes recovery, personal empowerment and improved quality of life;
 - Receive information about privacy and confidentiality (***Information Privacy Act 2000, the Information Privacy Principles (IPP), the Health Records Act 2001*** and the ***Health Privacy Principles (HPP)***).
 - Access counselling files and records (***the Freedom of Information Act 1982***).
 - Make a complaint.
 - Consent to engage in the process of counseling.
- **Provide a safe environment.**



CASA Forum
Victorian Centres Against Sexual Assault

PROCEDURE

- 6.2.1 Counsellor/Advocates should collect the following information for assessment:
- Origin and impact of the assault;
 - Identification of emotional, physical, behavioural, sexual and psychological issues;
 - Identification of issues for the family member(s), significant other(s) and/or carer(s) which resulted from the assault;
 - The young person's education and development level.
- 6.2.2 Young people will be afforded the right to informed consent where they demonstrate the developmental level and sufficient understanding of the implications of their decision making.
- 6.2.3 Shared support services with relevant agencies will be explored where a young person presents with a range of needs. These may include housing, income security, legal advocacy, education, mental health, employment or culturally specific support.
- 6.2.4 Policies and procedures will be developed to facilitate requests from family member(s), significant other(s) and/or carer(s) to have access to confidential information.
- 6.2.5 Children and young people have the right to privacy of their health information and to make their own decisions regarding their privacy where they are competent to do so. Parents and guardians do not have automatic access to all health information relating to a child or young person in their care.

Capacity to consent:

Determining the competence of a minor to consent can be complex. A minor is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed. This test comes from the English case of Gillick v West Norfolk Area Health Authority (1985) which has been applied for many years when providing health services to minors.

A child and young person's consent may be overridden by a court order on the basis of the child and young person's best interest.



CASA Forum

Victorian Centres Against Sexual Assault

Privacy rights:

The **Health Records Act 2001 (HRA)** defines a child as being a person under the age of 18 years but does not specify the age individuals may be considered capable of giving consent. A child, like any other person, has a right to the privacy of their information. They can also exercise a right of access to their health information depending on their capacity to consent.

A parent's right to make decisions about their child's health information ceases once the child is 18, when the child becomes legally entitled to make their own decisions, or earlier if they have the capacity to give informed consent (as per the Gillick test above):

- 12 – 16 years depends on the young person and their competency;
- 16 – 18 years the law recognises their own authority.

Health Privacy Principles 4.2 Health information collected when a child is under 18 years of age must be retained until at least 7 years after their last attendance. Information collected when a client is under 18 years of age must be kept until a client attains 25 years of age.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 6.3: RIGHTS OF THE FAMILY MEMBER(S), SIGNIFICANT OTHER(S) AND/OR CARER(S)

STANDARD

A child or young person's family member(s), significant other(s) and/or carer(s) will receive counselling and support and will be made aware of their legislative and organisational rights.

PROCEDURE

6.3.1 Information will be provided to a child's or young person's family member(s), significant other(s) and/or carer(s) which explains their right to:

- Receive feedback regarding the Counsellor/Advocate's assessment and counselling plan. This would occur within a therapeutic context;
- Be supported in a way that is appropriate and sensitive to issues of gender, culture, ethnicity, sexuality, level of ability and age;
- Offer feedback regarding their experience of counselling and family sessions;
- Make a complaint;
- Access counselling that promotes recovery, personal empowerment and improved quality of life;
- Receive information about privacy and confidentiality (***Information Privacy Act 2000, the Information Privacy Principles (IPP), the Health Records Act 2001*** and the ***Health Privacy Principles (HPP)***);
- Access counselling files and records (***the Freedom of Information Act 1982***);
- Consent to engage in the process of counseling.

6.3.2 **Privacy rights:**

The ***Health Records Act 2001*** (HRA) defines a child as being a person under the age of 18 years but does not specify the age at which individuals may be considered capable of giving consent. A child, like any other person, has a right to the privacy of their information. They can also exercise a right



of access to their health information depending on their capacity to consent.

A parent's right to make decisions about their child's health information ceases once the child is 18, when the child becomes legally entitled to make their own decisions, or earlier if they have the capacity to give informed consent (as per the English case of *Gillick v West Norfolk Area Health Authority* (1985)).

- 12 – 16 years depends on the young person and their competency
- 16 – 18 years the law recognises the young person's authority.
- In the case of a child, Counsellor/Advocates will provide feedback and guidance to the family member(s), significant other(s) and/or carer(s).
- In the case of a young person, young people will negotiate with the Counsellor/Advocate about the release of information.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 6.4: REFERRAL AND INTAKE PROCEDURE

STANDARD

Referral and intake procedures are documented to ensure a prompt and professional response to the immediate needs of a child or young person, their family member(s), significant other(s) and/or carer(s).

PROCEDURE

6.4.1 Referral procedures and criteria for accepting referral will cover:

- Safety, protection, wellbeing and development issues of the child or young person;
- Regional boundaries;
- The age of the child;
- The need to meet diverse, complex or special needs;
- Reports or referral from external agencies;
- What is deemed in the best interest of the child or young person and their family.

6.4.2 Referral procedures will include guidelines on relevant information to be collected to assist in prioritising and allocating the child or young person, which includes:

- Safety, protection, wellbeing and development issues;
- The level of support provided by family member(s), significant other(s) and/or carer(s);
- Timing, nature and circumstances surrounding the assault;
- Severity of reported symptoms;
- Behaviour, disclosure or medical evidence;
- Victoria Police or Department of Human Services involvement.



CASA Forum
Victorian Centres Against Sexual Assault

- 6.4.3 CASAs will incorporate demand management strategies, as outlined by the Department of Human Services (2008) ***Responding to children and young people: demand management framework for sexual assault counselling services for children and young people***, to ensure intake and service demand is managed efficiently to allow for the shortest possible waiting period for children, young people and their family member(s), significant other(s) and/or carer(s).
- 6.4.4 Children, young people their family member(s), significant other(s) and/or carer(s) will have access to relevant literature and web-based technologies.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 6.5: BEST INTEREST PRINCIPLES

STANDARD

CASAs are committed to protecting children and young people from harm and promoting their rights, safety and development in culturally and gender appropriate ways.

PROCEDURE

The ***Children, Youth and Families Act 2005*** consists of a unified set of principles, which are 'Best Interest Principles,' 'Decision Making Principles' and the 'Aboriginal Child Placement Principles' which require family services to protect children from harm and promote their wellbeing, safety and development. The Best Interest Principles were built on the foundation of the ***Child Wellbeing and Safety Act 2005*** to provide an overarching framework which focuses on promoting positive outcomes for children and young people.

When determining whether a decision or action is in the best interest of a child or young person, the need to protect the child or young person from harm, their age and stage of development must always be considered.

- 6.5.1 CASAs will incorporate the Best Interest framework and principles into the agency's Child and Young Person's Case Management Model and provide staff with information and training relevant to the Best Interest Principles, Decision Making Principles and the Aboriginal Child Placement Principles.
- 6.5.2 CASAs will adhere to the following principles:
- ***Best Interest Principles (CYFA 2005: Section 10)***
 - ***Decision Making Principles (CYFA 2005: Section 11)***
 - ***Additional Decision Making Principles for Aboriginal Children (CYFA 2005: Section 12:13:14)***



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 6.6: MANDATORY REPORTING

STANDARD

Counsellor/Advocates who suspect, on reasonable grounds, that a child or young person has been or is currently being sexually or physically assaulted, will report to the Department of Human Services (Child Protection). CASAs place children's and young person's best interest, safety, stability and development at the centre of all decision making processes and service delivery.

PROCEDURE

As of April 2007, the *Children, Youth and Families Act 2005* provided a new process for service providers to implement early intervention strategies for vulnerable children, young people and their family member(s), significant other(s) and/or carer(s). The legislation introduces a range of new referral and reporting processes to replace what is currently referred to as a child protection notification.

- 6.6.1 The Department of Human Services advocates the following circumstances and factors should determine whether a Counsellor/Advocate makes a report to Child Protection or refers the case to Child FIRST.

A referral to Child FIRST may be the best way of connecting children, young people and their families to the services they need, where families exhibit any of the following factors that may impact upon a child's safety, stability or development:

- Significant parenting problems that may be affecting the child's development;
- Family conflict, including family breakdown;
- Families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement;
- Young, isolated or unsupported families;
- Significant social or economic disadvantage that may adversely impact on a child's care or development (Department of Human Services, 2008, Paragraph 2).



CASA Forum

Victorian Centres Against Sexual Assault

A report to Child Protection should be made in any of the following circumstances:

- Physical abuse of or non-accidental or unexplained injury to a child;
- A disclosure of sexual abuse by a child or witness or a combination of factors suggesting the likelihood of sexual abuse, such as the child exhibiting concerning behaviours;
- Emotional abuse and ill treatment of a child impacting on the child's stability and healthy development;
- Persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child or the child's stability and development;
- Persistent family violence or parental substance misuse, psychiatric illness or intellectual disability, where there is a likelihood of significant harm to the child or the child's stability and development;
- Where a child's actions or behaviour may place them at risk of significant harm and the parents are unwilling or unable to protect the child;
- Where a child appears to have been abandoned or where the child's parents are dead or incapacitated and no other person is caring properly for the child (Department of Human Services, 2008, Paragraph 3).

6.6.2 Counsellor/Advocates will be provided with information and training necessary to carry out their duty of care to protect the safety, development and wellbeing of children or young people in accordance with mandatory reporting requirements outlined by the ***Children, Youth and Families Act 2005***.

6.6.3 Within Mandatory Reporting procedures Counsellor/Advocates will adhere to:

- The child or young person's right to be informed of the decision making process and exercise their right to choice and informed consent (where age and development is appropriate);
- The family member(s), significant other(s) and/or carer(s) right to be informed of all decisions taken (either referral or reporting) and, where appropriate, the right to exercise choice and consent.



6.6.4 Policies and procedures will clearly delineate:

- The roles and responsibilities of Counsellor/Advocates and Management;
- The rights of the family member(s), significant other(s) and/or carer(s);
- The rights of the child or young person, where age and development appropriate;
- Legislative requirements including Best Interest Principles and Decision Making Principles;
- Circumstances for referral to Child FIRST and reports to Child Protection.



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Victorian Centres Against Sexual Assault

STANDARD 6.7: THERAPEUTIC TREATMENT ORDERS, PROBLEM SEXUAL BEHAVIOURS AND SEXUALLY ABUSIVE BEHAVIOURS

STANDARD

Some CASAs provide children and young people under eighteen (18) years, exhibiting either Problem Sexual Behaviours or Sexually Abusive Behaviours, specialist consultation, intake, assessment and therapeutic treatment to meet the needs of the child and their affected family member(s), significant other(s) and/or carer(s).

Therapeutic treatment services can be provided to young people up to 18 years with or without a Therapeutic Treatment Order (TTO).

DEFINITIONS

Problem Sexual Behaviours: behaviours of a sexual nature displayed by a child under 10 years old. These behaviours may or may not be known to be reactive to a child's own experience of having been sexually abused.

Sexually Abusive Behaviours: behaviours of a sexual nature displayed by a child over the age of 10 and under the age of 18. These behaviours may or may not be known as reactive to a child's own experience of having been sexually abused. They may or may not be considered a chargeable offence within the law.

Therapeutic Treatment Order (TTO): an order applied for by the Department of Human Services through the Children's Court in situations where a child or young person over 10 and under 18 years of age requires treatment for Sexually Abusive Behaviours but does not voluntarily choose to attend treatment. Therapeutic Treatment Orders are granted by the Children's Court. The Department of Human Services (Child Protection) may choose to consult with the Therapeutic Treatment Board as to whether an order should be sought.

If a Therapeutic Treatment Order is granted, any criminal proceedings against the child or young person are suspended for the length of the order.

Therapeutic Treatment Orders can only be made for a period of 12 months, with the capacity for a one year extension if deemed necessary. Therapeutic Treatment Orders cannot be breached.



Therapeutic Treatment Report: Therapeutic Treatment Reports can be made by any member of the public who suspects a child or young person has engaged in Sexually Abusive Behaviours. Such reports are made to the Department of Human Services.

PROCEDURE

- 6.7.1 Counsellor/Advocates organisations are members of CEASE.
- 6.7.2 Staff will be qualified and participate in training programs and forums.
- 6.7.3 Management or the Senior Clinician will facilitate regular consultation and forums for Counsellor/Advocates to discuss their cases and share concerns or issues.
- 6.7.4 CASAs will accept voluntary and Therapeutic Treatment Order referrals for Sexually Abusive Behaviours.
- 6.7.5 CASAs will accept referrals from Child Protection, Victoria Police, Community Services and families.
- 6.7.6 The Therapeutic Treatment Model should consist of the following stages:
- Intake (client eligibility);
 - Specialist Risk Assessment;
 - Report;
 - Treatment;
 - Closure.
- 6.7.7 Therapeutic Treatment Models need to be flexible to accommodate the development needs of the child or young person. Within the treatment stage, the following components must be integrated:
- Preventing further abuse;
 - Addressing harm caused;
 - Promoting wellbeing;
 - Healing trauma.
- 6.7.8 Counsellor/Advocates will formulate a safety plan (risk assessment) in collaboration with the client, family member(s), significant other(s) and/or carer(s) and, where possible, external stakeholders (School Counsellor, Department of Human Services, etc).



SECTION SEVEN: KNOWLEDGE AND RECORD MANAGEMENT

OVERVIEW

Systematic guidelines and appropriate systems for client documentation are adhered to, to ensure greater accuracy, accountability, continuity of care, evaluation and effectiveness. Adult clients have the right to confidentiality and to request anonymity when accessing CASA services and programs in respect to legal constraints.

STANDARDS

- 7.1 Maintenance and Storage of Client Records
- 7.2 Content of Client Records
- 7.3 Information Sharing
- 7.4 Subpoenas
- 7.5 Reports For Courts



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Victorian Centres Against Sexual Assault

STANDARD 7.1: MAINTENANCE AND STORAGE OF CLIENT RECORDS

STANDARD

The procedures and systems used by CASAs to maintain and store hardcopy and electronic versions of client files, notes and reports, ensure that:

- Client records are kept securely and confidentially at all times;
- Clients' rights to privacy and confidentiality are prioritised and respected.

PROCEDURE – Hard Copy Files

- 7.1.1 CASAs' recording, filing and maintenance systems will adhere to and follow all relevant state and federal legislation (Health Records Act 2001, Information Privacy Act 2000, Health Privacy Principles and the Information Privacy Principles).
- 7.1.2 Hard copy client files will be secured either within a centralised lockable filing cabinet or individual lockable filing cabinets. The cabinet(s) will be out of public view and have no identifying information that could be accessible to the public.
- 7.1.3 Policies will outline the role of administrative staff and Counsellor/Advocates in the maintenance of information and filing systems including procedures for filing, retrieval, storage and archiving of records.
- 7.1.4 All staff will be aware of CASA policies and procedures regarding the security and confidentiality of client records:
- Counsellor/Advocates will have restricted access to client files and authorisation will be sought before accessing files.
 - Client records will not be left on desks or in publicly accessible areas;
 - Client records will not be taken from the CASA without authorisation from the Manager. When authorization is granted, the files will be carried in a lockable briefcase.



CASA Forum

Victorian Centres Against Sexual Assault

- 7.1.5 A systematic and efficient filing system will be used to file hardcopy client records. All staff will understand the filing system.
- 7.1.6 Closed client files will be archived in a systematic manner, in a secure area away from public access.
- 7.1.7 CASAs will participate in and conduct a biannual Client File Audit to ensure consistency, legislative compliance and compliance to accreditation standards.

PROCEDURE – Electronic Files

- 7.1.8 Some CASAs will use the Integrated Records Information System (IRIS) or Electronic Scanned Medical Record (ESMR) to create and store electronic client records.
- 7.1.9 IRIS/ESMR will be dual password accessible.
- 7.1.10 All members of staff will have their own password to access IRIS/ESMR.
- 7.1.11 All members of staff will be trained to use IRIS/ESMR during orientation. Counsellor/Advocates will be trained to enter data into IRIS/ESMR. Administration staff will be trained to enter data and generate reports.
- 7.1.12 Counsellor/Advocates will have restricted access to IRIS/ESMR. Managers and administrative staff will have access to all functionality.
- 7.1.13 All members of staff will have access to instructions for using IRIS/ESMR, for training revision and as a job aid.



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Victorian Centres Against Sexual Assault

STANDARD 7.2: CONTENT OF CLIENT RECORDS

STANDARD

With the consent of the client, CASAs' counselling records will contain sufficient information to identify the victim/survivor, the circumstances or issues surrounding the assault and the client's contact history with the CASA.

CASAs only collect information that is necessary for one or more functions or activities validated by the organisation (*Health Privacy Principle 1/Information Privacy Principle 1*).

Clients have the right to request that some information not be recorded, including identifying information (*Evidence Act S32(c)*).

Client records will be set up and maintained as required to meet the Department of Human Services (DHS) *Accreditation Standards*. Documentation within a record must prove that each of the 4 standards has been considered and met:

- 1. Empowerment – the client's rights have been promoted and upheld.**
- 2. Access and engagement – the client's right to access transparent, equitable and integrated services has been promoted and upheld.**
- 3. Wellbeing – the client's right to wellbeing and safety has been promoted and upheld.**
- 4. Participation – the client's right to choice, decision making and active participation as a valued member of their chosen community has been promoted and upheld.**

PROCEDURE

7.2.1 As a minimum, a client record will include:

- Standardised intake form;**
- Registration form;**
- Assessment report that documents how the DHS accreditation standards will be met;**



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Victorian Centres Against Sexual Assault

- Treatment notes that provide evidence of goals reached;
- General client notes;
- Closure Report that documents how the DHS accreditation standards have been met.

7.2.2 The content of a client record will:

- Include legible and clear observations that are non-judgmental and respectful;
- Be written using consistent pen colour, or word processed.
- Include the client's registration number on each page.

7.2.3 With the consent of the client, the record will include the following information regarding initial contact in crisis care for recent victim/survivors of sexual assault:

- Client's name;
- Gender;
- Date of birth;
- Age;
- Indigenous status
- Preferred language;
- Use of an interpreter or communication aide;
- Address and contact information;
- Time and date of crisis care attendance;
- Time and date of the assault;
- Type of assault;
- Number of perpetrator(s);
- Relationship with perpetrator(s);
- Location of the assault;
- Gender of perpetrator(s);



CASA Forum

Victorian Centres Against Sexual Assault

- Assessment of the impact of the sexual assault on the victim/survivor;
- Description of injuries sustained (if relevant);
- Contact with police: names and position of officers, approximate length of time victim/survivor is in police care prior to attendance at the CCU, branch details and contact number;
- In the instance of a child or young person: report procedure and time of contact to the Department of Human Services (Child Protection);
- Name of family member(s), significant other(s) and/or carer(s);
- Address of family member(s), significant other(s) and/or carer(s);
- Medical assessment procedure and treatment;
- Name of Medical Practitioner;
- Name of attending Forensic Physician;
- Follow up counselling arrangements;
- Signature and date by Counsellor/Advocate;
- Case Closure Report.

7.2.4 With the consent of the client, the record will include the following information regarding initial contact for past victim/survivors of sexual assault:

- Client's name;
- Gender;
- Date of Birth;
- Age;
- Indigenous status
- Preferred language;
- Legal status;
- Use of an interpreter or communication aide;
- Address and contact information;
- Date of initial contact with the CASA;



- Type of assault;
- Gender of perpetrator(s);
- Number of perpetrator(s);
- Previous counselling for the assault;
- Police involvement or reports;
- Counselling issues;
- Name of Counsellor/Advocate;
- Referral.

7.2.5 Client records for ongoing counselling will contain:

- Name of the Counsellor/Advocate;
- Date of counselling sessions;
- Case notes;
- Date of telephone calls and contact between business hours;
- Issues identified through counselling sessions;
- Outline of progress as identified by the victim/survivor;
- Follow up of medical issues (where relevant);
- Dates of court appearances, outcomes and impact (where relevant);
- Copies of reports written and correspondence received or sent;
- Outline of contact with other family member(s), significant other(s) and/or carer(s);
- Copy of consent forms for release of information or report writing;
- A summary of crisis intervention or counselling provided, date of service exit and any ongoing assistance required through referral;
- A joint assessment by the Counsellor/Advocate and client regarding unresolved or ongoing issues;
- Assessment Report including formulation;
- Treatment Report including goals;



CASA Forum

Victorian Centres Against Sexual Assault

- Case Closure Report;
- Court Report.

7.2.6 Counsellor/Advocate signatures will be made using a black pen, and the date will be included.

7.2.7 When counselling for a client is completed, the Counsellor/Advocate will:

- Complete the IRIS computer system Closure Form
- Complete a Closure Report using a template provided by the CASA or by writing appropriate notes on the case notes sheet.
- Print the Closure Report if it is an electronic document.
- File the report in the client file and pass the file to the administration staff for closure and storage.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 7.3: INFORMATION SHARING

STANDARD

Information sharing and secondary consultation with other professionals or agencies is provided in a manner that is consistent with the *Health Records Act 2001*, the *Privacy Act 2000*, *Health Privacy Principles* and the *Information Privacy Principles*.

Secondary Consultation is defined as providing input and answering questions when professionals from other agencies or organisations contact a CASA to discuss a situation or incident they are dealing with that is related to sexual assault.

Generally the consultations:

- **Are carried out by phone**
- **Are one-off queries**
- **Do not usually relate to CASA clients.**

An example would be a query from the Police. Some queries may involve follow-up by phone, depending on the circumstances.

PROCEDURE

- 7.3.1 Counsellor/Advocates or managers will respect the privacy and confidentiality of all clients while participating in any committee, forum or joint case management meeting(s).
- 7.3.2 Counsellor/Advocates or management will outline the agency's confidentiality agreement or policy to other professionals or agencies prior to disclosing information regarding a victim/survivor or client.
- 7.3.3 Client consent will be obtained before a Counsellor/Advocate provides external professionals or agencies with information regarding that client.
- 7.3.4 CASAs will provide information and professional advice in a manner that is consistent with the philosophy and approach of the CASA, the Victims' Rights Model, duty of care guidelines and with respect to the confidentiality and privacy of the victim/survivor.



CASA Forum

Victorian Centres Against Sexual Assault

- 7.3.5 As outlined under the ***Children, Youth and Families Act 2005: Section 192 and 36.2*** Child FIRST and Child Protection workers may request information from a CASA for the purpose of investigation, without consent of the partners, for an investigation.
- 7.3.6 During Secondary Consultations, Counsellor/Advocates will provide information and verbal advice on how to respond to victim/survivors of sexual assault, and domestic and family violence that is consistent with CASAs' philosophy, the **Victims' Rights Model, Human Rights Charter** and the **Victim's Charter Principles**.
- 7.3.7 If the external professional seeks to consult about a client currently attending the CASA, the Counsellor/Advocate will:
- Obtain written consent from the client before providing confidential information. If consent is given;
 - Document the written consent in the client's file.
- 7.3.8 Counsellor/Advocates will record details of all Secondary Consultations as required by the CASA, within IRIS.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 7.4: SUBPOENAS

STANDARD

A subpoena is an order issued by a court requiring a person or organisation named on the subpoena to:

- Attend court to give oral evidence, and/or
- Produce documents or other evidence in court, such as CASA client files, counselling notes and file notes or a report written on behalf of a client.

A subpoena bears a court stamp and has a “return date”. This is the date by which the documents should be sent to court or the court attendance date. Failure to respond to a subpoena can be treated as contempt of court and the named person/organisation may be fined.

CASAs acknowledge their position and judicial responsibility in the instance of a client’s records being subpoenaed and ensure a clear and consistent response, taking into consideration the provisions of the *Evidence (Confidential Communications) Act 1998*:

- Under Section 32C a letter of intent to subpoena must be served at least 14 days before documents are required to be produced in court. The notice must have a return date on it. A CASA can appeal this letter of intent.
- Under Section 32B, it can be argued that it is not in the public’s interest for the notes to be released to the court. The Judge or Magistrate then has to decide if the notes should be produced in court or not.

Clients have the right to ask CASAs to contest a subpoena.

PROCEDURE

- 7.4.1 Clients will be informed during intake of the possibility of their records being subpoenaed and the policy of the CASA in such instances.
- 7.4.2 Clients will be provided with written information regarding the judicial process and the purpose and use of subpoenaed records.
- 7.4.3 CASAs will develop policies and procedures for response to court subpoenas, taking into consideration the provisions of the Evidence (Confidential Communications) Act 1998, including public interest indemnity provisions.



CASA Forum

Victorian Centres Against Sexual Assault

7.4.4 When a CASA receives notification that a subpoena for an adult client record or a report is being issued, or receives the subpoena, the relevant Counsellor/Advocate contacts the client and:

- Informs them about the details of the subpoena and the CASA's judicial responsibility in releasing such records;
- Asks if they agree to a report being written on their behalf:
 - If so, writes the report;
 - If not, informs the Manager of the client's decision.
- Asks if they agree to their CASA client file being released to the Court:
 - If the client agrees, arranges for the file to be released to the Court;
 - If the client does not agree and takes up their right to ask the CASA to contest the subpoena, informs the Manager.

7.4.5 When a CASA receives notification that a subpoena for a child or young person's client record or a report is being issued, or receives the subpoena, the relevant Counsellor/Advocate takes into account the child or young person's developmental stage and capacity for informed consent before contacting the client to:

- Inform them about the details of the subpoena and the CASA's judicial responsibility in releasing such records;
- Ask if they agree to a report being written on their behalf:
 - If so, writes the report;
 - If not, informs the Manager of the client's decision.
- Ask if they agree to their CASA client file being released to the Court:
 - If so, the Counsellor/Advocate arranges for the file to be released to the Court;
 - If the client does not agree and takes up their right to ask the CASA to contest the subpoena, the Counsellor/Advocate informs the Manager.

7.4.6 The Manager may consult and brief legal Counsel as needed.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 7.5: REPORTS FOR COURT

STANDARD

CASAs may be asked to prepare a report on behalf of a client for the Victims Of Crime Assistance Tribunal (VOCAT), or the Family Court of Australia, Children's Court, Magistrates Court, County Court or the Supreme Court. CASAs will:

- Ensure that reports for court are completed by Counsellor/Advocates who are qualified to do so;
- Train Counsellor/Advocates to write reports for court.

Adult clients have the right to:

- Refuse consent for a report for court to be written on their behalf;
- Approve a report for court before it is distributed.

CASAs may decide to charge a fee to a lawyer for preparing a report for court. (No fee is charged to the client).

PROCEDURE

7.5.1 Counsellor/Advocates will obtain the adult client's consent before writing a report for court on their behalf, and will ask the client if they would like to approve the report before it is distributed.

7.5.2 When writing a report for court, the Counsellor/Advocate will:

- Begin with a summary of the relevant CASA's organizational credentials and their qualifications as the writer.
- Sign and date the report, using a black pen and include the date, time, signature, printed name and designation.
- Give the completed report to the Manager/team leader/supervisor for review, noting if the client has asked for approval:

7.5.3 If reports for court are required for the children's court or a child Protection matter in the Family Court of Australia, these are provided.

7.5.4 A copy of the report will be filed in the client's file.



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CHAPTER TWO: COMPLIANCE



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SECTION ONE: QUALITY ASSURANCE

OVERVIEW

CASAs will comply with Government, Board of Management auspicing organisation or funding body requirements.

All CASAs are required to be registered under the Children, Youth and Families Act, 2005 and/or the Disability Act 2006 if they receive funding under Child and Family Programs or Disability Service Programs.

STANDARDS

- 1.1 Continuous Quality Improvement
- 1.2 Accreditations and Registrations
- 1.3 Working With Children Checks and National Criminal History Record Checks
- 1.4 CASA Forum Annual Reports
- 1.5 CASA Forum Standards of Practice – Three yearly
- 1.6 Evaluation and Planning for Services and Programs
- 1.7 Legal and Funding Requirements
- 1.8 Risk Management



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Victorian Centres Against Sexual Assault

STANDARD 1.1: CONTINUOUS QUALITY IMPROVEMENT

STANDARD

Continuous Quality Improvement mechanisms inform the planning, evaluation and improvement of service delivery.

CASAs will implement Quality Improvement measures as required by their Board of Management, auspicing organisation and DHS accreditation.

PROCEDURE

- 1.1.1 CASAs will implement the following Continuous Quality Improvement mechanisms:
- Annual Staff Performance Appraisals
 - Annual Management Performance Appraisals
 - Risk Assessment and Environmental Scans
 - Annual service and program planning and evaluation
 - Access to professional development and training
 - Access to supervision and case review
 - Documentation of processes
 - Regular scheduled review of organisational policies and procedures
 - Property and Building Audits
 - Occupational Health and Safety meetings.
- 1.1.2 External agency feedback and evaluation may be sought on an annual basis.
- 1.1.3 CASAs will participate in formal accreditation through a registered community and health services quality accreditation provider.



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STANDARD 1.2: ACCREDITATIONS AND REGISTRATIONS

STANDARD

CASAs will meet the registration requirements of the Disability Act 2006 and the Children, Youth and Families Act 2005.

These include applying for renewal of registration every 3 years from the Department of Human Services (DHS).

PROCEDURE

- 1.2.1 Under the current service agreement, CASAs are required to:
- Undertake an independent review against the Department of Human Services Standards by an independent review body every three years.
 - Obtain accreditation and remain accredited by the independent review body. This includes full compliance with DHS Standards 1, 2, 3 and 4.



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Victorian Centres Against Sexual Assault

STANDARD 1.3: WORKING WITH CHILDREN CHECK AND NATIONAL CRIMINAL HISTORY RECORD CHECK

STANDARD

All CASA staff must comply with these checks.

CASAs will also have sound screening and supervision practices in place to complement these checks.

PROCEDURE

- 1.3.1 Every staff member needs to have a Working With Children check which should be sighted at interview and copied:
- 1.3.2 It is the responsibility of the staff member to update their Working With Children check every 5 years.
- 1.3.3 The National Criminal History Record check is a requirement of employment.



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STANDARD 1.4: CASA FORUM ANNUAL REPORTS

STANDARD

The CASA Forum produces Annual Reports.

PROCEDURE

- 1.4.1 CASAs will produce Annual or other periodic Reports as required by their Board of Management, auspicing organisation or funding body:



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Victorian Centres Against Sexual Assault

STANDARD 1.5: CASA FORUM STANDARDS OF PRACTICE – THREE YEARLY

STANDARD

The Standards of Practice are agreed to by all members of the CASA Forum. The standards set out the services provided by CASAs and the context of clinical practice.

PROCEDURE

- 1.5.1 The Standards will be updated every three (3) years by members of the CASA Forum.
- 1.5.2 A working group of minimum three (3) will undertake the review and update.
- 1.5.3 When complete, this update will go to the CASA Forum for agreement and sign-off.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.6: EVALUATION AND PLANNING FOR SERVICES AND PROGRAMS

STANDARD

The effectiveness of services and programs delivered by CASAs are reviewed, evaluated and planned for on an annual basis.

PROCEDURE

- 1.6.1 Organisations will participate in annual planning and evaluation which will include the Board of Governance, Manager and members of staff.
- 1.6.2 Job descriptions will include staff responsibilities for planning, evaluation and continuous quality improvement.
- 1.6.3 CASAs will offer clients and program participants the opportunity to contribute to the evaluation process through structural feedback and evaluation.
- 1.6.4 The collection and evaluation of client feedback (Service Evaluation Survey or via CASA web sites) will be used to inform service provision.
- 1.6.5 Education and training will collect the following:
 - Number and profile of participants;
 - Venue and format of program;
 - Feedback from participants.
- 1.6.6 Annual service and program evaluation will be measured against the organisation's philosophy, aims and objectives.
- 1.6.7 Annual service and program planning processes will:
 - Systematically evaluate services;
 - Collect and analyse service and program data;
 - Incorporate the demography of clients;
 - Incorporate themes from staff evaluation(s);
 - Develop resources and expertise for future services and programs.



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Victorian Centres Against Sexual Assault

STANDARD 1.7: LEGAL AND FUNDING REQUIREMENTS

STANDARD

CASAs adhere to all relevant state and federal legislation and are financially accountable to all funding bodies and stakeholders.

PROCEDURE

- 1.7.1 CASAs will demonstrate legislative compliance by integrating legislative discussion into internal processes such as Supervision, Staff meetings or Case Reviews.
- 1.7.2 Governance policies will outline the Board of Governance or Advisory Committee and Manager's responsibility in terms of legislative and funding requirements.
- 1.7.3 In accordance with The Department of Human Services Service (Funding) Agreement, CASAs will generate an Annual Financial Accountability Report containing:
- The Asset Register;
 - Annual Financial Indicators Statement;
 - Agency Certification;
 - Audit Report;
 - Annual Report.
- 1.7.4 Under the provisions of the ***Associations Incorporations Act 1981*** (Section 30) certified CASAs will provide ***Consumer Affairs Victoria*** with:
- Notice of Annual General Meeting;
 - Annual Statement;
 - Auditor's Report;
 - Annual Report.
- 1.7.5 A Grievance and Disciplinary Procedure will be maintained for the purpose of legislative noncompliance by staff and management.



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Victorian Centres Against Sexual Assault

STANDARD 1.8: RISK MANAGEMENT

STANDARD

CASAs systematically identify, assess and manage risk to ensure an efficient, responsive and safe service for all members of staff, clients and stakeholders.

PROCEDURE

- 1.8.1 CASA management may implement risk assessment such as an Environmental Scan or Strength Weakness Opportunity and Threats spreadsheets etc. to identify and develop a clear understanding of possible issues and risks which may affect the organisation in the future. Such risk assessment may focus on:
- Political environment;
 - Quality Accreditation;
 - Professional Qualifications;
 - Building and Property;
 - Staff and clients;
 - Financial and resource management;
 - External service environment etc.
- 1.8.2 CASAs should identify and implement forward planning for risk in terms of strategic, operational, governance, clinical, financial and property.
- 1.8.3 Procedures are implemented to manage associated internal and external risk such as appropriate insurance policies, evacuation procedures and financial reporting etc.



CASA Forum
Victorian Centres Against Sexual Assault

SECTION

TWO:

SERVICE DEVELOPMENT AND FUTURE DIRECTION

OVERVIEW

CASAs are strategically positioned within the community to advocate for policy development and social, political and legislative change at local, state and federal levels. The commitment to local, state and federal advocacy will raise the awareness and understanding of the causes and consequences of sexual assault for the individual and the community.

CASAs will use the knowledge provided by monitoring and evaluation of services and programs to form a vision and direction for planning and development.

STANDARDS

- 2.1 Prevention of Sexual Assault**
- 2.2 Research and Evaluation**
- 2.3 Collaboration and Strategic Positioning**
- 2.4 Strategic Planning**
- 2.5 Multidisciplinary Centres**



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Victorian Centres Against Sexual Assault

STANDARD 2.1: PREVENTION OF SEXUAL ASSAULT

STANDARD

Prevention of sexual assault is embodied in the philosophy, aims, objectives and services of CASAs.

PROCEDURE

- 2.1.1 CASAs will implement prevention strategies in line with the following framework documents:
- ***National Framework for Sexual Assault Prevention 2004.***
 - ***“Preventing Violence before it occurs. A framework and background paper to guide the primary prevention of violence against women in Victoria.” Vic Health 2007.***
 - ***“Preventing Violence Against Women, A Framework for Action” Vic Health 2009.***
 - ***“Framing Best Practice: National Standards for the primary prevention of sexual assault through education” NASASV Carmody et al 2009***
 - ***Respectful Relationships Education – Violence prevention and respectful relationships education in Victorian Secondary Schools. DEECD Nov 2009.***
- 2.1.2 Within the agency’s prevention strategies CASAs will address the cultural norms and values that support and tolerate sexual assault.
- 2.1.3 CASAs will contribute and advocate for the generation of research, practice and policy information to inform the community of sexual assault prevention.
- 2.1.4 CASAs will incorporate sexual assault prevention strategies within the agency’s cultural strategic planning, services and community and professional development projects.



STANDARD 2.2: RESEARCH AND EVALUATION

STANDARD

CASAs incorporate, participate and contribute to research in the field of sexual assault.

PROCEDURE

- 2.2.1 Research initiated by or requiring the participation of CASAs will:
- Meet the objectives of funding bodies;
 - Fulfill the requirements of the relevant CASA or auspice organisation's guidelines;
 - Meet ethics requirements.
- 2.2.2 The intent or rationale for research must be consistent with the philosophy of CASAs and consistent with statewide guidelines.
- 2.2.3 Documentation and statistical information and findings will contain no identifying information.
- 2.2.4 The research methodology must be accurate, true and academically sound.
- 2.2.5 Clients will be offered support through their research participation. Clients Service reserve the right to withdraw at any stage of the research process.
- 2.2.6 CASAs will use industry benchmarks to inform the review and evaluation of services and programs.
- 2.2.7 Research literature will be incorporated into the agency's program and service development and review.



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Victorian Centres Against Sexual Assault

STANDARD 2.3: COLLABORATION AND STRATEGIC POSITIONING

STANDARD

CASAs formally network with other organisations and government bodies to strategically position themselves as a specialist service provider within the wider service system.

PROCEDURE

- 2.3.1 CASAs will enter into formal service agreements or protocols with other organisations and government bodies to contribute to a more effective service system.
- 2.3.2 Formal service agreements, protocols, or memoranda of understandings must:
- Reflect the CASA's philosophy, aims, objectives and strategic direction.
 - Have mechanisms in place to resolve contractual disputes or grievances.
- 2.3.3 Informal collaboration with other organisations must reflect the CASA's philosophy, aims, objectives and strategic direction.
- 2.3.4 Counsellor/Advocates and Management should participate in community meetings, committees, forums etc. to strategically position CASAs within the service system and local and regional community.
- 2.3.5 CASAs will strengthen and develop local, regional and statewide links through:
- Joint projects;
 - Attendance at relevant regional and statewide meetings and steering committees relating to the service and sexual assault.



- 2.3.6 CASAs and the Victorian CASA Forum will lobby for funding and policy development to improve the social, political and legal response to victim/survivors of sexual assault.
- 2.3.7 CASAs will participate and work collaboratively with a range of stakeholder groups including:
- The Office of Public Prosecutions;
 - Victoria and New South Wales Police Force;
 - The Magistrates Court;
 - Court Network;
 - The Victims of Crime Assistance Tribunal;
 - The Child Witness Program;
 - The Victorian Forensic Pediatric Medical Service;
 - The Victorian Institute of Forensic Medicine.
- 2.3.8 Victorian CASA Forum will advocate for the improvement of services and programs for both metropolitan and regional CASAs.
- 2.3.9 CASAs will use a variety of media to advocate structurally for early intervention and the prevention of sexual assault at local and statewide levels.
- 2.3.10 CASAs will instigate contact and collaboration with other organisations when identified as in the best interests of the agency and its clients.



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Victorian Centres Against Sexual Assault

STANDARD 2.4: STRATEGIC PLANNING

STANDARD

The Board of Governance, Advisory Committee or Manager participate in strategic planning to identify the agency's future direction, aims and objectives. Strategic planning systematically evaluates the agency's strategic position, resources, management practices and organisational goals.

PROCEDURE

- 2.4.1 The strategic planning process systematically collects and evaluates service and organisational information to review the effectiveness of service delivery.

The following information should be used to inform the strategic planning process:

- Annual Report;
- Auditor's Report;
- Annual Financial Report;
- Annual Budget and Variation Statements;
- Department of Human Services Service (Funding) Agreement;
- Performance Measurements;
- The organisation's aims and objectives;
- Current national and state policy and legislative objectives;
- Service and program participants feedback;
- The demography of clients;
- Themes of staff evaluation(s).



2.4.2 The strategic planning process should document:

- The future direction, goals and objectives;
- Services and programs maintained and initiated;
- Allocation of resources and expertise for maintained and initiated services and programs;
- Strategies to achieve goals and objectives;
- Risk assessment and environmental scan.

2.4.3 Planning processes will include an assessment of impact on the CASAs' operation and resources required to achieve goals, objectives and strategies.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 2.5: MULTIDISCIPLINARY CENTRES

STANDARD

A CASA may be co-located as an agency partner in a Multidisciplinary Centre (MDC). As at October 2013 there are MDCs at Frankston, Mildura and Geelong.

The Principal MDC for Victoria is scheduled to open at Dandenong in 2014 and government funding has been allocated for MDCs in the LaTrobe Valley and at Bendigo.

Other partner agencies in an MDC may be:

- **Victoria Police: Officers from the Sexual Offences and Child Abuse Investigation Team (SOCIT)**
- **Department of Human Services (DHS): Child Protection Workers**
- **Victorian Institute of Forensic Medicine.**

MDCs have been developed to improve responses to sexual offences and child sexual abuse. MDC professionals work together to provide integrated services which focus on the needs of the victim/survivor.

MDCs provide services to anyone who has experienced sexual assault, or any child who is at risk of sexual abuse.

At each MDC, a Local Agreement needs to be drawn up, outlining the agreed responsibilities of each partner and the expectations for the way in which staff will work together in the shared space.

Representatives of the agencies will form a Local Governance Group which will be responsible for day to day management of the building and provision of services.

PROCEDURE

- 2.5.1 Reception and telephone answering duties may be shared between the Administration Teams of the partner agencies.
- 2.5.2 Induction of new staff at any agency will include introductions across the other agencies and familiarisation with relevant items in the Local Agreement.



CASA Forum

Victorian Centres Against Sexual Assault

- 2.5.3 A monthly Local Governance Group meeting will be held to:
- Obtain Services Feedback from each agency, including waiting lists, staffing issues.
 - Identify and deal with building maintenance items.
 - Discuss and resolve any issues that might arise.
- 2.5.4 The role of chairing this meeting may be rotated among the agency partner representatives.
- 2.5.5 Minutes will be taken and distributed for review and approval at the next meeting.



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CHAPTER THREE: MANAGEMENT



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SECTION ONE: LEADERSHIP

OVERVIEW

CASAs' governance and management structures and processes are underpinned by a commitment to reflect and acknowledge the experiences, strengths and skills of clients and staff, through practices that promote empowerment, collaborative decision making and cooperation.

CASAs have a commitment to providing a service that responds to client and staff feedback. Governance and management structures reflect this commitment and CASAs' practices promote it.

STANDARDS

- 1.1 **Structural Governance and Management**
- 1.2 **Stakeholders**
- 1.3 **Accountability**
- 1.4 **Financial and Resource Management**
- 1.5 **Occupational Health and Safety**
- 1.6 **Media Liaison**
- 1.7 **CASA Forum Annual Planning and Meetings**



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STANDARD 1.1: STRUCTURAL GOVERNANCE AND MANAGEMENT

STANDARD

Structural governance and management informs the agency's operations and delineates the roles and responsibilities of the Board of Governance or Advisory Committee, the Manager and members of staff.

PROCEDURE

- 1.1.1 The organisational structure of each CASA will be clearly presented for all members, staff and relevant stakeholders.
- 1.1.2 CASAs maintain governance policies which outline the position, role and responsibilities of the Board of Governance or Advisory Committee, the Manager and members of staff.
- 1.1.3 Members of the Board of Governance or Advisory Committee are selected based on their qualifications, skills and position within the community. CASAs adhere to and make reference to the **Health Services Act 1988** or the **Associations Incorporation Act 1981** in governance policies.
- 1.1.4 Governance policies may outline the following responsibilities of the Board of Governance or Advisory Committee:
 - Develop, implement and review organisational policy in collaboration with the Manager and members of staff;
 - Establish the vision, mission, strategic direction and position to which the agency is directed;
 - Oversee the financial management of the agency and ensure the agency complies with all funding and reporting requirements;
 - Provide direction and leadership to the Manager;
 - Identify the needs of the community in collaboration with the service provisions of the agency;
 - Communicate the needs of the community to the agency;



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Victorian Centres Against Sexual Assault

- Strategic evaluation and planning of the agency;
- Support and advocacy for the staff of the agency.

1.1.5 Governance policies may outline the following responsibilities of the Manager:

- Establish the vision, mission, strategic direction and position to which the agency is directed;
- Strategic evaluation and planning of the agency;
- Represent and advocate for the staff of the agency on the Board of Governance;
- Strategically represent the agency at Victoria CASA Forum;
- Oversee and endorse the financial management of the agency;
- Ensure all staff and management comply with all relevant federal and state legislation;
- Identification and evaluation of community needs in collaboration with the agency's service provisions;
- Liaison and network with other community agencies and government bodies for the endorsement of the CASA;
- Establish and contribute to good practice;
- Establish and implement policies and protocols in conjunction with the Board of Governance;
- Negotiate service agreements and protocols with other community agencies and government bodies on behalf of the Board of Governance;
- Develop and support the professional development and training of staff;
- Coordinate and implement community development and training;
- Select and appoint staff in collaboration with the Board of Governance.

1.1.6 Board of Governance or Advisory Committee members and members of staff are to be informed of the CASAs' governance policies and organisational structure.



STANDARD 1.2: STAKEHOLDERS

STANDARD

CASAs will engage and work collaboratively with government bodies, non-government organisations, police, judiciary, courts etc. to advocate for victim/survivors of sexual assault and to enhance services.

PROCEDURE

1.2.1 CASA Stakeholders include:

- General Practitioners
- Victoria Police
- Disability Services
- Department of Justice, including Courts
- Child First
- Department of Education and Early Childhood Development
- Schools
- Victorian Institute of Forensic Medicine (VIFM)
- Victorian Forensic Paediatric Medical Services (VFPMS)
- Department of Human Services (DHS) Child Protection (CP)
- Domestic Violence Victoria
- Family Support Agencies

1.2.2 Engagement and collaboration will include:

- Statewide and regional committees
- Working partnerships
- Reference groups.



STANDARD 1.3: ACCOUNTABILITY

STANDARD

CASAs maintain clear lines of accountability between management and staff and have established and clarified role expectations to provide a framework for personnel and program review.

PROCEDURE

- 1.3.1 Independently operated CASAs will provide the Board of Governance or Advisory Committee, Manager and members of staff with the agency's philosophy, aims, objectives, policy context, planning documents, annual reports, past meeting minutes, constitution and financial reports upon agency orientation.
- 1.3.2 Governance policies will clearly outline the lines of accountability between staff, the Manager and the Board of Governance or Advisory Committee.
- 1.3.3 The Board of Governance or Advisory Committee will be provided with the following reports at the Board of Governance meeting:
 - Annual and year to date budget;
 - Itemised income and expenditure;
 - Staff reports;
 - Program progress and evaluation;
 - Agenda and previous meeting minutes;
 - Complaints;
 - Funding and service agreements;
 - Financial Report;
 - Staff performance evaluations.



- 1.3.4 In line with legislation the Annual Report will include:
- A statistical breakdown on the number, demography and circumstances surrounding clients' contact with the Service;
 - Project work, advocacy, research, community education and training programs;
 - Annual Financial Report;
 - Staff Report;
 - Plan and strategic direction for the following year.
- 1.3.5 Clients and stakeholders will be provided with opportunities to provide feedback annually to ensure service and staff accountability.
- 1.3.6 Members of management and staff will be subject to an annual Performance Appraisal.
- 1.3.7 CASA Managers and Chief Executive Officers must on an annual basis attend no less than eight (8) CASA Forum meetings.
- 1.3.8 Members of staff will be provided with regular supervision.
- 1.3.9 Hospital-based CASAs will provide their governing hierarchy with relevant information as required by the auspicing organization.



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.4: FINANCIAL AND RESOURCE MANAGEMENT

STANDARD

CASAs financial and resource management systems meet all industry standards, requirements and support an efficient and sustainable service.

PROCEDURE

- 1.4.1 All administrative members of staff are appropriately qualified.
- 1.4.2 An independent auditor will complete annual legal compliance testing and financial report monitoring on behalf of the Board of Governance, funding bodies and stakeholders in compliance with the ***Australian Auditing Standards***.
- 1.4.3 CASAs will maintain policies and procedures outlining:
- The Board of Governance’s financial responsibilities;
 - The Manager’s financial responsibilities;
 - Equipment purchasing process;
 - Personnel responsible for maintenance of goods and services;
 - Agency or hospital car usage procedure;
 - Financial and Equipment Auditing procedure;
 - Financial and Resource Management.
- 1.4.4 DHS Service Agreements for the health-based CASAs state that “Funding contained in this Service Plan for activity 31235 and/or 31240 is specifically for the Centre Against Sexual Assault (CASA), auspiced byHealth. This funding and any assets purchased with this funding are for the CASA. Any unspent amounts must be retained by the CASA for their own use and not be absorbed into Health’s budget.”
- 1.4.5 Accounting methods and external auditing systems meet Australian industry



and accounting standards.

- 1.4.6 CASAs or their auspicing body will maintain an up to date Asset Register for capital equipment.
- 1.4.7 The Board of Governance or Advisory Board will receive an accurate and true financial report at each meeting including>
- Income and Expenditure Statement;
 - Profit and Loss (monthly);
 - Profit and Loss (year to date);
 - Reconciliation Report;
 - Balance Sheet.
- 1.4.8 CASAs maintain effective administrative systems for the recording and storage of:
- Invoices;
 - Accounts;
 - Receipts;
 - Travel Expenditure;
 - Superannuation;
 - Payroll;
 - Budgets (Budget Variations).
- 1.4.9 Where CASAs are not directly responsible for their own financial management, they will ensure that there is access to the above information through their auspice organisation.
- 1.4.10 CASAs will demonstrate sufficient financial forward planning (Budgets or Budget Variations).



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 1.5: OCCUPATIONAL HEALTH AND SAFETY

STANDARD

CASA management secure and protect the health, safety and welfare of all members of staff, clients and stakeholders by eliminating at the source possible risk.

PROCEDURE

- 1.5.1 CASA management will arrange for, or appoint and appropriately train an Occupational Health and Safety Representative responsible for the identification and resolution of Occupational Health and Safety issues and risks within the agency.
- 1.5.2 CASA management and staff will receive Occupational Health and Safety training and be made aware of their rights and responsibilities set out under the Victorian ***Occupational Health and Safety Act 2004***.
- 1.5.3 CASAs will develop internal processes to prevent or monitor identified risk to the health and safety of staff, clients and stakeholders.
- 1.5.4 Procedures will be developed to address and respond to:
 - General occupational health and safety issues;
 - Safety issues of immediate threat or danger to any person's health or safety.
- 1.5.5 Safety measures in the workplace will include:
 - Emergency procedures in case of fire, natural disaster, bomb threats and life threatening emergencies;
 - Signposted fire exits;
 - Firefighting equipment;
 - A clearly displayed, written procedure for evacuating the premises;



- Practice of fire drills;
 - Regular fire equipment maintenance and checks.
- 1.5.6 Written procedures will guide how to report and investigate accidents involving staff, clients and stakeholders.
- 1.5.7 Occupational Health and Safety policies and procedures will include:
- Assisting injured employees to make claims under the **Victorian Work Cover** system;
 - Support the rehabilitation and return to work of injured staff.
- 1.5.8 CASAs will enforce a no-smoking policy and environment.
- 1.5.9 Measures to protect the physical and psychological safety of staff and clients are in place (supervision, qualified staff, etc).



STANDARD 1.6: MEDIA LIAISON

STANDARD

CASAs liaise with media on a regional, state and national level. In responding to media requests, CASAs prioritise the rights of clients to be treated with respect, dignity and privacy.

The CASA Forum has a Spokesperson who speaks on behalf of the Forum. Other Managers and Chief Executive Officers speak to the media about local issues where permitted by their auspicing organisation or funding body.

PROCEDURE

- 1.6.1 CASAs will respond to media requests.
- 1.6.2 CASAs will at all times protect and prioritise clients' rights and confidentiality.
- 1.6.3 CASAs have a Media Policy which includes the processes by which a CASA and members of staff respond to media requests including:
 - Who responds
 - The consultation process.
- 1.6.4 CASAs will contribute to the development at regional and statewide levels of policies and plans for proactive use of media to enhance community awareness of the issues of sexual assault.



STANDARD 1.7: CASA FORUM ANNUAL PLANNING AND MEETINGS

STANDARD

CASA Forum holds an Annual Planning Day, which is rotated at rural CASA venues and chaired by the Convenor. Formal Minutes are taken and circulated.

CASA Managers and Chief Executive Officers will attend a minimum of 8 Meetings throughout the year.

PROCEDURE

- 1.7.1 The Manager of the rural CASA where the Annual Planning Day is to be held, along with the current CASA Convenor, will coordinate a plan of action for the CASA Planning Day.
- 1.7.2 A Facilitator may be contracted to assist with the running of the Planning Day.
- 1.7.3 Agenda items and procedure for the Planning Day will be finalised by the rural CASA Manager and the CASA Convenor.
- 1.7.4 Managers and Chief Executive Officers may be asked to lead discussions.
- 1.7.5 The Memorandum of Understanding will be reviewed annually at the Planning Day.



CASA Forum
Victorian Centres Against Sexual Assault

SECTION TWO: HUMAN RESOURCES

OVERVIEW

CASAs' governance and management structures and processes are underpinned by a commitment to reflect and acknowledge the experiences, strengths and skills of clients and staff, through practices that promote empowerment, collaborative decision making and cooperation.

STANDARDS

- 2.1 Position Descriptions**
- 2.2 Professional Qualifications**
- 2.3 Recruitment**
- 2.4 Orientation**
- 2.5 Staff Supervision and Performance Reviews**
- 2.6 Professional Development**



CASA Forum
Victorian Centres Against Sexual Assault

STANDARD 2.1: POSITION DESCRIPTIONS

STANDARD

CASAs maintain comprehensive, up to date, detailed position descriptions which clarify the roles and responsibility of all members of staff.

PROCEDURE

- 2.1.1 The role of the Board of Governance or Advisory Committee members will be clearly stated in regard to:
- The development of organisational policies,
 - Budget and financial accountability,
 - Strategic planning and evaluation;
 - Staff inauguration and termination.
- 2.1.2 The Manager's statement of duties will include primary responsibility for:
- Clinical practice;
 - Staff management including selection and supervision of staff;
 - Service planning, coordination, evaluation and facilitation of staff participation;
 - Day to day running of the CASA;
 - Financial planning and the development and negotiating of budgets in consultation with governance body;
 - Overseeing general administration and systems maintenance;
 - Policy development in collaboration with governance body and staff;
 - Team supervision and support;
 - Overseeing community development and professional training;



- Overseeing staff development and training;
- Interagency liaison and networking.

2.1.3 The following operational responsibilities of CASA staff members will be defined within position descriptions:

- Counselling, crisis care and advocacy work;
- Participating in service planning, coordination and evaluation;
- Administrative tasks;
- Community development and professional training;
- Contributing to policy development and implementation;
- Liaison and contact with community agencies and professionals.

2.1.4 Position descriptions should outline:

- Duties - Direct and Indirect Services;
- Responsibilities and requirements for on-call duties;
- Community Development, Education and Training;
- Organisational Development;
- Organisational Structure
- Key Selection Criteria;
- Qualifications;
- Salary and Conditions.



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STANDARD 2.2: PROFESSIONAL QUALIFICATIONS

STANDARD

CASAs maintain an appropriately qualified workforce to ensure a high quality of service delivery and best practice.

PROCEDURE

- 2.2.1 Position descriptions (Key Selection Criteria) will outline formal tertiary qualifications and experience deemed necessary for the advertised position.
- 2.2.2 Management will perform the necessary qualifications check on shortlisted applicants.
- 2.2.3 All members of staff are to hold a current and valid National Criminal History Record Check.
- 2.2.4 All members of staff should hold a current and valid Victorian Drivers Licence.
- 2.2.5 All members of staff who work directly with children or within a child related industry will hold a current and valid Victorian Working With Children Check.
- 2.2.6 Where appropriate, members of staff whom work directly with children or within a child related industry will hold a current and valid New South Wales Working With Children Check.



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Victorian Centres Against Sexual Assault

STANDARD 2.3: RECRUITMENT

STANDARD

CASAs implement a comprehensive and efficient staff selection process to ensure the selection of qualified and experienced staff who work towards achieving the aims and objectives of the organisation.

Policies and procedures may be developed by CASAs or provided by auspicing agencies.

PROCEDURE

2.3.1 CASAs should implement the following recruitment process:

- Review current position description;
- The updated position description receives approval from management;
- Advertise position;
- Selection criteria are developed based on the position description and the organisation's aims and objectives;
- The selection panel is selected with staff and management representatives;
- The criteria for short listing and appointment will:
 - Promote affirmative action principles;
 - Relate gender appropriateness to service provision;
 - Be consistent with equal opportunity legislation and principles.

2.3.2 Counsellor/Advocates employed by CASAs will hold appropriate tertiary qualifications or equivalent experience and demonstrate an understanding of sexual assault issues. The selection criteria will include:

- A degree in Social Work, Behavioural Sciences or Psychology or relevant postgraduate qualifications.
- Crisis intervention, counselling of victim/survivors of sexual assault



CASA Forum

Victorian Centres Against Sexual Assault

and group work experience;

- Cross cultural communication skills, sensitivity to individual needs;
- Knowledge of systems related to advocacy and support

2.3.3 CASAs will document the recruitment process for quality assurance purposes.



STANDARD 2.4: ORIENTATION

STANDARD

All members of staff and management receive a comprehensive orientation program to ensure a fundamental knowledge of the organisational and service context of which CASAs operate.

PROCEDURE

2.4.1 Orientation of staff and management to the service will be coordinated through:

- Orientation manual and process;
- Delegation to Team Leaders of responsibility for orientation.

2.4.2 Staff and management will receive orientation training and written materials on:

- The CASA's philosophy, aims, objectives, services, programs, policies and procedures;
- The constitution and organisational structure including staff roles and responsibilities;
- Workplace agreements such as individual/collective Enterprise Agreements (including staff entitlements and working conditions);
- Therapeutic information specific to sexual assault;
- Clients' rights;
- Funding guidelines;
- Service information and brochures;
- Local services and referral procedures;
- Annual Report;
- DHS Accreditation Standards.



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STANDARD 2.5: STAFF SUPERVISION AND PERFORMANCE REVIEW

STANDARD

All staff and management have access to supervision. All staff and management undergo an annual performance appraisal to improve the organisational functioning and quality of service provision.

PROCEDURE

- 2.5.1 All staff will receive regular supervision.
- 2.5.2 Counsellor/Advocates will have regular supervision related to the discipline.
- 2.5.3 All staff will be given a range of options for debriefing and where possible, supervision.
- 2.5.4 The appraisal process will be consistent with the CASA's philosophy, aims and objectives. This process will be conducted as part of the CASA's quality improvement mechanisms.
- 2.5.5 Performance appraisal procedures will be well documented, clearly describe the roles and responsibilities, and provide guidelines for interviews.
- 2.5.6 The performance review process will focus on:
 - Staff achievements in relation to goals set;
 - Staff assessment of performance against position description;
 - Further professional development or education needs.
 - Goals for the next time period.
- 2.5.7 Psychologists are required to hold a current registration pursuant to the Health Practitioner National Regulation Law Act 2009, with the Australian Health Practitioner Regulation Agency. This registration is required to be reviewed annually.
- 2.5.8 Social Workers should be members of the Australian Association of Social Work and have a current Continuing Professional Education accreditation.



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STANDARD 2.6: PROFESSIONAL DEVELOPMENT

STANDARD

The professional development and training of staff assists in maintaining a knowledgeable and qualified workforce leading a high quality service standard.

Management will allocate resources for the training of staff to facilitate professional development.

Professional development must reflect the philosophy, aims and objectives of CASAs and the policies and procedures of auspicing agencies where relevant. Facilitators of professional development and training will apply adult learning principles.

PROCEDURE

- 2.6.1 CASAs will budget for the annual professional development of staff annually and remain flexible to the option of study leave.
- 2.6.2 Counsellor/Advocates working with children or young people will receive appropriate training and education in:
 - Best Interest Framework;
 - Mandatory Reporting;
 - Problem sexual behaviour;
 - Sexually abusive behaviour;
 - The Trauma and Attachment Model;
 - Assessment techniques and theory;
 - Common effects of child sexual assault;
 - Child development theory;
 - Cross cultural awareness issues;



- Crisis intervention;
- Counselling techniques.

2.6.3 Counsellor/Advocates working with adult victim/survivors will receive training and education in:

- The long term consequences of child sexual assault;
- The consequences of rape;
- Crisis intervention methods;
- Counselling techniques;
- Cross cultural issues or communication skills.

2.6.4 Counsellor/Advocates will receive training and education on:

- Victims of Crime Assistance Tribunal;
- Relevant legal systems and legislation;
- Medical and forensic procedures;
- Victoria Police Code of Practice for the Investigation of Sexual Assault;
- Legal and judicial process;
- Mandatory Reporting and Referrals;
- Therapeutic Treatment, Problematic Sexual Behaviour and Sexually Abusive Behaviour.

2.6.5 Counsellor/Advocates will receive training and information on report writing requirements.

2.6.6. CASAs will provide study leave opportunities to enable staff to undertake approved and relevant undergraduate and postgraduate study.

2.6.7 Staff will have access to internal and external library services that contain up to date material on professional issues.

2.6.8 Staff satisfaction with their work will be monitored through:

- Annual staff review and appraisal mechanisms;
- Annual evaluation and planning processes;



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Victorian Centres Against Sexual Assault

- Staff development and training.

2.6.9 Professional development options will be discussed regularly in staff meetings and supervision.



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APPENDIX I

FEMINIST FRAMEWORK FOR SEXUAL ASSAULT WORKFORCE TRAINING

The aim of this feminist framework for sexual assault workforce development

- Inform development of training workshops;
- Inform CASA Forum promotional materials in general;
- Guide facilitator's conduct;
- Guide selection of facilitators outside of CASAs;
- Benchmark against which to evaluate current practice.

Feminist framework for training and education about sexual assault

Aims

- Training and education increases knowledge, skills and confidence in responding to and working with victim/survivors of sexual assault;
- Training and education engages people in a dialogue about issues related to sexual assault and strategies to prevent violence.

Principles

- Content, materials, processes and format are complimentary and consistent with the feminist philosophy about sexual assault (CASA Forum Standards of Practice) and overall learning aims;
- Facilitators actively demonstrate a clear and consistent position against violence and abuse of power;
- Gender analysis is consciously applied throughout training programs, planning, content, delivery and evaluation;
- Human rights perspectives about sexism and other forms of violence against women and children are integrated into program planning;
- Learning and teaching actively engage with the socio-political context of sexual assault;
- Teaching processes demonstrate a conscious, responsible and respectful use of power;
- Learning environment and processes are respectful of a range of views and levels of participation;



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Victorian Centres Against Sexual Assault

- Programs cater for participants who are at various stages of personal and professional development;
- Knowledge and experience of participants is valuable and relevant;
- Content is based on current research and clinical practice wisdom;
- Trainers and participants may be victim/survivors of sexual assault and other forms of violence;
- Vicarious trauma and self-care are actively addressed.

Feminist Training & Education Processes

A feminist training environment:

- Provides participants with accurate and up to date information;
- Applies and encourages a gendered perspective;
- Creates opportunities to identify and practice victim/survivor centred practice;
- Informs and facilitates practice in feminist approaches/modalities of support, advocacy and counselling;
- Makes material relevant and meaningful to participants' actual experience;
- Acknowledges sensitivity of material and is mindful of possible direct or indirect experience of sexual assault, support and debriefing;
- Explicitly addresses issues of culture, race, age, sexuality;
- Is honest and upfront, knowledge and information are not shrouded;
- Models respectful and responsible use of power within the training/education setting;
- Shows respect for self and others, opinions, feelings and possible personal experiences;
- Encourages participants to express and share views, ask questions, provide and receive feedback;
- Actively engages participants in learning process;
- Maximises modes of interaction amongst participants;
- Creates opportunities to think, reflect, listen, talk, validate, reframe, explore social context of sexual assault, etc;
- Encourages peer learning, peer networking and mentoring;
- Maximises participation, including actively strengthening some, moderating others;



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Victorian Centres Against Sexual Assault

- Is developmental, exploring, establishing and acknowledging current experience, knowledge, skills and confidence and broadening and enhancing those;
- Respects participant's capacities, willingness to engage, and preferred learning modes.

APPENDIX II

LEGISLATIVE REGISTER

Associations Incorporation Act 1981: 9713 of 1981

An Act to make Provision for the Incorporation of certain Associations, for the Regulation of certain Affairs of Incorporated Associations, to amend the Evidence Act 1958 and for other purposes.

Audit Act 1994: 2 of 1994

To provide for the conduct of efficient and effective financial and performance audits in the Victorian public sector.

Children Youth and Families Act 2005: 96 of 2005 (repealed Childs & Young Persons Act 1989)

To provide for community services to support children and families, to provide for the protection of children, to make provisions for children charged with an offence.

Child Wellbeing and Safety Act 2005: 83 of 2005

To establish principles for the wellbeing of children and establish the Victorian Children's Council.

Community Service Act 1970: 8089 of 1970

An Act to establish a Department of Community Welfare Services, to make provision with respect to the Functions of that Department, to reenact with Amendments certain Provisions of the **Children's Welfare Act 1958**, the **Gaols Act 1958**, the **Street Trading Act 1958**, the **Youth Organisations Assistance Act 1958** and the **Social Welfare Act 1960**, and for other purposes.

County Court Act 1958: 6230 of 1958

For the trial of offences and the trial and determination of all appeals, applications, claims, disputes and other proceedings both criminal and civil.
S. 81 Power to exclude the public from the court on the grounds of public decency.

Crimes Act 1958: 6231 of 1958

Crimes (Family Violence) Act 1987: 19 of 1987



CASA Forum

Victorian Centres Against Sexual Assault

To provide for intervention orders and counselling orders in cases of family violence and to amend the Crimes Act 1958.

Evidence (Confidential Communications) Act 1998:

Evidence Act 1958: as amended by Rape Offences (Proceedings) Act 1976, Crimes (Sexual Offences) Act 1991 and Crimes (Rape) Act 1991.

Equal Opportunity Act 1995: 42 of 1995

To promote recognition and acceptance of everyone's right to equality and opportunity, to eliminate, as far as possible, discrimination against people by prohibiting discrimination on the basis of a number of attributes.

Financial Management Act 1994: 18 of 1994

To improve financial administration of the public sector.

Freedom of Information Act 1982: 9859/1982

The right of the community to access to information in the possession of the Government of Victoria and other bodies constituted under Victorian law for certain public purposes, making available public information about the operation of the agencies, ensuring that rules and practices affecting members of the public are made readily available.

Health Professionals Registration Act 2005: 97 of 2005

Protect the public by providing for the registration of all health practitioners and a common system of investigations into the professional conduct, professional performance and ability to practice of registered health practitioners.

Health Services Act 1988: 49 of 1988

To make the provision for the development of health services in Victoria, for the carrying on of hospitals and other health care agencies.

Health Records Act 2001: 2 of 2001

To promote fair and responsible handling of health information by protecting the privacy of an individual's health information, providing individuals with the right to access health information and provide an accessible framework to deal with complaints.

Information Privacy Act 2000: 98 of 2000

To establish a regime for the responsible collection and handling of personal information in the Victorian public sector, provide individuals with rights of access to information about them held by an organisation.



Magistrates Court Act 1989: 51 of 1989

To establish the Magistrates Court of Victoria, to provide for a fair and efficient operation of the Magistrates Court's procedures.

S. 126 Power to close proceedings to the public

Occupational Health and Safety Act 2004: 107 of 2004

To secure the health, safety and welfare of employees and other persons at work and to eliminate, at the source, risks to the health, safety and welfare of employees and other persons at work.

Public Administration Act 2004: 108 of 2004

To provide a framework for good governance in Victorian public sector and in public administration generally in Victoria.

Sentencing Act 1991: 41 of 1991

To promote consistency of approach in the sentencing of offenders, to have within one Act all general provisions dealing with the power of courts to sentence offenders, to provide fair procedures.

Sex Discrimination Act 1984

To eliminate, as far as possible, discrimination against persons on the ground of sex, marital status, pregnancy.

Summary Offences Act 1966

Section 53 - Making False Reports to Police.

Taxation Administration Act 1997: 40 of 1997

To make general provision for the administration and enforcements of taxation laws.

Victims Charter Act 2006: 65 of 2006

Victims of Crime Assistance Act 1996: 81 of 1996

The objective to assist victims of crime to recover from the crime by paying them financial assistance for expenses incurred as a direct result of the crime.

Victorian Fundraising Appeals Act 1998: 78 of 1998

To regulate the raising and application of money and other benefits for non commercial purposes from the public.



Work Place Relations Act 1996: 86 of 1988

Whistleblowers Protection Act 2001

To encourage and facilitate disclosures of improper conduct by public officials and public bodies, to provide protection to persons who make such disclosures.

Working With Children's Act 2005: 57 of 2005

To assist in protecting children from sexual or physical harm by ensuring that people who work with, or care for, them have their suitability to do so checked by a government body.



CASAs Historical Events

Social change – 1960s and 1970s

Social change movements proliferated in the Western world in the late 1960s and early 1970s. There were civil rights marches in the US, student riots in France and Anti-Vietnam demonstrations in many countries. Activism in Australia led to the Anti-Apartheid Movement, the Student Movement, the New Left and the Anti-Vietnam War Movement, and rallies and demonstrations took place regularly. Social action groups started up around the country.

Many of the women involved in these groups found that the prejudice and discrimination they faced in traditional organisations did not change within the groups. Women began meeting in new groups to discuss issues that concerned them.

Their initial focus was ‘consciousness raising’, but by the early 1970s specific groups were discussing domestic violence, community run childcare services, rape, abortion, law reform, equal pay, access to pub bars, sexist advertising, education, home birthing and communes. By 1971 there were over 30 women’s liberation groups in Melbourne and the Women’s Electoral Lobby (WEL) was had formed in February 1971 as a non-partisan political lobby group.

In 1972 the Whitlam Labor Government came to power after 23 years of conservative Liberal Party rule and activity around women’s liberation continued. The Whitlam Government reopened the national wage case, removed the luxury tax on oral contraceptives, established the supporting mother’s benefit and maternity and paternity leave provisions, and made a commitment to Federal support for childcare. Whitlam appointed a personal advisor on women’s affairs and established the Women’s Affairs Section within the Department of Premier and Cabinet.

Services for rape victims

During the 70s, against this national background of social change and the federal political system, the Australian States developed services for rape victims within a few years of each other. The models of service delivery grew from a combination of local, federal and international factors.

The first Rape Crisis Centre in Victoria was started in September 1974 by one of the women’s liberation groups, Women Against Rape. This service offered medical examinations and counselling for adult women victims of recent sexual assault. The Centre operated from the Victorian Women’s Health Collective in Collingwood, which was staffed by volunteers and operated free of cost to all women.

In 1975 the Whitlam Government made federal funding available, but administered by the States, to establish rape crisis centres across Australia. Centres were quickly set up in Adelaide and Sydney but the Victorian Government withheld funding from the Rape Crisis Centre because of a disagreement about management and organisational structures. The service closed in December 1975.



The Women Against Rape Collective continued to operate out of the Women's Liberation Centre in Little Lonsdale Street until the end of the 70s. The collective offered support to recent rape victims with reporting to the Police, medicals and accommodation, if necessary.

The Rape Study Committee and Police Surgeon, Peter Bush

The Women's Electoral Lobby (WEL) had continued to pressure the Victorian Government over rape law reform. Their efforts, and the refusal of a large public hospital to treat a recent rape victim, led to the establishment of the Victorian Rape Study Committee in 1977 within the Department of the Premier.

The committee was chaired by Yolanda Klempfner, advisor on women's issues to Liberal Premier Dick Hamer. Members included representatives from the Police, the Public Prosecutor, medical practitioners, bureaucrats, Women Against Rape, WEL and others who were able to influence the response of key organisations to rape victims. In the same year the newly appointed Police Surgeon, Peter Bush, sought permission from the Queen Victoria Medical Centre to examine rape victims in Casualty, believing this would be a better location for women than the Russell Street Police Station.

Peter Bush also asked the hospital if counselling services could be provided on a referral basis to women who had been raped. Pat Farrant, Senior Social Worker in the hospital's Department of Psychiatry agreed on behalf of her staff and on the 8th August 1977, an unfunded counselling service began for victims of sexual assault. At the same time, gynaecological staff at the hospital began providing medical services for rape victims.

As a result of the work of the Rape Study Committee, the State Government provided funding for a twenty four (24) hour counselling service for victims of sexual assault at the Queen Victoria Medical Centre.

Women Against Rape, Geelong and the rise of the Sexual Assault Centres

In 1979 the Queen Victoria Medical Centre received Government funding to establish a room in Casualty where rape victims could be examined, with nursing and social work support provided by the hospital. Funding was also provided for a Coordinator of this first Sexual Assault Centre.

A year earlier, a group of Geelong women had formed Women Against Rape after a rape victim was treated extremely badly by the authorities. The group changed its name to Geelong Rape Crisis Centre and ran as an unfunded collective.

In 1982 the Cain Labor Government came to power and the collective was offered recurrent funding and allocated a small, private space for medicals within Casualty at the Geelong Hospital. Rape victims and their families were also offered support. In 1984 funding was received to employ staff.

There was much debate and concern amongst the women's health groups about establishing sexual assault services in public hospitals. The groups had fought hard to challenge what was seen as a destructive medical model, which thought that women who had been raped were "hysterical". It was feared that hospital-based sexual assault services would reinforce existing myths about women as rape victims.



The Cain Government's commitment to women's issues led to a policy of regionalisation for health services and sexual assault services were established in each Department of Health region. The Rape Study Committee decided the locations for the services and prioritised their opening.

Between 1982 and 1985, three country sexual assault services were set up in Bendigo, Ballarat and Warnambool and funding was committed to the Northern Metropolitan Region. By the end of 1985, there were six centres either operating or due to commence operation. Centre Managers began to meet informally in 1986, inviting the new centres to join them as each was established.

Services established across Victoria

Two other key events occurred in 1986.

It was decided to move the Queen Victoria Hospital out of metropolitan Melbourne to Clayton as part of a wider move to decentralise acute health facilities into population growth areas. This meant there would be no City-based sexual assault centre, and the Rape Study Committee recommended establishing a replacement. The Royal Women's Hospital won the tender and CASA House opened in North Carlton in 1987.

Also in 1986 the working party convened by the Victorian Minister for Health released its final report "*Why Women's Health?*" This report recommended establishing centres against sexual assault for women in all Victorian health regions. At that point there were eight centres, including the Gatehouse Centre for the Assessment and Treatment of Children at the Royal Children's Hospital.

By 1990 there were thirteen sexual assault centres across Victoria providing services for adult and child victims of sexual assault. There were variations in the range of services provided and the funding provided to centres.

Funding issues and service expansion

In 1992 the National Women's Health Program provided funding in an attempt to provide consistency across the centres. This was not successful. In 1994/95 the Community Support Fund gave funds to establish or expand services to children and young women. This was followed by growth funding for services to young women survivors who self-harm, and for services for male survivors of sexual assault.

Two new centres came into being in the 1990s, the Upper Murray Centre in 1992 and the Eastern Centre in 1995. Also in 1992 an after-hours service was established to provide a 24 hour response for victims of sexual assault that was available for most of the CASAs.

The range of CASA services continued to grow. In 1998 some CASAs received funding to provide an after-hours service for victims of family violence and in 2001 one CASA began working with young people with sexually abusive behaviours. In the same year, the name of the after-hours sexual assault service was changed to the Sexual Assault Crisis Line.



The CASA Forum

As an expansion of the informal meetings between centre Managers, the Victorian Centres Against Sexual Assault Forum was formally established in 1992 and registered as an incorporated Association in 1994. This organisation is now a peak body for sixteen CASAs, lobbying government and other organisations, formulating field positions on a wide range of issues and developing links with a large number of organisations.

The Integrated Family Violence Reform program

CASA services have continued to expand. Statewide reorganisation of family violence services began in 2005 and was consolidated in 2006 through the Integrated Family Violence Reform program. Several CASAs received funding for counselling services to female and child victims of domestic and family violence.

More recently, funding has been allocated to nine of the Centres for the provision of services under the Therapeutic Treatment Orders arrangements for young people with sexually abusive behaviours.

Into the future

CASAs have continued to diversify, making their services more accessible and relevant to a wide range of victim/survivors of sexual assault and their family and friends. There are inequities in funding and there are areas, such as women from rural and remote areas, indigenous communities and CALD groups which need extra funding. But CASAs have a wide range of services across the State and a dynamic service system that responds to a multitude of challenges.



CASA Forum
Victorian Centres Against Sexual Assault

GLOSSARY OF TERMS

Community	The people who live in a defined geographical locality or who share particular social characteristics (e.g. age, culture, sexuality, gender).
Culture	This can refer to the language, beliefs or practices that different groups of people use to articulate their identity, often in relation to specific traditions of ethnicity, race, religion, occupation, stage of life, social relations and sexual identity.
Community Managed CASA	A CASA administered by a community based Board of Governance, which is recognised as an Association under the <i>Associations Incorporation Act 1981</i> .
Continuous Quality Improvement	Describes the process used to ensure standards and procedures of quality service delivery are met through ongoing planning, evaluation and review.
Counsellor/Advocate	Describes the multifaceted roles and responsibilities of counselling staff employed by CASAs who provide crisis intervention, counselling, structural advocacy, community development and professional education and training.
Crisis Care Unit	CASAs provide immediate twenty four (24) hour crisis intervention and services to victim/survivors of sexual assault in a dedicated safe, secure and private space (generally attached to the regional hospital), or within a Multidisciplinary facility.
Duty Worker	A Counsellor/Advocate responsible for crisis care, intake and telephone counselling during business hours.
Empowerment	Within the therapeutic context, empowerment is the handing back of power to a victim/survivor through supporting their right to accurate information, control over decision making, to be believed and treated with dignity and respect.



CASA Forum

Victorian Centres Against Sexual Assault

Feminist Practice	<p>Refers to our understanding, naming and defining of issues for practice and service delivery from the perspective of women's lived experience and seeks to change the situation for women and children. Feminist practice places importance of the valuing of women's experience, strengths and skills through the empowerment of both staff and clients. It is fundamentally client orientated. Principles of feminist practice include for example:</p> <ul style="list-style-type: none"> • Demystification of the counselling process; • Validating the victim/survivor's experience and feelings after sexual assault; • Promotion of a democratic relationship between the client and counsellor.
Gendered Crime	A crime where the perpetrators are overwhelmingly one gender while the victims are the opposite gender.
Health Service Auspiced CASA	A CASA auspiced by a Regional Health Services provider.
On Call	Members of staff (may encapsulate an After Hours Crisis Care Team) are rostered on to provide crisis intervention and support to recent victim/survivors of sexual assault.
Perpetrator	States who is responsible for committing the assault. The term criminalises the action and also reinforces the innocence of the victim.
Policy	A framework of principles that informs procedures and guides decision making and activity.
Procedure	The method which guides the agency through systems, processes and decision making.
Protocol	A written guide describing steps to be taken to effectively carry out an area of service provision. Protocols may encapsulate the agreements made between agencies regarding procedures and the roles and responsibilities of different personnel in relation to carrying out an area of service delivery.



CASA Forum

Victorian Centres Against Sexual Assault

Recent Sexual Assault	A recent sexual assault is considered within the time frame of two (2) weeks.
Secondary Consultation	To seek professional support, information or advice from another professional within or external to the field of sexual assault to assist in providing a high quality service standard.
Service Evaluation Survey	A quality improvement mechanism to encourage and incorporate client feedback within the agency's evaluation process.
Service User/Client	Attempts to equalise the relationship between the victim/survivor and the Counsellor/Advocate by acknowledging the rights of the victim/survivor.
Sexual Assault	Sexual assault is any behaviour of a sexual nature that makes someone feel uncomfortable, frightened, intimidated or threatened. It is sexual behaviour that someone has not agreed to, where another person uses physical or emotional force against them. It can include anything from sexual harassment through to life threatening rape. Some of these acts are serious indictable crimes. Sexual assault is an abuse of power. Sexual assault is never the fault or responsibility of the victim/survivor.
Standard	A written statement which defines or describes an expected quality of service provision for victim/survivors of sexual assault.
Strategic Plan	Is the agency's process for defining its future strategic direction, aims, objectives, processes and position.
Structuralist Feminist Analysis	Addresses the gender, cultural, race and class inequalities within society which result in the preparation of sexual assault predominately against women and children.
Victim/Survivor	Identifies and reinforces the experience of sexual assault as not being the fault of the victim, thereby emphasising their innocence against the crime which has been perpetrated. The term survivor emphasises the capacity



CASA Forum

Victorian Centres Against Sexual Assault

of sexual assault victims to survive that experience.

Victims' Rights Model

A service delivery model which gives central place to the rights of victim/survivors to be treated with dignity and respect. This model promotes the empowerment of the client through providing choices, options and control over decision making and the counselling process.



CASA Forum
Victorian Centres Against Sexual Assault

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