



Submission from
Northern Centre Against Sexual Assault
Austin Health
to
Royal Commission
into Institutional Responses to Child Sexual Abuse

Issues Paper 10
Advocacy and Support and Therapeutic Treatment
Services

November 30 2015

Introduction

Northern Centre Against Sexual Assault is a department of Austin Health, a large public hospital in Heidelberg, Melbourne, and one of 14 Victorian CASAs (Centres Against Sexual Assault) which, together with the Victorian Sexual Assault Crisis Line (SACL), are funded by the state government¹ to deliver a range of support services to women, men (and all people regardless of their gender identity), children and young people who have experienced recent or past sexual assault, including:

- provision of 24 hour crisis care support, across the state, to people who have experienced a recent sexual assault (within the previous 2 weeks)
- short, medium and longer term counselling
- 24 hour telephone support service for clients of CASA and for anyone experiencing distress related to sexual assault
- advocacy
- community education
- professional training and education
- prevention work
- prevention and education work in schools aimed at raising awareness, bringing about cultural change and preventing sexual violence
- secondary consultation with health and community workers

This submission has been prepared by NCASA, with input from manager and staff. NCASA provides support services to adults and young people aged 12 years and over who identify as male, female, transgender or who prefer not to identify a gender. Very recently, NCASA has been involved, with CASA Forum, in advocating to our primary funding body, the state Department of Health and Human Services (DHHS), to add a category to our data collection in respect of gender. We now have 3 boxes by which we can identify clients - male, female and other. This is a start!

NCASA endorses everything included in the CASA Forum submission to the Royal Commission Issues Paper 10 on Counselling and Advocacy. In this, our much smaller submission, we provide some comments and insights which reflect learnings from our work here in the 4 Local Government Areas in northern metropolitan Melbourne – Banyule, Nillumbik, Darebin and Whittlesea.

¹ Department of Health and Human Services

Topic A: Victim and survivor needs and unmet needs

NCASA work is supported by a model which incorporates a feminist framework and Victims' Rights Model, and we operate from what could be described as a 5 pillar foundation for practice:

1. Trauma informed
2. Gender informed
3. Justice overview
4. Evidence informed
5. Client focussed and Practice informed

The CASAs provide support services to people who have experienced sexual assault and, in addition to the frameworks and foundational aspects listed above, have a strong commitment to social justice. CASA Forum recognises that many of our clients are drawn from the more vulnerable sections of society, and we aim to ensure that our work practices are inclusive, relevant and accessible. NCASA has taken specific steps to improve access for certain groups including:

- Established a strong working relationship with our local Aboriginal Community Controlled Health Service (VAHS, the Victorian Aboriginal Health Service) and provides a weekly outpost to the Family Counselling service of VAHS.
- Organised for several professional development sessions for NCASA counsellor advocates to improve their skills in working with people with a cognitive disability
- NCASA Counsellor/Advocates have worked with a number of clients whose experience of sexual abuse occurred in an institutional setting when they were children. NCASA C/As have a sound understanding of the significance of ongoing trust issues for people who have experienced sexual abuse in an institutional setting, including the difficulties this may raise for those people dealing with institutions throughout their lives - such as dealing with hospitals, Government agencies, police. (See case study A at end of submission)

Advocacy and support that works for clients includes:

A service response that is timely, person-centred and respectful. NCASA counsellor advocates are attentive and listen to clients with care, acknowledging their experience and the ways they explain and interpret their experience and express their feelings. NCASA counsellor advocates are mindful of not "judging" or "pathologising". Rather, coming from a sound understanding of trauma and the impact of trauma, the service seeks to provide appropriate support, especially for people who present

following a recent assault. This includes ensuring client safety, undertaking a comprehensive risk assessment, including the identification of any mental health history or distress, and ensuring appropriate supports are provided, whether legal, refuge referral, connection to a trusted mental health or community support worker or strategies to assist the client to manage emotional and psychological impacts.

Therapeutic Services that work for clients include:

A timely crisis care response. Research indicates that receiving a response in the immediate aftermath of an assault will increase the chances of recovering quickly and ensure the client is linked in to the appropriate services to receive the support they might need, including:

- health supports eg emergency contraception, assessment re risk and possible treatment for STIs, and assessment and treatment for any other medical issues that may have arisen out of the assault
- mental health supports - linking in to any existing counsellors or support workers for specific support following a crisis This may include the client's mental health case worker, disability support worker, Aboriginal Elder or Aboriginal Hospital Liaison Officer.
- information about legal and reporting options, information about the client's choices and right to make choices, and linking in directly to police if required
- support of friends and or family. Not infrequently, as a response to the traumatic event people will minimise what has happened to them and, initially, may just want to forget about it and get back to work or will be anxious about telling parents/ carers who, they feel, may not understand or may blame them. The NCASA Counsellor Advocate is able to assist the client to understand the context of the assault and to reinforce the individual responsibility of the offender for his /her actions and to contact family members and advocate, if necessary.

NCASA provides individual counselling and advocacy, supported, if requested and appropriate, with counselling sessions for family members, either separately or with the person who experienced the actual sexual abuse and by group work, in which some clients choose to participate. Client feedback indicates that individual counselling is very helpful and the main negative feedback we receive is that it is not long enough. NCASA's standard episode of counselling is 16 by 1 hour weekly or fortnightly sessions. For many reasons, people who have experienced sexual abuse may need a number of episodes of counselling, at different times in their life. Reasons include developmental changes and milestones, and distress re-emerging in response to specific life events which trigger the traumatic response.

NCASA would like to reinforce the value of group work which, in our experience working with people who have experienced sexual abuse, is extremely positive and a great support to people, and to highlight some of our very positive experiences with group work. NCASA has run a number of different types of groups for our clients, including

- Mandala group for adult women
- ongoing, long term men's group
- men's groups, including:
 - adult men's art therapy group
 - men's therapeutic support group
 - ongoing, long term men's group, supported by NCASA, which evolved into a peer led group
- young women's group for younger teenagers
- young women's group for older teens and early 20s
- adult women's yoga group, led by a trauma informed yoga teacher who has also been a CASA counsellor advocate

NCASA clients consistently report the importance and value of groups, where they meet others who have experienced sexual abuse. For some clients, this is the only forum (outside of counselling, and perhaps their intimate partner relationship) in which they can speak with others about their experiences and impacts related to abuse. This seems to be particularly the case for many male clients where there may have been years of silence about the sexual abuse. A number of men have felt supported to disclose their sexual abuse and to seek help for the impacts as result of the heightened media attention, mainly as a result of the Royal Commission, and other public Inquiries, It is possibly seen as a public permission to talk about past sexual abuse. One male NCASA client expressed his experience this way (shared here with his permission):

"It's like a kind of magic that happens when the men come together. It's like a band- 2 people could be really good musicians but sound terrible together. You can't just put any people together and expect it to work. There's something that happens between the group members that I just can't explain- I can only call it magic. People feel better when they come together. We want to hold on to each other. I've never had a brother but I think this might be what it feels like. Brotherhood, a tribe. The deepest respect for each other that I never would have imagined was possible. You heal"

What helps or facilitates access so victims and survivors receive what they need?

Partnerships between NCASA and local agencies facilitate the understanding about the services available and, over time, does improve access, for example:

- NCASA has a strong working partnership with the Victorian Aboriginal Health Service VAHS. A NCASA Counsellor Advocate provides counselling and advocacy services to clients on a weekly basis at the VAHS Family Counselling Service in Preston and also meets with VAHS workers and provides secondary consultation and promotes the service. This has resulted in

increased referrals of Aboriginal and Torres Strait Islander clients to NCASA. Aboriginal clients who engage with NCASA choose where they see the counsellor advocate and it is sometimes at VAHS and sometimes at the NCASA offices. The choice to attend at NCASA is often to do with privacy and confidentiality but the service has been seen as safe and reliable by virtue of the outpost at the VAHS Family Counselling Service.

- NCASA has a weekly outpost at Whittlesea Youth Services and liaises with Youth Workers and is available to chat with young people. As a result, numerous referrals have been made and young people are seeking support directly from the NCASA counsellor advocate.
- NCASA has a well established working relationship with Northern Area Mental Health Service, especially the acute inpatient unit where NCASA has provided outreach assessments and training for staff. This collaboration promotes trauma informed care and facilitates responsiveness to clients who are dealing with both sexual assault and mental illness

How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors? How could these services be shaped so they better respond to secondary victims?

NCASA offers 6 sessions to family members if they would seek support for themselves as a secondary victim. NCASA has also run parent information groups and for parents of young teenagers who have been assaulted as a result of meeting someone online.

Parents and family members have highlighted the importance of being offered a therapeutic space where they can raise their own needs. Feedback directly from parents and family members has clearly indicated that these individual and group responses have significantly enhanced their capacity to be supportive to their affected family member /the primary victims.

Service Gaps

It is important that public funding of programs recognizes the intensive and long term nature of working with particularly affected communities: e.g. communities with a large population of people who arrived as refugees or asylum seekers, Aboriginal and Torres Strait Islander communities, people with disabilities including those living in residential care settings and people with a profound cognitive disability, young people living in residential care and young adults having recently left a residential care situation. All of these groups have significantly high numbers of people with histories of multiple traumas. It is common for people to present at support services in crisis, with immediate safety or basic needs (housing, food, urgent health issues). In addition to the day-to-day impacts of PTSD and complex trauma, there is often a complex picture in the familial, social and emotional

aspects of their lives (including, significantly, poverty). Many have mental health issues and severe and long term mental illness.

Case Management. This is identified as a current service gap. Case management offers more intensive support and advocacy to people in relation to health, housing, financial and other system-related difficulties that are beyond the scope of counselling. The NCASA individual counselling and advocacy service is usually limited to one hour of counselling each week or fortnight, family support as described, and some limited advocacy such as phone calls, letters and reports.

Topic C: Geographic considerations

What challenges do service providers face when trying to respond to the needs of victims and survivors outside metropolitan areas (e.g. those living in regional, rural or remote areas)?

NCASA is funded to provide services across 4 Local Government Areas – Banyule, Darebin, Nillumbik and Whittlesea. As with most Melbourne metropolitan CASAs, there are parts of the region that are rural and semi rural. The fringes of Melbourne experience continual growth as new housing estates are built, often with families moving into houses long before there is any public transport infrastructure. It is a challenge to provide support services to people living in these growth areas. Outposts have been established 1 day a week - at Whittlesea, Lalor, South Morang and Mill Park, thereby improving accessibility for people who live in these outer areas who have a car, however, waiting lists are lengthy as there is little flexibility when it is just one worker and one day a week.

Telephone counselling can be offered, and has been utilised which, for some clients, is better than no counselling support at all. It is far from ideal especially for the first few appointments.

Topic D: Service system issues

Systemic Advocacy

CASA Forum devotes considerable time to systemic advocacy to address key sexual assault related issues. NCASA contributes to this state level work on an ongoing basis. NCASA systemic advocacy work in our local area includes:

- regular liaison with local police, especially SOCIT (Sexual Offences and Child Investigation Team)
- regular liaison and participation in meetings of:
 - regional Family Violence networks and services

- regional networks aimed at the prevention of violence against women
- participation in the Indigenous Family Violence Regional Action Groups
- provision of education and training activities including promotion of our specific services and professional development and training sessions to a range of local health, welfare and educational agencies, including:
 - local hospitals emergency departments
 - mental health agencies
 - LaTrobe University
 - local secondary schools
- Victims Support Agency- work with our local Victims Support Agency in the development of a DVD informing potential clients about the service
- convening a statewide sexual assault interest group focussed on working with men
- Schools Work - NCASA works with secondary schools aimed at:
 - raising awareness about the causal factors behind gender based violence, including sexual violence
 - changing attitudes and changing culture to challenge community and individual perceptions about gender roles and gender norms
 - preventing future sexual violence
 - increasing knowledge and understanding about a range of issues related to sexual assault including:
 - definitions of sexual assault
 - sexual assault and the law
 - what is sexual assault
 - consent

NCASA has been working in schools for 10 years delivering Respectful Relationships programs. During this time, NCASA ran the Sexual Assault Prevention Program in Secondary Schools (SAPPSS) which was originally developed by CASA House and evaluated by VicHealth. We have recently developed a new program, which is more contemporary and relevant to the multicultural communities and the diversity in the groups of students in this northern metropolitan area of Melbourne. The **NCASA Respectful Relationships Program** incorporates a stronger focus on issues surrounding gendered violence, identifies and examines the drivers of violence against women, including sexual violence, and incorporates sections on social media, online dating, the internet and pornography, sexting and the risks of playing and communicating with others on the internet etc. Both NCASA programs are

supported and guided by the best practice guidelines developed by NASASV in 2009 - *Framing Best Practice: National standards for the primary prevention of sexual assault through education*. Additionally, we have aimed, as much as possible, to align the new NCASA program with the newly released Victorian curriculum *Building Respectful Relationships Stepping out against gender based violence* released last year.

© Carmody, M., Evans, S., Krogh, C., Flood, M., Heenan, M., & Owenden, G. (2009). *Framing best practice: National Standards for the primary prevention of sexual assault through education, National Sexual Assault Prevention Education Project for NASASV*. University of Western Sydney, Australia.

Building Respectful Relationships Stepping out against gender based violence Published by Department of Education and Early Childhood Development Melbourne June 2014 © State of Victoria (Department of Education and Early Childhood Development) 2014