

'Establishing the Connection'

Developing shared practice guidelines for service providers in the sexual assault and alcohol and other drug sectors

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Australian Institute of Family Studies in partnership with UnitingCare ReGen and CASA Forum



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Background

- The sexual assault (SXA) and alcohol and other drug (AOD) sectors have much in common in the context of clients presenting with histories of abuse and trauma
- 17% of Australian women and 4% of Australian men report an experience of sexual assault since the age of 15 (PSS; ABS, 2013)
- 5% of Australians meet the criteria for substance use disorders (NDSHS; AIHW, 2015)
- 27.4% of women report having ever experienced ≥ 1 type of gender-based violence (GBV; IPV, rape, sexual assault and stalking) (NSMHW; Rees et al., 2011)
 - 1 type GBV: one quarter (23%) experienced substance use disorder
 - 3-4 types of GBV: close to half (47%) experienced substance use disorder

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Aims

'Establishing the Connection' aimed to:

- **Improve** understanding of the complex intersections between alcohol and other drug (AOD) use and sexual victimisation; and
- **Build** the capacity of both sectors to respond more effectively to the needs of affected individuals and their families.

Methodology

1. Review of the literature (state of knowledge paper) regarding the pathways & intersections between sexual assault and AOD
2. Semi-structured qualitative consultation interviews (May-August, 2015)
3. Online quantitative survey (Aug-Sept, 2015)
4. Cross-sector key stakeholder forum (Sept 2015)

Each component informed the concepts and questions for subsequent stages, with project recommendations and the development of the shared Practice Guidelines informed by all stages.

Participants

Qualitative interviews

Sector	AOD	SXA	Total
Metro	11	6	17
Regional	1	3	4
TOTAL	12	9	21

Online survey

	AOD	SXA	Total
Metro	41	35	76
Regional	9	9	18
TOTAL	50	44	94

- Early career/senior clinicians, counsellor advocates, clinical supervisors, managers, representatives from peak body organisations and policy/government (in Victoria)
- Specialist AOD or SXA services, smaller numbers from community health centres, private practice
- Recruitment facilitated via project partners, direct email and flyers, e-news alerts

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Today's presentation

Key findings:

1. Current practices in the AOD & SXA sectors (identification, assessment & referral)
2. Reported barriers and enablers to sector collaboration
3. Preferred resources for practitioners to support assessment and referral
4. Development of shared Practice Guidelines

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Findings- current practice

- Participants from both sectors reported being aware of the very large number of potentially 'shared' clients (shared language and terms such as 'trauma', 'self-medication')

'I used to work in the AOD sector and found that I think 60 to 70 percent of the women came in and talked about sexual abuse, and about 40% of the men' (SXA participant)
- However, current practice in the assessment, intake and referral processes were reported to vary considerably, both within and across sectors; reflecting the organisational frameworks that guide practice, as well as the initiative and confidence of individuals

Findings- current practice

In your role do you assess AOD use/ sexual victimisation/trauma among your clients?	AOD n=50	SXA n=44
Yes, using standard screening tools/modules/scales	5	1
Yes, using open-ended questions/general discussion	30	35
I don't ask about AOD/SXA but clients will sometimes initiate the discussion	18	3
No, I don't consider it part of my role	-	4
I don't have direct client contact	4	3

Findings- current practice

Have referral processes in place to refer clients to AOD/SXA support/interventions?	AOD n=50	SXA n=44
Yes	32	27
Formal	9	8
Informal	23	21

'If it ever comes up [need for referral], I'd say the linkages would be pretty adhoc' (AOD participant)

'There's no overall policy..... I would imagine it would be up to individual workers and their experience of the drug and alcohol sector to where they make that referral' (SXA participant)

Findings- improving service provision

When discussing gaps and opportunities to improve service provision for co-occurring issues, many spoke of the importance of collaboration:

'There is value in working together. I think we have to stop thinking about ourselves as being totally separate I suppose, because we're not. We're dealing with the same people' (SXA participant)

'I always try to work collaboratively because I prefer it and it's also- there's always better outcomes for clients' (AOD participant)

Findings- barriers to collaboration

Key barriers to interagency engagement:

- Resourcing- funding and time constraints
- Concern about role creep (expanding work role/providing therapeutic support outside of skill set)
- Uncertainty of how the other sector works
- Lack of communication

'There's no extra funding for it which is a big obstacle and then the work's not reflected in any of the reporting you do... resources is one of the biggest issues, whether it's time or money' (AOD participant)

'I actually don't know what they do... I wish I knew more about how that [sexual assault] service operates, what their model is that they use when people come in- that would help me as a clinician, but it would also help me talk to clients about allaying some of their fears' (AOD participant)

Findings- enablers to collaboration

Key enablers to interagency engagement:

- Awareness of the intersections between AOD use and sexual victimisation (shared clients)
- Openness to discussion and information sharing- learning more about the other sector
- Strong history of working collaboratively with other sectors, e.g., mental health
- Policy and governance that provides resources and processes for formalised pathways between the sectors

'I get the sense that there's a lot of goodwill between the sectors' (SXA participant)

Findings- preferred resources

Resources to support assessment and referral of shared clients:

- Practitioner specific resources- Practice Guidelines/ factsheets
- Cross-sector training
- Broader collaborative networking

Practice Guidelines:

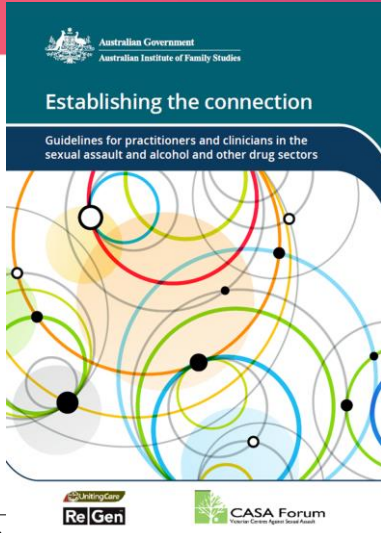
- Be shared (one product)
- Should include: minimum response standards for clinicians/practitioners ('how to respond'), referrals and secondary consultations ('how does the other sector operate/ what can clients expect'), links, contact details
- Guidelines could be used by individuals, as well as induction/ training resource

Shared Practice Guidelines

What's included:

- Key messages
- Sexual assault and substance use: What's the connection?
- How to respond to disclosures
- Referrals and secondary consultations
 - ◆ Crisis support
 - ◆ Intake and assessment
 - ◆ Counselling and advocacy
- Addressing barriers to services provision
- Further reading and resources

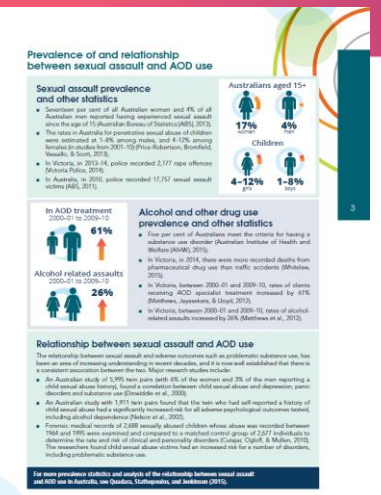
Shared Practice Guidelines



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Shared Practice Guidelines



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Shared Practice Guidelines

- Your client will be directed to a service in their local catchment area (available from Pathways from ACO). Treatment (e.g. health, vic, gov, a/civilist) and/or drug and treatment services (e.g. pathways, vic, gov, a/civilist) but may also discuss treatment options for the client in a different context if they wish. Recent reforms means there is consistency in service delivery across the state.
- If your client meets the criteria, they may be eligible for a number of services, such as:
 - residential withdrawal, counselling, group counselling, forensic counselling, and family counselling. A detailed explanation of each of these, as delivered by Shiregas Region, is available on their treatment web page: www.region.org.au/treatment.
- If client's issues are assessed as "severe", they will be provided with four counselling sessions. If they are assessed as "outpatient", they will be provided with six sessions.
- Four client outcomes about whether they would like to undertake ACO treatment, they may like to complete District's consent to receive counselling: www.districts.org.au/aco/assessments, which will assess their eligibility.

Centres Against Sexual Assault (CASAs)

Crisis support

Sexual Assault Crisis Line (SACL) 1800 800 300

This service provides crisis support and counselling for men, women and children regarding recent or historical sexual abuse. The 1800 phone number will direct callers to their local CASA during business hours and to the SACL, telephone counselling after hours. Check phone numbers for local CASAs can be found on the CASAs Events Trust Four Issues CASAs page: www.casas.org.au/about-us/our-four-issues/

Crisis care for recent sexual assault
Crisis care is available for people who have been sexually assaulted within the past 7 weeks.

Services are usually delivered at a Crisis Care Unit that may be attached to the emergency department of a hospital or as part of a multidisciplinary centre, and include:

- counselling at a time of crisis to normalise trauma responses and lessen the long-term effects;
- providing support and advocacy in making decisions (e.g. legal options, including reporting to police and contacting forensic evidence);
- coordinating responses by police and forensic medical assessments that centres on the needs and wishes of the victim/survivor;
- ensuring that the health and medical needs of the person who has experienced sexual assault are met;
- ensuring safety and any protection that might be required; and
- providing referrals to other services as needed.

INFO AND OBSERVATION

All CASAs have an intake system that provides a gateway into the counselling services. The intake process varies across each service. Generally, the process begins with a phone call and includes an assessment with either the phone and/or face-to-face. Assessments are usually made in relation to current safety, and the extent of sexual assault, trauma, mental health, drug and alcohol use and on intake phone calls. Information and support is provided to the client about accessing CASAs and other regional services.

Referrals by other professionals can be made to CASAs on the telephone. CASAs usually want to talk with the client directly, but will work with referring professionals to provide support. Some professionals will bring the case files along to the first appointment to meet with any concerns or questions about coming to a sexual assault service.

Most CASAs have waiting lists for their counselling services. CASAs make priority allocations for people who are considered vulnerable, injured, hospitalized and/or people who have experienced a recent sexual assault, Aboriginal and Torres Strait Islander, and people entering prison.

Those not given a priority allocation can wait three or more months for a service. CASAs can provide support to people on waiting lists through the SACL telephone service. Most CASAs also offer "kiosk" experiments if people need additional support while on the waiting list.

All CASAs will ensure people who use the service are offered additional personal support, such as access to a public advocate,

Indigenous representative or other support person with whom they might identify.

Counselling and advocacy

CASAs will use intake, group, trauma and individual sessions of sexual assault as well as non-therapeutic family, men's and women's and significant others for counselling. Services are provided for both men and women and include:

- individual counselling
- family counselling
- group work
- intensive counselling and support and advocacy to assist with access to information, and ensuring their legal and other rights are being met, including referrals to other services.

The number of counselling sessions each CASAs offers will vary.

Secondary consultations

Through their intake services, all CASAs offer secondary consultations to other professionals to support their own work with clients who are victims of sexual assault. CASAs also provide training to other services to support their professional capabilities in responding to people who have experienced sexual assault.

Addressing barriers to service provision

There can be obstacles to providing care for clients with complex and co-occurring sexual assault and alcohol and other drug use. Barriers to effective care may include a lack of time and other resources, a lack of clinical expertise or confidence, and a perceived lack of pathways to formal interagency coordination and support.

Clients may be reluctant to discuss sexual assault or substance use, and this is okay. However, if there is a possibility for referral and coordinated care, it is important to engage with other specialist services, your expertise in how to accommodate and guide them might lead to better outcomes.

Solutions may be to provide by sexual assault and ACO treatment services to support professionals in addressing any challenges to service provision.

Strategies for individual professionals that can support clients with co-occurring sexual assault and ACO use include:

- understanding the relationship between sexual assault and ACO use;
- being aware that this relationship includes individual, but also relational and social contexts;
- providing a safe environment in which clients may discuss sexual assault and substance use; and
- enabling trust, through non-judgmental engagement.

Organisational strategies for supporting clients with co-occurring sexual assault and substance use include:

- sharing information between counsellors/advocates and clinicians;
- providing support for ongoing professional development;
- sharing case information and non-identified practices;
- supporting working between the sexual assault and ACO treatment sectors, particularly those used for referrals and secondary consultations; and
- supporting staff by encouraging self-care.

Shared Practice Guidelines

Further reading and resources

Effects of sexual assault

- Working with Adult Survivors of Child Sexual Assault: www.aic.gov.au/go/gov/working-with-adult-survivors-of-child-sexual-assault/
- The Impact of Sexual Assault on Women: www2.aifs.gov.au/au/infocentre/indicators/
- Dealing With Sexual Assault: Dealing With the Effects of Childhood Sexual Abuse and Sexual Assault: www.aic.gov.au/au/infocentre/indicators/
- The Long Term Effects of Child Sexual Abuse: www.aic.gov.au/au/infocentre/indicators/
- The Effects of Childhood Sexual Abuse: www.aic.gov.au/au/infocentre/indicators/
- "Risky" Effects of Sexual Assault: www.aic.gov.au/au/infocentre/indicators/

Disclosure of sexual assault

- Responding to Young People Disclosing Sexual Assault: www2.aifs.gov.au/au/infocentre/indicators/
- How to Respond to Women Disclosing Sexual Assault: www2.aifs.gov.au/au/infocentre/indicators/

Effects of alcohol and other drug use

- Fact sheets and articles on the people, settings and specific drugs in ACO use: www.drugsinfo.aifs.gov.au/au/infocentre/indicators/
- Intake and assessment in the ACO system: www2.aifs.gov.au/au/infocentre/indicators/

Staff self-care

- For clinicians: Keeping the Doctor Alive: A Self-Care Guidebook for Medical Practitioners: www2.aifs.gov.au/au/infocentre/indicators/
- For psychologists: Self-Care for Psychologists: www2.aifs.gov.au/au/infocentre/indicators/
- Working Trauma: The Impact of Secondary Exposure to Trauma on Mental Health Professionals: www2.aifs.gov.au/au/infocentre/indicators/
- Sexual Assault Self-Care Assessment: www2.aifs.gov.au/au/infocentre/indicators/

Mandatory reporting laws

Mandatory Reporting of Child Abuse and Neglect: www2.aifs.gov.au/au/infocentre/indicators/

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Summary of findings

Both sectors:

- Were aware of the intersections AOD use/SXA victimisation and large number of shared clients
- Shared concerns about resourcing and role creep, but were eager to know more about each other and enthusiastic about greater communication and collaboration
- Identified Practice Guidelines/factsheets, cross-sector training, and greater networking opportunities as resources that would increase their confidence in assessing and responding to their clients' needs
- Highlighted the need for sophisticated responses from peak bodies and government departments (resourcing, formalised referral pathways)

Next steps..... We hope that the momentum and goodwill built between the sectors can be harnessed to drive further collaborative partnerships into the future!

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- Establishing the Connection email: etc-project@aifs.gov.au

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Acknowledgements

Guidelines:

www.aifs.gov.au/publications/establishing-the-connection-guidelines

Final report:

www.anrows.org.au/publications/horizons/establishing-the-connection

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