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

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
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)

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>AOD</th>
<th>SXA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td>11</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Regional</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12</td>
<td>9</td>
<td>21</td>
</tr>
</tbody>
</table>

Online survey

<table>
<thead>
<tr>
<th>Sector</th>
<th>AOD</th>
<th>SXA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td>41</td>
<td>35</td>
<td>76</td>
</tr>
<tr>
<td>Regional</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>44</td>
<td>94</td>
</tr>
</tbody>
</table>

- 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

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
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.

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

<table>
<thead>
<tr>
<th>Have referral processes in place to refer clients to AOD/SXA support/interventions?</th>
<th>AOD n=50</th>
<th>SXA n=44</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Formal</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Informal</td>
<td>23</td>
<td>21</td>
</tr>
</tbody>
</table>

‘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
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!

Acknowledgements

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- National Health and Medical Research Council
- Burnet Institute

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

Guidelines:

Final report:

References

- Australian Bureau of Statistics (ABS; 2013). Personal Safety Survey, Australia, 2012 (Cat. No. 4906.0)