



SUBMISSION TO THE VICTORIAN ROYAL COMMISSION FOR FAMILY VIOLENCE

WestCASA is a community based not-for-profit sexual assault counselling service operating in the western metropolitan region of Melbourne (Cities of Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham) for the past 27 years.

WestCASA provides a 24 hour crisis care and support service in conjunction with the Victorian Sexual Assault Crisis Line (SACL).

WestCASA aims to both facilitate the recovery and healing of people who are affected by sexual violence and work toward its elimination in society. The service vision is for *a world where everyone lives free from the fear of sexual violence*. To achieve this vision, WestCASA provides a range of post-trauma counselling and community education services, including:

- Crisis care for recent victims of sexual assault in partnership with the Victorian Police Sexual offences and Child Abuse Investigation Teams (SOCIT) and Western Health through Sunshine Hospital's Emergency Department where we have a dedicated specialist suite of rooms.
- Short to medium term therapeutic counselling for people who have experienced sexual violence, their non-offending family members, partners and friends. This is a free service.
- Advocacy and referral for people who are affected by sexual violence.
- Telephone support and information.
- Group work for victims of childhood sexual assault and women who experience both childhood sexual assault and family violence.
- Secondary and clinical consultation with other professionals working with people who are affected by sexual violence.
- Education and training for the community, professionals, groups and agencies in the Western region.

WestCASA is governed by a community-based Board of Governance and is a member of the CASA Forum.

WestCASA provides outreach services in Melton, Wyndham (Hoppers Crossing and Wyndham Vale) and the Dame Phyllis Frost Centre (Women's Prison). WestCASA sees men, women and young people aged from 12 years. Most of our service users are female (90%) and mostly aged between 15 and 40 years of age. In 2013-14 there were 700 people who accessed our services. In this time WestCASA provided a total of 8756 hours of service to these people.

The region has high populations of recent arrivals, migrants and refugees. Over the past year WestCASA has worked with people from 28 language groups other than English and who are born in 42 countries other than Australia. Our staff have developed skills to work therapeutically

with interpreters. WestCASA seeks to represent our community with different cultural backgrounds in the staff and Board.

The western region has two of the most vigorous growth corridors in the local government areas of Melton and Wyndham. Currently Wyndham has two prep classes born each week - that is 77 babies! Melton has one prep class born each week – 42 babies.

WestCASA works with a range of government and non-government agencies including; legal, family violence, victims' assistance, housing, drug and alcohol, mental health, community health and disability services as well as courts, general practitioners and secondary schools. WestCASA is a member of the Western Region Integrated Family Violence Committee and an associate member of the Western Indigenous Family Violence Regional Action Group.

Vicarious Trauma

WestCASA recognises the impact of undertaking sexual assault counselling on staff and uses the theory and ideas about **vicarious trauma** as an integrated management model across all aspects of the organisation.

Clinical capabilities and innovation.

WestCASA staff approach the work with genuine enthusiasm, a keenness to extend their capacities and explore new approaches. EMDR (Eye Movement Desensitisation and Reprocessing) training funded by the North West Metropolitan Region (NWMR) DHS in 2008 has led to all of the team practicing this approach. Some staff have extended their training and there is a team approach to supporting each other in using this unusual but effective method of processing trauma. Staff use a trauma informed feminist framework for all interventions with clients. Other therapeutic approaches used in the team include attachment theory, sensorimotor psychotherapy, family therapy, narrative therapy, cognitive behavioural therapy, and psychodynamic psychotherapy, sand tray and other symbol work.

Innovative programs and papers written and developed by members of the team includes:

- **Strength to Strength group work.** Adopting The Shark Cage framework to work with re-victimisation (published in Psychotherapy in Australia). Training in this approach is delivered to Sexual Assault Support Services (SASS) Workforce Development and other organisation in the western region;
- **Alternative Therapies Program (shiatsu & yoga)** have been integrated into the therapeutic framework rather than an 'add on' (article submitted to the AASW journal) with two CASAs now using the WestCASA model in their services;
- **Multi-theoretical Approaches to Trauma in Couple Work** published in the VAFT Newsletter and now the ANZJFT.
- **Working with Family Members and/or Partners in Sexual Assault Counselling:** training delivered to SASS Workforce Development.
- **Sexual assault counselling training** for staff of the Fiji Women's Crisis Service in both Fiji and Vanuatu.

WestCASA has an opportunity in this submission to the Family Violence Royal Commission to identify gaps and recommend solutions to working with the many complex issues surrounding sexual assault that occurs within a family violence context in the five municipalities in which we operate.

1. Are there other goals the Royal Commission should consider?

The Commission should consider the impacts of gender inequality as the underlying cause of family violence. Having a gender analysis is central to understanding why family violence occurs and what fundamentally needs to change to reduce and prevent family violence.

The Commission should aim to have sexual assault when it occurred within a family context, recognised as family violence, often the distinction is missed by government and non-government stakeholders impacting on the resources available to victims.

2. The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.

WestCASA participates in the Western Region Integrated Family Violence Committee. The integrated service system has provided an opportunity for sexual assault to be more present in the broader family violence service sector. It also provides opportunities for collaboration and innovation that would be otherwise difficult.

The Sexual Assault Reform Strategy was announced in 2006 and provided a raft of reform strategies across the service system. The final evaluation report on the strategy outlines evidence that the strategy achieved two of its key objectives. These are a strengthened and improved criminal justice system response to sexual assault cases and improved support for and responsiveness to the needs of sexual assault victims.

The most significant of these reforms was the piloting of the multidisciplinary centres (MDC) as a model of collaboration that improves the service response to people who have experienced sexual assault.

The MDC model should be rolled out state wide and consideration given to the inclusion of some family violence services. In the West an MDC in Wyndham would provide an integrated service response to one of the fastest growing and highest need communities in Melbourne.

One reform related to the development a network of forensically trained nurses to improve access for victims to forensic examinations. Unfortunately there continues to be few nurses undertaking this work and access to timely and local forensic examinations is poor. This reform should be revisited and MDCs provide an opportunity to provide innovative solutions to improve access for victims to gender appropriate forensic examinations.

3. Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

Please refer to the CASA Forum submission for response.

4. If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

Please refer to the CASA Forum submission and the Our Watch submission on prevention.

If you or your organisation has been involved in observing or assessing programs, campaigns or initiatives of this kind, we are interested in your conclusions about their effectiveness in reducing and preventing family violence.

Nothing further to add to the CASA Forum submission and the Our Watch submission on prevention for response.

5. What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

The fundamental cause of family violence is gender inequality and patriarchy. This leads to social attitudes and norms that define men and women in particular ways that support men's use of power and control over women and children that enables them to use violence as a means to this end. Circumstances of hyper-masculinity and hyper-femininity as well as unconscious gender bias in communities promulgate these structures. The pervasive and inescapable access to pornography and sexting as the means by which young men and women learn about sex and relationships again propagates particular beliefs and norms about gender roles and stereotypes.

On an individual level we know that trauma at a young age (sexual assault, or family violence as a child) make women much more vulnerable to violence as an adult. (See the Shark Cage article attached for an understanding of how this might occur.) Developing an understanding of re-victimisation in a non-blaming way is an important aspect of challenging responses to women when they don't leave a violent relationships or seem to fall into one abusive relationship after another.

6. What circumstances and conditions are associated with the reduced occurrence of family violence?

Change needs to be viewed as needing to occur at multiple levels on society:

- Primary prevention as outlined in the Our Watch submission.
- Leadership by men (especially those in leadership roles) who really 'get it' (for example, Ken Lay and Lieutenant General David Morrison). To understand this further please watch this YouTube video of [Jackson Katz](#) speaking about *Violence against women—it's a men's issue*. High profile men need to lead the way for other men to understand the issues more clearly and feel ok about challenging themselves and their peers about misogynistic beliefs.
- Early intervention programs with girls and boys to challenge the gender stereotypes and early beliefs about sex and relationships has shown to be successful in preventing sexual assault. By educating and challenging in fun and supportive ways young people are open to changing their ideas about these issues. Multiple approaches are useful in this process with both face to face group programs such as SAPPSS (Sexual Assault Prevention Program in Secondary Schools) as well as the ongoing development of apps and social media to support change in ways that are meaningful to young people. Having Sexual Assault Counsellor/Advocates

facilitating the programs or developing these apps and social media means that there is a specialist input from a victim perspective.

- Therapeutic counselling for individuals and other clinical approaches (family therapy, group work) reduces family violence for that person, her family and the next generation. As stated above we know re-victimisation is almost the norm amongst victims of childhood trauma. To work with people who have experienced sexual assault and family violence as an individual to provide healing and recovery means that they will no longer tolerate violence in their lives. This needs to be provided to clients as a long-term and clinically sophisticated approach to working with complex trauma and PTSD and all their expressions (anxiety, depression, drug and alcohol abuse, criminal behaviour, Borderline Personality Disorders, non-suicidal self-harm, Dissociative Identity Disorders)

7. Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.

Primary prevention as outlined in the Our Watch submission.

Interpreter services

Gap: Current government contracted interpreter services are provided through VITS. There have been a range of issues with the quality and availability of appropriate interpreters both face to face and on the telephone. This has impacted on the quality of the service we can provide to very vulnerable people who have little or no English. The use of interpreters is partially funded to CASAs through the government contract with VITS. WestCASA has decided to pay for quality interpreting through another provider so this is a financial disadvantage to our organisation.

Improvements: DHHS should provide a fully funded interpreting service that has capacity to reimburse the cost of interpreters across providers rather than just one provider.

Interpreting provider services should be funded to train their interpreters at a higher level and provide specialist training for interpreters providing a service to family violence and sexual assault services.

Offending and sexual assault counselling

Gap: Few accessible sexual assault counselling services for men in prison.

Most services in the prison system have a forensic approach – dealing with the criminal aspects of the offender thoughts or behaviour rather than having a trauma focus. The links between childhood sexual assault and criminal behaviour is well documented e.g. Cutajar MC, et al, Psychopathology into a large cohort of sexually abused children followed up to 43 years, *Child Abuse & Neglect* (2010) Any work with prisoners would not minimise or collude with the criminal aspects of their behaviour rather have a focus on the impacts of trauma that might lead to offending. This approach would exclude prisoners who are sexual assault offenders.

Improvements: CASAs are well placed to provide sexual assault counselling services for men in prison understanding the link between victim and offender aspects of the presentation by an individual. With CASAs long history of work with victims utilising a trauma focus we have a great deal of knowledge about how criminal behaviour can be an expression of childhood trauma.

This service could be delivered by CASAs in both the community corrections and in the prison system. CASAs could also provide trauma focused training for staff in corrections and the justice system to support staff in understanding how trauma effects the brain and the link with offending behaviour. Any work that has a focus on healing and recovery has a goal of reducing the destructive behaviour that is driven by the trauma impacts of sexual violence against women as well as men.

Availability of family violence counselling

Gap: The resources in the family violence specific sector for counselling to aid healing and recovery are minimal. Women and children escaping family violence require more when Work review with Monicathery are beyond the crisis. Family violence services have a primary focus on crisis responses and case management.

Improvement: Specialist family violence trauma focused counselling. There is an opportunity to capitalise on and extend the skills, abilities and knowledge of a state-wide CASA network to include victims of family violence in the counselling work we do. CASAs also have great capacity to support workers and teams providing trauma counselling by offering clinical supervision that both supports and deepens the counselling work and clinical capacity.

This specialist family violence trauma focused counselling could also be extending to women in Dame Phyllis Frost Centre where there is a group work program that focuses on family violence but no family violence counselling service that women might be seeking after the group which may have raised a whole lot of u=issues and greater understanding about the place family violence has in relation to their offending. As WestCASA currently provides sexual assault counselling in Dame Phyllis Frost Centre we would be well placed to offer this service extension.

Limits on long term counselling in CASAs

Gap: Under current funding arrangements CASAs provide mostly short to medium term responses to clients – about 4% of service response is allocated to a long term work (that is 30 plus hours of service activity). With the level of complexity seen in some clients who have horrendous histories of abuse they require ongoing and long term support. These women and men present with complex needs regarding counselling and are usually long term. Trying to find specialist and affordable options for referral to specialist private practitioners or psychiatrists is difficult, particularly in the western suburbs.

Improvements: WestCASA along with other CASAs have developed highly regarded capabilities in engaging with these complex clients and working with them to provide greater capacity to daily living, positive self-care and relationships with family and/or others and a sense of healing and recovery if increased longer term targets were funded. Family

violence counsellor should be tertiary qualified and meet credentialing requirements to undertake the work.

Better specialist mental health access

Gap: Few mental health services for adults who have Borderline Personality Disorders or Dissociative Identity Disorders. These disorders are often associated with a complex and chronic posttraumatic psychopathology closely related to severe, particularly early, child abuse as an adaptive response to the trauma.

Improvement: Provide specialist mental health practitioners to support the person while engaging with sexual assault counselling which can be highly triggering and can lead to increased suicidal ideation and self-harm. Having a team approach provides support, reassurance and containment when working with people with these complex presentations. Providing mental health professionals with training about trauma informed practice gives them greater understanding of the complex impacts of sexual assault for victims and provides tools to use in their assessments and support of patients.

Integrated service responses

Gaps: service systems can be isolated from one another in their responses to victims of sexual assault.

Improvements: The MDC pilots and evaluation articulate the positive aspects of the Multidisciplinary Centres. We support the continuation of the roll-out of the MDCs and the consideration of introducing some family violence police and services.

Court and legal processes

Victims of sexual assault with a mental health issue or an intellectual disability when reporting matters to the police have difficulties making statements in formats required by the court. Their medical or physical conditions are easily used to discredit evidence. The reality being anyone with these conditions are unlikely to ever have their matters heard in a criminal court. The secondary impact is that this then reduces their access to victims of crime compensation.

Gaps: Statement taking for adults can be a long and arduous process when a victim has made the courageous decision to report and then has to recall the abuse in detail, have a statement written then re-read the statement before signing can be an extremely challenging process.

Improvement: To allow police to take a video and audio recorded evidence (VARE) statement would reduce or minimise the stress of a written statement. Police have the facilities to take statements in this way.

Gap: Despite changes to the legal system since the Sexual Assault Reform Strategy the length of time a court case can take can have extremely negative impacts on victims/witnesses. This is often due to seemingly lengthy or excessive adjournments to the court and trial processes.

Improvements: Set and keep maximum times within which a trial must be completed. These maximum times must take into account the impact of prolonged processes on victims in these particular cases.

Case notes can be subpoenaed for court

Gap: There is always the possibility that counselling notes can and will be subpoenaed for court proceedings and it is a tension for clients and counselling staff as they undertake the counselling when a statement has been made to police. While the Evidence Act provides some safety and sets a high bar for the production of counselling notes there are many applications for subpoenas undertaken each year. This is costly as CASAs defend their notes in court opposing the application in most circumstances.

Improvement: A research project of evaluate the number of applications and the outcomes might provide some evidence to tighten the Evidence Act to make all counselling notes inadmissible as evidence.

- 8. Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.**

Support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

- 9. What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?**

Co-location models such as the MDCs provide a practical solution to integration and co-ordination. The proximity of services and the ability to build personal relationships with other workers and police always improves outcomes for clients. This will also increase efficiency across the sectors providing a timely and cost effective response i.e. not having to make multiple appointments to see different services at different locations.

- 10. What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?**

WestCASA has a body-based therapies program running alongside and integrated into the counselling service to enhance the recovery from sexual assault by providing an integration of these therapies that allow men and women to connect with the physical aspects of the sexual assault. WestCASA has also supported the development of a community based Trauma Sensitive Yoga Program at a local yoga school in Yarraville that supports the healing and recovery of a range or traumatic experiences.

See also responses to Questions 7 & 8.

- 11. If you, your partner or a relative have participated in a behaviour change program, tell us about the program and whether you found it effective. What aspects of the program worked best? Do you have criticisms of the program and ideas about how it should be improved?**

N/A

- 12. If you, your partner or a relative have been violent and changed their behaviour, tell us about what motivated that change. Was a particular relationship, program, process or experience (or combination of these) a key part of the change? What did you learn about what caused the violent behaviour?**

N/A

- 13. To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable?**

Support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

- 14. If you or your organisation have offered a behaviour change program, tell us about the program, including any evaluation of its effectiveness which has been conducted.**

N/A

- 15. If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?**

N/A

- 16. Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?**

Support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

- 17. What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?**

Shame and blame: the impact of systematic sexual assault or family violence is to feel responsible for what happens to you and there are so many aspects of gender stereotyping that this feeling is reinforced in the community broadly. All systems can be improved when people and organisations reflect on how they might perpetuate this response to victims. A positive example was expressed by Ken Lay, as the Victorian Police Commissioner speaking at the CASA Forum Conference in October 2014 acknowledged the lesson Victoria Police had learnt from CASAs approach to believing and supporting victims that over time has led to a cultural shift especially in SOCITs and Family Violence Police in their victim focused approach. When this is a genuine response I believe it can improve a willingness to report crime.

Also support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

18. How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

See above.

Also support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

19. Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

Trauma informed practice and knowledge as an additional cornerstone to understanding and developing system-wide responses (policies, programs and services) to family violence and sexual assault.

Also support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

20. The Royal Commission will be considering both short-term and longer-term responses to family violence. Tell us about changes which you think could produce the greatest impact in the short and long term.

Short-term strategies

Additional funding to reduce waiting times for victims to access services. Waiting too long often means we lose the motivation for that person in making contact with our service.

Increase targets for longer term counselling complex clients in CASAs.

Fund service based sabbaticals or research grants for family violence and sexual assault practitioners to undertake research, evaluation or publish on their own work or the work of others in Australia or overseas to enrich the knowledge and evidence base of the work.

Also support for the CASA Forum submission and the Our Watch submission on prevention on this issue.

Long-term strategy

Better quality responses from child protection (MDC model may assist in this through a relationship building approach) to reporting from CASAs. There is a mismatch in assessment of risk that is concerning for CASA staff in relation to our clients and children.

Research into the experience of vicarious trauma in the sexual assault and family violence workforce to develop models of management that support retention and development of workers in this difficult field. This should be extended to police and child protection workers as well. An MDC governance model could be developed with managing VT as a principal theme.

MDCs – roll out of MDCs across Victoria.

Research aspects of integration that support the ongoing extension or expansion of the model using a social action participatory model at the local community level.

Early intervention programs in schools and other institutions such as sports clubs. Identifying those most at risk and developing education programs that mitigate that risk.

We also support the CASA Forum submission and the Our Watch submission on prevention on this issue.

I would be happy to speak to the commissioners further on issues raised in this submission.

Jane Vanderstoel

Chief Executive Officer

WestCASA

Western Region Centre Against Sexual Assault