Making Rights Reality

Advocacy, counselling and support for sexual assault victims with a cognitive impairment

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What is it?

- 2 year pilot project until February 2014
- Collaboration between South Eastern Centre Against Sexual Assault, Springvale Monash Legal Service, and Federation of Community Legal services
Overarching Aim

To increase justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties by establishing pathways and opportunities for victim/survivors to access professional, appropriate and specialised services to advocate for their current and ongoing needs independent of families, friends and carers (FCLC, 2011)
Core components - per site

**SECASA:** promote the project; provide specialised counselling/advocacy; develop and provide counselling and advocacy training and resources in SECASA; provide secondary consultation to other agencies; community education; liaise with other project agencies, government and funding bodies; participate in evaluation; systemic advocacy.

**SMLS:** promote project; develop legal advocacy training and resources; provide legal services to the victim/survivor including support for VOCAT; provide consistent legal support; systemic advocacy.

**FCLC:** source funding; auspice project; promote project with government; promote project in legal sector; systemic advocacy; oversee evaluation; coordinate reference group.

Making Rights a Reality for victim survivors with a cognitive impairment/communication difficulties
Disability and Sexual Assault

Adults with a psychiatric and/or intellectual disability in particular are over-represented as victims of reported sexual assault (at 15.6% and 5.9% of victims in a study by Heenan & Murray, 2007), whilst representing just 2.2% and 0.8% of the Australian population generally (as found by AIHW, 2006).

Disability and Sexual Assault

Women with disabilities are 40% more likely to experience intimate partner violence (VicHealth 2008).

Women with disabilities are at greater risk of experiencing prolonged, severe, frequent violence, by a greater number of perpetrators, and are not believed when they report Healey, Howe, Humphreys, Jennings, and Julian (2008) *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*.

History of the Project

- Developed over 10 years and 4 stages
- Stage 1 culminated in the 2003 Disability Discrimination Legal Service report *Beyond Belief- Beyond Justice*
- Stage 2 Focus on available advocacy services such as ITP Program
- Stage 3 Non-legislative reforms and recommendation of 24 hour advocacy service
- Stage 4 The Making Rights Reality Pilot
Funding

• Auspiced by the Federation of Community Legal Centres

• $400,000 funding from philanthropic trusts and a small grant from Victorian Department of Human Services
What has it taken to get it up and running?

- 0.6 project worker based at SECASA
- 0.2 legal worker based at SMLS
- Additional funding has enhanced capacity across SECASA’s large region and multiple sites
- Federation of Community Legal Centres administrative/coordination role/systemic advocacy
- Evaluation
What has it taken to get it up and running?

- Training of all staff in working with clients with complex communication needs
- Training of staff by Office of the Public Advocate in working as ITPs
- Capacity for legal worker to provide outreach
- Eight Easy-Read booklets produced addressing issues affecting victim/survivors, available online
What has it taken to get it up and running?

- Collation of resources and tools for working with Victim/Survivors with Cognitive Impairment or Communication Difficulty
- Internal resourcing and supervision of counsellor/advocates working with MRR clients by project worker
- Brokerage available (communication support, attendant care, transport)
Promotion

- Building links between the Victorian Centres Against Sexual Assault and the disability sector
- Community Education (Disability Services-staff and clients)
- Consultation (ie. Easy-Read Documents-self advocacy group, police, courts)
- Collaboration (ie. OPA/CASA protocol)
Making Rights Reality Clients

90 referrals since February 2012

Approximately 2300 referrals in total to SECASA over that period

3.8% up from 1.9% pre MRR

In the 6 months pre-MRR: 13 referrals /661 total referrals.
Making Rights Reality Clients

- 65% (59) Intellectual Disability (25% (15) of these also identified at intake with Autism, Psychiatric Disability or Communication Difficulties)
- 18% (16) ABI
- The remainder include clients with vision and hearing impairments, dementia, and psychiatric disability
- 1 client with complex communication needs only
Making Rights Reality Clients

80% Female
20% Male

Average age: 31
Offenders

• 107 offenders identified at intake
• Family member: 24 (22%)
• Acquaintance: 24 (22%)
• Partner/Ex Partner: 9 (8.5%)
• A staff member at a disability service: 9 (8.5%)
• A Stranger: 9 (8.5%)
• A Friend: 8 (7.5%)
• Another service user: 7 (6.5%)
• Unknown at intake: 7 (6.5%)
• Transport provider (ie. taxi driver, bus driver): 5 (4.7%)
• Someone met on internet: 2 (1.8%)
• Workplace supervisor: 2 (1.8%)
• Religious leader: 1 (0.9%)
Where assault occurred

- 93 places of assault identified at intake
- Home 35 (includes 5 clients assaulted in a residential facility) (37.6%)
- Unknown at intake 20 (21.5%)
- Offender’s Home 14 (15%)
- Institutional setting (ie. Workplace, school, hospital) 9 (9.7%)
- Public Place 6 (6.5%)
- Transport (Bus, Taxi) 4 (4.3%)
- Another home 3 (3.2%)
- Another country 2 (2.2%)

*Offenders are most likely to be found in a person’s social networks or where they are receiving services, with only 8.5% of offenders identified as strangers, and only 6.5% of offences taking place in a public place.*
MRR clients – place where assault occurred

Clients identifying at intake

- Home
- Unknown
- Offender’s home
- Public Place
- Educational setting
- Transport
- Workplace
- Another home
- Another country
- Hospital

Clients identifying at intake
Focus of program: Counselling and advocacy

- Crisis care: 22 (24% of all MRR clients up from 15%)

- SECASA ITP: 12 VAREs attended (46 reports to police since February 2012); more work needed to increase referrals from police
Focus of program: Counselling and advocacy

- Counselling: Increased referrals; early data indicating greater engagement with service (ie. Fewer fail-to-attends and clients attending counselling for longer- Average of 5.7 sessions attended compared with 2.3 pre-MRR)

- Crimes Compensation: Increased referrals to Springvale Monash Legal Service (currently 5 active files, with 3 pending referrals)
Focus of program:
Counselling and advocacy
Focus of program: Counselling and advocacy

![Bar chart showing usage of the counselling program, with categories such as WL No Appt, No Show, CCU only, ITP only, 1 Ses, 2-5 Ses, 6-10 Ses, 11-15 Ses, 16-20 Ses, Total CCU, Total ITP, and percentages for MRR and Pre MRR.

Monash Health

South Eastern CASA
Centre Against Sexual Assault & Family Violence

La Trobe University
Criminal Justice Outcomes

• Only three matters have progressed to court over the course of the project, with two resulting in a conviction.

• Difficult to get accurate data on criminal justice outcomes across the board as many clients have left the service prior to the completion of the police investigation - more research needed in this area.

• Data we do have indicates a high number of cases not proceeding due to “insufficient evidence”
Evaluation

The MRR program asserts that;

• By providing dedicated advocacy support to victim/survivors with cognitive impairments and/or communication difficulties, they will have better access to legal processes and better personal outcomes from engaging in the process of counselling and advocacy than without this dedicated support.

• That increasing the skills and knowledge of staff in ‘associated’ services will support the implementation of this approach and that through community education and clearer referral procedures this can be achieved.
Evaluation questions

The focus questions for the evaluation are:

- To what extent has the pilot project met its aims to increase access to specialised advocacy support for people with cognitive impairment and/or communication difficulties?
- What factors have impacted on the project implementation in the first 12 months?
- What have been the experiences and outcomes for victim/survivors as a result of the project?
- Has the project increased access to the legal process, in particular crimes compensation?
- How have related services engaged with the project and what outcomes have they experienced?
Evaluation framework and methodology

Program Theory (Rogers, Peterosino, Huebers & Hacsi, 2000)

• Recognises already well developed theory of the project
• Seeks to find out how the stated aims are implemented, factors supporting or challenging implementation and if the aims are met
• Find out if the program theory/logic works and if and how the program could be extended and what it would take to implement it more broadly
Approach

• Develop in depth knowledge of the project
• Track implementation of the project
• Collect and analyse data – Year 1
  quantitative/statistics of program use;
  qualitative – focus groups and interviews =
  surveyed 24 staff; 4 x interviews project staff;
  1 x focus group SECASA staff – 27; 2 x focus
  groups reference group); 6 case studies. Year
  2; interview SECASA staff, project officers
  and external participants
Findings year 1 – Implemented as planned – seeing outcomes

• Provides a focus for work with this target group; Project officers key to this focus

• Processes and procedures put in place and overseen by project workers underpin practice

• Enhanced capacity of service to provide counselling/advocacy through training, access to ‘tangible’ resources and ‘expert’ secondary consultation

The model gives us a focus [on this target group, otherwise we just have pockets of good practice. (MRR reference group)]

We already had a model – joint clinic for 20 years [SECASA/SMLS] but that was not dealing with this target group; without the focus they are not picked up. (MRR reference group)

Now we tick a box and write an overview there are more now we are identifying them. (CA focus group)

MRR has given us some hope... it’s on the agenda... it matters... people are trained, there is extra support we can offer (CA focus group).

Our client was in court – the program funded someone to sit with her...[that was] really good. (CA focus group)

The survey of SECASA counsellor/advocates found that SECASA staff were already experienced sexual assault practitioners. Almost 30 per cent (29.2%) have more than 10 years experience in this field with 25 per cent having between 6 and 10 years experience. In addition 100% of those surveyed had tertiary qualification; 75 per cent with either a first, second or post graduate qualification in Social Work and over 30 per cent having a first, second or post graduate qualification in Psychology, counselling or other therapies.
Twenty year old Ellie disclosed sexual abuse by a carer and the carer’s friend. Following the disclosure, Ellie’s mother assisted her in reporting to SOGIT, and contacted SECASA for counselling support. Ellie has a physical and a mild intellectual disability, and communicates clearly. Ellie lives with her parents.

Ellie attended SECASA for counselling support and advocacy regarding the sexual assault and its impacts. Another counsellor/advocate provided family support.

When Ellie made her statement via VARE, her family asked for SECASA support with this. Although this was not able to be provided on the first occasion, when Ellie added to her statement her counsellor/advocate was able to attend as ITP. The police are continuing their investigation.

A referral to SMLS was made for advice regarding compensation. The family have decided not to pursue at this time due to the anticipated stress of further legal proceedings, however are aware of options and services available.

Ellie and her supporters were also advised that brokerage is available to assist with transport if needed during any future legal proceedings.

Advocacy and support via phone contact is ongoing, although both Ellie and her family have decided that they do not need to attend for ongoing counselling.
Year 2 evaluation and beyond

• Interviewing Counsellor/Advocates: insights into practice
• Interviewing ‘external’ stakeholders - police, disability services, other: impact of model/program in these sectors
• Analysis of data: service use – numbers/engagement; demographics; themes – perpetrators, places; criminal justice and other legal outcomes
• Embed program in current sites; expand to new site

http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:34827;jsessionid=73CCA43D764A347424FF7128A14B9A37
Publications

Crisis Care After Sexual Assault
Having a Health Check After Sexual Assault
Making a Statement to Police
Counselling After Sexual Assault
Going to Court
Money to Help You After Sexual Assault
Sexual Assault and Family Violence- Getting Help
Sexual Assault: When Sex is Not Ok

If you have been sexually assaulted

Sexual Assault is when someone gets you to do sexual things that you do not want to do.

- It is not your fault and you are never to blame.
A court is a place where decisions are made about:

- Whether someone has broken the law
- What will happen to the person who has broken the law.

Laws are rules that everyone must follow.

If someone breaks the law, they might have to go court, and they can be punished.

**What does “going to court” mean?**

If you have been sexually assaulted, the person who hurt you has broken the law. It is your right to report a sexual assault to police.
Making Rights Reality
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