

Submission to Inquiry:

The delivery of National Outcome 4 of the National Plan to Reduce Violence Against Women and Their Children 2010-2022, 'Services meet the needs of women and their children experiencing violence,' insofar as that Outcome is given effect by the 1800 RESPECT Domestic and Sexual Violence National Counselling Service ("the service"), with particular reference to:

- a. the adequacy and quality of counselling provided, including:
 - i. the funding made available for counselling,
 - ii. the counselling model and associated counselling practices,
 - iii. the protection of privacy and confidentiality for those who use the service,
 - iv. the efficacy and appropriateness of the triage model adopted in relation to the service in 2016, and
 - v. the infrastructure required for the provision of the service;
- b. the procurement arrangements for the service, including contractual and tender arrangements;
- c. the engagement of staff and contractors, including:
 - i. their qualifications and working conditions,
 - ii. the professional standards and ethical obligations applicable to those providing the service, and
 - iii. the oversight and quality assurance undertaken in relation to those providing the service;
- d. evaluation arrangements for the service;
- e. best practice for domestic and sexual violence counselling; and
- f. any other related matters.

Background: I am a Psychologist with over 30 years' psychology delivery experience in the health and disability service systems in NSW.

Over that professional career, I have worked in psychiatric facilities, community health, disability, women's health, child health and family health arenas in the public sector and in private practice. For the past 3.5 years, I have worked at the Rape and Domestic Violence Services Australia (RDVSA) as a telephone and online counsellor, then a Supervisor of Professional Development and also a Trainer providing training sessions to very large corporations and agencies.

As a result, I estimate that have directly provided therapy to more than 20,000 individuals. I am very familiar with the complexities of the problems that people experience, and acutely aware of what is best practice, and what works when there are life threatening risks.

TOR aii: counselling model and practices:

- People who have been abused typically believe that the abuse is their fault. The perpetrators of this abuse tell their victims that it is their fault, often over many years, and this is a well established perpetrator tactic to keep victims under their control. Rapists do exactly the same thing, and also encourage the victim to feel utter shame by being the victim of often degrading acts of sexual assault.
- The counselling service needs to understand these impacts and address shame and misattribution of responsibility gently and appropriately.
- The service also needs to understand the life threatening risks these clients are facing, and respond appropriately, and with safety planning in mind.
- The triage model cannot work well with these fundamental clinical issues.

TOR aiv: the triage model

- It takes the greatest of courage for a person to ring an unknown service, tell a complete stranger about their abuse experience and seek help.
 - Almost always, clients have either told no-one else, absolutely no-one, and this call is their first attempt at seeking help.
 - The first call is a critical time to intervene. As a therapist, it is make-or-break situation for many clients.
 - If this therapeutic contact is mismanaged or misunderstood, the therapist may be complicit in the client never seeking help again, and perhaps staying in an abusive situation (as in domestic violence) for many years. They may continue to be assaulted for many years to come- the first call for help, and every call, is critical to the safety of clients
- Ask anyone who is experiencing DV about why they didn't report the violence or seek help earlier- they typically say that they didn't think anyone would believe them, or they did seek help and were not understood or assisted appropriately.
- The idea that a triage service can assess the clients' situation in 10-15 minutes is utterly ridiculous, and absolutely goes against best practice. Triage workers typing while they speak, entering data into their database, to these clients is also highly inappropriate. No clinician would ever do this to a client. Triage workers who ask identifying details of clients show a total lack of appreciation that many clients trust no-one, and are at great risk of hanging up and never seeking help again.
- A therapist needs to gain the trust of the client first, and then ever so gently explore what is really happening. This process can take several sessions. I have talked to many clients who only fully disclose the severity of their violence after several sessions, and the client is at very high risk of homicide or suicide.
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- We are talking about clients being murdered (or becoming disabled) here, and children being murdered too.

TOR e: best practice

- Two or three women a week are being murdered in domestic violence, and this government is playing around with a triage service that could be the one and only attempt at seeking safety. It is not good enough, and does not meet best practice in this arena.
- These clients deserve the very best counselling response, not a call-centre approach, where they speak to one person, then get put through to another person, and they have to tell their story again. This is the reality of the current system of triage then specialist counselling model.
- This two tier approach does not work for people who are experiencing violence or the disabling impacts of the violence such as mental health conditions, alcohol or other drug use, self harm, eating disorders, depression, further violence, sleeping disorders, inability to secure employment.
- These clients are victims of crime- why is the government treating victims of crime with such a poorly thought out, and inappropriate response that ignores the high risk to life and mental health.
- The reality is also that many of these clients are in a dissociative state when they ring 1800respect- they are either crying uncontrollably, having flashbacks as if they were experiencing the violence in real time, or self harming. They can be in the middle of a suicide attempt, or planning to suicide.
- These are critical calls, and we cannot, as a society, allow governments to ignore the reality and establish a poor service to these highly impacted people who are victims of crime. They deserve the best counselling response and support system.

TOR c: skills and qualifications of staff

- Given my experience as a clinician, I can reassure you that the team of counsellors at RDVSA are the very best of the best clinicians I have ever worked with.
- They are also the most compassionate, client-centred and ethical practitioners I have ever worked with.
- They are also very highly trained in a critical and high risk client group, and are committed to making a difference to the lives of all people who are victims of violence.
- To be an effective trauma specialist therapist, one needs to have excellent skills in assessing risk, managing suicide risks, understanding and responding to serious self harm behaviours, child protection, managing flashbacks, managing dissociation, mental health assessment, enabling positive change,
- Most of the staff have multiple / high level degrees, AND many years experience AND specific long term experience in assisting victims of violence AND completed multiple trauma specialist courses AND have completed a rigorous trauma service orientation program AND have wide-ranging experience in mental health and other clinical areas.

TOR f: other matters

- Why would a government that is supposed to enhance society and protect the most vulnerable, deliberately decimate this highly clinically effective team, and stop them from doing the work they are best placed to do?

- RDVSA has an internationally recognised Best Practice Manual for telephone and online counselling services- why is the government contracting other services who do NOT have sexual assault AND domestic Violence AND family violence AND specialist trauma AND child trauma AND adult trauma expertise?
- Why is the government funding a private sector, for-profit company to provide services that are not best practice in this clinical area?
- The triage system is very poor practice, and will contribute to really bad outcomes for vulnerable people who are in very high risk situations

TOR: How can the committee address the current problems?

- It is my recommendation that the Committee strongly advocate for the entire funding required to run the entire 1800respect service provided to RDVSA immediately, by
 - cancelling the contract with MHS, and
 - deleting the triage service, and
 - funding RDVSA appropriately based on actual client demand, and
 - RDVSA to continue to deliver the best practice trauma specialist counselling services to people who have been sexually assaulted and/or experienced domestic violence.