Submission:

This submission is made by a sexual assault survivor and client of 1800 RESPECT

a. the adequacy and quality of counselling provided, including:
(ii) the protection of privacy and confidentiality for those who use the service.

Due to my existing PTSD following sexual assault I have had repeated use of the 1800 RESPECT Counselling service. Following changes to the triage model I noted a significant decline in the quality of counselling offered by the first responders working for MHS.

I also had several concerns about the protection of privacy and confidentiality.

On 29 April 2017 at 10.58pm I called in a distressed state as I had received several horrific disclosures of rape as part of my professional work. I stated to the MHS operator that I was at burn out point and couldn't handle any more disclosures.

The call went for 51 minutes and 36 seconds. At no point did she offer to transfer me to a trauma specialist counsellor.

Even more concerning, during that call, the MHS operator breached the confidentiality of another client, by revealing details of another client's abuse.

This is an accurate, verbatim transcript of part of that call:

Me: "I am at burnout point... I am so done with perpetrators, and done with police stuff ups of these cases, and done with the courts."

MHS Counselllor: "*'I've been through that place before... it does, it just takes a toll on you and you start to suddenly, well the world looks like a very dark place, and people? You just don't trust them any more.*

I don't know about you, but recently I follow people like Clementine Ford and all of them... and just the kind of hate she gets from men, it's sickening it makes you feel sick in the stomach and then you hear another story of a woman being killed or assaulted by her partner…

And the things I hear on this line as well, like you know, I had a caller and her eight year old grandson had been sexually abused by a man who was set free. You know? And it just frustrates you, it really does and you suddenly don't feel very safe and the world looks like a very very dark place."

WHY IS THIS PROBLEMATIC?

This call was problematic for several reasons: First I was on the phone for over 50 minutes to the MHS counsellor without being transferred or offered to be transferred to a trauma counsellor. I was highly distressed but this wasn't picked up on.

Second, the MHS counsellor was role-reversing: it's highly inappropriate for any counsellor to start debriefing and dumping their own trauma on the client, by telling me the world is a “dark place” and I shouldn't trust anyone (I had not suggested that the world was a dark place or that people on the whole are untrustworthy, just that I was just burned-out). It’s very dangerous for a counsellor to implant such dark themes as a different caller may have been suicidal or self-harming, and could be really pushed over the edge by that.

It's also highly disrespectful for her to mention details of another client's call and the abuse of an 8 year old boy to me. Aside from breaching that caller’s privacy, it made me wonder “if she is willing to talk about that with me, then will she disclose the contents of this call, to the next person that phones up?" It completely eroded my trust in the service and a belief that confidentiality is understood, let alone respected.

Further, I had been explicit in stating that I could not handle another disclosure. To then mention the sexual abuse of a child was deeply distressing for me as I had literally just explained I didn’t want to hear any more stories of abuse.

She also mentioned another woman by name (Clementine Ford) who experiences rape threats and other forms of abuse. I found this very concerning.

FURTHER PRIVACY CONCERNS

More generally, I also have concerns surrounding the fact that calls are being recorded. My concern is that perpetrators could potentially subpoena those audio files.

For anyone who calls a counselling hotline they assume that their call is private and confidential. For a victim to subsequently learn that a perpetrator could, in effect, later eavesdrop in on her at her most vulnerable moment would be a violation beyond all measure.

Finally, I understand that several MHS phone counsellors work from a home office. This presents massive privacy and confidentiality concerns for me as it is impossible to know whether there are other people present in the home or how privacy is ensured within that setting.

(a) Iv. the efficacy and appropriateness of the triage model adopted in relation to the service in 2016,

In 2016, following the changes to the triage model I noted a significant decline in the quality of service offered by the new MHS operators compared to the excellent quality of counselling previously offered by RDVSA counsellors.

As a victim-survivor I also found the new model deeply problematic. While the phones were answered in a quicker period of time (a good thing) the quality of counselling offered by the operator was incredibly poor.

In late 2016, I phoned 1800 RESPECT after hearing a highly distressing disclosure of a gang rape as part of my professional work. The details of that gang rape were highly disturbing and I was unable to sleep or function without having intrusive thoughts about the case. I was

inconsolable and called 1800 RESPECT in tears, flagging for the MHS operator that I have an existing personal history myself.

Again I was on the phone for over 45 minutes and at no point did she offer to transfer me to a trauma specialist counsellor. This was despite me crying and indicating that I was highly traumatised.

As a victim-survivor the triage model is humiliating. It forces you to audition before a gatekeeper who ultimately gets to decide whether you are sufficiently traumatised to be patched through to the trauma counsellor.

This is fundamentally disempowering. The triage model also requires the victim-survivor to repeat their story, something which is deeply re-traumatising.

Further, many other victim-survivors I have spoken with do not realise that 1800 RESPECT has changed to a triage model as at no point is it explained (for example, in the pre-recorded message) that the person who answers the phone is a first responder, and not a trauma specialist.

This means that many victim-survivors assume they are speaking to the trauma specialist, not realising that they are, in effect, talking to the triage 'receptionist'.

Based on my experiences of the hotline, I also have serious concerns about the quality of advice being dispensed by MHS operators.

In the same 2016 call where I discussed the gang rape disclosure I had received, the following occurred.

1) The MHS operator said I could be suffering from "burn out" or "compassion fatigue" but said she "couldn't remember the third thing". I asked whether she was referring to "vicarious trauma" and she responded "Oh my god! How did you know?".
   It's highly inappropriate for anyone in her position to not be intimately familiar with vicarious trauma (VT) and to need prompting from the client. A person in her role she know what vicarious trauma is like the back of her hand.
2) She then suggested I look at Blue Knot's website for information on VT. I understand that Blue Knot is for adult survivors of child sexual assault (which I am not). I asked if she had any information on VT on her own 1800 RESPECT website, to which she replied in a lowered voice "to be honest, I've never actually looked at our own website".
3) I then asked what strategies she advised using to cope with the impacts of VT and dealing with the distress that follows receiving a disclosure. She indicated that "going out with friends for a glass of wine" was one way she could unwind. At no point had she scanned for any drug or alcohol issues and it felt deeply inappropriate to suggest alcohol as a potential coping mechanism.
4) In December 2016, I called back to lodge a complaint about the inappropriateness of that call. The MHS operator asked to put me on hold. I agreed. She put me on hold and the call disconnected.
5) I called back again to try to complain. When I did, the audio prompt at the beginning of the call asked me if I wanted to hear the privacy policy. I decided I

did. I listened to the audio message which explained I could access a copy of my file. I decided I wanted to do this. When the MHS operator picked up the phone I inquired about the process of doing this. She didn't know what the process was or how to go about it. I asked if I could speak to a supervisor or someone who would know. She sounded annoyed and put me on hold. She eventually came back and while she didn't have specific information she did explain I would have to pay a fee and fill out various paper work. Based on the fee size she mentioned, I commented that it sounded like I would actually be required to access my file through Freedom of Information (GIPA). Through my work I am familiar with GIPA. I asked whether that was correct. She confirmed that yes, I would have to use GIPA. As there are slightly different frameworks around GIPA in different states and territories, I asked which state's GIPA legislation applied: the state where the call was made, the state where the call was recorded, or the state where the recording was kept (as these could potentially be 3 different jurisdictions). She didn't know and sounded annoyed.

6) She then went to hang up the phone. I was shocked and explained that my initial reason for calling was actually to lodge a complaint and that the GIPA conversation was just a detour. I was very upset by this point as my initial reason for calling had not been addressed and at no point had she offered me any kind of empathetic support/ counselling. I explained to her that if a woman is calling asking for a copy of her file then it's probably a good idea to check in with her and ask her what's going on for her and if she needs support (ie. often if a woman is asking for her file, it may be because she is about to go to court, or victims compensation or some other stressful process). As a counsellor, it's also good practice to ask a client if there is anything they are looking for support around. She was completely taken aback by my reaction. At that point I was so distressed by the ongoing incompetence of MHS counsellors that rather than make the complaint, I simply insisted on being transferred to RDVSA.
7) I then spent an hour on the phone to RDVSA in tears explaining how terrible the entire series of interactions with MHS operators had been. The RDVSA counsellor spent a lot of time cleaning up their mess and helping to ground and support me.

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;**

Any person who has experienced sexual assault or domestic violence should be entitled to the best quality care available. Generalist counsellors who lack specialisation in trauma place sexual assault and domestic survivors at increased risk.

Having worked extensively around sexual assault survivors in particular, I know many other survivors who have called 1800 RESPECT in a suicidal state. Providing sub-quality care places lives at risk- not just for those who are suicidal or at risk of self-harming, but also for those who are living with continuous violence.

Based on my experience of MHS counsellors- over multiple phone calls- I do not believe they have the relevant trauma expertise to make informed and accurate assessments as to whether or not someone is sufficiently traumatised to deserve to be patched through to a trauma specialist counsellor.

Victim-survivors (self-included) do not always 'present' as highly traumatised even when we are. Further, from a survivor perspective, the triage model is deeply problematic not just because it forces you to audition before someone else who holds the power and who ultimately gets to determine whether you deserve trauma specialist counselling, but also because survivors often don't want to reveal the extent of their trauma within the first 5 minutes of a call.

Very often survivors will go through a process of 'feeling out' the person they are speaking to before deciding whether they have built sufficient trust and rapport to disclose what is really troubling them. For example, in my case, I have called up and revealed that through my job I have received a troubling disclosure (while initially omitting to mention that I am also a sexual assault survivor).

A triage operator who doesn't take sufficient time to explore the situation, can easily then assume that I'm merely a "support person" as opposed to also being a primary victim too.

This is not uncommon. Many survivors I know will initially test the waters with a telephone counselling service by revealing that they are calling "on behalf of a friend" to see what sort of reaction they get. In a case like this it is easy for a triage service to "miss" the real reason for the call, and there is a risk that the client will be referred to a fact-sheet or website, or some other inappropriate/ insufficient service.

In addition to my concerns regarding the lack of trauma specialisation, I am also concerned about the working conditions for the staff at MHS.

I understand that many are working out of their own homes. This is deeply troubling to me. Having worked extensively around sexual assault, I know that having clear boundaries between work and private life is incredibly important.

Hearing disclosures can be terribly traumatic and maintaining those boundaries is essential.

RECOMMENDATIONS FOR REFORM

Based on my experiences with the service both pre- and post- triage model I would make the following recommendations.

1) That the triage model be abandoned in favour of a model where the client is able to access a trauma specialist counsellor directly. This will save victims the humiliation of having to be passed through multiple hands- a process which is re-traumatising and confusing.
2) That the contract to answer all calls be restored to RDVSA, the leading expert in trauma specialist counselling for sexual assault and domestic violence
3) That call wait times be reduced through a process whereby RDVSA is fully funded to answer all calls in an appropriate time frame

4) That no calls be audio recorded and that RDVSA be provided funding to continue to fight subpoenas for client notes
5) That all counsellors who answer 1800 RESPECT work in a formal, appropriate work space (no home offices) where they are provided with appropriate debriefing support and supervision
6) That all 1800 RESPECT counsellors have access to a personalised Vicarious Trauma management plans to ensure their own well-being.