Centre Against Sexual Assault

Loddon Campaspe Region

Submission to Australian Government Senate Select Committee on Mental Health

The Loddon Campaspe Centre Against Sexual Assault (LC CASA) would like to thank the Committee for extending the deadline for submissions and for the opportunity to contribute to discussion and action around a serious issues for many Australians and in particular Australian women.

LC CASA is a community-based agency which provides a range of services for females and males, including counselling and advocacy services to past and recent victim/survivors of sexual assault, non-offending family members and friends. It is one of fifteen Victorian CASAs funded by the Department of Human Services. Our mission statement is:

> *The Centre Against Sexual Assault is committed to the provision of the highest quality service to victims/survivors of sexual assault and the community.*

In summary, the points we would like to raise for the Committee are:

- Women who have been sexually assaulted have a high likelihood of experiencing mental health problems, therefore the mental health service system must be equipped to respond to this.
- Funding for services must allow for a greater allocation of time to service development, which includes developing links with other agencies and training.
- If any real change is to occur in incidence of mental illness, we must address its social and economic causes which include: lack of social and economic participation, discrimination and violence (which includes sexual assault and family violence).

This submission will respond to sections a,e,f,h and m of the Committee Terms of Reference.

The extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress.

LC CASA notes the benefits of a national Mental Health Strategy, which provides a framework for responding to mental health problems and issues, covering a full spectrum of interventions. However we note that the National Mental Health Plan 2003-2008 does not mention violence and does not distinguish it as a priority area. This must be addressed in future planning, as we know that:

- Women who have been sexually assaulted are overrepresented in the mental health system. For instance one study noted “70 per cent of non-psychotic women seeking emergency assistance for psychiatric issues, on direct questioning, acknowledged a history of sexual abuse in childhood.”(Briere and Zaidi, 1989 in Keel, 2005). Other studies list inpatients with rates between 59-63 per cent who had experienced childhood sexual assault (cited in Keel, 2005).
- “Women who have been exposed to violence have a greater risk of developing a range of health problems including stress, anxiety, depression, pain syndromes, phobias, somatic and medical symptoms.” (Victorian Health Promotion Foundation, 2004)

- Intimate partner violence is the leading contributor to death, disability and illness among Victorian women aged 15-44, being responsible for more of the disease burden than many well known risk factors such as high blood pressure, smoking and obesity (Victorian Health Promotion Foundation, 2004).
- Sexual Assault and intimate partner violence co-exist. The International Violence Against Women Survey, 2003, found that 73% of women who have experienced sexual violence by their intimate partners had also been physically abused by them.

The extent to which unmet need in supported accommodation, employment, family and social support services is a barrier to mental health outcomes.
Unmet need is a significant issue. There is a high correlation between poor mental health, homelessness and family violence. Services in our region, Loddon Mallee, are definitely inadequate in terms of emergency housing responses for all target groups: youth, men, women, transitional housing and long term affordable accommodation.

The Victorian Health Promotion Foundation notes three areas for action to improve mental health. These are: social inclusion, freedom from discrimination and violence and access to economic resources. LC CASA is also committed to addressing similar concerns as our philosophy statement includes "*The impact of sexual assault on the lives of victim/survivors and their significant others is multi-faceted and complex. There are emotional, social, psychological, physical, legal and political consequences. In order to facilitate a victim/survivor's recovery from sexual violence, CASAs recognise the importance of responding to each aspect in an appropriate and effective manner…..Social structures which facilitate sexual assault need to be challenged and changed…. Sexual assault is not only a private, individual problem, it belongs to the community. Therefore, while acts of sexual assault are always the responsibility of the perpetrator, it is the responsibility of the whole community to work towards the prevention."*

Unmet need is a significant issue, and must be considered in broad terms, consistent with the LC CASA philosophy and the social and economic determinants of mental health.

The special needs of groups such as children, adolescents, the aged, indigenous Australians, the socially and geographically isolated and of people with complex and co0morbid conditions and drug and alcohol dependence.
Another significant group which must be considered are the victim/survivors of sexual assault. Women who have been sexually assaulted report that their experience is often pathologised by the mental health system and treated medically, rather than responded to in a holistic manner recognising the power structures and imbalances that allow the assault to occur in the first place. (Graham, 1994).

Keel (2005) notes that a greater awareness of the social determinants of health has lead to improvements in service responses to women. LC CASA strongly recommends that guidelines, standards and training for mental health clinicians continue to emphasise the social as well as medical determinants of mental health.

Capacity for sexual assault services to provide longer term counselling has been demonstrated to be effective at LC CASA. LC CASA obtained funding during 2004 through the Mental Health Branch of Department of Human Services to provide long term counselling to women with mental health problems who had been sexually assaulted. Six women, with diagnoses including psychosis, anxiety, post traumatic

stress disorder, panic disorder and poor attachments accessed the service. In all cases, these women had no other counselling options. Feed back form these women included statements indicating that the time it takes to recover from pain cannot be restricted to six sessions and that people need their own time to heal. They noted that the extended time allowed them to regain and increase confidence and one women questioned if she would have been able to continue living without the counselling.

Counselling for women with mental health problems and a history of sexual assault is best placed in a Centre Against Sexual Assault where there are skilled counsellors with training and supervision to deal with the mental health problems but also recognise the context of the sexual assault.

The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services in dealing appropriately with people affected by mental illness.

LC CASA can demonstrate that having a protocol with the local psychiatric services, reviewing the protocol and conducting seminars with staff from psychiatric services, women's domestic violence services and LC CASA improves the working relation ship between agencies and therefore better outcome for clients. LC CASA would not be alone in saying that current funding and service agreements limit our capacity to undertake the ongoing service development we would like to. We would like more time for staff exchanges, training, interagency supervision and peer support and ongoing development of protocols with a range of services.

Do we want to limit ourselves to only ever responding to trauma and illness or do we want to work towards its prevention?

References

Australian Bureau of Statistics (2004) *Sexual Assault in Australia: A Statistical Overview* .Commonwealth of Australia.

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VicHealth (2004) *The health costs of violence: Measuring the burden of disease caused by intimate partner violence.* Victorian Health Promotion Foundation, Carlton, Victoria.

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