



Submission from Eastern Centre Against Sexual Assault (ECASA)

ECASA has been a partner and supports other submissions to the Royal Commission:

“Getting serious about change: the building blocks for effective primary prevention of men’s violence against women” Joint statement from a range of organisations and peak membership bodies , including Centres Against Sexual Assault (CASA) Forum of which ECASA is a member.

Eastern Metropolitan Region Regional Family Violence Partnership

Victorian Centres Against Sexual Assault (CASA) Forum

ECASA is one of the 15 CASA services in Victoria, servicing the Eastern Metropolitan region of Victoria. ECASA was established in 1995 (20 years old) and is funded by DHHS to provide sexual assault support services. ECASA is a community health program of Eastern Health.

I am choosing to comment on a few particular issues in addition to ECASA’s input to the above submissions.

Question 1

Are there other goals the Royal Commission should consider?

Whilst sexual assault/abuse/violence is viewed, according to the Commission’s definition as being included within a definition of family violence, it is important that the discrete focus on sexual assault is not lost.

While a high percentage of sexual assault occurs within a family violence context, not all does.

At ECASA the current total caseload of children, women and men who are our counselling clients is 208.

75 are women and men who are adult survivors of intrafamilial child sexual assault , 14 are children and young people who are victim/survivors of intrafamilial child sexual assault and 29 are women who have experienced sexual assault by a current or former intimate partner. Some women fit in both categories as survivors of child sexual abuse and are also women experiencing intimate partner violence. This means 56% of current ECASA clients are accessing counselling for issues relating to family violence.

Question 2

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

The Sexual Assault Law Reforms (2006) saw significant improvements to the responses people experienced when reporting sexual assault. These reforms brought about changes in the operation of the sexual assault system and made a huge difference to how services are delivered today. This included the Child Witness Program, specialist lists in the County Courts and remote facilities for giving evidence.

Additional funding for Centres Against Sexual Assault

Additional funding over the last few years has enabled ECASA to increase its outreach locations from 5 to 9 ensuring greater and improved access to sexual assault counselling services in the eastern metropolitan region. However demands have continued to escalate and waiting times for counselling beyond an initial assessment appointment have continued to increase.

While CASAs are primarily funded for short to medium term counselling (90-95% of targets) the reality of the complexity of our clients' needs mean there needs to be greater availability of longer term CASA counselling, particularly for adult survivors of past child sexual abuse (primarily intrafamilial) who present with a range of complex issues including mental health issues.

Access to 'crisis care' services 24 hours a day for recent victims of sexual assault (some of whom are victims of intimate partner sexual violence)

'Crisis Care' ensures timely access to crisis intervention support, medical and legal services. The Victorian Institute of Forensic Medicine (VIFM) provide forensic medical examinations usually within 72 hours for adults at CASA crisis care units which are located either at Multi-Disciplinary centres or hospital based CASA facilities. The reluctance of VIFM staff to travel often means that victims are forced to travel longer distances away from their nearest CASA (as per the Police Code of Practice for the Investigation of Sexual Assault) which adds to the traumatic nature of their experience and taxes police resources. Consideration of alternate models including regional teams of forensic medical staff could address this.

Paediatric Forensic Medical Examinations

Medicals provided by the Victorian Forensic Paediatric Medical Service (VFPMS) are limited in the metro area to Monash Medical Centre (SECASA) and the Gatehouse Centre at the Royal Children's Hospital. This means Eastern region children and young people (under 18) are required to travel to Clayton for a forensic service, when this specialist response could be made available at the Maroondah hospital based crisis care unit for eastern region, reducing travel times and added trauma. Again consideration of an alternate model of service provision could address this.

'Just in case' medical examinations for sexual assault victim/survivors

Funding for 'Just in case' medicals has been provided to the Victorian Institute of Forensic Medicine in order for recent victims of sexual assault to have access to a forensic medical exam in a timely fashion, but enabling time for consideration of reporting to police. The initial 'trial' roll out of 20

medicals is occurring at SECASA currently. This is a service which should be made available to all recent victims. Currently at ECASA the choice is a forensic medical when reporting to police, or accessing medical care via an emergency department or a GP. Having a 'seamless' service would be beneficial for recent victims.

Specialist assessments

Specialist assessments for children are able to be provided by most CASAs in Victoria. Specialist Assessment is a process of clarification of allegations of concern around sexual abuse. It is not counselling or investigation.

Specialist Assessment is provided to aid a DHHS Child Protection assessment when there are behavioural indicators of child sexual assault, inadequate disclosure, or where no disclosure has been made by the child.

CASA Counsellor/advocates have been trained in the use of this assessment tool via the statewide workforce development program funded by DHHS and operated by CASA forum. Increased utilisation of this assessment by Child Protection would assist in keeping children safe.

Question 3

Which of the reforms to the family violence system introduced in the last 10 years do you consider most effective? Why? How could they be improved?

Multidisciplinary centres

The creation of an integrated specialised approach involving the co-location of counsellors, Victoria Police (Sexual Offences and Child Abuse Investigation Team), Child Protection and (in some cases) Forensic services in a multidisciplinary centre (MDC) is an innovative and successful collaborative partnership that improves service provision for all victims of sexual assault. The current MDC's could be a platform to include family violence and should be rolled out state wide.

Investment in prevention

[The Our Watch led submission](#) "Getting serious about change: the building blocks for effective primary prevention of men's violence against women" [presents 10 key building blocks](#):

1. Develop a long term, bipartisan, whole of government and whole of community plan
2. Address structural and normative gender inequality as the key driver of men's violence against women, through an intersectional approach
3. Develop a monitoring, accountability and reporting framework
4. Establish strong governance and quality assurance mechanisms
5. Significantly increase and sustain funding to support the above, and to ensure good programs are systematised and upscaled
6. Ensure universal reach through inclusive and tailored approaches
7. Engage communities through established organisations and networks
8. Build a skilled prevention workforce, within existing sectors, and as specialists
9. Undertake an intersectional gender analysis of all government policy, legislative development and budgeting

10. Support ongoing research and evaluation for knowledge building and innovation

Question 4 and 5

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

If you or your organisation have 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.

Media Advocacy program

The Eastern Media Advocacy Program (EMAP) supports women who have experienced family violence and/or sexual assault to talk with the media and at public speaking engagements about their experience of violence. Advocates participate in a 3-day training program and are provided with ongoing support to speak out about their stories. The program is led by Women's Health East, in partnership with the Eastern Domestic Violence Service and the Eastern Centre Against Sexual Assault.

Through media and public speaking opportunities, the project:

- ensures that the voices of women who have experienced sexual assault and family violence are heard.
- seeks to bring about change in community attitudes, systems and legislation in order to prevent violence against women.

EMAP recognises the strong role of the media in effecting change in community attitudes and beliefs and thereby in influencing public policy. Through EMAP, advocates challenge misconceptions and stereotypes around sexual assault and family violence, encouraging responsible reporting and a more informed public discourse.

Critically, the voices of women who have survived violence are powerful. They need to be listened to, heard and acknowledged as part of the important public and political dialogue around this issue.

An independent evaluation of EMAP was conducted in 2013. Findings included that:

- Advocates reported increased self-confidence, enhanced knowledge and skills and a sense of empowerment that has "assisted all advocates to move forward in one way or another on their personal journey". Other positive impacts described by advocates included an increased sense of health and wellbeing, a reduced sense of isolation and an increased feeling of social connectedness.
- Media outlets and organisations who had engaged with the program demonstrated a heightened awareness around the issue of family violence and sexual assault.
- Media produced through the program demonstrated more accurate and sensitive reporting on the issue when compared with responsible reporting guidelines.

- Advocates reported positive experiences when dealing with the local media, using words such as sensitive, helpful and sympathetic when describing their interviews.

For more information about EMAP, contact Kate Gibson, [REDACTED]

Funding needs to be made available to ensure these programs continue. Currently, ECASA as a partner, contributes to funding the media advocacy program from core funding and in kind (ie counsellor/advocates screening advocates, providing advocate training.)

Sexual Assault Prevention Program for Secondary Schools (SAPPSS)

ECASA has been one of a number of CASAs implementing SAPPSS, a prevention program developed by CASA House in 2004. ECASA has been delivering SAPPSS since 2008 and has engaged with 6 secondary schools over that time. The key aspects of the SAPPSS Program that strengthen its effectiveness are:

- The use of a whole-school approach, with a focus on resources, training and support for teaching and support staff;
- 'Universal' and ongoing student curriculum (offered to whole year levels rather than selected groups);
- Focus on sustainability, school ownership and internal delivery of student curriculum;
- Ongoing evaluation.

The 'Respectful Relationships Education in Schools (RREIS)' pilot being implemented by Our Watch in the outer east at present (and in two other regions) utilises some of the SAPPSS materials and the approach. While it is anticipated that SAPPSS in Department of Education and Training secondary schools may be replaced with 'Stepping Out' the RREIS program, one of the strengths of SAPPSS has been the partnerships developed between schools and CASAs. Our experience at ECASA with SAPPSS tells us that one of the strengths of having counselling staff co-facilitating the program in classrooms with teachers and other school personnel is that the school staff become more skilled and confident when modelling and learning from the counsellors. Providing training to school based co-facilitators on 'Responding to Disclosures' is also critical to staff confidence in delivering respectful relationship programs. Resourcing CASAs adequately so that this assistance to schools can continue is critical to the future success of implementing RREIS in schools.

Primary School – Personal Safety Program

ECASA runs a Personal Safety program for Primary Schools which replicates the whole school approach of SAPPSS, including parents, and provides student sessions in collaboration with school personnel. Limited resources means this program is currently available to one school.

Question 6&7

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

Addressing gender equity is essential to a solution. The prevention of violence against women is a long term undertaking. Family violence will only stop when community norms and societal structures that perpetuate unequal relations between men and women are changed. (Vic Health 2007)

Question 22

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

Additional resources need to be provided for Prevention, Early intervention and Response in order to impact in the short and longer term.

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