

Annual Report 2009-10

NSW Rape Crisis Centre

“Being able to integrate a specific counsellor for adult survivors into the multidisciplinary team at Leichhardt Women’s through this partnership with Rape Crisis has unfolded as a very positive experience. It’s adding another dimension to the centre and offers value and much needed affordable, specialist counselling to women in the communities around the inner west and near the city.”

Roxanne McMurray, Manager Leichhardt Women’s Community Health Centre



Launch of Community Based Counselling Service, October 2009

The Hon Carmel Tebbutt MP, Deputy Premier and Minister for Health with NSW Rape Crisis Centre’s Clinical Manager and Counsellors.

Service for Adult Survivors of Childhood Sexual Assault

Sexual assault is an appalling act of violence which no person in a civil society should experience. When this violence is inflicted on a child the impact can be devastating. For adults who survive such experiences, dealing with the long term impacts of trauma can considerably decrease their participation in, and enjoyment of life.

In 2009 NSW Rape Crisis Centre was successful in its application to the NSW Health to establish the Community Based Counselling Service.

The Service has placed counsellors, one day per week, in seven Women’s Health Centres throughout NSW to work specifically with adults who experienced childhood sexual assault. Counselling is offered medium to long term by experienced trauma counsellors. Importantly, by partnering with Women’s Health Centres, clients can also access many other activities

offered by the Centres such as yoga or stress management classes, treatment by alternative therapists and participation in community events.

The service is offered from Albury, Bathurst, Central Coast, Leichhardt, Lismore, Liverpool and Penrith Women’s Health Centres. In the 2009/2010 year the project provided 383 counselling sessions to 79 individual clients.

Recovery from sexual assault in childhood can be difficult but it does happen. Recovery does not mean the person will ever forget what happened and that all of the trauma impacts will go away forever. Recovery does mean that the trauma becomes part of that person’s life experience and no longer an experience which controls their life.



The NSW Rape Crisis Centre Counselling Service

The Centre responded to 8,104 contacts in the last financial year. This increase of 17% over the previous year resulted mainly from the new Community Based Counselling Service funded by NSW Health. The Centre continued its evaluation practices using the Global Assessment of Functioning and Goal Attainment Scaling measures, and reflective counselling and quality improvement practices. Eighteen months of data is now available.

Other areas where service provision increased include:

- online contacts up by 18%,
- day time contacts up by 39%,

- childhood sexual assault up by 40%,
- contact from supporters up by 25%,
- contact from Central and Eastern Sydney and the Illawarra up by 29%,
- contact from the Hunter and New England area up by 24%.

Evaluation of the Centre's case management planning with those who contact five or more times indicates improved outcomes. The Centre's counselling team are all psychologists, social workers or equivalent. Counsellors participate in supervision, professional development, in service training and monthly team meetings.

“The nature of rape, as a crime, silences victims. I am almost 50 and had been silent about events that occurred when I was 17 and 37. Though yours is a phone service, the help and expertise I received from NSW RCC has been the critical springboard in my healing.”

Quote from Client

Staff and Role Changes Leading to Quality Improvement

Growth in the NSW Rape Crisis Centre team has increased the Centre's capacity to evaluate clinical work, improve inter-service clinical networks, broaden research opportunities and increase services to clients. This is evidenced by the 17% increase in client contact in the 2009/2010 financial year.

The Senior Counsellor position concentrates on case management for Centre clients and clinical care networking with other services. The Supervision and Training Co-ordinator co-ordinates and analyses the evaluation outcomes of clinical services. This data informs practice and directs quality

improvement. The Clinical Manager maintains a strong clinical service, management and support role. She also develops and co-ordinates research projects and provides Vicarious Trauma Management consultancy services.

The administration team of 2.4 FTEs concentrate on IT and telephony systems, rosters, human resource and financial management, maintaining the referral data bases, partnerships co-ordination, student placements, training services and function management.

Clinical Care Networks

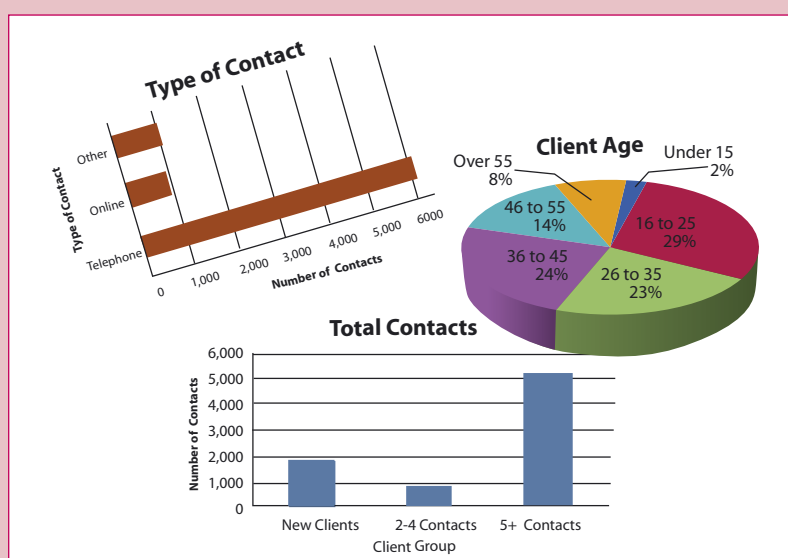
Clinical Care Networking (CCN) is the facilitation of communication between a team of practitioners who provide different services to a client who has multiple and complex needs.

A clinical care network is considered when a client is suffering from the impacts of a complex trauma history,

experiencing a duplication of services and/or unmet needs, is at risk, and/or has not benefited from telephone counselling alone.

A CCN may include Mental Health Case Workers, GPs, accommodation providers, Psychiatrists, Police, and Counsellors who can be from government, non government or private organisations. The client must give signed permission for a CCN to be established as it is essential that the client has control over what services are provided.

CCNs are evaluated using quantitative data from clinical measures and by surveying clients and practitioners. Clients reported an overall positive experience and often report that they felt their “needs were taken seriously”. Practitioners report the process is beneficial for their clients and appropriate to their professional practice. Quantitative data indicates that participation in a CCN may prevent decline and ultimately improve functioning for clients who present with complex needs.



Online Therapeutic Support Group

Young people often find maintaining engagement with counselling, support and recovery services after sexual assault difficult. For many this can lead to experiencing years of trauma impacts. With the aim of reducing this impact and aiding the recovery process, NSW Rape Crisis Centre will offer an online therapeutic support group in 2011.

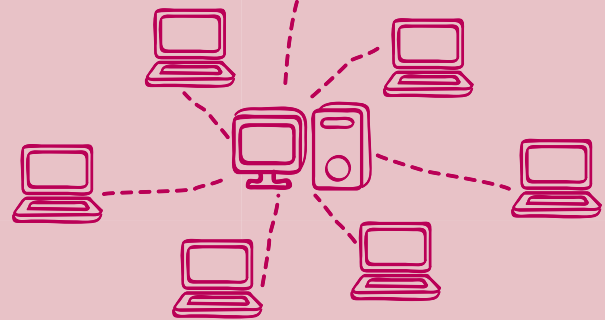
The program will be offered online twice per week over 12 weeks to nine young people aged 14 to 16 years. Specialist chat room software has been developed to enable a high level of confidentiality.

Group members will participate in the normal range of group activities including psycho education, therapeutic interventions and peer support. A clinical care network will be established with each group member's counsellor so that the participant's safety and progress can be monitored.

Funding for this project from the NSW Department of Premier and Cabinet includes costs to independently research the program's outcomes. The research, in conjunction with Newcastle University, will ask participants and their counsellors to complete

questionnaires before, during and at the completion of the group. A further questionnaire will be administered six months later. Analysis of the responses along with qualitative outcomes from the group will indicate the capacity of online work to achieve positive outcomes with young people who have experienced sexual violence.

Expansion to include other target groups such as non offending parents of children who have been sexually assaulted is already being considered.



Dialectical Behaviour Therapy Telephone Coaching

Dialectical Behaviour Therapy (DBT) is widely recognised as a best practice model for treatment of women diagnosed with Borderline Personality Disorder. 60% to 86% of people diagnosed with Borderline Personality Disorder also have histories which include childhood sexual abuse.

A comprehensive DBT program includes individual counselling, group work and 24 hour access to a therapeutic practitioner providing telephone coaching. The demands of such an intervention mean that few service providers are able to offer full DBT programs.

NSW Rape Crisis Centre has pioneered processes for the Centre to partner with DBT informed service providers to provide DBT telephone coaching for clients who are accessing DBT informed interventions. Organisational procedures such as Clinical Care Networking, Case Management Planning, Team Meetings and On-Call Supervision ensure a response which is seamless and well co-ordinated with other practitioners. This work is creating new pathways and increasing access to best practice interventions for women who have experienced complex trauma.

Research to Inform and Improve Practice

NSW Rape Crisis Centre is committed to providing a best practice model of service delivery. This in part means that all practice must be informed by evidence gained through research. Practice and outcomes must then be evaluated to further inform service delivery.

In the past twelve months the Centre has undertaken research in: responding to complex trauma, trauma processing, DBT telephone coaching, group work in an online environment, reconnecting with community after trauma, working to reduce vicarious trauma for primary carers of abused children, evidenced outcomes from specialist Courts, ongoing work with the Sex and Ethics program to change behaviours and reduce sexual assault, effectiveness of clinical care networks in improving outcomes for clients, and identifying Psychiatrists in NSW who work from a trauma model.

Plans for research in the coming year include: contemplation and preparation of safety in trauma recovery, professional consultation and supervision to rural and remote workers, the interface between telephone and face to face counselling, online group work with non offending parents and further work on the management of vicarious trauma.

The research challenge for NSW Rape Crisis Centre is that much of the trauma research relates to face to face counselling. Telephone research rarely relates to trauma work and there is limited peer reviewed research on online therapeutic work. While this creates a challenge it also allows the Centre to create new fields of evidence based knowledge.

“Being a counsellor at Rape Crisis continually strengthens my knowledge and understanding on how to work with complex trauma. I find the opportunity to facilitate my professional growth through the feminist model empowering. Furthermore, I can remain authentic in my passion to advocate, raise hope, and strengthen women and families in our community.”

Counsellor, NSW Rape Crisis Centre



National Online and 1800 Counselling Service

As of the 1st October 2010 NSW Rape Crisis Centre will be providing the clinical services for the new National Online and 1800 Counselling Service. The 24/7 service will respond to anyone in Australia who has experienced sexual assault, domestic or family violence. The service will not replace existing state and

regional telephone services but will seek to fill gaps in service provision. The aim will be to ensure that any person in Australia who is or has experienced sexual assault, domestic or family violence has access to qualified and experienced trauma counsellors.

Specialist Sexual Assault Courts

In June 2010 NSW Rape Crisis Centre participated in a tour of the Specialist Sexual Assault Courts of New York organised by Dr Annie Cossins of the University of NSW. This opportunity provided the Centre with practical and informative incites to further inform the work to establish Specialist Sexual Assault Courts in NSW.

Specialist Sexual Assault Courts aim to increase conviction rates, reduce the impact of cross examination, and improve rehabilitation practices for offenders.

Critical is training for all Court staff, including Judges, on the latest sexual assault research, the development of minimum standards for evidence based behavioral change offender programs, and legal representation for complainants to protect their rights and present their views in negotiations.



Delegation - June 2010

Training

In 2009/2010 1,033 people attended training offered by NSW Rape Crisis Centre. Training packages include: "Responding with Compassion" for those who in the course of their employment may have someone say 'I have been sexually assaulted', "Crisis Intervention", "Complex Trauma", "Vicarious Trauma" for practitioners, and "Sex and Ethics" courses.

Organisations such as Chiropractors, the NRL, the American Embassy, NSW Women's Health Centres, Court Support Workers, Apprenticeship Training bodies, Government Departments, Police, and TAFE's have accessed Centre courses in the past year.

"I just wanted to say a huge thank you. We all got a lot out of it and really enjoyed the way you presented the material. As did !! I certainly learned a lot, and it really reaffirmed the (vague!) commitment I had already made to involving men more in feminism."

Workshop Participant

Vicarious Trauma Training and Consultation

Vicarious Trauma (VT) is the detrimental effects experienced by those who work with trauma or traumatised people. As the primary OH&S risk at NSW Rape Crisis Centre, the Centre has a responsibility to reduce and manage the risk.

In 2007 the Centre's VT Management model won the WorkCover NSW award for Best Solution to an Identified Workplace Health and Safety Issue. Through continued Centre research and development, the Centre has shown that VT symptoms can be managed if they are identified early and responded to effectively.

Statistics

Total Contacts

New clients	1,851
2-4 contacts	951
5+ contacts	5,302
Total	8,104

Telephone Online Other

6,176
900
1,028

Supporters

35%

Most Common Presenting Issue

Sexual assault	31%
Child sexual assault	25%

Related Issues

Other Violence	75%
Mental Health	10%

Time Since Assault

Last 7 days	23%
8 days to 6 months	19%
Over 6 months	58%

Cultural Background

Australian	74%
ATSI	4%
European	10%
Middle Eastern	1%
North American	2%
South American	1%
African	1%
Asian	4%
Pacific Islander	3%

Ability

Physical Disability	26
Intellectual Disability	8
Both	3

Age

Under 15	2%
16 to 25	29%
26 to 35	23%
36 to 45	24%
46 to 55	14%
Over 55	8%

Finances

Income

Grants	1,616,372
Donations	21,032
Other	73,570
Total	1,710,974

Expenditure

Wages and on costs	1,266,998
Administration	159,260
Maintenance, equipment and IT	138,128
Professional development	47,810
Resources and travel	88,137
Total	1,700,333

Transfer to Reserves	7,000
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Balance	3,641
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