



5 October 2017

Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Ms. Beverly,

We thank you for the opportunity to contribute a submission to the Committee in relation to the to the Committee in relation to the 1800 Respect Domestic and Sexual Violence National Counselling Service.

End Rape on Campus (EROC) Australia is a volunteer-run organisation and members of our team have various experience and expertise in several aspects of the Terms of Reference of this Inquiry. Our submission does not address each of the Terms of Reference as we feel that other organisations and individuals will have greater expertise in these areas. As the work we do often involves supporting students who have been affected by sexual violence, some of the details in our submission are necessarily personal and we would like to acknowledge the survivors who have allowed us to share their experiences.

Please find attached our submission as a contribution to the Committee's inquiry.

Regards,

Sharna J Bremner

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Founder and Director

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1800 RESPECT Domestic and Sexual Violence National Counselling Service

Submission to the Senate's Finance and Public References Committee

End Rape on Campus (EROC) Australia is a volunteer organisation that works to end sexual violence at universities and residential colleges through direct support for survivors and their communities, prevention through education, and policy reform at the campus, state and federal levels. Our work includes, but is not limited to, establishing support networks, mentoring student activists, and advocating for the realisation of the rights of students under applicable university policies and state and federal legislation. We welcome the opportunity to make this submission to the Committee in relation to the 1800 Respect Domestic and Sexual Violence National Counselling Service (“the service”).

Several months ago, EROC Australia made the decision that we would no longer refer student survivors or their supporters to the service, nor would we recommend that any of our volunteers utilise the service themselves. This was not an easy decision to make, but one that we felt we had no choice but to pursue. There has been a noticeable decline in the quality of the service since the implementation of a triage model by Medibank Health Solutions (MHS) and we believe that it would be unethical, and indeed irresponsible, to continue to refer survivors of sexual assault to a service that was no longer adequate. End Rape on Campus Australia now refers survivors, their supporters and members of our own team to local and state-based services, as well as the National University Hotline. Recently, EROC Australia successfully campaigned for Universities Australia to fund a specialist support hotline for student survivors to access in the wake of the release of the Australian Human Rights Commission's report into sexual harassment and assault in university communities. Our concerns about the quality of the 1800Respect service were such that we did not believe that the service would meet the needs of student survivors, and the service funded by Universities Australia is currently operated by Rape and Domestic Violence Services Australia, who are the leading experts in the field of sexual and domestic violence counselling. Within this campaign, EROC Australia, along with the National Union of Students, explicitly stated that neither organisation would endorse, support or refer to any hotline that involved Medibank Health Solutions due to our ongoing and serious concerns surrounding their service provision.

We are unable to address each of the terms of reference however our submission addresses the following key points:

- a. The adequacy and quality of counselling provided, including counselling practices, the protection of privacy and confidentiality for those who use the service, and the efficacy and appropriateness of the triage model adopted in relation to the service in 2016;
- b. The engagement of staff and contractors, including: their qualifications and working conditions; and
- c. Best practice for domestic and sexual violence counselling.

The adequacy and quality of counselling provided

Following the changes implemented by Medibank Health Solutions in 2016, a number of the student survivors we work with, as well as members of our own team, reported a decline in the adequacy and quality of counselling provided by the service:

- Several student survivors have reported calling the service for assistance, only to be referred to state-based services;
- A member of our team called the service seeking assistance for vicarious trauma. Despite her obvious distress, the counsellor suggested a glass of wine as a way to unwind;
- A member of our team called the service seeking advice in relation to a student survivor. The counsellor stated that she should “just check the website for information”;
- Several members of our team have called the service and have reported that the counsellors were not aware of key terms such as “burnout” and “vicarious trauma”;
- Student survivors and members of our team have reported feeling as though they have been rushed off the phone, or as one survivor stated, “like I was a burden that was stopping them from answering other calls”.

The protection of privacy and confidentiality for those who use the service

The privacy and confidentiality of the student survivors we work with is paramount and can have serious impacts on their safety and wellbeing. EROC Australia has grave concerns about this aspect of the service:

- A contract written by MHS required Rape and Domestic Violence Services Australia (who previously delivered the service on behalf of MHS), to deliver all existing client notes from the past six years. MHS did not provide adequate guarantees for the protection of these notes, nor will they commit to evoking communications privilege to protect the confidentiality of those who have used the service;
- The contract written by MHS also required Rape and Domestic Violence Counsellor to sign an agreement that consented to counselling calls being recorded. As MHS will not evoke communications privilege actions, recordings of calls that may contain highly traumatising and sensitive information may be subpoenaed by perpetrators and provided to Courts for airing during trials; and
- A member of our team called the service for assistance and the counsellor who answered the phone disclosed personal and distressing information regarding another caller.

Survivors of sexual assault often reveal intimate details of their abuse when calling crisis hotlines. They expect, and deserve, for those details to be kept confidential. We believe that the requests made by MHS for Rape and Domestic Violence Services Australia to relinquish six years of file notes is unethical and in contradiction to Australian privacy legislation. MHS has made it clear that it will not engage in communications privilege actions if client files are subpoenaed. When calling crisis lines, such as the service, people who have experienced sexual violence often express self-blame for their abuse and due to the stance taken by MHS, this could be used as evidence against survivors should their case be heard before the court. EROC Australia believes that the practices of MHS constitute a serious breach of the right to privacy and confidentiality of the users of the service, and that this breach places users at risk of further harm.

The efficacy and appropriateness of the triage model adopted in relation to the service in 2016

EROC Australia holds a number of concerns regarding the efficacy and appropriateness of the triage model adopted in relation to the service in 2016:

- Several student survivors who have called the service in distress have reported feeling as though they must convince the first responder that they are “traumatised enough” to be able to speak to a trauma specialist counsellor;
- Student survivors and members of our own team have reported feeling disempowered and retraumatised due to having to tell their stories of abuse a number of times – in the first instance to the person who initially answers the phone, and then again should they be connected to a trauma specialist counsellor;
- Student survivors and members of our team have repeatedly reported feeling “rushed” by the person who initially answers their call;
- Student survivors and members of our team have reported a lack of understand regarding the complex trauma associated with sexual assault by the person who initially answers their call, which has resulted in them being referred to state-based services who were not open at the time of the call, or directed to the 1800Respect website, instead of being connected with a trauma specialist counsellor; and
- In one instance, after several weeks of attempting to summon the courage, a student survivor contacted the service and immediately requested to speak to a trauma specialist counsellor. She was informed that that would not be possible at that time and was instructed to call back the following afternoon.

The triage model implemented by MHS is inappropriate for a crisis hotline such as the service. Due to the complex nature of trauma and the stigma surrounding sexual violence, users of the service may not initially disclose what has happened to them. They may suggest that it has happened to a friend, or appear to be seeking clarification that what has occurred constitutes sexual assault. Trauma specialist counsellors are trained to recognise the difficulties that survivors may have in disclosing, but under the current triage model, these survivors are dismissed as people who are simply seeking information, instead of seeking assistance. The response a survivor receives when they first disclose an assault plays a key role in the likelihood of them seeking additional help, and in their long-term recovery. Having to convince a first responder that they need a specialist counsellor, being forced to retell their story several times, or being told that a specialist counsellor is not available is likely to compound the trauma suffered by survivors, prevent them from seeking help again and have detrimental impacts on their long-term recovery.

The engagement of staff and contractors, including: their qualifications and working conditions

EROC Australia understands that staff and contractors who operate the service may not have appropriate qualifications and that their working conditions place both them and users of the service at risk:

- Staff who are first responders under the triage model have tertiary-level counselling qualifications, however these may not be relevant to the service. In discussions with the office of the Hon. Christian Porter, the Minister for Social Services, we confirmed that first response staff, that is those who initially answer calls to the service, may be “borrowed” from other services, such as gambling helplines;
- Staff and contractors were required to set up a “home base”, which not only raises questions regarding the privacy of the users of the service, but also places staff and contractors at serious risk of vicarious trauma;
- Members of our team have reported calling the service and speaking to first responders who were on the verge of tears themselves, or who recounted previous calls that they had taken, noting the impact it had had on them personally; and

- The MHS contract presented to Rape and Domestic Violence Services Australia stated that MHS would provide “staff coaching”, ignoring best practice for counsellors that requires clinical supervision.

Due to the nature of the service, callers often reveal highly sensitive and distressing details about the abuse they have suffered. Responding to such disclosures requires specialist training and substituting counsellors from unrelated services is unacceptable. Vicarious trauma is a well-known risk for frontline crisis workers and allowing staff and contractors to use a “home base” poses serious workplace safety concerns. EROC Australia holds serious concerns for the wellbeing of MHS staff and contractors who may be working from home, without the clinical supervision provided by organisations such as Rape and Domestic Violence Services Australia. We are also alarmed at the impact that this lack of supervision and support may have on the quality of the service provided to users.

Best practice for domestic and sexual violence counselling

EROC Australia does not believe that the service, in its current form, follows best practice for domestic and sexual violence counselling. Our key concerns are:

The delivery model of the service

- The triage model is inappropriate for a sexual assault crisis service. First responders are no longer counsellors who have expertise in dealing with sexual assault-related trauma, and instead effectively act as “gatekeepers” between specialist counsellors and survivors;
- The contract presented by MHS enables up to four counselling service providers to deliver the service, which is likely to impact the consistency and continuity of the service delivered to survivors, particularly for survivors who use the service on multiple occasions; and
- The contract presented by MHS eliminated the “Recontacts” service offered by Rape and Domestic Violence Services Australia. This service is vital for those experiencing complex trauma as a result of sexual assault, who require ongoing and tailored support.

Privacy and confidentiality

- In requesting the client files held by Rape and Domestic Violence Services Australia, MHS has shown a complete disregard for the privacy of survivors;
- By requiring that calls be recorded, without committing to undertaking communications privilege actions in the event that audio files are subpoenaed, MHS is placing the safety and wellbeing of those seeking help at risk of further traumatisation and harm;
- Staff and contractors working from “home bases” pose risks to the privacy and confidentiality of those who call the service as there is no way to guarantee that files are secure, or that phone calls cannot be overheard by anyone who may be present in the home; and
- Members of our team have called the service only to have staff reveal the details of other users, which is not only highly unprofessional, but raises concerns about the privacy of all users of the service.

Workplace safety

- As they are no longer required to be specialist trauma counsellors, first responders may not have an adequate understanding of the potential for secondary or vicarious trauma;
- Working from “home bases” places staff and contractors at an elevated risk of isolation and vicarious trauma, due to the inability to debrief with, or get support from, colleagues; and
- A lack of clinical supervision and support is likely to be detrimental to the wellbeing of staff and contractors, as well as having a negative impact on the quality of the service provided.

EROC Australia firmly believes that the tendering of the service to MHS has had a detrimental effect on service provision, resulting in a crisis hotline that no longer operates on a survivor-centric model. As such our recommendations are as follows:

1. That the triage model is abandoned and replaced by a model where first responders are specialist trauma counsellors;
2. That the service receives adequate funding to ensure that the service is staffed by qualified experts and that call wait times are reduced;
3. That the provision of the service is returned to Rape and Domestic Violence Services Australia, who are recognised globally as leading experts in the field of trauma specialist counselling services for survivors of domestic and sexual violence;
4. That funding is provided to ensure that the service provider can engage in crucial systems advocacy, particularly in relation to maintaining the confidentiality of users whose client files may be the subject of subpoenas by perpetrators;
5. That all staff and contractors of the service operate out of formal workspaces, where their wellbeing is ensured through access to clinical supervision and support, including vicarious trauma management plans.