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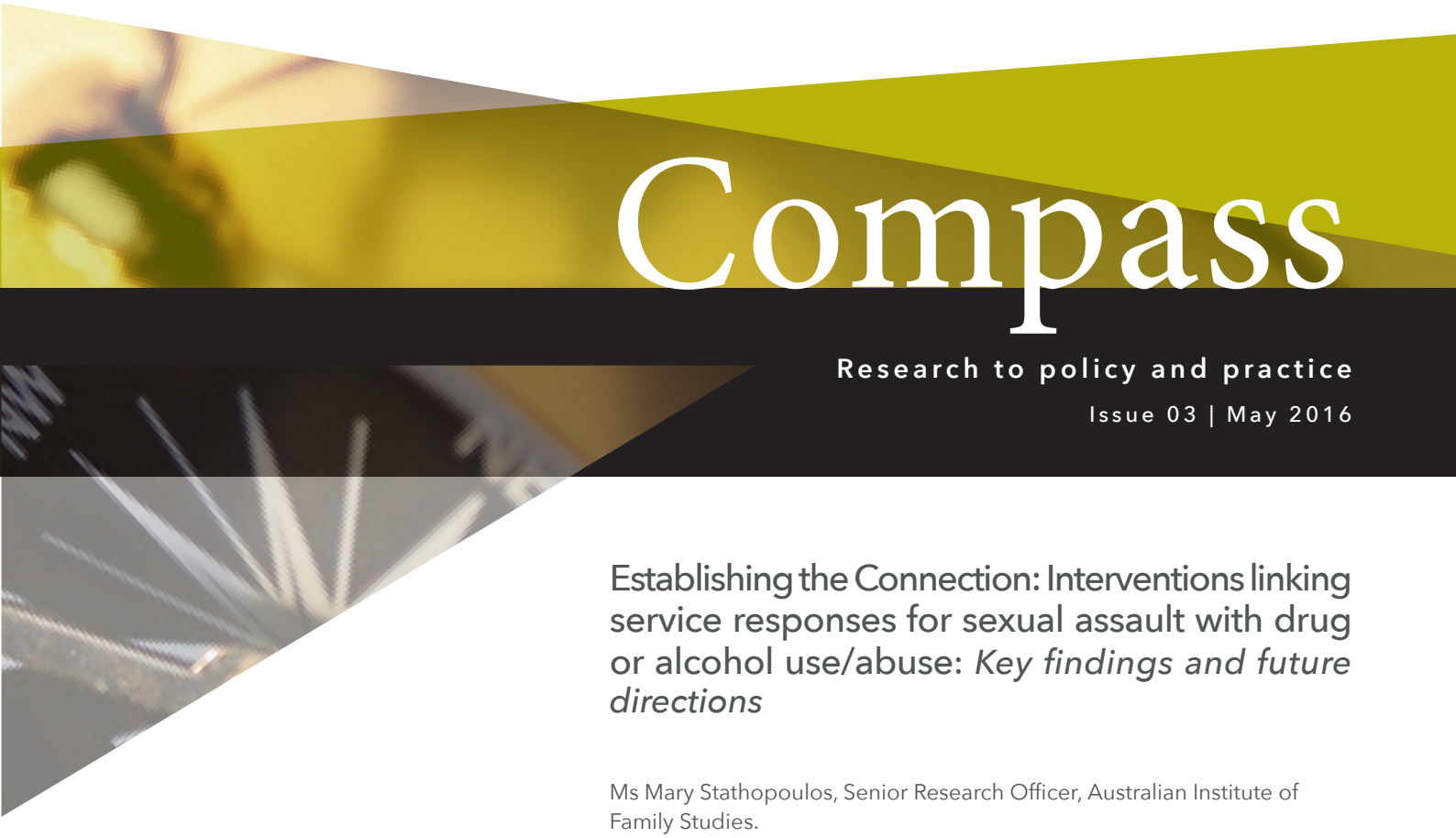
AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children



Compass

Research to policy and practice

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Establishing the Connection: Interventions linking service responses for sexual assault with drug or alcohol use/abuse: *Key findings and future directions*

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ANROWS Compass (Research to policy and practice papers) are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This report addresses work covered in ANROWS research project 1.7 "Establishing the Connection: Interventions linking service responses for sexual assault with drug or alcohol use/abuse". Please consult the ANROWS website for more information on this project. In addition to this paper, an ANROWS Landscapes (State of knowledge papers) and ANROWS Horizons (Research report) is available as part of this project.

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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Introduction

This paper summarises findings from the Establishing the Connection (ETC) study for a practice, research and policy audience in the alcohol and other drug (AOD) and sexual assault service (SXA) sectors.

The study aimed to improve understanding of the complex intersections between alcohol and other drug use and the severity of, or vulnerability to, sexual violence and revictimisation; and to build the capacity of the alcohol and other drug and sexual assault sectors to respond more effectively to the needs of individuals affected by sexual violence.

This Research to policy and practice paper provides a snapshot of the findings from three stages of work: a review of the literature on the pathways and intersections between alcohol and other drug use and sexual victimisation or trauma; qualitative interviews and an online survey with representatives from the two sectors; and a cross-sector consultation forum with key stakeholders in the two sectors.

The study was funded by Australia's National Research Organisation for Women's Safety (ANROWS), and was a 12-month, Victorian-based study undertaken by the Australian Institute of Family Studies, in partnership with the Centres Against Sexual Assault (CASA) Forum and alcohol and other drug service provider UnitingCare ReGen. The full report is available http://www.anrows.org.au/publications/horizons/establishing-the-connection

Practice guidelines for the alcohol and other drug and sexual assault sectors will be available in early 2016.

What did the literature say?

Prevalence and intersections between alcohol and other drug use and sexual victimisation or trauma

Sexual abuse and assault prevalence and other statistics

17 percent of all Australian women and four percent of all Australian men reported experience of sexual assault since the age of 15 (ABS, 2013).

The rates for penetrative sexual abuse for children were estimated at 4-12 percent among females and 1-8 percent among males from studies from 2001 to 2010 (Price-Robertson et al., 2013).

In Victoria in 2013-14 police recorded 2177 rape offences (Victoria Police, 2014).

In Australia in 2010, police recorded 17,757 sexual assault victims (ABS, 2011).

Alcohol and other drug use prevalence and other statistics

5.1 percent of Australians meet the criteria for substance use disorders (AIHW, 2015).

In Victoria in 2014 there were more recorded deaths from pharmaceutical drug use than traffic accidents (Whitelaw, 2015).

In Victoria between 2000-01 and 2009-10 rates of alcohol and other drug specialist treatment increased by 61 percent (Matthews et al., 2012).

In Victoria between 2000-01 and 2009-10 rates of alcohol-related abuses increased by 25 percent (Matthews et al., 2012).

The relationship and intersections between sexual victimisation and alcohol and other drug use

The relationship between sexual victimisation and adverse outcomes, such as problematic substance use, has been an area of increasing understanding in recent decades, and it is now well established that there is a consistent association between the two.

An Australian study of 5995 twin pairs (with 5.9 percent of the women and 2.5 percent of the men reporting a child sexual abuse history) found a correlation between child sexual abuse and depression, panic disorders and substance use (Dinwiddie et al., 2000).

An Australian study with 1911 twin pairs found that the twin who had self-reported a history of child sexual abuse had a significantly increased risk for all adverse psychological outcomes tested including alcohol dependence (Nelson et al., 2002).

Forensic medical records of 2688 sexually abused children (who were abused between 1964 and 1995) were examined in a 43 year follow up study and compared to a matched control group of 2677 individuals to determine the rate and risk of clinical and personality disorders (Cutajar et al., 2010). The researchers found child sexual abuse victims had an increased risk for a number of disorders including problematic substance use.

What did Establishing the Connection find out?

Current practice

Qualitative interviews with practitioners revealed that participants from both the AOD and SXA sectors did not always have access to, or awareness of, formal referral pathways to specialist services to refer clients with co-occurring AOD and sexual trauma service needs. There was, however, an openness and enthusiasm for working together.

Findings from the quantitative survey (Table 1) reveal a large number of participants who were "confident" or "very confident" in assessing a client's sexual victimisation or trauma history (AOD workers) or problematic AOD use (SXA workers), however a third were still "not very confident" or "not at all confident".

The main reasons reported for higher levels of confidence (Table 2) included having had sufficient training and access to resources.

> Obviously clinical experience would dictate the response. I would suggest that it's pretty – that whilst we have a whole lot of clinicians out there that are very experienced and you know and may even have good sort of links with a relevant service, we'd also probably have a whole lot of clinicians in the new space that are not as connected
>
> *Executive Officer & Development Manager, AOD sector*

> There's no overall policy, like if a person presents with drug and alcohol issues this is what you…these are the options. I would imagine it would be up to individual workers and their experience of the drug and alcohol sector to where they make that referral.
>
> *Counsellor/advocate, SXA sector*

> I always like to work collaboratively 'cause I prefer it and it's also – there's always better outcomes for clients.
>
> *Psychologist, AOD sector*

> There is value in working together. I think we have to stop thinking of ourselves as separate I suppose 'cause we're not. We're dealing with the same people.
>
> *Senior Psychologist, SXA sector*

Table 1: Level of confidence in client assessment from online survey

How confident are you/would you be to assess a client's sexual victimisation/ trauma history (AOD workers) or AOD use (sexual assault workers)?	Alcohol and other drug workers (n=50)	Sexual assault workers (n=44)
Not at all confident	2	1
Not very confident	13	14
Confident	28	27
Very confident	7	2

Table 2: Reasons for high levels of confidence from online survey

	Alcohol and other drug workers (n=35)	Sexual assault workers (n=29)
I have access to standard AOD use/SXA assessment protocols and procedures	5	1
I have had sufficient training in AOD use/SXA assessment	24	11
I have colleagues in the AOD/SXA sector who I work with/provide support	6	9
I have access to other relevant resources, e.g. websites, other information/referral services	15	12

Barriers and enablers to collaborative service provision identified by both sectors

Qualitative interviews and the key stakeholder forum revealed the following barriers and enablers to collaboration between the alcohol and other drug and sexual assault sectors.

Both sectors operate under funding and time constraints making communication and interagency collaboration a difficult task. There is concern about role creep, that is, in collaborating with the other sector practitioners may be required to provide therapeutic support not within their skill set. A further factor to hinder collaboration is the waiting times in the sexual assault sector that create difficulty in referring clients. Alcohol and other drug practitioners were concerned that clients would drop out of both services if the waiting period proved too long.

Enablers to collaboration included awareness across both sectors that there is a relationship between AOD use and sexual victimisation and participants acknowledged the shared client base. There is openness among participants to learn more about the other sector and this may reflect a history of working collaboratively with other sectors. Finally, both AOD and sexual assault participants noted the importance of broader policy support that provides resources and processes for formalised pathways between the two sectors.

Barriers to collaboration

- lack of resources
- uncertainty about how the other sector works
- lack of communication
- concern about role creep
- waiting times in the sexual assault sector

Enablers to collaboration

- awareness of the intersections between AOD use and sexual victimisation and shared clients
- openness to discussion and information sharing
- history of working collaboratively with other sectors
- policy and governance

Preferred resources

To reduce service and clinician overburden, participants acknowledged that resourcing for potential collaboration in services requires a sophisticated response from governing organisations such as peak bodies and government departments. The following resources were identified as preferred options for building capacity:

Cross-sector training

- both in-house (within their own organisations) as well as identifying external opportunities
- staff consultations to understand and customise training to sector needs
- each sector to provide training to the other sector – consultations to determine format

Practitioner specific resources

- practice guidelines or factsheets
- referral and secondary consultation information (agency names and contact details)
- practical interventions, education and information while clients are on mutual waitlists
- intersections between alcohol and other drugs and sexual victimisation
- information regarding how to navigate respective service systems

Broader collaborative networking

- policy involvement to provide resources for infrastructure, governance and administration, and to provide authorising environments to minimise burden on individual practitioners and agencies.

What next?

A key outcome is the development of practice guidelines to help guide practitioners towards the identification, assessment, response and referral of sexual assault victims/survivors toward alcohol and other drug services, and alcohol and other drug clients toward sexual assault services, due for release in early 2016. This collaborative, shared set of guidelines reflects the importance of a shared approach to client support and management. The guidelines will provide clarity on roles and support practitioners to enhance client engagement to stop vulnerable clients falling through the gaps.

Register your interest in the release of the practice guidelines at etc-project@aifs.gov.au

Resource links

For more information on alcohol and other drug services in Victoria, go to Victorian Alcohol & Drug Association: http://www.vaada.org.au/

For more information on sexual assault services in Victoria, go to CASA Forum: http://www.casa.org.au/

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