
**Submission to: Premier's Economic and Social Recovery
Advisory Council (PESRAC)**

Phase 2 Consultation

Sexual Assault Support Service Inc (SASS)

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Sexual
Assault
Support
Service

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Contents

1. About SASS	3
2. SASS's response to the COVID-19 pandemic.....	3
3. Submission overview	3
4. Service delivery data	4
5. COVID-19 impacts on clients and service delivery	5
6. Recommendations	8

1. About SASS

Sexual Assault Support Service (SASS) is a free and confidential service for people of all ages who have been affected by any form of sexual violence, including intimate partner sexual violence. SASS also provides free counselling to children aged 11 years and under who are displaying harmful sexual behaviour, along with support and information for family members and carers, and fee-for-service therapeutic counselling and support for young people aged 12 years and above who are engaging in harmful sexual behaviour.

The range of support options available at SASS includes crisis support, counselling, case management and advocacy. We also provide information and support to professionals and deliver training workshops and community education activities across a range of settings including schools and colleges. From 2016 to 2020, a grant from the Tasmanian Department of Education enabled us to deliver primary prevention of sexual harm training to four (4) Tasmanian high schools and colleges per year. Over its lifespan this program has delivered training to approximately 5870 students. SASS has received funding to extend the program from July 2020 to June 2021.

SASS provides support to almost 1000 counselling clients annually, of which approximately one-third are children and young people aged under 18 years. SASS receives funding from the Tasmanian Department of Communities to deliver counselling services.

2. SASS's response to the COVID-19 pandemic

In response to the unfolding COVID-19 pandemic and relevant Tasmanian Government advice, SASS transitioned to full remote service delivery in late March 2020. Like other community-based organisations, SASS made a rapid transition to remote service delivery and sought to find creative solutions to challenges and setbacks, to minimise any disruptions to our business and after-hours service activities.

During the period of remote service delivery, SASS provided the following service activities:

- Individual phone/online counselling and support for clients.
- Case management, including provision of support letters, case files, reports, and phone/online attendance at care team meetings.
- Crisis support, including business hours and after-hours support by phone and in-person attendance at Forensic Medical Examinations (FMEs) and Police Statement interviews.
- Support during Court and Victims of Crime proceedings.

Full office-based service delivery with clients resumed on 13th July 2020, albeit within the guidelines of our COVID-19 safety plan.

3. Submission overview

SASS welcomes the formation of the Premier's Economic and Social Recovery Advisory Council (PESRAC) as a consultative body that "provide[s] advice to the Tasmanian Government on strategies

and initiatives to support the short to medium and the longer term recovery from the COVID-19 pandemic.”¹ In this submission, we describe:

- levels of demand for SASS services in the months before, during and after the period of peak COVID-19 restrictions;
- impacts of the pandemic (and relevant contact/movement restrictions) on individuals and families who access our service; and
- remote service delivery methods used by SASS and challenges experienced.

We would also like to take this opportunity to present some recommendations for consideration. Social and economic recovery from the global pandemic are reasonable goals; however, it is also imperative to plan for the possibility of a second wave of COVID-19 community transmission (or a similar public health emergency) and ensure that domestic/family violence and sexual assault support services are equipped to respond effectively. So far this year, we have observed that overall levels of demand for our services are higher than ever before.

4. Service delivery data

Table 1 below shows that:

- Referral totals in the first three (3) months of 2020 were higher than totals for the same months in 2019.
- There were small reductions in total client referrals during the peak period of COVID-19 restrictions in Tasmania (i.e. April/May 2020), compared with monthly totals for the same months in 2019. However, referral numbers in June, July, August and September 2020 exceeded totals for the same months in 2019.
- In July and September 2020, SASS’s referral totals were higher than all other monthly totals over the past five (5) financial years.

Table 1: Monthly client referrals to SASS’s core Sexual Assault Support Program

	Financial year					
	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Jul	28	35	38	42	54	76
Aug	19	27	53	52	42	56
Sep	32	34	32	40	46	84
Oct	31	26	28	62	63	57
Nov	22	44	44	38	49	-
Dec	24	20	34	47	39	-
Jan	20	18	57	31	56	-
Feb	28	31	43	44	43	-
Mar	33	49	41	39	44	-
Apr	17	42	26	45	38	-

¹ See: <https://www.pesrac.tas.gov.au/purpose>

May	38	51	49	55	36	-
Jun	26	40	37	34	43	-

Note: Referral totals for the months immediately before, during and after the peak COVID-19 restrictions in Tasmania are highlighted in blue.

Table 2 below shows that:

- In June 2020, approximately 70% of SASS clients reported to us that they had been impacted by COVID-19 in some way. A lower proportion of clients reported COVID-19 impacts in July 2020.
- SASS’s waitlist was relatively low in May 2020, but it increased in June and July 2020. This aligns with spikes in referral totals in these same months.

Table 2: Relevant information from SASS’s Tasmanian Sexual Assault Support (TSAS) Monthly Reporting – May-Oct 2020

	May	Jun	Jul	Aug	Sep	Oct
Proportion of clients impacted by COVID-19	*	Approx. 70% of active clients	Approx. 46% of active clients	Approx. 51% of active clients	Approx. 15% of active clients	Approx. 7% of active clients
Total number of waitlisted clients	16	40	61	49	47	41
Total number of interactions with waitlisted clients	23	55	63	**	**	**

* = quantitative data not collected

** = unable to determine

5. COVID-19 impacts on clients and service delivery

Impacts on clients

The pandemic has affected many SASS clients. Clients and practitioners have identified the following impacts on individuals and families:

- Increased flashbacks and trauma responses – exacerbated by social isolation.
- Limited progress in trauma symptom management and recovery due to suspension of face-to-face counselling at SASS.

- Loss of employment – causing financial and mental stress.
- Difficulties accessing to services due to transport barriers and other constraints.
- Negative impacts on mental health including depression, anxiety, increased intrusive thoughts, self-harming behaviours.
- Increased stress due to children staying at home from school.
- Concern and anxiety about the welfare of family members – particularly unwell or elderly parents/relatives.
- Sadness about being separated from family members who are interstate or overseas.
- Delays to required surgery (for self and for family members) resulting in increased stress.
- Social isolation – particularly for those clients who do not have family support.
- For children/adolescents – stress and anxiety about not being able to attend school and see their friends regularly, and the possibility of falling behind in their schoolwork and having a lot of catching up to do.
- Increased reliance on alcohol and other drugs (AOD) to cope with impacts of isolation, unemployment etc.
- Disruption to tertiary studies.
- Not having sufficient data on phone/internet plans to cover video-calls to services like SASS.

Service delivery methods and challenges

During the period of peak COVID-19 restrictions, SASS practitioners responded to the increased complexity of presenting needs among clients. Practitioners provided significant levels of general mental health support for clients who experienced heightened anxiety associated with the pandemic and its impacts. Similar service experiences in the domestic/family violence and sexual assault support sector are noted in recent Australian publications.² Some SASS clients opted to receive regular check-in phone calls that were focused on practical strategies for managing stressors and increasing their sense of wellbeing during isolation.

² For example, see:

The Sexual Assault & Family Violence Centre, Victoria. (2020). *Practitioners' report on client experiences during COVID-19*. Resource available at: <https://www.safvcentre.org.au/wp-content/uploads/2020/06/Practitioners'-report-on-client-experiences-during-COVID-19.pdf>

Pfitzner, N., Fitz-Gibbon, K. and True, J. (2020). *Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions*. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.

Carrington et al. (2020). *Impact COVID on Domestic and Family Violence workforce and clients: Submission to the Australian Parliament Standing Committee on Social Policy and Legal Affairs inquiry into and report on family, domestic and sexual violence*. Inquiry Submission #37.

Trauma-focused counselling was not feasible over the phone or video-call for all clients. The majority of our clients value coming to a safe, familiar environment away from their home, for face to face connection and counselling. Lack of privacy in the home was a major roadblock for some clients. It was difficult for them to engage fully in phone/online counselling if there were other people in the room, including children needing attention. Others had hearing difficulties or found that phone counselling simply did not work well for them. SASS practitioners found that it was particularly challenging to engage child clients in video-calls, as their attention tended to wander. This was not so much of an issue with adolescent clients, who are perhaps more accustomed to communicating with others using online platforms.

Information Technology (IT) was a significant challenge for SASS to manage. At the commencement of remote work arrangements, only a small minority of staff had laptop devices and we had no mobile phones (apart from those used in our after-hours service). Counselling staff therefore had to use their own devices. As the devices were not covered under SASS's IT support contract, management (who do not have IT expertise) had to troubleshoot individual IT issues via phone/video-call, which was often difficult and time-consuming. Effective IT systems are vital in terms of enabling staff to complete their work and ensuring ongoing connection among team members.

In March 2020, Women's Safety NSW reported on findings from a survey of 80 frontline workers, coordinators and service providers in the domestic and family violence sector.³ The report identified a range of remote service delivery barriers and challenges for staff, as follows:

- Reduced resources e.g. access to printing, scanning, hard copy client files
- Working whilst having children at home who are in need of care and home schooling
- Poor internet connection
- Limited access to work laptops and phones
- Communication difficulties between staff
- A sense of isolation and disconnection from the team
- Inability to get client signatures on necessary documents
- Distractions from background noise, children, pets, competing demands on time etc.
- Lack of privacy and concerns about protecting client confidentiality
- Working while sharing accommodation with others [leading] to space issues, with some workers having to operate from bedrooms etc.
- Bringing stressful and often emotionally draining work into the home environment [affecting worker] mental health
- Reduced ability to debrief with co-workers leading to increased vicarious trauma for staff⁴

To differing extents, most of these emerged as operational challenges for SASS staff and managers during the period of remote service delivery. We addressed these as best as we could, by taking a creative approach to problem solving; developing new tools to assist with remote counselling work;

³ Women's Safety NSW (2020). *Impact of COVID-19 on women and children experiencing domestic and family violence and frontline domestic and family violence services*. Summary Report available at: <https://www.womenssafetynsw.org.au/impact/publication/summary-report-impact-of-covid-19-on-women-and-children-experiencing-domestic-and-family-violence-and-frontline-domestic-and-family-violence-services/>

⁴ Ibid, p.7.

and implementing a range of strategies to ensure ongoing communication and connection between team members. However, the experience of remote service delivery during a global pandemic highlighted to us the importance of dedicated planning by Federal, State and Territory governments for events like these, so that domestic/family violence and sexual assault support services have immediate access to the emergency resources that they are likely to need.

6. Recommendations

We wish to submit the following recommendations for consideration by the Tasmanian Government, via PESRAC.

Domestic/family violence and sexual assault support services

- Recognise domestic/family violence and sexual assault support services as ‘essential services’ and include them in response plans for COVID-19 outbreaks and similar public health emergencies.
- Fund frontline services at levels that enable them to:
 - Increase staffing levels during times of heightened/critical demand for counselling and support services, including case management and mental health support; and
 - cover increased levels of need for staff supervision and Employee Assistance Program (EAP) access during times of necessary remote service delivery.
- Provide clear guidance to frontline services on how to access emergency/stimulus funds. Ensure that this guidance states unequivocally that sexual assault support services are included and eligible for any supports available to family violence services.
- Make emergency/stimulus funds available in a timely manner.⁵
- Provide funded organisations that deliver services on behalf of government with:
 - access to Information Technology (IT) specialists who can assist with IT needs assessment and comprehensive contingency plans; or
 - specific monies for engaging private IT specialists to assist with needs assessment and planning.

Other

- Continue to boost funding for social housing in Tasmania. We note Shelter Tas’s advice in June 2020 that “[s]uccessful management of the COVID-19 emergency depends on everyone having a safe and secure home, where they can self-isolate if needed, to protect both

⁵ SASS welcomed the COVID-19 stimulus funds that we received from our primary funding body; however, the pathway to accessing these funds was not clear. This meant that we did not receive stimulus funds until June 2020 – by which time, we were already two months into our remote service delivery arrangements.

individual and community health.”⁶ Over the course of this year, a number of SASS clients have expressed concern about the stability of their living situation. Public messaging like “stay safe: stay home” is only meaningful to people who have a safe and secure abode that enables them to “stay home”.

- Address identified gaps and shortages in mental health intervention and support services for Tasmanian people of all ages, as a matter of urgency. We support the Commissioner for Children and Young People’s recommendation that “[i]t is important to ensure that the review of the model of care for Child and Adolescent Mental Health Services (CAMHS) is finalised as a matter of priority, with a view to expanding and better integrating mental health service provision and supports to children and young people in Tasmania.”⁷ We also support the Commissioner’s recommendation that:

[...] the Government [...] fund local, comprehensive, primary prevention programs for children, young people, their families and the wider community, to support psychosocial recovery from the pandemic. These programs should aim to encourage the restoration of social connections, assist and support adjustment to ongoing uncertainty and new “COVIDSafe” rules and routines, and foster a renewed sense of optimism and confidence as Tasmania recovers from the pandemic.⁸

- Enhance the accessibility of information about mental health supports on the Tasmanian Government’s dedicated COVID-19 website⁹ by:
 - including a brief overview of each service listed under ‘Where to get help’;
 - including targeted information for diverse populations;¹⁰
 - adding or moving the mental health information to the ‘Families and Community’ tab, as people may not navigate to the ‘Keeping Yourself Safe’ tab, or may overlook the information (which is currently located between ‘I want to report non-compliance’ and ‘Pregnancy’; and
 - including clearly visible links to the COVID-19 mental health information on the Tasmanian Government’s Department of Communities and Department of Health websites.

⁶ Shelter Tas (2020). *Shelter Tas backs social housing boost*. Media Statement from 4th June 2020. Statement available at: <https://mailchi.mp/f892dc343f54/jpxcz3anxg-3979425?e=91a124a7a0>

⁷ Commissioner for Children and Young People, Tasmania (2020). Submission to Premier’s Economic and Social Recovery Advisory Council - Stage One Consultation. Submission accessed at: https://www.pesrac.tas.gov.au/data/assets/pdf_file/0015/250611/Commissioner_for_Children_and_Young_People.pdf

⁸ Ibid, p.13.

⁹ See: <https://www.coronavirus.tas.gov.au/keeping-yourself-safe/mental-health-support> and <https://www.coronavirus.tas.gov.au/keeping-yourself-safe/mental-health-support/looking-after-your-mental-health>

¹⁰ The Victorian Department of Health and Human Services (DHHS) website provides information for the broad community, plus targeted information for specific populations including children and young people, parents and families, older people, Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse (CALD) communities, LGBTIQ+ communities, and carers.