Welcome to the
Inaugural National Research Conference on
Violence against Women and their Children

ANROWS Research to Policy and Practice
Establishing the connection
(between alcohol & other drug use, & sexual victimisation)

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Australian Institute of Family Studies

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Yarrow Place Women's and Children's Health Network

Establishing the Connection
Developing shared practice guidelines for use in the AOD and sexual assault sectors to support referral of shared clients

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Australian Institute of Family Studies in partnership with UnitingCare ReGen and CASA Forum
Funded by ANROWS
Presentation

• Project outline
  • Purpose & aims

• Research activities
  • Literature review
  • Data collection – mixed method
    • Key findings from semi-structured interviews and online survey
    • Key findings from the Stakeholder Forum

• Development of Practice Guidelines
Establishing the Connection

Seeking to improve understanding of the complex intersections between alcohol and other drug use and sexual victimisation
The Establishing the Connection Project was a 12-month, Victorian based project whose purpose was to:

- **improve** understanding of the complex intersections between alcohol and other drug (AOD) use and the severity of, or vulnerability to, sexual revictimisation; and to
- **build** the capacity of both sectors to respond more effectively to the needs of affected women and their families

We aimed to do this by:

- **Documenting** existing knowledge
- **Identifying** current referral processes and any shared approaches
- **Identifying** opportunities for greater cross-sector engagement
- **Building** the capacity in both sectors to IDENTIFY, RESPOND & REFER shared clients
Literature Review: State of Knowledge

PREVALENCE

• 17% of Australian women and 4% of Australian men reported an experience of sexual assault since the age of 15 (Australian Bureau of Statistics – 2013)

• 5.1% of Australians meet the criteria for substance use disorders (Australian Institute of Health and Welfare, 2015)

RELATIONSHIP

• Forensic medical records of 2,688 sexually abused children in a 45 year follow up study (who were abused between 1964-1995) were examined and compared to a matched control group of 2,677 individuals to determine the rate and risk of clinical and personality disorders (Cutujar, et al., 2010). The researchers found child sexual abuse victims had an increased risk for a number of disorders including problematic substance use.

Mixed methods approach – qualitative & quantitative

- Semi-structured interviews

<table>
<thead>
<tr>
<th>Sector</th>
<th>Metro</th>
<th>Regional</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD</td>
<td>11</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>SXA</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17</td>
<td>4</td>
<td>21</td>
</tr>
</tbody>
</table>

- Online survey

<table>
<thead>
<tr>
<th>Type of workplace</th>
<th>AOD (n=50)</th>
<th>SXA (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD specialist service</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>SXA specialist service</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Community health service/centre</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Hospital/emergency service</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Mental health specialist service</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Private practice</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
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</tbody>
</table>
Key findings semi-structured interviews

• Current work practices in identification and referral

“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” (SXA services participant)

“So even if it does come up [need for referral] I’d say the linkages would be pretty ad hoc” (AOD services participant)
Key findings semi structured interviews

• Key enablers to interagency engagement
  • Awareness of the relationship between sexual victimisation and AOD use
  • Openness to discussion and information sharing
  • Strong history of working collaboratively with other sectors

“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” (SXA services participant)
Key findings: semi-structured interviews

- Key barriers to interagency engagement
  - Resourcing
  - Uncertainty of how other sector works
  - Lack of communication
  - Concern about role creep

“Look, I think one of the key challenges, the reality, and you know we’re sick of sort of saying this same thing. We’ve got a funding model that doesn’t support the rhetoric around integrated and holistic care” (AOD services participant)

“I couldn’t say that leaving us underfunded and with massive waiting lists fosters relationships between drug & alcohol services and holistic care” (SXA services participant)
Key findings online survey

Current confidence levels

<table>
<thead>
<tr>
<th>How confident are you/would you be to assess a clients AOD use/sexual victimisation/trauma?</th>
<th>AOD (n=50)</th>
<th>SXA (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all confident</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Not very confident</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Confident</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Very confident</td>
<td>7</td>
<td>2</td>
</tr>
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</table>

Current referral practices

<table>
<thead>
<tr>
<th>Have referral processes in place to refer clients to AOD/SXA support/interventions?</th>
<th>AOD (n=50)</th>
<th>SXA (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formal</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Informal</td>
<td>23</td>
</tr>
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Key findings mixed methods: AOD & Sexual assault sectors preferred resources

<table>
<thead>
<tr>
<th>Resource</th>
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<tbody>
<tr>
<td>PRACTICE/CLINICAL GUIDELINES</td>
</tr>
<tr>
<td>• Practical interventions/education/information</td>
</tr>
<tr>
<td>• Waiting list times</td>
</tr>
<tr>
<td>• Secondary consultation information</td>
</tr>
<tr>
<td>• Referral information</td>
</tr>
<tr>
<td>• How the sector operates (what can clients expect)</td>
</tr>
<tr>
<td>• Drug use and impacts information</td>
</tr>
<tr>
<td>NETWORKING</td>
</tr>
<tr>
<td>• Opportunities for face-to-face meetings</td>
</tr>
<tr>
<td>• In-house cross sector training</td>
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Stakeholder Forum:

• Streamlining the findings from the literature review, qualitative interviews & online survey
  • Guidelines must be shared to model the purpose
  • Guidelines should include:
    • minimum response standards for clinicians and practitioners
    • practical prompts to action
  • Guidelines could be used as training resource
  • Importance of next steps in securing resourcing and development of formal governance structures
Shared Practice Guidelines

- How to use this guide
- Key messages
- Sexual assault and substance use: What’s the connection?
- Prevalence of and relationship between sexual assault and AOD use
- How to respond to disclosures
- Referrals and secondary consultations
  - Crisis support
  - Intake and assessment
  - Counselling and Advocacy
- Addressing barriers to services provision
- Further reading and resources
- References
Next Steps: The future of Establishing the Connection

- Launch the shared Practice Guidelines - @ March 2016
- Maintain momentum – engage policy
Acknowledgements

- Research participants and key stakeholders for their time and valuable contributions!
- Trevor King from UnitingCare ReGen & Jane Vanderstoel from CASA Forum
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- Australia’s National Research Organisation for Women’s Safety (ANROWS)

- Establishing the Connection email: etc-project@aifs.gov.au