



WestCASA

Western Region Centre Against Sexual Assault

**Royal Commission into Institutional Responses to
Child Sexual Abuse:**

**Issues Paper 10:
Advocacy and Support and Therapeutic Treatment
Services**

30th November 2015

The Western Region Centre Against Sexual Assault (WestCASA) is pleased to provide a response to Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services.

WestCASA is a community based not-for-profit sexual assault counselling service operating in the western metropolitan region of Melbourne (Cities of Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham) for the past 27 years. WestCASA provides a 24 hour crisis care and support service in conjunction with the Victorian Sexual Assault Crisis Line (SACL).

WestCASA aims to both facilitate the recovery and healing of people who are affected by sexual violence and work toward its elimination in society. The service vision is for *a world where everyone lives free from the fear of sexual violence*. To achieve this vision, WestCASA provides a range of post-trauma counselling and community education services, including:

- Crisis care for recent victims of sexual assault in partnership with the Victorian Police Sexual offences and Child Abuse Investigation Teams (SOCIT) and Western Health through Sunshine Hospital's Emergency Department where we have a dedicated specialist suite of rooms.
- Short to medium term therapeutic counselling for people who have experienced sexual violence, their non-offending families, partners and friends. This is a free service. This is 90% of the work that we do and a significant proportion of these clients (male and female) experienced child sexual abuse in institutional settings
- Advocacy and referral for people who are affected by sexual violence.
- Telephone support and information.
- Group work.
- Secondary and clinical consultation with other professionals working with people who are affected by sexual violence.
- Education and training for the community, professionals, groups and agencies in the Western region.

WestCASA has followed the work of the Royal Commission with interest and has welcomed various invitations to share our knowledge of the experiences and needs of people who experience sexual assault of childhood sexual assault in institutional settings. WestCASA applauds the respectful and thorough way that the Royal Commission has approached the investigation of the complex and varied needs of people who experience sexual assault of institutional childhood sexual assault.

This submission will highlight what is currently known about best practice in responding to the needs of people who experience childhood sexual assault. In our work with both survivors of child sexual assault that occurs in institutional or family setting we see very similar impacts. The tools and therapeutic approaches to the work is also similar. So in this paper we make no distinction between responses to those different experiences. It will also note gaps or inadequacies in current service provision and make informed recommendations about how these gaps and inadequacies can be remedied.

This submission should be read in conjunction with the submission made by CASA Forum.

Comments in response to specific questions on Issues Paper 10.

Topic A: Victim and survivor needs and unmet needs

What advocacy and support and/or therapeutic treatment services work for victims and survivors?

- It is important to note that the impacts of child sexual assault are varied and pervasive in an individual's life. It is only in the last two decades that distinctions have been made between the impacts of one off or short duration trauma experienced in adulthood and the impacts of chronic abuse that occurs in childhood. The latter usually involves a complex post traumatic response that often includes issues related to self-worth, attachment, trust and difficulties with emotional regulation. There is a wealth of international practice based knowledge regarding what therapeutic and support responses are helpful and what practices are not helpful. The expressed views of people who experience sexual assault themselves about what helps and what doesn't are generally congruent with clinical based knowledge and research regarding impacts and treatment approaches to child sexual assault that conceptualise child sexual assault as developmental complex trauma.
- Child sexual assault is a relational trauma and healing needs to happen in the context of a reparative therapeutic relationship over time. The development of a trusting relationship provides a safe space in which people who experience sexual assault can talk about difficult issues such as harmful behaviours towards self and confusion or shame around sexuality. A therapist trained in the impacts of child sexual assault will provide psycho-education and provide a non-judgemental contextual, empathic response to enable exploration these issues and understand how they may relate to early experiences of child sexual assault.
- Care options need to include long term work. Some victims with complex trauma need regular long term therapeutic and case management support to function effectively in the world.
- People who experience sexual assault will be triggered at different points over their life journey so care needs to be available in episodes over their lifetime.
- People who experience sexual assault need to have choice and feelings of control in their treatment e.g. length, intensity, modality and content, goals of therapy, gender of practitioner etc. This should be seen as part of a therapeutic engagement model that provides the client with a different experience to the abuse. Recovery occurs within a context of feeling

empowered and having choice as an antidote to the sexual assault in which the victim feels disempowered and without choice.

- Given impacts of sexual assault are pervasive, contextual and vary according to the individual and their relationships and life circumstances people who experience sexual assault may, or may not, at different times meet mental health diagnostic criteria. It is important they have access to experienced practitioners who use a trauma informed framework and a broad socio-political lens which acknowledges that the issue of child sexual assault is not an individual issue but both a gendered issue and a social that impacts across all our community.
- Adults Surviving Child Abuse (ASCA) have systematically reviewed the literature relating to impacts and helpful treatment approaches for survivors of child abuse. They produced much needed and well respected Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery (Kezelman, C.A. & Stavropoulos, P.A., 2012.). WestCASA has had each of the core principles for effective support identified in these guidelines embedded in our service provision for many years. These principles so succinctly summarised in the guidelines are:
 1. Provide a safe place for the client
 2. Ensure client empowerment and collaboration
 3. Communicate and sustain hope and respect
 4. Facilitate disclosure without overwhelming the client
 5. Be familiar with a number of different therapeutic tools and models
 6. View symptoms as adaptations
 7. Have a broad knowledge of trauma theory and provide the client with psycho-education
 8. Teach clients adaptive coping strategies (i.e. teach clients self-care, distress tolerance strategies and arousal reduction strategies)
 9. Teach clients to monitor their thoughts and responses
 10. Teach clients interpersonal and assertiveness skills
- In addition we would emphasise that there needs to be a range of services. For example, some people may require case work and advocacy, some may benefit from group work or body based therapies such as the yoga and shiatsu programs run by WestCASA. Many will require a transparent multidisciplinary therapeutic approach that addresses their psycho-social physical needs and works with them to create a range of professional supports that target different impacts and issues. For example housing, medical, the need for drug and alcohol counselling and support, assessment and medication to deal with symptoms of post traumatic and complex

trauma responses such as depression and anxiety. WestCASA has been using this holistic, systemic view of providing collaborative support with our clients for many years.

- Over 27 years, WestCASA has been told by our clients about the therapeutic benefits of a warm, inviting, non-clinical (non-hospital/institutional-like) setting and a first contact experience that is friendly, informal and personalised.
- Service providers working with this group need to be able to work in a non-punitive and non-blaming way especially in relation to missed appointments as this in itself may be an impact of the trauma relating to avoidance of memories and feelings associated with experiences of child sexual assault.
- A trauma informed way of working respects and values the unique perspective and expertise the victim/survivor has in their own life. The therapeutic relationship does not have the victim/survivor as a passive recipient, rather they are an active participant in therapy. The therapist offers valuable knowledge in psycho- educational information and over the longer term can create a partnership that actively uses the relationship to heal trust and relational breaches.
- Our clients tell us that it is a tremendous act of courage to make first contact and seek help and there is clear research available to show that for men in particular, help seeking around health issues is rare and difficult. Services need to be responsive to the issue of timing as each victim/survivor is different in their 'readiness' to deal with their abuse history.
- Any initiatives by people who experience sexual assault to seek help need to be respected and built on. Help should be offered by services in a timely manner. This is particularly relevant to the long standing issue of waiting lists for free services. While initial contact and service response times occur within 48 hours of the victim/survivor making contact. Most people who experience sexual assault go on a waiting list for between three to six months. Services should have the resources and capability to respond to ensure the window of opportunity and motivation for engaging with counselling for healing remains open and the person is able to book an appointment to engage with a counsellor on their first contact. WestCASA has a number of demand management strategies to support victim/survivor on our waiting list but this is far from ideal. It has been noted that since the Royal Commission began its work and community awareness has increased the demand on our service has also increased and it becoming more difficult to provide our preferred response times without additional resourcing. For example calls to our intake service have almost doubled in the last year and additional Counsellor/Advocate positions have only meet increasing demand for the service rather than reducing waiting times.

1. What does not work or can make things worse or be harmful for victims and survivors? What do victims and survivors need but not receive?

- Practitioners who have not been adequately trained in a trauma informed care may have a punitive and pathologising attitude to adaptive coping strategies such as: gambling, substance use and abuse, eating disorders, social phobias, an inability to engage with educational or work environments, promiscuity and re-victimisation. Judging or pathologising responses will compound client feelings of worthlessness, shame, difference and hopelessness and important healing opportunities for framing these issues as a response to child sexual assault will be lost. Responses such as this may deter clients from further help seeking for many years. This is a very familiar story we hear at WestCASA from clients who sought help years ago and the response they received resulted in more shame, hopelessness and self-blame. It is important that services to this group are provided by specialist services such as Centres Against Sexual Assault or other practitioners who have specialist training and experience.
- The Multidisciplinary Centre (MDC) model in Victoria provides a wholistic response with CASAs, specialist police and child protection practitioners co-located to deliver a victim centred response to sexual assault. This model is being built on and has the potential to have a range of specialised services supporting people who have experienced sexual assault. This could include mental health, sexual health, alcohol and other drug services alongside wellbeing support such as trauma informed yoga and shiatsu programs.
- An inadequate number of sessions for therapy regarding the complex issues of child sexual assault can often compound the harm of the original trauma. Clients coming to our service often recount seeing a private practitioner through the Medicare system and feeling distressed that after building enough trust to disclose their experiences of child sexual assault there is then no time to do the real work of therapy and they often feel abandoned when the therapy needs to end due to financial rather than therapeutic reasons. Clients are often wary of opening up to a service provider if they do not feel that they are going to stick around to help them manage the impacts of acknowledging their experiences of child sexual assault. This is particularly pertinent to those who have been abused in institutional settings as it may feel like another abuse and let down by the system and those in authority who are supposed to be there to assist them. The system for generalist counsellors or private practitioners delivering a service to people who have experienced sexual assault needs to be monitored in some way to ensure appropriate training in responding to trauma.

2. What helps or facilitates access so victims and survivors receive what they need? What are the barriers to receiving advocacy and support and/or therapeutic treatment and how might those barriers be addressed?

- Despite the issue of child sexual assault being in the public eye in recent times there is still a need for further information for the community about the impacts of child sexual assault and the help that is available. Targeted community education initiatives will ensure victim/survivor have access to information about what helping services exist
- There are many marginalised groups that are challenged by seeking help from mainstream or specialised services.
- Organisations need to be resourced to ensure they can provide outreach to venues people who experience sexual assault are already familiar with. Some examples may include: for men; in gyms and sporting clubs, for young people; in schools or youth centres, for Aboriginal people to gain access to services in their own community organisations.
- Organisations providing help should be resourced to ensure they can provide access to services, not only at venues familiar and comfortable for the victim/survivor but also at times that are flexible.
- Strengthening and skilling the mainstream service system which includes general and specialist medical practitioners, mental health, drug and alcohol services, housing, police, hospital and emergency services, to ensure they are able to adequately respond and refer in a trauma informed, empathetic and efficient manner is vital to ensuring people who have experienced sexual assault are not re-traumatised and further marginalised.
- CASAs are well placed to advise on what minimum training requirements are necessary to ensure practitioners are providing an appropriate trauma informed service. CASAs also have the capacity to deliver this specialist training. In 2014 WestCASA, in collaboration with the Australian Psychological Society, delivered a series of four webinars educating service providers in understanding and responding to issues of child sexual assault for people who experience sexual assault of institutional abuse. WestCASA has also delivered training to Women's Intensive Case Managers for Community Corrections that assisted in their understanding of the impacts of trauma on the brain and how that might change the relationship the workers have with their clients.
- In addition to appropriate training these workers assisting people who experience sexual assault should have access to specialist supervision to manage the OH&S issue of vicarious traumatisation. Many services dismiss the impacts of this work which leads to blame, unhealthy workplace cultures and burn out of workers. WestCASA and other specialist sexual assault

services are well placed to provide this service to private practitioners and other services working with people who experience sexual assault of child sexual assault.

3. How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors? How could these services be shaped so they better respond to secondary victims?

- WestCASA acknowledges that the chances of a victim/survivor healing from the effects of child sexual assault will be greatly enhanced if those close to them understand the issues. For secondary victims to be able to access appropriate support for themselves to enable them to support the victim/family member/friend in an informed way. In line with this fact, WestCASA prioritise a 1-3 session response for secondary victims. Many secondary victims, and as a result the primary victims, would benefit from the opportunity for extended therapeutic support however our service is not adequately resourced to offer this.
- We know that one of the impacts of sexual assault is that it can fracture family relationships. Use of family therapy approaches to support the impacts on the whole family has been shown to benefit the long term wellbeing of the primary victim. Many Victorian CASAs undertake specialist mother/daughter work to ensure there is a re-building of this primary relationship particularly after a disclosure hasn't been responded to well.
- We are aware that many secondary victims would benefit from psychoeducational group work to normalise and validate their experiences. The impact of meeting others in similar circumstances and sharing the difficulties and 'journey' with the primary victim can be very healing and reparative. Current resource constraints do not allow for this service to be provided.

Topic B: Diverse victims and survivors

1. What existing advocacy and support and/or therapeutic treatment services are available that cater to the specific needs of diverse victim and survivor groups? What types of models and approaches are used to address the particular needs of these populations?

- Using a broad definition of diversity that includes people who are Indigenous, culturally and linguistically diverse, gender diverse or have a disability. All have different needs but the underlying thread is that when delivering services to these people service providers should have training in understanding the particular needs of those communities and how that might intersect with the delivery of a complex trauma intervention.

- CASA Forum provides workforce development training to all Counsellor/Advocates across Victoria in all these areas of diversity. This ensures a capable workforce across the diverse communities we work with.
- WestCASA ensures staff are trained in cultural sensitivity and our strategic plan reflects a commitment to supporting diverse survivor groups. We have had many years of experience in delivering sophisticated therapeutic interventions using face to face interpreters in individual counselling sessions.
- WestCASA also prioritises making connections with culturally and linguistically diverse and indigenous services. A community development approach to make connections and establish relationships between services is crucial for service delivery to be appropriate and supported in the particular communities. This is a crucial difference in services being provided by for-profit providers such as counsellors in private practice. The model they currently work in with does not support creating and maintaining connections in these communities.
- We regularly participate in community events such as NAIDOC Week activities, membership of the Western Indigenous Family Violence Regional Action Group or family violence prevention activities such as the 'Sister's Day Out' (<http://www.fvpls.org/Prevention-and-Education.php>) that are hosted by indigenous services where indigenous women can get information about sexual assault counselling and make a connection with a WestCASA staff member.
- We have a strong working relationship with Intouch Multicultural Family Violence Service to ensure we support and train each other in providing appropriate support and referrals to each service.
- Disability, particularly cognitive impairment is an area of growing demand for sexual assault counselling services. There is developments in Victoria ensuring support is delivered in a way that the individual can understand. There is often a need to provide support and training for families, carers or teachers.

2. How could the needs of victims and survivors from diverse backgrounds be better met? What should be in place to ensure they receive the advocacy and support and/or therapeutic treatment they require?

- Preference should be given to services who can demonstrate networks and connections with community services that generally support the diverse communities. This enhances the capacity of the practitioner to deliver an appropriate service as well as educating the support service about the prevalence and impacts of sexual assault.
- Provision of specialist sexual assault counsellors into the community based services who support the communities in more general ways.

- Ensuring quality interpreters. Interpreting services we use engage interpreters as contractors. At time WestCASA struggles to engage interpreters with appropriate levels of training and accreditation. Supporting training at higher levels for interpreters would assist in their capacity to interpret complex therapy. Training for interpreters about what to expect in this type of work and to have them consider their need to de-brief and manage their vicarious trauma is vital.
- All practitioners should meet criteria for training to develop expertise in working with complex trauma as well as in culturally sensitive practice.
- Working with interpreters should also be one of these criteria.
- Service delivery models should be flexible to suit the needs of the community. The models should be developed with input from the communities receiving the sexual assault support service.
- Sometimes the support needs to be of a practical nature such as funding for transport, flexible delivery in other settings.

3. What would better help victims and survivors in correctional institutions and upon release?

- WestCASA has been providing sexual assault counselling in the [REDACTED] (medium to high security women's prison) for more than eight years. The majority of clients come with very complex trauma presentations (mental health issues, self-harm, dissociative disorders) all issues relating to child sexual assault, often in institutional settings.
- The WestCASA prison program would be enhanced by the delivery of our specialist group work and body based therapy (yoga and shiatsu) programs. An integrated model of therapeutic interventions improves and enhances healing and recovery. Current resourcing does not allow for this type of service expansion.
- Training for prison officers and other programs staff to help them understand the impacts of childhood sexual assault on the brain and the complex trauma experienced by most prisoners. The training should include information about vicarious trauma they might experience from their work in a non-judgemental way. It is not uncommon to experience negative, judgemental and angry responses by prison staff towards prisoners or in their communication with other staff about prisoners. The aim of this training is to build understanding and greater empathy from prison staff towards the prisoners. WestCASA provides training to prison staff that has this focus.
- There is no specific sexual assault counselling to men who experience sexual assault and are in prison. We know that there are strong links between childhood sexual assault and men's violence and criminal behaviour. We have occasional calls from the prison staff about what we might be able to

offer at prisons in our locality (Port Phillip Prison and the Melbourne remand Centre). A state-wide and systematic sexual assault counselling service in men's prisons delivered by specialist sexual assault services would be an improvement in supporting many men who live with this trauma. The importance of this being delivered by a specialist services is that the support for staff in undertaking this work is built into the service delivery structure.

- All CASAs prioritise service provision to women exiting prison but this is often a difficult transition for them. All women exiting prison in Victoria can receive a 'warm referral' to a CASA in their location.
- The issue is that support for women exiting prison is minimal and they have more pressing needs such as housing, reconnecting with family and children, employment or study and managing their non-offending strategies. So there often isn't a high take up of counselling upon release. Funding to provide transport assistance and/or outreach service during the initial transitional period is likely to enhance the ability of these women to continue their therapeutic work once they are released from prison. Research in this area to understand what might assist women to stay connected would be helpful in enhancing this transition for these women.
- We do have a number of cases where women have stayed connected with the counsellor they saw in prison when they were released. These are very motivated and changed women who were committed deeply to no more offending.

Topic D: Service system issues

- 1. There is a range of terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse. We provided our current working definitions in the introduction to this paper. Are these terms adequate and have they been defined appropriately? If not, what terminology and definitions should we consider using?**

Please see the CASA Forum response to this question.

- 2. Given the range of services victims and survivors might need and use, what practical or structural ways can the service system be improved so it is easier for victims and survivors to receive the advocacy and support and/or therapeutic treatment services they need? What type of service models help victims and survivors to receive the support they need?**
 - Feedback from clients and analyses of the relevant research and literature (Kezelman, C.A. & Stavropoulos, P.A. 2012.) suggests that two broad service model baselines need to be present to ensure people who experience sexual assault receive appropriate care:

Widespread training of generalist and other specialist services & practitioners:

- Generalist and specialist services & practitioners need to be trained in trauma informed care to enhance their responses to people who experience sexual assault. WestCASA and other CASA's have recognised the importance of this principle for many years. As such we regularly participate in research that looks at people who experience sexual assault needs. For example we are currently giving our clients the option of completing a survey regarding improving the provision of dental care to survivors of SA. We also regularly train student dentists in increasing their awareness and sensitivity to the prevalence and needs of patients with a sexual assault history. CASA's also collaborated on a state-wide project training nurses in the provision of trauma-sensitive Pap smear tests. In previous years we have trained medical GP's in sexual assault sensitivity and produced a booklet for GP's giving important information regarding prevalence of sexual assault, responding to disclosures and appropriate referral. This type of training needs to be easily accessible and cost effective for generalist services.
- Funding needs to be provided for research projects into the needs of people who experience sexual assault of child sexual assault. WestCASA receives no funding for research. If we did we could utilize our client and service provider expertise to contribute to the evidence base of what interventions work for people who experience sexual assault of child sexual assault. We have access to data and the expertise to better inform service models and for a small cost this would significantly add to the current evidence base relating to this client group. In summary, funding for the training of other workers and for research into the needs of and effective treatment approaches for people who experience sexual assault of child sexual assault is needed. Research funding typically is granted to academic institutions. Funding to research in clinical settings such as CASA's would provide highly relevant data.

Choice, flexibility and timely response times when accessing specialist support:

- Clients should be able to choose whether they want to access support through the private or public systems.
- Private practitioners need to demonstrate appropriate specialist knowledge about child sexual assault and they need to be trained in cultural sensitivity. Specialist sexual assault services such as WestCASA should be involved in developing base criteria and providing training for private practitioners. Provisions need to be made for the private system to use an outreach model, interpreters and for them not to be financially disadvantaged by the high rate of missed appointments for this client group. Funding for longer term care

via the private system needs to be provided to avoid a potentially harmful lack of continuity of care.

- Specialist services such as WestCASA have a highly skilled workforce as this is our work day in and day out. CASAs need to be better funded to provide the type of services that we know work for this client group. Timely initial responses, short waiting time for ongoing service, capacity for long term support, more spaces in our un-funded body based therapies programs, more group work, capacity to provide a longer service to secondary victims, more outreach locations including venues that suit the client e.g.: schools, Aboriginal community organisations, CALD support services, disability services.

3. How can we ensure practitioners and workers are sufficiently skilled to provide advocacy and support and/or therapeutic treatment for adult and child victims and survivors, including those from diverse backgrounds?

- Minimum criteria for service provision to these groups need to be established. An advisory group consisting of relevant stakeholders that included specialist sexual assault services could be established to set these criteria and identify and list appropriate training and training providers and supervisors.
- Also see CASA Forum response to this question.

Topic E: Evidence and promising practice

1. What promising and innovative practices (including therapies, interventions, modalities and technologies) for victims and survivors of institutional child sexual abuse are emerging from practice-based evidence? Where are these available and who can access them?

- WestCASA has been providing an innovative body based therapies program (trauma informed yoga and shiatsu massage) to complement our 'talking therapies' for eight years. There is a large body of evidence supporting the effectiveness of such body based programs (Emerson et al., 2009; Sparrowe, 2011; van der Kolk, 1994). These programs need to be delivered in integrated model within the therapeutic frame of the healing and recovery. It is not just a 'feel nice' adjunct to the work but an evidence based intervention that is grounded on the idea that sexual assault happens to a person's body so there are impacts that are physical that may not be addressed by the talking therapy.
- Our client group finds this program enormously helpful and it can also be challenging for our client group to engage with. It is particularly helpful for people who experience sexual assault of child sexual assault who often have a disturbed relationship to their body and somatic pain and flashbacks as a result of the abuse. WestCASA has been collecting evidence and has an

unpublished evaluation of the first three years of the Body-based Therapies program which will be updated in the next year.

- WestCASA has also supported the establishment of a trauma sensitive yoga program in a local yoga school. This class runs alongside the traditional yoga classes but is women only and the practitioner provides a trauma sensitive practice. WestCASA can provide a 'scholarship' to women who are referred into the program but might find it hard to pay the fee. The scholarship has increased the numbers and regularity of women attending. The trauma sensitive yoga program also acts as a bridge for women doing the yoga at WestCASA to be able to continue their practice in a safe space and with the same yoga teacher.
- WestCASA would like to train yoga practitioners in understanding and delivery of trauma sensitive yoga. Again resources for these types of projects is limited.
- WestCASA has also been providing an innovative group program, Strength to Strength, that addresses the reality of re-victimisation for people who experience sexual assault of child sexual assault in a non-blaming and trauma informed way. This group has run for three years and has demonstrated significant shifts in pre- and post-testing relating to the impacts of child sexual assault.

2. What evaluations have been conducted on promising and innovative practices? What have the evaluations found?

The above mentioned programs have been extensively evaluated in quantitative and qualitative ways and the programs have been found to be effective in their stated goals of shifting particular negative impacts of child sexual assault. Detailed program information and evaluations are available on request.

3. Conclusions

In summary WestCASA would like to make the following recommendations:

1. Further funding be given to specialist sexual assault services to provide the following which will benefit people who experience sexual assault:
 - Shorter initial response times
 - Shorter wait times for ongoing counselling
 - Expansion of integrated body based therapies such as yoga and shiatsu into sexual assault counselling.
 - Expansion of group work including mindfulness programs
 - More service to secondary victims
 - Capacity for more flexible outreach service.
 - After hours appointments

- Resources to conduct research and more extensively evaluate and publish the findings of our specialist work with people who experience sexual assault.
 - Evaluating the impact of the work and managing vicarious trauma to ensure the expanded workforce in this area of work is well supported.
 - Provide more extensive services in correctional settings for both men and women. Also training for prison and correctional services staff.
2. Specialist sexual assault services have an equal role in establishing and running a stakeholder advisory panel to identify baseline practitioner expertise and training needed. Also to advise on what training and supervision programs are appropriate.
 3. Funding for specialist services such as WestCASA to provide additional training to generalist services and other specialist services (e.g. mental health practitioners, disability service workers, residential care workers, drug & alcohol services, dentists, hospital nurses etc.) to enhance their awareness of the needs of and appropriate responses to people who experience sexual assault.
 4. The Medicare Better Access program include provisions for services to this client group be longer term (e.g. 25 rather than 10 sessions), not require a mental health diagnosis and be provided with interpreters and/or at a location that diverse groups may already have connections with.

References

Emerson, D., Sharma, R., Chaudhry, S., & Turner, J. (2009). Trauma-sensitive yoga: Principles, practice, and research. *International Journal of Yoga Therapy*, 19, 123–128.

Kezelman, C.A. & Stavropoulos, P.A. (2012). *'The Last Frontier': Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*. Adults Surviving Child Abuse (ASCA).

Sparrowe, L. (2011). Transcending Trauma. *Yoga International*, 89 (Fall), 48–53.

Van der Kolk, B. (1994). The body keeps the score: Memory and the emerging psychobiology of post-traumatic stress. *Harvard Review of Psychiatry*, 1, 253–265.