

For Disability
Support Workers



**Guide to Responding
to Disclosure of
Sexual Abuse of an
Adult with a Disability**



Contents

- 04 Acknowledgement of Country**
- 05 Acknowledgement of Partners**
- 07 Executive Summary**
- 09 Terminology and Definitions**
- 11 Statement of Principles**
- 13 SECTION 1 | Be Prepared**
- 16** Your Responding Obligations
- 18** Decision-Making: A Rights Based Approach | Part One
- 24** Decision-Making: A Rights Based Approach | Part Two
- 27** Decision-Making Flowchart
- 28** Cultural Awareness and Safety
- 31 SECTION 2 | Responding to a Disclosure**
- 32** 2a. When the Disclosure is Recent
- 33** Preserve Evidence of Recent Abuse and Take Notes
- 34** Referral
- 35** Referral Pathway | Disclosure of Sexual Abuse of an Adult
- 36** Forensic Medical Examination
- 38** Supporting Communication
- 39** Supporting a Person Who is Deciding Whether to Report to Police
- 40** 2b. If the Disclosure is of Historical Childhood Abuse
- 42** Referral Pathway | Disclosure of Sexual Abuse of a Child Who is Now an Adult
- 43 SECTION 3 | Vicarious Trauma and Self-Care**
- 46 Appendix A:** Disability Support Worker Check-List
- 47 Appendix B:** Training Providers for Trauma-Informed Care
- 48 Appendix C:** List of Supporting Organisations
- 50 You've Had a Difficult Conversation Today** (*form*)
- 52** References

Acknowledgement of Country

Laurel House acknowledges with deep respect the palawa people, the traditional owners of lutruwita (Tasmania) Aboriginal land, sea and waterways.

The palawa people belong to the oldest continuing culture in the world and they have cared for and protected Country for thousands of years. We honour them and acknowledge elders past, present and emerging.



Acknowledgement of Partners

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A list of all our supporting organisations is found at the end of this document.

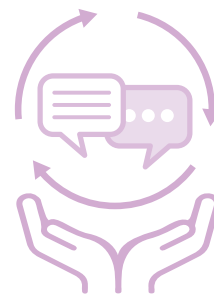
Warning

This Guide discusses matters that may be triggering for you, such as sexual violence and violence toward children.

Please be prepared and practice self-care. The Guide provides a discussion of self-care and vicarious trauma.



Executive Summary



This is a guide to what to do if an adult with a disability discloses a sexual assault to you in your role as a disability support worker.

The best response to any situation is one in which you are prepared, understand the key features of the situation you are about to respond to, and are well-informed about what works in this kind of situation. In this Guide we have tried to provide information and advice in a form that will allow you to provide the best response you can.

The Guide promotes a person-centred, human-rights and trauma-informed perspective. It sets out key definitions for disability, sexual abuse, and vulnerability, followed by a statement of principles. Together these constitute the framework for all the information and advice that follows.

Be Prepared: Understand the Size and Proximity of the Problem

The Guide starts with 'Being Prepared', which includes an estimation of the prevalence of sexual assault of people with disability. It makes the point that it is a very big problem. Having an appreciation of the size and proximity of the problem to your practice is an essential first step toward providing an effective response. Data indicates that in any 12 month period a support worker is highly likely to interact with several people who have experienced sexual violence.

Support Communication

People with disability who also face communication challenges are at heightened risk of interpersonal violence. Furthermore, a person will not disclose abuse if they feel that you are not taking the required steps to communicate with them effectively. Communication requires that you look for, identify, and remove barriers to communication with your clients. Further, it requires that you actively support your clients to communicate with yourself and others by ensuring that they have appropriate devices, communication boards, and your undivided attention. Fact Sheets in the Supplementary Resources of this Guide are designed to help you with these issues.

A recent welcome development in Tasmania is the Witness Intermediary Program (WIP), which provides specialist communication support for eligible people with complex communication needs who are engaging with the justice system. Information about WIP is found in the Referrals section of this Guide.



252,000

estimation of the prevalence of sexual assault of people with disability each year

Trauma-Informed and Culturally Safe Care

The key features of an effective response to a disclosure of sexual violence are described in trauma-informed care: listen, believe, avoid blaming, and support the person’s own agency in exploring their options, decision-making, and referring on. The information and advice in this Guide are designed to support you to deliver a trauma-informed response. However, specific training is also required to ensure that the right response is delivered when a person with disability discloses. A list of training providers is found at Appendix B of this Guide.

Trauma-informed care includes cultural safety. A culturally safe environment is one in which people feel safe from all forms of violence, including challenges to, or denial of, their identity and experiences. Cultural safety recognizes that meaning is generated culturally and so, a meaningful response to a disclosure will require an awareness of the relevant cultural factors that inform and shape the person’s experiences, understanding and behaviour.

Reporting and Decision-Making

Support workers are rightfully concerned about their legal and moral obligations, including what they need to report and to whom, and how to best support a person with a disability to make a decision in regard to reporting to police. This Guide provides clear advice about your reporting obligations to police, NDIS and Aged Care, and advice about when to involve the Guardianship Stream of the Tasmanian Civil and Administrative Tribunal (TASCAT GS). It also provides clear advice about preserving evidence, where needed.

Once a disclosure has been made, you may need to support your client to navigate a range of decisions, including decisions regarding the involvement of the legal system, forensic medical examination, and further support services. This Guide provides information and advice to assist you to support your client in making appropriate decisions for their circumstances. Fact Sheets in the Supplementary Resources of this Guide are designed to assist and include flow charts that set out referral pathways.

Self-Care

Part of providing a trauma-informed response is recognising the risk to yourself (and those around you) of the effects of vicarious trauma, and the need to practice self-care. The final section of the Guide provides a brief overview and some tips on effective self-care.



Terminology and Definitions

Definition of Disability

A disability is not an inherent limiting quality that defines a person. Rather, in line with the United Nations Convention on the Rights of Persons with a Disability (CRPD), we maintain that 'disability' is a complex and evolving concept that is partly a function of social attitudes and technologies.

A shift in social attitudes has given people with disability access to mainstream jobs and education, and sports participation at both social and elite levels. And the same advances in technology that have made it possible for almost anyone to be functionally multi-lingual, to be able to speak with others in languages they are not familiar with, are making it possible for people who are non-verbal or who have complex communication needs to communicate more effectively.

The World Health Organisation has a similar view, describing disability "as the interaction of individuals with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support".

Australian Bureau of Statistics'(ABS) data has been used throughout the project from which this Guide has been developed. The ABS has defined disability as:

“any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months.”¹

The definition used by the ABS informs the statistical information it has produced, for example, about prevalence of violence toward people with disability.

Definition of Sexual Abuse ²

Behaviours that qualify as sexual abuse are quite varied. What they have in common is the **absence of consent** from the person who is subjected to those behaviours. Consent must be ongoing and enthusiastic, and specific to the intended actions.

Sexual abuse includes but is not limited to, sexual intercourse, oral sex, touching genitals, fondling breasts, voyeurism, exhibitionism, and showing or involving the person in pornography. It also includes grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a person, to lower the person's inhibitions in preparation for sexual activity with them.

Definition of Vulnerability

“Vulnerability” in its general use simply refers to our capacity to be affected by something. People are affected by – vulnerable to – many different things, some of which are welcome, some not, e.g. humour, beauty, kindness, alcohol and threats.

In the context of this Guide, “vulnerable” is used in a limited, legal, sense to refer to those people with disability toward whom some workers have specific legal obligations. The Australian Government Department of Social Services defines a vulnerable adult as:

“an individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation...”³

This Guide takes a ‘social’ view of vulnerability. It understands that vulnerability is a function of a person’s circumstances; it expresses the ways in which those circumstances do not meet the needs of the person. This encompasses what is in that environment as well as what is missing, for example:

- poorly designed public infrastructure (e.g. visual signage only, darkened alleys, gaps in the pavement),

- lack of physical access (e.g. stairs instead of lifts),
- ignorance (e.g. inadequately trained workforce),
- prejudice (e.g. being in contact with people with inadequate values), and
- social isolation (e.g. being inadequately supported in a residential care setting).

Terminology and Language Guides

There are numerous useful guides to terminology and language use in relation to disability. There is no universal agreement about terminology. If you are unsure of what terms to use when engaging with a person with a disability, just ask them what they prefer.

People With Disability Australia (2019). What Do I Say? A Guide to Language About Disability.

https://pwd.org.au/wp-content/uploads/2019/08/PWDA_LanguageGuide_A5_WEB.pdf

National Autistic Society, UK (2020). Good Practice Guide. For professional delivering talking therapies for autistic adults and children.

<https://www.autism.org.uk/what-we-do/news/adapt-mental-health-talking-therapies>



Statement of Principles



Aim

The aim of this Guide is to strengthen the capacity of disability support workers to respond effectively to people with a disability who have experienced sexual abuse.

The Guide incorporates contemporary understandings of disability into principles to guide current practice, as well as promoting a Trauma-informed and Human Rights approach.

Disability – A Social Model

“it is the societal perceptions and responses to people with a disability that are more often responsible for the increased risk of victimisation that such individuals experience.”⁴

There has been a significant shift in the last 30 years in the way 'disability' is understood, moving away from a view of a person with disability as being unable to participate fully in society because of limitations that they have, to a realisation that barriers to a person with disability's participation in society are, in fact, social, attitudinal, and environmental.

You can play an important role in removing these barriers.

Avoiding Paternalism

Acting in a paternalistic way – as a parent may with a child – often stems from a desire to protect a person and/or a belief that the person needs protection. However, by acting in this way you may, in fact, harm the person. The harm is caused by taking away control of the response to the situation from them, and in doing so, denying the person their right and freedom to respond in their own way.

You may think you're being supportive but you're potentially disempowering and retraumatising the person.

Supporting Decision-Making and Building Capability

Historically, the law has taken a protective position regarding people with disability, which has often resulted in a loss or diminishment of their freedom. More recently, in alignment with the United Nations Convention on the Rights of People with Disability, there has been a move away from paternalism and towards a rights-based approach that recognises and aims at building the person's own decision-making capacity.

A rights-based approach promotes the removal of barriers and provision of supports that allow people with disability to participate fully in society and to make their own decisions about their lives.

Trauma-Informed Perspective ⁵

Trauma-informed care (TiC) is an approach to delivering services that is based on the understanding of how trauma affects the brain and body systems, and, consequently, the person's long-term well-being. TiC aims at restoring a sense of control and empowerment to the person.

Trauma results from an event, series of events, or circumstances that are experienced as potentially physically or emotionally life-threatening. If traumatic experience is not resolved after a precipitating event (such as an assault), initial, protective responses to that serious threat ('fight', 'flight' and 'freeze') can become disrupted and cause long-term problems. These unresolved and unregulated responses restrict the person's ability to respond flexibly to daily stress and life challenges. If trauma is not resolved people cannot 'move on'.

Research shows that we can be optimistic about resolving trauma, and that positive relationship experiences are very important to the recovery process.

- Positive experiences in our relationships can help us heal.
- Negative experiences make our emotional and psychological problems worse.

Positive experiences of relationships are central to trauma recovery. They are also important to general well-being.

Strategy ⁶

The Guide uses a person-centred, trauma-informed, rights-based approach:

Person-centred: be respectful of, and responsive to, the preferences, needs and values of the individual person. Work with the person regarding decision-making/ planning their health care/lifestyle choices.

Trauma-informed: do no harm in your interactions; support the person to feel safe in interacting with you and your service; build trust and overcome fear.

Rights-based: incorporate the recognition that a person with disability has the same rights as others into your interactions with them. To support a person with disability in asserting their rights.

Put the Person in the Driver's Seat

When a person has been sexually abused it is of the utmost importance that any response to their disclosing of the abuse does not compound their trauma by taking control of what happens away from them. This is of paramount importance in the case of a person with disability.

This Guide is designed to promote practices that empower a person with disability to take control of the situation wherever possible.

The principles above should be returned to whenever you find yourself unsure how to act in a situation. You might ask yourself:

- Are my actions supporting this person as an individual?
- Am I promoting the person's rights?
- How can I work together with the person to best respond to their situation?



Section 1: Be Prepared

Be Prepared

See Fact Sheet: Prevalence, in Supplementary Resources.

Be aware that your clients may have experienced sexual violence.

* Numbers are an approximation.



Tasmanian adults living with disability are estimated to have **experienced at least one sexual assault since the age of 15**

1000* Tasmanian adults living with disability are estimated to have experienced sexual violence in the previous 12 months



TASMANIA
1 adult/6 hours

200,000 Australian adults are estimated to have experienced sexual violence in the previous 12 months



Over **70,000** Australian adults with a disability have experienced sexual violence in the previous 12 months



NATIONALLY
8 adults/hour



Australian adults estimated to have **experienced sexual assault during childhood**



There is no reliable mechanism to estimate prevalence of sexual abuse of children, with or without disability.

[Estimates are extrapolations from the ABS Personal Safety Survey 2016.]

If we divide the total number of people in Tasmania with disability who are estimated to have experienced sexual violence by approximately 150 NDIS providers, we find that:



around 7 people per organization will have experienced sexual violence in the previous 12 months, and

140 per organization will have experienced sexual assault in their lifetime.

In considering the size and impact of the problem, note also that:



many people with disability are unable to report



effects are detrimental and life-long, and



criminal convictions are extremely low

KNOW YOUR OBLIGATIONS AND ORGANIZATION POLICY

Know what you are obliged to do by your employer and the law.
See advice on Reporting Obligations at page 16.

KNOW YOUR OBLIGATIONS AND ORGANIZATION POLICY

- Understand and apply a trauma-informed approach.
- Understand and practice cultural safety (see below).
- Be proactive about addressing communication barriers (see advice on page 38, and in the Supplementary Resources).
- Know what to expect in a forensic medical examination and how to preserve evidence.
- Understand that this kind of conversation is traumatic and may trigger strong emotions for you. It is important to practice self-care and have professional support network in place. See information about Vicarious Trauma and Self-Care at page 43.

TAKE A TRAUMA-INFORMED APPROACH ⁷

See Fact Sheet: Trauma-Informed Care, in Supplementary Resources.



Believe

When someone tells you they have experienced sexual violence you should believe them. It's normal to want to ask lots of questions, but this can make the other person feel uncomfortable. It may also make them feel that they are not believed. Before asking, listen.



Listen

Some people want to talk about what happened to them straight away and some people do not. It may take years for someone to disclose an act of sexual violence. Listen without interrupting or talking too much, and don't judge when they are ready to talk.



Never blame

A person who has experienced sexual violence is never to blame for what happened. It doesn't matter what a person was wearing or if they were drunk or on drugs, sexual violence is never OK. Someone's age, cultural background or relationship to the person or people who hurt them are never excuses for sexual violence.



Ask before you touch

After experiencing sexual violence some people do not want to be touched. As a support person, you may want to offer comfort by putting your arm around them or giving them a hug. It is important to ask first. Physical touching without seeking the person's permission may bring back bad memories from the abuse.



Collaborate to promote the person's own agency: help explore options

It's important that someone who has been sexually abused has as much control as possible over what they do next. You can help by finding out about support services and how to use them. After experiencing abuse it can be difficult to think about these things straight away. Your support with finding and contacting services can be a good place to start if this is something they want you to do.

REMEMBER

Always take a rights-based approach to supporting a person's decision-making. People with disability have the right to participate fully in society and to make their own decisions about their lives.

Your Responding Obligations

See Fact Sheets: *My Reporting Obligations; Risk factors; Myths and Facts.*

A vulnerable adult is “an individual aged 18 years and above who is or maybe unable to take care of themselves, or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason”.

{Australian Government Department of Social Services definition⁸}

IS IT MANDATORY TO REPORT SEXUAL ABUSE OF A VULNERABLE ADULT TO POLICE?

NO. Unlike the case of children, there is currently no mandatory police reporting of sexual abuse of vulnerable adults in Tasmania. You can report, but you are not committing a criminal offence if you do not report the abuse to police.

MUST I REPORT SEXUAL ABUSE OF A VULNERABLE ADULT TO THE NDIS OR TO THE AGED CARE QUALITY AND SAFETY COMMISSION?

YES. There are reporting obligations that Commonwealth funded disability and aged care service providers must comply with. If you are a worker in either of these industries, you need to know what your responsibilities are.

NDIS Quality and Safeguards Commission – Reportable Incidents



In accordance with the NDIS ACT 2013, the NDIS Quality Commission requires that all registered NDIS providers notify the Commission of all reportable incidents (including alleged reportable incidents).

For an incident to be reportable, a certain act or event needs to have happened (or be alleged to have happened) in connection with the provision of supports or services. This includes:

- unlawful sexual or physical contact with, or assault of, an NDIS participant, and/or
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity.

WHEN SHOULD I REPORT AND TO WHOM?

Immediately. When you first have a suspicion of or become aware of the sexual abuse, you should report it to the most senior member of staff on duty.

Within 24 hours, your service management must report the incident to the NDIS Commission using the NDIS Commission Portal. You can obtain more information about lodging an incident report by contacting the NDIS at reportableincidents@ndiscommission.gov.au or by phoning 1800 035 544 during business hours.

Funded Aged Care – Serious Incident Reporting



Australian Government

Compulsory reporting of sexual abuse of vulnerable adults applies to people who are living in aged care funded by the Commonwealth Government or who are receiving services funded by the Commonwealth Government. (Aged Care Act 1997). The compulsory reporting mechanism in aged care is known as serious incident reporting.

The Serious Incident Response Scheme (SIRS) is a new Australian Government initiative. Under this scheme, certain serious incidents are classified as reportable incidents and must be reported to the local police and the Aged Care Quality and Safety Commission:

- Sexual threats or stalking, or sexual activities without consent are reportable incidents under the SIRS.

WHEN SHOULD I REPORT AND TO WHOM?

Immediately. When you first have a suspicion or become aware of the sexual abuse, you should report it to the most senior member of staff on duty.

Within 24 hours, your service management must report the incident to local police, and to the [Aged Care Quality and Safety Commission](#) via the SIRS tile on the My Aged Care Provider Portal.

Mandatory Notification of Professional Misconduct by a Health Professional

In some circumstances you may also be required to make a separate report about the person who is alleged to have committed the sexual abuse. This is required if, in the course of your work, you form a reasonable belief that a health practitioner has committed sexual misconduct in the course of practicing their profession. In this situation you are required to notify the relevant national agency responsible for regulating the practice of that health practitioner. This is most commonly the Australian Health Practitioners Regulation Agency (AHPRA). However, not all health professions are regulated by AHPRA.

Further information can be found at AHPRA: <https://www.ahpra.gov.au/Notifications/mandatorynotifications/Mandatory-notifications.aspx>



Decision-Making: A Rights Based Approach

PART ONE



The information below is taken from the Tasmanian Capacity Toolkit, the New South Wales Capacity Tool Kit, and TASCAT Guardianship Stream Factsheets. Laurel House acknowledges the work done by the Department of Health Tasmania, TASCAT and the New South Wales Department of Communities and Justice.

The Principles of the Tasmanian Disability Services Act 2011 state that people with disabilities have the same rights as other Australians, including:

The right ‘... to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity;’

The right ‘... to be respected for their worth and dignity and to live free from abuse, neglect and exploitation;’

The right ‘... to pursue any grievance;’

Questions around a person’s capacity to make decisions following a sexual assault may arise in relation to:

- the decision to contact sexual assault services and report the abuse to police,
- consent to treatment, including consent to a forensic medical examination, and
- other decisions that may need to be made as a result of the abuse/assault, such as decisions regarding the person’s accommodation or services, or the need to remove the person from a dangerous environment.

What is Decision-Making Capacity?

Broadly speaking, when a person has capacity to make a particular decision, they are able to do all of the following:

- understand the facts involved
- understand the main choices
- weigh up the consequences of the choices
- understand how the consequences affect them
- communicate their decision.⁹

Capacity is Decision Specific

It is very rare for a person to not have capacity for any decisions. More often, people only lack capacity in making specific types of decisions. For example, a person might be able to decide where they want to live (personal decision), but not be able to decide whether to sell their house (financial decision). They can do their grocery shopping (a simple decision about money), but not be able to buy and sell shares (a more complex decision about money).

The level of capacity a person has in respect of a specific decision can vary across time and context. This is, in fact, the case for people whether they have a disability or not. Capacity can depend on many factors including the type of decision being made, the complexity of the decision, how much information the person has been given, their level of understanding, the communication strategy employed, and the amount of stress the person is under.¹⁰

Assume the Person has Capacity

The most fundamental principle is to presume a person has the capacity to make all decisions for themselves. Every adult is free to make their own decisions if they have the capacity. You should always make this presumption unless it is established that the person does not have the capacity to make a particular decision.¹¹

It is very important not to assume that because a person has a disability that they lack capacity to make their own decisions. Even where a person may have impairments that affect their ability to understand or communicate, it is your obligation to consider what reasonably available supports the person may require in order to exercise their rights in decision-making.

Presumption vs Protection

Even with a presumption of capacity, it is still important to think about the balance between a person's right to make a decision and the extent to which that person's health or safety might be in danger if they make a certain sort of decision.

This can be a very difficult balancing exercise. If you are faced with this situation, be mindful not to act in an overly protective way when assessing whether a person has capacity. Remember that making an unwise decision, or one that you don't agree with, does not mean that a person lacks capacity.

Protecting a person from making what you think is an unwise decision may seem helpful, but it is very important that any steps you take to intervene are appropriate. If a person isn't allowed to confront a difficult decision or its consequences, their right to be in control of their life is denied. Each individual has the right to take their own chances and make their own mistakes.

Testing Capacity

A capacity assessment will be required where:

- attempts at supported decision-making have failed, and
- there is a decision that needs to be made for the person that requires a formally appointed substitute decision-maker, and
- there is no current substitute decision maker appointed.

For information on assessing capacity see sections 3, 4 and 5 of the Tasmanian Capacity Toolkit: http://www.health.tas.gov.au/_data/assets/pdf_file/0008/98513/Web_Capacity_Toolkit_Tasmania.pdf

Supported Decision-Making

No-one makes all decisions independently; in attempting to make good lifestyle decisions, we often consult the important people in our lives and, sometimes, professionals to assist us.

Assisting, or supporting, someone to make a decision means giving them the tools they need to make the decision for themselves. It is about supporting them to make their own decision, and in doing so, safeguarding their autonomy. It does not mean making the decision for them. A person's right to make decisions is fundamental to their independence and dignity.

How to Support a Person to Make their Own Decision

As noted above, a person's capacity to make a decision can vary across time and context. To begin with, try and create the best possible environment for the person who is making the decision. You can start doing this by:

Finding the most effective way to communicate with the person. Do they use an Augmentative and Alternative Communication (AAC) system, e.g. a communication device? Do they require a support person, advocate or interpreter and do they prefer to have key information written down?

Find out how they are usually supported to make important decisions and discuss this option with the person. Unless support person is the alleged perpetrator of abuse.

You can do this by discussing these issues with the person and/or by enlisting the support of a trusted family member, service provider or advocate. It is important that you do not seek information from a support person who is the alleged perpetrator of abuse. Get assistance from a neutral interpreter, speech pathologist therapist, behavioural support practitioner or other professional, where required. But make sure to discuss this with the person first.

Once communication and other supports are in place:

- Ensure the person has all the information they need, available in a format that they understand, to make an informed decision. Try not to give more detail than the person needs. In some cases, a very simple, broad explanation will be enough.
- Describe the risks, benefits and any possible consequences of them making, or not making, the decision.
- Be patient, give the person plenty of time to express themselves and to make the decision.

For further information on how to support a person with decision-making see:

<https://www.health.tas.gov.au/publications/capacity-toolkit>

Where There is Already an Appointed Enduring Guardian or Guardian

The exception to supported decision-making is where a formal legal substitute decision-maker has already been:

- called upon by a medical professional as a 'person responsible' (see below)
- activated by a power of attorney or enduring guardianship (see below)
- appointed by a board or court (see below).

AND that other decision-maker has the power to make decisions of the relevant kind (e.g. consent to medical treatment, services or accommodation decisions).

NOTE: It is extremely rare that a substitute decision-maker has lawful authority to make ALL decisions on behalf of a person. Before relying on a substitute decision-maker to make a specific decision for a person you MUST be certain they have the authority to do so.

If the substitute decision-maker has the lawful authority to make a decision of the relevant kind, you cannot support the person to make their own decision because it has already been determined that the person lacks the capacity to make the decision for themselves.

However, even in these situations the substitute decision-maker should consult with the person about the decision to be made, and you can support the person in making their views on the decision known.

Substitute Decision-Making is a Last Resort

Only once all steps taken to support person to make decisions informally are exhausted and the person is unable to make the decision that substitute decision-making should be considered.

Substitute decision-making can happen informally where the person has family, friends or carers who can make decisions for them when the decisions are not major.

It can also happen formally where there is a formal legal arrangement in place for someone to make substitute decisions such as an enduring guardianship or guardianship appointment.

The Guardianship Stream of the Tasmanian Civil and Administrative Tribunal (TASCAT GS) can consider appointing someone as a substitute decision-maker, such as a financial manager or a guardian, when:

- there is no one available to make substitute decisions informally,
- the person hasn't put legal arrangements in place to appoint someone to make decisions for them when they lack capacity and/or
- there is a disagreement or problem preventing decisions from being made.

You should also consider whether the decision itself requires a formally appointed substitute decision-maker. Where you are unsure, you can contact the TASCAT GS to discuss whether there is a need to lodge an application.

Person Responsible

If a person has a disability and is incapable of understanding the nature and effect of medical treatment, a 'Person Responsible' can give consent on that person's behalf.¹²

A Person Responsible for a child (under 18 years) will be the child's parent or, if they are married, their spouse.

A Person Responsible for an adult (18 years or over) will be one of the following, in order of priority:

- a guardian (this includes an enduring guardian),
- their spouse (this includes de facto spouses and same sex spouses),
- an unpaid carer who is now providing support to the person or provided this support before the person entered residential care,
- a close relative or friend of the person, who has a close personal relationship with the other person through frequent personal contact and who has a personal interest in the other person's welfare.

For further information on the role of 'Person Responsible' (PR), including responsibilities and what a PR can consent to, see the Tasmanian TASCAT GS Consent to Medical or Dental Treatment by a Person Responsible fact sheet: https://www.tascat.tas.gov.au/guardianship/consent_for_treatment

Enduring Guardian

(Appointed by the person themselves when they have had capacity)

An enduring guardian is appointed by a person to make decisions about their personal circumstances should they lose the capacity to make decisions due to the onset of a disability. The Enduring Guardianship Appointment instrument will identify the scope of decision-making authority that the enduring guardian has.

If a person has lost capacity but has not appointed an enduring guardian, decisions about medical treatment may be made on their behalf by a 'person responsible' who their doctor believes has a sufficient personal connection with the person to consent or refuse treatment on their behalf.

For further information see: https://www.tascat.tas.gov.au/guardianship/archived_publications/guardianship/enduring-guardianship

Guardian

(Appointed by the Guardianship Stream of the Tasmanian Civil and Administrative Tribunal where the person lacks capacity)

A guardian is a person who has been appointed with legal authority to make personal (non-financial) decisions on behalf of an adult who lacks capacity to make such decisions because of a disability. Usually, the scope of a Guardian's authority to make decisions for a person is limited to specific types of decisions, such as accommodation, services, medical and dental consents etc. These authorities are identified in the order that appoints the guardian. It is important to inform yourself of the particular decision-making authority that the guardian has. If required, you can ask the guardian to show you a copy of the order.

When is a Guardian Needed?

Even where a person with a disability cannot make complex decisions unassisted, they often do not need a guardian to make other decisions such as those concerning accommodation, basic health care, engaging in employment or entertainment.

If informal support is working well for a person with a disability, it is unlikely that they are in need of a guardian.

If there is a competent 'person responsible' available for the person with a disability, that person has authority to make decisions about medical and dental treatment without the need for appointment of a guardian.

Generally, a guardian is only appointed where:

(a) There is conflict about the future health, accommodation or welfare of the person with a disability,

or

(b) Without an order, a service provider might be at risk of acting unlawfully with respect to a person with a disability because of a lack of authority (e.g. consenting to medical treatment or confinement to a certain accommodation facility).

For further information on guardianship see: <https://www.tascat.tas.gov.au/guardianship>



Decision-Making:

A Rights Based Approach

PART TWO

Decisions About Reporting Sexual Abuse and Consent to Treatment

Contacting Sexual Assault Services and Reporting to Police

Making the decision to contact sexual assault services and to report to police should, wherever possible, be made by the person themselves.

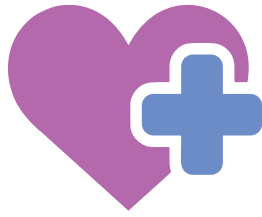
In coming to a decision regarding reporting to a sexual assault service or to Tasmania Police, the person may require communication aids and/or a support person. If the person regularly makes their own decisions with support from a significant person in their life, such as a family member, friend or advocate, and that person is not present, you should ask the person if they want their support person involved, and how (unless they are the alleged perpetrator).

It is important that you consider this decision carefully. For a person who has capacity to make a decision on this matter with support, your decision to report yourself could be further disempowering to them during a period where they have experienced a loss of autonomy and control following a sexual assault.

Bear in mind that capacity varies in time/context (*see advice on page 18*). You should take into account the effect of the trauma of the assault AND disclosure on the person before making a decision about capacity. Adopt a trauma-informed approach.

If there is an appointed guardian or identified person responsible, you should discuss contacting them with the person.





Consent to Treatment

Following a sexual assault, a person may require:

- treatment of injuries,
- treatment for sexually transmitted infections (STIs),
- medical advice and support regarding possible pregnancy, including options to prevent pregnancy,
- a forensic medical examination.

If the person has decision-making capacity with regards to consenting to treatment, then consent should be obtained from them. You should organise any supports required by the person to assist them in the decision-making process (See *Supported Decision-Making at page 19*).

Where the person lacks capacity to consent to treatment (including forensic medical examinations), substitute consent can be obtained from a 'person responsible' or guardian for the person (see *above*). Note, that even where substitute consent is required, the person themselves must be involved in the decision-making process; to the extent possible, their views must be obtained and any decision taken by a substitute decision-maker must be in the person's best interests.

- In the case of forensic medical examinations of an adult, if there is no identifiable person responsible or guardian, police or registered officers can, by notice to the Public Guardian, request that the Public Guardian become the Person Responsible.¹³
- In the case of forensic examination of a child, consent can be obtained from the child's parent/guardian. Where there is no parent/guardian or the parent/guardian is the perpetrator, contact Child Safety Services on **1800 000 123**.

https://www.tascat.tas.gov.au/guardianship/consent_for_treatment

Other Decisions

Guardianship encompasses decisions that may arise following a sexual assault, such as the person's accommodation, who has access to the person, and movement from a dangerous environment.

If there is already an appointed guardian with the authority to make those decisions, you need to consult them. If there is no such guardian, then you should use the supported decision-making model; but if that fails then you may need to lodge a guardianship application with the TASCAT GS (See *Decision-Making flow chart in this Guide*.)

When Should I Consider Contacting the TASCAT GS?

You should contact the TASCAT GS in situations where:

- there is concern that the appointed guardian or enduring guardian/person responsible (the person making decisions for the person with a disability) is the perpetrator and/or is otherwise not acting in the person's best interests and/or
- there is significant conflict over decision making e.g., among family members, or between family members and service providers, and that conflict can't be resolved informally.

Formal guardianship is only required where there is a need for a legally appointed decision-maker to make a specific decisions. To discuss lodging an application for guardianship/whether there is a need to lodge, contact The Guardianship Stream of the Tasmanian Civil and Administrative Tribunal by phoning **1800 657 500**.

NOTE: you should also be aware that in lodging applications to TASCAT GS you are launching legal proceedings which may require a formal hearing, provision of evidence, the involvement of all parties, and considering legal representation. These issues should be discussed when contacting the TASCAT GS.

What if the Person has an Appointed Guardian but Does Not Want Them Informed?

If a person with disability who has been sexually assaulted does not want their guardian advised of the assault or involved in the reporting process you should discuss the reasons for this with them. Their reasons may include:

- the guardian is the alleged perpetrator,
- feelings of shame and/or
- concern that the guardian will make decisions affecting the person’s lifestyle (such as where they live and who they see), which they fear will restrict their freedom.

Where the guardian is the alleged perpetrator or is otherwise not acting in the best interests of the person, you can contact the TASCAT GS to discuss lodging an application to review the guardianship appointment. You should advise the person that this may result in legal proceedings. Discuss establishing support mechanisms, such as organising an advocate, who may also assist with seeking legal advice for the person.

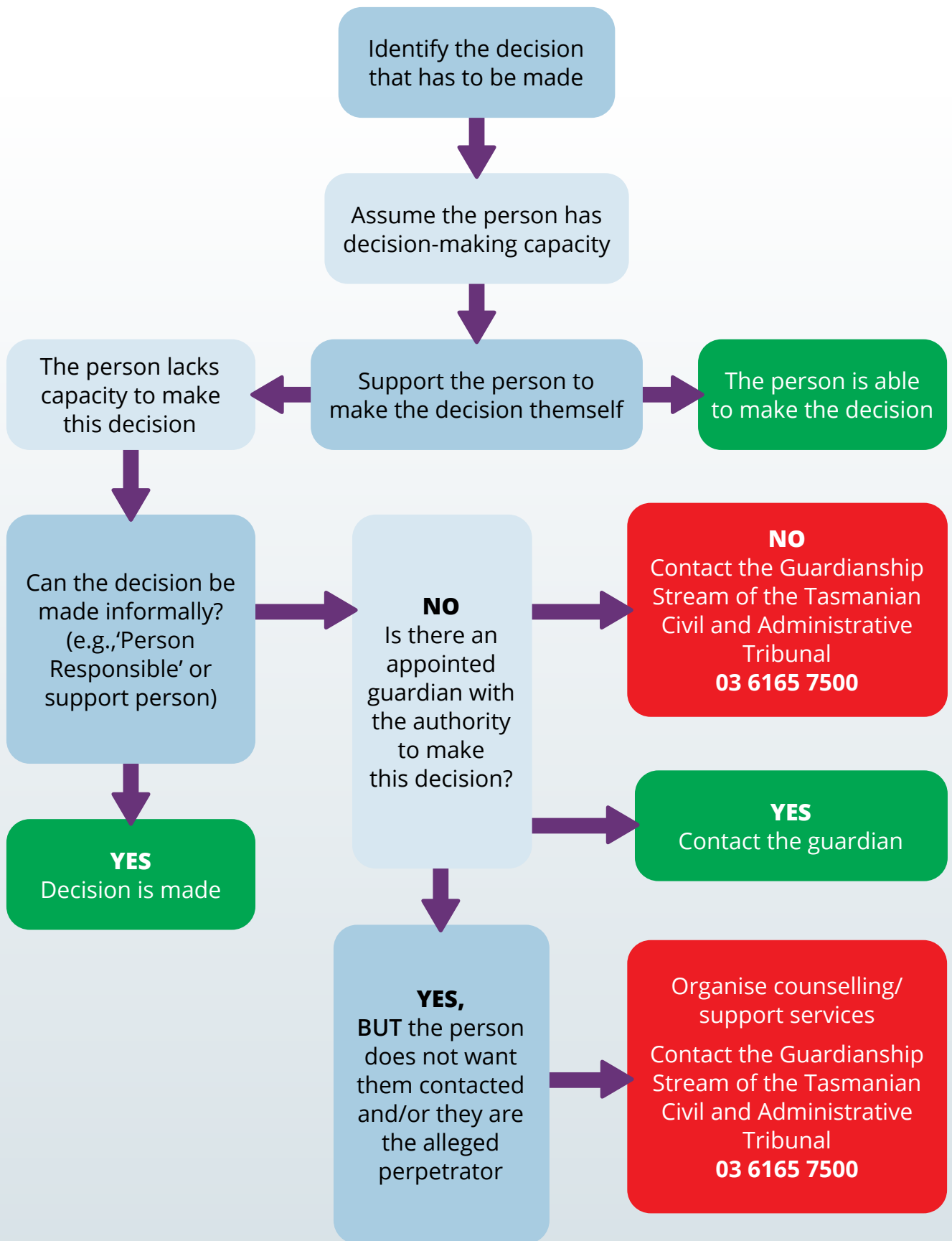
If the person does not want their guardian advised because of feelings of shame or concerns that the guardian may respond by limiting their freedom, it may be possible to assist the person to address their concerns with counselling, the involvement of an advocate or other support services.

However, in the process of responding to the disclosure, any decisions that come under the authority of the appointed guardian cannot be made without their involvement. Make sure you are aware of the specific decision-making authority that the guardian has. You can contact the TASCAT GS to confirm whether a guardianship order has been made, who is appointed and what decision-making authority they have.

CONTACT INFORMATION

Advocacy Tasmania Inc	Phone: 1800 005 131 advocacytasmania.org.au
Tasmanian Civil and Administrative Tribunal, Guardianship Stream	38 Barrack St, Hobart TAS 7000 Phone: 1800 657 500 guardianship@tascat.tas.gov.au
Speakout Advocacy	168 Collins St, Hobart, TAS 7000 Phone: 03 6231 2344

Decision-Making Flowchart



Cultural Awareness and Safety

Providing an appropriate response to a disclosure requires an awareness of the relevant cultural factors that inform and shape the person's experiences, understanding and behaviour. The more you understand about different cultures, the more effective response you will be able to provide if someone discloses to you.

Cultural Norms and Values

All cultures have norms, values and taboos concerning sexuality, gender, and the body. These cultural norms influence our expectations of how we dress, what we say (and don't say), and who we say it to, how we touch each other (or not), as well as our attitudes toward authority figures, and how we treat each other generally, especially people of different genders. If you witness behaviour that you don't understand, sometimes the underlying cause is cultural norms that are different from your own.

Cultural norms and values underpin the many different ways that people interact, including in the privacy of a health care or legal consultation. You can support a person who has disclosed sexual abuse to you by always approaching the situation with an awareness of your own norms and values, as well as the relevant cultural norms for the person when you are interacting with them. This will make it easier for a person to disclose, to feel respected, to feel safe, to gain a sense of control, to provide effective evidence, and to ultimately pursue justice. If a person feels misunderstood, fearful or not respected, they are less likely to disclose or to continue with a disclosure.

Cultural Safety

A culturally safe environment is one in which people feel safe from all forms of violence, including challenges to or denial of their identity and experiences.

Cultural safety in a service organisation is about:

- Mutual recognition and respect.
- Shared knowledge and meaning.
- Shared decision-making.
- Shared resources.
- Genuinely listening.
- Learning together.
- Removing barriers to optimal health and well-being.
- Addressing unconscious bias and discrimination.
- Supporting self-determination.
- Shared design, delivery, and evaluation of services.

If you are unsure of what to do, just ask the person who they need to speak with, and what they need you (and others) to do to make them feel safe and in control of their circumstances.

If the Person Disclosing is Aboriginal



Tasmania's Aboriginal organisations can provide information about, and support for, Aboriginal people.

There is a recognised need for trauma-informed programs that are culturally relevant to Aboriginal people, such as the Damulgurra program in Central Australia:

“ Damulgurra – the Larrakia word for ‘heart’ – seeks to address some missing elements of trauma-informed care in Australia through a process for knowing, being and doing with Aboriginal and Torres Strait Islander people. Through safety in relationship with our team of facilitators, Damulgurra seeks to support the decolonising aspect of ‘knowing’ the accurate history of Australia. The program supports learning about how systemic, intergenerational and collective trauma affects the nervous system, impacts on culture and influences the social determinants of health. Damulgurra gently encourages transformation through self-reflection on ‘being’ and action planning for ‘doing’.”

[Dr Carmen Cubillo MAPS, SEWB Damulgurra coordinator/ clinical supervisor, Aboriginal Medical Services Alliance Northern Territory (AMSANT), quoted in InPsych, August 2021 Volume 43 Issue 3]

Do not contact the organisations below about a person who has disclosed abuse unless that person asks you to. In the first instance you should provide the person with contact information that they can use to contact the organisations if they wish.

Tasmanian Aboriginal Centre (TAC)

<https://tacinc.com.au/>

Free Call 1800 132 260

Hobart

198 Elizabeth Street
GPO Box 569
Hobart TAS 7001
Phone: 6234 0700

Launceston

182 Charles Street
PO Box 531
Launceston TAS 7250
Phone: 6332 3800

Burnie

53 Alexander Street
Burnie TAS 7320
Phone: 6436 4100

Karadi Aboriginal Corporation

<http://www.karadi.org.au/>

4 Rothesay Circuit, Goodwood TAS 7010
Phone: 6272 3511

Flinders Island Aboriginal Association (FIAA)

<http://fiaai.org.au/>

16 West Street
Lady Barron, Flinders Island TAS 7255
Phone: 6359 3532

Cape Barren Island Aboriginal Association (CBIAA)

2 The Esplanade, Cape Barren Island TAS 7257
Phone: 6359 3533

South East Tasmanian Aboriginal Corporation (SETAC)

<https://setac.org.au/>

19 Mary Street, Cygnet TAS 7112
Phone: 6295 1125

Circular Head Aboriginal Corporation (CHAC)

<http://www.chac.com.au/>

10 King Street, Smithton TAS 7330
Phone: 6452 1287

If the Person Disclosing is a Refugee

People from some cultures will not disclose things to a professional because the person may have come from an environment where they are not even allowed to make eye contact with anyone they believe to be in a hierarchical role. Support staff should support the person to engage with someone but be very mindful not to make that professional person appear to be very important.

If an interpreter is needed, don't assume that merely by providing language support you will make the person feel safe. Some cultures are extremely private and do not like people within their own community knowing their personal business. In some cases, it is better to organise a phone interpreter as it is unlikely that this person would be local. Having a face-to-face interpreter may cause the person to shut down.

Support workers need to consider the consequences and potential outcomes when supporting the person to seek help. In some cultures, being divorced is considered far worse than being sexually assaulted. Workers may need to prepare themselves for an outcome where the individual remains in some sort of relationship



with the perpetrator of the assault. This can be challenging and may cause some vicarious trauma to the support worker.

The Migrant Resource Centres can provide information about, and support for, people from a range of different cultures. Do not contact these organisations about a person who has disclosed abuse unless that person asks you to. In the first instance you should provide the person with contact information that they can use to contact the organisations if they wish.

Migrant Resource Centre (South) https://mrctas.org.au/	2/1A Anfield St, Glenorchy TAS 7010 Phone: 6221 0999
Migrant Resource Centre (North) https://mrcltn.org.au/	95-99 Cameron St, Launceston Phone: 1800 672 586
Refugee Health North	41 Frankland St, Launceston TAS 7250 Phone: 6336 2145
Refugee Health South	252 Main Rd, Derwent Park TAS 7009 Phone: 6336 2145

Interpreter services

The federal government supports a national free interpreter service: <https://www.tisnational.gov.au/>

Phoenix Australia provides resources and training for workforce professionals who support individuals and communities experiencing the mental health impacts of disasters:

<https://www.phoenixaustralia.org/>



Section 2: Responding to a Disclosure

2a. When the disclosure is recent



When a Person Discloses

Respond Calmly and Systematically

- Manage your own emotions.
- Ensure the person's immediate safety and privacy.
- If there are physical injuries call an ambulance or a doctor if one is available. Provide first aid if necessary, but only where it is required to prevent further serious injury.
- Try to make the person comfortable but try not to disturb the scene.
- Do not leave the person alone, but do not invite anyone in unless the person requests it.
- Gently explain to the person that you need to get help from your supervisor.
- Report to your supervisor **immediately** and follow your organisation's protocol.
- If the named perpetrator is a parent/guardian do not contact them or share information with them.
- Provide emotional support and stay with the person until a more appropriate person arrives.
- If an assault has occurred on-site and very recently, try to preserve the scene and any evidence (*see page 33*).
- If the perpetrator is a co-resident or staff member, **keep the perpetrator away from the person disclosing the abuse.**
- If the perpetrator is an immediate risk to others, take immediate steps to keep those at risk safe.
- If there is present danger call the police on 000.
- **Follow your reporting obligations** (*see page 16*). You will need to inform the person if you have mandatory reporting obligations.

Preserve Evidence of Recent Abuse and Take Notes

See also Fact sheet: *Preserving Evidence and Note-Taking*.

- If an assault has occurred very recently and on-site, do not touch or disturb anything in the scene of the assault.
- Prevent the immediate area around the scene of the assault from being disturbed, tidied, or cleaned.
- If the scene is disturbed, for example, by someone walking through it, make a note of what happened, when, and who was involved.
- If there are witnesses, they should be separated from each other until the police can interview them.
- Encourage the victim not to wash or change clothes until the police have interviewed them.
- As soon as you are able, write down what you have been told, what you have witnessed, and what you have done. Try to use the person's exact words when describing what happened.
- In your notes describe your observations about the person's mood or demeanour during the disclosure; try to be objective and avoid interpreting what you see. For example, rather than 'the person was distressed', write 'the person cried throughout the appointment, shook visibly and had to stop several times to collect herself before answering a question'.
- You should inform the person and their support person/guardian (who is present) that you are taking notes and that they could be used in an investigation.

If the person really wants to change clothes, follow this procedure:

1. put on a pair of clean disposable gloves,
2. provide clean, unused paper bags for the clothing,
3. ask the person to carefully place each item of worn clothing in its own clean paper bag,
4. seal the bags and label them.

Anyone who touches these bags should wear clean gloves.

In addition, if the person is able to follow more complex and personal instructions,

- explain that evidence may be lost if they shower or wash before the examination, especially if they wash the parts of themselves that the perpetrator touched.
- If the person needs to urinate before the examination, ask them to press their underpants to their external genitalia (vagina or penis) before removing them to urinate. If they wish to discard their underpants try to treat the pants as evidence by carefully placing them in a clean paper bag.
- If the person needs to use their bowels before the examination, ask them to press their underpants to their anus before going.

If a forensic medical examination is needed, see *advice at page 36*.



You must **NOT** interview the person, the alleged perpetrator or any witnesses. This is the role of police.

DO NOT RISK PREJUDICING AN INVESTIGATION

Referral

Please note that there is no single point of contact in Tasmania for specific advice in relation to people with disability. See flow chart on the following page.

Following the disclosure of abuse, a person with a disability may need or request a range of support services. It can be difficult to navigate through the options within and across health, disability, and social services. The first point of contact should be the sexual assault service for the relevant area of Tasmania (contact details below).

A person may seek support in the areas of:

- psychological health and well-being, including learning or behavioural support,
- physical health,
- NDIS support,
- legal assistance, including Victims Support Services,
- Witness Intermediary support,
- housing and/or
- finance.

CONTACT INFORMATION

NORTH-WEST

Laurel House Sexual Assault Service

<https://laurelhouse.org.au/>

Ph: 6431 9711 (9am-5pm)

After hours: 1800 MYSUPPORT (1800 697 877)

NORTH

Laurel House Sexual Assault Service

<https://laurelhouse.org.au/>

Ph: (03) 6334 2740 (9am-5pm)

After hours: 1800 MYSUPPORT (1800 697 877)

SOUTH

Sexual Assault Support Service (SASS)

<https://www.sass.org.au/>

31 Tower Rd, Newtown TAS 7008

Ph: (03) 6231 0044

After hours: 1800 MYSUPPORT (1800 697 877)

Witness Intermediary Program

Level 3, 85-99 Collins Street, Hobart TAS 7000 | GPO Box 825, Hobart

Ph: 6165 4802

Email: intermediary@justice.tas.gov.au

After hours: contact Tasmania Police, Ph: 131 444

<https://www.justice.tas.gov.au/witness-intermediary-scheme-pilot>

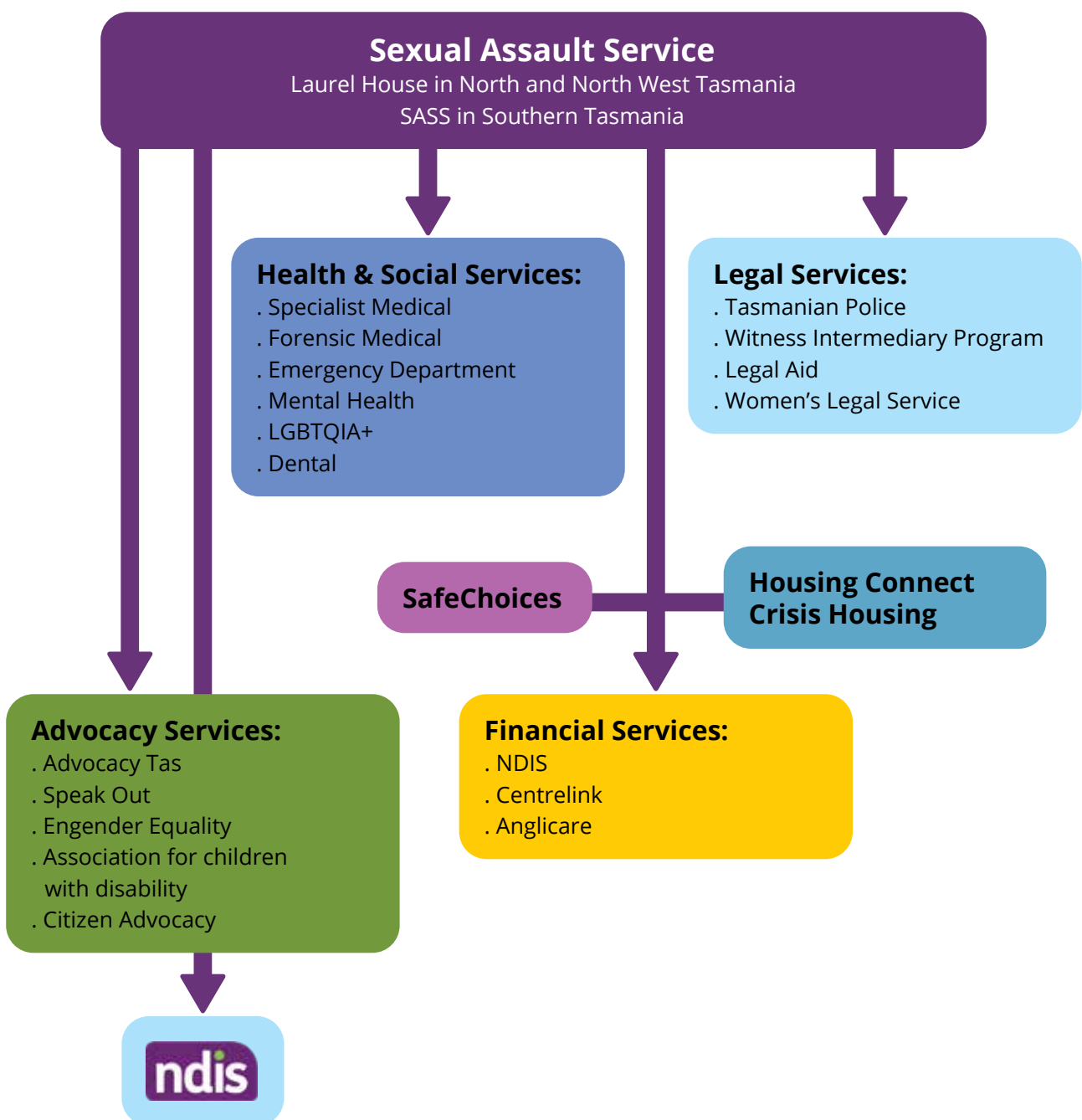
Tasmania Police: Phone 131 444

Referral Pathway: Disclosure of Sexual Abuse of an Adult

There is no single point of contact in relation to people with a disability.

YOU DO NOT HAVE TO CONTACT THE POLICE FIRST

Your regional sexual assault service can provide the advice and referral information you need in the first instance. You can also phone after hours if you are contacted about an assault that has occurred then.



Forensic Medical Examination

See also *Fact Sheet: Forensic Medical Examination* and *Fact Sheet: Preserving Evidence and Note-Taking*.

1 What is a Forensic Medical Examination?

It is a close and comprehensive physical examination of a person's body by a doctor or nurse (who is referred to as a 'forensic examiner' or FE) in order to collect evidence of a sexual assault.

2 Why is it done?

A forensic medical examination is done after an allegation of sexual assault to collect evidence that may

- help verify the type of sexual assault that occurred,
- support the person's explanation of what took place and
- help identify the perpetrator.

3 Is an Examination Compulsory if a Person has been Sexually Assaulted?

NO. The person must consent to a forensic medical examination. If the person lacks decision-making capacity, *refer to the Supported Decision-Making information at page 19.*

A person who has been assaulted but who does not want to report to the police can be encouraged to have an examination just in case they decide to pursue charges at a later date. Evidence can be kept indefinitely.

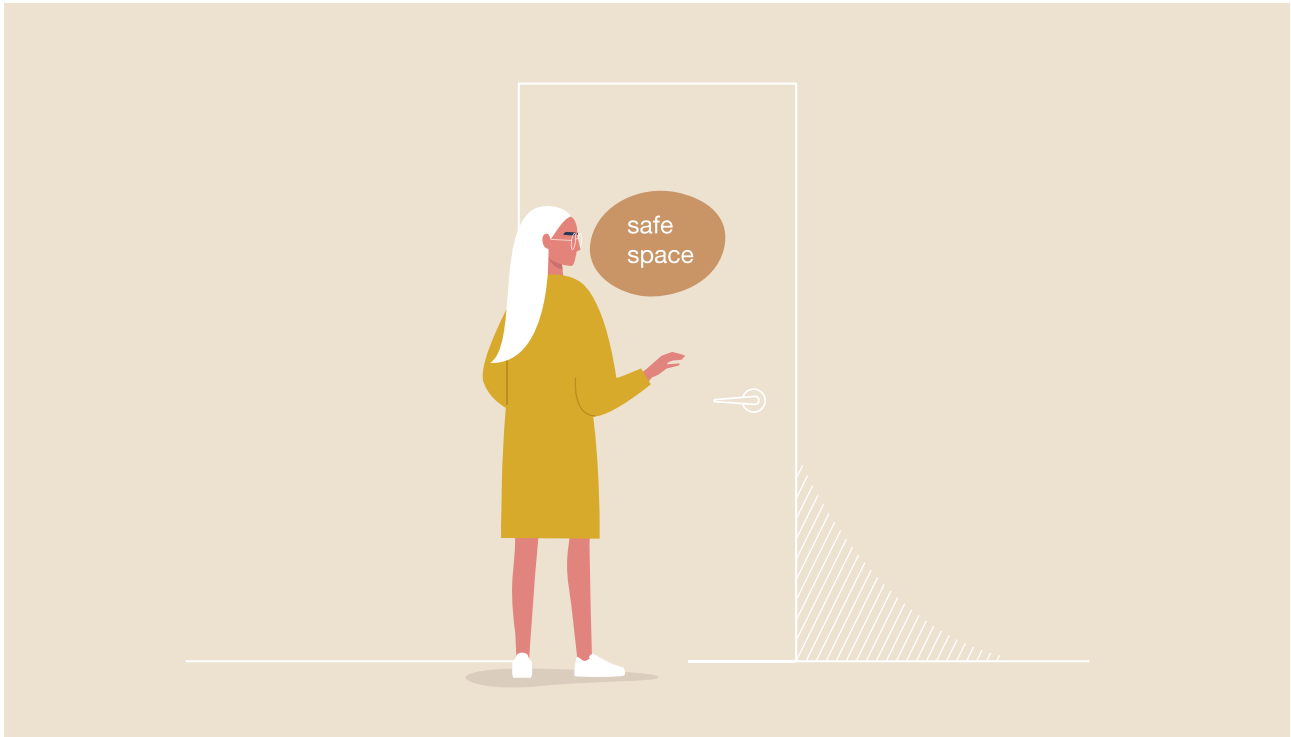
4 Where is it Done?

Currently forensic medical examinations are only conducted at the North West Regional Hospital, Launceston General Hospital and the Royal Hobart Hospital.

If the assault has occurred in a remote area and the person does not wish to transfer to a major hospital, an Early Evidence Kit (EEK) can be obtained from Tasmania Police to collect some evidence. **An EEK is not a substitute for a forensic medical examination.**

5 How do I Arrange for a Forensic Medical Examination to Take Place?

Your region's sexual assault service can provide free, expert advice on the telephone. They will be able to help you arrange a forensic medical examination. *See Referral Information at page 34.*



6 How do I Support a Person Who is Going to Have a Forensic Medical Examination?

Psychological and communication support

It is extremely important that the victim is able to communicate effectively with a Forensic Examiner or other support persons during the examination. *See advice on Supporting Communication at page 38.*

If a person needing communication support wants to make a report to police you should contact the **Witness Intermediary Program** through Tasmania Police or by phoning **6165 4802** during business hours. After hours contact is made through Tasmania Police on **131 444**.

Always ask the person for consent to share their information with the sexual assault service and/or counselling service as well as the police. This can help reduce the number of times they are asked to repeat details of the assault.

Reassure the person that they are safe and that they will not be abandoned, judged, or blamed.

Encourage them to have the examination, but do not apply pressure.

Physical support

Explain that evidence may be lost if they shower or wash before the examination, especially if they wash the parts of themselves that the perpetrator touched.

Discourage the person from using the toilet prior to the examination, as far as possible.

7 What Happens Afterwards?

If the person wishes to make a report to the police, *see advice at page 39.*

Ensure that the person has somewhere safe to go home to, and someone trustworthy to go with them.

Ensure the person has all necessary information with them when they leave the clinic, such as referrals, prescriptions, and appointments; and that this information is recorded somewhere confidential where it can be retrieved if required by the victim or an authorised person.

Arrangements may need to be made for counselling as well as for ongoing support services and legal advice.

Supporting Communication

See also Communications Check-List, Fact Sheets and communication boards in Supplementary Resources.

It is important to understand the form of communication that works best for the person disclosing:

- ask the person what they need
- adjust your behaviour to make it easier for the person to communicate with you
- check if they use a communication device, and if it is handy
- check if an interpreter is needed
- are there cultural safety issues you need to address first?
- notice if you are getting very short responses. Try using pictures or writing down your questions and comments.
- Download the Speak Up and Be Safe picture boards and resources: <https://www.speakupandbesafe.com.au/communication-aids-download>

If abuse is reported to police and the person needs communication support you should access the **Witness Intermediary Program (WIP) via Tasmania Police. WIP can be contacted at:**

Level 3, 85-99 Collins Street
Hobart Tas 7000
GPO Box 825, Hobart Tas 7001

Ph: 6165 4802

Email: intermediary@justice.tas.gov.au

<https://www.justice.tas.gov.au/witness-intermediary-scheme-pilot>

If you need to contact the WIP after hours, contact Tasmania Police in the first instance.

Familiarise yourself with the ‘Imagine yourself...’ posters and communication tips at Supplementary Resources. Have communication boards or communication devices available for use by people who are non-verbal.

Always ask the person for consent to share their information with the sexual assault service and/or counselling service as well as the police. This will reduce the need for the person to keep repeating their experience when they access counselling or support.

In general:

- Ensure a quiet, calm environment where possible to minimise stress.
- Treat people as individuals.
- Don't patronise or talk down to the person.
- Be patient and give your undivided attention.
- Inform the person of what you are about to do; say why; and say what you need them to do for you.
- Stop and check comprehension from time to time.
- Be considerate of the extra time it might take for a person to do or say something.
- Try to stay relaxed during communication. Anyone can make mistakes. Offer an apology if you feel you've caused embarrassment and be willing to communicate.

Supporting a Person Who is Deciding Whether to Report to Police

See also Fact Sheet: *Supporting a Person Who is Deciding Whether to Report to Police in Supplementary Resources.*

Reporting sexual abuse to the police is not an easy option. It can be re-traumatising to go over details, and, consequently, the person may be very anxious and reluctant to report.

The decision to report sexual abuse to the police is the decision of the person who has been abused.

Your role is to support the person in their decision-making; it is NOT to make the decision. Note advice regarding Supported Decision-Making on pages 18-22.

There are no time limitations on reporting sexual abuse to Tasmania Police.

It is common for victims/survivors of historical offences to report to police many years or even decades after the abuse took place. The person can make a report to police without having that report investigated or making a formal statement.

If the victim/survivor wants to discuss the abuse with police they can contact their local police station or phone Tasmania Police on 131 444. It is a good idea to telephone in advance and make an appointment to speak with a Police Officer. The person can also contact the police through the sexual assault service in their region (*see contact details at page 34*).

The victim/survivor will need to make a statement to police. This can take a long time and will involve remembering and recounting, as best as possible, the abuse in detail. This can be difficult and traumatic for them. You can arrange for a support person of their choice to accompany them during this time.

If the victim/survivor happens to remember something else later on, they can contact the officer who took the statement, and this can be added to the evidence. This may occur over multiple appointments and depends on the individual circumstances of each case.

At any time in an investigation, the person can choose not to proceed.

If you are concerned that the person may lack decision-making capacity, *refer to the advice about Decision-Making on pages 18-27.*



2b. If the Disclosure is of Historical Childhood Abuse

Sexual Abuse of Children with Disabilities

“there is clear evidence that children with disabilities are more likely to be sexually abused than children without a disability. Large studies have shown that children with disabilities are between two and four times more likely to experience sexual abuse.”¹⁴

This means that among your clients who are living with disability, there is a strong likelihood that a number of them will have experienced sexual violence in their childhood and will be living with the trauma of that experience.

What is Child Sexual Abuse?

Child sexual abuse may include¹⁵:

- using coercion, deception threats, bribes or other types of trickery to force the child to perform sexual acts,
- touching of the child's body or genitals causing a child fear, confusion or distress,
- coercing or forcing a child to view a person's genitals or touch those body parts,
- coercing or forcing a child to pose, undress or perform acts of a sexualised nature on film or in person,
- coercing or forcing a child to look at pictures of adult sex acts in magazines, photographs and films



- making humiliating comments about a child's actions or body using sexualised language,
- making offensive or insulting remarks of a sexual nature.

What is Historical Sexual Abuse?

Historical sexual abuse refers to sexual abuse that happened months, years or decades ago.

Use this section of the Guide if you are responding to an adult who has disclosed abuse that occurred either a) when they were a child, or b) as an adult.

If the person disclosing is still a child as defined by the law (under 18 years of age), use the Guide to Responding to Sexual Abuse of a Child.

Respond Calmly and Systematically

When a person discloses an incident of historical sexual abuse:

- Reassure the person about their safety and privacy.
- If the perpetrator is a co-resident or staff member, try to keep the perpetrator away from the person disclosing.
- Talk to the person about what they want to do next. Apply a supported decision-making approach (*see advice on Decision-Making Capacity on pages 18-22*).
- If the abuse occurred during the person's childhood, you and the person should seek further advice from the Strong Families Safe Kids Advice and Referral Line by phoning **1800 000 123**.
- Inform your manager as soon as possible and follow the appropriate legal advice.

Preserve Evidence of Abuse and Take Notes

See also Fact sheet: Preserving Evidence and Note-Taking.

- Even if the abuse occurred some time ago, there may be evidence contained in clothing, letters, or photographs. Leave this for the police, unless you have good reason to believe that evidence will be destroyed.
- As soon as you are able, write down what you have been told, what you have witnessed, and what you have done.

A forensic medical examination may not be needed, but the person can decide that in consultation with the sexual support service and/or police.

Support the Person if They Decide to Report the Abuse to Police

See also Fact Sheet: Supporting a Person Who is Deciding Whether to Report to Police in Supplementary Resources.

There are no time limitations on reporting sexual abuse to Tasmania Police.

At any time in an investigation, the person can choose not to proceed.

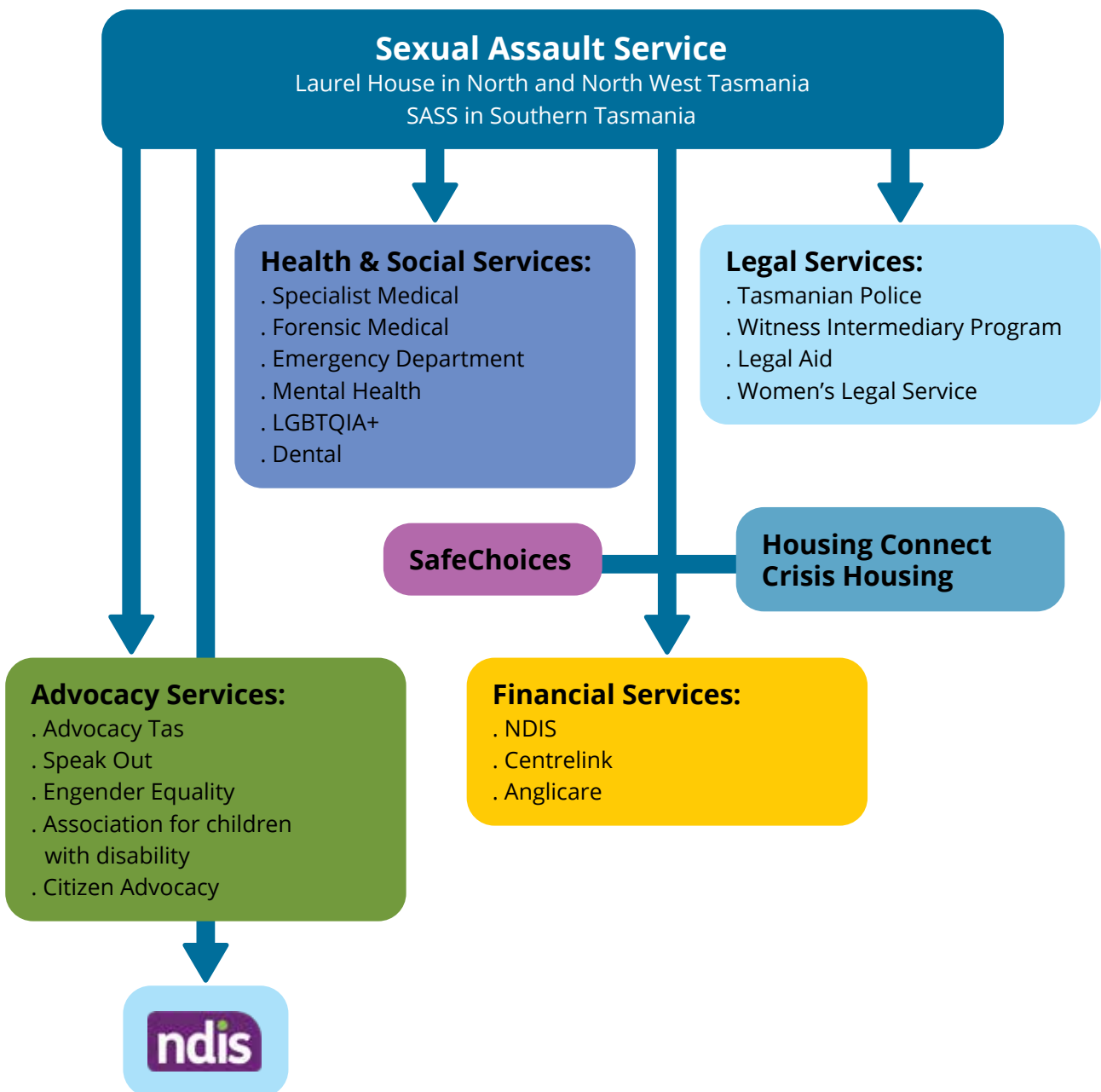
Referral

The referral pathway on the following page sets out pathways for services for adults who were abused as a child. *See contact details on page 34.*

Referral Pathway: Disclosure of Sexual Abuse of a Child Who is Now an Adult

There is no single point of contact in relation to people with a disability.

You should contact the Strong Families Safe Kids Advice and Referral Line for advice and assistance.
This will not need to involve the police. Ph: 1800 000 123





Section 3: Vicarious Trauma and Self-Care

Vicarious Trauma and Self-Care

See Fact Sheets: *Self-Care*; *Trauma-Informed Care*; and *Respond in a Trauma-Informed Way* in Supplementary Resources.

Supporting a person through a disclosure of sexual abuse can be traumatising and stressful. Sometimes this effect is described as “vicarious trauma”:

Vicarious trauma (VT) is ‘the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them’.¹⁶

Vicarious trauma is real. It brings about changes in the brain in response to witnessing or anticipating the suffering of other people. Its effects are not under your immediate voluntary control, but you can do simple things to reduce the negative impact of vicarious trauma. It is important that you actively manage your own health and well-being through self-care practices.

Your wellbeing impacts upon your performance in the workplace and in all other aspects of your life, and has an effect on the people around you.

Self-care practices are strategies that reduce the effects of stress on your body and your mind, and maintain your ability to cope with what life puts in front of you. Self-care activities help you maintain resilience and avoid the problem of short-term relief at the cost of long-term well-being, for example, through use of alcohol and drug which, over the longer term may reduce a person’s capacity to build resilience and manage their stress levels because they can reduce memory and motivation, and lead to dependency.



Self-Care Practices

Resilience and ability to cope is like pouring water into a barrel with a hole in it. Positive life experiences fill the barrel, but the demands of life drain it. Self-care activities fill the barrel and slow the drainage.

Remember also, that some things flow in both directions. They can bring pleasure but also drain you. Balancing these kinds of activities is important:

- your own goals and expectations,
- your beliefs and values,
- the expectations of other people,
- relationships,
- the volume and nature of demands on you,
- time you have to do what you need to do,
- your physical environment.

Understand What Brings You Peace of Mind

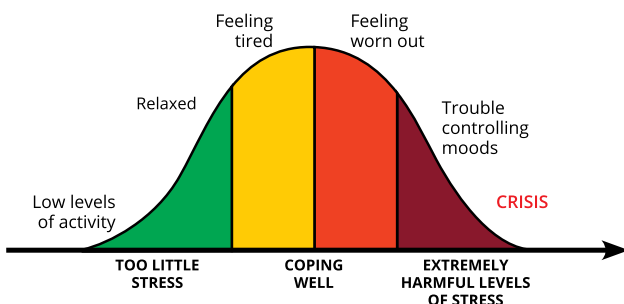
Think about the kind of things that get in the way of your peace of mind. By addressing those effectively you are practicing self-care. Everyone is different, so self-care can take many forms. Some common examples include:

- regular exercise of a type that you enjoy,
- regular social contact,
- talking with friends and family,
- listening to music,
- horse-riding,
- meditation and yoga,
- bushwalking, especially with a club,
- playing sport on a team,
- counselling,
- massage,
- reading,
- dancing.

There are also numerous on-line programs available to help build resilience and reduce stress. Those endorsed through professional peer review include MindStrength and HeadStrong 2.0 from the Black Dog Institute (<https://www.blackdoginstitute.org.au/education-services/schools/school-resources/mindstrength>); Head to Health (<https://www.headtohealth.gov.au>) and Mindarma (<https://mindarma.com/home/>).

Effects of Prolonged Stress

Stress can affect all aspects of a person's life. A little stress can have a positive effect, but too much stress for too long has damaging effects. The following diagram illustrates the effects of stress: ¹⁷



Stress Hormones

Stress activates the 'hypothalamic-adrenal-pituitary axis'.¹⁸ This activates the release of the hormones adrenaline and cortisol, with global effects across the brain and bodily organs. Because cortisol acts across the whole body, high levels of circulating cortisol can cause serious physical changes in the body's regulatory networks, including: ¹⁹

- impaired memory, learning ability and neurological function
- reduced ability to self-regulate
- impaired immune responses
- circulatory and gastrointestinal disease.

The effects of long-term stress show up as

- reduced concentration and recall
- getting caught up in irrelevant detail
- fatigue, listlessness and distraction
- weight gain
- social withdrawal and relationship problems
- depression and self-harm.

If you are already experiencing stress, your ability to respond to a disclosure of sexual violence will be adversely affected, and you will be at risk of vicarious trauma or re-traumatisation.

Being prepared for stress by developing healthy habits is the best way to stay well and resilient. The Black Dog Institute, for example, has useful tools for self-care planning.²⁰

Appendix A:

Disability Support Worker Check-List

- 1** Be prepared: undertake training in trauma-informed care
- 2** Manage yourself: get help as soon as you can
- 3** Ensure a safe and confidential environment for the person
- 4** Comply with all of your reporting obligations
- 5** Assess communication needs and use communication supports where required
- 6** Notify police if needed
- 7** Preserve evidence, if needed, and take notes
- 8** Assess cultural needs and seek specialist support if needed
- 9** Engage someone trusted to support the person, if needed
- 10** Listen, reassure, and discuss options
- 11** Get consent to share information, if needed
- 12** Arrange further referrals, as needed
- 13** Maintain records and confidentiality of documents
- 14** Practice self-care

Appendix B:

Training Providers for Trauma-Informed Care

Blue Knot Foundation is the main training provider in Australia for trauma-informed care: <https://blueknot.org.au/>

Phoenix Australia provides resources and training for workforce professionals who support individuals and communities experiencing the mental health impacts of disasters: <https://www.phoenixaustralia.org/>

The Australian government has approved the following unit of competency for delivery in the VET sector: **CHCPW404A - Work effectively in trauma-informed care**

There are numerous private operators providing customised training.

Appendix C:

List of Supporting Organisations

A

Acquired Brain Injury Association
Advocacy Tasmania
Aged & Community Services Australia (Tasmania)
Australian Government Department of Social Services

C

Circular Head Aboriginal Centre
Claire Woolley Psychology
College of Health and Medicine, University of Tasmania
Community Care Tasmania
COTA (Tasmania)

D

Deakin University
Department of Communities, Tasmania
Department of Health, Tasmania
Department of Justice, Tasmania
Disability Voices
Don Medical Centre
Doublesee Films

E

ELPE
Engender Equality
Eskleigh Foundation

F

Family Planning Tasmania
Forensic Medical Services, Tasmanian Health Service

G

Giant Steps, Deloraine
Gippsland SL&RR Network
Gippsland Disability Advocacy, Victoria
Glenview Community Services
General Practice Training Tasmania
GP Liaison, Tasmanian Health Service

H

Health Recruitment Plus
Hobart Communications Clinic

I

Intellectual Disability Rights Service (IRDS), NSW
Ironbark Films

J

Jeannie McClymont, Occupational Therapist, Penguin

L

LEAP OT, Ulverstone

M

Mental Health Council of Tasmania
Migrant Resource Centre North Inc
Mission Australia
Mosaic Support Services
Multicap

N

National Disability Practitioners
Northern Occupational Support Services (NOSS)
North West Residential Support Services

P

Patrick St Clinic, Ulverstone
Pinky
Possability
Premier's Disability Advisory Council
Primary Health North, Tasmanian Health Service
Primary Health Tasmania (PHT)

R

Royal Flying Doctor Service
Rural Clinical School, University of Tasmania
Royal Hobart Hospital

S

St. Giles
Self Help Workplace
Sexual Assault Support Service (SASS)
Student Services, University of Tasmania

T

TasTAFE
Tasmanian Civil and Administrative Tribunal (TASCAT)

Y

Youth, Family, and Community Connections, Burnie



YOU'VE HAD A DIFFICULT CONVERSATION TODAY

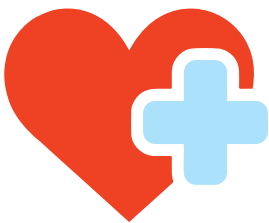
Thank you for trusting me. I believe you, and I am here to help you. If I am not available, another staff member can help you.

My name is:

I work at:

The phone number is:

Here is a summary of things we discussed:



By telling me about your experience, you have shown strength and self-respect.

Your experiences matter.

You are not to blame for what happened to you.

You do not deserve to be treated badly.

You deserve justice.

I won't tell anyone else about the things you told me, unless you ask me to.

You do not have to tell anyone else unless you want to.

Only you make the decisions about what happens next.

You have choices about what happens next.



Laurel House sexual assault service can help you with all the support services that you might need, including counselling, legal advice, accommodation and housing, family services and financial services:

Phone 6431 9711 (North West) / 6334 2740 (North) / 1800 697 877 (After Hours)

What Happens Next?

Evidence and Police

- You do not have to report to police.
- If you want to report to police, you do not have to do it straightaway.
- However, if you want to report to police, it is best to do that as soon as possible so that the best quality of evidence can be collected.
- A forensic medical examination can collect evidence in case you want to take legal action.
- You will only have a forensic examination if you give permission for that.
- A forensic medical examination is done by a doctor or a specialist nurse at a hospital. They may take photographs, but only if you give permission for that.
- Even if you have a forensic medical examination you do not have to proceed with legal action.
- Evidence can be stored safely for a very long period of time in case you want to take legal action in the future.

If you need have communicate needs relating to your disability you may be able to receive help during the legal process from the **Witness Intermediary Program**
Ph: 6165 4802 | email: intermediary@justice.tas.gov.au

You can get further information to assist you from 1800RESPECT, the National Sexual Assault Domestic Family Violence Counselling Service: <https://1800respect.org.au> or phone **1800 737 732**

My name is:

I work at:

The phone number is:

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- ¹ ABS, 'Disability'. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015>
- ² Royal Commission into Institutional Responses to Child Sexual Abuse. Final Report Volume 2. Nature and Cause: <https://www.childabuseroyalcommission.gov.au/nature-and-cause> (Accessed 18 November 2021)
- ³ Australian Government Department of Social Services. <https://www.dss.gov.au/about-the-department/doing-business-with-dss/vulnerable-persons-police-checks-and-criminal-offences> (Accessed 18 November 2021)
- ⁴ Suellen Murray and Anastasia Powell. Sexual Assault and adults with a disability. Enabling recognition, disclosure and a just response. Australian Institute of Family Studies 2008. Available at: <https://aifs.gov.au/publications/sexual-assault-and-adults-disability> (Accessed 18 November 2021)
- ⁵ This information was taken from: <https://www.blueknot.org.au/Workers-Practitioners/For-Health-Professionals/Resources-for-Health-Professionals/Trauma-Informed-Care-and-practice> (Accessed 18 November 2021)
- ⁶ Ibid
- ⁷ The information in this section is informed by 1800RESPECT: <https://www.1800respect.org.au/help-and-support/supporting-someone> (Accessed 18 November 2021)
- ⁸ See: <https://www.dss.gov.au/about-the-department/doing-business-with-dss/vulnerable-persons-police-checks-and-criminal-offences> (Accessed 18 November 2021)
- ⁹ This information has been taken from The Tasmanian Capacity Toolkit: http://www.health.tas.gov.au/_data/assets/pdf_file/0008/98513/Web_Capacity_Toolkit_Tasmania.pdf (Accessed 18 November 2021)
- ¹⁰ Ibid
- ¹¹ Ibid
- ¹² The information provided here is taken from/informed by the Tasmanian Guardianship Stream of the Tasmanian Civil and Administrative Tribunal website: https://www.tascat.tas.gov.au/guardianship/publications_/factsheets (Accessed 18 November 2021)
- ¹³ Tasmania Guardianship and Administration Act 1995, Part 1, section 4: <https://www.legislation.tas.gov.au/view/whole/html/inforce/current/act-1995-044> (Accessed 18 November 2021)

¹⁴Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, (2012). "Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies." *Lancet*, 380(9845), 899-907.

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<https://www.facs.nsw.gov.au/download?file=415445> (Accessed 18 November 2021)

¹⁵ Ibid. Note that the inclusion of this definition is intended to show that sexual abuse is constituted by a broad range of behaviours.

¹⁶ Pearlman, L. A., & Caringi, J. (2009). 'Living and working self-reflectively to address vicarious trauma.' In C. A. Courtois & J. D. Ford (Eds.), *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide* (pp. 202-224). Guilford Publications, cited in <https://www.blueknot.org.au/Workers-Practitioners/For-Health-Professionals/Resources-for-Health-Professionals/Vicarious-Trauma> (Accessed 18 November 2021)

¹⁷ This diagram is adapted from: Dr Krishnan's Stress Management: <https://www.slideshare.net/manaskrishnan/drkrishnans-stress-management>

¹⁸ Sean M. Smith et al. "The role of the hypothalamic-adrenal-pituitary axis in neuroendocrine responses to stress", *Dialogues in Clinical Neuroscience* December 2006 8 (4) pp 383-395 doi: 10.31887/DCNS.2006.8.4/ssmith <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181830/> (Accessed 18 November)

¹⁹ Habib Yaribeygi, Yunes Panahi, Hedayat Sahraei, Thomas P. Johnston, and Amirhossein Sahebkar (2017). "The impact of stress on body function: A review". *Experimental and Clinical Sciences*, 16: 1057-1072. (Accessed 18 November)

²⁰ https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/COVID-19_Self-Care-Planning_Black-Dog-Institute.pdf?sfvrsn=8 (Accessed 18 November)

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NORTH WEST

Ph: (03) 6431 9711 (9am-5pm)

NORTH

Ph: (03) 6334 2740 (9am-5pm)

After hours: 1800 MYSUPPORT (1800 697 877)

www.laurelhouse.org.au