

Responding to disclosures of sexual assault

Tessa Terlouw
Program Leader
CASA House

“ One in five women have experienced sexual violence since the age of 15.”

Transcribed directly from MOGCAST Episode 29. Listen here:

<https://open.spotify.com/show/6dtXQ6jLjAli7lHtP71cYe?si=7671224caacc4f4a>

Hello, my name is Tessa Terlouw. My pronouns are She/Her, and I work at CASA House. CASA House is a centre against sexual assault, and we are one of 17 services in the state of Victoria.

So there's many of us and we all have our own catchment. The CASA House catchment covers Melbourne CBD and then all the way out to Broadmeadows and Tullamarine. And what we do at CASA House is really we provide services for victim survivors of any gender who are 16 years and over.

And very roughly speaking, we could divide, you know, the type of services that we deliver in two streams. And that is crisis and not crisis. Crisis is anything that's happened in the last two weeks. Not crisis is anything that's happened outside that time frame. Now, I know that in real life, time frames don't work like that. They're not that strict. But this is for the purpose of explaining to you what we do at CASA House.

So for anything that's happened in the last two weeks, we offer a 24-7 crisis response. And I'll talk a little bit more about what that looks like and how you can access that later on. For anything that's happened outside that time frame, we offer ongoing counselling, we offer advocacy, we run peer support groups and a few other services as well. And for professionals, we offer secondary consultation and also training. I'll talk about what type of training we offer later on.

But if you take away anything from this podcast let it be the secondary consultation, because our intake line is open during business hours and after hours, the sexual assault crisis line is available. So there's always someone for you to call should you have a question about a patient who's experienced sexual violence. So that's probably a really important takeaway for today.

What I'm going to talk about with you is how to respond to a disclosure of sexual assault in a contact with a patient. Now, we don't have lots of time, so it will be a little bit of a summary, but hopefully I can give you some things to work with. But before we kind of get into that, I think we need to briefly touch on some statistics, and I won't go through too many.

But I guess it's important to know that in Australia, there's a stat from the ABS, the Australian Bureau for Statistics. And that says that one in five women have experienced sexual violence since the age of 15. So one in five since the age of 15.

So that's a really high prevalence. So that means that lots of patients who will come through your door in any setting will have experienced sexual violence. Now, that doesn't mean that that will always be at the centre of your appointment, but it might come up and people might disclose this to you.

And we've run workshops on responding to disclosures of sexual assault. And from those workshops, I know that people are generally really worried about what to say or do. And they're very worried about saying the wrong thing or doing the wrong thing or not knowing what to do. And hopefully I can reassure you a little bit today. But one of the things that's probably important to know is your general skills for responding to another person apply here as well.

So you want to listen to someone, listen to what they have to say, validate them and make sure you hold some

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space for what they're telling you. And then you might want to think about why is this person telling me this right now? Why are they disclosing a history of sexual violence? Because of the nature of your work, it's likely that people just want you to know about this because it might affect the appointment that they're about to go into or they might be worried about how they might respond or they might be worried about what's going to happen in this appointment. And that might be why they're telling you, or perhaps they are wanting other support.

And you can generally just ask people. Right. So an example of what you might say is, well, thank you for telling me this.

Can I ask you, is the reason you're telling me this now so that I can learn a bit more about what this appointment might be like for you? Or is there any other type of support that you need? I guess when we respond to somebody disclosing an experience of sexual violence or any form of trauma, really, we want to respond in a way that's trauma informed. And I think there's a word we hear lots about, but sometimes it's really tricky to know what actually that means. Right.

What is trauma informed care? What does that actually look like? So responding in a way that is trauma informed, that's the most important thing, right? Doesn't matter why somebody is telling us about their experience. We want to respond in a way that's trauma informed.

But what does that mean? So in my view, being trauma informed really just means that you have an understanding or try to gain an understanding of how someone's past experiences inform how they engage with the world in general and understand how they engage with you because of those experience and also making sure that what you are doing in your appointment is not going to replicate any of the dynamics related to the trauma. So what does that mean? So I guess to explain that, I can go through the principles of trauma informed care.

There's five principles. These are from Blue Knot. There's different variations of these, but I guess these are generally agreed on. So the principles of trauma informed care are safety, trust, control, collaboration and empowerment.

And really, these are things that when somebody is experiencing violence from another person, when somebody is experiencing an assault or a traumatic event, these things are often not there, right? There's no safety. There's no trust. There's no control. People feel out of control. And people's power is really taken away. So we really want to make sure that we don't replicate those dynamics in our appointments.

So how do we do that? Well, let's go through each of those principles and see what that would look like in practice. So the first one is safety. So we want to make sure that someone is safe in our appointment, also feel safe in our appointment.

And that's a thing that, you know, that's a big thing. There's a lot of small things that you can do to make someone feel safe. I suppose that in this context, it also means that we don't want the appointment to be harmful, right? We don't want people to be so affected by engaging with medical care that they're not really

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willing to come back.

In some cases might also mean that we ask some questions about someone's situation to make sure that they're safe there. For instance, if something has happened recently, we may need to ask some questions about whether they're safe at home and what support people are there for them.

Trust. Trust is a tricky one, because you don't just gain someone's trust through just one thing. It's really about continuously saying what you do and doing what you say. And I guess in some cases, it also means being clear about the limits of the scope of your role or the limits of your knowledge. Sometimes we don't know something and that is OK. But saying what you do and doing what you say is important throughout.

The third one is control. So one way you can help someone feel more in control is through being very clear about what's going to happen. So provide very clear information about choices they can make, making it clear that people can have a break at any time if they need it, that they can slow things down or perhaps speed things up if that's appropriate. So control is really about giving someone as much agency over the situation as you're able to give them based on the circumstances of why you're seeing them.

Collaboration is really about mitigating power imbalance. So we're not really doing something to someone, but we're doing something together.

We choose the best option together. We make sure that we provide people with the information they need so that they can make the decision that's best for them, because that's something that we can't do. That's something that they can only do. So going through a process like that is really a collaborative thing rather than a doing on too.

And the last one is empowerment. And that's about recognising that people often know very well how they can best be supported. In some cases, they won't. But in some cases, they absolutely do. So questions as how can I best support you in this? Is there anything that would be more or less helpful? Do you have any specific concerns? You know, some things might be distressing. What can we do if that if that is the case, if anything distressing comes up? How can I help you to calm down?

And I think what is important to acknowledge here is when somebody discloses a history of sexual violence to us, it can feel like a crisis, right, because we hear this for the very first time. But often people have managed this for a very long time and they know what it will be like to manage them. And they have lots of resources and strategies to do so. And we can listen to them and ask them about those and then work together towards a good outcome.

So these are those five principles of trauma informed care. So that's the way you can go about your appointment. Another thing that's probably important is to contain the conversation to what is relevant to your appointment. And I know that this can be very, very tricky, but it's not necessarily helpful to go into great detail about what has happened for the purpose of your appointment. And you're probably going to have limited time. You want to bring the conversation back to what can we do right now? Be it how are we going to make it through a procedure or an assessment or an appointment that's coming up? Or what other services can I

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connect you into?

And I know people find it really tricky to contain these conversations, but it's OK to say something along the lines of I can hear there's so much to talk about with this or I can hear that this is a really big story to share. And thank you for sharing this. I'm aware that I've got this amount of time and I want to make sure that this appointment meets your need and that we set out a plan or that we get through this procedure.

Would it be OK if we come back to what we can do in this moment? And then you can always decide to refer people to follow up support if they require.

I know that another concern that people have is how do I engage with the legal system and do I, what do I need to do? In most cases, if the victim survivor is an adult. It is absolutely their choice whether they want to report to police or not want to report to police. And we do not have to report anything to police if they don't want to. Some exceptions to this might be when somebody is still actively unsafe or when there's kids at risk. In these cases, it's almost never that you have to pick up the phone within 10 minutes and make a phone call.

If you're not entirely sure what to do or you're seeking some reassurance, please just call your local CASA or call the sexual assault crisis line because they will be able to talk you through the best way forward. I suppose it is important to build rapport and to build trust and to report something to the authorities where it wasn't required can sometimes cause people to not come back or to not engage with health services or other services again. And it's really important that we build a strong rapport with someone and that they feel safe and that they feel in control over what is happening with their story and who is contacted about that.

So even in cases where we do have to contact other parties, we will always discuss that with the victim survivor first. So if you're ever not sure, please give us a call. And I suppose generally when somebody discloses something to you, it might just be for the purpose of the appointment. Maybe they want follow up support with us and we'll talk about that in a second. But in most cases, there's nothing that needs to happen immediately. So you can really just be there for the person, listen to what they have to say, talk about how it might affect your engagement with them.

And there's almost never something that has to happen within the next five, 10 minutes. That also means that if you're not sure about what the best pathway for it is, you can also give us a call and consult.

The only time I suppose when it is necessary for something to happen reasonably quick is when something's happened very recently. So when something's happened in the last two weeks, we offer a 24-7 crisis response. And all CASA's in the state of Victoria do that.

For us we do that at our crisis unit at the Royal Women's Hospital, where we do see victim survivors of all genders. So if someone reports something to you that's happened very recently, you might want to give us a call a little bit sooner if the person consents. So nobody has to engage with crisis care if they don't want to. But if a victim survivor does, you can give us a call. So you can call us on 1-800-806-292. And during the day that comes through to your local CASA and after hours that goes to the crisis line, which is our after hours service who then coordinate crisis care.

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If a victim survivor is not sure if they want to engage with crisis care, you can still call us and we can speak to them via phone to explain a little bit more about what this could look like and what it would entail, and they can make a decision then. If they're not sure yet, you can just give them the phone number. If they then change their mind, they can always give us a call.

If the disclosure is about something that hasn't happened in the last two weeks, you can always offer someone our contact details. So we offer ongoing counselling for victim survivors and other CASAs do as well. If you're not sure if someone's in the right catchment, you can look on the SASVIC website.

SASVIC is our peak body and they have a search engine where you can see what someone's local CASA is. And if somebody wants to engage with counselling, they can call us. So they don't need a referral.

And in fact, we generally prefer for people to call us so that we can talk a little bit about our service and what it's like and they can make an informed decision about whether that's right for them. Not everyone wants to engage in counselling or might not want to engage in counselling at the time that you are speaking to them. And that's totally OK.

There's not a right time. And sometimes it might take a while for people to be ready. So if somebody doesn't want a service, that's OK, as long as they're aware that they can call us at any time to discuss if they would like.

So I suppose this is probably in a nutshell, a little bit about what to do when you get a disclosure from a patient. I hope that was helpful. If you'd like to learn a little bit more, we offer four day workshops about responding to disclosures of sexual assault, both online and in our main office on 210 Lonsdale Street.

So you can look at [CASAhouse.com.au](https://www.casahouse.com.au) and find out a little bit more about our training. And we have student tickets as well. Thank you for listening.