



ASCA PROFESSIONAL SUPPORT LINE STATISTICS

September 2014 – August 2015

A REPORT PREPARED FOR BLUE KNOT DAY

October 2015

Report Prepared by Merle Conyer and Michael Burns

1. INTRODUCTION

The ASCA Professional Support Line operates 7 days a week from 9am – 5pm, staffed by qualified counsellors with expertise in complex trauma.

This report primarily analyses data from 2,465 discrete occasions of service for the period 1 September 2014 to 31 August 2015. This data was collected by counsellors during each contact with a caller and manually entered during or immediately after each occasion of service. Data is tracked against each occasion of service, rather than against an individual, as callers are able, and often choose to remain anonymous.

These occasions of service reflect only counselling, educational and support provided to survivors, supporters and health professionals over the telephone. Contact by email and other means (e.g. letter) is referenced separately towards the end of the document. Administrative and training related services are not recorded in this data.

ASCA previously reported on similar data for the period 1 September 2014 to 31 August 2015, and comparative trends between the current and previous reporting periods have been included where notable variance has occurred.

The relevant sections of this report include:

2. Data trends
3. Caller demographics
4. Information about the reported abuse/trauma
5. Perpetrator details
6. Interventions and referrals

In April 2015 an evaluation was commissioned by ASCA on the overall operations of the Professional Support Line and undertaken by WestWood Spice. The Evaluation made use of a variety of sources including an online survey of stakeholders, a pop-up survey for users of online resources, briefing and written submissions, a focus group from the counselling team and document review. Over 600 people contributed via the online survey. Highlights of the findings from this evaluation are included in the following section:

7. Teleweb Evaluation

Unless otherwise stated the data in this report has been determined from an examination of 2,465 discrete occasions of service from 1 September 2014 to 30 August 2015.

2. DATA TRENDS

Trends between the current and previous reporting periods

In this reporting period (1 September 2014 to 31 August 2015) a total of 4,976 occasions of service were provided. This is 5% higher than the 4,740 occasions of service that were provided in ASCA's previous reporting period (1 September 2013 to 31 August 2014).

The data trends for this reporting period largely reflect the data trends for ASCA's previous reporting period, with the following as notable variations:

- There has been an increase in the average age of callers this reporting period. In both reporting periods the majority of callers were in the 40 – 60 year old age range, however in this reporting period there has been a 6% decrease of those in the age group 40-49 years old, and a 10% increase of those calling in the age group 50 – 69 year old. It is surmised that the increase of older callers corresponds with investigations into abuse in schools during the 1960's and 1970's by the Royal Commission into Institutional Responses to Child Sexual Abuse
- ASCA callers are representative of the overall spread of the Australian population, however there is an over-representation of NSW callers and this grew to 77% of all callers (from 69% during ASCA's previous reporting period), with all the other locations reducing in representation
- In the current reporting period access of service users by phone increased by 3% (to 79% of all contacts) and email reduced by 3% (to 20% of all contacts)
- The reporting of negative impacts to employment as a consequence of abuse increased 2.5 times this reporting period (from 12% to 29% of users who reported an impact from abuse)
- The total number of referrals increased 2.6 times on the prior reporting period (from 350 referrals to 924 referrals), with the majority of referrals coming from other service providers and the internet. The internet (43%) overtook service providers (41%) as the primary referral source
- There was an increase in the number of referrals made by counsellors to other professional health supports, such as doctors and counsellors. This represented 37% of all referrals made which is up from 24 % in ASCA's last reporting period. A likely contributor is the expansion of ASCA's Referral databases with experienced trauma-informed services and service providers, and the efforts ASCA has been making to attract and assess relevant providers and services, as well as promote the availability of this.

3. CALLER DEMOGRAPHICS

Gender of caller

The gender of the caller was recorded in 2,262 (92%) of the 2,465 occasions of service. While the gender of the caller is almost always known in a phone call, it is generally not known when the primary contact is by email. Table One shows the gender breakdown of the 2,262 callers for whom data is recorded.

Table One: Gender of Callers

Gender	Number of Respondents	Percentage of Applicable Respondents
Female	1,668	74%
Male	555	24%
Transgender	39	2%
TOTAL	2,262	100%

Age of Caller

The age of the caller is not information routinely gathered by counsellors. It is only recorded if the caller mentions it in the course of counselling. As such age related data was only collected in 522 (21%) of the 2,465 occasions of service. The age breakdown is represented in Table Two which shows that the majority of callers are in the 40 – 60 year old age range. There are some variances between this data and that in the prior reporting period, with a 6% decrease of callers in the age group 40-49 years old, and a 10% increase of callers in the age group 50 – 69 year old.

It is surmised that the increase of older callers corresponds with high numbers of callers impacted by abuse in schools in the 1960's and 1970's at the time these came before the Royal Commission into Institutional Responses to Child Sexual Abuse.

Many of the older callers report never telling people of their abuse before, and feeling that, up until now, they have not felt able to talk about it. They often report carrying a lifetime burden and feel 'it is too late' to heal. A challenge for the phone line counsellors is to encourage a sense of hope in older callers that healing is possible, that it is 'not too late' and to support them in seeking professional support, when for many callers in this age group this is not a familiar practice.

Table Two: Age of Caller

Age	Number of Respondents	Percentage of Applicable Respondents
0-19	2	0%
20-29	42	8%
30-39	85	16%
40-49	125	24%
50-59	140	27%
60-69	97	19%
70-79	29	6%
80+	2	0%
TOTAL	522	100%

Type of Caller: Main Presentation Type During Call

Type of caller is entered into the database by counsellors and categorises the caller by their main presentation type when contacting the ASCA Professional Support Line. ASCA recognises that many health professionals and supporters are also survivors, but this category requires one response to represent the caller's main presentation at time of contact (or main reason for contact). As such this category is perhaps best thought of as type of call, rather than type of caller.

The type of caller was recorded in 2,155 (87%) of the 2,465 occasions of service. It was either not recorded or not disclosed in the remaining contacts.

Table Three presents the type of caller and shows that the vast majority (76%) of callers of the ASCA Professional Support Line are survivors of abuse. Supporters of survivors are the next predominant group supported by ASCA. The data trends are similar to ASCA's previous reporting period, with a slight increase in the number of Supporters and Health Professionals in this reporting period.

Table Three: Type of Caller

Type of Caller	Number of Respondents	Percentage of Applicable Respondents
Survivors	1,648	76%
Supporters of survivors (excludes partners of survivors)	255	12%
Health Care Professionals	175	8%
Support workers (professional role)	17	1%
Partner of survivors	20	1%
Other	40	2%
TOTAL	2,155	100%

Geographic Location of Caller

State of Residence for Caller

ASCA delivers services across Australia. The State which the contact was living in was provided in 1,889 (77%) of the 2,465 occasions of service. Table Four shows the state location of the ASCA Professional Support Line Caller and compares this to the Australian average.

This shows that, on the whole, ASCA is being accessed in general accordance with the population spread across Australia, but there are some anomalies, most notably NSW being over-represented and Western Australia being under-represented among ASCA callers.

Previous research has suggested that the under-representation of Western Australian callers may be influenced by the time zone differences. Reports from ASCA callers indicate that most prefer to call in the afternoon and early evening, often after work. They report finding this hard to do when they are behind NSW time, as is the case with Western Australia. It is possible that at least some of the cause for the under-representation of these states/territories is due to this time discrepancy.

Table Four: State of Residence of Caller

State/Territory	Number of Respondents	Percentage of Applicable Respondents	% of Australian population for that State ⁱ
NSW	758	40%	32.0%
VIC	424	22%	24.9%
QLD	354	19%	20.1%
SA	173	9%	7.2%
WA	101	5%	10.9%
TAS	30	2%	2.2%
NT	11	1%	1.1%
ACT	38	2%	1.6%
TOTAL	1,889	100%	100%

Remoteness of Caller

Remoteness is an important concept in service delivery and policy making, particularly in a heavily urbanised, but geographically vast nation like Australia. The ABS and the ASGC (Australian Standard Geographical Classification) have developed systems to classify the remoteness of Australian areas. Although using slightly different codes, these are very similar. ASGC classifications were used to classify remotenessⁱⁱ.

Postcode was used to determine the remoteness classification of the caller. Postcode was provided in 980 (40%) of the 2,465 occasions of service. Postcode is a somewhat crude way of determining remoteness. A specific address gives a more accurate indicator. However, for the purposes of ASCA data analysis, where address is not collected, and where services are provided across a vast geographic area, it provides an appropriate and effective indicator.

Table Five shows that, generally speaking, ASCA callers are representative of the overall spread of the Australian population. However there is an over-representation of NSW callers, which grew to 77% from 69% during ASCA's previous reporting period, with all the other locations reducing in representation. There continues to be an under-representation of less urbanised callers. Given that more remote people are known to under-utilise health services this is not surprising and provides opportunity for ASCA to further promote its services to less urbanised and more remote communities.

Of the 980 records that have postcodes, 17 have postcodes missing from the ABS Classifications, hence the total of 963 records in Table Five.

Table Five: Remoteness of Caller

Remoteness Classification	Number of Respondents	Percentage of Applicable Respondents	% Australian population by remoteness area ⁱⁱⁱ
Major cities	744	77.3%	68.4%
Inner regional	166	17.2%	19.7%
Outer regional	41	4.3%	9.5%
Remote	11	1.1%	1.5%
Very remote	1	0.1%	0.8%
TOTAL	963	100%	99.9%

Other Demographics of Caller

Diversity

Due to the nature of the ASCA Professional Support Line it is rarely possible to identify if the caller is from a culturally and linguistically diverse background, of Aboriginal or Torres Strait Islander background, or if they have a disability. The nature of the service is that people call, often in great distress, and their immediate crisis and issue is dealt with. It is not appropriate or necessary to routinely gather demographic data, so the counsellor only relies on self-report of this information. Due to the nature of the call this is often not disclosed. There is also a small amount of contact from people in the criminal justice system.

Complexity

Counsellors continue to report a trend towards more clinically complex matters, with counsellors observing a greater number of callers with histories of multiple and severe forms of abuse, complex dissociative disorders such as DID, and an increase in callers who report self-harm and suicidality.

As outlined in the report on ASCA's prior reporting period, this continues to likely be due to a number of factors. ASCA appears to be increasingly receiving referrals from other services for more complex cases, as complex trauma is ASCA's identified area of expertise. ASCA's credibility in this area has been growing since the publication of its *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, which are internationally recognised and endorsed. ASCA's extensive professional development program, grounded in these Guidelines, has further enhanced ASCA's reputation as experts in the area of complex trauma. Furthermore ASCA's service delivery scope is unique in that ASCA's expertise is in working with adult survivors of all forms of child abuse and trauma, which means that ASCA may receive referrals from services with a more narrow scope of service (e.g. numerous services are only for survivors of sexual abuse).

In addition, it also reflects the isolation and difficulty in accessing health care that many people with severe abuse histories and complex dissociative disorders experience. It also appears that people

with severe abuse histories, many of whom experience a strong sense of shame and relationship difficulties, find it easier to call a telephone line or email for information and support as they are more anonymous. Initial results from the Evaluation Survey, as well as feedback to counsellors, has indicated that ASCA is a trusted professional service for people whose complex needs arising from childhood trauma are not easily met and who often report feeling retraumatised by services which are not trauma-informed.

4. INFORMATION ABOUT THE REPORTED ABUSE/TRAUMA

Age at Which Abuse Occurred

The age at which abuse occurred was recorded for 852 (34%) of the 2,465 occasions of service. Due to the nature of our service, which is primarily an initial or short term contact service, callers do not always give detailed information about their abuse such as age of abuse. More than one third of callers disclosed abuse that occurred when they were under the age of 16 years old, and this figure is likely to be substantially higher as 62% of callers disclosed abuse that occurred at multiple ages. Table Six show the age at which the abuse occurred.

Table Six: Age at which Abuse Occurred

Age Range	Number of Respondents	Percentage of Applicable Respondents
0-5 years	59	7%
6-10 years	106	12%
11-15 years	118	14%
16 years and over	14	2%
Multiple ages	524	62%
Ongoing abuse	31	4%
TOTAL	852	100%

Types of Abuse/Trauma

Information is collected about broad categories of abuse if the caller discloses this in the course of the phone call. This section of the database does contain a 'did not disclose' option for counsellors to use.

There is information recorded on the type of abuse for 1,506 (61%) of the 2,465 occasions of service. There are an additional 734 (30%) occasions of service that are specifically recorded as not having disclosed details of their abuse. Figures and percentages reported in Table Seven relate to the 1,516 (61.5%) occasions of service where there is data on the type of abuse. The trends are similar to those in ASCA's previous reporting period, with a 3% decrease in the number of disclosures related to sexual abuse and a 2% increase in the number of disclosures related to emotional abuse.

Table Seven: Types of Abuse

Types of Abuse	Number of Respondents	Percentage of Applicable Respondents
Sexual	1199	47%
Emotional	600	24%
Physical	496	20%
Neglect	153	6%
Witness DV	83	3%

Table Eight provides information on the numbers of types of abuse experienced by each caller who reported abuse. Of these records, 618 (41%) callers reported experiencing more than one of the identified types of abuse.

Table Eight: Number of Abuse Types

Number of Abuse Types	Number of Respondents	Percentage of Applicable Respondents
1	888	59%
2	321	21%
3	213	14%
4	58	4%
5	26	2%
Total	1,506	100%

Impact of Abuse on Survivors

Impacts of abuse as relayed by the caller were recorded by counsellors. This section relies, to some extent, on the counsellors' professional skills and insights as sometimes the impacts were directly mentioned, and other times they were deduced from the caller's story. For example if a caller reports being sexually abused by her father and feeling angry at her family for not protecting her, and in conflict with them, then the counsellor may reasonably select that the caller's abuse has affected her relationships with her immediate family.

Impacts of Abuse were noted in 1,651 (67%) of the 2,465 occasions of service, with mental health being the single most common impact (87%). This does not mean that there were no impacts of abuse in other occasions of service, but rather than they were either not reported or counsellors did not complete this section of the database fields.

The percentages in Table Nine are similar to those in ASCA's previous reporting period, with one notable exception. 29% of users who reported an impact from abuse on employment in the period 1/9/2014 – 31/8/2015, which is almost 2.5 times more than in the last reporting period where it was 12%.

The category "Extended family" was new this reporting period and constituted 6% of reported impacts.

The current database does not allow the recording of all impacts that callers report. The most common of these are impacts of the abuse on accommodation (with many callers reporting leaving home because of abuse, or leaving an institution because of the abuse) and impacts on education level and income level. Callers frequently report that abuse interrupted their education and this has impacted on their income throughout their life. Although many serious impacts are reported it is likely that there are other serious impacts that have gone unrecorded. ASCA is currently testing a new database that includes the above categories.

Table Nine shows the types of abuse reported with most callers experiencing difficulties with mental and physical health, and immediate family and partner relationships. Multiple types of abuse can be recorded against for each occasion service.

Table Nine: Types of Impacts of Abuse

Type of Impact	Number of Respondents	Percentage of Applicable Respondents
Mental Health	1,436	87%
Immediate Family	862	52%
Physical Health	620	38%
Partner	611	37%
Employment	486	29%
Extended family	376	23%
Friend	387	23%
Suicidality	314	19%
Parenting	279	17%
Alcohol	192	12%
Drugs	145	9%
Criminal Justice	81	5%
Gambling	6	0%

Table Ten shows the number of impacts reported by the caller, for the 1,506 callers for whom information on the impact of abuse is recorded. This shows that 73% of callers report multiple impacts of abuse in their lives. Given that many callers have minimal and often one-off contact with ASCA, it is likely there are also other impacts which are not discussed during contact. This illustrates the long term and wide reaching impact that childhood trauma can have into adulthood.

Table Ten: Number of Impacts

Number of Impacts	Number of Respondents	Percentage of Applicable Respondents
1	453	27%
2	275	17%
3	229	14%
4	206	12%
5	145	9%
6	118	7%
7	97	6%
8	54	3%
9	35	2%
10	18	1%
11	10	1%
12	11	1%
TOTAL	1,651	100%

Place of Abuse

Table Eleven identifies the location in which the caller stated that their abuse occurred. This was not always disclosed by callers during their limited contact with ASCA. In addition data was gathered in a naturalistic manner as callers told their story. As such this data does not claim to be comprehensive and cover all locations in which callers were abused, particularly in occasions of service where callers had multiple or ongoing abuse, or where abuse may have occurred in multiple settings.

Location of abuse was recorded for 1,278 (52%) of the 2,465 occasions of service. Of the 1,278 occasions of service where location of abuse was recorded, 109 (8.5%) reported multiple locations. Home was reported the place where most child abuse occurs, and this is consistent with the ASCA's prior reporting period and is consistent with data recorded in formal research projects.

Table Eleven: Place of Abuse

Abuse Location	Number of Respondents	Percentage of Applicable Respondents
Home	865	68%
Institution	110	9%
In-Care	91	7%
School	77	6%
Community/Sporting Org	37	3%
Other	98	8%
Total	1,278	100%

5. PERPETRATOR DETAILS

Perpetrator Details

Perpetrator details are recorded for 1,147 (46%) of the 2,465 occasions of service, of which 1,008 (41%) record a single perpetrator, while multiple perpetrators are recorded for 139 (12%).

This data must be interpreted with some caution. Lack of reporting multiple perpetrators does not mean that the caller did not experience repeated abuse of more than one perpetrator. Due to the nature of our service being primarily of initial or short term contact, full details of abuse history are often not disclosed. Research suggests that many victims of child abuse experience re-victimisation and it is likely that ASCA callers experience similar patterns of re-victimisation as that reported in mainstream research.

Gender of Perpetrator

Table Twelve Illustrates that the majority of perpetrators are male, as is consistent with trends in ASCA's previous reporting period, and also with mainstream research. The data also is similar to that shown in other research in that males are particularly more likely to be perpetrators of sexual abuse than are females. When sexual abuse alone is examined the data shows that 86% of perpetrators were male, however it must be noted that in 455 occasions of service where sexual abuse was disclosed, the gender of the perpetrator was not recorded.

Table Twelve: Perpetrator Gender

Perpetrator Gender	Number of Respondents	Percentage of Applicable Respondents
Male	882	78%
Female	246	22%
Total	1,128	100%

Survivor's Relationship to Perpetrator

There are 1,442 (58%) of the 2,465 occasions of service where the relationship of the perpetrator to the survivor are recorded.

Table Thirteen demonstrates that ASCA Professional Support Line users report similar patterns of relationship to their abuser as survivors report in mainstream research. For example, children are most likely to be abused by someone close to them and to their family, with 64% of applicable callers being abused by a member of their family. This figure is likely to be higher as it does not include family abuse for callers who experienced multiple perpetrators.

Children are also at risk of abuse by members of an organisation/institution with a duty of care towards them, with 266 (18% of callers who reported abuse) disclosing this as the source of their abuse.

The above reinforces how difficult it can be for children to speak out about the abuse or trauma they experience.

Children are least likely to be abused by a stranger (4%), teacher (5%) or health professional (2%).

Of the callers who disclosed a relationship to a perpetrator, 110 (8%) experienced abuse from multiple perpetrators. This figure does not fully represent the numbers of people who experienced abuse from multiple perpetrators as, for example, a person who may be abused by a sibling and a parent, both perpetrators would be recorded under Immediate Family. However children may be abused in their immediate family and also in out of home care, in which case this will be recorded as multiple relationships.

Table Thirteen: Relationship to Perpetrator

Relationship to Perpetrator	Number of Respondents	Percentage of Applicable Respondents
Immediate family	777	59%
Extended family	145	11%
Religious	116	9%
Family friend	86	7%
Teacher	64	5%
Carer Out of Home	64	5%
Stranger	58	4%
Health professional	22	2%
Multiple Perpetrators	110	8%

6. INTERVENTIONS AND REFERRALS

Services Utilised

People contact the ASCA by various means, with the method of contact for the reported occasions of service indicating that:

- 79.5% were by phone
- 20.3% were by email
- 0.2% were other forms of contact (generally speaking, by letter)

There is a slight change from ASCA's previous reporting period, with phone contact increasing by 3% and email reducing by 3% in the current reporting period.

There is overlap between these categories. Many people who initially contact by email go on to make a phone call. Some phone callers also email afterwards to request more information or support.

Phone numbers are not recorded in the ASCA database to protect the anonymity of callers so it is not possible to completely determine the percentage of callers who are using mobile phones as opposed to landlines. However phone numbers are recorded when messages are recorded (these are later destroyed). An analysis of the most recent 100 messages recorded shows that 76% of phone calls were made from mobile phones (which is a reduction of 3% when compared with ASCA's previous reporting period). This is likely to be representative of the whole sample of callers, the vast majority of whom do call from mobile phones. This might reflect the changing pattern of telephone usage in Australia. However callers also report that they use their mobile phones as they are able to go somewhere more private than a landline phone, where calls may be overheard by other member of

Commercial-In-Confidence

their household. This raises obvious issues around the cost of the call to the caller and counsellors need to be mindful of offering to call the caller back to save them costs (some callers decline this as they don't wish to give their number out.)

Table Fourteen provides information on the duration of calls, which has a similar pattern to ASCA's prior reporting period.

Table Fourteen: Duration of Calls

Call Duration (minutes)	Number of Calls	Percentage of Calls
<10	424	18.0%
10 to 29	1,074	45.7%
30-59	707	30.1%
60-89	135	5.7%
90-119	9	0.4%
120+	2	0.1%
TOTAL	2,351	100.0%

Use of Online Resources

Callers are increasingly using the ASCA website, Facts Sheets and online videos to obtain information. This is partly reflective of a broader societal pattern where information and services are increasingly being sought online. Online resources can be particularly suited to this client group who frequently present with strong feelings of shame, stigma and lack of trust which make it difficult to seek information and resources from face to face therapists and doctors.

Between 1 September 2014 and 31 August 2015 the following were downloaded from ASCA's website:

- 7,818 Factsheets
- 5,901 Videos

The feedback provided by callers to counsellors about these resources has been very positive.

Counsellor Action/Service Delivered

At the completion of each occasion of service counsellors are asked to record what action they took in the call.

From 1 September 2014 to 31 August 2015, counsellors recorded a total of 3,975 interventions for the 2,465 occasions of service. Multiple interventions were undertaken for 1,319 (53.5%) occasions of service. Counsellor interventions are reported in Table Fifteen.

Table Fifteen: Action of Counsellor

Action	Number of Respondents	Percentage of Applicable Respondents
Counselling	1,534	38%
Psychoeducation	1,157	29%
Referral	1,095	27%
Crisis Management	100	3%
Case Management	10	0%
Other	79	2%
TOTAL	3,975	100%

Referral Patterns

Referrals made by ASCA

1,065 callers were provided with referrals by ASCA counsellors from 1 September 2014 to 31 August 2015, with some callers referred to more than one service.

ASCA's current database does not enable counsellors to fully record all possible referral pathways as services have expanded and developed rapidly in recent years, and so the numbers in Table Sixteen are an under-representation. Analysing the available data established the following trends for referrals made:

- ASCA services (e.g. website/facts sheets/workshops) – 1,157 (52% of applicable callers)
- Professional health supports (e.g. counsellors, doctors, etc.) – 810 (37% of applicable callers)
- Other referrals (legal supports/religious supports/educational services) – 933 (42% of applicable callers)

ASCA has maintained a policy of only making referrals to high quality trauma informed health professionals and agencies, in order to ensure that their vulnerable client group receives the specialist care they need. Health Professionals and Agencies need to apply to be on ASCA referral databases and must go through a thorough application process to ensure that the care they are giving is evidence based and trauma informed.

ASCA has been working on expanding its database of health professionals and trauma informed agencies. It is also developing a database of trauma informed GPs and psychiatrists to better meet the needs of callers. This has informed an increase in referrals to Professional health supports in this reporting period which included 810 (37%) of all referrals made, increased from 24% of all referrals made in ASCA's last reporting period.

Table Sixteen: Referrals Provided by ASCA

Referral Provided by ASCA	Number of Referrals	% Referrals to All Applicable Callers
ASCA Website	749	70%
ASCA Workshop	408	38%
Counsellor	694	65%
Healthcare Worker	116	11%
Education	100	9%
Legal	59	6%
Group	47	4%
Police	28	3%
Religious Support	5	0%

Referrals made to ASCA

924 referrals were made to ASCA from 1 September 2014 to 31 August 2015. The referral patterns are recorded in Table Seventeen.

Due to the nature of the service it is not always possible for counsellors to ask a caller how they found out about, or were referred to, the ASCA Professional Support Line and thus it is anticipated this number in reality is higher.

Table Seventeen: Referrals to ASCA

Source of Referral	Number of Respondents	Percentage of Applicable Respondents
Internet (This includes ASCA website as well as other websites)	396	43%
Callers own health care worker (e.g. GP, counsellor, allied health professional etc.)	164	18%
Media	129	14%
Services (includes many services but most frequent referrals are from Lifeline, 1800 Respect and Beyond Blue)	45	27%
Family/friend referral	20	2%
Phone book	1	0%
Other	169	18%
TOTAL	924	100%

7. TELEWEB EVALUATION

In April 2015 ASCA commissioned a review of the ASCA Professional Support Line which was undertaken by WestWood Spice. This published report was entitled 'Better Outcomes, Better Lives', authored by Alison Plant. The summary below both quotes directly and paraphrases from the report.

The report drew from a variety of sources including an online survey of stakeholders, a 3 question pop-up survey for users of online resources, briefing and written submissions, a focus group from the counselling team and document review. Over 600 people contributed via the online survey.

The report acknowledges that ASCA provides a unique service for adult survivors with their Professional Support Line, and is encouraging in acknowledging the significant work that ASCA provides with this service.

ASCA Professional Support Line

About 78% of survey respondents reported being satisfied or very satisfied with their last call to the ASCA Professional Support Line. Over half of those who rated the counsellor's performance gave a positive rating, with another third giving a neutral rating - this may reflect the overall purpose of the call, for example that they were seeking a referral and hence did not elicit a measure of counsellor's performance

The report acknowledged growth in demand for the ASCA Professional Support Line. Both the ABC and Fairfax media now routinely include ASCA's 1300 number in all articles related to childhood trauma, abuse and/or the Royal Commission into Institutional Responses to Child Sexual Abuse. The report also shows that the ASCA Professional Support Line is increasingly being referred to by other agencies.

The report also acknowledges the increasing complexity of calls to the ASCA Professional Support Line. This may be as a result of services and organisations being confident in referring challenging cases.

Feedback from the survey demonstrated the importance to survivors in being able to speak to a counsellor when they call, and concern for many survivors about leaving messages. The report advised that there are over 300 calls a month that are not answered and where messages are not left for call back, suggesting a significant unmet need for the service. This number needs to be interpreted with some caution as anecdotal feedback from counsellors suggest that some people make several repeated attempts to call. A recommendation was made in the report to consider increasing the hours of the service to include evenings.

The survey used for the report also indicated how challenging it can be for survivors seeking ongoing professional support. One third of respondents strongly agreed that their experience with a therapist

from the ASCA Health Professional database met their needs, with another third being neutral. The cost of therapy continues to be an issue for many callers. Some feedback from callers to ASCA counsellors also suggests that a referral by ASCA to someone else can feel like another rejection of them, and it remains important to educate the callers of the importance of ongoing therapy as opposed to the short term service that the ASCA Professional Support Line is currently resourced to offer. However there are callers who find it easier to call a phone line or to email for information and support, as this is more anonymous and manageable. This may include callers with severe histories of abuse who experience a strong sense of shame and relationship difficulties.

The report highlighted the importance of addressing the issue of capacity of the ASCA Professional Support Line, and to set realistic budgets, priorities and objectives for projects, and ensuring future changes are sustainable and supportive for staff. This recommendation is relevant to the phone line given they have also recommended expanding the phone service to cover evenings in order to make the service more available, especially to callers from Western Australia. They have also recommended considering expanding the number of counsellors available during peak times in order to reduce the number of call backs and abandoned calls.

The report suggested consideration of a case-based call-back counselling and support service to address the issues of geographical and psychological isolation and/or inability to access trauma-informed services. The capacity for ongoing case management was built into the new counsellor database in order to allow for this possibility should it eventuate. In the meantime it is planned to contact all members listed on ASCA's Health Professional database to establish if they offer Skype or Telephone counselling sessions, which would enable easier access to specialised counselling services in particular for regional and remote callers.

ASCA will need to secure funds if this service is to be expanded to address the service gaps and demand as outlined above.

ASCA Website

85% of people who visited the ASCA website were satisfied or very satisfied with it, with 75% indicating that the information met their needs and 72% indicating that the information improved their knowledge of childhood trauma and its impacts. The ASCA website is a common referral source for users of the ASCA Professional Support Line. Some recent changes to the ASCA website were designed to make the website even more useable and the information easier to find. Over half of the survivors or supporters agree or strongly agree that the videos and/or fact sheets have helped them respond to the impacts of abuse and have played a role in health and wellbeing. This is important feedback, as the website sees significant usage (800,000 visitors to the website are expected in 2015).

8. NEXT STEPS

The data trends contained in this report, together with data collected from the Teleweb evaluation, will inform future projects and refine service delivery going forward. Planned activities for the next 12 months include:

- Implementation of a customised database to enable accurate recording, analysis and reporting of data
- Ongoing development of specialised referral databases
- Ongoing refinement and strengthening of ASCA's practice model, and associated policies and procedures
- Explore the viability of expanding ASCA's services to offer additional models of service delivery.

ⁱ ABS (2014) 3101.0 Australian Demographic Statistics, March 2014

ⁱⁱ <http://www.abs.gov.au/websitedbs/d3310114.nsf/home/remoteness+structure>

ⁱⁱⁱ ABS (2008) 4102.0 Australian Social Trends, July 2008