ASCA 1300 PROFESSIONAL SUPPORT LINE STATISTICS,

2013- 2014

A REPORT PREPARED FOR BLUE KNOT DAY 2014

Report Prepared by Kate McMaugh and Jane Dartanian

BACKGROUND TO THE REPORT

This report contains summary data from the ASCA Professional Support Line prepared for Blue Knot Day (BKD) 2014. This data is collected by counsellors during the occasion of service. Data is manually entered by the counsellor into the database during or immediately after the client contact.

In order to keep the data in this report current and to minimise duplication with previous reports specific data analysis was conducted on 4, 000 cases ranging in dates from April 2013 to September 2014. Unless otherwise mentioned data reported relates to these 4000 cases. Data from these 4,000 cases does not directly correlate to occasions of service as multiple occasions of service may be recorded against a single case. In addition anomalies with the database construction means that occasions of service and case data are recorded separately and not able to be inter-related.

Occasions of service are also reported, but not specifically analysed, except for a few topics, where this is specifically mentioned. In these cases analysis by occasions of service was necessary due to the manner in which the ASCA database is constructed.

OCCASIONS OF SERVICE

The ASCA 1300 Professional Support Service delivered 8, 782 occasions of service between 1 January 2009 and 6 October 2014. There were 4, 740 occasions of service delivered in the last 12 months (between 1 September 2013 to 31 August 2014), indicating the positive impact of extra funding in enabling ASCA to deliver much more services than in the past.

It is important to note that these occasions of service reflect only counselling, educational and support calls given to survivors, supporters and health professional. Administrative and training related phone calls/occasions of service are not recorded in this data.

Long term trends in occasions of service

Long term trends in occasions of service are presented in Table One. These show a pattern of steady increase. Funding, which enabled the expansion of the phone line, is clearly linked with a dramatic increase in occasions of service as seen in July 2013. From July 2013 to the present day

there has continued to be steady increased in contacts each month as shown with the increase in contacts in July 2014.

Table One: Long Term trends in Occasions of Service ASCA 1300 Professional Support Service

Month and Year	Occasions of Service
July 2009	29
July 2010	149
July 2011	104
July 2012	102
July 2013	376
July 2014	449

Funding of the phone line in 2013 enabled the line to open eight hours a day (rather than four), be staffed by experienced counsellors with expertise in complex trauma and also extend coverage to the weekends. All of these changes have been well-received by service users who appreciate a specialist, well-staffed service and an 'after hours' opening time. Calls on weekends have increased steadily as this aspect of the service is promoted and becomes more well-known. However frequent feedback from service users is that they need the service to be open in evenings. This is particularly important for people from Western Australia, South Australia and Northern Territory who live in different time zones and lack the chance to call after work hours during the week. Preliminary analysis of feedback on the evaluation survey held in June-July also indicates that this is a strong need of service users.

DEMOGRAPHICS OF SERVICE USERS

Unless otherwise stated the data on service user demographics relates to 4, 000 consecutive cases from April 2013 to September 2014.

Gender of Service User

The gender of the service user was recorded in 3, 607 of the 4, 000 cases (90%). It was either not recorded or unknown in 393 cases (10%). (While it is almost always known in a phone call, occasionally it is not known when the primary contact is by email.) Table Two shows the gender breakdown of the 3, 607 service users for whom data is recorded.

Table Two: Gender of Contacts, ASCA Professional Support Service

Gender	Number	Percentage
Female	2, 577	71.4%
Male	1, 008	27.9%
Transgender	22	0.6%

Age of Service user

The age of the service user is not information routinely gathered by the counsellors. It is only recorded if the client mentions it in the course of counselling. As such age related data was only collected in 760 of the 4, 000 cases analysed (19%). The age breakdown of these 760 cases is represented in Table Three which shows that the majority of service users are in the 40 – 60 year old age range.

Table Three: Age of Service User

Age	Number	Percentage
0-19	11	1%
20-29	59	8%
30-39	129	17%
40-49	226	30%
50-59	175	23%
60-69	112	15%
70-79	37	5%
80+	11	1%

Type of Service User: Main Presenting Issue During Contact

Type of service user is entered into the database by counsellors and categorises the service user by their main presentation type when contacting the 1300 Service. ASCA recognises that many health professionals and supporters are also survivors, but this category requires the counsellor to select one response to represent the service user's main presentation at time of contact (or main reason for contact). As such this category is perhaps best thought of as the *main presenting issue during contact*, rather than *type of service user,* although the database uses the term type of contact.

Of the 4,000 cases the type of service user was recorded in 3, 307 cases (83%). It was either not recorded or not disclosed in 393 cases (17%).

Table Four presents the service user type in number and percentage for the 3,307 service users whose status is recorded. This shows that the vast majority (almost 78%) of service users of the 1300 service are survivors of abuse. However the service also provides support to many partners and friends of survivors.

Table Four. Type of case as identified by service user main issue

	Number of Respondents	% of Respondents
Survivors	2, 569	77.7%
Supporters of survivors (excludes partners of survivors	323	9.7%
Health Care Professionals	225	6.8%
Support workers (professional role)	34	1.0%
Partner of survivors	40	1.2%
Other:	116	3.5%

Geographic Location of Service User

State of Residence for Service User

ASCA delivers services across the Nation. The State which the contact was living in was provided in 2, 842 of the 4000 cases (71%). Table Five shows the State location of the service user and compares 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. ACT, South Australia and NSW are somewhat over-represented among ASCA service users. However Tasmania, Queensland, the Northern Territory and Western Australia are somewhat under-represented.

It is worth noting that, with the exception of Tasmania, these States/Territories represent three of the four which experience time discrepancy with NSW. Western Australia, Northern Territory and South Australia are in different time zones all year and in daylight saving time Queensland is also behind one hour. Reports from ASCA service users indicates 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. 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 Five: State of Residence of Service user

State/Territory	Numbers	Percentage of total state identified calls	Percentage of Australian population for that State[i]
ACT	63	2.2%	1.6%
NSW	1116	39.2%	32.0%
NT	16	0.5%	1.0%
QLD	500	17.6%	20.1%
SA	228	8.0%	7.2%
TAS	38	1.3%	2.2%
VIC	696	24.5%	24.8%
WA	185	6.5%	10.9%
TOTAL	**2842**	**99.8%**	**99.8%**

Remoteness of Service User

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 remoteness. [ii]

Postcode was used to determine the remoteness classification of the service user. Postcode was provided in 1189 of the 4000 cases (30%). 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 Six shows that, generally speaking, ASCA service users are representative of the overall spread of the Australian population, however there is a small under-representation of more remote service users. 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 remote communities.

Table Six: Remoteness of Service User

Remoteness Classification	Number of cases	Percentage of ASCA cases	Percentage Australian population by remoteness area[iii]
Major cities	820	69.0	68.4 %
Inner regional	248	20.8	19.7%
Outer regional	101	8.5	9.5%
Remote	16	1.3	1.5%
Very remote	4	0.3	0.8%
TOTAL	1189	99.9	99.9%

Other Demographics of Service user

Due to the nature of the 1300 service it is rarely possible to identify if the service user 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 (or email), 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 contact this is often not disclosed.

Anecdotally counsellors report an increasing number of contacts from service users who identify as having a disability (including a mental health disability) and increased contact from care-leavers (possibly due to the impact of publicity surrounding the Royal Commission). There is also a small, but increasing, amount of contact from people in the criminal justice system. This is also possibly due to publicity surrounding the Royal Commission as these contacts are typically from survivors who have experienced severe institutional abuse. Contact can be by letter, but there has also been occasions of organised and approved phone contact.

Demographics of the service user is being routinely collected in the current evaluation survey and will give a better (although not entirely representative) idea of the demographics of the service user.

INFORMATION ABOUT THE REPORTED ABUSE/TRAUMA

Age at Which Abuse/Trauma Occurred

Of the 4,000 cases, this information was recorded for 1,231 cases (30.8%). Due to the nature of ASCA's service, which is primarily an initial or short term contact service, service users do not always give detailed information about their abuse such as age of abuse.

Of those who did not disclose age of abuse the following information is recorded in Table 2. Table 2 shows the extreme vulnerability of pre-pubescent children, with the most common age of abuse being in the 6-10 year age range. In addition 6.9% of recorded cases reported that abuse was still ongoing at the time of the contact with ASCA. Given that 99% of ASCA's service users are over 19, this illustrates that even in adulthood some survivors are unable to escape their abusive situation. It also illustrates the importance of counsellors being vigilant for any clues that the abuse may be ongoing and to complete adequate risk assessments.

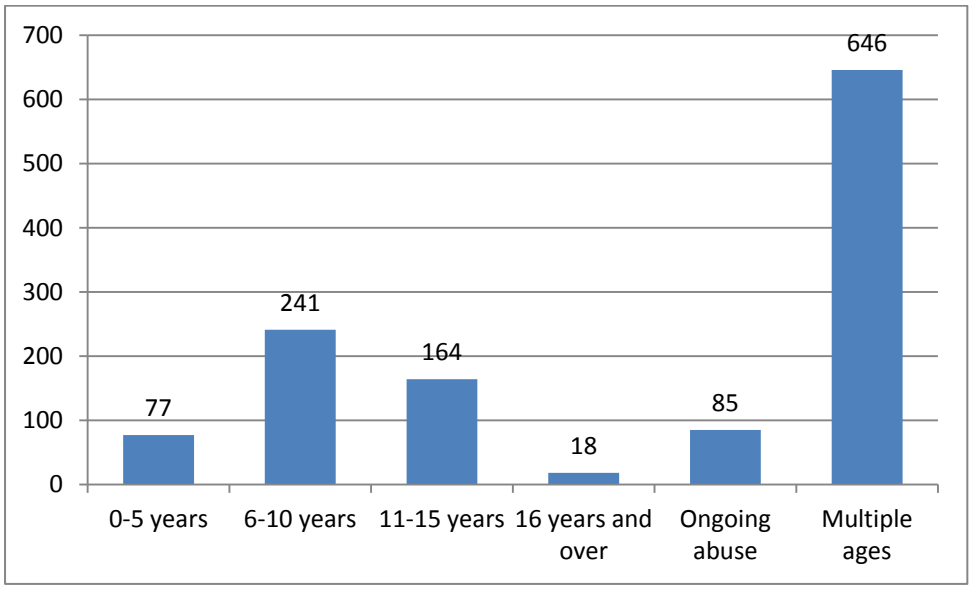
Almost 53% of service users disclosed abuse at multiple ages.

Table Seven and Graph One show the age at which the abuse or trauma occurred, with it being very clear that most service users experienced abuse at multiple ages.

Table Seven. Age at which Abuse/Trauma Occurred

Age range	Number of people	% of reporting respondents
0-5 years	77	6.3%
6-10 years	241	19.6%
11-15 years	164	13.3%
16 years and over	18	1.5%
Ongoing abuse	85	6.9%
Multiple ages	646	52.5%
TOTAL	1,231	100.0%

Graph One. Age at which Abuse Occurred



Types of Abuse

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

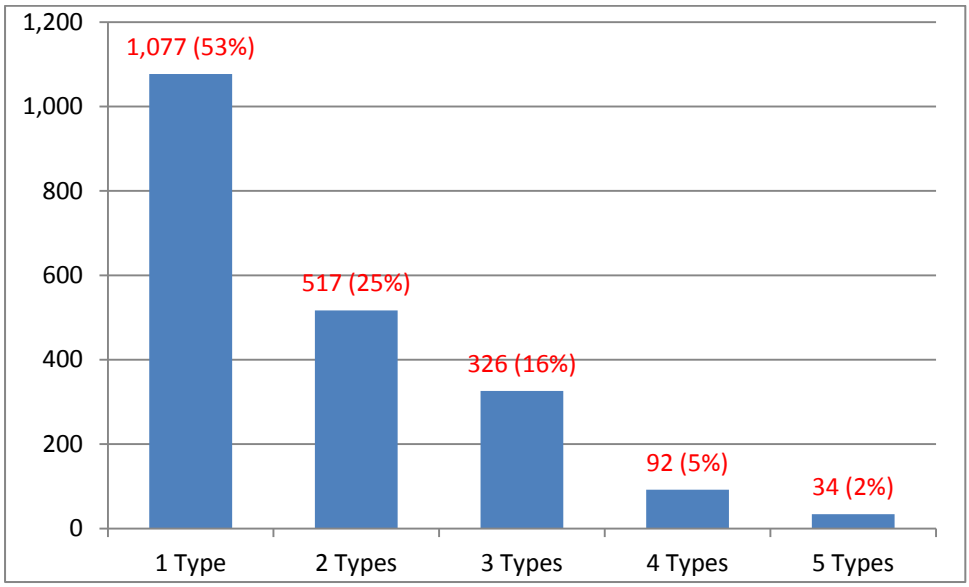
Of the 4,000 cases, there is information for 2,046 (51%) of cases. There are an additional 1,953 cases (35%) that are specifically recorded as not having disclosed details of their abuse. Figures and percentages reported in Table Eight relate to the 2,046 cases where there is data on the type of abuse.

Table Eight. Types of Abuse

Type of Abuse	Numbers	% of reporting respondents
Emotional	945	26.1%
Physical	715	19.7%
Sexual	1586	43.7%
Neglect	260	7.2%
Witness DV	121	3.3%
TOTAL	3627	100%

It is important to note that of the 2, 046 cases, 969 (47.4%) reported multiple forms of abuse, therefore the 3, 627 reported cases of abuse exceeds the 2, 046 respondents. The proportion of service users reporting multiple abuse is depicted in Graph Two.

Graph Two: Number of different types of abuse experienced



Impact of Abuse on Survivor

Impacts of abuse were recorded by counsellors as they were either mentioned by service users, or as they were revealed in the service user's story. This section relies, to some extent, on the counsellors' professional skills and insights. For example if a service user 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 service user's abuse has affected her relationships with her immediate family.

Impacts of Abuse were noted in 1, 964 of the 4000 cases (49%). This does not mean that there were no impacts of abuse but rather than they were either not reported or counsellors did not complete this section of the database fields. Previously it was not policy to complete this page of the database and as such some of this reporting reflects the transition to more rigorous data collection practices. It is interesting to note that in the 2013 Blue Knot Day Report data on Impact of abuse was only collected in 20% of cases. This reflects the positive impact of introducing a mandatory data entry policy as well as monitoring of counsellor data entry performance.

As the lack of reporting impacts reflects previous policy and practice, rather than indicating that abuse has no impacts the following impact data is only related to those 1964 cases where impact data was recorded.

Of possible impacts the database allows for reporting of the following impacts:

1. Mental Health problems
2. Relationships with immediate family
3. Relationships with a Partner
4. Physical health problems
5. Employment Difficulties
6. Relationships with extended family
7. Relationships with friends
8. Parenting
9. Suicidality
10. Alcohol abuse
11. Gambling problems
12. Illicit Drug use
13. Committing crime

The current database does not allow the recording of all impacts that service users report. The most common of these are impacts of the abuse on accommodation (with many service users reporting leaving home because of abuse, or leaving an institution because of the abuse) and impacts on education level and income level. Service users 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 exploring ways to improve or replace the current database to enable the more accurate recording of impacts of abuse.

Table Nine shows the types of abuse reported with most service users experiencing difficulties with mental health and family relationships.

However it is worth noting that almost 20% of service users report feeling suicidal as a result of their trauma. Given that ASCA counsellors do not routinely screen all service users for suicidality, as is the practice of other phone lines such as Lifeline, this figure may well be higher, and indicates the ongoing need for counsellors to be vigilant to clues of suicidal ideation and to conduct thorough risk assessments.

Table Nine: Types of abuse reported by the service user.

Type of Impact	Numbers	Percentage of total
Mental health	1659	84.5%
Relationship with immediate family	976	49.7%
Relationship with Partner	694	35.3%
Physical Health	674	34.3%
Employment	528	11.6%
Relationships with friends	460	23.4%
Parenting	359	18.3%
Suicidality	349	17.8%
Alcohol misuse	286	14.6%
Illicit drug use	206	10.5%
Committing crime	119	6.1%
Gambling problems	17	0.9%

Table Ten shows the number of impacts reported by the service user, for the 1, 964 service users for whom information on the impact of abuse is recorded. This shows that 72% of service users report multiple impacts of abuse in their lives. Given that many service users 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 per service user

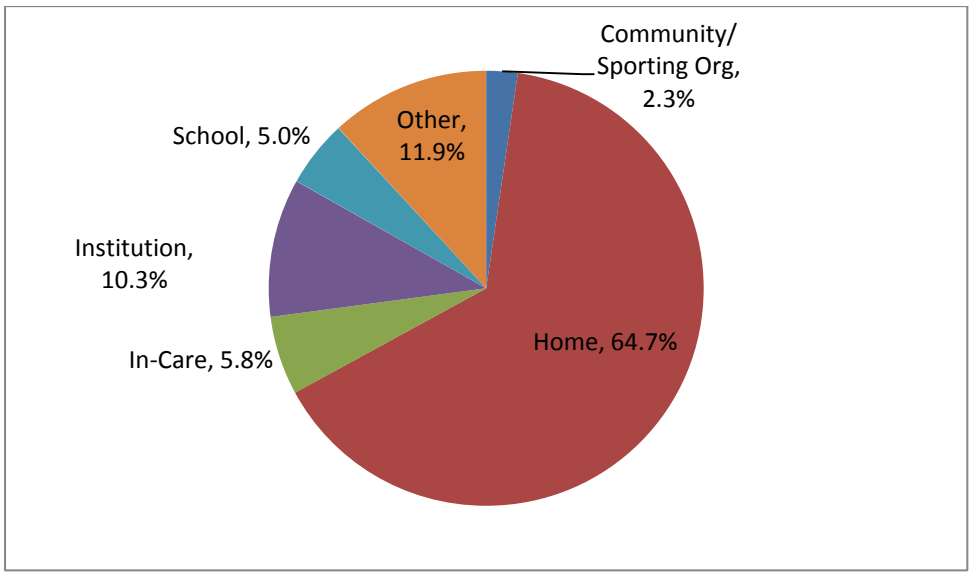
Number of impacts	Number of service users	Percentage of Service Users
1	555	28.3%
2	372	18.9%
3	254	12.9%
4	200	10.2%
5	185	9.4%
6	133	6.8%
7	83	4.2%
8	82	4.2%
9	50	2.5%
10	23	1.2%
11	14	0.7%
12	11	0.5%
13	2	0.1%

Place of Abuse

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

Location of abuse was recorded for 1,582 of the 4,000 cases (39.5 %). Of the 1,582 cases where location of abuse was recorded, 163 (10.3%) reported multiple locations. Therefore, a total of 1,796 locations have been reported. Home was reported as the place where most child abuse occurs. This is consistent with data recorded in formal research projects.

Chart 1 Place of Abuse



Perpetrator Details

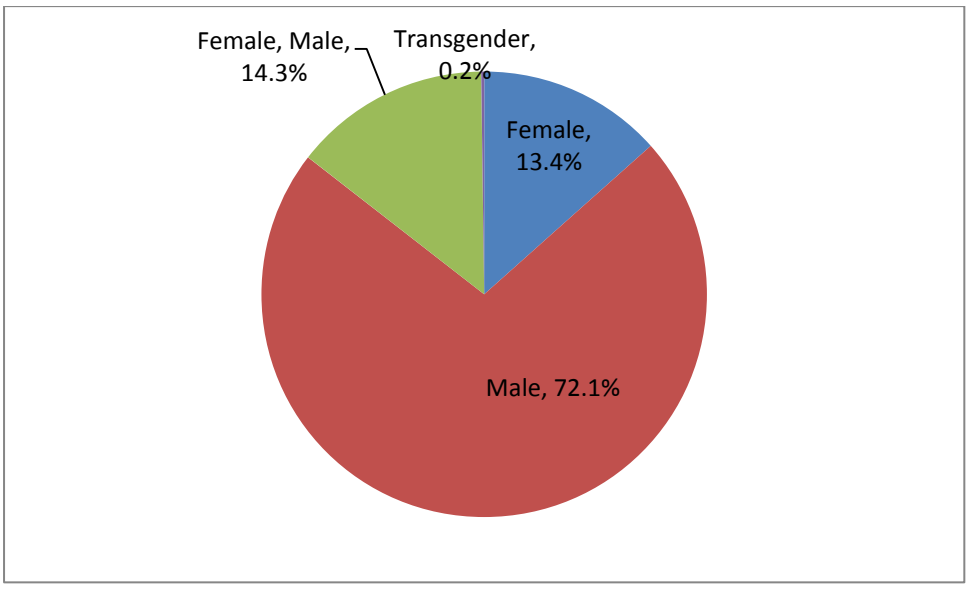
Of the 4,000 cases recorded there are 1, 402 cases where the perpetrator details are recorded. In 1,199 cases (85.5%) a single perpetrator is recorded, while multiple perpetrators are recorded for 200 cases (14.3%).

This data must be interpreted with some caution. Lack of reporting multiple perpetrators does not mean that the service user 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 service users experience similar patterns of re-victimisation as that reported in mainstream research.

Gender of Perpetrator

Table 4 illustrates that the majority of perpetrators are male, as is consistent 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 91.8% of perpetrators were male.

Chart 2: Reported Gender of Perpetrator



Survivor's Relationship to Perpetrator

Of the 4, 000 cases recorded there are 1, 700 cases where the relationship of the perpetrator to the survivor are recorded (42.5% of cases).

Details of Relationship to Perpetrator are reported in Table 5. Percentages are based on the 1, 700 cases where relationship to perpetrator was recorded. This table demonstrates that 1300 service 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 90% of children being abused by a member of their family or a family friend. This reinforces how difficult it can be for children to speak out about the abuse or trauma they experience.

However children are also at risk of abuse by members of an organisation/institution with a duty of care towards them. Almost 22% of children were abused by teachers, health professionals, members of religious organisations and providers of out of home care.

Between the 2013 BKD Report and the 2014 BKD Report the proportion of service users reporting abuse while in out of home care has more than doubled, increasing from 2.7% to 5.5% of service users.

Children are least likely to be abused by a stranger (3.4%) or by a health professional (1.5%).

It is also important to know that in 305 of the 1, 700 cases (18%) people reported being abused within multiple relationships. This is not exactly the same as data relating to multiple perpetrators. For example a person may be abused by a sibling and a parent and both perpetrators will 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 reported as multiple relationships.

Table Twelve: Relationship to Perpetrator

Relationship to Perpetrator	Number of respondents	% of Respondents*
Immediate family	1088	64.0%
Extended family	277	16.3%
Family friend	161	9.5%
Religious	154	9.0%
Teacher	95	5.6%
Stranger	57	3.4%
In Care	93	5.5%
Health professional	26	1.5%

- Percentages do not add up to 100% as 18% of service users report multiple categories of abuser.

INTERVENTIONS AND REFERRALS

Services Utilised by Clients

An analysis of method of contact for each occasion of service between 1 January 2014 and 31 August 2014 has been undertaken to determine a profile of method of contact. This analysis indicates that:

- 76% were by phone
- 23% were by email
- 1% were other forms of contact (generally speaking, by letter)

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

Phone numbers are not recorded in the ASCA database to protect the anonymity of service users so it is not possible to completely determine the percentage of service users 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 79% of phone calls were made from mobile phones. This is likely to be representative of the whole sample of service users, the vast majority of whom do call from mobile phones. This might reflect the changing pattern of telephone usage in Australia. However service users 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 their household. This raises obvious issues around the cost of the call to the service user and counsellors need to be mindful of offering to call the service user back to save them costs (some service users decline this as they don't wish to give their number out.)

Use of Online Resources

ASCA clients 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. However 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.

Over 8, 300 Factsheets were downloaded between January and August 2014 and feedback to counsellors has been very positive. The online video series has been very well received. Launched in

late June, they have already had over 2, 150 views. Feedback to counsellors from service users has been very positive with service users reporting feeling 'less alone' after watching the videos and also being encouraged by the recovery-focussed message of the videos.

The current evaluation will evaluate the online resources and gather more information.

Counsellor Action/Service Delivered

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

- Counselling;
- Psychoeducation;
- Referral;
- Crisis Management;
- Case Management; and
- Other

This information has been recorded for occasions of service from 1 January 2014 to 31 August 2014. Counsellors recorded a total of 3, 587 interventions for the 1, 800 occasions of service in this period. Multiple interventions were undertaken for 85% of occasions of service. Counsellor interventions are reported in Table 13.

Table 13: Action of Counsellor: January to March 2013

Action	Number of respondents	Percentage
Counselling	1180	33%
Referral	1229	34%
Psychoeducation	912	25%
Crisis Management	112	3%
Case Management	8	2%
Other	146	4%

Referral Patterns

Due to the way in which ASCA's database is constructed referral patterns are not linked to individual cases, but recorded separately under occasions of service. Therefore analysis of referral pathways related to occasions of service.

Referrals made by ASCA

Referral patterns are being formally analysed as part of the current evaluation of the ASCA 1300 Professional Support Service Evaluation. ASCA's current database does not enable counsellors to fully record the possible referral pathways as services have expanded and developed rapidly in recent years. However an analysis of referrals made by ASCA suggest that referrals were made to:

- Professional health supports (e.g. GP/Counsellor etc) in 24% of cases
- Other ASCA services (e.g. website/facts sheets/workshops) – 45% of cases
- Other referrals (legal supports/religious supports/educational services) – 1% of cases.

This is an under-reporting of the actual referral patterns as under previous data collection protocols this information was not routinely collected. In addition the current database does not enable the recording of information such as referrals to other health and welfare services and agencies.

Furthermore 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 has just developed a referral database of trauma informed agencies. This will enable ASCA to expand its referral pathways. It is also developing a database of trauma informed GPs and psychiatrists to better meet the needs of service users.

Referrals made to ASCA

Due to the nature of the service it is not always possible for counsellors to ask a service user how they found out about, or were referred to, the 1300 Professional Support Service. For this reason a more full and formal analysis of referral pathways will be undertaken as part of the evaluation which is currently being undertaken.

An analysis of 1, 000 occasions of service indicates that this information was recorded in 350 occasions of service. The referral patterns are recorded in Table 14.

Table 14: Referrals to ASCA

Source of Referral	Numbers	Percentage
Internet (This includes ASCA website as well as other websites)	136	39%
Health Services (This includes many services but most frequent referrals are from Lifeline, 1800 Respect and Beyond Blue)	95	27%
Service users own health care worker (eg GP, counsellor, allied health professional etc)	59	17%
Media	56	16%
Phone book	3	<1%
Their own client referred them	1	< 1%
Total	350	100%

CONCLUSIONS

The data contained within this report has several limitations as alluded to throughout the report. These include problems with manually entering data into the current database; the limitations of the fields in the database; anomalies with the database construction meaning that occasions of service and case data are recorded separately and not able to be inter-related; difficulty in producing accurate computer-generated reports which means that manual calculations are often necessary; and difficulties with ensuring consistent counsellor use of the database (although this latter problem is much improved due to changes in protocols).

It remains a high priority that ASCA purchase or develop a database that enables accurate recording and analysis of data as well as enables links between cases and occasions of service. This will reduce staff time spent in recording data manually or manually extracting and analysing data. It will also enable improved information and increased accuracy of data.

However, for the purpose of this report, it is likely that the data is reliable and useful enough to inform ASCA of general service use patterns.

It is important to note that the information being gathered on ASCA service users is completely consistent with that being gathered by more sophisticated and formal research projects. This in itself is encouraging and supports the use of this data for general public relations and information purposes.

There has been significant change and progress on the counselling line in the last 18 months with an expansion of operating hours, an expansion of staff numbers, the development and adoption of a coherent service mode, the development of policies and procedures to inform clinical practice and the recording of data, and the provision of increased supervision and management support for the counselling team.

The impacts on data collection are apparent. Since the 2013 Blue Knot Day Report ASCA has developed detailed data collection policies and procedures. Counsellors are trained and monitored in the use of the database. As a result the amount and quality of the data collected is substantially better than the 2013 report. There has been a specific drop in the proportion of some 'did not report' data fields. In addition improved procedures mean that the team now has shared definitions of data collection and are more able to reliably collect data.

Changes to the service have also had obvious clinical impacts, with increased service delivery each month. There has also been the adoption of a reflective, evidence based model of clinical practice, the outcomes of which are currently being evaluated. One of the high priorities for the service in 2014-2015 is to find ways to respond to the data both in the evaluation and in this report, as well as respond to the consumer needs expressed in the evaluation.

In regard to future directions there are some trends which are becoming more apparent. It these continue they may influence future service directions.

1. Anecdotally counsellors report that they are speaking to greater numbers of people aged over 60, with some service users reporting they are in their late 80's and early 90's. Many of these older service users report being triggered by reports on the Royal Commission as well as by media reports of high profile cases such as the conviction of Rolf Harris.

   Many of the older service users 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 that it is 'too late' to heal. A challenge for the counsellors is to foster a sense of hope in older service users that healing is possible, that it is not 'too late' and to support them in seeking professional help, when for many service users in this age group, this is not a familiar, or even acceptable, practice. As the Royal Commission has been extended, support for this group will need to be continued.

2. An increasing number of service users from regional and remote areas report great difficulty in getting mental health care for issues relating to child abuse. These service users are reliant on counselling and information services that are by phone or online. It is interesting to note from the geographic data that ASCA is reaching these groups to a significant extent, in that, generally speaking, the geographic spread of our service users is quite similar to the geographic spread of the Australian population. However we may be able to do more for

remote Australians. ASCA is currently exploring ways it can provide further support to these service users who lack access to counsellors, and sometimes even to GPs.

3. There also appears to be a trend towards more clinically complex cases calling ASCA, with counsellors observing a greater number of service users with histories of multiple and severe forms of abuse, complex dissociative disorders such as DID, and an increase in service users who report self harm (Non-Suicidal Self Injury) and suicidality.

   This may 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 a group of clients whose complex needs are not easily met and who often report feeling re-traumatised by services which are not trauma-informed.

Data collected from the evaluation and the data contained in this report will inform future projects and refine service delivery over the next 12-24 months. Planned activities include:

- The development or purchase of a new 1300 service database;
- Ongoing development of referral databases;
- Ongoing refinement of ASCA's practice model, including the refinement of existing policies and procedures and the development of Clinical Guidelines for trauma informed telephone counselling; and
- The development of proposals to expand ASCA's service model to offer additional models of service delivery and seeking funding to implement these.

[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