



Federation of
Community Legal Centres
VICTORIA

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MAKING RIGHTS REALITY

Access to Justice for Sexual Assault Survivors with Cognitive Impairment



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Executive Summary

It is widely recognised that the incidence of sexual assaults committed against victims with a cognitive impairment is high. It is also widely recognised that the vast majority of these crimes are never prosecuted. This paper is about changing this situation by providing advocacy support to sexual assault victims with a cognitive impairment.

Achieving justice for victims of sexual assault with a cognitive impairment or communication difficulties is an enormous challenge for the criminal justice system. The Victorian Law Reform Commission's *Sexual Offences: Final Report*, released in August 2004, stated that:

"It is clear that the criminal justice system offers people with a cognitive impairment very limited protection against sexual assault...However, with adequate assistance many people with a cognitive impairment can tell the police what has happened to them and can give evidence in court."¹

Since the Commission's report was released, significant progress has been made to implement legislative reforms around the particular needs of people with a cognitive impairment who have been victim/survivors of sexual assault.² The legislative framework and policy environments are now better placed to meet the needs of sexual assault victims.

However, there are still significant non-legislative hurdles to improving access to justice for sexual assault victims with a cognitive impairment. Without practical solutions, there is significant risk that the recent legislative reforms remain "paper reforms" that will not deliver real change.

The Convention on the Rights of Persons with Disabilities, ratified by Australia in 2008, recognises the moral and legal imperative in securing access to justice for people with disabilities. Article 13 of the Convention requires States to:

"ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages."³

This paper proposes a practical solution to increase access to justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. The paper proposes a cross-sector collaboration to develop an advocacy pilot project for sexual assault ("the Advocacy Pilot Project"). The agencies that will be funded to conduct the Project are Centres Against Sexual Assault (CASAs), community legal centres (CLCs) and disability services through brokerage funding. Victoria Police, the Office of Public Prosecutions and the Office of the Public Advocate will have a key role to play in ensuring the Project's success.

The Advocacy Pilot Project will build on the existing infrastructure and skills of agencies who are already working either with:

- victim/survivors of sexual assault; or
- people with a cognitive impairment and/or communication difficulties.

¹ Victorian Law Reform Commission, *Sexual Offences: Final Report* (2004), paras [6.32-33].

² *Crimes (Sexual Offences) Act 2006* (Vic).

³ Convention on the Rights of Persons with Disabilities, opened for signature 30 March 2007, 993 UNTS 3 (entered into force 3 May 2008), art 13.

Under the Advocacy Pilot Project, victims will receive:

- advocacy and support during dealings with police and prosecutors, including police interviews. Victims will be able to access crisis support through a 24 hour service;
- ongoing advocacy and support during investigation, prosecution and court processes. Victims will be helped to monitor, understand and participate in these processes;
- legal and other advice on criminal justice processes which will occur and the possible outcomes as well as advice on the options and services available to them; and
- legal support to access crimes compensation and explore other compensation options;
- a skilled communication support service and other disability support services where required.

A pilot period of two years is proposed with a view to evaluating, modifying and expanding the pilot across Victoria in the future. The budget for the two year pilot is \$405,864.

Since the completion of this report, the Federation of Community Legal Centres (Victoria) has raised the funds to implement the pilot in South Eastern Melbourne. The pilot will commence in February 2012. The project partners for the pilot are the Federation, South Eastern Centre Against Sexual Assault and the Springvale Monash Legal Service.

About the Federation of Community Legal Centres (Victoria) Inc

The Federation is the peak body for Victoria's 49 community legal centres (CLCs). The Federation leads and supports CLCs to make justice accessible for all.

The Federation:

- provides information and referrals to people seeking legal assistance;
- conducts law reform and policy work to improve the justice system;
- works to build a stronger and more effective community legal sector;
- provides services and support to CLCs; and
- represents CLCs with stakeholders.

Community legal centres are independent, community organisations that provide free legal services to the public. CLCs provide free legal advice, information and representation to more than 100,000 Victorians each year.

Generalist CLCs provide services on a range of legal issues to people in their local geographic area. Specialist CLCs focus on groups of people with special needs or particular areas of law such as mental health, tenancy, consumer law and the environment.

CLCs provide effective and innovative solutions to legal problems based on their experience within their community. It is CLCs' community relationship that distinguishes them from other legal providers and enables them to respond effectively to the needs of our communities as they arise and change.

CLCs integrate legal assistance for individual clients with community legal education, community development and law reform projects that are based on client need and that are preventative in outcome.

CLCs are committed to collaboration with government, legal aid, the private legal profession and community partners to ensure the best outcomes for our clients and the justice system in Australia.

Section 1:

Background - The Sexual Offences Project

1.1 Cognitive impairment and communication difficulties

The focus of the Sexual Offences Project was initially on victims/survivors with cognitive impairment. This was broadened throughout the project to also include people with communication difficulties.

The term cognitive impairment includes:

- acquired brain injury;
- intellectual disability;
- dementia; and/or
- mental health issues.

Not all people who have a cognitive impairment have communication difficulties and vice versa. Cerebral palsy, for example, is a physical condition that affects movement, but not necessarily cognitive ability. A person with cerebral palsy can have speech or communication difficulties, but still have full mental capacity.

1.2 Different stages of the Sexual Offences Project

The proposal for the Advocacy Pilot Project is a key outcome of the Sexual Offences Project which began in 2002 in response to long held concerns over the ability of victim/survivors of sexual offences with a disability to achieve justice. The Sexual Offences Project began at the Disability Discrimination Legal Service with funding from the Reichstein Foundation and the Victorian Women's Trust. The Sexual Offences Project has been a successful partnership of cross-sector agencies and individuals from the sexual assault, disability and legal sectors that has guided and coordinated each stage of the project.

People with a cognitive impairment and/or communication difficulties have had direct input into the Sexual Offences Project via consultations. They continued to have extensive input via representation on the reference group and through the organisations involved in the project.

The Sexual Offences Project has been conducted over four stages. Stage 1 of the Sexual Offences Project involved research and consultations in five regions across Victoria culminating in the report, *Beyond Belief - Beyond Justice: The difficulties for victim/ survivors with disabilities when reporting sexual assault and accessing justice*.⁴ The nine recommendations outlined in this report were adopted in the Victorian Law Reform Commission's *Sexual Offences Final Report*, and subsequently incorporated into many of the changes contained in the *Crimes (Sexual Offences) Act 2006 (Vic)*.

⁴ Jonathon Goodfellow and Margaret Camilleri, *Beyond Belief – Beyond Justice: The difficulties for victim/survivors with disabilities when reporting sexual assault and seeking justice. Final Report of Stage One of the Sexual Offences Project*, Disability Discrimination Legal Service, (2003) ("*Beyond Belief Beyond Justice*").

Stage 2 of Sexual Offences Project focussed on areas which impacted directly on the ability of victim/survivors with cognitive impairment to access justice in the first instance and be treated justly by the justice system once they have access. As part of Stage 2, research was conducted, focussing on advocacy services for victim/survivors with cognitive impairment, the Office of the Public Advocate's Independent Third Person Program and mandatory reporting for sexual offences in residential/accommodation settings.

Stage 3 of the Sexual Offences Project focused on non-legislative reforms and the role and response of advocacy services. As part of Stage 3 extensive consultation and focus group discussions were undertaken with consumers, Centres Against Sexual Assault, community legal centre workers, disability advocacy organisations, and key government stakeholders including the Office of the Public Advocate and independent third persons. A key outcome of Stage 3 was agreement amongst agencies of the need for additional appropriate advocacy support to ensure that the recent legislative reforms deliver real change for victim/survivors.

Stage 3 of the Sexual Offences Project recommended the establishment of a 24 hour advocacy service for people with cognitive impairment and/or communication difficulties reporting sexual assault to the police.

Stage 4 of the Sexual Offences Project has involved working with key agencies to develop the proposal for this advocacy service, which is reflected in this paper.

Stage 5 will be the implementation of the advocacy service in the South Eastern region of Melbourne, commencing February 2012.

Section 2:

Why the Advocacy Pilot Project is needed

2.1 A consumer's perspective

Caroline's Story⁵

Caroline has cerebral palsy, is non-verbal, wheelchair bound, and totally dependent on carers for all personal and daily living activities. Cognitively very aware, she depends on assisted communication to enable her to communicate. When I first met Caroline she was attending a mainstream high school and looking forward to completing her schooling and going on to further education.

Caroline lives with her mother, who is also her primary carer. Caroline's mother does not drive, so Caroline travelled to and from school by taxi each day. Upon her arrival at school Caroline would be met by her Integration Aid, and would then complete each school day in the school's special education unit.

At 18 Caroline embarked upon her VCE studies with much anticipation and excitement, but unfortunately this was very short lived. Within a few days of the commencement of her year 11 studies, Caroline was sexually assaulted by the taxi driver who picked her up from home and drove her to school. Having collected her from home, he raped her and then drove her to school. On arrival at school her Integration Aid went to assist her out of the taxi, and found Caroline in a dishevelled and extremely distressed state.

One can only assume that the taxi driver must have thought that being non-verbal, Caroline would not be able to pursue the matter, but pursue it she did. The incident was reported to police and an investigation began. Caroline was required to provide evidence, and here's the rub, Caroline uses a communication book to communicate, but her communication book did not have the vocabulary she needed to describe what had happened to her. Her communication book did not include words such as 'penis' or 'rape', and the police would not allow these words to be added after the incident, because as the police explained, in court this would be seen to be leading the witness. The police even advised her mother, school staff and me not to talk to Caroline about what had happened to her, because the defence would again be able to assert that the witness had been led.

And so began a monstrously torturous effort on the part of this young woman to give expression to her experience. It took great courage and a great deal of time and energy as she struggled to find the means to reveal the facts of her ordeal. She worked every day with the co-ordinator of the school's special education unit. It was a painstakingly slow process which took its toll not only on Caroline but on the teacher working with her.

I recall her teacher phoning me in great distress and despair on one occasion. She told me that Caroline had been particularly agitated and insistent on communicating something on this day, and it had taken some

⁵ The Sexual Offences Project interviewed Caroline and her mother. This is an edited version of a letter from Caroline's social worker in support of the Stage 4 funding application. Caroline's name has been changed to protect her privacy.

hours to find out what it was that Caroline wanted to say. The teacher ascertained that Caroline wanted to be taken to the first aid room. Once there Caroline became more and more agitated as her teacher tried, and failed to understand the significance of why they were there. Eventually Caroline managed to draw the teacher's attention to a box of rubber gloves that was kept in the first aid room and finally the teacher understood the word which Caroline was searching for 'condom'.

Deeply traumatised by the assault Caroline struggled to give voice to the degradation of the assault and the terror that she now lived with. It is hard to imagine what it must have been like for this young woman, unable to defend herself physically at the time of the assault, unable to communicate what had happened to her afterwards, and then on top of all that unable to even be given the support she needed in order to find the words that would enable her to give evidence.

If this had happened to someone unable to speak English they would automatically have been provided with an interpreter. They would also have been able to seek support and comfort from those they trusted and from those mainstream services which have been set up for this purpose. Instead Caroline was deprived of the advocacy and support she had a right to. The justice system not only failed her, it actively discriminated against her because she has a disability, and because unlike you or me she cannot talk.

Despite Caroline's extraordinary efforts the police were unable to lay charges due to insufficient evidence. The trauma of her assault was overlayed by the trauma of the police investigation, which ultimately failed to produce a result, as there was no process in place which allowed for the sort of assistance and support that Caroline needed in order to give evidence in a manner which met the requirements of the legal system.

Two years on Caroline still suffers the repercussions of Post Traumatic Stress Disorder as a result of her sexual assault. For months after the attack she was unable to be left alone and spent even the hottest of summer days hidden under a blanket on a couch in the lounge room, with all the curtains drawn. Caroline became terrified of leaving the house, panic attacks were frequent, and every night she relived the terror of her attack in her nightmares. Caroline's mood changes challenged her mother and those close to her, she experienced fierce rages one minute and subdued withdrawal the next. Unable to concentrate her studies suffered and she withdrew from school and friends altogether. Her VCE remains uncompleted.

Caroline's life has not taken the course she had anticipated and worked hard for. She and her mum are still picking up the pieces and trying to find ways of being okay. Caroline's main hope is that someone, somewhere, will take notice of what has happened to her and will decide to take some action on behalf of herself and all those who find themselves unable to tell it how it is.

Theoretically, Caroline has the same rights as any other victim/survivor of sexual assault. She did not gain immediate access to the advocacy/support or service systems that already exist. The police did not refer Caroline to any Centre Against Sexual Assault or doctor. It was Caroline's disability worker who referred her to a local sexual assault counselling and advocacy service. This sexual assault service did not feel equipped to support Caroline and offered instead to see her mother.

Caroline's mother was concerned with the lack of services being provided to her daughter so she contacted Caroline's paediatrician at the Royal Children's Hospital for advice. The paediatrician referred Caroline to the Gatehouse Centre at the Royal Children's Hospital where a counsellor saw Caroline for crisis counselling and support. The counsellor also organised a medical examination at the Gatehouse centre. Follow-up counselling continued for many months.

It took almost a month for Caroline to receive the support she needed. The delays and obstructions to accessing the service system have further traumatised Caroline.

The Advocacy Pilot Project seeks to tackle and dismantle the unjust and unfair barriers faced by Caroline in reporting the crime of sexual assault and seeking justice through the legal system.

2.2 The incidence of sexual assault of people with a cognitive impairment and/or communication difficulty

It is difficult to accurately quantify the incidence of sexual assault of people with cognitive impairment and/or communication difficulties in Victoria. Sexual assault reporting rates are universally acknowledged to be low for the community generally and there are additional difficulties in quantifying sexual assaults against people with a cognitive impairment due to the lack of recording of disability. However, it is widely acknowledged that the incidence of sexual assault of people with a disability is significantly higher than in the general community.

The Sentencing Advisory Council has researched the nature and prevalence of sexual offending in the general community.⁶ The research draws on the most recent Personal Safety Survey conducted by the Australian Bureau of Statistics. This survey found that 1% of adult males and 2.1% of adult females in Victoria were victims of sexual violence in the 12 months prior to the survey, a total of 58,100 people. Rates are higher for sexual assault victimisation since the age of 15, affecting 5.7% of Victorian men and 18.6% of Victorian women, a total of 465,100 people.⁷

The Sentencing Advisory Council found that only 12.6% of all of the sex offences reported in victim surveys across Australia are recorded by police and less than 1% result in a finding of guilt by a court of a criminal offence.⁸

The Sentencing Advisory Council commented:

Given that so few sexual offences are ever reported to police, there is a substantial ‘dark figure’ of this kind of crime. That is, there is a large gap between official counts of the prevalence of sexual offending and the ‘real’ prevalence of sexual offending. While crime victimisation surveys help to identify some of the offences that do not come to the attention of the police (and thus help to shed light on the dark figure of sexual offending), undoubtedly additional incidents are not reported in such surveys either. It is thus impossible to determine precisely the exact prevalence of sexual offending in the community.⁹

The Victorian Law Reform Commission’s *Sexual Offences: Final Report* noted that “people who have a cognitive impairment are more vulnerable to sexual assault and abuse because they depend on others for assistance with daily life.” It refers to research which found that “women who live in institutions or group homes are up to three times more vulnerable to assault, and ten times more likely to be sexually assaulted than women without disabilities.”¹⁰

Similarly a recent VicHealth paper notes that:

- “women with disabilities experience higher rates of violence than those without disabilities; those with cognitive disabilities are particularly vulnerable”; and
- “once violence has occurred, women with disabilities suffer more severe and prolonged episodes of abuse”.¹¹

⁶Sentencing Advisory Council, *Recidivism of Sex Offenders Research Paper*, (2007).

⁷ Ibid, page 6.

⁸ Ibid, page 4.

⁹ Ibid, page 7.

¹⁰ Victorian Law Reform Commission, *Sexual Offences: Final Report*, above n 1, para [6.3].

¹¹ Victorian Health Promotion Foundation, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, 2007, page 55. Available at

In January 2011, the Office of the Public Advocate released a report *Violence against people with cognitive impairments* which again highlighted the vulnerability of people with a cognitive impairment to violence and the difficulties in achieving justice for these victims. In response, the Victorian Government has announced a Parliamentary inquiry into access to and interaction with the justice system by people with an intellectual disability. The inquiry is due to report to Parliament no later than 30 March 2012.

2.3 Rates of successful prosecution for sexual assault against victims with a cognitive impairment

The Sentencing Advisory Council's research suggests that less than 1 in 100 incidents of sexual assault in Australia in the general community results in a finding of guilt by a court.

There is only limited Australian research and data on the rates of prosecution of sexual assaults against victims with a cognitive impairment. However, the rate of prosecution is widely accepted to be extremely low.

The Victorian Law Reform Commission's *Sexual Offences: Final Report* noted that its consultations with police "indicated...that briefs for prosecution of those accused of sexually assaulting a person with an intellectual disability were rarely authorised."¹²

The Sentencing Advisory Council's report refers to research of rape cases in the United Kingdom which found that cases involving victims with some form of mental health problem or learning disability "were rarely prosecuted".¹³

In 2006, the Office of Women's Policy published a study which analysed 850 rapes reported to Victoria Police from 2000-2003. The study found that "victims with psychiatric or mental health issues are among those who will be least likely to see the case proceed".¹⁴

The Victorian Law Reform Commission concluded that "it is clear that the criminal justice system offers people with a cognitive impairment very limited protection against sexual assault."¹⁵

2.4 Barriers to justice for people with a cognitive impairment and/or communication difficulty

There are a range of factors influencing the low rate of successful prosecution of sexual assault cases compared to the incidence of sexual assault in the general community. These factors can be significantly amplified where the victim has a cognitive impairment or communication difficulties.

Research has shown that sexual assault prosecutions are far more likely to go to trial than other offences, due to the much lower rates of guilty pleas by defendants. This intensifies the emotional burden and stress on complainants. Once at trial, a much higher proportion of people charged with a sexual offence are acquitted compared with other offences.¹⁶ Accordingly, most people who do report

www.vichealth.vic.gov.au; see also Margaret Camilleri, 'Enabling Justice' (Paper presented at the National Victims of Crime Conference, Adelaide, 23-24 September 2008), page 4.

¹² Victorian Law Reform Commission, above n 1, para [6.16].

¹³ Sentencing Advisory Council, *Recidivism of Sex Offenders*, above n 6, page 6.

¹⁴ Melanie Heenan and Suellen Murray, *Study of Reported Rapes in Victoria 2000-2003: Summary Research Report* Office of Women's Policy, Department for Victorian Communities, 2006, page 25.

¹⁵ Victorian Law Reform Commission, above n 1, para, [6.32]

¹⁶ Sentencing Advisory Council, above n 6, page 5.

a sexual offence to police are unlikely to see that report end in a conviction against the offender, which is a disincentive to taking action about a sexual assault, particularly given the high emotional cost in doing so.

Barriers to justice initially arise in connection with the decision whether or not to report a sexual assault. Research undertaken by VicHealth identifies some of the reasons for underreporting by women who are victims of sexual assault in the general community. These include:

- shame;
- fear of retribution by the offender or the offender's family and friends;
- fear of having to give evidence and be cross-examined;
- fear of being identified in the media;
- fear of not being believed;
- a belief that the matter is too trivial or inappropriate to report, that it is not a real crime or that harm was not intended; and
- lack of knowledge and access to help.

Where violence is perpetrated by the woman's intimate partner additional contributors include:

- women's desire to protect their children or their relationship;
- fear that violence will escalate;
- economic and emotional dependence;
- social isolation;
- lack of confidence;
- religious, cultural and family pressures to maintain the unity and privacy of the family; and
- poor responses from friends and the social service and justice systems in the past.¹⁷

Where the victim has a cognitive impairment, there is a range of additional barriers access to justice.

Firstly, the victim may not tell anyone about the sexual assault as they may not understand that what has happened to them is a crime.¹⁸ Lack of expertise amongst disability workers in how to deal with issues of sexual assault against victims with a cognitive impairment may also contribute to underreporting.

If the sexual assault is reported or otherwise identified, the victim faces additional barriers at each step in the criminal justice process.

On the following page is a flow chart of critical decision making points in the criminal justice process relating to a sexual assault case. The chart shows the different decision making processes in the criminal justice system that a complaint by a victim/survivor of sexual assault must go through. At each of these points, decisions are made as to whether further action will be taken, either by the victim or their confidant, a professional or a court. Each of these decision-making points represents a barrier that must be overcome for the case to proceed to prosecution. At each of these points either the victim/survivor must decide to continue, or a decision-maker must decide to take the matter to the next stage.

Sexual assault victims with a cognitive impairment or communication difficulties face additional barriers in negotiating these critical decision-making points due to a range of factors including:

¹⁷ Victorian Health Promotion Foundation, *Two steps forward, one step back: Community attitudes to violence against women: Progress and challenges in creating safe, respectful and healthy environments for Victorian women. A summary of findings of the Violence against Women Community Attitudes Project.* pages 60-61 <www.vichealth.vic.gov.au> at 1 November 2010.

¹⁸ Victorian Law Reform Commission, above n 1, para [6.5].

- they may face misconceptions about their credibility and their memory, as a result of which their complaints about sexual assault may not be taken seriously by the police¹⁹ or others to whom they report a sexual assault;
- they may have difficulty in explaining what happened to them when they are interviewed by the police;²⁰
- they may face misconceptions about their capacity to participate in the justice process and their reliability as a witness;
- complex courtroom language makes it difficult for them to respond to questioning or to understand legal processes;²¹
- they are likely to find cross-examination particularly daunting and difficult;²² and
- a lack of expertise in assisting people with cognitive impairment and significant communication needs amongst professionals including sexual assault counsellors, police, independent third persons and lawyers.²³

The 2006 study published by the Office of Women's Policy on reported rapes in Victoria found that:

- "disengagement with the [criminal justice] process was found to more common in cases where the victim lived with a psychiatric disability or mental health issue";²⁴ and
- rape cases involving mental health issues of psychiatric disability "were amongst the most likely to generate police disbelief" and "This is a key area where police treated victims inappropriately".²⁵

¹⁹ Ibid.

²⁰ Victorian Law Reform Commission, above n 1, para [6.5].

²¹ Ibid.

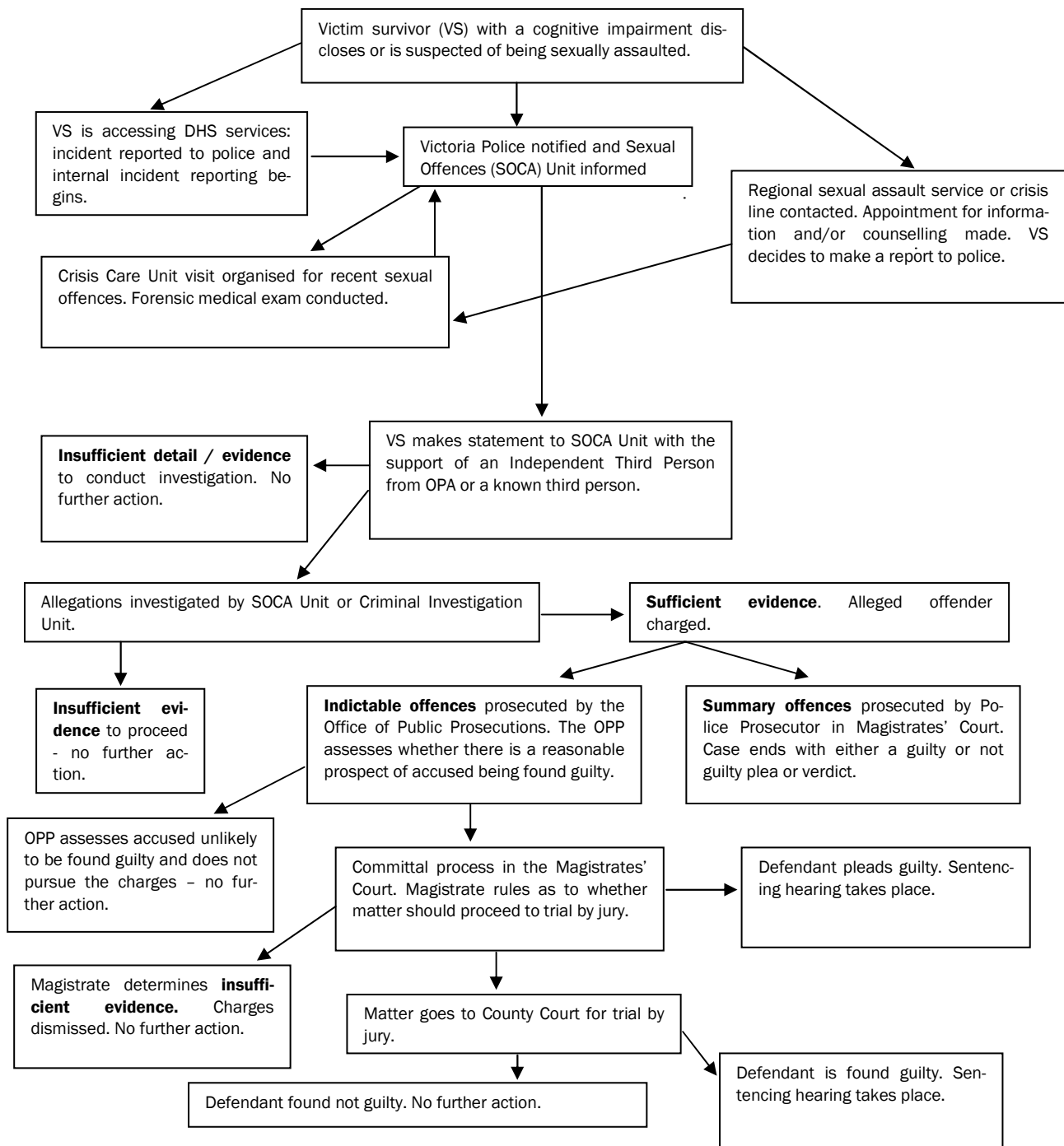
²² Ibid.

²³ Goodfellow and Camilleri, *Beyond Belief Beyond Justice*, above n 4, pages 51-61.

²⁴ Heenan and Murray, *Study of Reported Rapes in Victoria*, above n 14, page 31.

²⁵ Ibid, page 45.

2.5 Flow chart of criminal process critical decision making points²⁶



²⁶ This is an amended version of the chart which appeared in Goodfellow and Camilleri, above n 4, Appendix 4.

Section 3:

Advocacy Pilot Project outline and key issues

3.1 Outline

The Advocacy Pilot Project seeks to provide specialised support to sexual assault victims with a cognitive impairment and/or communication difficulties to better address the factors influencing low reporting and successful prosecution rates and to increase access to justice for victims.

The Advocacy Pilot Project will be a cross-sector collaboration. The agencies that will be funded to conduct the Project are Centres Against Sexual Assault (CASAs) and community legal centres (CLCs), as well as relevant disability services through brokerage funding. Victoria Police, the Office of Public Prosecutions and the Office of the Public Advocate will have a key role to play in ensuring the Project's success.

The Advocacy Pilot Project will build on the existing infrastructure, skills and expertise of agencies which are already working either with victim/survivors of sexual assault or people with a cognitive impairment and/or communication difficulties.

The Advocacy Pilot Project will support existing agencies to provide specialist 24 hour on-call advocacy and referral, and ongoing support to people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties. Victim/survivors will be supported to access appropriately qualified services and to seek redress through the criminal justice system or the broader justice system (eg: crimes compensation through the Victims of Crime Assistance Tribunal).

The emphasis of the Advocacy Pilot Project is to establish pathways and opportunities for victim/survivors with a cognitive impairment and/or communication difficulties to access professional, appropriate and specialised services to advocate for their current and ongoing needs, independent of families, friends and carers.

Currently, a volunteer independent third person provided by the Office of the Public Advocate, or a friend or family member may be called in to support a victim/survivor in a police interview. Under the Advocacy Pilot Project, the primary support role will be provided by a CASA worker specifically trained to work with victim/survivors with a cognitive impairment and/or communication difficulties. The CASA worker will perform an active advocacy role for the victim/survivor. The victim/survivor may in certain circumstances still receive additional support and assistance from family or friends or an independent third person.

A pilot period of two years is proposed, with a view to evaluating, modifying and expanding the pilot across Victoria in the future. Subject to funding, ideally the pilot should be conducted across two regions, one metropolitan and one regional.

A diagram providing an overview of the Advocacy Pilot Project is attached as Appendix 1.

3.2 The central role of advocacy

A consistent theme from consultations conducted with key service agencies throughout the *Sexual Offences Project* is the need for advocacy for victim/survivors with a cognitive impairment or communication difficulty. Advocacy has been identified as vital at all stages of the justice process – from the time of initial reporting of a sexual offence, through to completion of court processes and beyond to a process of healing for the victim/survivor. Given the inaccessibility of the legal process to most victim/survivors with cognitive impairment, this role can mean the difference between a case progressing to prosecution or not.²⁷

3.3 What is advocacy in this context?

The role of advocacy in the context of this Advocacy Pilot Project is to explicitly advocate the wishes and best interests of the complainant, ensuring they are heard and their choices respected wherever possible.

Disability and sexual assault agencies consulted have suggested that advocacy should include:

- supporting the victim/survivor during dealings with police, especially during police interviews;
- ensuring access to a skilled communication service where required;
- ensuring victim/survivors understand all of the processes which will occur and the possible outcomes, and the full range of options, including services and decisions that are available to them;
- ensuring victim/survivors have the opportunity to express their views in a way and at the time they wish, and ensuring that the advocate is acting on the instructions of the victim/survivor;
- supporting access to a wide range of services on an “as needs” basis;
- advocating during court proceedings, including in discussions with the police and prosecutors and monitoring and assisting the victim/survivor to understand the court case;
- advocating for victim/survivors in residential care, who might have additional needs; and
- ensuring cooperation between supports services and acting as liaison between them.

CASAs are strong advocates for victims/survivors of sexual assault. Staff with social work or psychology qualifications are employed as counsellor/advocates. The CASA House explains their advocacy role as:

“Workers at CASA House are called counsellor/advocates. The advocacy component covers the preparation of reports, negotiating on behalf of victim/survivors with police, lawyers and the courts, or perhaps assisting victim/survivors in gaining financial or housing assistance. Overall, the counsellor/advocate acts as a resource to victim/survivors to support a range of needs that might arise following an experience of sexual assault.”²⁸

While CASA counsellors provide this important advocacy role, previous stages of the Sexual Offences Project recognised that victims/survivors with a cognitive impairment or communication difficulties required consistent *specialist* support. CASA counsellors acknowledge that their expertise in working with this client group could be improved. Limited available resources in CASAs are a barrier to developing this expertise.

Conversely, some disability workers provide some specialist disability advocacy and personal support but lack the knowledge and expertise to conduct sexual assault advocacy.

²⁷ Goodfellow and Camilleri, above n 4, page 69.

²⁸ Centre Against Sexual Assault, ‘About Us’ <http://www.casahouse.com.au/index.php?page_id=131> at 1 November 2010.

Accordingly, at present the advocacy role for sexual assault victims/survivors with a cognitive impairment of communication difficulties is either not provided, provided to a limited extent or is provided with limited capacity to address their specific needs.

3.4 Advocacy and the role of the independent third person program

The *Victoria Police Manual* and *Code of Practice for the Investigation of Sexual Assault* contain detailed procedures around dealing with persons with a cognitive impairment. An independent third person (ITP) must be present during any interview with a person with a cognitive impairment.²⁹ The requirement for the presence of an ITP covers situations when the person is being interviewed as a victim, witness or alleged offender. Under the current procedures, the ITP can be a relative or close friend or a trained ITP provided by the Office of the Public Advocate³⁰.

The Office of the Public Advocate administers an ITP program which provides trained volunteers to act as ITPs. The ITP Program plays a key role in protecting the rights and interests of people who may be disadvantaged by the effects of their disability.³¹

The *Victoria Police Manual* states that the role of the ITP is to:

- facilitate communication between police and the impaired person during the interview; and
- provide emotional support and ensure that the person understands their rights and the caution.³²

Trained ITPs will talk privately to the person being interviewed by the police prior to the interview to explain their role, establish rapport and assist the person to understand their legal rights. During the interview process, the ITP will actively facilitate communication. This can include:

- providing help to contact a lawyer, relative or friend if requested;
- helping the person understand their rights and any legal advice given;
- ensuring the person understands the questions asked by police;
- asking the police to rephrase the question if they believe the person may have difficulty understanding what is being asked; and
- requesting a break during an interview if the person is becoming distressed or unable to concentrate.³³

The *Victoria Police Manual* explicitly states that the ITP is not the person's legal counsel or advocate. This role description is identical for victims, witnesses and accused.

CASA counsellor/advocates are also authorised under protocols with the Office of the Public Advocate to act as trained ITPs in sexual assault cases.³⁴ Victoria Police procedures also advise that a CASA counsellor/advocate is the most appropriate person to support a victim of sexual assault who has or is suspected to have a cognitive impairment with a forensic medical examination.³⁵

²⁹ See eg: Victoria Police, 'VPM Instruction 103-9 – Persons with an intellectual disability, section 4.2.1 and VP Instruction 112-2 – Victims and Witnesses: Interviews and Statements' *Victoria Police Manual*, section 5.3.

³⁰ Victoria Police, 'VPM Instruction 112-3 – Suspects and Offenders: Interviews and Statements' *Victoria Police Manual*, section 6.2.1.

³¹ *Independent Third Person Program brochure*, Office of the Public Advocate
<http://www.publicadvocate.vic.gov.au/file/file/Volunteers/ITP%20Program/ITP_Brochure_09.pdf> at 8 December 2010

³² Victoria Police, 'VPM Instruction 112-3 – Suspects and Offenders', *Victoria Police Manual*, section 6.2.4.

³³ *Independent Third Person Program brochure*, above n 31.

³⁴ Victoria Police, *Code of Practice for the Investigation of Sexual Assault*, para 97
<http://www.police.vic.gov.au/content.asp?Document_ID=10904> at 8 December 2010

³⁵ *Ibid*, para 36.

The advocacy role proposed under this Advocacy Pilot Project complements but extends beyond the role of the ITP Program. Policy governing the ITP program makes it clear that the role an ITP is to provide communication and emotional support only, and that role is limited to police interviews and police taking formal statements. ITPs do not have specialist training in communicating with people who have complex communication needs. Their role is not to be an advocate or to provide ongoing support.

This role contrasts with the role of the Advocacy Pilot Project, which seeks to provide specialised and appropriate ongoing advocacy support to sexual assault victims/survivors with a cognitive impairment and/or communication difficulties.

The importance of independent advocacy is reinforced in cases where family members or carers are alleged to have perpetrated the sexual offence, and/or have a relationship with the alleged perpetrator.

Wherever possible, under the Advocacy Pilot Project, specialist CASA counsellor/advocates will act as ITPs in police interviews with sexual assault victims/survivors with a cognitive impairment and/or communication difficulties, replacing the role that might otherwise be performed by trained ITPs provided by the Office of the Public Advocate, or by family, friends or carers. This may require some amendment to Victoria Police procedures in the pilot areas. The victim/survivor may in appropriate cases still receive additional support and assistance from family or friends or carers outside of the ITP role.

3.5 The limits of advocacy in the context of criminal investigations

Care needs to be taken to minimise the risks of the advocacy role prejudicing the integrity of the criminal investigation and prosecution process, particularly in the context of the police interview of the victim/survivor.

In consultations around the model for this project, disability and sexual assault agencies expressed a strong desire for continuity of support, so that whenever possible, the same CASA counsellor/advocate provides ongoing support to the victim/survivor, including attending the police interview.

However, Victoria Police, the Office of Public Prosecutions and others expressed concern that the presence of the CASA counsellor/advocate in the interview, with an express ongoing advocacy and counselling mandate both prior to and beyond the interview, could compromise the integrity of the interview process, or at the very least expose the process to arguments from criminal defence lawyers that the witness' evidence is tainted.

There are precedents for such an ongoing advocacy role. Parents and guardians are regularly present during police interviews of children as victims, suspects and witnesses. CASA counsellor/advocates, from time to time where resources permit, accompany victim/survivors to police interviews including being present during the interview. Further, as stated above, where the victim/survivor has a cognitive impairment, CASA counsellor/advocates are currently authorised to act as ITPs.

There are also ways of minimising these risks including:

- ensuring there are protocols which ensure that the conduct of CASA counsellor/advocates during the interview is limited to the role that would otherwise be performed by the ITP in accordance with police procedures;
- videotaping the interview, and ensuring that the recording captures all present in the room, to provide evidence which demonstrates that the witnesses' evidence was not unfairly influenced by the CASA counsellor/advocate (or the police interviewer or any communication support worker present).

Victoria Police and the Office of Public Prosecutions suggested that a further way to minimise these risks would be to rely on the services of more than one counsellor/advocate so that the counsellor/advocate who provides support and assistance with the police interview, is a different person from the counsellor/advocate providing ongoing advocacy and counselling support.

3.6 Specialisation – sexual assault and disability advocacy

One of the successes of this Project has been to promote cross-sector collaboration between sexual assault and disability agencies. One of the challenges has been to develop a model which draws on this collaboration to deliver appropriate services to victims/survivors in a practical and cost effective way.

The model developed under this project has CASAs as the primary agency providing advocacy services to victims/survivors. In addition to their specialist sexual assault expertise, one of the advantages of the CASA network is its statewide reach, which will more easily facilitate the expansion of this project after the pilot phase.

The challenge is for CASAs to further develop their expertise in delivering services that are appropriate to victims with a range of disabilities (acquired brain injury, intellectual disability, mental illness, cerebral palsy etc). A significant component of the budget in the first year of the project has been allocated for training and resource development for this purpose. Funds have also been allocated to engage specialist disability agencies to provide secondary consultation and other support to CASAs around appropriate service delivery to victims/survivors with a cognitive impairment or little or no speech.

3.7 The role of communication support workers

Communication support workers assist people with little or no speech to communicate. The role of a communication support worker is to provide practical assistance and, where appropriate, use assistive communication devices to help people to communicate with those who have complex communication needs.

There are resources available to assist communication for people with communication difficulties. The “Libraries For All” project, a joint project of Scope’s Communication Resource Centre, the Victorian Department of Human Services and the Victorian State library network, has developed a set of communication aids for use by people who cannot speak or who have speech that is difficult to understand. These include an alphabet board, a word board and a picture board. They are available for download at http://www.scopevic.org.au/therapy_crc_lfa.html. However most people with little or no speech will already have a preferred communication method/device.

The funds in the budget allocated to engage specialist disability agencies will be used where necessary to provide communication support workers to assist victims with little or no speech to communicate to the police, CASA worker etc.

Section 4:

Project Management

4.1 Overview

The Advocacy Pilot Project will be a cross sector partnership. A project management group, consisting of members of the reference group along with the key cross sector agencies will oversee the establishment and implementation of the project.

The Advocacy Pilot Project will be managed on a day to day basis by a project coordinator based at a lead agency. The main roles of the project coordinator are to:

- promote the Advocacy Pilot Project's aims and objectives;
- establish and implement the Advocacy Pilot Project;
- ensure adequate and appropriate communication amongst the project partners;
- establish and document referral systems;
- manage training and resource development;
- develop and implement a community education and awareness strategy;
- ensure the project agencies have access to appropriate professional support and debriefing;
- ensure compliance with all financial and accountability requirements of the project;
- liaise with government departments, funding bodies and other key stakeholders;
- monitor data collection and analysis;
- identify systemic issues arising from the project and work with project partners on ways of resolving those issues; and
- manage evaluation processes.

4.2 Training and resource development

Each agency involved in the Advocacy Pilot Project will bring their own skills and expertise in working with people with a cognitive impairment or in working with victim/survivors of sexual assault in law enforcement, advocacy, counselling, disability services or legal support. Drawing on this expertise to undertake cross sector training and skill sharing will be an important part of the project.

It may be necessary to provide training to staff in the respective project agencies in the following areas:

- sexual assault – theory and dynamics and how best to work with victim/survivors;
- the role of advocacy, particularly in relation to dealing with police procedures;
- criminal justice processes;
- victims' rights and compensation options;
- disability and cognitive impairment and how best to work with people with a cognitive impairment;
- using assisted communication techniques and communication resources; and
- role of the independent third person.

Agencies involved in the project will need to develop or revise existing resources to support the work of their staff with the target group. This may include organisation policies on working with people with a cognitive impairment or confidentiality and sharing of client information. It may also include community education resources covering the legal system or services available. The project and the partner agencies will work together to identify resource gaps and to source or develop appropriate resources.

4.3 Partner agencies

The Advocacy Pilot Project will involve collaboration between the partner agencies listed below. The project will draw on the relevant expertise of each partner agency.

4.3.1 Centres against Sexual Assault

Centres Against Sexual Assault (CASAs) currently provide services to victim/survivors of sexual assault including:

- a free confidential 24 hour emergency or crisis care service for victim/survivors who have recently been sexually assaulted. This includes crisis counselling support and facilitating access to medical and legal assistance;
- information about sexual assault and advocacy in relation to legal choices, physical health concerns and safe accommodation; and
- free and confidential short to medium term individual counselling to child and adult victim/survivors of sexual assault, their non-offending family members/carers and significant others. This may include group work, telephone counselling and referrals to other relevant services.

Under the Advocacy Pilot Project, existing counsellor/advocates from the CASAs in the pilot regions will be provided with specialist training and resources to enable services to be extended to appropriately meet the needs of people with a cognitive impairment and/or communication difficulties.

The project will increase the capacity of the local CASAs in each of the pilot regions to provide specialised support and advocacy services to victims with a cognitive impairment and/or communication difficulties and where possible, provide the same worker to support a victim/survivor through the entire process.

CASAs in each of the pilot regions will also work with the project to:

- promote the Advocacy Pilot Project aims and objectives;
- provide training and develop relevant resources;
- provide secondary consultation around sexual assault issues to other agencies;
- undertake community education and awareness raising;
- liaise with government departments, funding bodies and other key stakeholders;
- collect and monitor data for evaluation and service improvement purposes; and
- contribute to evaluation processes.

4.3.2 Community legal centres

Community legal centres (CLCs) provide free legal information, advice and casework services for eligible clients. There are 49 CLCs throughout Victoria. Generalist CLCs provide services on a range of legal areas to clients within specific geographic regions. Specialist CLCs provide services to particular client groups, including people with disabilities, or on particular areas of law such as tenancy or consumer law.

Generalist CLCs in the Advocacy Pilot Project pilot regions will provide legal advice and ongoing casework support for the project clients. This may include advice and assistance about:

- criminal justice processes including giving evidence (and different ways of giving evidence), timeframes and possible outcomes;
- seeking financial or other assistance through the Victims of Crime Assistance Tribunal; and
- seeking compensation from the perpetrator or any relevant institution/s who may have failed in their duty to prevent the sexual assault.

The project will increase the capacity of the generalist CLCs in each of the pilot regions to appropriately provide legal services to victims with a cognitive impairment and/or communication difficulties

and where possible, provide the same community lawyer to support a victim/survivor through the entire process.

CLCs in each of the pilot regions will also work with the project to:

- promote the Advocacy Pilot Project aims and objectives;
- provide training and develop relevant resources;
- provide secondary consultation around legal issues to other agencies;
- undertake community education and awareness raising;
- liaise with government departments, funding bodies and other key stakeholders;
- collect and monitor data for evaluation and service improvement purposes; and
- contribute to evaluation processes.

4.3.3 Communication support workers

The project will allocate resources to meet the costs of communication support workers to assist the project clients in the pilot regions to communicate with relevant agencies (eg: the Police, CASAs or CLCs).

4.3.4 Attendant care/support workers

Many victims of sexual abuse with a cognitive impairment will need attendant care and support. The scarcity of these support services has been identified by the Sexual Offences Project as a significant barrier to accessing justice services.

Attendant care/support workers:

- provide personal care such as toileting and assistance with meals and drinks;
- arrange and coordinate transportation; and
- assist with coordination and liaison in accessing services.

Disability services have the expertise necessary to provide attendant care, but can lack the financial resources to provide support for extended travel and meetings that may be necessary to facilitate access to justice for clients of the project.

The project will allocate resources where appropriate to meet the costs of a support worker/attendant carer and associated travel costs.

4.3.5 Victoria Police

The commitment of Victoria Police is necessary for the successful operation of the Advocacy Pilot Project in the pilot regions. Preliminary discussions with Victoria Police have examined the involvement of the SOCA unit in each region.

Police can become involved in sexual assault cases through a variety of potential contact points. For example, the victim may present at the front desk of a police station or could be referred directly to a SOCA unit by a sexual assault counsellor. The point at which the initial disclosure is made is a key determinant in the approach and resourcing of the complaint process.

It is not always easy for a police officer to identify that the person presenting to them is a victim of sexual assault with a cognitive impairment. Police have indicated that the involvement of an ITP and/or communication support worker is important in initial discussions with an individual to assist in determining whether the person has a cognitive impairment. According to current police procedures, if the person is identified as having a cognitive impairment, the police would call in a CASA counsellor/advocate.

4.3.6 Office of Public Prosecutions

The Office of Public Prosecutions is responsible for the prosecution of indictable (serious) sexual assault crimes in Victoria.

The support of the Office of Public Prosecutions, in conjunction with Victoria Police, is accordingly important to:

- develop processes for advocacy support to be provided through the Project in a way that minimises the risk of prejudicing any investigation/prosecution; and
- facilitate the provision of appropriate support to victims/survivors through the prosecution process.

4.3.7 Office of the Public Advocate: Independent Third Person Program

The commitment of the Office of Public Advocate is necessary for the successful operation of the Advocacy Pilot Project in the pilot regions.

As indicated above, the Office of the Public Advocate administers an ITP program which provides trained volunteers to act as ITPs. CASA counsellor/advocates are also authorised under protocols with the Office of Public Advocate to act as trained ITPs in sexual assault cases. There may be occasions where police will call an ITP from the Office of Public Advocate Program to act as an ITP or to assist them to assess why a person is presenting to them. Once a person with a cognitive impairment is identified as a victim of sexual assault, the project will operate alongside and in collaboration with the Office of Public Advocate to ensure that a CASA counsellor/advocate becomes involved.

4.3.8 Referral agencies

The Advocacy Pilot Project will collaborate closely with local disability service providers and disability advocacy services in each region as well as other services such as the local victims assistance and counselling programs (information, referral and support services for victims of crime funded by the Department of Justice).

The Advocacy Pilot Project will build on the work of the *Sexual Offences Project* to:

- improve communication and links between sexual assault and disability organisations;
- establish appropriate referral mechanisms between local disability services and the project agencies; and
- offer professional development opportunities to local disability services about working with victim/survivors of sexual assault with a cognitive impairment in the justice system.

4.3.9 Family of victims and other “trusted adults”

In appropriate cases where the allegations of abuse are against a third party, the project will work with families and other trusted adults who may support the victim. For a variety of reasons, some sexual assault victims with a cognitive impairment will disclose a sexual assault to a trusted adult before or instead of reporting the assault to police. Family and close friends can often heavily influence the decision to report a sexual assault to police and can provide extremely important support to victims through the prosecution process.³⁶

³⁶ Camilleri, ‘Enabling Justice’ above n 11, page 12.

4.4 Project location

Ideally, the pilot would be conducted across two regions, one metropolitan and one regional, in regions where CASA, Police and CLC linkages are already strong.

Extensive discussions were held in the South Eastern metro region of Melbourne with organisations representing CASAs, CLCs and the disability sector. Preliminary discussions have been held in a number of rural regional locations. Stakeholders have requested a range of preferred rural and regional locations and further work needs to be done to establish a preferred rural regional location.

Ultimately, the Federation decided to focus on seeking funding to conduct the pilot in the South Eastern region, working with South Eastern Centre Against Sexual Assault and Springvale Monash Legal Service. With philanthropic and government support, the Federation raised the funds to implement the pilot in this region. The pilot is commencing in February 2012.

4.5 Further work

This Project proposes a pilot which will effectively break new ground in Victoria in supporting victims of sexual assault with a cognitive impairment or little or no speech. In the course of conducting this Stage 4, it is apparent that more research and investigation can be done in a range of related areas including:

- improving the acceptance/usage of communication devices in criminal investigation and prosecution and developing standard procedures for their use;
- managing the risk of CASA workers and their files being subpoenaed in the course of the prosecutions connected with the Advocacy Pilot Project;
- ways to minimise the risks of the advocacy role prejudicing the integrity of the criminal investigation and prosecution process; and
- improving the collection of data around the incidence of sexual assault against victims with a cognitive impairment or little or no speech, and the rates of prosecution of these cases and the outcomes of these cases.

This work is beyond the scope of this Stage 4 of this Project. To some extent, these issues will be addressed through the course of the Advocacy Pilot Project.

4.6 Project evaluation

Data collection and evaluation will be critical to the success of the Advocacy Pilot Project. To ensure the Advocacy Pilot Project can be properly evaluated, it is proposed that it be conducted for a minimum of two years. The minimum two year time frame is necessary to allow sufficient time for monitoring and evaluating the success of the service throughout the various stages of a victim's interaction with the justice system from police reporting to criminal trial and/or other legal processes.

Independent evaluation will help to establish best practise outcomes that can be implemented throughout Victoria as a coordinated and consistent model of practice that generates enduring changes to better protect people with a cognitive impairment or little or no speech from sexual assault.

Section 5:

Budget

The following budget outlines the cost to run the pilot in a single region for two years.

Expenses	Year 1	Year 2
Lead agency project oversight and support	6,546	6,742
Project Manager	66,601	68,599
CASA advocacy & counselling	59,438	61,221
CLC legal services	19,813	20,407
Disability services: secondary consultation, communication support and attendant care	20,000	20,600
Training and resource development	10,000	5,000
Recruitment	3,000	1,000
Total per year	185,398	183,569
TOTAL for 2 years		368,967
TOTAL with 10% external evaluation		405,864

Notes:

1. The Project Manager position is based on a 0.6 EFT position at a total position cost of \$111,002.
2. The CASA services are based on a 0.6 EFT position at a total position cost of \$99,063.
3. The CLC services are based on a 0.2 EFT position at a total position cost of \$99,063.
4. All positions include oncosts (13.8% of salary) and overheads (40% of salary and oncosts) other than the specific overheads listed in the budget.
5. It is difficult to predict the required use of disability services. The Project Manager will manage the budget allocated to these services.
6. A 3% increase for salary, oncosts and overheads has been allowed for Year 2.

Appendix: Survivors of Sexual Assault with a Cognitive Impairment Advocacy Pilot Project – Logic Model



Objectives

- Increase access to justice for victims/survivors of sexual assault with a cognitive impairment.
- Increase the rate of reporting to police.
- Increase the rate of prosecution.
- Increase deterrence.
- Increase access to crimes compensation.
- Increase capacity for mainstream and disability services to meet the needs of victim/survivors of sexual assault with a cognitive impairment.

Goal

To increase access to justice for victim/survivors of sexual assault with a cognitive impairment or communication difficulties.

Investments

The following agencies will provide expertise, skills and knowledge:

- Centres for Sexual Assault;
- Community legal centres;
- Disability services;
- Victoria Police;
- Office of Public Prosecutions; and
- Office of the Public Advocate.

Funding Required:
\$405,864 for each pilot region for 2 years

The Project will:

- Provide ongoing advocacy and support to victims during investigation, prosecution and court processes. Victims will be helped to monitor, understand and participate in these processes, and will be supported to access crimes compensation;
- Develop and document referral systems to ensure victims are referred to the Advocacy Pilot;
- Develop and implement an education and awareness strategy to ensure relevant agencies and individuals are aware of the Advocacy Pilot and its aims;
- Establish a project management group to guide the implementation of the Advocacy Pilot;
- Collect relevant data and evaluate the impact of the Advocacy Pilot; and
- Engage with stakeholders to implement the recommendations of the evaluation across Victoria.

Centres Against Sexual Assault will:

- Provide specialist 24 hour on-call advocacy and referral and ongoing support to victim/survivors of sexual assault with a cognitive impairment accessing the justice system.

Community legal centres will:

- Provide legal support to victim/survivors including advice on criminal justice processes and support to access to crimes compensation.

Disability services will:

- Provide specialist training and secondary consultation support;
- Provide attendant care support and communication support where required;
- Actively refer clients to the Advocacy Pilot.

Victoria Police will:

- Be involved in implementing the Advocacy Pilot through referrals and the development of agreed procedures.

Office of Public Prosecutions will:

- Be involved in implementing the Advocacy Pilot through the development of agreed procedures.

Office of the Public Advocate will:

- Be involved in implementing the Advocacy Pilot through the development of agreed procedures.

Short term results Up to 12 months	Medium term results 1- 2 years	Long term impact 5-10 years and beyond
<ul style="list-style-type: none">• Project management group established.• Victim/survivors provided with specialist 24 hour on-call advocacy and referral and ongoing support through the legal process, including support to access crimes compensation.• Development of community education and referral strategy.• Development of inter-agency procedures to implement the Advocacy Pilot.• Initial data collection.	<ul style="list-style-type: none">• Increased reporting and prosecution, and access to crimes compensation, in pilot areas.• Project agencies more responsive to the needs of people with a cognitive impairment.• Improved understanding by stakeholders of the need for specialist advocacy and support.• Project evaluated with recommendations made for modifying and expanding the project across Victoria.	<ul style="list-style-type: none">• Increased reporting and prosecution of sexual assault cases for people with a cognitive impairment.• Increased deterrence.• Greater access to crimes compensation to help address the impacts of these crimes.• Justice and service systems more responsive to the needs of people with a cognitive impairment.• Stronger working relationships between mainstream agencies and disability services.• Increased opportunities for people with a cognitive impairment to have an informed choice and say in legal processes affecting them.



Evaluation

Collect Data – Analyse and Interpret - Report