Making Rights a Reality – a pilot project for sexual assault survivors with a cognitive impairment.

Evaluation Report Number 1
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For the Making Rights Reality Reference Group
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Introduction

The ‘Making Rights a Reality’ advocacy pilot project (MRR) is part of a broader range of research, policy advocacy and legislative reform developed to address the inequities faced by people with a cognitive impairment\(^1\) and communication difficulties who experience sexual assault (Goodfellow & Camilleri, 2003): this work has spanned a decade. It has identified that people with a cognitive impairment experience sexual assault at a higher rate than the general population, and that “achieving justice for victims of sexual assault with a cognitive impairment or communication difficulties is an enormous challenge for the criminal justice system” (Federation of Community Legal Centres 2011 p 5). In Victoria over this timeframe legislative reforms have been implemented to address some of these inequities in the justice system (Crimes (Sexual Offences) Act, 2006). Central to these reforms were the 202 recommendations contained in the Sexual Offences: Law and Procedure – Final Report (Victorian Law Reform Commission, 2004), of which 18 related directly to complainants with cognitive impairment. An evaluation of the implementation of these recommendations found that overall they have begun to impact on outcomes for victims of sexual assault, with particular positive shifts being reported in supporting people with a cognitive impairment (Successworks, 2011). Although, as the MRR project proposal states, “There are still significant non-legislative reforms [needed] around the particular needs of people with a cognitive impairment” (FCLC, 2011 p. 5)

Improved advocacy for victims with a cognitive impairment or communication difficulties is one of these ‘non-legislative’ reforms identified through the Sexual Offences reform consultations. It is referred to as having a ‘central role’ for better outcomes for victims with a cognitive impairment or communication difficulty and as being ‘vital at all stages of the justice process’ (Goodfellow & Camilleri, 2003) and further reinforced by Camilleri (Camilleri, 2008, 2010) as a significant factor to the progression of sexual assault reports through the justice system. The role of advocacy in

\(^1\) The definition of Cognitive Impairment used in the MRR project includes people with Acquired Brain Injury, people with an intellectual disability and people with dual disabilities which might include a person with an intellectual disability and mental illness or ABI and an intellectual disability
the context of the MRR project is to “explicitly advocate the wishes and best interests of the complainant, ensuring they are heard and their choices respected wherever possible” (FCLC, 2011)

The pilot project is designed to directly address this advocacy need through enhancing existing sexual assault services provided by Centres Against Sexual Assault and strengthening legal advocacy through a dedicated legal service. In addition, it aims to address some of the systemic factors that impact on outcomes for this group through training and resourcing other organisations associated with supporting people with a cognitive impairment who report sexual assault including the Police and Disability Services.

The lead agencies of the pilot project, the Federation of Community Legal Centres (FCLS), Springvale Monash Legal Service (SMLS) and South Eastern Centre Against Sexual Assault (SECASA) have a detailed project plan for the development and implementation of the Making Rights a Reality program. This plan states the overall aim is:

To increase justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties by establishing pathways and opportunities for victim/survivors to access professional, appropriate and specialised services to advocate for their current and ongoing needs independent of families, friends and carers (FCLC, 2011).

The program asserts that; by providing dedicated advocacy support to victim/survivors with cognitive impairments and/or communication difficulties, they will have better access to legal processes and better personal outcomes from engaging in the process of counselling and advocacy than without this dedicated support. Secondly, the program asserts that increasing the skills and knowledge of staff in ‘associated’ services will support the implementation of this approach and that through community education and clearer referral procedures this can be achieved.

The stated objectives of the project are:

- To build on the existing infrastructure and skills of agencies who are already working with victim/survivors of sexual
assault or people with a cognitive impairment and/or communication difficulties;

- To provide 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;
- To provide ongoing advocacy and support during investigation, prosecution and court processes. Victims will be helped to monitor, understand and participate in these processes;
- To provide 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;
- To provide legal support to access crimes compensation and explore other compensation options;
- To provide a skilled communication support service and other disability support services where required.

The core components of the project are depicted in the following figure:

![Core components of MRR](image)

This report covers the first year of project implementation (February 2012 – February 2013), and is an interim report on the project evaluation. The evaluation will continue throughout the second year of the project with a final report developed by March 2014.

**Evaluation of Making Rights a Reality**

The evaluation of the pilot project looks closely at the project activities aiming to find out how they have been implemented, what impact the project is having.
and what factors both within the project and externally have impacted on the implementation.

The focus questions for the evaluation are:

- To what extent has the pilot project met its aims to increase access to specialised advocacy support for people with cognitive impairment and/or communication difficulties?
- What factors have impacted on the project implementation in the first 12 months?
- What have been the experiences and outcomes for victim/survivors as a result of the project?
- Has the project increased access to the legal process, in particular crimes compensation?
- How have related services engaged with the project and what outcomes have they experienced?

**Method**

A detailed overview of the evaluation methodology is outlined in the evaluation proposal. The approach is summarised below;

*A Program Theory Evaluation approach will be used to guide this evaluation. This approach recognises the already well developed program theory of the project and seeks to find out how the stated aims of the project are implemented, what factors support or challenge this implementation and if the aims are met. This approach seeks to find out if the “Project theory” or logic works, whether a pilot program should be extended and what would be needed to implement it more broadly (Rogers, Petrosino, Huebner, & Hacsi, 2000). This fits well with the MRR as a project model has been clearly articulated (FCLC, 2011) and short term, intermediate and long term outcomes have been defined. (Frawley, 2011,p. 2).*

The evaluation has ethics approval from LaTrobe University Human Ethics Committee (23, August 2012) and Southern Health Ethics Committee (19 September 2012). While the evaluation activities outlined below did not begin until ethics approval was provided, the evaluator did attend MRR reference group meetings prior to these dates as agreed to by the reference group.

**Data collection**

Evaluation data has focussed on the following aims

- To develop an in-depth knowledge about the project;
- To track the implementation of the project;
To collect data about the experiences of staff at the project sites of the project development and implementation;

**Evaluation activities September 2012 – March 2013**
- Attended 3 MRR reference group meetings
- Held 1 focus group with MRR reference group (September 2012)
- 1 combined meeting with SECASA and SMLS project workers
- Analysed pre program data (SECASA – September 2011 to February 2012)
- Analysed 12 month service use data (SECASA & SMLS)
- Analysed training evaluation feedback
- Interviewed project workers (SECASA x 1; SMLS x 1)
- Facilitated development of and analysed case studies SECASA (3); SMLS (3)
- Developed an interim report (December 2012) for the reference group (Frawley, 2012)
- Surveyed 24 SECASA counsellor/advocates
- Facilitated 1 focus group SECASA counsellor/advocates (January 30, 2013)
- Analysed survey results, case studies and focus group data

In addition, some desk based research has been undertaken to determine how the project is understood and promoted in the disability, legal and sexual assault sectors.

**Outstanding evaluation activities:**
- Interviews with “external” stakeholders
- Individual interviews with SECASA Counsellor Advocates

**Analysis**
All survey data was entered into SPSS – a quantitative data analysis program and analysed by Dr Emma Bould, Living with disabilities research group, LaTrobe University. All other data has been analysed by Dr Patsie Frawley using a thematic qualitative data analysis approach. Central to the qualitative analysis has been discussions and reflection on emerging themes with project staff and the MRR reference group.

*The challenge is to break down the silos of disability, legal services and sexual assault services. To develop a multi-disciplinary approach – that is the model (MRR focus group).*
Findings

The following section presents and discusses the main findings from analysis of the data. It is divided into three sections. Section 1 Project Implementation - sexual assault service, legal service and broader services; Section 2 Service use - data and analysis; and Section 3 The model in practice - counselling/advocacy for victim survivors and legal advocacy.

1. Project implementation

The MRR model can be described as a multi-disciplinary model that aims to breakdown the “silos” of the various sectors involved in addressing sexual assault of victim/survivors with a cognitive impairment and/or communication difficulties. These sectors include; the criminal justice system including police, courts and legal services; the health and welfare sector that includes services for victims of sexual assault including sexual assault counselling and advocacy services, forensic medical services; and the disability sector including government and non-government services and other community based support services. While a number of these services are identified as areas of focus for the work of the project, the two main areas of focus in the first year of the pilot project have been the sexual assault sector and the legal sector, in particular the two pilot sites South Eastern Centre Against Sexual Assault (SECASA) and Springvale Monash Legal Service (SMLS). The auspice organisation, the Federation of Community Legal Centres acts as a conduit to the broader legal sector, as SECASA acts as a conduit to the CASA forum representing sexual assault services across Victoria.

SECASA and SMLS have connections to the broader criminal justice, health and welfare sectors and to specific parts of these sectors; Victoria Police specialist sexual assault and sexual crimes units, regional police stations and Multi Disciplinary Centres, the Office of Public Prosecutions, the courts and judiciary, and health services where crisis care for sexual assault is provided. This project also reaches into the disability service sector, including the Department of Human Services, non-government disability service providers, disability advocacy including the Office of the Public Advocate, and in particular communication support services and advocacy for people with a disability.

While each of these ‘connected’ sectors are important to the implementation of the project and ultimately its sustainability, the project implementation focuses primarily on the work of SECASA and SMLS. The model proposes that through their work, using the resources and approaches of the project, there will be impacts directly on the experiences of the victim/survivor with a cognitive impairment and/or communication difficulty, and more broadly on
these related or connected sectors. These impacts could be direct, including on practices in some of the sectors/services, or indirect through systemic advocacy or other influences the project has had on these systems. This impact has not been evaluated in the first year of the pilot project. Interviews will be held with key personnel from these related services in the second phase of the evaluation.

1.1 CASA and Legal Services - project implementation
The MRR project model was developed to be implemented at SECASA and SMLS to build on an existing model and existing collaborative relationships established between the two organisations. A joint clinic was set up between these organisations to address the legal advocacy needs of victims of sexual assault and has been operational for twenty years. The clinic at SMLS is staffed by volunteers and law students from Monash University who are completing a unit in professional practice. This clinic receives referrals from SECASA for clients who wish to pursue Victims of Crime Compensation. While this clinic has run successfully for over two decades it was recognised by both organisations that people with a cognitive impairment or communication difficulties were not highly represented at this clinic, despite being seen at SECASA. This was an indication of a gap in legal advocacy for this client group.

For SECASA, there has been an intermittent focus on this client group since the late 1990s when it participated in a project undertaken by Family Planning Victoria that aimed to increase the capacity of CASAs to provide a service to people with an intellectual disability (Frawley, 1997). While this project acted as a catalyst for SECASA to develop some expertise in working with this client group and resulted in the organisation developing resources and running training for the disability sector on sexual assault, there was a lack of resources and expertise to keep a consistent focus on this group. SECASA has maintained a ‘watching brief’ on this client group in particular by supporting one staff member, the current MRR project worker to develop expertise in this area and to act as a resource to other staff and the sexual assault sector more broadly. However this has been managed within existing resources and has lacked a dedicated focus.

The MRR model as depicted in Figure 1 has distinct goals for each project site and the broader goal of improved justice for the target group. The project goals for SECASA are to:

• promote the project;
• provide specialised counselling/advocacy;
• develop and provide counselling and advocacy training and resources in SECASA;
• provide secondary consultation to other agencies;
• community education;
• liaise with other project agencies, government and funding bodies;
• participate in evaluation;
• systemic advocacy.

The project goals for SMLS are to:
• promote the project;
• develop legal advocacy training and resources;
• provide legal services to the victim/survivor including support for VOCAT;
• provide consistent legal support;
• systemic advocacy.

The following section reports on these goals, in particular those relating to operational aspects of the project at each site. The service delivery goals are reported in section two of this report.

1.1.1 Developing a focus on the client group

Project workers

In each site a project officer has been employed to oversee the implementation of the project. At SECASA a part time project officer (.6) was employed from October 2011, six months before the project began. At SMLS a part time (.2) project officer was employed at the beginning of the project in March 2012. The project has reported to have developed a ‘focus’ on this target in particular in SECASA where there has been a ‘whole of service’ approach, but also in SMLS where the employment of a project officer has brought focus to this target group in the existing SECASA/SMLS joint clinic. Feedback on the development of this focus has been in the main very positive:

The model gives us a focus [on this target group, otherwise we just have pockets of good practice. (MRR reference group)

We already had a model – joint clinic for 20 years [SECASA/SMLS] but that was not dealing with this target group; without the focus they are not picked up. (MRR reference group)

We have said “this group needs this” [MRR was] set up to focus on this group within a mainstream service that is already ‘specialising’ around many issues. (CA focus group)

Fabulous project [it has] assisted us to have a focus – we know there are issues we can improve our approach and interventions. (CA focus group)
Both project officers are recognised within their services as promoting the project and undertaking work directly associated with it. In the survey of SECASA counsellor/advocates, the presence of a project officer was seen as the fifth most important aspect of the project out of 10 items, however 75 per cent agreed that this component would benefit clients. At SMLS the project worker is present in the service for a limited time over a number of days. This was reported to have increased client’s access to the project and enabled the project officer to liaise more readily with other staff. It was also reported that for SECASA, having a project officer who had been a consistent ‘player’ in the work of the agency with people with a disability was a distinct advantage in building the knowledge and capacity of all workers to work with this client group.

If we have project workers at SMLS and SECASA they are already in the zone, they have awareness, time/resources, impetus (CA focus group).

[The legal project worker has] the ability to go to them [clients] to ring them. We are not relying on students to make appointments. With a worker there [at legal service] there is someone who can spend the time, be flexible, going to the clients (MRR reference group).

Training and resources

Training and resourcing workers at SECASA has been a major focus of the project. The majority of staff have been trained in the Independent Third Person (ITP) role and have also had information, training and ongoing updates from the project officer on implementation of the project and new resources. The project officer has sourced or is sourcing external training on communication and therapeutic approaches with people with a cognitive impairment/communication difficulties. In addition, the expertise of the project worker are used as a key resource to all Counsellor Advocates (CA’s) in their case work. In particular the development of ‘tangible resources’ has been reported to have been very beneficial to the counsellor/advocates in their work with clients, with one CA reporting that the “big fat book” of resources was very useful. In addition a number of Easy Read materials have been

There was a young woman assaulted by a care worker – police were not going to follow up at all. The client and staff were upset. What this program did is it made the police take another look at it, it rattled [disability service provider] ... They took it seriously, gave the girl a chance to speak her story, the unit around her could see something happening and the person was happy because she was taken seriously. .... The program gave SECASA a tool to put pressure on [the system](CA focus group)
developed by SECASA for use with clients including; Crisis Care, Seeing a Doctor, Making a statement to Police, Going to Court, Crimes Compensation/’Money to help you’, Counselling, When Sex is Not ok (update). The legal information in these brochures was developed in consultation with staff from the Office of Police Prosecutions and SMLS staff. The SECASA project worker also liaised extensively with SCOPE on the use of pictures and symbols and the overall accessibility of these documents. Further consultation is being undertaken with the intellectual disability self advocacy sector to test accessibility and be guided on dissemination of these resources.

While the development of these resources has been time intensive for the SECASA project officer, it is reported that an added benefit has been the relationships built up between SECASA and those organisations that have assisted with the resource development.

Processes and procedures

In both sites processes and procedures have been set up to; identify clients who are eligible for the project, make referrals, keep data on service use and outcomes, and to highlight issues and address them as they arise.

Now we tick a box and write an overview there are more now we are identifying them. (CA focus group)

In the duty team referrals are coming in [the project officer] has done a good job - that it is part of our awareness the box on the referral form. (CA focus group)

Overall, within the project sites there has been both an increased awareness of the need to provide a particular service to this group and increased capacity to do this through having designated project officers who have provided training, developed resources and supported their colleagues in their work, in particular at SECASA. However this has been achieved with minimal resourcing (combined EFT across the sites of 0.8). Both organisations have clearly invested portions of their existing resources to support this project and, in particular at SECASA, the focus on this target group has been a ‘non-negotiable’ aspect of the work of all counsellor/advocates. All staff surveyed reported
that they had benefited from the project through increased knowledge about working with victim/survivors with a cognitive impairment and/or communication difficulty. Sixty-eight percent also reported they had attained more skills for this work, however it was also reported that having to develop this knowledge and skills and provide this focused work with this group could take away from some other key target groups.

*Projects like this in big agencies assume that everyone can/will do it. There needs to be acknowledgement that people have different expertise, interests, skills – need to acknowledge that this project is only one group.* (CA focus group)

While, another sentiment reported was that,

*If we get it right for this group we could learn how to get it right for other groups who have additional needs* (CA focus group).

In addition, there was a view that this was important work that needed to be done.

*MRR has given us some hope... it’s on the agenda... it matters... people are trained, there is extra support we can offer* (CA focus group).

*Our client was in court – the program funded someone to sit with her...[that was] really good.* (CA focus group)

This tension will need to be considered and is likely to be addressed by drawing out findings about practice and processes that can benefit all clients. As one worker noted, “Everyone who comes to a CASA is cognitively impaired in some way by their emotional trauma” (CA Focus group).

Overall, the evaluation has found that in the first 12 months of the project the MRR model has been implemented as planned at the key services involved in the direct service delivery of the project; SECASA and SMLS that represent the sexual assault and legal sectors. These services have developed processes and procedures to ensure this client group are identified, referred between services and provided training and resourcing to ensure that when using the service...
the client has access to better trained and resourced staff. This has been achieved primarily through the employment of two part-time project officers (one in each site), and the work they have undertaken to raise awareness of and develop and support the skills needed to provide a service to this client group. In addition, the staff in particular at SECASA have participated in training that has increased their awareness of this target group and how to work with them. This reflects a significant movement towards achieving the goal set out in the project to, “...build on the existing infrastructure and skills of agencies who are already working with victim/survivors of sexual assault or people with a cognitive impairment and/or communication difficulties”. However as noted above, more needs to be done to ensure any tensions at the service level regarding this focus are addressed, and systems and processes continually reviewed to ensure the gains made can be sustained. In particular, the model currently depends on each organisation committing general resources specifically to this client group. While the costs for the project staff are being met by project funds, additional resources are being provided ‘in kind’ in particular the time and commitment of managers.

1.2 Impact in broader sectors
It is difficult to report on the impact the project has had more broadly as interviews have not occurred with ‘outside’ stakeholders to date. It is envisaged that these will include: people from the disability services sector who have had contact with either SECASA, SMLS or FCLC through the project; Victoria Police, Office of the Public Advocate (OPA) through the Independent Third Person (ITP) program and potentially court staff and forensic medical officers. However this will be informed by further consultation with the project staff and reference group. It is important to note however that both SECASA and SMLS have existing relationships within these other sectors, in particular with Victoria Police and the courts. The MRR project has aimed to build on these and to provide these organisations with a clearer referral point for both work and advocacy associated with victims with a cognitive impairment or communication difficulties.

Reports by the project officers throughout the first year of the project indicate that they have had some planned contact with these other organisations/sectors and within their own sectors because of the project. This has included presentations by the SECASA worker at a CASA Forum conference, inclusion of information about MRR in talks to mental health services, participation in a reference group for a research project being undertaken by Women with Disabilities Victoria and OPA on experiences of violence of women with a disability, involvement in other cross sector forums on disability and abuse, and dissemination of information about the project to DHS disability services in the Southern region. Both SECASA workers and the SMLS project officer have also had ‘case by case’ contact with Victoria Police including officers from the Sexual Offences and Child Abuse Investigation Team (SOCIT) and Sexual Offences and Child Abuse Unit (SOCAU) and the Multi
Disciplinary Centres (MDCs). Furthermore, contact has also been made via the project with court staff, other legal personnel and with other counsellors.

While organisations like OPA, the OPP and Victoria Police are identified as key stakeholders in the project plan, a review of their web based information found that they are not actively promoting the project. Also, there appears to be a lack of awareness about the project in the broader disability and legal sectors, and in particular amongst disability advocacy and complaints organisations. While it is often hard to reach people with a cognitive impairment and/or communication difficulties directly, promotion of the program through organisations like VALID, OPA, the Disability Services Commission, DHS and the larger community service organisations providing services to people with a disability is one way to begin this process. While the recent launch of the OPA and CASA protocol (OPA, 2012) and the report from the Victorian Parliament Law Reform Committee on access to and interaction with the Justice System (Law Reform Committee, 2013) may draw more attention to the project and provide opportunities for systemic work on the issues addressed in the project, a strategic approach will need to be considered to promote the project more broadly and to develop a strategic dissemination and systemic advocacy plan. This is particularly important if the aim to increase justice for this target group is to be achieved.

2. Service use

Research indicates that people with an intellectual disability are at a significantly higher risk of sexual assault than the general population and compared to other disability groups (Horner-Johnson & Drum, 2006). Therefore they have always been in need of counselling, support and advocacy. However, before the MRR, as the figures outlined below suggest, this client group was not being supported to access counselling and advocacy through the mainstream sexual assault and legal services at a rate that would reflect the rate of victimisation. The MRR pilot project aims to address this through making more people aware of their right to access counselling and legal advocacy, to make their services more responsive to this group and to influence the capacity of other supports and services to support this group to access the supports and services available to the rest of the community who experience sexual assault. The following section outlines the service use data for both services involved in the MRR pilot and provides an analysis of this data, discussing the impact the first 12 months of service delivery has had on service use by this client group at SECASA and SMLS.

2.1 SECASA

SECASA has been at the forefront of providing sexual assault counselling and advocacy to people with an intellectual disability for a number of years. They participated in a project with Family Planning Victoria in 1997 (Frawley, 1997, 2000) that aimed to increase the capacity of CASAs to provide a service to victims with an intellectual disability. Since then SECASA have maintained a focus on this group through developing resources to use in
counselling (SECASA, 2000) and through broader advocacy. However prior to the MRR project SECASA did not have clear processes for identifying whether a person had a cognitive impairment or communication difficulty, nor did they systematically keep data on their service response with this group. A manual review of client intake data from 1 September, 2011 to 2 February, 2012 was undertaken by the SECASA project worker to ascertain the level of service delivery to people with a cognitive impairment or communication difficulty and the patterns of service use prior to the implementation of the MRR pilot project. Figure 2 presents this data in a graph alongside the data kept since the MRR project implementation from February 2012 to February 2013.

![Graph](https://via.placeholder.com/150)

**Figure 2 SECASA service use by people with CI/CD before MRR and in the first year (February 2012 to February 2013)**

In the period from September 1, 2011 to February 23, 2012 (pre MRR) there were 661 referrals to SECASA. Of these, 13 were identified on the client intake form as having an intellectual disability, communication impairment or some form of cognitive impairment. This indicates that 1.96% of total referrals to SECASA were identified as having a CI/CD in this period. The client intake data review found that the majority of these people were identified as having an intellectual disability and were women. Referrals to the Crisis Care Unit (CCU) for people with an intellectual disability in this period were two people or 15.4% of the 13 clients identified as having a CI/CD in this period. The number of ‘no shows’ to counselling of the 13 clients were six or 46.2% of those identified as having a CI/CD, and no clients from this group attended for five or more sessions in this period. Referrals by SECASA to SMLS for legal advocacy in this period were zero.

In contrast in the first 12 months of MRR project implementation (February 2012 to February 2013) SECASA saw 60 clients who were identified as having a CI/CD. This is over four times as many as had been identified as having a CI/CD in the six months prior to the project. In addition the number of clients with CI/CD also being seen at the CCU has increased from two to 13 and the number of ‘no shows’ has dropped by two-thirds. Clients
are also attending for more sessions; 27 have attended between one and five sessions, 9 have attended between 6 and ten sessions and five have attended for more than ten sessions. The remainder were either referred and did not attend a session at SECASA with some noted as choosing an alternative counselling service or failing to attend follow up appointments after referral. Since the pilot project began seven SECASA clients have been referred to SMLS.

Other aspects of service provision at SECASA through the MRR include access to brokerage funds and use of SECASA Counsellor/Advocates as ITPs in police interviews. In the first twelve months of the project one client has used the brokerage funding to meet the costs of a paid carer during court proceedings and SECASA counsellors have acted as ITPs seven times, which includes acting as an ITP twice for one client. It is not clear from the data why there is a relatively low use of these two aspects of the service; however SECASA staff did not begin in the ITP role until September 2012 due to the time required to organise and run training for all SECASA Counsellor/Advocates. Other factors could include the overall low reporting of sexual assault to police, whether all police in the project regions are aware of this component of the project and the lack of resources to enable SECASA staff to be available twenty-four hours a day seven days a week. On two occasions the SECASA staff offered to act as ITPs but the SOCIT chose to use an OPA ITP for the VARE rather than a SECASA counsellor. While the use of brokerage funding is low this too may be due to a number of issues including whether support services, families or advocates are aware that this is available to clients, or clients being appropriately supported by current services. These issues will be further investigated in the second phase of the evaluation when services and organisations including the police and disability support and advocacy services are interviewed.

The data presented in this section indicates that the MRR pilot project has increased the identification of clients as having CI/CD and therefore has increased the reported rate of service use by the target group at SECASA. It also indicates that those using the service have received more counselling and have participated for a longer time in this counselling. In addition, the other aspects of the service have been used, however some to a lesser extent than might be expected as discussed above.

The number of people using the service and the patterns of service use are reflected in the data kept by SECASA. This data is needed to better understand what factors are increasing the risk of sexual assault for this group, who the perpetrators are and some characteristics of the victims. This data could be useful in prevention approaches. Up until now this kind of data has been very difficult to access. A snapshot of what this data reflects includes: of the 60 clients seen in the first twelve months ten are male and 50 female indicating the majority of clients are women; the age range is from 15 to 55 years with the main cluster being around 20 to 25 years; in the majority of cases (all but 4 cases) the offender is a person who the client knows these include family and carers, transport providers including bus drivers
from disability organisations, boyfriends or ex-boyfriends, co-residents and other
acquaintances not specified. Three of the offenders are identified as ‘strangers’ and one as a
stranger from a dating website. In only one case was an offender charged and convicted.
The most common reason noted in the SECASA case files for charges not being laid was a
lack of evidence, however in three cases it is noted that the reason for not proceeding was
that the alleged offender also had an intellectual disability.

The research and grey literature on sexual assault of people with a CI/CD indicates that
issues like the incidence and prevalence of abuse, patterns of the abuse including who the
perpetrators are, and information about the service responses and outcomes for this group
are difficult to ascertain. The data gathered by SECASA in the first year of the MRR has
provided both a picture of the services they have provided and important information about
some of these factors. In addition, this data makes it clear that if sexual assault services
develop processes to identify this target group they can find out more about their
experiences of sexual assault and then provide a dedicated service. Some important
changes to the patterns of service use indicated by this data is that once a person is
identified as having a CI/CD they are more likely to attend more counselling sessions and
attend these more consistently. In addition, they are more likely to be referred for specialist
legal advocacy and have more access to specialist support at a police interview. The impact
these factors have on the well being of the person with a CI/CD have not been researched or
evaluated in this study. This area of research is an important one for the future, however
the legal advocacy outcomes, in particular in relation to access to compensation for those
who have used the legal service are known and reported in the following section.

2.2 SMLS

SMLS is a community organisation providing free, confidential legal advice to all members of
the community. Since the emergence of community legal centres in the 1970s, the
philosophical basis of SMLS has been the provision of accessible legal assistance and
information, community legal education and law reform to disadvantaged members of the
community. (SMLS, 2013)

SMLS is a community legal centre based in Springvale in metropolitan Melbourne. It
provides drop in sessions for the community from Monday to Friday including evenings. It is
staffed by both paid and unpaid legal professionals. For the past twenty years it has held a
joint clinic with SECASA which is staffed by a paid coordinator and a group of volunteers
including law students completing a unit in professional practice through Monash
University. While this service has provided a focus on services for people who are victims of
sexual assault, staff report this clinic was not seeing any significant number of clients with a
CI/CD. The service manager reported that in the past there may have been as few as three
clients who were identified as having a CI/CD. There is no real explanation for this, however
when considering this in relation to the low numbers of clients identified as having a CI/CD
by SECASA in the six months prior to the MRR (1.96% of their overall clients) this low figure
can be understood. In addition, it could have been that without a dedicated worker these
people may not have been identified as having a CI/CD by the service or by those making the referral, or they were simply not referred.

Since the beginning of the MRR pilot project SMLS have provided legal services to seven people with a CI/CD with all but one coming through the joint SMLS/SECASA clinic. One person used the SMLS drop in service; however this person had received counselling from SECASA. The SMLS/SECASA joint clinic is currently working with 120 files. Of the seven clients, one has had an award made by the Victims of Crime Assistance Tribunal (VOCAT). In another, the offender received a conviction and an application to VOCAT is being made, one case was closed without an application being made to VOCAT. Another case involved SMLS supporting the client to apply for an IVO. In this case a VOCAT application has been made, however, an adjournment is being sought to enable SMLS to complete further work on the application.

In the case where an award was made the client received an amount of $1750 as a lump sum, this was awarded at a Directions Hearing where the decision was made for the case to be one of indecent assault rather than rape. In addition to the lump sum to the client, costs of $1313 were awarded to cover costs of a holiday and an extra $200 to cover food, 10 future counselling sessions and costs to the Barrister ($870) and SMLS ($870). In each of the cases the SMLS project worker undertook extensive work on the file, including phone calls to clients, carers and families, Psychologists, SECASA counsellors and Doctors. In the case where an award was made they briefed the Barrister and in the case where an IVO was obtained they attended the Police station to assist with the application. In this same matter the SMLS duty lawyer at the court assisted the client at the hearing for the IVO. In addition the SMLS project worker has attended interviews with clients at SECASA enabling the client to have early contact and ongoing contact with the lawyer and continuity of legal advocacy. They have also met with clients at the client’s home and in one case was able to interview a client who attended the SMLS as a ‘drop in’ client.

The sum total of the work of the SMLS project worker with each of these clients in terms of hours has not been counted, however it is clear from the physical size of the files and the in-depth involvement with each case, that SMLS has provided a significant service to these clients that they would not have received without the dedicated worker. In particular the referral process between SECASA and SMLS in this project aims to ensure that clients are seen by a lawyer who has the time and the resources to dedicate to their cases. It also aims to ensure that the client will have consistent and comprehensive legal advocacy. The SMLS manager noted that in these cases there is more client contact than with the other clients who come through the joint clinic. She also noted that this contact is often with more people; that is these clients have more people involved in their lives (carers, family, guardians advocates) and sometimes it is these people who assume the role of client, as they take more of a lead in the direction of the matters. However the manager noted that in each case the SMLS project worker prioritises direct access with the client and ensures as
much as possible they are taking their directions from the client. This is at times difficult and stronger advocacy is sometimes needed by the SMLS project worker to ensure this occurs. It was also noted that these cases are progressing at a similar pace to others where the average time spent on a case from the beginning of contact with SMLS to case closure is one year. In the case where a VOCAT award was made the application was made in May 2012 and the award made in February 2013.

Overall clients of the SMLS component of MRR, both those referred by SECASA and the one who was a ‘drop in’ client, received a comprehensive legal service that progressed in a similar way to other clients receiving the same service. The legal advocacy and advice covered a number of areas including representation on other issues like IVOs, however the focus of this work was access to VOCAT. As this evaluation has not directly interviewed clients it is not clear how they experienced this service or what they felt about the outcomes. This would require follow up with individual clients. Also, further information is needed to understand why some people who were either referred to SMLS by SECASA, or given information about the legal service available through MRR, did not choose to follow up with this. SMLS could follow up with these clients and offer them a service as there is a reasonably lengthy period of time where people can access VOCAT after a crime and if there are new circumstances, a new application can be made in cases where an application has been unsuccessful. These are issues that require further consideration by the MRR project managers and reference group.

2.2.1 Other legal outcomes
MRR aims for better justice outcomes for victims of sexual assault who have a CI/CD, in particular it aims to improve access to crimes compensation, however it is also envisaged that over time the program will improve other justice outcomes. SMLS have not been directly involved in any of the criminal cases associated with the MRR clients, however SECASA has kept data on all MRR clients in the first year of the pilot (data on 60 clients), including where possible information about justice outcomes. The following is a summary of these outcomes for 29 clients of the program who did report to Police;

- Offender convicted and received 24 months community service order – 1 client
- Unknown outcomes – 10 clients
- No convictions 8 cases, of these; one case went to court however the offender was found not guilty due to insufficient evidence; one case the client did not make a statement; one case was withdrawn where it was noted the reason was stress associated with going to court; one case the investigation was ongoing; in the four remaining cases where there was no conviction the reasons are not noted in the SECASA file summaries.
- Historical cases with reported convictions – 3 clients

This data indicates that 29 of the 60 MRR clients reported to the Police and of these there has been one who received a VOCAT award and one where the offender was convicted.
While these figures appear to indicate limited or inadequate justice outcomes it is difficult to make any real evaluative findings as the data is incomplete; of the 29 cases where the victim reported to the Police there are 15 where the outcome is noted as ‘unknown’. Also, while awards and convictions may not have eventuated, in seven cases the file summaries note that the investigations are ongoing, and for at least two clients legal advocacy by SMLS for crimes compensation is continuing. In these nine cases there may be positive outcomes. While it would be difficult to follow up on each of these cases it is important that more information is gathered about the legal outcomes associated with clients of the MRR project so more can be understood about the barriers, challenges and enablers for positive justice outcomes. This will require further research on the existing clients and may include some detailed follow up on particular cases. Some changes may also be necessary to the approach to data collection by SECASA and SMLS on justice outcomes.

3. The model in practice

The MRR is a multi-disciplinary and multi-site model in that it involves the work of different professionals, primarily counselling and legal, and operates in two services where SECASA has a number of sites in the region and SMLS one site. This section aims to outline how the model has been put into practice in these sites and by these professionals within their services, and in a joint way. One case study for each area of focus is presented, analysis of data gathered from a survey and follow up focus group with SECASA C/As, and a further case study that reflects the combined approach is also presented.

3.1 Providing specialist counselling/advocacy

The following case study was developed by the SECASA project officer. Consent for the use of the case study was provided by the client and the case has been de-identified to protect the client’s confidentiality.

Case Study - Jean

Jean was brought to the Crisis Care Unit by SOCIT following a disclosure that she had been sexually assaulted by an acquaintance the previous day. Jean is 19 years old, has an Intellectual Disability and Autism. Jean lives with a family who provide some care and also has a case manager and counsellor she has been seeing ongoing. Jean has a history of childhood sexual abuse. Jean uses public transport independently, and communicates clearly. Jean was provided with support and information by the SECASA counsellor/advocate at the crisis care unit, in addition to having a forensic medical examination. The following morning SECASA was contacted by SOCIT and asked to attend at the police station to provide an ITP service whilst Jean did a VARE. A SECASA counsellor/advocate who has been trained by the Office of the Public Advocate performed this role, and was able to offer follow up support and referrals. The day after the VARE was done, the SECASA counsellor/advocate who attended the VARE provided follow up support. With the consent of Jean, advocacy and secondary consultation was able to be provided to both the case manager and ongoing counsellor. This included advice about seeking compensation through SMLS, and the capacity for SECASA to provide support and advocacy during any legal proceedings. Jean and her supporters were also advised that brokerage is available to assist with transport and support worker if needed during legal proceedings. No ongoing counselling has been provided to Jean at SECASA due to her existing relationship with a counsellor, however both she and her supporters know she can recontact SECASA
Jean’s case outlines the MRR model in practice. The referral to SECASA for ITP support indicates that this SOCIT knew about the MRR project and that SECASA counsellor/advocate could act as ITPs, reflecting that liaison with SOCITs had an impact in this case. The SECASA counsellor/advocate who attended had been trained as an ITP and provided follow up support and referrals including follow up secondary consultation the next day by the same counsellor/advocate, reflecting the aim that specialised and consistent advocacy would be provided. Finally information was provided about specialist legal advocacy to the client and about the brokerage support available and ongoing advocacy, indicating the counsellor/advocate knew the components of the project and communicated these to the client. This case study does not indicate what the legal outcomes were for this client, however it clearly indicates that the SECASA roles in the MRR project were understood by an outside agency and understood and implemented by the SECASA staff. The following section uses data gathered from the survey of SECASA counsellor/advocate and information gathered in a follow up focus group to further discuss the factors underpinning the implementation of the model at SECASA by the counsellor/advocates.

For the purpose of this evaluation the focus here will be on what enabled the SECASA staff to perform their role. To get some insight into this, the evaluation surveyed SECASA counsellor/advocates [N 24] and held one focus group with approximately 25 staff.

**Experienced Staff**

The survey of SECASA counsellor/advocates found that SECASA staff were already experienced sexual assault practitioners. Almost 30 per cent (29.2%) have more than 10 years experience in this field with 25 per cent having between 6 and 10 years experience. In addition 100% of those surveyed had tertiary qualification; 75 per cent with either a first, second or post graduate qualification in Social Work and over 30 per cent having a first, second or post graduate qualification in Psychology, counselling or other therapies.

**Enhanced capacity – awareness, skills and knowledge**
The capacity of this strong, professional workforce has been further enhanced by the
training, resourcing and consultation provided by the project officer, and through having a
‘focus’ on this target group. In addition, 83 % reported they knew why the program was
developed, 88 % reported they knew the aim of the program and 88 % were clear about
their role. This indicates that within SECASA the project aims and processes have been well
communicated and understood, leading to this enhanced capacity to implement the SECASA
project components.

**Difficulties experienced –Counselling/Advocacy**

Despite these very positive indications that the SECASA staff have the knowledge and skills
to provide the specialised counselling and advocacy intended by the project, 50% indicated
they experienced and/or envisaged problems with the project. There were two key themes
in relation to this; the most common theme being about the time commitment needed to
do this work well, including to develop the skills needed to be an ITP; the second theme was
about the time ‘allowed’ by the system to work with clients.

> It is very time consuming and there is little allowance for the extra requirements involved to
do the work well. (CA survey)

Relating to this was an expressed need for more training, in particular ‘hands on training’
with communication aids.

There was also some expression of concern about the capacity of all staff to continue to do
this work, in particular to be ITPs. One key concern being the possible conflict of interest
between the role of counsellor/advocate and the role of ITP, in particular if the
counsellor/advocate is required to provide both ongoing counselling and ongoing advocacy
as an ITP with the same client. One suggestion was that rather than having all
counsellor/advocates being ITPs and providing counselling to these clients it could be the
role of specific workers. This issue raised questions about the basis of this model; whether it
is a ‘specialist’ program or a program designed to provide universal access with additional
‘accommodations’ or ‘adjustments’ to normal practice, as required by Disability
Discrimination legislation. This question will be discussed in more detail in future reports.

**Benefit for clients**

Findings in relation to this aim are limited as the evaluation methodology did
not include interviews with clients. However the case studies developed by the
SECASA and SMLS staff provide some insights into perceived client benefits and
outcomes. In addition, the survey asked staff to consider what they perceived
would be or was beneficial for their clients. The following graph presents their
responses.
Generally respondents agreed that people with a cognitive impairment will benefit in many ways. All agreed they will have improved legal advocacy, support and improved advocacy in police interviews throughout the legal process.

Improved legal advocacy and support 100%
Improved advocacy in police interviews and throughout the legal process 100%
Access to communication support/advocacy 92%
Having the program promoted widely 92%
Having the program evaluated 88%
The training 83%
Improved and more consistent counselling/advocacy from SECAS 75%
Having a project officer at SECASA 75%
Having a project officer at SMLS 67%
Having counsellor/advocates as ITPs 63%

While the survey found that SECASA counsellor/advocates held a positive view that all components of the project would benefit clients, as noted above there is no data to draw on to determine whether these components had a positive impact for clients. While the evaluation methodology does not currently include this the reference group might need to consider how client feedback could be attained.
3.2 Improving legal advocacy and legal outcomes

The following case study was developed by the SMLS project worker with consent from the client.

Vicky came to SMLS at an evening “drop-in” session * in March 2012. She attended with her carer. Vicky said she has an intellectual disability and lives in a local community residential unit. She wanted advice on an application for an intervention order (IVO) served on her - the applicant was her former boyfriend, Wayne. Wayne raped her during their relationship and as a consequence the Police took out an intervention order on him on her behalf. Vicky made a VARE statement to Police. As Vicky still wanted to see Wayne she kept in contact with him. Wayne applied for an IVO against Vicky. SMLS gave Vicky general legal advice about intervention orders, she was referred to SECASA for counselling and asked to come back on another day with her Court documents for further advice. One week later the client returned to SMLS with her carer. She had all of her IVO Court documents with her. The supervising lawyer of this “drop-in” session identified this client as one who may be referred to the MRR project, as Vicky had an intellectual disability and she had been raped. The lawyer responsible for MRR, then saw this client face-to-face and explained that SMLS would assist her with navigating her intervention order hearing, and that SMLS would be able to advise and assist in relation to application for compensation to VOCAT. Vicky said she did not understand why Wayne could not see her anymore and that she needed to hear from him face-to-face that the relationship was over. Vicky appeared to be confused about the advice that she could not contact Wayne any more nor could he contact her. It became apparent that the parties’ relationship ended when Vicky was raped and Police intervened. Vicky instructed that she was only interested in dealing with the forthcoming intervention order hearing.

SMLS forwarded a memorandum to the duty lawyer at the Court on the day of Vicky’s IVO. The matter was resolved between Vicky and Wayne by way of mutual intervention orders against each other.

In response to a letter confirming earlier advice, Vicky again consulted SMLS in May. She said she would like to speak with a counsellor and she would like to get some compensation from VOCAT. A claim for compensation from VOCAT was lodged late May 2012.

In July 2012 Vicky was informed by Police that Wayne would not be charged with any criminal offence relating to her rape as there was not enough evidence to get a conviction. Vicky telephoned SMLS for advice on what a “conviction” was. Vicky instructed that if Wayne cannot be charged then she hoped she could get some compensation (ie. money).

In the course of obtaining a report from Vicky’s treating psychologist, whom she had been seeing prior to the rape, it was discovered that in addition to her intellectual disability Vicky also suffers from schizophrenia, depression and anxiety.

In August 2012 an application for an interim award for financial assistance was made – to assist Vicky with the costs of regular counselling by her treating psychologist. This application was rejected. A review of the Tribunal’s decision is currently being sought.

* Part of the SMLS service is running “drop-in” sessions where any members of the public may drop into SMLS for legal advice. The client is interviewed by a law student or volunteer. Legal advice is given to the client by the student/volunteer once it has been approved by a supervising lawyer.
This case study reflects well the way the legal advocacy component of the MRR project was designed and how it has been implemented. In particular it highlights that having an MRR project officer at SMLS has raised the awareness of other staff about the project and what it could offer a client with a cognitive impairment and/or communication difficulty. Reinforcing the view of the project officer that being present in the service was important, and being available over a number of days to give immediate advice and support was central to the role. It also reflects the importance of having a consistent worker who could provide ongoing and ‘client driven’ legal advocacy – as Vicky was able to come back to SMLS on a number of occasions and have access to the same lawyer, therefore she did not have to tell her story more than once within the legal service. Also it seems that over time and with a number of contacts Vicky began to understand what her rights and options were. It is clear from this case study that the client saw SMLS as a service she could use to get the information she needed to make informed decisions about her options and also a place where her needs were understood. While the legal system can be complex and confusing, in particular for a person with a cognitive impairment, this case study shows how it can be made accessible.

Other cases however, and the low number of successful outcomes of cases reported in this project highlight that there is still much to be done to untangle the complexity of the legal system for people with a cognitive impairment and/or communication difficulties. Seven matters have been worked on at SMLS with only one case where compensation was awarded. Other data provided by SECASA and referred to earlier indicates there are still significant issues in relation to getting cases through the legal system.

What is a good outcome for these clients? One client got to the court...it was clear to everyone the perpetrator was to be found guilty but was not. The counsellor was told that when the girl was testifying she was giggling – that is how she presents...the jury saw a giggling happy girl...they [and the judge] were not too educated about her condition. (CA focus group)

While this example highlights that legal outcomes are difficult but important to aim for, the quality of the legal advocacy provided to this group of people is another very important outcome of this project and one that requires further analysis.

This was a significant theme raised in the counsellor/advocate focus group. The tension between working towards a legal outcome and working towards a therapeutic outcome,
[The legal sector] want to win [get justice for the client] they see VOCAT as an entitlement. Getting [compensation] is justice [therefore] you have to go for it. However if the Police do not have the criteria for a successful case? (CA focus group)

Counselling is about [giving] them a voice... enable them so they have a voice...their own voice and their own ‘time’ to consider choices. (CA focus group)

Sometimes legal services are not that helpful [to the therapeutic goals] ...how do handle this conflict in a project where the counselling advocacy and the legal advocacy are linked. (CA focus group)

If it is agreed however that what should be achieved in this project, is equal access for people with cognitive impairments and/or people with communication difficulties, to ‘the same supports and services’ as any other victim/survivor of sexual assault who reports to a CASA or a legal service, it is clear that this means they will be accessing a system that has known barriers for all victim survivors of sexual assault. As noted earlier, the MRR project could provide more insight into what the barriers, challenges and enablers are to justice outcomes for those clients using the service.

**Case Study - Ellie**

Twenty year old Ellie disclosed sexual abuse by a carer and the carer’s friend. Following the disclosure, Ellie’s mother assisted her in reporting to SOCIT, and contacted SECASA for counselling support. Ellie has a physical and a mild intellectual disability, and communicates clearly. Ellie lives with her parents.

Ellie attended SECASA for counselling support and advocacy regarding the sexual assault and its impacts. Another counsellor/advocate provided family support.

When Ellie made her statement via VARE, her family asked for SECASA support with this. Although this was not able to be provided on the first occasion, when Ellie added to her statement her counsellor/advocate was able to attend as ITP. The police are continuing their investigation.

A referral to SMLS was made for advice regarding compensation. The family have decided not to pursue at this time due to the anticipated stress of further legal proceedings, however are aware of options and services available.

Ellie and her supporters were also advised that brokerage is available to assist with transport if needed during any future legal proceedings.

Advocacy and support via phone contact is ongoing, although both Ellie and her family have decided that they do not need to attend for ongoing counselling.
A number of aspects of the MRR project are brought out in this case. It reflects how the MRR components were all made available to, or used by Ellie and in particular it reflects how the project assisted a family member who was acting as the advocate for her daughter. The various components of the MRR provided the client and family member with consistency; SECASA was able to provide counselling to both the family and the victim, provide advocacy through the ITP with the police and give information about legal advocacy options via SMLS. However it also reflects the need perhaps for follow up with these cases to provide ongoing information, to check in around the need for ongoing counselling and to provide options for legal advocacy once the individual and family are perhaps more able to consider these options. While the service was provided well and as it is outlined in the MRR aims, there may be a need to consider what more such a service could offer in terms of follow up, in particular during the pilot phase of the project. Such follow up might also provide more important information about the experiences people are having in the legal system and might be one way of talking about the impact of the counselling that was provided.

**Discussion**

This report has aimed to present a picture of the implementation of the MRR project in its first year of operation. Overall, the findings are that this pilot project is being implemented as it was planned and that there have been few if any deviations from the planned aims and implementation processes. It is clear that both SECASA and SMLS are identifying clients who have a CI/CD and are providing the services available through MRR to these clients. These include counselling by counsellors who have more skills and knowledge about this client group and more resources to draw on for their work with them, advocacy by SECASA to address a range of issues, and legal advocacy in particular to access VOCAT. This has led to broader outcomes including a more focussed approach to advocacy when clients have involvement with the police and to some extent courts in particular in those cases where SMLS have attended court with the client. However what is not known yet is what difference this has made to individuals or what impact it has had on the broader but related systems. In particular, it is not known if the presence of the MRR has been felt by the police, the courts and judiciary and if it is known of by people with a CI/CD and those who support them. The following questions will lead the second phase of the evaluation.

- What have been the experiences and outcomes for victim/survivors as a result of the project?
- What can be learned from the legal advocacy and justice outcomes of clients, in particular what more can be learned about the barriers, challenges and enablers for justice from these cases?
How have related services engaged with the project and what outcomes have they experienced?

More broadly however, the implementation of the MRR has come at a time when services and supports for people with a disability are undergoing change through the National Disability Insurance Scheme (DisabilityCare). The question of how mainstream services can be and are accessible to people with a disability is central to the success of this scheme. The MRR project is an example of a model that aims to make mainstream sexual assault and legal services accessible to one particular client group. However as one focus group participant noted, mainstream services have an obligation under the United Nations Convention on the Rights of People with a Disability (UNCRPD) to be accessible to people with a disability, therefore the focus of any service should be universal access, and services have to do whatever is necessary to provide equal access. Phillip French argues however that the UNCRPD should be interpreted to incorporate substantive equality (French, 2007); that services need to be able to provide everything they would provide to the general population, and more to ensure that particular barriers are addressed for particular groups. What this ‘more’ is depends on what has been achieved in terms of universal access and it could be argued the barriers that exist in any particular service area, in this case the barriers that exist to justice for victims of sexual assault with CI/CD. As the research indicates these are many and varied.

A model like MRR is able to provide some of the ‘more’. However, it is likely the implementation of this model will shine the light on what ‘more’ is still needed to reach its aim, “To increase justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties”. The second phase of the evaluation will also explore this question.

Short term results

- 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. (FCLC, 2011)
References