

# Strategic Support

DELIVERED UNDER THE SOCIAL SECTOR  
TRANSFORMATION FUND

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**WEST  
STREET  
CENTRE**

**sefa**

# Literature Scan

A high-level desktop scan of the literature relevant to Wollongong West Street Centre's service model is presented in the following slides.

# Prevalence of Childhood Sexual Assault (CSA) in NSW

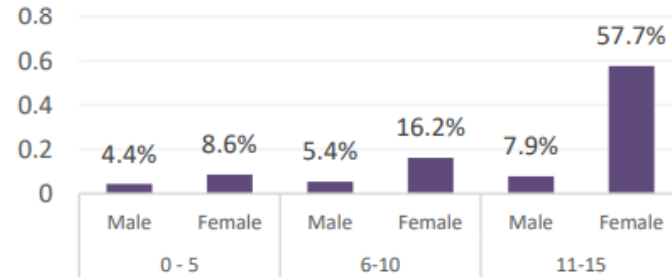
IN 2021, 58% OF SEXUAL ASSAULT REPORTS TO POLICE WERE FOR CHILD VICTIMS.

## CSA in Australia

11% of women and 5% of men in Australia report having been sexually abused before the age of 15 years. In total, the ABS estimates that approximately 1,410,100 people living in Australia experienced sexual abuse before the age of 15. Greater than half of these respondents (58%) report being sexually abused for the first time before the age of 10 years. <ABS 2017> (2)

- ❑ Reporting of CSA is complex and still goes largely unreported.
- ❑ Data available at a local district level does not distinguish between sexual and indecent assault of an adult and offences perpetrated against a child.
- ❑ Sexual assaults recorded by NSW Police are categorized into three types:
  1. Adult victims reported as an adult
  2. Child victims reported as an adult
  3. Child victims reported as a child

## Child victims reported when child, age and gender (1)

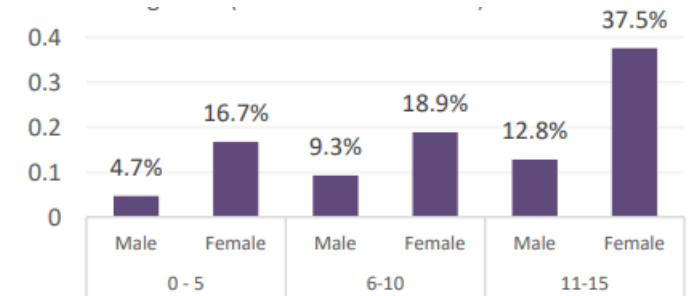


\* Excludes victims with missing age or gender

In 2021, of the **2,771 child victims** of sexual assault, who **reported the incident when a child**;

- 81% were female.
- 64% were aged 11 to 15 at the time of the incident.

## Child victims reported when adult, age and gender (1)



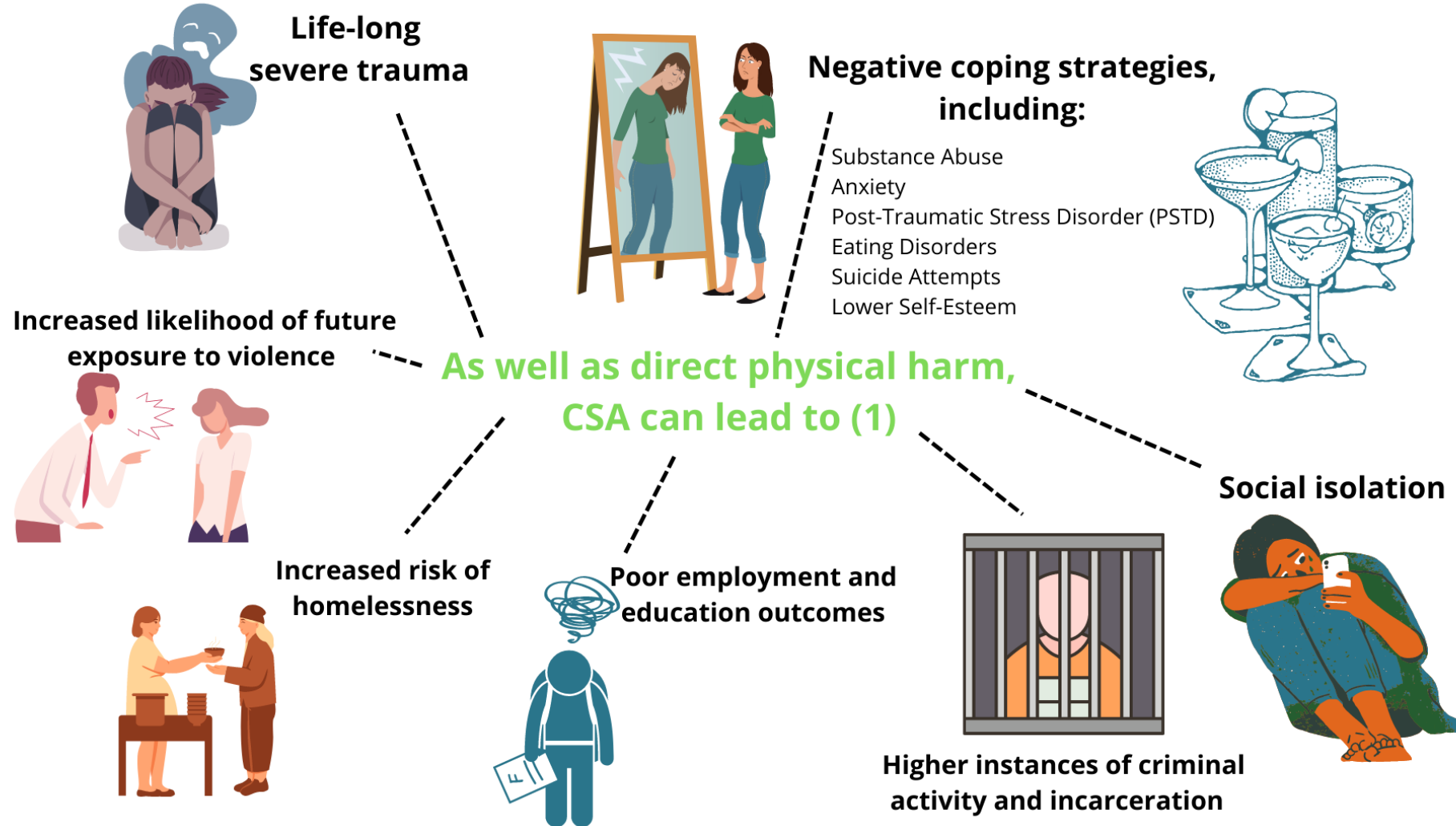
\* Excludes victims with missing age or gender

In 2021, of the **1,651 child victims** of sexual assault, who **reported the incident when adult** (historical child sexual assault reports);

- 72% were female.
- 49% were aged 10 years or under at the incident.
- Females aged 11 to 15 years account for 37% of victims.

# The impact of CSA

THE IMPACTS OF CSA ARE COMPLEX AND LONG LASTING – INCLUDING, BUT NOT LIMITED TO AN INDIVIDUAL'S MENTAL HEALTH AND FUNCTIONING, PHYSICAL HEALTH, BEHAVIOUR, INTERPERSONAL AND SOCIAL SKILLS AND EDUCATIONAL ATTAINMENT.



Teasing out the statistical long-term impacts of CSA is not straightforward. This is due in part to lack of reporting and difficulties estimating the prevalence. (1)

## The Cost of CSA in Australia (2)

It is estimated that in the 2016/17 financial year, **\$793.1 million** could be attributed to the direct health system costs of responding to child sexual abuse, notwithstanding the additional legal costs, child protection and many other costs.

1) <https://aifs.gov.au/cfca/webinars/long-term-effects-child-sexual-abuse>

2) <https://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-cost-violence-against-children-050719.pdf>

# The impact of adverse childhood events on physical health

ADVERSE CHILDHOOD EVENTS (ACES) CAN AFFECT SEVERAL ILLNESSES LATER IN LIFE, WITH TRAUMA OFTEN PASSED DOWN THROUGH GENERATIONS.

ACEs are negative experiences that occur during the first 18 years of life. They can include various events like receiving or witnessing abuse, neglect, accidents or other disasters, war, and more.

- ❑ For children, the stress of experiencing trauma causes very similar changes to those seen in PTSD.
- ❑ Trauma can switch the body's stress response system into high gear for the rest of the child's life.
- ❑ The increased inflammation from the heightened stress responses may cause or trigger autoimmune diseases and other conditions.

Children, teens, and adults who have experienced physical and psychological trauma may also be more likely to adopt unhealthy coping mechanisms such as smoking, substance abuse, overeating, and risky sexual behaviours.

**These behaviors, in addition to a heightened inflammatory response, can put them at a higher risk for developing certain conditions. (1)**

## Intergenerational Trauma (2)

- ❑ People impacted by intergenerational trauma may experience emotional and psychological effects of trauma experienced by previous generations.
- ❑ Being in a "survival mode" headspace is harmful to both physical and mental health in the long term. When our brain learns the adaptive behavior necessary to keep ourselves and our family safe/alive, these adaptations may be passed on to future generations and can be challenging to un-learn.
- ❑ Remaining in "survival mode" can limit one's ability to thrive. Thriving is possible when there is a developed sense and lived experience of safety and security, which people suffering from intergenerational trauma may not have a cellular knowing or foundation for.

1) <https://www.healthline.com/health/chronic-illness/childhood-trauma-connected-chronic-illness#A-closer-look-at-ACEs>

2) <https://www.verywellmind.com/what-is-intergenerational-trauma-5211898>

# Types of CSA services and accessibility

APPROACHABLE STAFF HAS BEEN IDENTIFIED AS A KEY ENABLER TO VICTIMS/SURVIVORS ACCESSING AND ENGAGING WITH SERVICES TO ADDRESS CSA.

## The Royal Commission into Institutional Responses to Child Sexual Abuse (2017)

CSA service pathways was the focus of a research project funded by the Commission. The report identifies how victim/survivors find out about, access and maintain engagement with the most helpful types of services in both the short and long term. It also highlights the barriers to accessing support services.

Data was collected using a survey with victim/survivors and parents/carers (311 in sample), interviews with victim/survivors (7 in sample), and group interviews with providers who deliver therapeutic and non-therapeutic services (36 in sample).

**Table 1 Range of Services Accessed by Victim/Survivors**

	Initial help-seeking	Information, advice, referral	Service use	Most helpful service
Sources	<ul style="list-style-type: none"> <li>parents/relatives</li> <li>friends</li> <li>doctors/medical professionals</li> </ul>	<ul style="list-style-type: none"> <li>doctors/medical professionals</li> <li>individual counselling</li> <li>friends</li> <li>sexual assault services</li> <li>self</li> </ul>	<ul style="list-style-type: none"> <li>counselling</li> <li>police</li> <li>doctors/medical professionals</li> <li>mental health services</li> <li>lawyers</li> </ul>	<ul style="list-style-type: none"> <li>individual counselling</li> </ul>
		<ul style="list-style-type: none"> <li>lawyers</li> <li>peer support</li> <li>advocacy</li> <li>the police</li> </ul>	<ul style="list-style-type: none"> <li>sexual assault services</li> <li>alternative/complementary service</li> </ul>	<ul style="list-style-type: none"> <li>sexual assault service</li> </ul>
			<ul style="list-style-type: none"> <li>peer support</li> <li>advocacy</li> <li>anger management</li> <li>disability</li> <li>alcohol and other drugs</li> <li>parenting</li> </ul>	<ul style="list-style-type: none"> <li>mental health service</li> <li>alternative</li> </ul>

**Table 2 Key Factors in Accessing and Engaging with a Service**

	Female	Male
Approachable staff	33.6%	Approachable staff 28.9%
Readiness	26%	Availability of service 27.8%
Availability of service	24.7%	Readiness 25.8%
Location, appointment availability	24%	No personal barriers 23.7%

## Key Project Findings

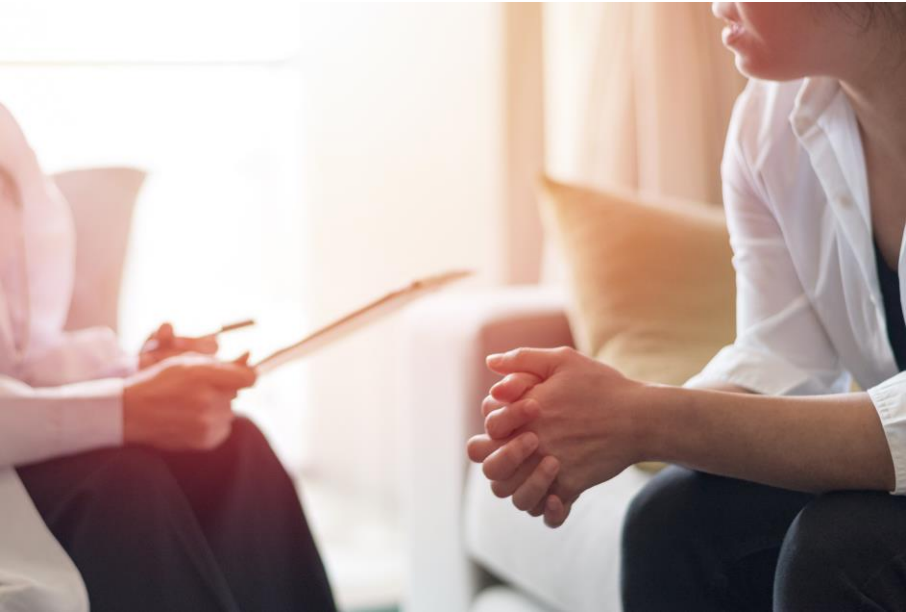
- Victim/survivors access a range of key services at different help-seeking points** (table 1), with individual counselling, sexual assault services and mental health services viewed as the most helpful.
- Three key factors were identified that positively or negatively influenced pathways to services** (table 2)
  - approachability/supportiveness of service staff
  - personal readiness
  - the availability of support services
- Pathways to support and support-seeking may not be the same thing.** The research revealed that help-seeking is often:
  - delayed or deferred
  - experienced as a form of risk taking
  - precipitated by a crisis or external triggers
  - intermittent and over the life course – needing and seeking support was cyclic rather than linear with a final resolution.

# Best practices in service delivery

NOT ALL VICTIMS/SURVIVORS OF SEXUAL ABUSE WILL BENEFIT FROM THE SAME THERAPEUTIC INTERVENTION. RESEARCH SHOWS THE IMPORTANCE OF INVOLVING THE CLIENT IN TREATMENT CHOICES.

## Key criteria that a specialist CSA service should meet (1)

- Have a sound understanding of child sexual abuse.
- Be transparent about the conceptual framework on which the interventions are based.
- Demonstrate the specific effects of trauma targeted by the service.
- Demonstrate how the intervention addresses the context of sexual abuse.
- Demonstrate the effectiveness of services / specific programs.
- Engage highly skilled, specialist practitioners who have access to, and are encouraged to engage in continuing professional development.
- Respond to the immediate needs of child sexual abuse survivors
- Be supported to provide longer-term therapeutic interventions for adult survivors.
- Demonstrate cultural competency in understanding the impacts of CSA for First Nations and Culturally and Linguistically Diverse survivors.



***Trauma-focused Cognitive Behavioural Therapy (TF – CBT) has the most evidence in terms of approach to address CSA. However, there are a range of approaches which can be used in both group and individual settings. (3)***

## 5 Threads of Good Trauma Therapy (2)

- 1. Presence** – defined as getting into the here-and-now experience of body, affect, and thought
- 2. Dual attention** – holding the trauma in mind (exposure), while maintaining focus in the current time and place
- 3. Affect (emotion) while in relationship** – it's not that the affect is discharged, though it might be. It's that it's felt and not avoided, then witnessed and survived, then transformed into a memory and no longer a developmental catastrophe.
- 4. Relationship with self and other** – clients gain tolerance and acceptance of their own affect and history and the capacity for relating to others.
- 5. Making meaning of the traumatic events** – often accompanied by anger, then grief, then great relief.

1. <https://aifs.gov.au/cfca/2013/08/26/child-sexual-abuse-summary-of-adult-survivors-therapeutic-needs>  
2. <https://www.childabuseroyalcommission.gov.au/sites/default/files/IND.0521.001.0001.pdf>  
3. <https://edmontonpsychologist.com/treatments-available-childhood-sexual-abuse-compare/>

# Effective service delivery approaches

TF-CBT TRIALS HAVE SHOWN A 56% REDUCTION IN TRAUMA SYMPTOMS FROM GROUP THERAPY.

## Four Key Elements to Effective CSA Service Delivery (1)

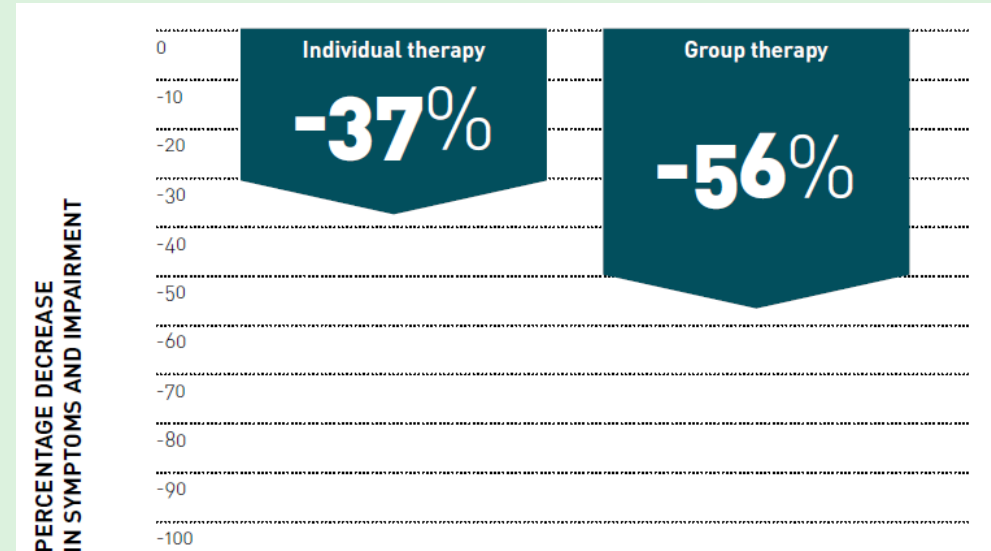
1. Children are meaningfully and ethically involved directly in multi-sector efforts from the community level upwards in mapping needs and the availability of services. Direct inclusive and ethical consultation with young people can improve service delivery and this is a clear area of priority for child sexual abuse and exploitation;
2. Formal services build on the strengths and gaps in existing child protection mechanisms to prevent, identify, report and respond to sexual abuse and exploitation in specific communities;
3. Help is accessible and appropriate to the needs of younger and older girls and boys;
4. Delivery is guided by the principles of trauma informed care.

*Multi-component and multi-agency services, such as well resourced 'one stop shop' style services with effective coordination and links with other services are likely to be more effective.*

<UNICEF 2020>

Trauma-focused Cognitive Behavioural Therapy (TF-CBT) for individuals and groups is effective in reducing trauma symptoms and long-term negative psychological and emotional outcomes in children and adolescents who have experienced violence.

## Reductions in trauma symptoms across TF-CBT trials (2)

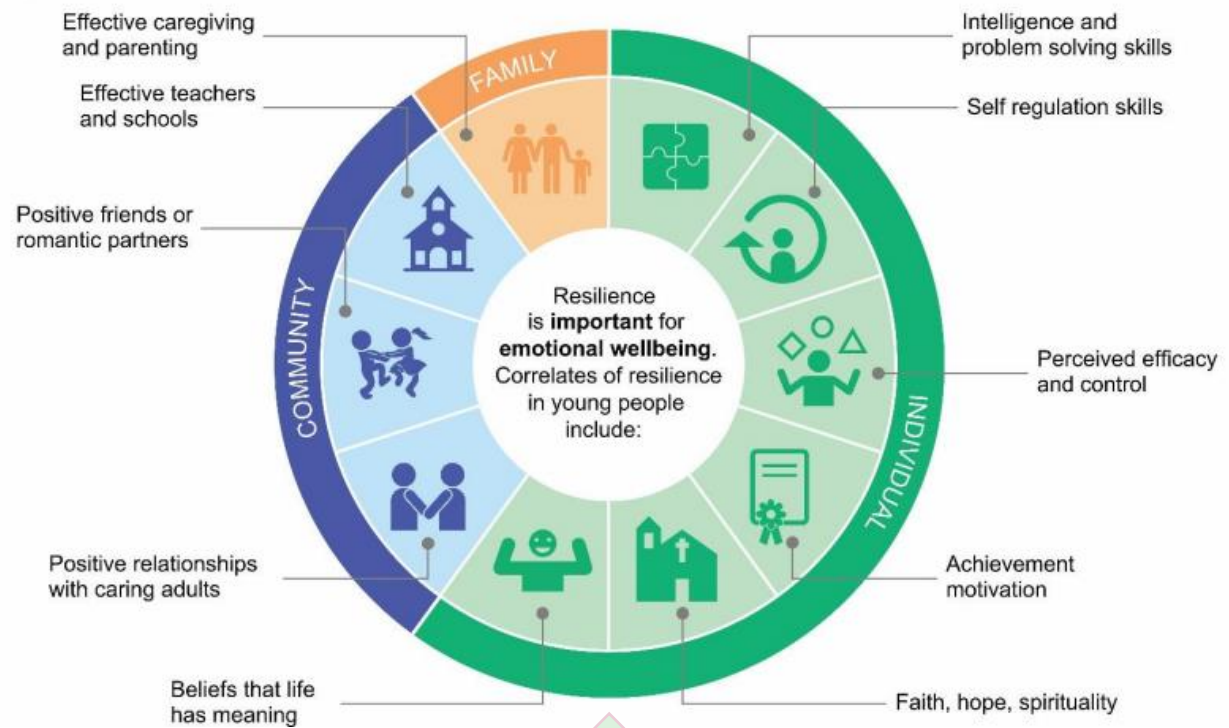




# Improving quality of life through wellbeing and resilience

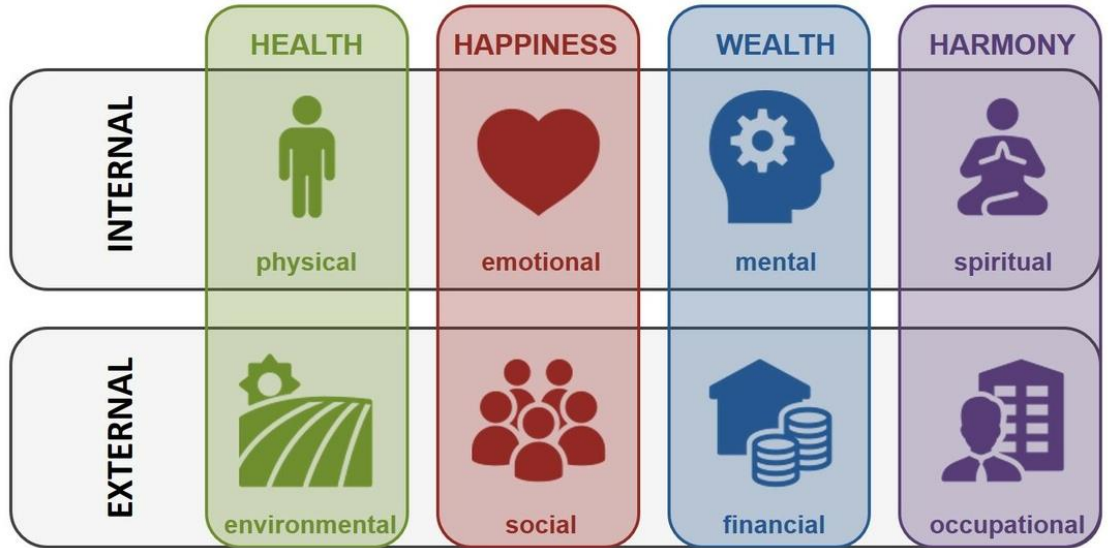
OPTIMAL WELLBEING IS DIRECTLY RELATED TO RESILIENCE AND INCREASING BOTH CAN OFFER INDIVIDUALS THE OPPORTUNITY TO IMPROVE THEIR LIFE, MAXIMIZING THEIR POTENTIAL AND SUCCESS.

## Resilience Building Approach (1)



Evidence on interventions to improve mental wellbeing and resilience in children and young people shows that interventions should be aimed at young people's whole environment, including familial, social and physical factors rather than solely at the young person themselves.

Wellbeing is a combination of eight key dimensions. Positive wellbeing results in high satisfaction with life, a sense of meaning or purpose and the ability to manage stress.



## 8 Dimensions of Wellbeing (2)

1) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)  
 2) <https://www.martinpetkov.com/your-opportunity/the-eight-dimensions-of-wellness>

# The importance of social connection and belonging in trauma healing

SOCIAL SUPPORT PLAYS A CRITICAL ROLE IN HEALING FROM SEXUAL VIOLENCE. RESEARCH SHOWS SOCIAL SUPPORT CAN INFLUENCE SURVIVORS BY HELPING THEM TO DEVELOP POSITIVE COPING SKILLS, THEREBY MITIGATING NEGATIVE EFFECTS OF THE TRAUMA (1)

Survivors of sexual violence commonly experience an array of trauma effects such as guilt, shame, and self-abusive behaviors.

Many times, survivors feel very isolated after such an experience, which creates feelings of “differentness” from others and perpetuates the perception that something is “wrong” with them.

Chew 1998 (1)



## Community and Healing from Trauma (2)

Connection to community has been identified as a protective factor in the experience of trauma. Compared with individually-oriented interventions, efforts that build on community connectedness have the potential to be more effective and sustainable in reducing the impact of trauma on individuals, families and societies.

The mechanisms through which community connectedness operates include:

- accountability
- community norming
- belonging and identity

1. <https://www.nsvrc.org/sites/default/files/2014-01/the-power-of-social-connection.pdf>  
2. [https://www.researchgate.net/publication/290210427\\_Key\\_roles\\_of\\_community\\_connectedness\\_in\\_healing\\_from\\_trauma](https://www.researchgate.net/publication/290210427_Key_roles_of_community_connectedness_in_healing_from_trauma)

# Theory of Change

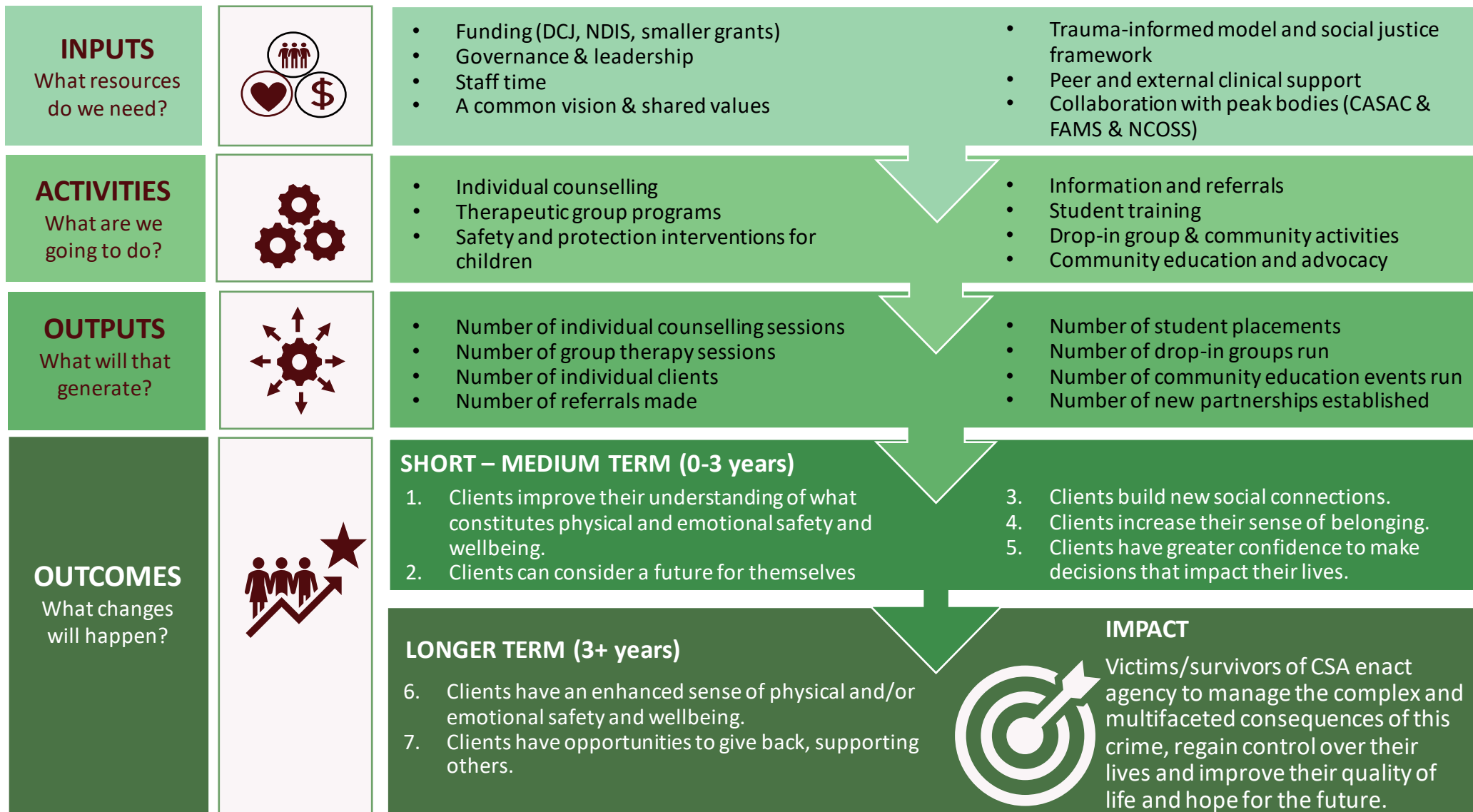
A Theory of Change is a simple logic model that helps you tell your story as to why you exist as an organisation and what impact you strive to deliver from your day-to-day activities / services / programs.

# Theory of Change – Wollongong West Street Centre

**HYPOTHESIS:** By providing holistic, compassionate and accessible information and support to women and children who have experienced childhood sexual violence/assault (CSA), Wollongong West Street Centre offers a trauma-informed and specialist service to victims/survivors which will assist in their healing.

## PROBLEM STATEMENT:

Gender-based violence and the impact of childhood sexual assault occurs in a social and structural context. Society's inadequate response compounds the trauma for victims/survivors. Children, young people and adult survivors are falling through the cracks, there being a lack of appropriate services and supports to meet their complex needs.

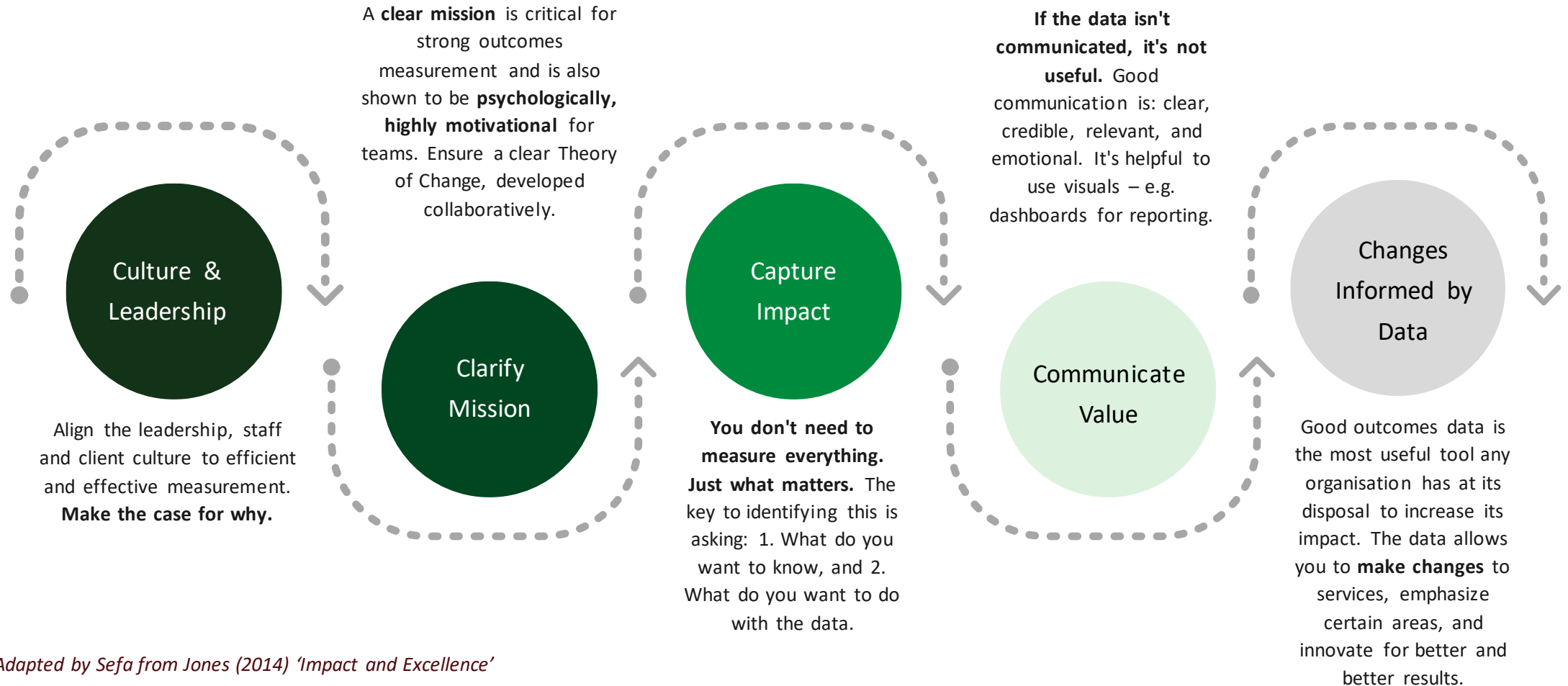


# Outcomes Measurement Framework

An outcome identifies a tangible difference you have made in your clients' lives. It is different to an output which is usually an activity measure directly resulting from services or activities delivered. Reporting on outcomes is becoming increasingly important to attract government and philanthropic funding.

# The 5 C's of effective measurement

AN OUTCOMES MEASUREMENT FRAMEWORK IS ONLY USEFUL IF IT IS ACCEPTED AND USED



Adapted by Sefa from Jones (2014) 'Impact and Excellence'

# Outcomes Measurement Framework

THIS OUTCOMES MEASUREMENT IS FOR ADULTS ONLY – A VARIATION WILL NEED TO BE DEVELOPED FOR CHILDREN/YOUNG PEOPLE.

Outcome (as per Theory of Change)	Suggested measures	Timeframe / method
<p><b>1. Clients improve their understanding of what constitutes physical and emotional safety and wellbeing</b></p>	<p><b>1.1 Please indicate how much each of the following statements apply to you over the last month. How true is this statement about you? &lt;drawn from Distress Regulation Subscale, from Disaster Adaptation and Resilience Scale&gt;</b></p> <p>0 (Not true at all) – 1 (Rarely true) – 2 (Sometimes true) – 3 (Often true) – 4 (True nearly all of the time)</p> <ul style="list-style-type: none"> <li>• When I feel upset, I pay attention to my feelings.</li> <li>• I am able to manage sad feelings.</li> <li>• To decrease upsetting thoughts, I change the way I am thinking about the situation.</li> <li>• I am able to manage angry feelings.</li> <li>• I pay attention to bodily sensations of stress (e.g. heart pounding, fast breathing, sweating)</li> <li>• If I have flashbacks or upsetting memories, I change my attention to the present moment</li> <li>• When I feel stressed, I do something to help me relax or feel less stressed</li> </ul> <p><b>1.2 How satisfied are you with how safe you feel? &lt;drawn from Personal Wellbeing Index – Personal Safety Item&gt;</b></p> <p>0 (Totally dissatisfied) – 1 – 2 – 3 – 4 -5 – 6 – 7 – 8 – 9 - 10 (Totally satisfied)</p> <p><b>1.3 During the past month, how would you rate your sleep quality overall? &lt;drawn from HILDA&gt;</b></p> <ul style="list-style-type: none"> <li>• Very good</li> <li>• Fairly good</li> <li>• Fairly bad</li> <li>• Very bad</li> </ul>	<p>Intake baseline assessment and then asked every 6-12 months as part of therapy to assess progress.</p>

# Outcomes Measurement Framework

THIS OUTCOMES MEASUREMENT IS FOR ADULTS ONLY – A VARIATION WILL NEED TO BE DEVELOPED FOR CHILDREN/YOUNG PEOPLE.

Outcome (as per Theory of Change)	Suggested measures	Timeframe / method
<b>2. Clients can consider a future for themselves</b>	<b>2.1 Which statement best describes how you feel about your future?</b> <ul style="list-style-type: none"><li><i>I feel positive about my future. I have things I want to do.</i></li><li><i>I think about my future and what it might look like.</i></li><li><i>I am starting to think about the future but don't know what it looks like yet.</i></li><li><i>I don't think about the future.</i></li></ul>	Intake baseline assessment and then asked <b>every 12 months</b> as part of therapy to assess progress.
<b>3. Clients build new social connections</b>	<b>How many people do you feel you can turn to for support? &lt;adapted from the Duke Social Support Index 10 item&gt;</b> <ul style="list-style-type: none"><li><i>None</i></li><li><i>1</i></li><li><i>2</i></li><li><i>3</i></li><li><i>4 or more</i></li></ul>	Intake baseline assessment and then asked <b>every 12 months</b> as part of therapy to assess progress.



# Outcomes Measurement Framework

THIS OUTCOMES MEASUREMENT IS FOR ADULTS ONLY – A VARIATION WILL NEED TO BE DEVELOPED FOR CHILDREN/YOUNG PEOPLE.

Outcome (as per Theory of Change)	Suggested measures	Timeframe / method
<p><b>4. Clients increase their sense of belonging.</b></p>	<p><i><b>I feel as though people in my life understand me.</b></i>            (1) Never - (2) Rarely - (3) Sometimes - (4) Often - (5) Always</p> <p><i><b>I feel as though people in my life welcome and respect me.</b></i>            (1) Never - (2) Rarely - (3) Sometimes - (4) Often - (5) Always</p>	<p>Intake baseline assessment and then asked every <b>12-24 months</b> as part of therapy to assess progress.</p>
<p><b>5. Clients have greater confidence to make decisions that impact their lives.</b></p>	<p><i><b>How often do you feel you can make decisions that impact your life?</b></i>            (1) Never - (2) Rarely - (3) Sometimes - (4) Often - (5) Always</p>	<p>Intake baseline assessment and then asked <b>every 12 - 24 months</b> as part of therapy to assess progress.</p>
<p><b>6. Clients have an enhanced sense of physical and/or emotional safety and wellbeing.</b></p>	<p><i><b>Practitioner assessment of client physical / emotional safety and wellbeing.</b></i>  <i>We suggest using the short- and medium-term measures collected in outcomes 1-5 as the basis for the assessment. The practitioner then would add any additional relevant information to capture the nuances and complexities of the client's healing journey. The assessment could be structured as open-ended questions that, worded differently, may already be part of the practitioner's notes. The goal is to allow the practitioner to reflect on the data collected and to add information that's relevant to understand the client's healing journey. This data could just be collected for a sample of clients. Some examples of questions to prompt the data collection for this outcome are:</i></p> <ul style="list-style-type: none"> <li>• <i>Based on the data collected for the client (outcomes 1-5 and practitioner notes), in your view, do they show signs of having an increased sense of physical and/or emotional safety and wellbeing?</i></li> <li>• <i>What factors have contributed to the client's emotional safety/and wellbeing?</i></li> <li>• <i>How could your services help improve/maintain their healing journey?</i></li> </ul>	<p>Intake baseline assessment and then filled out <b>mid-point and/or at the end of</b> therapy.</p>

# Outcomes Measurement Framework

THIS OUTCOMES MEASUREMENT IS FOR ADULTS ONLY – A VARIATION WILL NEED TO BE DEVELOPED FOR CHILDREN/YOUNG PEOPLE.

Outcome (as per Theory of Change)	Suggested measures	Timeframe / method
<p><b>7. Clients have opportunities to give back, supporting others.</b></p>	<p><b>7.1 To what extent do you agree with the following statements:</b>            (1) <i>Strongly disagree</i> – (2) <i>Disagree</i> – (3) <i>Neither agree or disagree</i> – (4) <i>Agree</i> – (5) <i>Strongly agree</i></p> <ul style="list-style-type: none"> <li>• <i>I feel comfortable and included in the West Street Centre community</i></li> <li>• <i>I feel ready to connect with others and participate in the broader community</i></li> </ul> <p><b>7.2 Which of the following services or supports accessed at WWSC do you feel have helped you the most in terms of community participation or giving back to others.</b></p> <ul style="list-style-type: none"> <li>• <i>1-1 counselling</i></li> <li>• <i>Connections with other staff at WWSC</i></li> <li>• <i>Catch up group</i></li> <li>• <i>Social outings</i></li> <li>• <i>Therapeutic groups</i></li> <li>• <i>Information and referral services by WWSC</i></li> <li>• <i>Education workshops</i></li> <li>• <i>Advocacy and community work WWSC is doing</i></li> <li>• <i>Court preparation support</i></li> <li>• <i>Conversations with other WWSC clients</i></li> <li>• <i>Other _____</i></li> <li>• <i>Not applicable</i></li> </ul>	<p>Longer term question – use with discretion, after sufficient time with WWSC.</p>

# Case Studies

As part of this work, we interviewed six clients of the West Street Centre to hear about their experience using the services offered by the Centre. Names have been changed for privacy reasons.

# Common themes across interviews

## HIGH-LEVEL SUMMARY OF KEY THEMES FROM THE SIX INTERVIEWS CONDUCTED

- **Before coming to the West Street Centre:** life was challenging for all interviewees, due to mental health issues, incidents of self-harming or suicidal attempts. Families caring for children struggled to find a service that met their care needs.
- **Services accessed:** 1-1 counselling was praised as “life changing” for all clients. Clients appreciated referrals to other services and the access to Ozharvest.
- **Outcomes referenced:**
  - Greater understanding of self (physical and emotional needs) and approaches to management and self care
  - Building trust and confidence
  - Feeling supported as a client, as a person, and as a member of the WWSC community
  - Building of community and sense of belonging
  - Feeling supported to think of a positive future
- **Recommendations made to improve the service:**
  - Expand the eligibility typology to include more CSA victims/survivors
  - Improve the WWSC website to increase visibility of the difference in the centre’s approach versus more ‘clinical’ settings (“the West Street Way”)
  - Consider maintaining educational workshops for adult survivors
  - Explore screening client base for future volunteers – those with an interest, who have made enough progress in their healing etc.



# Rebuilding Amy's health and confidence

Amy\* was referred to Wollongong West Street Centre (WWSC) by another counselling provider given their specialist focus in the area of childhood sexual assault/violence (CSA). Prior to coming to WWSC for the first time, she had been admitted to hospital for self-harm.

When she arrived at WWSC, Amy instantly felt safe.

“There was an instant feeling of trust. It finally felt like I had an outlet, somewhere to deal with everything I’ve been feeling over so many years,” she recalls.

For Amy, access to individual, weekly – and now fortnightly – counselling sessions at WWSC have been life-changing.

“WWCS has been a key support to my mental health. I’ve also finally taken control of my physical health and enrolled in TAFE to get a qualification to start full-time work. I also now know how to access support from Centrelink – something I’d never done before. I’ve finally reached out for help, and I am confident that I will be able to stand on my own two feet in the next 12 months.”

Amy’s daughter has just started childcare – a huge step forward.

“I would have held onto her closely to make sure she was safe, but now I have confidence that she’s ok. That’s something I just wouldn’t have been able to do before.”



# Developing the right skills to support Isaac

Sarah\* came to Wollongong West Street Centre (WWSC) for help dealing with certain events that happened to her son, Isaac\*. Sarah and her husband needed specialised support to learn how to manage Isaac's concerning behaviours, whilst avoiding feelings of shame and impacting the way their son felt about himself.

Fortnightly counselling sessions through WWSC have made a positive impact for the whole family.

“I want to be a good parent, but I don't always have the skills needed at the time – I'm not a psychologist or a counsellor, so I don't always have the answers,” Sarah says. “But since accessing WWSC's services, it's felt great to know I have found the right support for my child... It was for all of us (the whole family) in a way – for us to develop the skills to support Isaac.”

Sarah attributes WWSC's support to Isaac's improved communication and behaviour. “Isaac is a lot more confident in talking to us about difficult things. We now have confidence he's not lying because of that fear of getting in trouble. It's opened up our family's communication in a really positive way. He is now also more aware of his behaviour and how that affects people around him.”

For Sarah and her family, WWSC has been transformative. “They made a really difficult and horrible situation ok – they really helped us when we really needed it.”



# A safe space to regain confidence

Jocelyn's\* daughter, Samantha\*, had experienced adverse events earlier in her childhood that have affected her ever since. Prior to coming to the Wollongong West Street Centre (WWSC), they were accessing counselling from another service provider. But Jocelyn wasn't satisfied with the support she and her daughter were receiving. She often felt excluded and cut off from Samantha's healing journey.

Jocelyn says their experience at WWSC has been "like chalk and cheese" compared to their previous service provider, which was very regimented and cold.

"At WWSC, it's like home when you walk in. It's made such a difference to us because it provides a friendly, open, safe place you can go to when you need support," Jocelyn explains.

Since coming to WWSC, Samantha's communication and behaviour have changed dramatically.

"The counsellor has been able to bring Samantha out of her shell. She can now come to me with things that she wouldn't have been able to before and that's brought us closer together."

Jocelyn also had positive feedback from her daughter's school, where Samantha recently took part in a public speaking activity – something she never would have done before. Another parent also recently shared with Jocelyn how Samantha stood up for her daughter at school in front of a bully.

"I just don't think Samantha would have been mentally capable of doing that before," Jocelyn notes.

She is also grateful for the personal support she's received and the changes she's noticed in herself since coming to WWSC.

"Having a child that has gone through something like that, it's really hard to know what you can do to help. You make all the appointments, go to the police, fill out all the reports, but then you are just left on your own. You don't know if it's ok to say things, ask questions, and how to best support your child. Knowing I can pick up the phone any time and speak to the counsellor and know she's going to be there for me – for example if something's happened and I think Samantha has been triggered – that's made a world of difference."



# When giving back is part of the healing journey

## Lisa is using her lived experience to help others

Lisa\* found everything challenging, before coming to Wollongong West Street Centre (WWSC) more than 20 years ago.

“I felt like a total alien, like everything was wrong with me and I didn’t belong,” she remembers. “It was horrible. I attempted suicide quite a few times.”

But through its individual counselling sessions and drop-in groups, WWSC helped Lisa turn her life around. Her long and trusting relationship with WWSC even prompted Lisa to volunteer as a facilitator for drop-in groups.

“The centre has been so great. It made me realise that I am a person, I have some value. I was so lost in my life before and now I’ve got a purpose. I manage to work, I stopped being an alien, and I fit in. So, I’d like to give back and support other people to find that.”

## Helping women connect through drop-in groups

Rooted in evidence and driven by safety and inclusivity, drop-in groups help WWSC clients transition to a third wave of healing – where social connections are vital to client recovery.

“A lot of the women don’t socialise anywhere so, the group for them is their social life. And it’s somewhere safe they are accepted.”

The drop-in groups thrive on collaboration – they’re informed by the facilitator’s debriefs with WWSC staff post-session, ensuring that they remain safe spaces in which to talk. Lisa believes WWSC’s focus on acceptance, kindness and collaboration in their programs is what makes them so different.

“The staff make it feel like home. It’s a very welcoming and engaging place to be. After your appointment you can just hang out and have a cup of tea. It’s nice to be able to get your feet back under you before facing the world again.”

## Giving back through understanding

Lisa completed her in-house counselling training at WWSC to develop her trauma-informed skills.

As a volunteer facilitator, Lisa leverages this training, resourcefulness and caring nature to carefully manage sessions – ensuring group participants stay within a safe emotional threshold.

Holding that ‘safe space’ can be challenging as it requires a careful balance between being supportive, encouraging openness and sharing without being intrusive. This is a critical skill Lisa has cultivated because of her understanding of the unique challenges of drop-in groups.

“You don’t know who’s there, what’s going to happen, what the mood will be – it can be very daunting,” Lisa explains. “But spending time with the ladies, watching them grow as people over the years has been wonderful.”

Her lived experience and relationship with WWSC gives her a unique perspective of the centre’s potential. She acknowledges that the need for its approach is rife.

“Places like WWSC need more support to help the men, women and children who have been injured by someone else and need a little help to heal and get back to their life.”

Volunteering at the centre has been instrumental in Lisa’s healing. She has built up such confidence that she is planning to relocate to the country, and she’d love to get involved with a local organisation to replicate the ‘West Street way’ – outside of the safety of WWSC’s environment.





# Empowering women to heal

Susan\* blamed herself for being sexually molested, struggling for years to feel like she belonged.

*“I didn’t have healthy-minded people to give me proper support. I didn’t know what type of counselling I needed,”* Susan shares.

Thankfully, word of mouth brought Susan to Wollongong West Street Centre (WWSC) back in 2011. With every interaction at WWSC, her world shifted slightly.

*“West Street gives you safety, compassion, empathy, kindness, trust,”* she says. *“I’ve been treated with respect – when you don’t know what that looks like for long, it’s hard to accept it. But people at West Street make you feel that you deserve it.”*

WWSC services, such as long-term counselling, have helped Susan heal over the past decade.

*“I used to go through life angry, wild, cranky, and fighting. My goal in counselling was ‘stop going to war,’”* she explains.

## **Building self-reflection and social connection**

Susan has also attended the centre’s educational workshops to better understand her thinking and behaviours. They have taught Susan how to recognise her triggers, what to do when she’s not within her window of tolerance, and how to calm down when she knows she has escalated. And she’s shared these learnings with her family too.

*“When you have family support and they come in, it really helps them understand why we all have little ‘works and quirks’. It’s not personal when we get angry – it’s about locked-in stress, or a lack of grounding,”* Susan says.

The drop-in groups at the centre have also played an important part in her story.

*“The groups are incredible. I had nowhere to go, no way to socialise or have safe contact. So, they are vitally important.”*

Through WWSC, Susan has also taken cooking lessons, participated in family events, used referral services like the NDIS – and has been particularly grateful for food relief support.

## **Healing through creativity**

Susan is still healing, but she’s proud of her wins so far.

She surprised herself with her own creativity at an art exhibition celebrating WWSC’s 30<sup>th</sup> anniversary, where she submitted a piece of work.

*“I went from a blank page to this incredible piece – I had never seen my mind so creative.”*

Later, Susan was chatting to someone about the event, who mentioned her piece, calling it breathtaking.

*“I said, ‘Pleased to meet you, I’m the artist,’”* Susan beams. *“I’ve never used that word to describe myself before.”*

*“This place empowers you.”*



# Immersive learning through student placement

## Immersive learning through student placement

When Lucy\* learned she would be doing her student placement at Wollongong West Street Centre (WWSC), she was unsure what to expect.

Through assisting the volunteers and counsellors running support groups, she witnessed the centre's welcoming and nurturing spirit.

"When you arrive, they check you in with a tea or a coffee, with the candles going. You do counselling sessions in a space that's warm, rather than clinical. And you can get some food from OzHarvest on your way out."

## A rich learning experience

Lucy also saw first-hand the power of drop-in groups for participants.

"For many, it's the only time they engage with others. I've worked with a lot of clients who say, 'I don't know what I would do without West Street' and 'I'm so glad I found that place'. It's a special place for so many people."

It's the centre's approach to support that Lucy finds truly unique. "I've spent hours in the centre's garden, watching how West Street staff weave counselling into gardening. We don't have to look at each other, we can just talk, there's no pressure, and it's not intimidating."

While she credits much of her learning at West Street to staff guidance and support, Lucy is also grateful for what she learned from the clients themselves.

"One day a client with dissociative identity disorder decided to open up to me at the centre. She explained to me through drawing how the separate identities exist inside her and the system she uses to engage with them. I learned so much in those 2.5 hours."

## Reducing isolation during lockdowns

When COVID restrictions came into effect, Lucy switched to research to help WWSC provide trauma-informed counselling online. This was challenging, as many clients are uncomfortable being in front of a camera or did not have a safe space for counselling sessions.

As expected, many clients disengaged from the centre, so Lucy had an idea: to create a YouTube channel. With the help of counsellors, Lucy developed content that included comedic relief from Kath and Kim sketches, nurturing guidance on making chicken soup, and a virtual walk through the West Street Garden.

"It got people reengaged and helped them feel less isolated – gave them a familiar face. For so many people, this centre is the only space where they feel safe. Seeing counsellors Carol and Helene on the screen helped them reconnect and know we were still there for them."

Lucy's message for future student placements at West Street is both foretelling and confident: "your life is about to change." She is convinced the relationships she built at West Street gave her a new lens to understand the importance and complexities of the work the centre does every day.

"West Street has a very special place in my heart."



*\*Name changed for privacy reasons.*

# Appendix

Includes reference to validated measurement tools / instruments that could be used in outcomes measurement.

# Personal Wellbeing Index

MEASURES SATISFACTION ACROSS FIVE CORE QUALITY OF LIFE DOMAINS.

## The 5-Item PWI

*The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.*

1. Your standard of living?
2. Your health?
3. What you are achieving in life?
4. Your personal relationships?
5. How safe you feel?

No satisfaction at all												Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Other instruments

Measuring	Instruments include
PTSD	<ul style="list-style-type: none"> <li>- Impact of Events Scale (IES)</li> <li>- Clinical Administered PTSD Scale (CAPS)</li> <li>- Modified PTSD Symptom Self-Report Scale (MPSS)</li> <li>- Depression, Anxiety and Stress Scales (DASS-21) – Stress Subscale</li> </ul>
Depression	<ul style="list-style-type: none"> <li>- Beck Depression Inventory (BDI)</li> <li>- Hamilton Rating Scale for Depression (HRSD)</li> <li>- Kessler 10 – Depressive Symptoms Subscale</li> <li>- Depression, Anxiety and Stress Scales (DASS-21) – Depression Subscale</li> </ul>
Anxiety	<ul style="list-style-type: none"> <li>- State-Trait Anxiety Inventory (STAI)</li> <li>- Hamilton Anxiety Scale (HAS)</li> <li>- Beck Anxiety Inventory (BAI)</li> <li>- Kessler 10 – Anxious Symptoms Subscale</li> <li>- Depression, Anxiety and Stress Scales (DASS-21) – Anxiety Subscale</li> </ul>
Mental health functioning / distress	<ul style="list-style-type: none"> <li>- Global Severity Index (GSI) which is designed to help quantify a patient's severity-of-illness and provides a single composite score for measuring the outcome of a treatment program based on reducing symptom severity.</li> <li>- Positive Symptom Distress Index of the SCL-90-R or the BASIS-32 (Behavior And Symptom Identification Scale); both of which are established, continuous measures.</li> </ul>
Self-harming behaviours	<ul style="list-style-type: none"> <li>- Deliberate Self-Harm Inventory (DSHI)</li> <li>- Self-Injury Questionnaire (SIQ)</li> </ul>
Disordered eating	<ul style="list-style-type: none"> <li>- Eating Attitudes Test (EAT-26)</li> <li>- Eating Disorder Diagnostic Scale (EDDS)</li> </ul>
Dissociation	<ul style="list-style-type: none"> <li>- Dissociative Experiences Scale (DES)</li> <li>- Questionnaire on Experiences of Dissociation (QED)</li> <li>- Clinician-Administered Dissociative States Scale (CADSS)</li> <li>- Dissociative Processes Scale (DPS)</li> </ul>
Social Support & Self-Esteem	<ul style="list-style-type: none"> <li>- Interpersonal Support Evaluation List (ISEL)</li> </ul>

