

**Male counsellors and feminist practice in New South
Wales sexual assault services: Perspectives of female
counsellors and service users**

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Statement of originality

I hereby certify that the work embodied in the thesis is my own work, conducted under normal supervision. The thesis contains no material which has been accepted, or is being examined, for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968 and any approved embargo.

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June 2020

Dedication

I dedicate this thesis to all survivors of sexual harm. I hope it makes a positive difference to their therapeutic journey and brings subsequent benefits to their lives. I dedicate this also to the professionals and managers within the health sector. I hope this thesis gives adequate pause for hearing women's voices and reflections and allows for considered thought to the best service responses we can provide. I hope they have the courage to listen to the real experts and to be fully trauma informed with actions and not just words. In the end, our goals are the same – to respect the dignity of each other and work together to make our services, and our world, a better place for us all to live in.

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Thank you, too, to my children for their patience and tolerance of me, while I hid away in my study or was distracted from their conversations with my mind immersed in thesis mode. I hope, though, I have shown you a love of ongoing learning, and what hard work and persistence can achieve. I look forward to being with you wholeheartedly and with my fullest attention from now on.

My deepest thanks to my husband who has given me the space and support to contemplate this journey and the determination to keep on going. Your support has been invaluable.

Most importantly, I thank you to all the women who participated in this research. I thank you so much for your interest and desire to make a positive change. Thank you to the counsellors for their passion in working in this field and the time they gave to me from their busy workloads.

To the service users, I thank you so much for your courage and your trust in me. It is a privilege to communicate the wisdom you own, and I hope that I have honoured this to your satisfaction.

Preface

I am proud to call myself a feminist. I carry this into my professional role as a social worker and my personal roles as a wife, friend, sister, daughter and, most importantly, mother. My feminist identity emerged through my undergraduate years at university that invited me to see the world differently. It opened my eyes to the position and powerlessness of women in society, the challenges we have had to overcome as a group, the fights that were ongoing, and the inequality and injustices experienced solely because of gender, not to mention the disadvantages experienced because of race, religion, age, and ability. Feminist writers and social activists, such as Gloria Steinem, Anne Summers, Eva Cox, Marilyn French, Germaine Greer, Helen Garner, Naomi Wolf, Leah Purcell, Susan Faludi, and Susan Mitchell, as well as academic feminists, like Lena Dominelli, Sandra Butler, and Claire Wintram greatly influenced my thinking. When I began to explore ideas for PhD research, feminist examinations of issues relating to women naturally drew my attention. Feminist thinking, values, ideas, and beliefs were congruent with my experience as a practising feminist social worker working in a sexual assault service. Hence, my feminist identity led to the standpoint I took in this research on women's experiences of sexual assault and sexual assault counselling.

In my clinical practice, I endeavour to be transparent, respectful, and aware of power dynamics, and personal and political issues. I try to raise awareness of the links between the personal and lived experience of my clients and the wider sociopolitical context. I strive to be reflexively aware of the influence of my values and judgements on my interactions with clients and colleagues alike. I value women's experiences and stories and believe they need to be heard, as they are valid and real and, indeed, essential to transforming social structures, policies, and service systems. They highlight the need to challenge stereotypical, gendered assumptions. To make the places in which we live and work more egalitarian and respectful, it

is imperative that we hear all the voices of those who live in this world. This includes the often-unheard voices of women to enable us to see their experiences from their point of view, understand the impacts of their experiences and situations, and hear their hopes, aspirations, interests, and expectations. To this end, this study enabled me to hear the voices of women who had consulted male counsellors on issues relating to sexual assault or abuse. These were the voices I had not heard in conversations surrounding whether male counsellors should be included and employed (or not) in government sexual assault services. I wanted to hear and understand the experiences of these women to learn from them and hear their views on ways in which service-delivery structures could change and grow. My aim, ultimately, was to ascertain how government sexual assault services could best meet their needs.

Abstract

Historically, sexual assault services (SASs) (in New South Wales Health, unless otherwise specified) have adopted a feminist perspective and routinely employed female counsellors working with survivors of sexual assault. The rationale for this stemmed from a gendered understanding of sexual assault, as most victims were women and most perpetrators were male. With no previous studies specifically on male counsellors working with adult female service users in SASs, there was little to guide their entry into this female-dominated domain. To maintain efficient and effective service delivery for female service users within SASs, the study explored two broad areas: the inclusion of and therapy with a male counsellor and ongoing relevance of feminist practice. It sought to provide an opportunity for female service users to add their voices to the conversation about the inclusion of male counsellors in SASs by exploring their unique experiences of, and perspectives on, therapy with male counsellors. In addition, the study enabled female counsellors to share their views on the possible impact of the routine inclusion of male counsellors on, and the currency of feminist practice within, government SASs.

The researcher used a qualitative, narrative-based, phenomenological feminist research approach to hear the women's narratives and gain an understanding of their experience, from their perspective. She conducted in-depth interviews with service users (n=10) and sole counsellors in a service (n=5) and focus groups (n=3) with counselling teams (n=12 focus group participants in three focus groups, n=7, 2, and 3 respectively) using an interview guide. In all, 17 counsellors participated in interviews and focus groups. All the participants came from rural and regional areas.

The findings showed that counsellors were more concerned about male counsellors in this therapeutic space than service users, who did not share their safety concerns. The

counsellors reiterated the importance of a feminist-informed approach. Most saw choice as core to overcoming power imbalances and enabling survivors to exercise control in counselling. The counsellors noted the restricted options for gender choice in rural and regional SASs and the cultural inappropriateness of male counsellors working with First Nations female sexual assault survivors. Further, counsellors and service users thought male counsellors should not work with female survivors in the acute phase. Some service users felt more comfortable talking to female counsellors about intimacy and sexual issues though not all felt comfortable with their approach. Overall, the counsellor-client relational connection and quality of the therapeutic relationship was more important than the counsellor's gender or feminism.

The study concluded that feminism continued to inform SAS practice, despite the shift to trauma-informed care. The counsellors experienced a lack of managerial support and thought managers should be knowledgeable about trauma and complex trauma and support them in responding effectively with up-to-date interventions. The study also showed the continued relevance of an inclusive structurally informed Health response that extended analysis of sexual assault beyond gender to class, race, and culture. The provision of inclusive services would position Health at the forefront in challenging the systemic issues perpetuating violence against women.

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Abbreviations

ABS	Australian Bureau of Statistics
ADVO	Apprehended Domestic Violence Order
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
ALRC	Australian Law Reform Commission
ANROWS	Australian National Research Organisation for Women's Safety
APA	American Psychiatric Association
AVO	Apprehended Violence Order
CASAs	Centres Against Sexual Assault
CEDAW	Convention to Eliminate Discrimination Against Women
CSFV	Centre for Sexual and Family Violence
CJOST	Criminal Justice Sexual Offence Taskforce
COAG	Council of Australian Governments
DAGJ	Department of Attorney General and Justice
DaPP	Dad and Partner Pay
DSM	Diagnostic and Statistical Manual of Mental Disorders
ECAV	Education Centre Against Violence
FACS	Department of Family and Community Services
FLC	Family Law Council
GBSV	Gender-based Sexual Violence
HILDA	Household, Income and Labour Dynamics in Australia report

HNE	Hunter New England
HREC	Human Research Ethics Committee
HREOC	Human Rights and Equal Opportunity Commission
ICD	International Classification of Diseases
ICD-11	International Classification of Diseases - 11th Revision
IPV	Intimate Partner Violence
ISTSS	International Society for Traumatic Stress Studies
LCARC	Legal and Constitutional Affairs References Committee
LHD	Local Health District
MASA	Men Against Sexual Assault
NCAS	National Community Attitudes towards Violence against Women Survey
NICSA	National Initiative to Combat Sexual Assault
NSW	New South Wales
NASASV	National Association of Services Against Sexual Violence
NSVAW	National Strategy on Violence Against Women
NSWLC	NSW Legislative Council
NWHP	National Women's Health Policy
NWJP	National Women's Justice Program
OSW	Office of the Status of Women
PADV	Partnerships Against Domestic Violence
PPL	Paid Parental Leave
PTSD	Post-Traumatic Stress Disorder
RGO	Research Governance Officer
SAAP	Supported Accommodation Assistance Program
SACCs	Sexual Assault Care Centres

SAS	Sexual Assault Service
SASs	Sexual Assault Services
SAMHSA	US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration
SANES	Sexual Assault Nurse Examiners
SARCs	Sexual Assault Referral Centres
SATUs	Sexual Assault Treatment Units
SSA	Single Site Access
SORCs	Sexual Offences Referral Centres
SRCC	Sydney Rape Crisis Centre
UN	United Nations
VAW	Violence Against Women (NSW Strategy for)
WAB	Women's Affairs Branch
WAC	Women's Advisory Council
WCU	Women's Coordination Unit
WEL	Women's Electoral Lobby
WESP	Women's Emergency Services Program
WGEA	Workplace Gender Equality Agency
WHO	World Health Organisation
WRC	White Ribbon Campaign