

2018-2019 ANNUAL REPORT



Phoenix
Support & Advocacy Service Inc

“
I am a Clinical Psychologist with 15-years' experience in private practice. I previously held the position of Clinical Psychologist Specialist with the Department of Health, and have worked in various mental health services, including community mental health clinics and inpatient psychiatric units. Much of my work has been with clients with mental health issues arising from childhood trauma.

Phoenix provides counselling for clients with both current and historical sexual abuse in childhood. This service is unique, in that it provides low cost, trauma informed therapy of sufficient duration to adequately meet the needs of clients with complex trauma. Research evidence shows that effective treatment for this group needs to be of medium term duration (one to two years).

These clients have difficulty accessing public mental health services, and if they do, the mandate of these services is to treat mental health symptoms, rather than provide therapy for the trauma that underpins their mental health difficulties. The process of healing requires attention to both mental health symptoms and the broader aspects of trauma. The clients I have referred to Phoenix have had excellent outcomes, both in terms of increased function (e.g. return to paid employment) and decreased mental health symptoms, including decreased suicidality.

Clinical Psychologist

“
Being able to manage emotions and anxiety a bit better

Participant in the trauma sensitive yoga

“
During the week after each lesson I'm aware of having more space in my mind to view things in life differently- I am aware of my change in perspective, in turn making different choices. I'm especially getting less self-critical in all areas. Still work to do but not so overwhelming

Participant in the trauma sensitive yoga

Summary

2018-2019 in Review

Board Members and Part-Time Staff	6
Nancy Rehfeldt Orbuary	7-9

Chairperson & Executive Officer 2018-2019 Reports

Chairperson Report	12-13
Executive Officer Report	14-19

Our Range of Therapeutic Interventions

Trauma Transformation Initiative	22-25
Trauma Sensitive Yoga Therapy	26-29
Overcoming the Nightmares of Trauma	30-31

Our Finances

Financial Report Overview	34-35
---------------------------	-------

Our Advocacy

Building a Joined-up Response to Sexual Violence in Western Australia	38-39
---	-------



2018-2019 IN REVIEW



Board Members and Staff

2018-2019

Board Members	Position
Julie Woodhouse	Chair
Leanne Sultan	Deputy Chair & Secretary
Amit Kabra	Treasurer
Jas Dev Singh	Board Member
Leanne Allison	Board Member
Rob Wilton (retired)	Board Member
Colette Wrynn (retired)	Board Member
George Cherian (retired)	Board Member
Phillipa Henderson (retired)	Board Member

Part Time Staff	Position
Louise Lamont	Executive Officer
Marc Spradbury	Accountant
Kaye Doolan	Finance Officer
Lois Lloyd	Office Manager
Alessandra Sippl	Office and Executive Assistant
Coby Greer	Senior Counsellor
Gail Green	Senior Counsellor
Colleen Kirby (left April 2019)	Senior Counsellor
Anna Antoine (left October 2018)	Senior Counsellor

Nancy Rehfeldt Obituary

THE WEST AUSTRALIAN

It is with great sadness and awe that we, the staff and the people who know Phoenix Support and Advocacy Service reflect upon the life and role of Nancy Rehfeldt who passed away in March 2019. Nancy remains a beacon in her commitment to assisting those people who have been affected by crimes committed against women and children. Without Nancy to raise awareness and provide support and advocacy, we would not have the services of the Sexual Assault Resource Centre (SARC) or Phoenix Support and Advocacy Service Inc. in Western Australia.

Here at Phoenix we proudly provide services in the building named in her honour and continue her legacy.

THIS ARTICLE BELOW IS DRAWN FROM THE OBITUARY WRITTEN BY NANCY’S DAUGHTER LIZ REHFELDT FOR THE WEST AUSTRALIAN AND PUBLISHED 29 MAY 2019

Nancy Rehfeldt alerted society to the horrors of child sexual abuse in Australia when no-one else was brave enough to tackle the issue. She highlighted that abuse was not only committed by strangers but also family members, friends and people in authority such as priests and teachers. With awareness of this issue even more acute today and with some recent high-profile cases in the public conscience, Nancy stands as a leading light in bringing the prevalence of child sexual abuse and the need for critical support into the open.

Born the youngest of a family of four children in Cilfynydd, Wales, Nancy was the youngest child of William and Winifred Lewis. Her father, like most men in their Welsh village was a coal miner and often had to work on his

stomach or knees in dangerous and unhealthy conditions for appallingly low wages. Wanting to improve conditions for his fellow miners, her father became an active member of the then fledgling Labour Party. At night he read avidly about politics and philosophy and wrote speeches for his friend who became a parliamentarian.

An idealist at heart, his family unfortunately suffered, especially after the great strike of 1926, when he was branded a communist and troublemaker and subsequently found it difficult to get work. Nancy often told stories of not having enough food to eat except for bread and dripping, and never having enough money for clothing or shoes. It was not unusual, she said, to have one pair of Wellington boots a year which were later cut down into shoes for summer.

But Nancy’s father instilled in his children the importance of social justice and looking after the underdog—a trait Nancy inherited in full. He also instilled in Nancy, and all his children, a life-long love of reading. It was reading that helped sustain her while she recovered from a series of life-threatening illnesses and operations during childhood and her teenage years. She left school at 14 and took a variety of jobs as in retail and hospitality in Pontypridd, Wales and Trowbridge, Britain, to help support the family.

In 1946 Nancy met, fell in love and then married a German prisoner of war – Gunther Rehfeldt. This was not an easy course to take in post-war Britain and met with prejudice and judgement, but she was sure that her choice was a good one as Gunther was a wonderfully caring and supportive husband. They were married for 41 years until cancer claimed his life in 1988.

In 1966 Nancy and her family left Wales for a new life in

NANCY REHFELDT
COUNSELLOR & ADVOCATE

Born: Cilfynydd, Wales, 1924
Died: Hilton, WA, aged 94 (2018)



Australia. Initially, the family moved to Whyalla in South Australia as '10-pound tourists' with assisted passage through BHP, and after two years moved west to Perth. Nancy and Gunther embraced their new life in Australia and were determined to make it work.

With a keen interest in politics, Nancy became involved in the Victoria Park Branch of the Australian Labor Party in the 1970s and was a delegate on the WA State Executive. She later stood as a candidate for the City of Perth council elections and by openly declaring her politics and Labor Party backing challenged the notion that party politics did not influence local government candidates.

In 1974, in the early days of the women's movement in Perth, Nancy started to get a niggling feeling that being a housewife and working in part-time jobs just wasn't enough for her. So, in 1975 she began studying welfare work and graduated with a Diploma in Health and Welfare. That same year, International Women's Year, she attended the five-day Women in Politics Conference in Canberra. That was an eye-opening experience and a turning point for Nancy. It was then Nancy became a feminist. She left the conference with a burning ambition to work for women. Shortly after she began work as a rape counsellor at a recently formed Women's Health Centre in North Perth. Realising that she had a limited knowledge of the issue of sexual assault, the law and legal practices – she began studying court lists and attending cases.

She watched defence lawyers attack the credibility of the witness (the victim). Intimate details of the woman's previous sexual history were laid bare, centre stage. Meanwhile, the accused was not obliged to undergo cross-examination, instead, he could make an unsworn statement from the dock. Nancy felt that this was so unfair. She realised that there was limited community awareness of the victim's plight, no emergency services, no organised support or counselling for the victims of rape or other sexual crimes, and no advocacy to change rape laws.

In 1976, she became a founding member of the Sexual Assault Referral Centre (SARC) and began work there

as a counsellor. In the same year, Australian Women Against Rape, or AWAR as it was known, became an incorporated organisation and as a founding member, she became its President. In 1977, she started work as a counsellor at Women's Health Care House in West Perth, again as a founding member. One evening at an AWAR meeting, she received a phone call from an unknown woman who spoke bitterly about the fact that AWAR worked only for women and did nothing for children. That call stayed with her. Not long after, Nancy initiated with others a 24-hour phone-in to gauge the extent of the problem of sexual assault of women and children in Western Australia. A resulting report was sent to the Minister for Community Welfare to highlight the extent of the issue.

In 1978 Nancy was invited to become a member of the Advisory and Coordinating Committee on Child Abuse for the Department of Community Services. Over the next few years, Nancy was a guest lecturer at tertiary institutions, schools, hospitals, police in-service training and numerous community groups. She was a regular interviewee on radio, television and in newspaper and contributed information and expertise to numerous research projects on the subject of child sexual abuse, as well as being a speaker and delegate at family violence and sexual assault conferences in Canberra, Melbourne and Tasmania. In 1986 she presented at the 6th International Congress on Child Abuse in Sydney and was a member of the WA State Government's Task Force on Child Sexual Abuse.

Nancy's ground-breaking work led to changes to sexual assault laws, better services for abuse survivors and mandatory reporting of suspected child sexual abuse. She was recognised in 1986 with the awarding of an Australia Day honour that saw her inducted as a Member of the Order of Australia (AM) for service to welfare, particularly in relation to women and children.

In 1984, Nancy established the Incest Survivors' Association, which is still in existence today but under the new name of Phoenix Support and Advocacy Service Inc. The organisation is a specialist service that provides counselling and support to the survivors of child sexual abuse.

In February 2013, Phoenix Support and Advocacy Service purchased premises with a Lotterywest grant and Nancy's foresight and years of dedicated, and often voluntary hard work, was recognised with the official opening and naming of Nancy Rehfeldt House. She was overwhelmed at the recognition and honour and received a congratulatory letter from then Prime Minister Julia Gillard, who she admired greatly.

Nancy retired to care for her husband and after he died, she left public life completely to spend time with family and her beloved dogs. She died after a short illness and is survived by two daughters and two grandsons.



Memories of Nancy Rehfeldt

In March of this year, I received a phone call from Nancy's daughter Liz, to let me know, the sad news of the passing of her Mother, even though Nancy was elderly, it still came as a shock, that Nancy was no longer with us.

My first introduction with Nancy, was a phone call to arrange an interview to meet with her. I had applied for a part-time administration position with Incest Survivors' Association Inc. (ISA)

The interview was arranged, I met with Nancy for the first time in September 1986 at WIRE (Women's Information and Referral Exchange) which was located at 125 St George's Terrace, Perth (opposite Government House). The Government of the day had provided free office space for Incest Survivors' Association.

Fortunately, I was a successful applicant and have now been with Phoenix Support and Advocacy Service Inc (formerly ISA) for 33 years.

Nancy and I always worked well together until her retirement. This was a sad time to see her leave, her priorities were with Gunther (her husband) and his illness.

When we moved to our present premises, we had invited Nancy to perform the official opening of Nancy Rehfeldt House, which was named in her honour on the 6 February 2013. It was a joy to see Nancy again, she had not lost that tenacious spirit, she always had, just like a small Welsh terrier.

Nancy is sadly missed.

LOIS LLOYD
OFFICE MANAGER





CHAIRPERSON & EXECUTIVE OFFICER 2018-2019 REPORTS

Chairperson Report 2018-2019



JULIE WOODHOUSE
CHAIRPERSON

On behalf of Phoenix Support and Advocacy Service, I am pleased to present the Board's 2018-2019 Annual Report.

Over the last 12 months the Board has continued to focus on providing high quality, client centred, compassionate and long-term support needed by child sexual abuse survivors.

Of significant interest to the Board is the many challenges facing our sector. With the need to deal with changes in the regulatory regime across State, Territory and Federal jurisdictions; changes to government policy; an uncertain economic environment; operational costs; escalating demands and to some extent growing cynicism, the Board's tasks have become more complex with delivery of government funded services and higher levels of accountability.

Phoenix Support and Advocacy Service continues to operate in an environment of uncertainty. Our effectiveness of operations is often hampered by contracting constraints, financing constraints and skill restraints. With little guarantee of continued funding streams, it becomes difficult to attract and retain highly skilled staff.

Despite the challenges, Phoenix Support and Advocacy Service wants to get on the front foot and be positioned to deliver a strategic, segmented strategy that demonstrates authentic purpose that informs and guides our values, vision and operations. The Board

want to have the opportunity to differentiate our organisation in a crowded marketplace in order to support vulnerable individuals because it is simply the right thing to do.

There have been several changes to Board membership. During this period, we farewelled Rob Wilton, Minji Kim, Collette Wrynn and George Cherian. On behalf of the Board and Phoenix Support and Advocacy Service staff I would especially thank these Board members for their valued contribution to the work of the Board. We have been fortunate to recruit Leanne Allison, Amit Kabra and Phillippa Henderson. I welcome and congratulate them on their appointment.

It was with great sadness that we were informed of Nancy Rehfeldt's passing. In 1978 Nancy lead a team of volunteers to provide support for those impacted by child sexual abuse. She worked tirelessly to gain funding so that the organisation became a formally incorporated not for profit charity to deal specifically with child sexual abuse and the complex trauma that can result as an impact from the abuse.

Finally, I would like to thank my fellow Board members for their commitment and expertise. I also thank the Executive Officer, Louise Lamont, and staff of Phoenix Support and Advocacy Service for their dedication, support and professionalism.

“*Being in control of my choices. Limits of my flexibility and being okay with that. Each week I succeed*”

Participant in the trauma sensitive yoga

“*Learning the psychological effects of movement of my body*”

Participant in the trauma sensitive yoga



Executive Officer's Perspective

THE YEAR IN REVIEW

This last financial year has been one of the most challenging yet for Phoenix as we moved forward with the third round of one-year funding contracts and with little prior notice for each of these one-year service agreements with the Department of Communities and the WA Primary Health Alliance. In a very small organisation this funding context has a significant impact both on staff retention and staff morale however, despite these challenges much has still been achieved by Phoenix that we can be proud of.

PROMOTING THE WORK OF PHOENIX INTERNATIONAL CHILDHOOD TRAUMA CONFERENCE MELBOURNE 2018

The Financial year began with attendance in late July by the Phoenix Chair and I at the 2018 International Childhood Trauma Conference held in Melbourne. Phoenix was selected to present on our innovative Trauma Transformation program developed by Phoenix and underpinned by the Shanker method of self-regulation. With 2,600 delegates from the community services sector attending, this was a wonderful opportunity to highlight the services provided by Phoenix. This bi-annual conference hosts some of the most highly regarded trauma specialists from around the globe. The 2018 Conference had key note addresses and master classes delivered by world renowned leaders in the field such as Bessel van der Kolk, Gabor Mate, Pat Odgen, Ed Tronick, Allan Schore, Marilyn Davillier, Bonnie Goldstein, Peter Fonagy, and Lou Cozolino to name a few, along with Australian guest speakers Judy Atkinson an Indigenous trauma specialist and Helen Milroy a Commissioner from the Royal Commission inquiry into Institutional Responses to Child Sexual Abuse.



▲ Dr Helen Milroy Childhood Trauma Conference 2018



▲ Childhood Trauma Conference Melbourne Convention Centre



▲ Childhood Trauma Conference Melbourne Convention Centre



▲ Cathy Horder, Louise Lamont & Melissa Raine - Self Regulation practitioners



▲ Phoenix Executive Officer presenting at Trauma Conference



▲ Dr Gabor Mate - Master Class



NATIONAL MENTAL HEALTH SERVICES (MHS) LEARNING NETWORK CONFERENCE ADELAIDE 2018

The MHS Learning Network Conference was another opportunity for Phoenix to showcase our Trauma Transformation program. This event was held at the Adelaide Convention Centre in late August of 2018 and was attended by around 750 delegates and the MHS Awards were presented at this event by former Prime Minister Julia Gillard.



▲ Mental Health Services Learning Network Conference Adelaide



▲ Connecting the Dots - Trauma and Mental Health



AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS (AASW) TRAUMA SYMPOSIUM PERTH 2018

The focus of this AASW Trauma Symposium held in Perth in November 2018 was very relevant to the client cohort that accesses Phoenix. This event presented another showcasing opportunity where once more successful outcomes of the Phoenix Trauma Transformation program were highlighted, along with evidence of how the program enhances the one on one counselling support provided. There were around 150 delegates, mostly from the WA community services sector, and interestingly when the symposium audience were asked how many of them were aware of Phoenix Support and Advocacy Service only three hands were raised therefore, this event created another relevant forum in which to further promote the work of Phoenix.

EARLY CHILDHOOD LEARNING AND DEVELOPMENT (ECLD) CONFERENCE PERTH 2019

This conference was held at the Crown Conference Centre at Burswood in late March 2019 and was attended by around 950 delegates. A presentation by Phoenix on the impact of Trauma on Self-Regulation was included in the program and this provided another platform within the education and care sector to promote the work of the organisation. In addition, it was a welcomed opportunity to educate those working with children on how to recognise when a child's behaviour may be communicating experiences of trauma rather than assuming this was misbehaviour.

NATIONAL OFFICE OF CHILD SAFETY CONSULTATIONS CANBERRA 2019

In March 2019 Phoenix was invited to participate in a consultation in Canberra that was being conducted by the National Office of Child Safety to consider the needs of child sexual abuse survivors. The National Office was created as an outcome of the Royal Commission into Institutional Responses to Child Sexual Abuse. This was a welcomed opportunity to convey the practice wisdom acquired by Phoenix that in turn would inform this important work being developed by the National Office to improve service delivery and resources for survivors.



PHOENIX GOVERNANCE

Phoenix has seen quite a few Board members come and go over the last few years however, the level of skill and expertise that has been brought to the table by these various members has certainly added much value to the further development of the organisation and the continuous improvement of the governance processes. I would specifically like to acknowledge retiring and long-standing Board member Rob Wilton who served on the Phoenix Board for more than 10 years. Thanks also go to retiring Board members Minji Kim, Colette Wrynn and George Cherian. We wish them all the best with their future endeavours.

Following the completion of the 2018-2022 Strategic Plan, an operational plan, continuity plan and risk matrix have been produced and these are regularly reported against at Board meetings. As Phoenix delivers highly specialised services that involve crime, it is important the organisation is underpinned by comprehensive policies and procedures. Earlier this year all 50 plus policies were reviewed and updated and are now with the Board for final endorsement.

In the last year Phoenix has been served with subpoenas and warrants by Police pursuing information that will assist with their prosecution of criminal proceedings and I have been very grateful for the assistance from Leanne Allison and Jas Singh who are the lawyers represented on the Board. I wish to take this opportunity to particularly thank Lawyer Peter Curry who has provided extremely generous pro-bono services to Phoenix since 2015. As a very experienced Lawyer in the area of Family Law, and as a member of the WA Mental Health Tribunal, Peter has brought a wealth of knowledge and expertise to every challenging legal issue Phoenix has presented to him. Peter has also provided essential training for Phoenix staff in the area of case note recording and legal issues relevant to counselling and child sexual abuse. The staff and I have been very grateful for this support.

Phoenix Accountant Marc Spradbury, Finance Officer Kaye Doolan, the Board and I have appreciated the availability of our Treasurer Amit Kabra to respond to any matters regarding Phoenix Finances. Deputy Chair



Leanne Sultan has been a wonderful support and resource in relation to clinical matters and her secretariat support to the Board is valued and appreciated.

Lastly, but not least, I would like to thank the Phoenix Chair Julie Woodhouse who has been on the Board since 2014 just prior to my appointment as Executive Officer. Julie has provided the continuity Phoenix has much needed during these times of uncertainty and increased comings and goings of both Board members and staff.

SECTOR NETWORKING AND COMMITTEE REPRESENTATION

As a member of the WA Council of Social Services (WACOSS) Phoenix has been fortunate to attend a series of networking event organised by WACOSS which has allowed the organisation to expand its networks further within the sector. The 2019 year began in January with the WACOSS CEOs Networking Breakfast held in Kings Park, followed in March by the International Women's Day Breakfast at which Minister McGurk was a guest speaker. I was accompanied at this breakfast by Phoenix Chair Julie Woodhouse.



▲ Minister McGurk and Louise Lamont



▲ WACOSS and Anson International Women's Day Event



▲ WACOSS and Anson International Women's Day Event

WACOSS INTERNATIONAL WOMEN'S DAY EVENT MARCH 2019

Phoenix has actively been engaging with Minister McGurk's Office and liaising with one of the Minister's Advisors Joshua Cuniffe keeping him abreast of the needs of child sexual abuse survivors and the activities of Phoenix. Advocacy support has also been provided by Simon Millman MLA and his advisor Rewi Lyall.

Phoenix has remained an active and committed member of the WACOSS Children's Policy Advisory Committee (CPAC) and we have contributed to various submissions and specific advocacy work. Phoenix has been well supported by the Mirrabooka Joondalup Family Support Network (MJFSN) team for which we are most grateful. Phoenix is also represented on the Lotterywest Trauma Informed Practice Group, and the recently formed Sexual Violence Expert Advisory Group (SVEAG). In March 2019 Phoenix delivered a workshop on Self-Regulation and Trauma Sensitive Yoga to Yorgum Staff, which was well received, and this led to a collaborative partnership between both organisations.

Phoenix would also like to take this opportunity to acknowledge the support received from Liz Brown Department of Communities and Rachel O'Connell, Samantha Bradder, Kher-Sing Tee, and Sadi Pakzad at WA Primary Health Alliance. Thanks also go to Georgia Chaplyn and Georgia Cameron.

PHOENIX STAFF

2018 saw the departure of Senior Counsellor Anna Antoine-Cooper to take up a counselling position in private practice and following Anna's resignation Colleen Kirby and Gail Green were appointed to the clinical team and Alessandra Sippl returned to join the Admin team. Office Manager Lois Lloyd who has been employed at Phoenix for 33 years commenced long service leave at the end of May 2019. Senior Counsellor Coby Greer is to be congratulated for successfully graduating from a 300-hour Trauma Sensitive Yoga course in March 2019 and Kaye Doolan and Marc Spradbury continued as valued members of the Finance team. Each staff member brings a unique skill set to their role and the team have worked collaboratively to ensure clients

receive a quality service. Given all staff at Phoenix work part-time the team's efforts to keep their colleagues and I updated is appreciated and goes a long way to keeping the office running smoothly and efficiently. The staff are welcoming, respectful and compassionate in their dealings with clients, and sensitive to their need to feel safe. The Phoenix team are valued for all that they contribute to the organisation and the team camaraderie has created a positive and supportive environment for everyone and has held us all together during these uncertain and most unpredictable times.

WHERE TO FROM HERE?

Last year I alluded to the one-year funding contracts creating a context of a slow and painful death and I think it is fair to say that is not an overly dramatic statement. This context fosters a pattern of taking one step forward and then having to take two steps back subsequently undermining an organisation's ability to establish traction and gain momentum. The experience can feel like sitting in the eye of a storm while chaos is swirling all around. To the credit of the Board and staff, Phoenix has managed to maintain a well-regarded quality service whilst in the midst of all this unpredictability and continuous movement of goal posts and of key people both within and outside of the organisation. The future for 2020 and beyond for Phoenix and the broader community services sector is anyone's guess. The impact of ongoing one-year funding cycles and continuous change is being seen across the whole sector, as well as in Government, so we are not alone however, our small size leaves us much more vulnerable to the elements at play during these unseasonal cycles.

LOUISE LAMONT
EXECUTIVE OFFICER



OUR RANGE OF THERAPEUTIC INTERVENTIONS

Phoenix Shining
A Light On Child
Sexual Abuse
Healing & Recovery

Trauma Transformation Initiative

KEY LEARNING FROM SURVIVORS AND THE WAY FORWARD

Phoenix Advocacy and Support Service has been delivering a series of interactive workshops to support parents, children, adult survivors and health professionals by raising awareness about child sexual abuse and the impacts of trauma, combined with prevention and education strategies.

This psycho-educational and experiential program is conducted in a safe environment and provides an opportunity for people with experiences that are both unique and shared to come together to feel supported and not alone in those experiences.

These interactive workshops have included a range of therapies that are evidence-based and embedded in trauma-informed practice while providing participants with the opportunity to experience different therapies such as mindfulness and relaxation techniques, and expressive therapies such as art and music and body therapies such as yoga.

About the Survivor Feedback

As part of the Trauma Transformation (TT) program, participants regularly shared: their experiences of the program; why these experiences matter; and what needs to happen for this kind of support to work well and provide benefits long term.

To deepen our shared learning and inform continued design, a focus group was held in December 2018 with 5 participants. The information below represents the key findings from the focus group and TT workshops so far.

Key Findings

1. We are better together. It makes a difference to be with a group of people who have been through a similar experience.



2. Knowledge and information = empowerment. Knowledge about things like the impact of trauma on brain development and self-regulation helps us help ourselves.
3. Services need to be supportive and safe. Every element of support needs to reflect and model safety of participants.
4. Experts and professionals need the right training. People providing support need practical experience and training in working with people who have experienced complex trauma like survivors of child sexual abuse. A university degree is not enough and does not teach empathy, partnership, and building a relationship. It is not all about 'solutions'.
5. There is no quick fix. Healing and recovery is a long-term journey and survivors need to be able to access long term support.
6. Support needs to be multi-modal and integrated. There is no one solution or strategy that will work alone. People need to learn about many ways to help themselves in an integrated support service where they have trust and relationships.
7. Sharing our story over and over doesn't help. Sometimes people don't even need to share what happened. It isn't always relevant to recovery.
8. Having choices is important. There are no choices too big or small when it comes to empowering survivors in their own care.
9. The system adds to the trauma. Because the elements listed above are most often absent or poor, the trauma is just repeated.
10. There needs to be much more information about how to access support. This information needs to come from health practitioners, other NGO's and even support groups. There needs to be more information about Phoenix and how to access our services.

We are better together.

'The transformation group was very scary but at the same time it felt still very safe and it is sort of that instant group feeling between us all I think.'

'I had wanted to come years in the past but each time I suggested it to the counsellor they would say to me "But why do you want to go somewhere where this is the only thing, they are looking at is that issue?" To me it seems to make sense that you are with a group of people who have been through something that is very similar and that surely it would have made a difference to the pathway that I was following.'

'Counsellors suggested it would retraumatise me if I came back to somewhere that was specific around the trauma. Whereas I would think actually it would have the opposite effect because there's that shared experience and that sort of brings with it a sort of a bonding. I guess that you don't have with a lot of other people.'

'We share the same vulnerability and common limitations.'

'There is comfort in knowing you are not alone, an unspoken sense of validity and acceptance and caring towards each other. Being believed.'

'The sense of isolation diminishes. Knowing there is no one size fits all, all walks of life, I feel more connection and affinity with myself being in the company of other 'normal' women. It has erased whatever entrenched beliefs I had and about what abused women looked like.'

Knowledge and information = empowerment.

'Through Phoenix I learned about how my body operates. It's just like click, click, click and I can see the whole thing before me, and what I can do. This cycle of trauma.'

'It is really important knowledge, and that sort of equipped me to face the world and finally to say, 'this is you and you will be ok'.'

'But then what we found through the brain research is that those pathways through the first 3 years or the first 5 years are so deep that and I used to say 'it's in my bones. I can't just let things go'. Maybe if I went back to those counsellors now, with the knowledge of the brain development, those ways of treating would be different.'

'I just had wished that someone then had given me some of the tiny bit of information I have had here, because it may have been enough.'

'It's like because the information that Phoenix has given me, I can marry the feelings, and you know the things that don't go together. You know where it came from so, I don't have to repeat it.'

'Since first learning about self-regulation and learning new tools I have learned to have more self-compassion. To pause and slow it down and listen to myself more when stressed or triggered and not be judging or self-rejecting.'

'What I learnt about self-regulation, I learnt to pause, reflect and calm what has been triggered, I discovered that art therapy is a great release for me.'

Services need to be supportive and safe.

'Safety is important but for me it impacted me hugely because I didn't realise how unsafe I had been in my life because that was normal. That's why it hits me now sometimes because the reality is still unfolding and you know without Phoenix I really didn't know where I would be today, to be honest.'

'It's about finding people who are willing listen and it must be an extremely difficult story to listen to but it's finding people who are willing to listen.'

'And with me, it was definitely trust and building relationships and without being able to build relationships then there is none. I mean, that is how you learn about yourself and others is through relationships with others but if you cannot do that because you have never had an opportunity to choose who you wanted to relate to or how you wanted to relate to people.'

'Sometimes I am a little nervous to expose my vulnerability or be in the limelight. However, I feel a natural permission in our group to be me. Safe, no judgement. Quite beautiful.'

Experts and professionals need the right training.

'And I just figure when we have got these educated people who spend years at the university with all these degrees and whatnot, it's like they have this theory but



when it comes to putting the theory to practice and apply it to human beings in every day, they don't have a clue. I know it's very complex, very very complex.'

'Ideally, it would be great to have counsellors that have had some experience although it could provide triggers for them as well.'

'This week's trauma transformation has been lifesaving, changing and has truly and quite simply put me back into the game of life. I have found myself again and have renewed my love for life.'

There is no quick fix.

'I am being seen and heard so that's how it felt when I first arrived here. A lot of validation and then I had to kind of put on the breaks because you sort of thing you do this yearly journey and then I will be done, I am done. I had to learn the rude lesson that no, it is going to take time and eventually I just had to settle with that and kind of make that an integrated part of life and now realising its ongoing'.

'The process of recovery can be a lifetime process and there needs to be a service like Phoenix replicated. So that people know that this is where I can go when things are getting overwhelming and when I need someone who can understand and that you can come back to a place like this.'

'Trauma is a journey you know, and I mean I can understand it's also an appreciation of your point you are making as well that if these persons tell you they can't cope with what you are telling them I have got to respect that. You know if they can't cope with that and they are telling you that you have got to listen to that instead of just thinking well it happened to me so I am allowed to say it, but if someone is telling you it's traumatising them then you have to listen to that, then I suppose I as a person have to respect that as well.'

Support needs to be multi-modal and integrated.

'To look at a person holistically. Just as an example. A teacher says to me 'this child has ADD'. Ok we go to see this doctor, get a referral to a specialist who is going to do a diagnosis. Ok that's all good. Get a diagnosis

and go on tablets. As a parent, you are supposed to know what the next step is. But there is no one telling you what the next step is. You have just got to make it up yourself. You are going blind. It's the same with this. You go out there to professional thinking you are going to get heard, going to get help. You go to a doctor get a tablet, do a couple of courses, go to a counsellor but that doesn't pull it all together. It's all quite segmented.'

'The solution is not just one thing. It's not just the yoga, it's the how and where, with whom and how it's set up, so you can't just change one thing.'

Sharing our story over and over doesn't help.

'That's the other thing, you get tired of sharing the story over and over and it doesn't really change a lot. The nugget of what happened doesn't change a lot but just telling over and over can be frustrating.'

'I don't want to tell the story again.'

[What worked well was...] 'Shared experience without having to retell trauma stories'

'It felt much safer and there is a feeling of being understood without explanation or defenses necessary'

Having choices is important.

'I had a choice - not only about every tiny single thing. And that's just like gets more choices - not only pleasant ones need to be made. But you know, even then it's like I get this warm feeling, like it doesn't matter if it's right or wrong and you hear this stuff, you hear around the world, but it doesn't get in there. And then one day the light bulb goes off and then it all comes from here and I don't know how - so I guess they give us choice.'

'But it's a big process and I had this thing of choices offered to me and this huge suitcase because there are choices, I didn't know I had. I didn't know I had choices.'

'There is always choice [here]. It took me a while to realise, I had to be told actually.'

'I have many choices in life and there is time to choose and it is okay to do so. Healing doesn't have any order. I have been told that, but some things need to be heard in many different ways'

'I have a voice, I have much to give/say. I can be heard. I

need to face my fears and come out and take my place in the world.'

The system adds to the trauma.

'And then having your trust in the medical profession damaged because they had you on medication for years for something that you don't even have. Then you are in the hospital getting off that medication because that's also creating a lot of anxiety because who actually knows? Who is in charge here? And then you have that sense of do you know what? No one is in charge. They are dangerous feelings hey.'

There needs to be much more information about how to access support.

'If I did not chase up trauma-sensitive counselling, I would have got nothing different.'

'Maybe it's something to do for the government to look at how we train people and made them all aware when people first come to you. I went through marriage counselling and my counsellor had this one to one session with me. And she said to me 'I think I need to refer you to Phoenix' and so I was lucky to be advised by the marriage counsellor to come here.'

'Doesn't matter how good my life looks, there is this constant backpack of trouble and trauma that I carry with me my whole life. Health professionals impact you hugely because we trust them. They are a doctor. They know they are the experts.'

'There have to be more Phoenixes because it scares me how little this place is but what huge work you do.'

'The help available I need and there is work ahead of me. Thank goodness for Phoenix. This has seriously been a life line. Really.'

♥ LOUISE LAMONT
EXECUTIVE OFFICER

♥ JENNIFER CHAPLYN
SAME PAGE CONSULTING

Phoenix Trauma Transformation Workshops 2018

ATTENDED BY FOCUS GROUP PARTICIPANTS

1 x 8-week

Trauma Transformation psycho-educational workshop series

1 x 1-day

Educational workshop for parents of child survivors

2 x 2-day

Condensed psycho-educational group for working women survivors

1 x 4-week

Advanced group program for participants that had completed the previous Trauma Transformation Workshops

1 x 1-day

Workshop for women survivors as pre-requisite for Trauma Sensitive Yoga

1 x 8-week

Trauma Sensitive Yoga workshop series



Trauma Centre Trauma Sensitive Yoga (TCTSY)

TRAUMA CENTRE PROJECT



Phoenix Support and Advocacy Service facilitated the opportunity for this Trauma Centre Trauma Sensitive Yoga (TCTSY) research project. The project was co-ordinated by Coby Greer, Phoenix senior counsellor and yoga instructor as an aspect of a 300-hour training course Coby was undertaking with TCTSY with the support of Phoenix. The purpose of this study was to explore the experiences of six women who participated in an 8-week trauma-sensitive yoga (TCTSY) program at Phoenix as one aspect of Phoenix's innovative and holistic Trauma Transformation program, and the part it played in their healing and recovery process. The project ran over 2 x 4-week blocks, in conjunction to the ongoing therapeutic services the women received from the Phoenix clinical team.

To know ourselves we need to feel and interpret our physical sensations, increase the awareness of what our bodies need so that we can take care of ourselves and navigate through life in a safe and stable way. People living with complex trauma chronically feel unsafe in their bodies and need to learn how to re/connect by feeling and accepting their physical sensations and inner landscapes (van der Kolk, 2014). Van der Kolk (2014, p.275) states that once you start approaching your body with curiosity rather than with fear, everything shifts.

According to Rhodes (2015, p.247) women who have experienced childhood trauma often feel a disconnection to their bodies which fractures the development of 'self' and relationship to others. Through their body women manage their traumatic stress symptoms, such as flashbacks, nightmares, intrusive thoughts and overwhelming emotional responses, often developing conscious and unconscious avoidant behaviours. Trauma-sensitive yoga is a tool that can support women to reconnect to their body and emotions, within a safe and supported structure, held by a qualified practitioner.

The participants were chosen from clients already participating in one on one counselling at Phoenix and following a group readiness screening process to assess their suitability to attend the 8-week program. The majority of the participants engaged throughout the program. Four of the six women who commenced the 8-week program provided self-reported feedback, all participants completed evidence-based measures for distress, anxiety and PTSD, one participant irregularly attended the 8-week program and one participant withdrew from the 8-week program after the second week.

The TCTSY approach is based on invitational language, choice-making, non-coercion, shared authentic experience and Interoception which promotes empowerment and agency to participants. Judith Herman (1997, p.159) states that trauma robs the victim of a sense of power and control and so it is imperative that recovery is based on the restoration of power and control and a sense of personal safety. Herman (1997) identifies that safety and control needs to start from within the body before it can be established outwardly in the environment.

The TCTSY project quickly developed a sense of safety and group cohesiveness. The reasons for this are varied including; anecdotal reports of the women forming a connection as participants of psychoeducational groups conducted by Phoenix and participation of a Phoenix counsellor in the weekly yoga practice. The participants reported;

"I could not feel any safer. Thank you."

"[I most liked] the beautiful feeling of being cared for and self-caring."

"My body can be a safe place and also be a place of relaxation."

"[Increased awareness of] how much I neglected myself by resisting being aware of my body. I was able to relax and feel peace."

One of the learnings from neuroscience is that a sense of self can only be realised through the vital connection with our bodies (van der Kolk, 2014). TCTSY supports participants in developing a relationship with their body through the process of Interoception and choice-making by interacting with what is happening in their bodies at that present moment. The impact of the neurobiology of Interoception in relation to the practice of TCTSY is on the function of the anterior and posterior insular cortex in the brain (seminar 10 November 2018). The anterior insular cortex relates to survival, self-awareness and internal states of being which is of most interest to TCTSY, whilst the posterior insular cortex relates to the interpretation and perception of these sensory experiences, which ultimately formulates our self-identity and belief systems (seminar 10 November 2018).

In this study there were significant changes in the participants' level of distress through the 8-week program. The K10 and DASS21 are non-diagnostic quantitative measures for distress and depression, anxiety and stress respectively. These self-reporting assessments are suggestive of a client's level of distress for the counsellor. The combination of measurement tools and self-reporting feedback was used in evaluation. These results were mixed across the cohort. Quantitative results showed no significant change to distress levels over the 8-week TCTSY program. However, some participant's qualitative feedback indicated that Participant 1 (P1) made significant connection to her body resulting in the activation of her parasympathetic nervous system stating;

"How good it feels to tune into your body, and having feelings of belonging, acceptance and total relaxation."

Participant 2 (P2) showed a significant reduction in her anxiety score through the 8-week program. With P2 reporting that she practiced being in her body at home

between yoga sessions. Self-reported feedback suggests consistency and predictability of the practice each week helped manage her anxiety;

"I like hearing repetition as I forget things such as information about the body being rigid is not the natural state and the body gets shocked if raised too quickly."

"[I'm] feeling present in my body even though other thoughts were intruding."

"[My biggest learning is] how my mind perceives things [that] my body experiences that I didn't know."

Participant 3 (P3) had score increases indicating higher stress levels and anxiety through the 8-week program. During this time P3 was triggered by noteworthy life events, as well as nightmares and flashbacks. P3 reported that the TCTSY practice was generally not impacting her connection with self. P3 did not appear to make any linkage to TCTSY and her recent flashback experiences and reported that she engaged in some self-harming activities to manage her anxiety over part of this time.

However, the practice of working with the body can impact participants on an unconscious level. Noticing sensations for the first time and making new neurological pathways can be potentially triggering and distressing, and this may precipitate flashbacks and somatic re-enactments (van der Kolk, 2014).

Participant 4 (P4) demonstrated a discernible reduction in her K10 and DASS21 scores. P4's self-reported feedback concurs with outcomes of Rhodes (2015) study where participants experienced an improved sense of agency and control over their lives.

"[I] feel a lot less anxious when attending this class and [I'm] not letting my brain lead [I'm] going with what my body wants." P4 reported she was practicing TCTSY regularly at home to supporting her with the triggers and stressors, ceased taking her anti-depressant med-



ication under the supervision of her GP, and feels that the combination of counselling, her positive shift in attitude and yoga can sustain her sense of well-being.

Dissociation refers to the compartmentalisation of experience (van der Kolk & Fisler, 1995, p.4). This is where traumatic memories are not integrated as a whole due to the extreme emotional arousal of the initial event/s and therefore, cannot be recalled and translated into personal narratives; rather traumatic memories are stored as sensory and emotional fragmentations of the initial event/s, such as visual images, sounds, smells and physical sensations, and can manifest as flashbacks and nightmares (van der Kolk, Hopper & Osterman, 2001; van der Kolk, 2005). These flashbacks and nightmares are somatic re-living of the initial trauma such as fight, flight and freeze responses (van der Kolk & Fisler, 1995). Dissociation and the lack of integration of traumatic memories are core symptomology of post-traumatic stress disorder (PTSD). Herman (1997) suggests that avoidance and constriction are strong features of PTSD. A positive outcome of the TCTSY program is that two participants demonstrated a 'choice' to move towards their sensory experiences leading them both to practicing yoga outside of the studio. Their reflections include; *"I am important. Recognising big chunks of time where I have been existing in the window of tolerance while motivated to do uncomfortable things in the days in between"*,

"Noticing my individual needs", "Not letting [my] brain lead going with what my body wants" and

"[My biggest learning was my] parasympathetic nervous system [and] how you can switch it on and off with different moves."

Herman (1997) states that this sense of avoidance relates to every aspect of a person's life, from sensations to relationships. Interestingly during the TCTSY program P4 has not only been deepening her connection to self but also to her partner and son. P4 reported that she has started to express her needs and having conversations with her partner about intimacy and how she would like that to look. P4 reported being more reflective and noticing how some of her behaviours may have contributed to some barriers in the relationship. P4 stat-

ed that she has noticed a positive change in her son's behaviour since she has become more regulated resulting in her feeling more energised and less depleted. P4 seems to have developed a greater capacity for self-observation and a tolerance to hold inner discomfort. This was not the experience of all the participants, P1 had a slight increase in her PTSD symptoms whereas P3 reported increased incidents of PTSD symptoms. However, the majority of participants reported the positive outcomes for them;

"I came to this session today feeling like 'I didn't want to be here'. The old feeling of 'wanting to run' is quite strong at the moment. Nice to stop and purposely 'centre' oneself again. Thank you.

'Survival'" and "[My biggest learning is] how much physical pain is trapped in my body."

P3 reported in the first half of the TCTSY program that she was experiencing a life-affirming shift towards self-acceptance where she was letting go of the unrealistic expectation of how she should be; letting go of wearing a mask and playing a role. Over the festive season and during the second half of the program P3 experienced some significant life events resulting in her dissociation and operating outside of her window of tolerance. P3 reported that she wasn't sleeping and experiencing flashbacks and nightmares with themes of disintegration and disconnection.

Interestingly it appeared that the therapeutic alliance intensified during this time where P3 made some shame-related disclosures about her identity and sexuality which she had never revealed previously in session. Herman's (1997, p.194) suggests that this is P3's fragile beginning of compassion for herself. As P3 mourns and connects with her shame and true identity she may perhaps experience a sense of renewal where nothing needs to be hidden any longer.

"That when I felt [a] choking feeling recognising it was because of [the] movement I was making."

"[I had] a brief sense of being in my body looking through my eyes."

Whilst this sample was too small [8] to conclude the effectiveness of TCTSY for all clients of Phoenix Sup-

port and Advocacy Service, it does provide the positive aspects of the program for these participants. The self-reported feedback clearly indicates increased understanding and cognitive awareness of participants.

Outcomes: What this study did provide was an informed narrative of the women's healing journey by drawing meaning from their weekly evaluations and therapeutic interventions. TCTSY did provide the women with a new way of experiencing and making choices for themselves, and for some, developing empowerment and agency for the first time in their lives. Simply noticing what you feel can foster a sense of who you are.

COBY GREER

SENIOR COUNSELLOR

ACCREDITED TRAUMA SENSITIVE YOGA FACILITATOR

References

- Australian Bureau of Statistics, 2016, Personal Safety, cat. No. 4906.0, viewed 16 February 2019, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0main+features12016>.
- Emerson, David. Interoception. 10 November 2018, Boston.
- Herman, Judith. (1997). Trauma and recovery – The aftermath of violence – From domestic abuse to political terror. New York, NY: Basic Books.
- Kinniburgh, Kristine Jentoft, et al. Attachment, Self-Regulation and Competency. Psychiatric Annals, vol.35, no. 5, May 2005, pp. 424-430.
- McCarthy, Linda, et al. Assessment of Yoga as an Adjuvant Treatment for Combat-Related Posttraumatic Stress Disorder. Sage Journals, March 2017, <https://journals.sagepub.com/doi/abs/10.1177/1039856217695870>.
- Rhodes, Alison, et al. Yoga for Adult Women with Chronic PTSD: A Long-Term Follow-Up Study. The Journal of Alternative and Complementary Medicine, vol. 22. No. 3, 2016, pp. 189-196.
- Rhodes, Alison M. Claiming Peaceful Embodiment Through Yoga in the Aftermath of Trauma. Complimentary Therapies in Clinical Practice, vol. 21, 2015, pp. 247-256.
- van der Kolk, Bessel A. Editorial Introduction: Child Abuse and Victimization. Psychiatric Annals, 2005, pp. 374-378.
- van der Kolk, Bessel., & Fisler, Rita. Dissociation and the Fragmentary Nature of Traumatic Memories: Overview & Exploratory Study. 1995. <http://www.trauma-pages.com/a/vanderk2.php>.
- van der Kolk, Bessel A., Hopper, James W., & Osterman, Janet E. (2001). Exploring the Nature of Traumatic Memory: Combining Clinical Knowledge with Laboratory Methods in Trauma and Cognitive Science. New York, NY: Haworth Press.
- van der Kolk, Bessel. (2005). The body keeps the score – Brain, mind, and body in the healing of trauma. New York, NY: Penguin.

"The value of nutrition in management of stress and anxiety disorders, the impact it has on mental health."

Participant in the trauma transformation nutrition workshop

"The voice of the facilitators is very calm, and pace of movements makes time go slower and feel like we are in the movement."

Participant in the trauma sensitive yoga

"Today just noticing the feeling of being relaxed with the with the facilitator and being present in myself is growing further."

Participant in the trauma sensitive yoga

"Leaning about balance, hearing about how to relax the body and in time the mind relaxes also relaxing in a safe place"

Participant in the trauma sensitive yoga

"How simplistic and effective this movement is in feeling life/ in honoring my body"

Participant in the trauma sensitive yoga



Overcoming the Nightmares of Trauma



When diagnosing Post Traumatic Stress Disorder (PTSD), nightmares are one of the main criteria symptoms and as such a very common feature and consequence of trauma experiences. Krakow & Neidhart (1992) define post-traumatic nightmares as 'vivid re-creations of painful events from the past.' Havens et al (2018) makes the distinction that post-traumatic nightmares are not just bad dreams 'but evoke very high levels of emotion and often feature severe bodily symptoms such as sweating, shouting, fighting, and other gross body movements.' Hasler and Germain (2009) estimated at least 90% of people who have a diagnosis of PTSD report nightmares related to traumatic events with a frequency that can be as often as six nights a week, and which may continue for 40-50 years after the original event.

Given how disturbing and intrusive nightmares can be for clients it is really encouraging that there is now a very straight forward pragmatic treatment approach to help people overcome their post-traumatic nightmares. It is known as the 'Planned Dream Intervention' (PDI) originally conceived by Dr Beverly Dexter in 2001 with excellent anecdotal results with U.S military veterans; but more recently Justin Havens et al (2018) has conducted a randomized control trial in UK with military veterans to evaluate the effectiveness of the approach compared to standard sleep hygiene and showed the PDI approach to have statistically significant results with improvements across all measures representing overall sleep quality, nightmares and trauma symptoms.

Planned Dream Intervention (PDI) can be taught in a single treatment session. Key steps are:

1. Understand that dreaming is a natural part of everybody's sleep cycle which helps us to process our worries of the day. Nightmares are 'stuck dreams' where processing has not been completed so it is like having a scary movie permanently stuck on the worst bit.

Havens explains this using a washing machine metaphor. The aim of the washing machine (brain) is to clean all the dirty washing ('hot' traumatic memories) so they are no longer disturbing. Repetitive nightmares that wake you up represent 'stuck' machine and leave washing dirty. The PDI is about kick starting the machine and getting to the end of the cycle with clean washing.

2. Have your client put themselves in the role as movie director. It is important that they oversee directing the movie and as such can use their imagination to make anything they want to happen.
3. The goal is not to rescript the whole of their nightmare, but to only focus on what is happening at the point of waking up. Ask, 'what do I want to happen next that feels good and right at a gut level.'
4. Be as creative as you want using as many resources as you want so it can be surreal, violent, sexual, funny. You can introduce fantasy figures and reframe scenarios into something totally different. It's important the client faces, rather than running away from their fear, and is triumphant - going From this To this

Examples are:

- A veteran had a nightmare of war and bloodshed. He was also a keen photographer, so he turned the warring soldiers into carrying large zoom lens cameras instead of guns and had them all on a photo-shoot.
- A client who was a survivor of childhood abuse had reoccurring nightmares of her father abusing her. She imagined herself as Katsa, a fantasy figure with a sword and dagger so she could stab him and cut off his head, throw it out of the window and walk away with her beloved protecting dog.
- Haven sites a case of a woman who had been raped and because of her nightmares was afraid to go to sleep. Using PDI she imagined the perpetrator was

no longer on top of her but in front of her and she is Superwoman, strong and whacks him really hard so he flies off, smashing against a wall and is completely unconscious so he is no longer a threat to anyone and she is the heroine.

5. When the client has their visualised script, ask what emotions they notice, and where do they sense this in their body. The emotional 'volume' of the PDI must equal that of the dream.
6. The client should write down their script and read it before going to sleep.
7. Practice, practice, practice.

PDI has unique advantages in that it can be applied when clients have 'no clear dream recall, but have significant bodily symptoms e.g. shouting, sweating, fighting. In addition, clients 'do not need to talk explicitly about their trauma or nightmare content during the session.'

Lastly, Havens (2018) reports although PDI is not a cure for PTSD, it does have 80% success rate at stopping nightmares.

The counselling team here at Phoenix are pleased to support clients to gain the benefits of this approach.

 **SALLY WOODS**
SENIOR COUNSELLOR
EMDR PRACTITIONER

References:

- Hasler, B., & Germain, A. (2009). Correlates and treatments of nightmares in adults. *Sleep Medicine*, 4(4), 507-517. doi:10.1016/j.jsmc.2009.07.012
- Haven, J., Hacker Hughes, J., McMaster, F., & Kingerlee, R. (2018). Planned dream interventions: A pragmatic randomized control trial to evaluate a psychological treatment for traumatic nightmares in UK military veterans. *Military Behavioural Health* 1-12. Taylor & Francis. doi 10.1080/21635781.1526148
- Krakow, M., & Neidhart, J. (1992). *Conquering bad dreams and nightmares*. New York: Berkley Books.



“
The psycho-educational stuff at the start was very good, reminded me I am not alone and informed me.
”

Participant in the men's trauma transformation psycho-educational workshop

“
Knowing I have some control over the way I eat, to help with my emotions.
”

Participant in the trauma transformation nutrition workshop

“
Very interesting presentation on gut-brain connection, why willpower doesn't work and can be detrimental. Letting go of mind over matter paradigm will be useful for me.
”

Participant in the trauma transformation nutrition workshop

“
Feeling of being in my body and owning it. Almost liking it
”

Participant in the trauma sensitive yoga

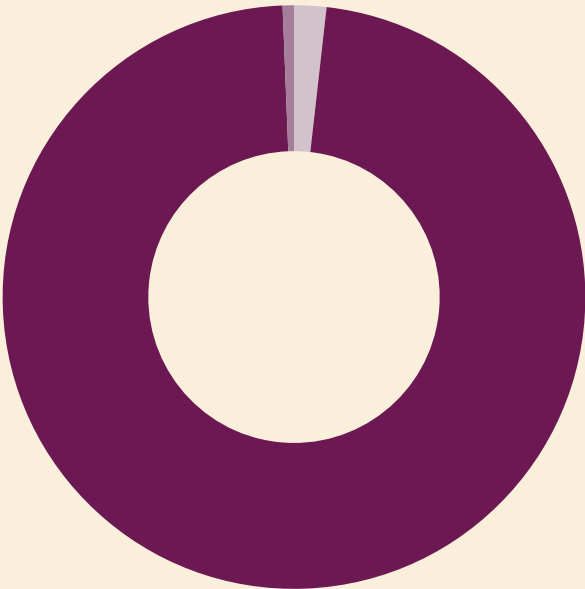


2018-2019 FINANCES

Financial Report Overview

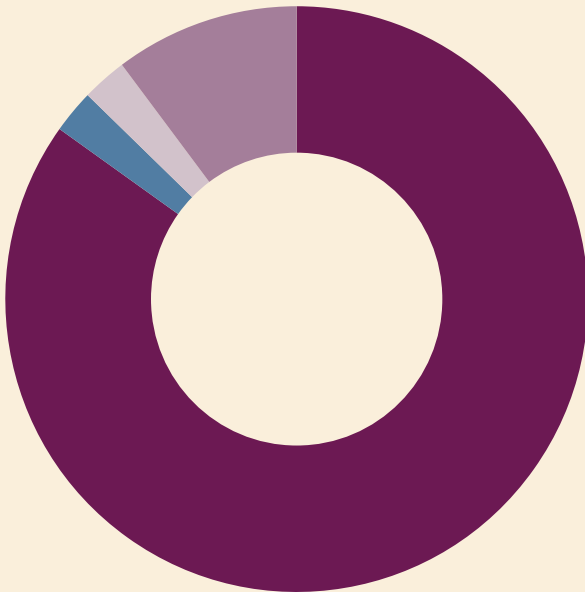
INCOME

- Fee for service
- Funding
- Other income



EXPENDITURE

- Service Delivery
- Depreciation
- Insurance
- Administration



STATEMENT OF FINANCIAL POSITION

Phoenix generated a reduced surplus from its operations compared to the previous financial year recording an audited surplus of \$19,619 (2018 – \$39,890). This surplus was generated from fee for service and management fees operating two State funded programs.

State funding made up 97% of total revenue and service delivery costs 85% of total revenue. The total unspent funding at year end was \$105,219 for the two State funded programs. The unspent funds relating to the WHAPA program (\$29,367) will be returned to the funding body.

For the 2019 financial year end, the organisation made the decision to show the Lotterywest financial interest in the property of \$283,281 (2012 - \$500,000) as a contingent liability note to the accounts and not as a liability on the balance sheet. Lotterywest holds an equitable mortgage over the property which it will relinquish in 2026 as per the building grant agreement.

All staff entitlements were accrued in full at year-end. Overall the financial position is sound however, both contracts conclude in 2020 and the ongoing funding position is unknown at this point in time.



Department of Communities



OUR ADVOCACY

Our Advocacy

BUILDING A JOINED-UP RESPONSE TO SEXUAL VIOLENCE IN WESTERN AUSTRALIA

This project is a collaboration between the Women's Community Health Network WA, Allambee Counselling Services and Desert Blue Connect. The local context for this presentation is a current sexual violence project in Perth, Western Australia. The purpose of the project, in a nutshell, is to raise awareness of the prevalence of Sexual Violence in Western Australia, highlight the huge gaps in terms of prevention and response and to compel a more planned and coordinated approach to address these gaps. The project has brought together key stakeholders from across the domestic and family violence, sexual assault and child sexual abuse sectors and Phoenix was invited to participate in this project and as a member of the Sexual Violence Expert Advisory Group (SVEAG) subsequently formed.

The project highlights this intersection area and the challenges it presents to policy, practice and prevention work due to their different disciplinary and historical backgrounds. It also highlights that despite these issues being very much related to each other from a lived experience point of view, we lack a life-course approach to violence against women and a conceptual, practice and policy framework that reflects this. One of the most important questions posed by these intersecting forms of violence is what it means in terms of our prevention work to reduce violence against women and children.

The research literature reveals a range of intersections between domestic and family violence, sexual assault, and childhood sexual abuse in the context of violence against women. Researchers are consistent in identifying that these types of victimisation affect a significant proportion of women. For example, women who experienced childhood sexual abuse were more likely to experience intimate partner sexual violence than women who had not experienced childhood sexual abuse. Similarly, these women were more likely to experience

domestic violence (not limited to sexual violence) in their adult relationships. Indeed, re-victimisation is an endemic issue (although not an inevitable one), with longitudinal studies indicating that more than half of female victims of childhood sexual abuse experience physical or sexual re-victimisation.

Importantly, research shows that experiences of childhood sexual abuse are quite gender specific. For example, Fathers, Stepfathers and other male relatives (including siblings) make up more than half of those who sexually abuse girls, compared to approximately one-fifth of those who abuse boys. Girls are more likely to experience the sexual abuse over a longer period of time. Penetrative abuse is three times higher for females than males. Having a history of being sexually abused as a child was higher for females in general across all ages between 18 to 60 years than it was for males. Girls aged 11 to 15 experience the highest rates of sexual abuse. Also, and significantly, nearly all perpetrators of sexual violence are male.

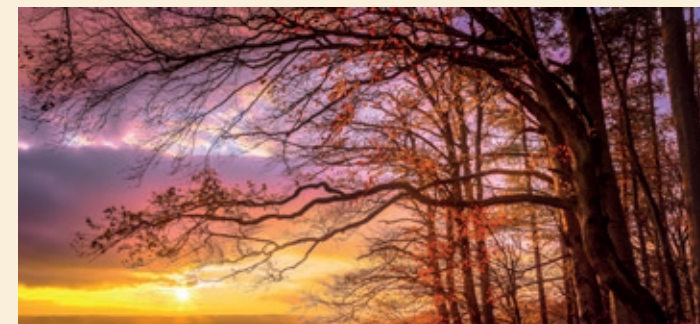
This in no way diminishes the impact and seriousness of childhood sexual abuse experienced by boys. But it does highlight the relevance of gender and the necessity of gender-responsive approaches to sexual violence prevention and response.

Despite significant re-victimisation and connection between issues, there is a continuing tendency to put childhood sexual abuse, sexual assault and domestic violence into distinct concepts and responses, and to artificially separate people's lived experience into the responsibility of one or another sector. This theoretical and practical separation deters us from conceptualizing them as interrelated experiences. Research effort, service responses and preventive approaches have typically been fragmented and sector-specific, most likely

due to differences in the forms of violence, the contexts in which they occur, the historical development of responses to each issue and government/funding silos.

We can also see that there is overlap in terms of what social, cultural and structural conditions engender, support or enable in terms of perpetrator behaviours and attitudes. This suggests the presence of shared risk factors across the multiple violent behaviours and experiences. As such, approaches that address multiple forms of violence and/or risk factors that are shared across the types of violence may be an effective and efficient way to prevent violence against women and girls. This has implications for policy and practice. And given the impact of men's violence against women and girls across the life-course, collaborative and mutually reinforcing strategies and approaches across areas of violence against women and girls demands our urgent attention.

 **DR ALISON EVANS**
EXECUTIVE OFFICER
WOMEN'S COMMUNITY HEALTH NETWORK WA
CO-CHAIR SEXUAL VIOLENCE EXPERT ADVISORY GROUP



“
*I am making movement
forward in my life little by
little and I have come a long
way from where we first
began*

Participant in the trauma sensitive yoga

“
*The rewiring of the neurons if
I change a level of movement
before over-extending or
stressing my body*

Participant in the trauma sensitive yoga

“
*I'm thinking differently (I
know how to shut off). My
blood pressure has decreased
(from stress). I have more
trust and respect for my
body, mind and everything*

Participant in the trauma sensitive yoga

“
*Movement and breathing can
help me to relax and focus on
myself and senses*

Participant in the trauma sensitive yoga





Phoenix
Support & Advocacy Service Inc



61 8 9443 1910



61 8 9227 1510



info@phoenix.asn.au
counsellor@phoenix.asn.au



404 Walcott Street,
Coolbinia WA 6050



www.phoenix.asn.au