

Royal Commission into the Institutional responses to Child Sexual Abuse regarding programs for survivors of child sexual abuse, specifically:

- (A)** What therapeutic responses are available/are funded for victims and survivors of child sexual abuse? ;
- (B)** How is eligibility determined for these services and what number of inmates have taken up/been provided with these services in the period 1 July 2011 to June 2016. Are there people who need services who aren't receiving them?, and
- (C)** What activities have prisons implemented (if anything) to ensure they are trauma informed?

A) What therapeutic responses are available/are funded for victims and survivors of child sexual abuse? ;

- Queensland Corrective Services (QCS) recognises and acknowledges the trauma associated with being a victim of child sexual abuse. QCS does not formally or directly treat trauma associated with child sexual abuse with a specific program or intervention. This is related both to the high proportion of individuals who serve very short periods in custody, and the challenges of undertaking therapeutic interventions while in a custodial environment.
- Given the complexity and longevity required in treating victims of sexual abuse, short prison sentences make formalised prison programs either impractical or too short to effect long term change. Approximately 60% of prisoners are released having served less than 3 months in custody and 92% of prisoners are released having served less than 12 months in custody. As such, ensuring immediate safety, managing symptomology and keeping prisoners safe with linkage to longer term interventions in the community is QCS' current focus.
- QCS responds to prisoner crisis by reducing triggers to harmful behaviours or maladaptive behaviours (e.g., self-harm, suicide, substance abuse or high risk taking behaviours), stabilising prisoners mental health, providing a safe and supportive environment and building resilience and coping skills.
- Upon reception into custody, all prisoners have an Immediate Risk Needs Assessment (IRNA) undertake which asks prisoners if they have been a victim of sexual assault as the impact of sexual assault has been recognised as a predictor/risk factor for prisoners' possible self-harm and suicidal behaviours. This assessment does not specifically identify whether the prisoner is a victim of childhood sexual abuse.
- QCS recognises that prisoners and offenders (especially men) may not want to or are not ready to report a history of being sexually abused as a child due to shame, guilt, mistrust and guilt. Often, the disclosure of being a victim of sexual abuse is culturally sensitive and challenging for victims. As such, a robust system for monitoring offenders and identifying any indicators of risk of self-harm or suicide is applied at all times.
- Those at risk of suicide or self-harm are then placed into safe environment, and provided contact with psychologists and counsellors to monitor and assess risks, and provide intervention where required to assist in emotional regulation and stabilisation. This often assists in developing a clearer picture of contributing factors to an individual's emotional state, including histories of abuse.

- QCS manages prisoners' and offenders' mental health and intervention needs through services provided by:
 - QCS psychological services;
 - QCS Counsellors;
 - QCS Program Delivery Officers;
 - QCS Cultural Liaison Officers;
 - Queensland Health;
 - QCS Probation and Parole Officers;
 - External NGOs; and,
 - External/Private psychologists and Psychiatrists.
- Mental Health Services are provided by Queensland Health through the Prison Mental Health Service, with QCS psychologists and Offender Health Service staff able to refer prisoners for assessment and treatment.
- QCS provides a number of intensive offender programs that can also assist participants to identify links between past histories of abuse and their own offending behaviours, and can also result in histories of abuse being disclosed. For example during their participation on sexual offending programs, a participant's victimisation as a child would be acknowledged and contextualised within their current offending. Linkage to further areas which can support a positive and offence free future is included in relapse prevention planning.
- Prisoners with complex behaviours while in custody are also considered for referral to external, specialised psychologists that can provide high level intervention. For many of these prisoners, it is recognised that past abuse is a contributing factor to their current behavioural and emotional challenges.
- For female offenders, additional elements are in place that recognise the very high experience of trauma and victimisation in this population. This includes:
 - The Department of Communities fund the Sisters Inside Sexual Assault Counselling Service at Brisbane Women's Correctional Centre.
 - A trauma informed framework underpins new gender specific re-entry service for female offenders in south east Queensland (SEQ) which commenced services in October 2016. This service makes an offer of support available to all women in custody within SEQ correctional centres. The service includes pre-release information and planning support; post release services for female offenders and support services whilst under Probation and Parole supervision in the community that increase stability and safety. Specialist workers are included in this model that focus on domestic violence, mental health and drug and alcohol needs (all linked to histories of abuse).
 - Prison Mental Health Services have also undertaken research in Brisbane Womens Correctional Centre identifying the significant experience of trauma in the female Aboriginal and Torres Strait islander population. As such, they also provide the Indigenous Mental Health Intervention Program (IMHIP) which is available to any Indigenous women who wishes to participate in it. Continuity of support is provided through a linked transitional support services which focuses on social and emotional wellbeing.
- Probation and Parole also don't have formal programs which target trauma associated with being a victim of child sexual abuse. If Probation and Parole becomes aware of an offender's

sexual abuse trauma, this is considered in a management plan and subsequent referrals to intervention will take place. This intervention is normally through a private psychologist and/or a local NGO provider.

b) How is eligibility determined for these services and what number of inmates have taken up/been provided with these services in the period 1 July 2011 to June 2016. Are there people who need services who aren't receiving them?

- All prisoners are subject to the Immediate Risk Needs Assessment. All prisoners are monitored via At risk procedures. Eligibility criteria for mental health services are determined by Queensland Health. All Indigenous women at Brisbane Women's Correctional Centre can access the IMHIP program. Eligibility for offender programs is based on offending behaviour, risk levels and time in custody. All women prisoners in SEQ approaching release will be offered support via MARA re-entry service.
- QCS does not hold data for prisoners or offenders that have been identified as having a history of childhood sexual abuse, and therefore is not able to identify the numbers of people who were subsequently referred to any elements of the above.

C) What activities have prisons implemented (if anything) to ensure they are trauma informed?

- Brisbane Women's Correctional Centre and Townsville Women's Correctional Centre management teams have received training in Trauma Informed Practice in the 2015/16 FY, delivered by Prison Mental Health Service.
- Additionally, QCS provides regular professional development sessions for QCS psychologists and other staff on topics such as Complex Trauma.
- These sessions on Complex Trauma are also being implemented specifically for staff at Wolston Correctional Centre and Brisbane Women's Correctional Centre (including managers, custodial and offender development staff) in recognition of the high proportion of offenders who have identified a past experience of sexual or other abuse in these locations.