

Issues Paper 10

Released 1 October 2015

Advocacy and Support and Therapeutic Treatment Services

ISSUE

The Royal Commission's Terms of Reference require us to inquire into

d) what institutions and governments should do to address, or alleviate the impact of, past and future child sexual abuse and related matters in institutional contexts, including, in particular, by ensuring justice for victims through the provision of redress by institutions, processes of referral for investigation and prosecution and **support services**. (*emphasis added*)

Through our case studies and private sessions, we have heard many stories about the severe and lasting impact child sexual abuse has on the lives of victims, survivors and their families. We have also heard about the lack of quality support services as well as a range of difficulties victims and survivors face when seeking support and therapeutic treatment services.

During our consultation on redress and civil litigation, it became clear that victims and survivors have a range of needs beyond being able to access counselling and psychological care as part of a redress scheme. We noted in our Redress Report that a separate project would investigate the adequacy of advocacy and support services. Consequently, we now seek submissions from all interested parties on issues around advocacy and support and therapeutic treatment services for victims and survivors.

Defining support services

Many victims and survivors of child sexual abuse seek support outside the informal support of family and friends. Advocacy and support and therapeutic treatment encompass a range of services victims and survivors need to address the impact of child sexual abuse and trauma as well as assist them to heal and lead a fulfilling and meaningful life.

Advocacy and support is acting alongside, or on behalf of, victims and survivors of child sexual abuse to support their rights and interests while providing tangible and practical support. This can include helping to navigate and receive support from a range of service systems, such as housing, health and Centrelink systems. Importantly, advocacy and support also often has an element of emotional support to help reduce isolation and build connections and trusted relationships to help with healing and recovery. Advocacy is often provided for individuals. We also include systemic advocacy, advocating for changes to the systems designed to prevent and respond to child sexual abuse, including advocating for changes to services so victims' and survivors' needs are met.

Therapeutic treatment includes a range of evidence-informed therapies, programs and interventions for individuals or groups that are provided by trained practitioners, such as psychologists, counsellors, psychiatrists, social workers and other health and mental health practitioners. These services are often provided as part of the health system or funded by government and delivered by the non-government sector (such as is the case with specialist sexual assault services in some jurisdictions) but may also be provided by the private sector. Therapeutic treatment aims to reduce symptoms of ill-health and bring about measurable change in outcomes that improve wellbeing and quality of life.

Who are victims and survivors?

We consider it critical to understand the needs of both **children who experience contemporary abuse and older victims and survivors** who suffered child sexual abuse in the past but are still experiencing impacts today that require support services. In addition, we must consider the needs of **secondary victims**, who include others who have been negatively affected by the abuse such as the victim's partner, their family members (which includes parents and children – including children born from abuse – and extended family), friends or community as well as children and others in the institution where the abuse occurred.

We also recognise some victim and survivor population groups face additional challenges and barriers to receiving appropriate services or require more tailored or specific approaches. For example, we have heard cultural and healing practices are particularly important for Aboriginal and Torres Strait Islander people. Consequently, we want to better understand the barriers to services and possible solutions for **diverse groups** such as; Aboriginal and Torres Strait Islander people; those from culturally and linguistically diverse backgrounds; people with a disability; men; care leavers; lesbian, gay, bisexual, transgender, intersex people; and, victims and survivors who spent time in correctional facilities.

CONSULTATION QUESTIONS

While it is plain there is a need for more and longer-term support for victims and survivors, it is not yet clear how best to strengthen services. We wish to better understand the issues and options for improvement. Below is a series of questions we are particularly interested in. We have framed each question to cover both advocacy and support as well as therapeutic treatment services. However, we recognise responses may vary for each type of service and you may wish address your response to either advocacy and support or therapeutic treatment services.

We welcome submissions on **any** issues related to advocacy and support and /or therapeutic treatment services. In particular, we would like to hear your suggestions to improve advocacy and support and/or therapeutic treatment services.

Topic A: Victim and survivor needs and unmet needs

1. What advocacy and support and/or therapeutic treatment services work for victims and survivors?
2. What does not work or can make things worse or be harmful for victims and survivors? What do victims and survivors need but not receive?
3. What helps or facilitates access so victims and survivors receive what they need? What are the barriers to receiving advocacy and support and/or therapeutic treatment and how might those barriers be addressed?
4. How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors? How could these services be shaped so they better respond to secondary victims?

Topic B: Diverse victims and survivors

1. What existing advocacy and support and/or therapeutic treatment services are available that cater to the specific needs of diverse victim and survivor groups? What types of models and approaches are used to address the particular needs of these populations?
2. How could the needs of victims and survivors from diverse backgrounds be better met? What should be in place to ensure they receive the advocacy and support and/or therapeutic treatment they require?
3. What would better help victims and survivors in correctional institutions and upon release?

Topic C: Geographic considerations

1. What challenges do service providers face when trying to respond to the needs of victims and survivors outside metropolitan areas (e.g. those living in regional, rural or remote areas)?
2. What would help victims and survivors outside metropolitan areas? Are there innovative ways to address the geographical barriers to providing and receiving support?

Topic D: Service system issues

1. There is a range of terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse. We provided our current working definitions in the introduction to this paper. Are these terms adequate and have they been defined appropriately? If not, what terminology and definitions should we consider using?
2. Given the range of services victims and survivors might need and use, what practical or structural ways can the service system be improved so it is easier for victims and survivors to receive the advocacy and support and/or therapeutic treatment services they need? What type of service models help victims and survivors to receive the support they need?
3. How can we ensure practitioners and workers are sufficiently skilled to provide advocacy and support and/or therapeutic treatment for adult and child victims and survivors, including those from diverse backgrounds?

Topic E: Evidence and promising practices

1. What promising and innovative practices (including therapies, interventions, modalities and technologies) for victims and survivors of institutional child sexual abuse are emerging from practice-based evidence? Where are these available and who can access them?
2. What evaluations have been conducted on promising and innovative practices? What have the evaluations found?
3. What other learnings are emerging from practice-based evidence or from grey literature (i.e. published reports and papers that have not been formally peer-reviewed, such as government reports) about supporting adult and child victims and survivors?

You do not need to answer every question. The Royal Commission encourages you to answer the questions relevant to your expertise, interests and experiences. Your submissions will be made public unless you request that it not be made public or the Royal Commission considers it should not be made public. That will usually only occur for reasons associated with fairness.

Submissions should be made by **30 November 2015**, either

- Electronically to advocacyandsupport@childabuseroyalcommission.gov.au,
- By completing an online submission form at www.childabuseroyalcommission.gov.au/policy-and-research/issues-papers-submissions/have-your-say
- In writing to GPO Box 5283, Sydney, NSW, 2001.

Submissions can be anonymous.

If you have participated in a private session and would like your session to be recognised as a formal, confidential submission to this Issues Paper, please contact the Commission at advocacyandsupport@childabuseroyalcommission.gov.au.