

Royal Commission into Institutional Responses to Child Sexual Abuse

Response to Issues Paper 10 Advocacy and Therapeutic Treatment Services

The work of Relationships Australia

This submission is written on behalf of Relationships Australia's eight member organisations. It complements the separate submission provided by Relationships Australia Victoria that shares their experience in delivering services for the Royal Commission in Victoria.

We are a community-based, not-for-profit Australian organisation with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances.

Relationships Australia provides a range of support services to Australian families, including counselling, dispute resolution, children's services and relationship and professional education. We aim to support all people in Australia to achieve positive and respectful relationships. We also believe that people have the capacity to change their behaviour and how they relate to others.

Relationships Australia has been a provider of family relationships support services for nearly 70 years. Relationships Australia State and Territory organisations, along with our consortium partners, operate one third of the 65 Family Relationship Centres across the country. In addition, Relationships Australia Queensland is funded to operate the Family Relationships Advice Line, work previously undertaken by Centrelink staff.

Relationships Australia organisations each provide a range of support services to people whose lives have been, or are being, affected by change, challenge, crisis and/or trauma. Each of our organisations has been contracted to provide a range of supports to people who are affected by investigations undertaken by the Royal Commission into child sexual abuse. We have worked closely with the Commission over the period since its inception to ensure that our services dovetail with Royal Commission operations. A number of our organisations have also worked with State and Territory Inquiries to support people affected by child sexual abuse and to inform policy outcomes.

The information in this submission reflects our involvement with, and support of, clients affected by child abuse. Our comments are informed by listening to the experiences of clients, discussion with practitioners and service providers, research and reports.

We commend the Commission for acknowledging the need for more and longer-term support for victims and survivors.

Topic A: Victim and survivor needs and unmet needs

Legal and policy framework

- As discussed in our submission to the Royal Commission's prior redress consultation paper, Relationships Australia supports a National scheme as offering the best support for survivors. It would provide:
 - fairness or equality, equity, consistency across institutions.
 - easy access and could include broad and visible Australia-wide promotion.
 - less complexity for survivors and consistency in procedures and support services.
 - better access for survivors who no longer reside in the State or Territory in which they were abused or where they experienced abuse in more than one jurisdiction; Find and Connect services for Forgotten Australians provide an example of one such successful approach; and
 - the opportunity for a national framework and policy for services and standards.

A national scheme would also provide the best framework for designing a comprehensive, holistic and integrated service and support system for victims.

- The framework for providing advocacy and support services should be enshrined in legislation so that institutions are clear about their legal responsibilities, rather than leaving the victim to negotiate with the institution on an individual basis. Our clients repeatedly and validly question why they are forced to go back to the institution to get help for the abuse caused by the institution. Where the institution has no funds, or is no longer in existence, these rules should apply to the government as the backup institution.
- All institutions should be covered in the terms of reference of the policy framework. This should include Commonwealth and State government departments such as child protection services, justice, health and social services, as well as private, secular, faith-based and other not-for profit organisations.
- The policy should also cover female perpetrators in order that the same importance is given to incidents involving both male and female perpetrators, and to deal with the stigma that can surround male victims where the perpetrator is female.
- Survivors and advocacy groups must be involved in the design and development of a framework of advocacy and support services.

Support services

- There needs to be a smooth continuity in the provision of ongoing services to ensure the process is connected with the person. This should include an integrated system response that is easy to navigate and provides seamless transitions in line with an individual's journey (not pushing people from here to there). Key elements should include:
 - warm, supported referrals.
 - flexible service delivery, including outreach support, drop-in services, telephone and face-to-face counselling. An example of where continuity was not achieved was when the Australian Government provided compensation after the National Forced Adoption Apology through Access to Allied Psychological Services (ATAPS), rather than existing post adoption support services. ATAPS did not have a connection with the adoption community and had very few clients attending the program.
 - There should be a multi-layered approach. For example, when working with Forgotten Australians and members of the Stolen Generation, therapeutic treatment or healing may need to occur over multiple domains: trauma from child sexual assault and feelings of abandonment, loss and grief through separation from family, loss of culture, country and identity.
 - Specialised and tailored trauma-informed services.
 - Physical locations should be appropriate.
- Services should have the flexibility to support and advocate for clients on a range of issues, including in seeking redress. Many clients are unable to seek redress without support and our services report that the overwhelming majority of survivors who have come to our Royal Commission support services have not sought redress or compensation. Of the small number who have accessed current schemes or civil litigation without advocacy and therapeutic support, most have found them unsatisfactory at best; or at worst abusive and traumatic.
- The support service framework should also recognise the right to self-determination for victims of child abuse who do not wish to access any support services at all. They may only be interested in seeking compensation and then moving on with their lives. These clients should be supported in their right to choose, or to only chose assistance with seeking redress or compensation, and no other advocacy, therapeutic or related support services.
- Access is further improved when organisations providing these services have no religious affiliation and are not associated with prior abuse, and are staffed by culturally (including LGBTIQ), gender and occupationally diverse workers who are known to their communities.
- Workers should be skilled in trauma-informed practice and be able to undertake case management. The service should also be flexible enough to meet the specific needs of the client and accessible to anyone affected by childhood sexual abuse, see

http://www.respondsa.org.au/wp-content/uploads/sites/8/2013/05/Cry-for-Help-Report_2008.pdf

- Support Services for clients post Royal Commission should be free and ongoing to victims and their families and include counselling, group work, courses and programs that offer support to clients with issues such as complex trauma, parenting needs, skills building and education, and relationship difficulties. While many survivors value individual psychological support, there should be a range of available treatment options such as music therapy, group programs, peer support, art therapy and alternative healing approaches such as Ngangkari's and massage. Support services should also include family tracing and records searching. It is our experience that clients' access to their records can be an important part of the healing and funding should reflect this.
- Holistic support services will assist victims to break the cycles of disadvantage for themselves and their children, and holistically address experiences of the trauma. This could be facilitated by guaranteed, lifelong access to a range of identified services.
- The need for secure and appropriate housing is a key issue for many of our clients accessing Forgotten Australian support services who are ageing. They have valid concerns that they will be institutionalised in aged care facilities that may result in re-traumatisation. With an estimated 500 000 Forgotten Australians entering into aged care facilities, training for aged care delivery staff is desperately needed. In addition, telephone and outreach services are extremely important for ageing victims due to the high prevalence of chronic or severe health conditions that prevent them from accessing face to face services.
- Brokerage funding should be sufficient for people to be able to access private practitioners who could register after meeting professional standards. This would also ensure accountability and could be facilitated with an extension of mental health care plans from the current 10 sessions cap.
- The policy framework for advocacy and support services should include training for associated services and protocols for interaction between the victim and institution, including
 - Ensuring legal teams are experienced in trauma-informed practice and treat the victims with compassion.
 - Ensuring people providing direct personal responses and negotiating compensation on behalf of institutions are appropriately trained so as not to further traumatise victims. To ensure the safety and integrity of the process during a direct personal response, victims should (if they chose) to be funded to be supported by a neutral third party.
 - In acknowledging that sexual abuse has occurred within an institution, staff of these institutions should be trained to recognise signs of abuse and how to act appropriately to prevent future abuse as well as re-traumatisation of past victims. An example of this is a client who was sexually abused by a priest and when the priest died, one of his colleagues published his diary which included several poems

about young girls, one of which was the client. The poems were inappropriate and had a significant impact upon the client resulting in re-traumatisation.

- Convicted perpetrators should not be allowed to 'offer' face to face counsel to victims.
- The framework also needs to cover ongoing professional development for staff in working with trauma.

Prevention

- Support services could be funded to provide mandatory training on protective behaviours for all children 2 – 18yrs for staff working with children as well as child focused practice (<http://www.socialrelations.edu.au/workforce-development/child-focused-practice-online/>).
- Policies and procedures should back up this training to ensure that the views of children in institutional settings, including out of home care are heard and acted upon. There should be requirements that independent bodies speak regularly to children and report back with their findings. This is particularly important when children are in any Institution. For example, post adoption support services should involve ongoing visits with the child by social workers till they reach the age of 18 years.
- Prevention services should be mandated to ensure appropriate regular checks are carried out by the government on children who are cared for by child protection and social services, and those who are adopted. One of our clients experienced horrific sexual and physical abuse in the 60's and 70's after being privately adopted as there were no checks carried out to check on her welfare.
- Ongoing support services should be provided for young people when they reach the point of leaving care. Such as access to accommodation and support to address their ongoing issues of being institutionalised.

Lessons learned

- Our experience in delivering Royal Commission support services indicates a range of situations where services are not working as well as they could:
 - There is a lack of joined up services and agreements. MOU's between agencies aren't working well to provide seamless services, for example, housing, mental health, Centrelink, Commonwealth and State social services, general health care including dental care etc.
 - Funding is insufficient to provide sufficient appropriate physical space for the 'one stop shop' approach. There is also a lack of money for transport to the service and/or lack of funding to provide needed outreach. Outreach can also be difficult if there is no suitable space where the client is located, for example, if they are incarcerated or hospitalised.
 - The lack of joined up services means the client is continually re-traumatised by having to revisit their trauma i.e. engaging in historical narratives and not focusing

- on improving current wellbeing by acknowledging the impact of trauma on their current life.
 - A one size fits all approach does not support the complex needs of clients and many services lack of flexibility to respond to individual needs and / or take part in a collaborative case management response
 - There is still a lack of regional response and sufficient technology to support outreach.
- Our experience in working with Indigenous survivors provides the following learnings:
 - Clients require support in accessing redress as they have often lost faith in the legal system due to failed prosecutions in the past.
 - Long-term, but often intermittent care is needed.
 - Indigenous clients need access to Indigenous practitioners and different ways of responding to healing eg. returning to country.
 - Both male and female Indigenous counsellors are required.
 - While counselling services are currently provided by phone to remote clients, in the future funding should be provided for face-to-face and group services to support individuals, families and communities wherever they are.
- Our clients have expressed concerns over counselling and therapy being delivered within the Medicare framework. Many clients tell stories of arrogance, feeling stigmatised by 'diagnosis', and hurried to tell their story and to 'move on' from the abuse by psychologists and psychiatrists. Relationships Australia suggests a complex trauma accredited practitioners' scheme as far more helpful and healing for clients.
- There is a desperate need for increased funding to provide services for the impact of institutional child sexual abuse on the children, grandchildren and the communities of victims. There needs to be increased cultural sensitivity by support agencies across community and kinship systems on the impact of abuse. These responses need to be community driven and community development work needs to be adequately resourced. In particular, within Aboriginal communities it is important to have community driven responses and these need time to establish. Short term funding for time limited projects does not work and is unsustainable. For the Northern Territory Aboriginal population, both remote and urban, a clearly identified service gap exists in the provision of adequate and realistic resources for long term, local, culturally appropriate counselling and support, and whole of community healing. What is currently funded under-services the area and does not make provision for the resources needed to service regional and remote areas in culturally appropriate ways.
- Many of the current issues have been responded to through previous reports and recommendations, including those of the prior and current Royal Commissions; however many clients observe little action. For example, in South Australia see the Mullighan report and Layton reports:
 - http://www.decd.sa.gov.au/speced2/files/links/Child_Protection_Review_FU.pdf
 - https://www.sa.gov.au/__data/assets/pdf_file/0017/22814/CISC_APY_Intro.pdf and

<http://www.sa.gov.au/topics/crime-justice-and-the-law/mullighan-inquiry/children-in-state-care>

- Support services don't currently cover the breadth of victim's needs. For example, in our experience many survivors' educational, social and employment opportunities have been negatively affected by their abuse and therefore, low literacy levels, among other things, need to be considered in the design of documents and policies.
- To mitigate the risk of harm, the direct personal response process (if victims wish to receive direct personal responses) must be provided by an agency trained in trauma-informed practice with processes in place to ensure integrity, safe practices and overall governance. Direct personal responses should include trained professionals with specific training in mediation and trauma work. As stated above, Relationships Australia also supports an independent national redress body that monitors this element of the process. If this is not done well, direct personal responses can be harmful (as has been the case with many survivors contacting institutions where their abuse occurred, only to be held at arm's length and /or encountering disrespectful communication). The model also needs to consider principles that ensure accountability to the wider society. This requires a feedback loop that provides opportunity for people to feed into the effectiveness of direct personal responses, and a mechanism to adjust the policy environment to take account of this feedback.

Topic B: Diverse victims and survivors

- Eligibility for access to services should be broad and inclusive, culturally appropriate and allow for (yet unknown) victims to come forward over time. Our experience suggests that while some people are able to speak out when the abuse occurs, for others it can take decades before they feel able to discuss their experiences.
- Service design should also recognise that child sexual abuse leaves a lifelong impact and survivors will need support of different kinds at different intervals and transition points in their lives. For each victim, impacts and needs will be unique.
- Our experience suggests that there is a low level of awareness of the current services available, especially in regional and remote communities, notwithstanding any new services that could arise as a result of future policy. A comprehensive communications strategy is needed that includes commitment by all agencies to promote services to individuals who may have been affected by child sexual abuse.
- In order to engage diverse clients there should be a framework or strategy for interacting with survivors (and their families and communities) and the media to provide information about the range of available support services. Particular strategies are also required for publicising redress scheme for rural/remote populations. Support services for Indigenous survivors need to be widely publicised, including via promotion through Aboriginal media outlets. However, publication strategies are also needed for non-Indigenous clients. In our experience, many survivors are adept at 'blocking out' or

avoiding anything about sexual abuse. Others have sought assistance but not found the right support, or felt able to access what was being offered (e.g. they may have enquired about Towards Healing but were deterred by the process or response). In some of our services, even in the past few months, people have presented at our service who are not aware of the work of the Royal Commission.

- Diverse clients need services that employ diverse staff. There should be ongoing availability of training for staff working with adult survivors within all services (following the 'mainstreaming' of domestic violence), in particular within the criminal justice and medical settings – mental health & emergency departments. This should contribute to an ongoing understanding of the dynamics of child sexual abuse and its long term impacts to ensure that appropriate referrals into tailored services can be made.
- Occupational diversity is also an important factor. Our services support requests from clients to not work with staff from certain occupational groups such as social workers, when the client is a member of the Stolen Generation and at times, psychologists when the client was abused by a therapist or held in a mental health facility. Therefore it is essential to ensure the availability of a range of professions as part of a suite of service options to support child abuse survivors.
- When supporting Aboriginal and Torres Strait Islander clients, key stakeholders need to be involved in the process including the Stolen Generation as well as other targeted Aboriginal controlled organisations, for example, APONT, Danila Dilba Medical Service, and Congress. Policy frameworks also need the flexibility to provide assistance for culturally appropriate forms of healing; for example, culture camps, and yarning circles for families to reconnect, share, explain and work out ways of family healing. These services also need sufficient lead time, including 6 to 12 months forward planning in the consulting, listening and designing of the scheme and to enable trust to be built.
- Advocacy and support services should provide whole of community healing responses, particularly for Aboriginal survivors on community who have extraordinary geographical, cultural and language considerations. Child sexual abuse impacts not only on a survivor's own sense of identity but also on the community's identity as healing is about belonging, reconnecting and restoring identity and therefore it must also be about community healing. We also know that sexual abuse perpetrated against one generation impacts on the generations that come after. Therefore, children and grandchildren also carry the trauma of their elders before them and must also be offered services.
- Word of mouth and warm referrals are particularly important when working with Aboriginal and Torres Strait Islander survivors who often seek confirmation from their peers or Aboriginal community workers that the trauma support service is safe and confidential. A significant barrier to accessing mainstream trauma services continues to be distrust stemmed from forced removal, systemic racism stemmed forced intergenerational impacts of trauma. Relationships Australia Queensland, for example, has built trust through the creation deliberate shared spaces for Indigenous clients. They accommodate requests for first sessions to occur off-site such as at an Aboriginal community/health service where the survivor feels safe and is familiar with the

surroundings. Other survivors prefer therapy to occur at organisations which provide a variety of services as their presenting needs are not always apparent (ie financial counselling).

- In providing services to the Royal Commission, Relationships Australia has adopted a trauma-informed, case management approach, with brokering in of relevant and appropriate services as required. This approach has been successful reducing fragmented and unintegrated care and has minimised re-traumatisation. However, gaps in service have been identified.
- Our work in the Northern Territory and South Australia with Aboriginal clients shows there is a need for specific Aboriginal services within regional areas, access to Ngangkari's (Aboriginal healers) and healing camps that replenish. Working with Indigenous people needs to be recognised as working with survivors of 'political violence' within the context of genocide, racism and white supremacy. In supporting Royal Commission clients, Aboriginal and Islander Cultural Advisors worked successfully alongside counsellors as part of the Royal Commission support services. This work identified that significant support is also required for these workers. Support for workers was facilitated through information, support and training and consideration of how this role might impact on the workers personally.
- Appropriate physical spaces have also been designed to support Aboriginal and Islander clients. For example, in Darwin we established an outdoor refreshment area (the 'Meeting Place') staffed by Relationships Australia counsellors and Aboriginal and Islander Cultural Advisors. The Meeting Place proved to be an invaluable space for clients to take a break from the intensity of the Royal Commission and speak informally with support services.
- The work of the Cultural and Islander Advisors also identified the need to be clear about the delineation of roles between practitioners and non-practitioners. The Cultural and Islander Advisors roles were informal and they used informal and culturally appropriate language such as 'yarning' and 'let's have catch up', as against 'therapy' and 'counselling'. The Advisors facilitated warm referrals, helped build trust and informed approaches, but did not provide counselling or hear stories. The services also identified the need for broader role for case managers, apart from counselling.
- Our Royal Commission services also demonstrate the need for all staff coming into contact with clients who have experienced child abuse in institutional settings to participate in trauma-informed training, including administrative staff. In delivering these services, the need for outreach and services to extend to families affected by intergenerational transmission of child abuse is also now seen as essential.

Topic C: Geographic considerations

- Diverse geography affects the availability of ongoing professional support networks, and access to a range of needed services such as health care, including specialised services

such as dental care and optometry, transport to appointments, and ambulance services (needed due to high levels of poor physical and mental well-being).

- One option could be a central service within each state and territory that is identified as providing a range of flexible supports for survivors—adequately funded and providing therapeutic / healing supports, case management and warm referral to specialist services, training and community support.
- Our services have successfully provided therapeutic treatment services by telephone that has enabled survivors in rural and remote areas to receive specialised support without commuting to a metro area; however, ideally that would be supplemented by face-to-face individual and group responses on an ongoing basis.
- Strategies and technology designed to support rural and remote clients can also be used to support metropolitan clients who prefer to engage in non-traditional ways. Also when considering the needs of survivors into the future, the use of technology in the delivery of therapeutic treatment services may become more important, especially with younger survivors who may feel more comfortable using online services and chat services.

Topic D: Service system issues

- Innovative or traditional support services should also be trauma-informed, the core principles of which should include: choice, cultural competency, support for survivor empowerment, safety, collaboration and trustworthiness. Trauma-informed approaches aim to minimise further trauma through a conscious attempt to reduce and eliminate triggers for victims, assist in healing and recovery, and prevent future traumatisation and violence.
- Brokerage needs to be part of advocacy as many health issues such as dental, eyes, ear health and other general health issues have not had regular attention due to the long term impacts of trauma and disadvantage. When relationships of trust are established between a client and a service, then it is better for that service to have the option to support access to other services through a brokerage model (ie. petrol vouchers to access support/medical appointments)
- Generalist psychological and medical services are not considered specialist services for dealing with institutional child abuse and we believe there is a need for specialist services that provide a trauma based approach – see ‘A cry for help.’ This report clearly indicates that these people are not well served by general mainstream services. Well trained mainstream workers, however, can enquire into the effects of child abuse and assist in guiding people to the right services. Relationships Australia South Australia is one organisation that has led workforce development training through Respond South Australia as well as existing post care services, and has provided child support training to workers and community members (Foundation courses as well as working with survivors both women and men in conjunction with the website <http://www.respondsa.org.au/>).

This experience and training can facilitate a 'ready' workforce specific to this population as well as geographic responses.

- The Royal Commission may also wish to develop policy on the role of counsellors in supporting survivors through legal processes. For example, Relationships Australia has been increasingly receiving requests for victim statements from the lawyers of survivors who have been accessing counselling services. These requests for reports to support legal processes from practitioners who are not trained in preparing documents for court may well be at odds with the counsellor's role in facilitating therapeutic change. Counsellors are routinely assisting clients to prepare statements and fill in documents (eg. housing applications) if the client requests assistance, but the policy needs to be clear about when this assistance would be inappropriate.

Topic E: Evidence and promising practices

- Our services have found regular meetings between practitioners supporting victims of child sexual abuse to be highly beneficial. These meetings could be facilitated through a regular trauma conference (annual organised nationally and travelling around the country to increase accessibility), where practice is shared, filmed and made available online, and supplemented by ongoing webinars.
- Where victims choose direct personal response as one element of their healing journey (and many will not), one promising approach that is more victim-focussed than traditional legal system approaches is restorative justice. Restorative practice models are being explored in a number of national and international jurisdictions in the fields of human rights, criminal justice and child abuse. Restorative practice is organised around the normative values of respect, peacefulness, and responsibility, and at the procedural or operational level it involves some kind of encounter to develop relationships, repair and transform. "Restorative justice theory emphasises that every crime involves specific victims and offenders, and that a goal of the criminal justice process should be to help them come to resolution....resolution requires that the rights of victims be vindicated by exoneration from responsibility for the injuries they have sustained as well as receiving reparation for those injuries. That is not all that is required. The offender must make recompense for there to be full resolution ... Recompense is something given or done to make up for an injury. This underscores that the offender who caused the injury should be the active party (Van Ness et al., 2002).
- A feature of a restorative justice model can be a formal meeting or conference, at which the survivor (or their representative), the offender (or their representative), and family and community members are present in order to discuss and process what happened, identify the nature of the harms caused, and determine what needs to occur to rectify the wrongs and repair harms; victim forgiveness is not required (Randall, 2014). Many victims are unlikely to wish to attend a meeting, but if they choose to, they should be

appropriately supported by skilled practitioners who are trained in facilitating restorative meetings and experienced in trauma-informed practice.

- There are many models already used in a variety of settings to assist with healing processes and restoration, and Relationships Australia already takes a restorative practice approach in many of their services, including when conducting family group conferences and family dispute resolution. We consider that it is possible to develop a working model for 'direct personal response' that is informed by the therapeutic principles of family dispute resolution and its processes. As stated previously, skilled practitioners are required to impartially facilitate the process and support the survivor.
- Relationships Australia is also committed to improving the evidence base and we believe that future funding should cover evaluation and research so that improvements can be made over time to programs and services.

Thank you for the opportunity to provide a submission to the Royal Commission Issues Paper on Advocacy and Support and Therapeutic Treatment Services. Should you require any further clarification of any aspect of this submission or need information about the services Relationships Australia provides, please contact me or Paula Mance, National Policy Manager, Relationships Australia.

Yours sincerely,

Alison Brook
National Executive Officer

3 November 2015

References

Ashraf Bhat, M. Language: The ultimate tool of social control , PhD

Community Affairs References Committee. (2009). Lost Innocents and Forgotten Australians Revisited: Report on the progress with the implementation of the recommendations of the Lost Innocents and Forgotten Australians Reports. Available at <<http://www.familiesaustralia.org.au/publications/pubs/afa/senatereport2009.pdf> >

Kezelman, C., Hossack, N. & Stavropoulos, P. (2015). The cost of unresolved childhood trauma and abuse in Australia. Adults Surviving Child Abuse; Pegasus Economics

Kezelman, C. and Stavropoulos, P. (2012). "The last frontier": Practice guidelines for treatment of complex trauma and trauma-informed care and service delivery. ACSSA Issues No. 16, Kirribilli, NSW: Adults Surviving Child Abuse.

Randall, M. (2014). Restorative Justice and Gendered Violence? From Vaguely Hostile Skeptic to Cautious Convert: Why Feminists Should Critically Engage with Restorative Approaches to Law, available at <http://ssrn.com/abstract=2424596>

Savage, A., Quiros, L., Dodd, S., & Bonavota, D. (2007). Building trauma informed practice: Appreciating the impact of trauma in the lives of women with substance abuse and mental health problems. Journal of Social Work Practice in the Addictions, 7(1 & 2), 91-116.

Van Ness, D. & Heetderks Strong, K. Restoring Justice. (2002). 2nd edition (Cincinnati: Anderson Pub.) pp:46-47

See also:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2010-13/govtcomp/report/c02