

## Advocacy, Support and Therapeutic Treatment Services for survivors of Childhood Sexual Abuse (CSA)

### Background

Countless children have been sexually abused across Australia, over decades. Many were abused while in the care of the state, at school, in faith-based institutions and other community organisations. Sometimes the sexual abuse has been committed by multiple perpetrators. Stories that survivors have shared with the Royal Commission include instances where they were raped or digitally penetrated, sometimes in patterns of sustained abuse, as well as instances where they bore witness to other acts of abuse. Available evidence suggests that the risk of abuse is heightened when children are runaways, have a disability<sup>1</sup>, are Aboriginal<sup>2</sup>, or spend time in institutional settings – a particularly pertinent point for boys, who are more at-risk in institutional settings.<sup>3,4</sup>

The burden of this abuse is evident across the justice system, in the education system and in the healthcare sector, where its lifelong effects are reflected in rates of morbidity and mortality attributable to excess alcohol and other drug use, and serious mental health issues (including depression, anxiety, suicidal ideation, self-harm and suicide). Australian and international research has found that rates of suicidal ideation are 10 times higher for survivors of childhood sexual abuse, than for others in a community sample, with 46% of men in the Australian study reporting a suicide attempt.<sup>5</sup> In spite of a growing recognition of the extent of childhood sexual abuse in NSW, the needs of male survivors, in particular, have often gone unaddressed, with a failure to appreciate the gender dynamics for male and female survivors.<sup>6,7</sup> Male victims are less likely than female victims to report abuse at the time it occurs, with many disclosing ten years or more after the abuse and much later than women - an average of 22 years following an initial assault, specifically in institutional settings.<sup>8</sup>

For survivors in rural areas, this situation is pronounced, with continued access barriers to support services. As a result, access to support or continuity of care for this particular group of survivors, is not always assured.

Many staff members across the health and human service sectors often lack the capacity, through formal training or experience, or service system constraints, to engage effectively with these men. Many are unprepared for the nature of their disclosures and lack the skills and confidence to respond to male survivors. The lack of targeted and appropriate investment in substantive social support available to these men, and others affected, has acted as an impediment to them receiving help when they need it most. Given the relatively high custody rate for people convicted of child sexual assault in NSW,<sup>9</sup> efforts to improve the number of successful convictions would likely further protect the community. Yet, improving conviction rates requires targeted investment to support survivors, and particularly men, to come forward, and to feel safe and *supported* in doing so.

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<sup>1</sup> Mitra, M., Mouradian, V. & Diamond, M. (2011). Sexual violence victimization against men with disabilities, *American Journal of Preventive Medicine*, 41(5): 494-497.

<sup>2</sup> NSW Attorney generals Department (2006). *Breaking the Silence: Creating the Future: NSW Aboriginal child sexual assault taskforce*. (Accessed September 9, 2013). [http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all\\_sml.pdf/\\$file/80001%20CP%20Rep-all\\_sml.pdf](http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all_sml.pdf/$file/80001%20CP%20Rep-all_sml.pdf)

<sup>3</sup> Death, J. (2013). *They Did Not Believe Me: Adult Survivors' Perspectives of Child Sexual Abuse by Personnel in Christian Institutions*. Brisbane: Crime and Justice and Research Centre, Queensland University of Technology.

<sup>4</sup> Butler, T, Donavan, B. Fleming, J., Levy, M. & Kaldor, J. (2001). Childhood sexual abuse amount Australian prisoners, *Venerology*, 14(3): 109-115.

<sup>5</sup> O'Leary, P., & Gould, N. (2009). Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications, *British Journal of Social Work*, 39(5): 950-968.

<sup>6</sup> Crome, S. (2006). *Male survivors of sexual assault and rape*. Canberra: Australian Institute of Family Studies.

<sup>7</sup> Cashmore, J & Shackel, R. (2013). Gender Differences in the Context and Consequences of Child Sexual Abuse, *Current Issues in Criminal Justice*, 26(1): 75-104.

<sup>8</sup> Foster, G., Boyd, C., O'Leary, P. (2012). *Improving policy and practice responses for men sexually abused in childhood* (ACSSA Wrap no.12). Canberra: Australian Institute for Family Studies, p.5.

<sup>9</sup> Freiberg, A., Donnelly, H., & Gelb, K. (2015). *Sentencing for Childhood Sexual Abuse in Institutional Contexts: A report for the Royal Commission into Institutional Responses to Childhood Sexual Abuse*. Canberra: Commonwealth of Australia, p. 116.

## Principles

- A 'no-wrong-door' and trauma-informed approach should underpin the work of all service providers in the justice, health and social service sectors who work with survivors of CSA.
- Considerations for service needs should be separate to restitution or complaint processes;
- Any intervention, service or initiative should result in no further harm for survivors of CSA;
- Policy-makers, funders and service providers must recognise the diversity amongst survivors of CSA, including gender, sexual orientation, geographical location, Aboriginality and socio-economic status, and ensure that services are tailored to meet the needs of this heterogeneous group; and;
- Survivors of CSA receive ongoing support as, and when they require it, throughout their lives.

## Policy recommendations

- ***A 'no-wrong-door' and trauma-informed approach***
  - Ensure that training is provided to workers at all levels, with a critical focus on front-line workers, including healthcare professionals, to cultivate skills and a deeper understanding to work effectively with survivors of CSA.
  - Fund 'navigators', within the health, social service and correctional systems, including through NGOs, to ensure that survivors of CSA have timely access to the support they need in areas such as access to healthcare service, interaction(s) with police or employment services.
- ***Any intervention, service or initiative should result in no further harm for survivors of CSA***
  - Fund a public health campaign as a measure to address the broader impacts of trauma;
  - Amend the *Fair Work Act 2009 (Cth)* to provide protection from 'adverse action', on the basis of being a survivor of CSA. Amend the *Anti-Discrimination Act 1977 (NSW)*, and other relevant State and Territory Acts, to ensure that people are protected from discrimination on the basis of being survivors of CSA. This protects the livelihoods, and mental health, of survivors, and enables them to pursue civil and criminal action against perpetrators, with greater confidence and without the risk of their employment being terminated when they need to appear in court, for example.
  - Ensure training, professional development and service delivery in relation to CSA is accredited and meets specific quality assurance standards, including through a recognised national scheme.
- ***Policy-makers, funders and service providers must recognise the diversity amongst survivors of CSA***
  - Amend relevant guidelines across the healthcare and human service sectors, to ensure that the needs of survivors, in their diversity, are factored into funding decisions and clinical interactions.
  - Invest in innovative models, including through online and telephone or mobile communication, to ensure survivors in rural and remote areas receive timely support. Establish long-term communication avenues between survivors and health workers, such as support lines and e-counselling services.
- ***Survivors of CSA receive ongoing support as, and when, they require it, throughout their lives***
  - Fund and develop individualise support packages for survivors, ensuring access across key services and integrating needs.
  - Encourage the provision of, and access to, good quality group programmes for adult survivors of CSA.

## Signatories

***We, the undersigned, endorse the contents of this declaration:***

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**SAMSN would like to thank all of the people who attended our Roundtable at Sydney University Law School on Friday, November 20 and whose contributions helped formulate this document.**



# SAMSN Roundtable Friday 20<sup>th</sup> November 2015

## NOTES

### *Advocacy and Support and Therapeutic Treatment Services for survivors of Childhood Sexual Abuse (CSA)*

#### Topic A: Victim and survivor needs and unmet needs

*What advocacy and support and/or therapeutic treatment services work for victims and survivors?*

- ***Services that are trauma-informed are key***
  - Men will usually enter through general services ( i.e. mental health, drug and alcohol) hence the need for these services to be trauma-informed, as well as more specialised trauma-informed services existing.
  - The established ASCA guidelines form a useful framework for ensuring the workforce is more trauma-informed/aware. Furthermore, the specific treatment requirements as described by the ASCA provide helpful advice for all types of services.
  - SAMSN is a leading example of a service that works for men
- ***A safe environment that encourages disclosure is critical***
  - Collaboration between survivors and industry professionals is critical (brings lived experience to the table)
  - Culturally appropriate approach and appreciation of the survivors individual needs is a necessity
  - Empowering survivors through peer-mediation is effective as a strategy
- ***Group therapy as well as individual support is most effective***
  - Professionally facilitated peer to peer community forums have a particular role to play
- ***Multiple access points are needed***
  - There is need for service capacity to enable individuals to step in and out of services (focus on long term treatment plan)
  - Telehealth/online services (elements of risk, but promising in certain formats)
  - Channels for legal advice (knowledge empowers and keeps people safe and supported)
- ***Practical predictors of coping***
  - Hope needs to be articulated as a key determinant of successful treatment and outcomes in life. To ensure that abuse 'does not become destiny'.

***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?***

### **BARRIERS**

- ***Confidentiality issues.***
  - Many survivors do not necessarily trust institutions
- ***Access issues:***
  - Connections between services are sometimes weak, and there are cost and time factors involved in accessing them.
- ***SILENCING***
  - Enduring social stigma surrounding CSA, stereotyped concepts of masculinity, silence enforced by perpetrator(s) as well as institutions associated with the abuse, community discomfort with the topic overall, as well as intergenerational trauma (evident in indigenous and non-indigenous communities)
    - Need to pay attention to the way silence works in specific communities, including different Aboriginal communities, particularly in relation to shame.
    - Aboriginal men are rejected by both the Aboriginal and non-Aboriginal communities. The workforce also needs a more nuanced understanding of Aboriginal culture – it is not homogenous, there are significant cultural differences between tribal groups.
- ***Gaps in the legal system.***
  - This includes the lack of protection available to survivors in employment, following disclosure of abuse.
  - There should be no penalty/further harm for survivors arising from disclosure EVER.
- ***Complex pathways to accessing support***
  - Available supports not always easily accessible or easily understandable.

### **SOLUTIONS**

- All staff in health and social service sectors need training regarding not only trauma but specifically CSA;
- Implementation of evidence-based practices and measures of outcomes as well as nationally implemented, consistent standards and accreditation for workers.
- Multiple and varying access points as well as a clear referral pathway from general services to trauma specific services;
- Public health campaign dedicated to making communities more aware of CSA – from both a primary prevention and tertiary support perspective.

- Need for a 'navigator' who can interpret the pathway to access supports for the survivor.
- Access to legal resources for survivors, as well as legal protections.
  - Options to include measures in the *Fair Work Act 2009 (Cth)* or in anti-discrimination legislation that can deal with these barriers.

***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?***

- We need more focus on addressing the broader impacts of trauma (the way it manifests through mental health issues, risky alcohol consumption etc.)
- Both individual and group or family therapy needs to be readily available. It helps the family to understand what has been the driver behind certain behaviours and how they can positively work through issues with the survivor(s).
- EDUCATION→EMPOWERS. Community awareness, including through a public health campaign is critical.
- Issue of intergenerational trauma (significant issue for indigenous people, particularly where the forced removal of young people from their families and communities resulted in their abuse).

## **Topic B: Diverse victims and survivors**

***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?***

***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?***

***What would better help victims and survivors in correctional institutions and upon release?***

- ***Survivors are a diverse group.*** Their needs do not always neatly map onto existing axes of difference. Survivors may be:
  - Men
  - Women
  - Partnered or married
  - Live in regional, rural or metropolitan areas
  - Culturally and linguistically diverse or born overseas
  - Lesbian, gay, bisexual, transgender or intersex (LGBTI); and/or;
  - Aboriginal.

- ***Male survivors of childhood sexual abuse tend to embody the ‘everyday man’.***
  - Need to ensure that services are responsive to this reality, and do not impose a framework on survivors that does not accord with their identity.
- ***Male survivors in correctional services are an outlying social group with specific needs.***
  - There is no way of knowing the proportion of men in correctional facilities who are survivors of CSA, as they are unlikely to disclose past abuse.
  - There is no screening mechanism to identify these men.
  - Experiences in correctional facilities are likely to have re-traumatising impacts for men.

### Topic C: Geographic considerations

***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)?***

***What would help victims and survivors outside metropolitan areas? Are there innovative ways to address the geographical barriers to providing and receiving support?***

- ***Confidentiality and privacy are more complex in rural and remote areas.***
  - There is a greater likelihood that a person will have multiple relationships with individuals in the community. For example, their therapist may be the parent of their child’s friend.
  - Very sensitive dynamics exist in small communities where you have one perpetrator with multiple victims, some ready to disclose, others not yet ready to do so, which poses a barrier for service providers too in terms of engagement.
  - The impact of disclosure may be more pronounced in rural areas, with knock-on effects for family members, and friends.
- ***Access issues include connections between services (or lack thereof), costs incurred by survivors and travel/distance (temporal as well as financial).***
  - Continuity of services can be a problem – often in rural settings service providers only stay for a short period of time before moving on.
  - There is a concern for the ability of rural victims of CSA to have access to appropriate forensic services.
- ***Quality of service in specific locations can vary.***
  - Continuity of services can be a problem – often in rural settings service providers only stay for a short period of time before moving on.

- Insufficiency of services may impact their capacity to be flexible.  
Timing of services may be ad-hoc rather than on an ‘as needs’ basis.

## Topic D: Service system issues

*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?*

*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?*

*How can we ensure practitioners and workers are sufficiently skilled to provide advocacy and support and/or therapeutic treatment for adult*

- **Formal role of ‘advocates’ – not well understood in the general community.**  
Sometimes seen in a legal light alone.
  - Need someone, a ‘navigator’ who can interpret the pathway to access supports for the survivor. Negotiating the system is hard enough, almost impossible when dealing with the impacts of trauma.
  - Survivors also need assistance to engage with the legal system and the range of other forms of support, as well as therapeutic support.
  - Victim’s services must be flexible to provide support with complex inter-connected issues.
- **‘Silencing’ can be compounded by system barriers.**
  - Survivors have often been told to keep silent - by the perpetrator, by the institution associated with the abuse. There is also community discomfort with the topic so again, pressure not to raise uncomfortable issues. Consequently, survivors are not always assertive about their needs, for understandable reasons.
  - All staff in health and welfare sector need training regarding child sexual abuse to understand the signs, for example, health workers tend to focus on the mental health symptoms of the person in front of them rather than the disclosure of child sexual abuse. Survivors are often diagnosed with and provided treatment for mental health disorders or illnesses, but the underlying trauma is never addressed.
  - There is scope here for a national recommendation from the Commission – all workers in the health and welfare sectors should have training to be ‘trauma aware’ so that they can sensitively assist survivors. Some particular roles need more intense training on the



- impacts of trauma so they can incorporate this into their clinical or other professional practice.
  - Need a decent investment in proper professional development not a piecemeal or 'one-off' approach.
- ***Service eligibility criteria is an issue for quality, long-term support***
  - The limit of 10 Medicare-funded counseling sessions for men is a problem
- ***Misdiagnosis and a failure to acknowledge the primary driver for depression, anxiety etc. is a significant issue in the health and social care systems.***
  - Many survivors have a long history of mental health diagnoses which don't respond to classic mental health treatment because the symptoms are the outcome of severe trauma rather than a mental illness.

## Topic E: Evidence and promising practices

***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?***

- ***Telehealth and other e-health services***
  - The emergence and adoption of technologies associated with telehealth provision look promising
    - However, e-solutions have both positive and negative aspects in terms of risk. Positive in that they can be easily accessed anywhere.
    - In Queensland, Gary Foster has found on line/email counseling very popular. Jack Heath echoes this with SANE's experience of on line access being a positive one. Gary also emphasised that a diversity of pathways to access services are important.
- ***Many survivors want initial legal advice before engaging in a therapeutic service.***
  - Practical questions such as: *If I disclose what will happen? How do I engage with the legal system?*
  - Professor Caroline Taylor's book *How to Survive the Legal System* is an example – empowering resource that includes descriptions of the strategies used by defense lawyers in Court to equip survivors with specific skills.

- **Peer support models**
  - In Newcastle there is a victim’s service that is a great example of what can be done building from the bottom up – they have operated a successful peer- support service and are now bringing in professional staff.
  - Lived experience is an important gap in many existing services that needs to be addressed, as it’s likely to have the greatest impact, if utilised correctly to inform service provision.
  
- **Promising and successful approaches to therapy need to be adapted and scaled-up**
  - Stories about *hope* are really important for survivors – not just problem-focused therapy
  - Working in a trauma-informed way means hope in recovery – there is an emerging evidence-base regarding the efficacy of trauma-informed approaches and this should be adopted across domains of service delivery, and specifically in therapy.
  
- **Social benefit bonds (social impact investment)**
  - In specific settings, these may be helpful in funding a number of services and interventions (from legal to therapeutic approaches).
  - Focus on services that demonstrate successful outcomes over a period of time.
  - Newpin program model in NSW is an example, funded by the NSW Government, in collaboration with Uniting Care (who deliver the program).
  - However, in this specific area, given the nature and historical response (or lack thereof) to CSA, governments should fund programs first, rather than rely on philanthropic investment(s).
  - Suggestion to provide an NGO research fund to enable emerging and existing agencies/service-providers working with survivors to gather the data they need to be able to enter this space effectively and be viable over the long-term.

