



# UNITING CHURCH IN AUSTRALIA

## *Issues paper 10: Advocacy and Support and Therapeutic Treatment Services*

**Submission, November 2015**

The Uniting Church in Australia welcomes the Royal Commission's issues paper on support services and is thankful for the opportunity to make a submission.

Our comments are not extensive but we thought we could offer some thoughts based on our experiences with survivors in some of our Synods. We note that support services vary between jurisdictions so our comments have more emphasis from states where previous redress processes have been put in place by governments, with support services having been established around these processes.

The comments do not fit neatly with the questions set out in the Issues Paper but most closely relate to question 1: What advocacy and/or therapeutic treatment services work for victims and survivors?

We note that there are different needs for survivors of historical abuse and those who have experienced abuse more recently. We also note that needs vary for survivors of abuse in different institutional contexts, as the betrayal of trust has different meanings in different contexts.

### **Historical abuse**

In many instances we have had extremely productive engagements with advocacy groups in their support of survivors who have used our ex gratia process. We believe that victim advocates have provided valuable support to survivors to enable them to navigate processes with us and governments. They also provide a valuable mechanism for feedback to us about our processes and engagement. We have tried to maintain relationships with advocacy and support groups to ensure they know who appropriate contact people are, current processes and that feedback is invited. This feedback assists us to improve our processes.

We consider that the absence of support and advocacy services can limit the institution's ability to best meet the needs of survivors going through an ex gratia process. The relationship that develops

between the advocacy service – where it is usually a social worker or counsellor providing the service – and the survivor, enhances the engagement process.

The service can assist survivors to know what to expect in the process, both in terms of practical arrangements for the meeting/process itself, and with regards to possible outcomes. It can also liaise with the institution to ensure that the process of engagement is as least traumatising as possible. For example, the Royal Commission's report on redress and civil litigation notes that the wearing of uniforms or clergy robes can be intimidating for some survivors. Other survivors may see the wearing of civilian clothes as not properly representing the institution and therefore disrespecting the survivors. A support or advocacy service can help to navigate these matters.

In addition, the often complex needs of survivors can be better met where the institution can understand the desired outcomes of the survivor in the context of what is happening more broadly in their lives. The relationship between survivor and service worker, coupled with worker's social work or counselling expertise, can help to facilitate engagement so that the institution can gain an understanding about what will best meet the survivor's needs beyond a monetary payment, for example, support to address domestic violence, reconnection with family, support with child care so that medical or counselling needs can be met.

Support services can also offer a place for survivors to gather together and share experiences. This connectedness can provide a valuable source of comfort for survivors in knowing they are not alone.

We support the continuation of services that support and advocate for survivors. We note that in the design of a redress scheme, consideration needs to be given as to how the needs of survivors can be articulated in the context of the often complex issues they face.

### **More recent abuse**

We hope that, in recognising that those who have experienced abuse more recently have different needs to those who have suffered abuse in the past, it will no longer be common place for people to take decades to disclose their abuse. We hope that sufficient supports are available to assist people to disclose situations which make them feel unsafe or disclose occurrences of abuse as soon as possible.

We note the particular vulnerabilities of young people in out of home care. For example, many children and young people who are in contemporary out of home placements have experienced significant and sustained trauma which has a lasting impact on their cognitive development and functioning. We know that if the impact of this trauma is not addressed, these children will struggle to develop healthy relationships and attachments, experience learning difficulties, be less able to regulate their emotions than their peers and be much more likely to engage in high risk behaviour. Data that has already been presented to the Royal Commission further indicates that some children and young people placed in contemporary out of home care placements experience sexual abuse perpetrated by other children and young people. Data also indicates that young people in out of home care are much more likely to engage in high risk sexual behaviour. Circumstances regarding sexual behaviours of children in out of home care are complex and are an indicator that the impact of trauma from past abuse has not been addressed.

We strongly support the need for readily available specialist therapeutic support services that can specifically address the causes of high risk adolescent sexual behaviour, the underlying causes of adolescent sexual offending and for specialist support for children and young people who have experienced sexual abuse while in care. Such support would contribute significantly to the prevention of further child sexual abuse.