

Submission to inform the Royal Commission into Institutional Responses to Child Sexual Abuse

Issues Paper 10

*Advocacy and Support and Therapeutic
Treatment Services*



**VICTIM
SUPPORT
SERVICE
INCORPORATED**

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Introduction

The vision of Victim Support Service (“VSS”) is that *all* victims of crime (“victims”) in South Australia receive the support *they* need. We do this by providing a bespoke response to each victim, combining therapeutic expertise with knowledge of the criminal justice system to help victims both emotionally and practically. Our approach is augmented by a team of volunteers through the court process.

VSS is a statewide non-government community service organisation which provides free support, counselling and information services for adult crime victims, and advocates for victims’ rights and community safety. We provide nearly 30,000 responses to victims each year, of which nearly 3,000 are new referrals.

The organisation has been working with and for victims in South Australia since 1979. We deliver programs that focus on victim engagement and evidence-based practice in areas such as trauma, crime prevention, homicide, domestic violence and child sexual abuse. To do so, we partner with government, non-government organisations, the wider community, and all agencies of the criminal justice system.

VSS provides a range of services including:

Practical Assistance <ul style="list-style-type: none"> • Assistance with claims for victim compensation • Supporting victims through the court process • Assistance with Victim Impact Statements • Advocating for victims’ rights 	Information <ul style="list-style-type: none"> • Statewide Victim Helpline (1800-VICTIM) • Statewide network of victim service centres • Victimology Resource Centre • Community education and training programs
Therapeutic Interventions <ul style="list-style-type: none"> • Free counselling for victims of crime • Specialist support for co-victims of homicide • Royal Commission Support Service 	Domestic and Family Violence <ul style="list-style-type: none"> • Staying Home, Staying Safe (SHSS) • Statewide administration of Family Safety Framework meetings

VSS is governed by a voluntary Board of Management drawn from a diverse range of professional backgrounds including law, police, counselling, accounting, business, government and human services. The Board also retains a link with crime victims by retaining at least one crime victim/survivor as a Director.

VSS employs a team of staff drawn from the fields of psychology, social work and counselling deployed from one Adelaide office and seven country offices in South Australia. We provide a comprehensive range of practical and therapeutic services to all adult and older adolescents that have experienced crime, including information about a range of issues including victims of crime compensation, court support, training, counselling, brief intervention and assistance with preparation of Victim Impact Statements. This includes services for individual crime victims, their families, friends and the wider community. A victim does not need to have reported a crime to

access VSS services, and victims can contact VSS at any time after the crime – whether it was yesterday, last week or many years ago.

VSS also advocates on behalf of individual clients, and for systemic changes to improve how the criminal justice and the health/welfare systems treat victims of crime.

VSS staff provide consultancy, training and information to other professionals who work with crime victims. Additionally, we deploy a team of trained volunteers to provide:

- court preparation and companionship for victims or prosecution witnesses who attend court;
- community education talks;
- information resources for victims and other professionals.

VSS is primarily funded by the South Australian Attorney-General from the Victims of Crime Fund. In addition, VSS has been funded by:

- The Australian Government's Department of Social Services (DSS) to provide support and counselling services to individuals engaging with, or impacted by, the Royal Commission into Institutional Responses to Child Sexual Abuse;
- The South Australian Office for Women to provide administrative support for the statewide Family Safety Framework initiative;
- The South Australian Department for Communities and Social Inclusion (DCSI) to improve home security and safety for women who are at risk of homelessness as a result of family and domestic violence.

As the specialist victims of crime service in South Australia, and as a DSS funded service to support individuals wishing to engage in the Royal Commission, VSS has supported many survivors of institutional child sexual abuse over many years, as such we have a well-developed and thorough understanding of how the processes and outcomes are experienced by individuals.

VSS appreciates the opportunity to comment on Issues Paper 10: Support, Advocacy and Therapeutic Treatment Services. VSS also thanks and acknowledges SAMSNSW for their invitation to participate in the Round Table held in response to this Issues Paper in Sydney on 20 November 2015. Our recommendations are influenced by this participation.

Summary of Recommendations

VSS appreciates the opportunity to submit the following recommendations for consideration by the Royal Commission into Institutional Responses to Child Sexual Abuse:

1. Continued provision of victim/survivor services, as established in response to the Royal Commission, to provide individually tailored, trauma specific, evidence informed counselling, advocacy and practical support post the Royal Commission, in recognition of the long term (if not life long) needs of victims/survivors, as well as their family members, partners and loved ones.
2. The principles of trauma informed care and practice be adopted across all human services, including the criminal justice system, and all staff in these agencies participate in training to ensure consistency in responses to survivors. This is an imperative requirement to avoid ongoing retraumatisation of victims/survivors through institutional responses.
3. All human services provide a referral pathway for survivors to access victim trauma specific services, which are appropriately funded, confidential, free and ongoing.
4. Access to free and independent legal advice delivered by legal practitioners trained in trauma-informed care and practice (for example, the continuation of knowmore after the closing of the Royal Commission).
5. Significant investment to extend victim services to children and young people who have experienced child sexual abuse. Such an investment would lead to less demand on justice and health services in the future, as well as improve current criminal justice outcomes.
6. Survivors from diverse populations have the right to access support that suits their specific needs, and recognises and respects their dimensions of difference. Significant investment needs to be made to ensure services can uphold this right. This may take the form of population specific services, as well as mainstream services with culturally competent staff.
7. Investment in the continued growth of specific population survivor organisations, that are peer led, and provide direct support to survivors as well as an avenue for survivors to seek justice through social change.
8. Funding for services, including the criminal justice system, to invest in technology to enhance access via video conferencing, online counselling, and other electronic means of communication.
9. In recognition of the vast expanse of this country, funding for regionally based services to enable face to face support. This needs to include funding for regionally based staff to travel to access ongoing professional development.
10. Direct funding for victims/survivors to travel as required to access specialist services as well as to participate in the criminal justice system.
11. Launch of a public health campaign to raise community awareness about child sexual abuse and its traumatic effects. This could act both as a primary prevention and tertiary support measure.
12. The provision of an easy to access statewide consultation service (such as a centralised victim/survivor Helpline) that is widely promoted, and provides information, advocacy and referrals. This could be accessible to victims/survivors and service providers to ensure there

is “no wrong door” and a smoother transition into appropriate service support.

13. The establishment of a national framework to undertake systemic advocacy on behalf of victims/survivors post the Royal Commission. This would include and privilege the voice of survivors, enabling them to influence public policy and service design.
14. Recognition as a “special needs” group that prioritises access to housing, health care, support and employment services (as is being advocated by Care Leavers Australia Network and Alliance of Forgotten Australians).
15. Establishment and implementation of national minimum standards, training and accreditation to ensure all human service professionals are appropriately skilled to support victims/survivors.
16. Establishment of a non-government research fund to enable services to independently evaluate their programs to determine effectiveness of outcomes, and increase the growing body of good practice.
17. Victims/survivors are offered a choice of services including support, advocacy and therapeutic responses. This needs to include individual, family and group formats, and enable victims/survivors to opt in and out of such support. Multiple pathways need to be available that recognise the diversity of victims/survivors, including face to face in centre support, outreach support, telephone, on-line, video conferencing support, and the provision of written/electronic information.

Topic A: Victim and Survivor Needs and Unmet Needs

As a provider of the Royal Commission Community Based Support Service, funded by the Commonwealth Department of Social Services, VSS has designed a model of support to address the needs of victims/survivors.

Working from both a trauma informed and evidence informed perspective, VSS's model provides individually tailored support to survivors that is client centred and strengths based. As this Issue Paper recognises, this model incorporates the need to provide advocacy, support and therapeutic responses. This includes:

- Supporting survivors that were abused in care to access their records;
- Reporting to police;
- Accessing legal advice and representation, including to seek redress or compensation;
- Advocating and liaising with services to ensure holistic and comprehensive support;
- Therapeutic trauma counselling.

As a non-government organisation founded by victims of crime we uphold a rights-based focus and recognise that child sexual abuse is a crime. This informs how we work with victims/survivors as we recognise that the resultant harm done to them is a consequence of someone else's behaviour in perpetrating that crime against them. This fits well with a trauma informed perspective as we ask what has happened to this person, not what is wrong with them.

Many survivors have shared with us their past experiences in accessing support, and how these often have not proved helpful. Hearing these voices, our experience reflects ASCA's position that in Australia presently:

- *Complex trauma and its effects are often unrecognised, misdiagnosed and unaddressed;*
- *People impacted by trauma present to multiple services over a long period of time; care is fragmented with poor referral and follow up pathways;*
- *A 'merry go round' of unintegrated care risks re-traumatisation and compounding of unrecognised trauma;*
- *Escalation and entrenchment of symptoms is psychologically, financially and systematically costly.¹*

Our client base is diverse, but one notable feature is that the mean age is over 50. For many of our clients accessing support is not new, they have done this all their lives but their childhood experience of trauma has not been recognised or addressed. They come to us feeling stigmatised, isolated, and silenced, with a myriad of unmet needs, including:

- Homelessness and insecure/unaffordable housing;
- Poverty;
- Lack of employment/educational opportunities;
- Physical and mental ill health;
- Social exclusion
- Alcohol and drug misuse;
- Criminal justice issues;

¹ Adults Surviving Child Abuse (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Authors: Kezelman, C & Stavropoulos, P, p. xxviii

- Relationship issues;
- Ongoing trauma responses that affect their presentation to services.

Feedback from our clients and our experience as practitioners indicate that survivors are very willing to engage in support and will remain engaged when that support meets their needs.

As the Royal Commission's Interim Report acknowledged, institutional child sexual abuse is a contemporary issue but there is very limited support available to children experiencing abuse. For example, as the Victims of Crime Service in South Australia, we are not funded to provide support to children, yet we know that children are often the victims of crime, leading to childhood trauma. ASCA's recently released study indicated the cost of unresolved childhood trauma is \$9.1 billion annually.² At a recent conference hosted by VSS, in partnership with Anglicare, two top priorities were identified to address the needs of child victims:

- Specific victim services offering both practical and therapeutic support to children;
- Court advocates to support children through the criminal justice system.

Victim services are ideally suited to provide support, advocacy and therapeutic responses to victims/survivors as we uphold the rights of victims and recognise the abuse done to them as a crime. As such, we are well placed to avoid pathologising and blaming victims for the effects of their childhood trauma.

Recommendation 1:

Continued provision of victim/survivor services, as established in response to the Royal Commission, to provide individually tailored, trauma specific, evidence informed counselling, advocacy and practical support, post the Royal Commission, in recognition of the long term (if not life long) needs of victims/ survivors, as well as their family members, partners and loved ones.

Recommendation 2:

The principles of trauma informed care and practice be adopted across all human services, including the criminal justice system, and all staff in these agencies participate in training to ensure consistency in responses to survivors. This is an imperative requirement to avoid ongoing retraumatisation of victims/survivors through institutional responses.

Recommendation 3:

All human services provide a referral pathway for survivors to access victim trauma specific services, which are appropriately funded, confidential, free and ongoing.

Recommendation 4:

Access to free and independent legal advice delivered by legal practitioners trained in trauma-informed care and practice (for example, the continuation of knowmore after the closing of the Royal Commission).

Recommendation 5:

Significant investment to extend victim services to children and young people who have experienced child sexual abuse. Such an investment would lead to less demand on justice and health services in the future, as well as improve current criminal justice outcomes.

² Adults Surviving Child Abuse (2015), *The Costs of Unresolved Childhood Trauma and Abuse in Adults in Australia*, Authors: Kezelman, C, Hossack, N, Stavropoulos, P, & Burley, P, p.10.

Topic B: Diverse Victims and Survivors

The population of victims/survivors is diverse. Our client base consists of:

- Care Leavers, including Forgotten Australians;
- Aboriginal and Torres Strait Islanders;
- People from culturally and linguistically diverse backgrounds;
- People with disability;
- People living rurally or remotely;
- Diverse gender/sexuality

In working with survivors from diverse populations, VSS adopts ASCA's Best Practice Guideline 15:

Therapists should be culturally competent and sensitive to gender, sexual orientation, ethnicity, age and dimensions of 'difference'.³

In addition to this, VSS notes particular barriers faced by people with disability in accessing support. We are acutely aware that this is a cohort of our population that often have limited, if any, avenues to information about supports available, as well as accessing these supports. Many support services are not funded to provide services in a manner that is accessible to people with disability.

In providing our Royal Commission Support Service, VSS has engaged with People with Disability Australia. We have found their training and support invaluable in our work, and endorse their position as articulated under "Policy and Systemic Issues" on their Working to End Sexual Violence against People with Disability Website (<http://rcsupport.pwd.org.au/policy-and-systemic-issues.html>).

VSS commends the work of many survivor groups such as Care Leavers Australia Network (CLAN), Survivors & Mates Support Network (SAMSN) and Broken Rites. These organisations have played a pivotal role in the Royal Commission to date and provide invaluable and unique support to survivors.

Recommendation 6:

Survivors from diverse populations have the right to access support that suits their specific needs, and recognises and respects their dimensions of difference. Significant investment needs to be made to ensure services can uphold this right. This may take the form of population specific services, as well as mainstream services with culturally competent staff.

Recommendation 7:

Investment in the continued growth of specific population survivor organisations, that are peer led, and provide direct support to survivors as well as an avenue for survivors to seek justice through social change.

³ Adults Surviving Child Abuse (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Authors: Kezelman, C & Stavropoulos, P., p. 7.

Topic C: Geographic Considerations

VSS in a statewide service and in addition to our metropolitan presence, we have seven regional offices across the state. We are acutely aware of the challenges to providing services to people living regionally, rurally and remotely. Some of these challenges include:

- Complexity in ensuring confidentiality and privacy to clients;
- Accessibility of services and costs of access;
- Quality and choice in service provision;
- Access to justice.

Recommendation 8:

Funding for services, including the criminal justice system, to invest in technology to enhance access via video conferencing, online counselling, and other electronic means of communication.

Recommendation 9:

In recognition of the vast expanse of this country, funding for regionally based services to enable face to face support. This needs to include funding for regionally based staff to travel to access ongoing professional development.

Recommendation 10:

Direct funding for victims/survivors to travel as required to access specialist services as well as to participate in the criminal justice system.

Topic D: Service System Issues

Historically and currently, support services often fail to recognise that the problems with which people present may be as a direct result of the trauma they have experienced as a child.

The Adverse Childhood Experiences Study that demonstrates the link between childhood trauma and long term health and social consequences has proved pivotal in highlighting how services have focused on the “symptoms” rather than the “cause”. In addition, it found that “adult health problems on the part of those who had adverse experiences as children stem from strategies, coping mechanisms and behaviour which were initially protective attempts to deal with adversity experienced”.⁴

Overwhelmingly, mental health services have used a deficit based model that works from the presumption of “what is wrong with this person” rather than “what has happened to this person”. In doing so, it has failed to recognise the effects of childhood trauma over the life span.

In 1992, psychiatrist Judith Herman first published her ground breaking text *Trauma & Recovery: From Domestic Abuse to Political Terror*⁵ where she articulated a new diagnosis of complex post-traumatic stress disorder, now more commonly known simply as complex trauma. Since then considerable trauma research has been undertaken and this has been complemented with the

⁴ Adults Surviving Child Abuse (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Authors: Kezelman, C & Stavropoulos, p. 40.

⁵ Herman, J (2001), *Trauma and Recovery: From Domestic Abuse to Political Terror*, Pandora, London.

emerging neuroscience. The latter has not only demonstrated that trauma affects brain development, but also that, contrary to prior thinking, the neuro-plasticity of the brain means that recovery is possible. Despite this, DSM 5 is yet to recognise complex trauma, although the upcoming edition of ICD 17 will.

As a result, survivors have felt silenced about their experiences of abuse and held responsible for their current mental health issues.

...for the most part, the issue of trauma is simply screened out organisationally and systemically ... the reality of the traumatic origins of mental illness go unaddressed. And the patient, frequently diagnosed with chronic depression, borderline personality, or some other 'axis II' disorder, is labelled, everyone in the system colludes to support the reality and meaningfulness of the label in determining future behaviour and outcomes, and the patient's more fundamental – and treatable – trauma conditions go untreated.⁶

Both our clients and our counselling staff routinely experience such attitudes when trying to access mental health crisis support.

Not only does the trauma go untreated the institutional response can be retraumatising:

Research establishes that service practices which lead to retraumatisation rather than recovery are not exceptional, but pervasive and deeply entrenched.⁷

The Royal Commission has done much to increase the recognition and awareness of complex trauma. As a result of the Royal Commission, the Commonwealth Government through the Department of Social Services has funded national training organisations such as ASCA and the Australian Childhood Trauma Foundation, to provide training to human service professionals in recognising and responding to complex trauma.

For survivors to receive support that is not only helpful, but also not harmful, professionals providing that support must be trauma aware.

Recommendation 11:

Launch of a public health campaign to raise community awareness about child sexual abuse and its traumatic effects. This could act both as a primary prevention and tertiary support measure.

Recommendation 12:

The provision of an easy to access statewide consultation service (such as a centralized victim/survivor Helpline) that is widely promoted, and provides information, advocacy and referrals. This could be accessible to victims/survivors and service providers to ensure there is “no wrong door” and a smoother transition into appropriate service support.

Recommendation 13:

The establishment of a national framework to undertake systemic advocacy on behalf of victims/survivors post the Royal Commission. This would include and privilege the voice of survivors, enabling them to influence public policy and service design.

⁶ Bloom, SL & Farragher, B (2011) *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*, New York, OUP, p. 39, as cited in ASCA's *Best Practice Guidelines*, p. 39.

⁷ Adults Surviving Child Abuse (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Authors: Kezelman, C & Stavropoulos, P, p. 86

Recommendation 14:

Recognition as a “special needs” group that prioritises access to housing, health care, support and employment services (as is being advocated by Care Leavers Australia Network and Alliance of Forgotten Australians).⁸

Topic E: Evidence and Promising Practices

VSS endorses and is in the process of adopting ASCA’s Best Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. With our commitment to evidenced informed practice, we invest in ongoing professional development and also maintain a resource centre staff by a qualified librarian. Our understanding of the current evidence base and emerging research coincides with that of ASCA’s as documented in Part II of their Guidelines.

In summary, we support that therapeutic support for survivors should be underpinned by the following:

- Trauma awareness: screening, recognising and responding to trauma, including acknowledgement that adult ‘dysfunction’ were once coping strategies adopted by the child to survive their trauma;
- Recognition that trauma is a public health issue, not just an individual’s personal problem; requiring social and political responses;
- Recognising and understanding complex trauma; and its manifestations; particularly “the relationship between lack of processing and integration of traumatic memory and ongoing impairments across a wide range of functioning”.⁹
- Understanding of the neurobiology of attachment: the impact of experience and neuroplasticity of the brain over the life span, providing clear evidence that there is hope of recovery;
- Phase based support as best practice where Phase 1 is safety/stabilisation; Phase 2 is processing and Phase 3 is integration;
- Therapy is individually tailored to meet the specific needs and circumstances of each client;
- Effective trauma therapy attends to cognitive, emotional and sensorimotor processing;
- The centrality of the therapeutic relationship.

Traditional cognitive based therapies may be less effective (and sometimes harmful) for survivors of complex trauma. If these were applied to process traumatic memory prior to the client learning how to self regulate they could result in retraumatisation. The emerging research indicates promising results from therapeutic modalities such as:

- Schema therapy;
- Emotion focused therapy;
- Sensorimotor therapy;

⁸ Care Leavers Australia Network and the Alliance of Forgotten Australians submissions to Issue Paper 5: Civil Litigation, available at [http://www.childabuseroyalcommission.gov.au/getattachment/f9ddd8a-574c-4061-ad46-0acab0204509/25-Care-Leavers-Australia-Network-\(CLAN\)](http://www.childabuseroyalcommission.gov.au/getattachment/f9ddd8a-574c-4061-ad46-0acab0204509/25-Care-Leavers-Australia-Network-(CLAN)) and <http://www.childabuseroyalcommission.gov.au/getattachment/bc61ede6-4858-430f-b05f-95168033f516/11-Alliance-for-Forgotten-Australians>

⁹ Adults Surviving Child Abuse (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Authors: Kezelman, C & Stavropoulos, P, p. 52

- Metacognitive therapy;
- Attachment based treatments.¹⁰

Importantly, the trauma literature indicates practitioners need to be familiar with more than one modality.¹¹

VSS recognises the importance of both individual therapeutic support and group work. VSS is in partnership with SAMSN to provide a professionally facilitated peer support group to male adult survivors of child sexual abuse.

VSS recognises that not all survivors want to engage face to face initially or over the longer term. As such, we provide telephone counselling support. We also recognise that victims/survivors need choice and the ability to opt in and out of services.

Recommendation 15:

Establishment and implementation of national minimum standards, training and accreditation to ensure all human service professionals are appropriately skilled to support victims/survivors.

Recommendation 16:

Establishment of a non-government research fund to enable services to independently evaluate their programs to determine effectiveness of outcomes, and increase the growing body of good practice.

Recommendation 17:

Victims/survivors are offered a choice of services including support, advocacy and therapeutic responses. This needs to include individual, family and group formats, and enable victims/survivors to opt in and out of such support. Multiple pathways need to be available that recognise the diversity of victims/survivors, including face to face in centre support, outreach support, telephone, on line, video conferencing support, and the provision of written/electronic information.

¹⁰ Giarratano, L (2015) *Treating Complex Trauma*, Two Day Workshop held in Adelaide 22-23 Oct, 2015.

¹¹ Adults Surviving Child Abuse (2012) *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Authors: Kezelman, C & Stavropoulos, P, p. 76

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Bloom, SL & Farragher, B (2011) *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*, New York, OUP

Care Leavers Australia Network and the Alliance of Forgotten Australians submissions to Issue Paper 5: Civil Litigation, available at

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