

Royal Commission into Institutional Responses to Child Sexual Abuse

Issues Paper 10: Advocacy and support and therapeutic treatment services

State of Victoria Response

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Introduction

In *Issues Paper 10: Advocacy and Support and Therapeutic Services*, the Royal Commission sought comment on the definition for these types of service, and asked a series of questions about the extent and effectiveness of existing and emerging responses to the needs of survivors.

The Victorian Government funds a broad range of services that respond to the needs of children and adults who have experienced child sexual abuse to address their experience of trauma and to navigate the criminal justice system. This is in line with the government's commitment to work with key stakeholders, including victims' advocacy groups, to ensure victims' and survivors' rights are respected, and that they, and their families, get the supports they need.

This response focuses on the specific advocacy, support and therapeutic services available to Victorians who have experienced child sexual abuse in institutions, reflecting the focus and interests of the Royal Commission. Support services available to any member of the community who has experienced or is experiencing child sexual abuse in non-institutional settings are discussed where relevant.

The response was developed with input from the Department of Health and Human Services (DHHS), the Department of Justice and Regulation (DJR) and Victoria Police. Section 1 notes the policy context underpinning definitions of support and advocacy services and therapeutic treatment. Section 2 outlines the range of Victorian Government services that target or are available to those who have experienced child sexual abuse in institutional settings.

Section 1 – Definitions

Issues Paper 10 proposes definitions for advocacy, support and therapeutic treatment. The Issues Paper recognises that 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, and asks responding parties to consider if these terms are adequate and whether they have been defined appropriately. The following sections outline information relevant to a definition of advocacy (Part 1), support (Part 2) and therapeutic treatment (Part 3).

Part 1 – Defining advocacy

Issues Paper 10 proposes a broad definition of advocacy that focuses on funded individual advocacy, while also mentioning systemic advocacy. While this does reflect a common understanding of advocacy, particularly when considered from a victim's or survivor's point of view, it overlooks other forms of advocacy, such as self-advocacy and the advocacy functions embedded in statutory entities such as the Ombudsman or the Commission for Children and Young People.

All forms of advocacy overlap in purpose and intent, but any discussion of advocacy as a function must take care to distinguish between each type so as not to lose sight of the fundamental complexities and tensions that exist in this area. These include, for example, limitations on the kinds of matters for which an advocate may be empowered to act for an individual, as well as potential conflicts between the goals of individual and systemic advocacy.

To avoid these problems, it must be made clear what type of advocacy is being talked about, and what outcomes it seeks to achieve for individuals, for organisations and for the broader system, and how this may be supported through funding and other administrative arrangements. Where this doesn't occur, there is a significant risk that each participant will interpret what is meant through the prism of his or her own particular experience, potentially blunting the purpose and effect of any intended action.

This need for clarity should not limit what can be achieved, or set up obstacles to properly integrated and creative advocacy responses. Funding agreements between government and advocacy organisations should be used to balance the need for strict accountability with the need to encourage flexible service responses that can respond to emerging needs of clients, including in-staff training and capacity building.

1.1 The need for independence in advocacy functions

Advocacy is designed to address the inherent power imbalance between an individual or cohort, and elements of the broader service system. This imbalance is not unique to the human services sector, but the nature of the services provided by the sector, and the temporary or longstanding disadvantage experienced by its clients, requires that the imbalance is acknowledged by government and service providers, and that special efforts are made to mitigate it.

For adult survivors of child sexual abuse in institutional settings, one legacy of the abuse can be a significant level of distrust of authority or large organisations, especially those that claim to be acting in a caring capacity. For children in residential care, the power imbalance is heightened as they have already experienced a degree of family dislocation, and are now reliant on a community service organisation (CSO) to provide safety and essential personal needs including housing, daily care and a nurturing environment. Evidence provided by survivors of child sexual abuse to the Royal Commission has shown that, historically, children didn't report abuse because they feared reprisals, or ceased reporting because they weren't listened to. Reports made to outside adults, such as teachers and police, were also often dismissed out of hand, or only followed up in the most cursory fashion. There were many reasons why

this occurred, including complicity, fear of reprisal for ‘whistle blowing’, exposure, and a genuine inability to believe that anyone could act in such a way towards a child.

It is critical to ensure that any service user, no matter their age or the service they receive, has access to an appropriate independent person who will take them seriously and support them in navigating complex situations. In Victoria, this role can be filled by advocates from funded advocacy programs, or from statutory bodies. The entity fulfilling the role of ‘independent advocate’ at any particular time will depend on the situation, the issue at hand, and the individual’s preferences. More information on Victoria’s advocacy arrangements are outlined below.

1.2 Self-advocacy

Much of the early work to raise awareness of child sexual assault in institutions was led by self-advocates, who were reacting to the lack of formal support or engagement offered by the organisations from which they were attempting to obtain a response.

Acting as a self-advocate can be a difficult and challenging task, whether an individual is arguing against a large organisation, or articulating personal needs in a meeting with a counsellor or case manager. Being able to clearly state one’s own needs, goals and aspirations, and understanding any legal rights and responsibilities, is an important step in being able to obtain recognition and redress for acts of abuse. It also helps develop a sense of control and empowerment and creates a sense of purpose as people are able, through their stories and actions, to help other victims in turn.

Not all survivors will be interested in becoming self-advocates or, even where they have and exercise the necessary skills, consider themselves to be advocates in any formal sense. It is, however, critical that victims and survivors are afforded the opportunity to act on their own behalf, and are supported to do so. This can be facilitated through organisations establishing simple and responsive engagement mechanisms that empower their clients (for example, encouraging staff to meet with clients in settings where they are most comfortable) and by individual advocates or other professionals, such as case managers, who may also advocate on behalf of their clients.

The national CREATE foundation (see section 4.1.2), for example, is funded by most Australian Governments (including Victoria) to provide a range of resources designed to help children living in out-of-home care participate meaningfully in decision-making that affects them. While CREATE isn’t targeted specifically for survivors of abuse, the skills that it helps young people develop makes it more likely that they will speak up if abuse has occurred or does occur. Building self-advocacy skills empowers adult survivors of child abuse to deal with the effects of that abuse and empowers children and young people currently in care to report their own abuse in the future.

1.3 Funded advocacy: individual and systemic

Issues Paper 10 identifies two types or levels of funded advocacy: firstly, individual or personal advocacy, focused on supporting an individual in a range of ways and situations; and secondly, systemic advocacy, where an organisation speaks on behalf of a particular group of people to bring about systemic reform.

In Victoria, individual advocacy is usually funded through targeted, cohort-based advocacy programs or organisations, or as one element of a broader range of services and supports provided through CSOs. This reflects the different needs of survivors: some people may seek advice or support that directly relates to their experiences as a survivor or victim; for others, this may be only one, and not even the most pressing, of a number of issues for which they seek assistance. Balancing a sufficient number of advocates or organisations with specialist expertise in supporting survivors of child sexual abuse against the need to ensure that all advocates are able to identify and act on a history of possible abuse in a holistic and sensitive way is a significant systemic challenge. Victoria is now increasingly using a model of trauma-informed care in the delivery of its services, which assists greatly in promoting an awareness

of the possibility and identification of abuse as an underlying contributor to other issues, and encouraging a sensitive response.

In addition to funded individual advocacy, most community sector workers, including case managers, counsellors and others, consider part of their role to be advocating on their clients' behalf. However, this form of advocacy is limited by the nature and purpose of their involvement with the client (for example, during a client's involvement in a youth justice program). In addition, there is the potential for conflicts of interest to occur should allegations arise about the worker's employer, and therefore this form of advocacy cannot be considered an appropriate substitute for access to individual advocacy that is not dependent on the provision of some other service.

Individual and systemic advocacy are necessarily interlinked—systemic advocacy is informed by a close understanding of the breadth and extent of issues that affect individuals trying to negotiate their way through common issues or circumstances—and can often be carried out by the same organisation.

Another key source of systemic advocacy is peak bodies, membership-based organisations that represent the interests of service providers rather than service users directly.¹ The Victorian Government regularly partners with CSOs and peak bodies to identify system gaps and to collaborate on policy solutions.

Encouraging the development of referral networks and service coordination processes is a key issue for any government—particularly in rural and regional areas, where access to services may be limited—and is essential if the return on investment in advocacy services is to be maximised.

1.4 Statutory advocacy for children

Victoria has a number of statutory bodies with responsibility for, among other things, advocating on behalf of children currently in the service system, responding to complaints from service users (including children), and promoting best practice and practice reform. While these bodies do not provide a first-line response to victims of child sexual abuse, they provide an important independent source of advice and support for individuals trying to raise, and seek a response to, problems they have experienced with the service system, including the reporting of an allegation of sexual abuse, and how it was responded to. This section provides an overview of these bodies.

1.4.1 Victorian Ombudsman

The Victorian Ombudsman is established under the *Ombudsman Act 1973* and has jurisdiction to investigate complaints by a child or young person who is in the custody of the Secretary of the Department of Health and Human Services (DHHS) and is receiving care services provided pursuant to the *Children, Youth and Families Act 2005* (CYF Act). Under section 347 of the CYF Act, children remanded in custody by police are entitled to complain to the Chief Commissioner of Police or the Ombudsman about the standard of care, accommodation or treatment which they are receiving.

Signs promoting the Victorian Ombudsman and her role in investigating complaints are posted near phones in residential care facilities and secure welfare services. Once a matter is investigated, the Ombudsman may recommend that the government authority remedy the problem, both in relation to the individual concerned and, if relevant, to the system.

Section 1.4.4 provides information about DHHS's residential care complaints processes.

¹ As peak bodies speak on behalf of their members rather than on behalf their members' clients, governments cannot rely solely on input from peak bodies in the consideration or development of policy, as the interests and opinions of CSOs and their clients may not align. Service users should always have a separate voice in any discussions.

1.4.2 Commission for Children and Young People

The Victorian Commission for Children and Young People (CCYP) has special responsibilities for children and young people in care, and is tasked with conducting inquiries in relation to:

- the safety or wellbeing of a vulnerable child or young person, or a group of vulnerable children or young people, focusing on the services provided or not provided to the child or young person; and
- persistent or recurring systemic issues in the provision of services provided or not provided by a health service, human service or school. The CCYP's inquiry powers extend to services provided to other children and primary family carers where there are matters relevant to the safety and wellbeing of children.

While the CCYP does not take or investigate complaints in the same way the Ombudsman does, it routinely responds to enquiries from children, young people, parents, grandparents, social workers, general practitioners, solicitors and advocacy workers.

When receiving enquiries, the CCYP helps people to access a wide range of information, advice and referral services.² The *Commission for Children and Young People Act (2012)* requires the CCYP to avoid duplication by liaising with other investigative bodies and statutory authorities in the course of inquiries, allowing the CCYP to act as both an advocate for children and young people facing issues that they may not want to voice or resolve with their case worker, carer, residential care worker, friends or family, as well as to take an overall or systemic monitoring role.

Common concerns raised with the CCYP are those relating to kinship care, child protection matters, educational issues, family law and other legal matters. More complex enquiries often encompass housing needs, mental health issues and leaving care.

The CCYP developed a *Charter for Children in Out-of-Home Care* that has been endorsed by the government. The document sets out children's rights when they are in care. Copies of the document are displayed in residential units and are provided to children upon their entry into out-of-home care.

1.4.3 The Independent Visitor Program

The CCYP currently administers three Independent Visitor Programs (IVPs) in Victoria:

- the Youth Justice Centre IVP, established in April 2012
- the Secure Welfare Services (SWS) IVP pilot, currently under evaluation
- the Residential Care Services IVP pilot, operating in the Southern Division for 17 months from February 2015.

IVPs ensure the independent monitoring of custodial care, secure welfare and residential care, and provide information and assistance to children and young people to help improve their experience. IVPs support and advocate for the protection of children and young peoples' rights and opportunities. The program is intended to provide an independent mechanism that allows children and young people to have their voice heard, provide positive feedback, raise matters of concern, and have issues resolved at a local level in an expedient way.

Any issues that are raised via the IVP process are communicated to the relevant operational division through the agreed liaison point, explored and addressed locally and the results communicated back to the CCYP liaison point.

An evaluation of both the SWS IVP and Residential Care Services IVP pilots is under way.

² The Commission has established a protocol with the DHHS to support responding to enquiries that relate to Child Protection concerns or the safety and wellbeing of children in out-of-home care. Consistent with this protocol, the Commission provides additional assistance in some situations to support solutions that best meet the needs of the child.

1.4.4 Residential Care Complaints Processes

Children and young people who reside in residential care in Victoria can make complaints to any of the following:

- the CSO providing residential care
- DHHS
- The Victorian Ombudsman, and
- The Disability Services Commissioner.

A range of processes exist for complaints to be made to each of the above. The Victorian Auditor General's report *Residential Care Services for Children* (2014) recommended that DHHS '...promote to children in residential care the processes for making a complaint...' The Residential Care Complaints Process Awareness project was developed by DHHS to respond to this recommendation.

The project aims to ensure that children and young people in residential care services know who to speak to, and where to go to make a complaint. A consultation and co-design process between DHHS staff, 25 children and young people, and 20 sector representatives took place between January and May 2015, and identified some of the challenges to raising awareness about complaints processes, including low levels of literacy, a preference for verbal communication, and a preference to maintain a home-like environment (for example, without placing overt messaging or signs about complaints on the walls).

The co-design process concluded in September 2015 with the design and testing of a range of options to raise awareness of complaint mechanisms. DHHS is now considering, with the input from stakeholders, how best to progress draft recommendations for improved awareness of complaints processes.

Also as part of this project, DHHS re-distributed *Getting it Right* DVDs and booklets to all residential care units, explaining the *Charter for Children in Out-of-Home Care* and how children and young people can expect to be treated in care.

1.4.5 Viewpoint

In 2012, Community and Disability Services Ministers agreed to undertake a survey of children in out-of-home care, as part of each jurisdiction's case management processes, for monitoring and reporting on eight child-reported measures under the National Standards for Out-of-Home Care.

The first national survey of children and young people in out-of-home care in Victoria was undertaken in partnership between DHHS and CSOs between 1 February and 30 June 2015.

In Victoria, the survey targeted 2,189 children aged 8 to 17 years residing in out-of-home care whose care arrangements had been ordered by the Children's Court, and where the parental responsibility for the child had been transferred to the Secretary for longer than 3 months. Participation was voluntary, and children were able to complete the survey independently using the Viewpoint Interactive tool.

Based on the jurisdictional data collected, the Australian Institute of Health and Welfare is producing a national report on the views of children and young people in out-of-home. This report is expected to be released in 2016.

1.4.6 Legal Advocacy

All children aged 10 years and above who are the subject of applications before the Family Division of the Children's Court of Victoria must be legally represented. The legal representative must act in accordance with the instructions of the child. In exceptional circumstances the Court may direct that a child over the age of 10 who is not mature enough to give instructions, or a child under the age of 10, be legally represented. In these circumstances, the legal representative must act in accordance with his or her assessment of the best interests of the child.

Victoria Legal Aid either directly provides the representation of children in these proceedings or provides the funding for the legal representation.

DHHS is currently exploring opportunities to improve legal support provided to children and young people who have experienced harm while in care.

Part 2 – Defining support

Issues Paper 10 notes that survivors of child sexual abuse require assistance to navigate and access supports from a range of service systems, such as housing, health and Centrelink systems. The paper also describes the emotional support needed by survivors to help reduce isolation and build connections and trusted relationships to help with healing and recovery. As noted above in this response, aspects of these support services could be characterised as having advocacy functions. Similarly they may also resemble therapeutic or emotional support services.

As well as advocacy and therapeutic responses, survivors and their families also report the need for assistance with a range of other issues, including specialised dental care, funeral expenses for families where victims of abuse have taken their own lives, and support on matters of sexual identity. While these support needs are to a limited extent recognised through the existing service system, and will be considered in more depth as part of the development of a redress scheme, a further support need that is unique to care leavers is assistance to access and interpret the records of their time in care.

Care leavers in general, and survivors of child sexual abuse in particular, greatly value access to these records. However, accessing these records can be complicated due to privacy and other legal constraints, and can also bring back traumatic memories for individuals.

The Victorian Government has recognised that it is critical to provide effective support to care leavers to navigate the process for requesting access to information, understand the information that is provided, and to manage the risk or consequences of re-traumatisation.

Part 3 – Defining therapeutic treatment

The Victorian Government funds a range of therapeutic programs that respond to the needs of survivors of child sexual abuse; these are discussed in Section 2. Additionally, many therapeutic services such as psychology, counselling and general practice are available through the public and private health system. Funding for these health services is a mix of Commonwealth funding, state funding and private out of pocket expenses.

A distinction is drawn between:

- a range of general supports which may be accessed by survivors; and
- more targeted therapeutic responses specifically responding to issues arising from abuse and designed to bring about measurable improvements in a person's wellbeing and quality of life.

While general supports can provide a therapeutic benefit, for example, by assisting a person to disclose, explore and respond to their experience, it is important that this is not confused with the value of a coordinated therapeutic response, delivered by an appropriately experienced professional.

The Government promotes a trauma-informed approach in the delivery of community supports, especially in those areas which are more likely to deal with people whose backgrounds indicate they are, may be, or have been vulnerable to abuse. This approach recognises that a person's response to trauma can manifest in different ways, often over a long period of time, and can have significant flow-on effects to family members and others.

Trauma-informed care and practice are based on key principles including safety, trustworthiness, choice, collaboration and empowerment. It uses a coordinated service delivery approach that recognises and works to minimise the power imbalance between a traumatised individual and the broader service system. This allows the earlier identification of child sexual abuse as an underlying issue, and for appropriate information and referrals to be made.

Given the different ways in which a person can experience the impact of child sexual abuse, it is essential that survivors are able to access a therapeutic response that meets their own needs. This may

relate to how the therapy is provided; whether or not any additional expertise is required (for example, dealing with behaviours of addiction); the choice of person or organisation providing the therapy; and the survivor's own willingness or ability to engage at any given time. Progress or effectiveness should be regularly assessed, and adjustments to treatment made as appropriate, and with the agreement and understanding of the survivor. Currently, therapeutic responses are funded and provided in a number of ways: through the Medicare system by the Commonwealth Government; via targeted programs funded by State Governments; and, where required, through client expenses.

DHHS's Office of Professional Practice provides practice leadership for child protection, youth justice and disability services professionals in Victoria. It fosters continuous improvement in service delivery and encourages practice excellence among child protection, youth justice and disability services professionals. The Office is charged with supporting professionals to provide support and care with foremost regard for the safety and wellbeing of all clients.

Section 2 – Victorian Government services

Part 1 – Supports for care leavers

The Betrayal of Trust Inquiry and Royal Commission public hearings have shown that survivors of childhood sexual abuse require a broad range of supports and therapeutic responses to help deal with the various issues arising from that abuse. Survivors reported long-term effects of abuse which included effects on physical health, mental health, education and career prospects, ability to form relationships, parenting skills, and faith.³

DHHS funds two separate streams of supports for care leavers, depending on whether they left care before or after 1989. DHHS has recently engaged KPMG to conduct a review of the delivery of support services provided to people who left institutionalised or out-of-home care before 1989, and consider whether specialised responses are also required for those who left care after 1989 and are no longer eligible for leaving care services.

The review will:

- consider the principles for effective service delivery to care leavers⁴ and identify other relevant principles that should underpin effective service delivery for care leavers in Victoria
- assess the extent to which the current service delivery system aligns with the principles
- assess the overall effectiveness of the current service delivery system
- consider whether specialised responses are also required for care leavers who left care after 1989 and who are no longer eligible for other leaving care service
- provide options for service delivery improvement taking into account any proposals or recommendations made by the Royal Commission report on redress and the Victorian Government consultation paper on redress.

It is anticipated that the review will conclude in early 2016.

1.1 Support to access records

1.1.1 FIND and Freedom of Information

As with the provision of other supports, DHHS operates two processes to fulfil its responsibilities under the *Freedom of Information Act 1982*, depending on whether the person concerned left care before or after 1989.

For care leavers who left care on or before 31 December 1989, records requests are handled by Family Information Networks and Discovery (FIND), a statewide program established in 2004 following the Australian Senate's Forgotten Australians inquiry. Requests for records from care leavers who left care after 1989 are handled by DHHS's Freedom of Information (FOI) unit.⁵ DHHS is currently reviewing

³ Royal Commission into Institutional Responses to Child Sexual Abuse, *Interim report* Volume 2 page 3, Commonwealth of Australia 2014.

⁴ These include: adequate range, location and length of services; individually focused and responsive to needs of different people; coordination with other services required by care leavers; choice of access to services; adequate and appropriate specialisation where required; confidence in service provision; and trauma informed care as the basis for support. The review will also consider the Royal Commission's principles for the provision of counselling and psychological care, as set out in its *Redress and civil litigation report*.

⁵ The use of 1989 as a cut-off date was based on a number of factors, including the introduction of the *Children and Young Persons Act*, which led to significant changes to the child protection system, its use in the definition of a Forgotten Australian and the

whether it is more appropriate to provide a similar level of support for post-1989 care leavers to that received by pre-1989 care leavers.

Services provided by FIND include:

- processing of requests for records including arranging a search of records by DHHS's archival services, preparing and editing records in accordance with relevant legislation
- providing support before and after receiving records
- providing information and referral regarding relevant support services
- assisting 'Forgotten Australians' who have been separated from family members to regain contact
- working with other organisations and groups providing services to people who have been in out-of-home-care.

The FOI unit liaises with support agencies to action care leaver requests for information, explains release decisions and redactions to care leavers, and assists care leavers to make clear requests for the information they are seeking.

The FOI unit processes requests for personal records from clients, ex-clients or their relatives and former wards of state that left care after 1989. Examples of personal records held by DHHS include:

- former ward of the state / Child Protection files
- youth justice client files
- disability services client files
- public housing loan and tenancy files

1.1.2 Ward Records Plan

Established in January 2013, the Ward Records Plan⁶ was developed to respond to records and freedom of information issues noted by Victorian Ombudsman and Auditor-General reports. The overarching objective is to provide former wards and care leavers with access to information held by DHHS about their time in care.

The scope of the Ward Records Plan is restricted to records in the custody of DHHS and the Public Records Office of Victoria and the project aims to:

- provide efficient and timely access to records of former wards and care leavers in DHHS's custody
- ensure ward and care leaver records are appropriately conserved and stored
- mitigate the risk of loss and physical damage to records
- provide contextual information for these records including administrative and institutional history where possible.

The project is expected to conclude in September 2016 and will involve the identification, indexation, storage, management and digitisation of 148,000 original records relating to children in Government care dating back to 1864 in Victoria⁷ and will allow better retrieval and easier access for the 1200 viewing requests that are received each year.⁸

subsequent link to targeted services, including Open Place (see Section 3.2.1), and the Commonwealth Government's Find & Connect Services.

⁶ See <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/key-plans-and-strategies/department-of-human-services-ward-records-plan>

⁷ Ibid

⁸ See <http://prov.vic.gov.au/government-recordkeeping/highlights-from-the-may-2015-records-management-network-event#sthash.iCLopylq.dpuf>

1.2 Supports for people who left care before 1989

Following publication of the *Forgotten Australians* report in 2004 and growing awareness of the need to provide support services to care leavers, the Victorian Government subsequently funded several agencies to respond to the needs of Forgotten Australians, including Open Place, CLAN and VANISH.

1.2.1 Open Place

As a result of extensive consultation with care leavers to determine what services should be provided, Berry Street (in partnership with Relationships Victoria) has been funded \$2.6 million per annum to provide Open Place services. Open Place provides counselling, brokerage funding and peer support for adults who left care before 1989. Nearly 50 per cent of service users live in rural and regional areas of Victoria.

The services provided by Open Place include:

- free, professional, ongoing counselling for care leavers
- a drop-in centre
- information and referral to mainstream health and support services
- financial assistance towards medical, dental and education costs
- search services to help former wards find their records and family members
- legal information about potential compensation claims and support during the claims process
- support with advocacy
- social support and activity groups.

Families and partners are also supported including through the provision of counselling services and, for family members, assistance accessing records and family searches.⁹

1.2.2 CLAN

Care Leavers Australia Network (CLAN) is funded \$19,000 per annum to provide support, advocacy and research and training services for Forgotten Australians. It currently provides advocacy services for both pre and post 1989 care leavers. DHHS has funded CLAN since 2005.

Services available through CLAN include:

- free counselling for care leavers living in Victoria
- assistance for former wards to find their records and those of other family members
- support with accessing services from Centrelink, priority housing and other issues
- access to the CLAN library
- social support and activity groups.

1.2.3 VANISH

The Victorian Government funds the Victorian Adoption Network for Information and Self Help (VANISH) \$385,000 per annum to provide a specialised search service for former state wards, and those who have been in institutional or foster care in Victoria (in addition to people affected by adoption).

Services provided by VANISH include:

- support groups
- counselling services for those living in city and rural areas
- advocacy and education.

⁹State of Victoria's response to Issues Paper 6, Royal Commission into Institutional Responses to Child Sexual Abuse

1.3 Supports for people who left care after 1989

The introduction of the *Children and Young Persons Act* in 1989 brought about a number of changes in the care arrangements available for young people in the care of the state. The changes included different placement types (including kinship, foster or residential care), different periods of time in care and different responses to abuse suffered while in care.

DHHS currently funds a range of support services designed to support people who have left care since 1989, as well as children and young people currently living in residential care. The review of care leaver services being undertaken by KPMG will consider whether additional or specialised post-care supports are needed for this cohort.

1.3.1 CREATE

In 2015-16 DHHS funded the CREATE Foundation, originally the Australian Association of Young People in Care, \$495,628 per annum.

CREATE facilitates a variety of programs and services for over 40,000 children and young people across Australia currently living in care and those who have transitioned from care up to the age of 25. It develops policy and research to advocate for a better care system (including through submissions and discussion papers, and involvement in a range of committees, forums and working parties).

CREATE also runs a range of self-advocacy programs for young people in care to help them participate in their own case planning, and advocate for changes to the broader system.

1.3.2 Springboard

Springboard is funded \$5.6 million across 12 providers statewide to support high-needs young people between the ages of 16-21 to transition from residential care. Springboard is delivered by a range of community service organisations specialising in supporting young people with education, training and/or employment. Services include:

- assessment of individual needs
- identification of goals needed for the young person to successfully engage or re-engage in education or employment and the ongoing delivery of support services to meet those goals; and
- delivery of flexible services, individually tailored to the client's needs.

1.3.3 Leaving Care Hotline

A young person aged 16 to 21 years who has left out-of-home care in Victoria can call the Leaving Care Hotline to speak to someone for advice or for a referral to local support services. Young people can seek advice on the following issues:

- wanting to stay in education or return to studying
- needing help to look for a job, or apply for on the job (vocational) training
- needing help or advice to keep a current job
- needing help to find accommodation or stay in existing accommodation
- wanting support to re-connect with family
- needing some financial help to maintain independence, if the young person has already left state care

1.3.4 Brokerage

Young people who have left care to live independently can access financial help in the form of brokerage. This financial help can be used to:

- pay accommodation costs
- access health and community services that are not supported by Medicare; and

- pay for education or training

1.4 Funded systemic advocacy

In addition to CLAN, CREATE and the other funded advocacy services for care leavers discussed above, the following organisations provide systemic advocacy.

1.4.1 Foster Care Association of Victoria

The Foster Care Association of Victoria (FCAV) provides systemic advocacy, working to improve the foster care system, and ensuring the interests of carers are considered in all levels of policy and best practice.

In 2015-16, FCAV is recurrently funded \$470,394 per annum by the Victorian Government to undertake policy development and review; host forums to support and strengthen the resilience of carers; disseminate information; and manage a Carer Information and Support Service.

In addition to this, the FACV has received \$50,000 fixed term funding in 2015-16 to provide training; host a carer celebration during Foster Care Week; and sponsor foster carers' attendance at conferences.

1.4.2 Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for approximately 100 child and family services in Victoria. The Centre is funded approximately \$1.3 million per annum for a number of activities including sector and community representation. The Centre represents small, medium and large community service organisations across Victoria, enhancing their capacity to deliver services through engagement in State policy and service development. The Centre advocates for positive reform and works with its member agencies to ensure children and families have access to the services and support they need.

1.4.3 Kinship Carers Victoria

Kinship Carers Victoria (KCV) is the peak body for kinship carers in Victoria. The KCV is funded approximately \$58,000 in 2015-16 by DHHS to advocate for and support kinship carers in decision making processes. KCV's aim is to have kinship carers supported in their role according to their needs and the needs of the children they care for.

Part 2 – Supports for children and young people currently in out-of-home-care and youth justice settings

The Betrayal of Trust Inquiry and Royal Commission hearings, along with a range of other reviews including the Victorian Auditor General's report *Residential Care Services for Children (2014)*, have highlighted the experiences of survivors of child sexual abuse and the ways in which aspects of past and current policy have contributed to or exacerbated victims' trauma.

The Victorian Government welcomes these findings as opportunities for improvement, and has implemented a series of initiatives to strengthen our service delivery processes and better protect and respond to the needs of our clients.

2.1 Responding to client incidents

DHHS has a whole-of-department client incident management and reporting process that includes detailed instructions for responding to allegations of child sexual abuse, including:

- the requirements for compulsory reporting of certain incidents to police
- contacting the local Centre Against Sexual Assault (CASA), with the consent of the client
- informing the client of the process of police investigation

- providing support and advocacy following an allegation of assault
- supporting the client through the justice process
- notifying client's next of kin or guardian about the incident
- referral to specialist agencies for clients from Aboriginal and Torres Strait Islander or culturally and linguistically diverse communities
- completing a client incident report
- ensuring ongoing safety by preventing further contact between the alleged victim and the alleged perpetrator.

DHHS is currently developing a new client incident management system, which will focus on the most serious incidents and increase service provider accountability for non-critical incidents. The new system will commence in mid-2016 and will apply to all departmentally funded services (excluding hospitals and some Community Health Services, which report through an alternative mechanism).

2.2 Sexual Exploitation Strategy

Since 2013-14 DHHS, Victoria Police and other agencies have undertaken considerable work in relation to the issue of child sexual exploitation and abuse within the child protection and out-of-home care system.

The effort has included: relationship development and capacity-building work with the out-of-home care sector and Victoria Police; the establishment of new whole-of-government governance arrangements; completion of an independent review of the department's response to sexual exploitation to provide future guidance for policy and service improvement; and recruitment of four specialist child protection practitioners to lead the DHHS response to sexual exploitation of children in out-of-home care.

The consultants' report provides a framework for an integrated and comprehensive approach to tackling sexual exploitation through prevention, protection, prosecution, systems partnerships and regulation, data monitoring and evaluation and workforce development and training.

Through a whole-of-government process, a sexual exploitation strategy and work plan has been developed. The sexual exploitation strategy focuses on the capacity to strengthen Victoria's response to children and young people at risk of, or experiencing, sexual exploitation through work on four priorities:

- an enhanced model of response to child sexual exploitation by DHHS and Victoria Police
- universal and targeted education strategies for children
- residential care workforce quality initiative
- enhanced information and data sharing.

The enhanced response model project is a current and joint initiative between DHHS and Victoria Police to build on the initiatives already in place and collaborative responses to sexual exploitation that have resulted in good outcomes for children.

The model will include local processes and governance arrangements to implement and oversee stronger collaborative practice to protect children in out-of-home care who are at risk of sexual exploitation.

In March 2014 DHHS released advice for child protection practitioners and managers regarding Child Protection clients who are identified as, or believed to be, at risk of sexual exploitation when away from their out-of-home care placement.¹⁰

¹⁰See: <http://www.dhs.vic.gov.au/cpmanual/practice-context/children-in-specific-circumstances/?a=862802>

The advice includes a range of indicators and signs to identify children and young people who may be at risk of sexual exploitation, as well as a range of responses. This enables support and direction for case practice through rigorous review of the client's case history, planning intervention and outcomes.

Upon receiving information that a child or young person has been sexually exploited, practitioners must notify one of Victoria Police's Sexual Offences and Child Abuse Investigation Teams (SOCIT), who provide a first-line response to the child or young person.

2.3 Child-to-child sexual abuse

Provisions in the *Children, Youth and Families Act 2005 (the Act)* enable the Secretary of DHHS to receive and investigate reports about children aged ten years and over and under 15 years who have engaged in sexually abusive behaviours. The provisions, available since 1 October 2007, allow children to be placed on a therapeutic treatment order to attend and participate in treatment in order to address the behaviours and the harm caused. Where a child is unable to remain in the family home, provisions also allow for that child to be placed on a therapeutic treatment placement order. These orders are made in the Family Division of the Children's Court of Victoria.

Victoria Police, the Criminal Division of the Children's Court, or any member of the public, are able to report concerns about a child's sexually abusive behaviour to Child Protection. Child protection practitioners must investigate and assess whether the child is in need of therapeutic treatment and the appropriateness of a therapeutic treatment order to mandate treatment.

Victoria's Therapeutic Treatment Board was established under the *Children Youth and Families Act (2005)* and has operated since 2007. The role of the Board is to provide advice to the Secretary regarding the appropriateness of a Therapeutic Treatment Order (TTO) for a child and to evaluate and advise the Minister on services available for the treatment of children in need of therapeutic treatment.

The TTO requires a child to attend an appropriate therapeutic treatment program, usually provided through a specialised Sexually Abusive Behaviour Treatment Service (SABTS). Treatment also involves the child's family where appropriate. SABTS works with the child or young person, their family, carers, school and community services to provide an assessment and developmentally appropriate response and aim to address problem sexual behaviour and sexually abusive behaviour in children and young people, as well as help families and carers to understand and support the child or young person to change their behaviour.

A TTO is a statutory response that is required where it is evident that the child or young person or their family are unable or unwilling to attend treatment without such an order.

DHHS funds SABTS to provide therapeutic treatment to children and their families whether or not they are subject to a therapeutic treatment order.

2.4 Therapeutic Residential Care

In 2008, DHHS began a four-year pilot of the Therapeutic Residential Care (TRC) model. TRC provides a time-limited intensive period of care for children and young people, designed to respond to the complex impacts of abuse, neglect and separation from family. TRC aims to create positive, safe, healing relationships informed by a sound understanding of trauma, damaged attachment and developmental needs.

An evaluation of the TRC model conducted in 2011 found that the TRC model achieves better outcomes for children and young people than standard residential care practice. Improved outcomes for the children participating included:

- reduced risk-taking
- improved stability, emotional and mental health and behaviour

- improved quality of contact between young people and their family and between young people and their carers
- greater participation in education and in extra-curricular activities in the community
- improved academic functioning
- a significant improvement in sense of self.¹¹

2.5 Therapeutic foster care

The Circle Program, a therapeutic approach to foster care, provides a framework for supporting and promoting child-centred practice. The Circle Program provides an early intervention option for first time entrants to out-of-home care and aims to prevent children from having multiple and poor placement experiences.

The Circle Program recognises that all children entering care have experienced some degree of trauma, abuse and neglect, and require a therapeutic response to support them to recover. Unlike standard foster care placements, carers within the Circle Program receive intensive support and training to enable them to provide therapeutic care to the child in their care. Professional members of the care team are trained in therapeutic approaches to foster care. As members of the care team are trauma-informed, care team meetings are more able to focus on addressing a child's trauma needs. A therapeutic specialist provides support to the carer and members of the care team.

2.6 Take Two

Take Two is a developmental therapeutic program for children and young people in the Child Protection system provided through a partnership between Berry Street, La Trobe University Faculty of Health Science, Mindful Centre for Training and Research in Developmental Health, and the Victorian Aboriginal Child Care Agency.

DHHS currently funds Take Two \$7.7 million per annum. Take Two is funded to see 297 clients on average per day, and to provide services to approximately 600 clients per month. It is expected of the service that less than 10 per cent of clients who completed the program are referred back to it within 12 months.

Take Two accepts referrals from Child Protection of children and young people who have been seriously abused or neglected, and who are exhibiting, or at risk of developing, severe emotional or behavioural disturbance. This includes children who have experienced sexual abuse, either in an institutional or home setting.

As an intensive treatment service, Take Two aims to improve the functioning, safety and wellbeing of the children and young people who are referred to the program through the provision of specialist intensive therapeutic counselling and multiple treatment methods aimed at addressing trauma and attachment problems involving children, their families and carers.

Therapeutic services are also provided to children in therapeutic foster care and therapeutic residential care services, as well as family coaching, sexual abuse prevention programs and other local initiatives. Most of these services are provided through area-based teams; an Aboriginal team located in DHHS's North Division delivers a state-wide service.

Each ITS team must include at least one person who is a senior clinician with relevant post-graduate clinical training and experience in the provision of specialist child and adolescent mental health or like services. Take Two also provides research, evaluation and training services through its research, information management, training and practice development teams.

¹¹ http://www.dhs.vic.gov.au/__data/assets/pdf_file/0005/712868/therapeutic-residential-care-report.pdf

Evaluations of the service have been undertaken by Take Two (in partnership with La Trobe University) in 2004, 2006 and 2010. The most recent evaluation notes that Take Two has become well established and has 'an evidence and research-informed child-focused approach.' It found that Take Two has 'met and in some situations exceeded the expectations and performance indicators as set by the Department of Human Services.' According to the report, expectations outlined in the formative documents that have been met or exceeded include:

- implementation of the statewide clinical service
- therapeutic practice based on research and well-founded theories
- therapeutic practice with children in the context of their important relationships
- integration of research and training with clinical practice
- development of a referral tool to assist in screening and assessment of children
- accepting referrals regardless of stability of child's placement
- development of a research and evaluation strategy
- development of a training strategy
- forming collaborative relationships with other services.

2.7 Youth Health and Rehabilitation Service

The Youth Health and Rehabilitation Service (YHaRS) is funded \$6.1 million per annum to, alongside delivering other health services, provide trauma-informed mental health intervention and emotional well-being support to any young person who discloses sexual abuse while in a residential correctional facility.

The Youth Justice Mental Health Initiative run by YHaRS is available to provide support and secondary consultation to staff regarding the management of a young person who has experienced sexual abuse. A young person may also be referred for treatment through a Centre Against Sexual Assault (CASA) or private practitioner (especially where they have a pre-existing counselling relationship).

2.8 Recent initiatives

The Victorian Government is committed to improving outcomes for vulnerable families and children. The Roadmap for Reform project has moved quickly to bring together contemporary local and international experience and research to focus on the current issues and options for reform in Victoria, with a focus on prevention and early intervention, including through strengthened primary and secondary services, system to better address drivers of the need that lead to the requirement for tertiary intervention.

2.8.1 Targeted Care Packages

Targeted Care Packages (TCPs) provide funding to develop a range of individualised supports that meet the needs of a child or young person currently residing in residential care to be supported in a more appropriate care setting or return home to family. Under the packages, each child's support needs are assessed and carers receive the supports required, with the child's best interests at the centre of all decision-making.

The packages offer service providers and departmental staff the opportunity to develop more flexible and innovative placement options at a higher level of funding than is currently available for home-based care but at a lower cost than what is currently required for a residential care placement. Care arrangements with a registered carer, kith/kin, home return, independent living and other forms of care could all potentially be supported by a package.

The priority for these packages is to reduce the number of children entering or living in residential care in each of the following groups:

- Primary school aged children.
- Aboriginal children and young people.

- Children and young people with a disability.

In March 2015 the Victorian Government invested \$43 million over four years to provide individualised packages of support. An additional \$19 million over four years was announced in October, building on this initial investment and focussing on children and young people at risk of entering the residential care system. Between April 2015 and 30 November 2015 a total of 59 children and young people were allocated targeted care packages, to transition them out of residential care and into care arrangements that better meet their needs. A formal evaluation of the program is planned for 2016.

2.8.2 The Roadmap for Reform

The Roadmap for Reform: strong families; safe children project is a foundational reform to reshape the long-term future of the vulnerable children and families service system. It has been informed by significant consultation with the children and family services and aligned sectors, including education, health and local government.

The Roadmap for Reform will consider all services and programs provided to vulnerable children and families, from universal services available to all children, to more targeted interventions and the statutory child protection system. It will consider how the service system can:

- provide the best possible outcomes for children and their families
- promote wellbeing and family functioning
- intervene early to reduce risk
- target services and support to achieve better outcomes
- restore safety and wellbeing to our most vulnerable children

The Roadmap will position the Victorian vulnerable child and family services system to respond to the challenges of:

- growing demand for services
- the increasing complexity of the needs being addressed by the system
- making the system easier to understand, access and navigate
- delivering a system that is financially sustainable and which delivers high quality outcomes
- designing and running a system in which the government, the community sector and the broader community work together for the benefit of vulnerable children and their families.

Part 3 – General services and supports provided by DHHS

3.1 Mental Health

DHHS funds a variety of mental health services that can be accessed by children and young people experiencing mental health issues arising from an experience of child sexual abuse. The Child and Adolescent Mental Health Services are provided for children and young people up to the age of 18 years with serious emotional disturbance and/or psychiatric disorder. DHHS also provides an intensive mobile youth outreach support service for children and young people with complex needs including challenging, at-risk and suicidal behaviours.

Whilst these programs are not designed as specific interventions for children and young people who have suffered abuse, there is an expectation that clinical staff consider the possibility of, and identify abuse as an underlying or contributing factor to, presenting mental health issues.

3.2 Community Health and public dental services

Victoria has a network of 88 Community Health Services that deliver a range of primary health, human services and community based support to meet local community needs. Community Health Services provide universal access to services as well as targeted services for population groups that may have

difficulty accessing appropriate health care. Community Health Services sit alongside general practice and privately funded services to make up the primary health sector in Victoria.

In addition to the community health program (allied health and nursing services, including counselling), Community Health Services are major providers of a range of health and human services including dental, drug and alcohol, mental health, disability, post-acute care, home and community care and community rehabilitation.

Specific populations that may often experience barriers to accessing health services are given priority. These include children, pregnant women, Aboriginal people, refugees and asylum seekers, people facing homelessness and people registered as clients of mental health and disability services.

Public dental services are provided to eligible Victorians through the Royal Dental Hospital Melbourne and 54 community health centres and rural hospitals, operating from 79 sites. Public dental care is provided for all children up to the age of 12, as well as young people (aged 13-17) and adults with health care and pensioner concession cards.

Community Health Services are well placed to work with clients that present with complex needs. They are able to provide comprehensive assessments and play a key role in coordinating the range of services identified by a client.

3.3 Community-based sexual abuse support services

There are a number of support services available to anyone affected by child sexual abuse. These include specialist support, advice and counselling, through providers such as Centres against Sexual Assault (CASAs), the Sexual Assault Crisis Line, and Multi-disciplinary Centres (MDCs).

Victoria Police have established specialist teams known as Sexual Offences and Child Abuse Investigation Teams (see Section 4.3.2 below) to respond to allegations of child sexual abuse. DHHS, in particular Child Protection, works closely with all these stakeholders to provide a coordinated response to reports of child sexual abuse.

3.3.1 Centres Against Sexual Assault

Centres against sexual assault (CASAs) are non-profit organisations that provide support and intervention to women, children and men who have been sexually assaulted. CASAs provide advocacy for survivors of sexual assault in relation to legal options, physical health concerns and safe accommodation. CASAs also support survivors to give evidence in criminal proceedings.

In terms of prevention, CASAs work towards the elimination of sexual violence through professional and community education, informing government policy, training, advocating for the rights of survivors and facilitating research to increase community understanding of the nature and incidence of sexual assault.

There are 14 CASAs in Victoria. There are a number of smaller agencies who provide sexual assault support services, which are not CASAs.

The Victorian Sexual Assault Crisis Line (located within the Royal Women's Hospital's CASA) provides free, confidential 24-hour emergency or crisis care for victims/survivors of sexual assault, including crisis counselling support, access to medical care and legal services as well as counselling support for adults who were abused as children.

The statewide allocation of funding to sexual assault support services across the state in 2015-16 amounts to \$22.7 million (of which \$20.7 million is allocated to CASAs).

The statewide allocation is inclusive of additional funding allocated through the 2015-16 State Budget including \$300,000 to three CASAs in Melbourne's west (including the Women's Hospital - CASA House, Royal Children's Hospital - Gatehouse and the Western Region CASA) and \$500,000, over four years, to the Ballarat CASA.

Part 4 – The Victoria Police response to victims of child sexual abuse

Victoria Police has dedicated time and resources into improving our responses in this area. A new booklet¹² 'Reporting sexual assault to police' has been developed for victims, outlining available options and describing what to expect. This booklet is provided to all victims who attend at a Police Station, a Sexual Offences and Child Abuse Investigation Teams (SOCIT), or Multi-Disciplinary Centre (MDC).

Victoria Police will:

Listen first: Victims who attend the station to make a report are assisted by being provided a copy of the booklet, and the choices available to them around reporting. The booklet also explains the necessity to capture evidence if the assault is recent, even though they may not want to make the report; it keeps their options available to them at a later date if the evidence was gathered in the beginning.

The booklet adheres to the Code of Conduct set out in the Victims Charter, outlining the responsibilities of police, their adherence to the code of conduct by listening to the victims, and providing victims with options.

Discuss Options: Investigators will thoroughly discuss complainants' options with them. This will include a conversation about the investigative process, their rights throughout that process, and the requirements of any future prosecution. Whilst Victoria Police provides instructions to our members on how to encourage victims to exercise their options, ultimately it is a decision for the complainant as to whether they wish to proceed with an investigative process.

Investigate: SOCITs have instituted a new investigative process, called 'Whole Story', to improve the process and outcomes of sexual offence and child abuse investigations.

4.1 'Whole Story'

'Whole Story' is a conceptual framework for investigating, interviewing and prosecuting sexual offences committed against adults and children.

'Whole Story' asserts that:

- Sexual offending is a crime of relationship.
- All offending begins in the mind of the offender.
- Offenders are always the initiators, and victims always the reactors.

'Whole Story' was created to improve criminal justice responses to sexual offences by enhancing professionals' knowledge, skills and attitudes. It provides greater understanding of the dynamics of offending, explaining offender actions and countering rape myths and jury bias.

'Whole Story' emerged from research into, and the experience of working therapeutically with, sexual offenders and victims of sex offences. The narratives elicited in these settings differed from the information typically heard in Court. The primary difference was the lack of context, including relationship dynamics, in which the alleged offence took place. This information was missing from the evidence elicited by investigators and subsequently presented at Court. Such evidence is critical to the fairness of decision making by finders of fact, whether they are investigators or officers of the Court, including jurors.

'Whole Story' is not an interview framework. It provides a professional knowledge base to guide:

- Information gathering from victims
- Investigation of the elements of the alleged crime
- The subsequent interview with the suspect

¹² Reporting sexual assault booklet, Authorised and published by Victoria Police, 2015

- Presentation of evidence at Court (including legal argument regarding relevance, probative vs. prejudicial value, tendency, uncharged acts etc.)
- Decision-making by the ultimate finder of fact, the juror.

It works in synergy with existing interview frameworks such as PEACE (Prepare and Plan, Encourage and Explain, Account, Closure and Evaluate), The Cognitive Interview and narrative interviewing protocols.

'Whole Story' has three main elements:

Grooming is the process of manipulation and control, driven by offenders, that enables the offending to take place. 'Whole Story' distinguishes between non sexual grooming (labelled Grooming 1) and sexual grooming (labelled Grooming 2). Grooming 1, often overlooked by investigators, explains the context for victims' behaviour, helping to counter many of the misconceptions commonly held by legal professional and jurors.

Unique Signifiers describe interactions unique to each abusive relationship, some seen and heard by others, some known only to victims and perpetrators. These include words, phrases, gestures and non-verbal signals, games etc. Unique signifiers enhance both the elicitation and presentation of the evidence upon which decisions are made.

Points of Comparison (previously referred to as points of confirmation), refer to details across the victim, witness and suspect narratives which allow decision makers more opportunities for comparison.

'Whole Story' also assists all those involved in the judicial system, including Prosecutors, Magistrates, Judges and Jurors.

Whilst acknowledging the importance of existing principles involved in sexual offence cases (e.g. the elements of the offence), 'Whole Story' broadens this focus to include additional factors that will assist Police and Courts to determine the truth.

There is a strong need for there to be a combined response with police, prosecutions, and therapeutic services. Police cannot do this alone, prosecutors rely on the evidence of the investigators, the courts, the options available and the support of the services. Services should be available throughout the process for both the victims and the perpetrators.

Victoria Police are currently running pilots related to how general duties members take reports before referring victims to a SOCIT. The uniformity of statement evidence gathering is critical to the outcome of a matter. This requires training, to take the reports, or know when to contact a SOCIT so as not to traumatise the victim further, whilst remembering that the first report is crucial.

The Victorian Law Reform Commission (VLRC) conducted a review of Victoria Police in 2004, There was some criticism of Victoria Police for:

- 'Cultures' of disbelief
- A belief in false reporting at 40-50%. The actual figure of false reporting is about 5% of reports (Lisak, 2010).
- A lack of specialisation in both investigative process and subject matter

Since the VLRC report, Victoria Police has improved services in a number of ways – through the creation of Sexual Offices and Child Abuse Investigation Teams and Multidisciplinary Centres, and through greater connection with stakeholders, CASAs, DHHS and the Victorian Institute of Forensic Medicine.

4.2 Sexual Offences and Child Abuse Investigation Teams

Victoria Police has created specialist Sexual Offences and Child Abuse Investigation Teams (SOCITs) to provide a dedicated response to allegations of child abuse and sexual assault. SOCITs are staffed by

specialist detectives who are selected and trained to work exclusively on sexual offence and child abuse cases. These teams possess a greater understanding of sexual crimes and have the ability to provide improved investigations and a more thorough response to victims.

Victoria Police can provide specialist services to victims and survivors at SOCITs, whether in an MDC or stand-alone SOCIT, not just at the local police station. Victoria Police have also made it easier for people to report, by having side entries to police stations, so victims are able to attend stations privately and be seen to more efficiently by staff and avoiding further traumatisation. Given the additional training of members in taking reports and listening, members are more likely when interviewing to:

- identify relevant information and draw connections to secondary victims;
- facilitate disclosures of other offending, such as family violence;
- identify risks in other family members;
- understand the mechanism of offenders; and
- recognise the way in which both victims, and other potentially protective adults, are groomed.

The implementation of the model was completed in 2012, creating 28 SOCITs and 370 specialist detective positions throughout Victoria.

4.3 Multi-disciplinary Centres

Multidisciplinary Centres (MDCs) co-locate members from the Victoria Police SOCITs, Child Protection practitioners and CASA counsellor/advocates to provide an integrated response to victims of sexual assault. Community nurses will also begin working in each MDC shortly.

MDCs have strong links with key partner agencies that deliver services to victims of sexual assault both on and off site. These agencies include the Victorian Institute of Forensic Medicine and the Victorian Forensic Paediatric Medical Service. The collaboration between the service providers results in an effective and coordinated approach to responding to victims of sexual offences.

MDCs aim to:

- improve support for victim/survivors and families and support people
 - increase the reporting of sexual offences and reduce attrition of cases from the system
 - improve and integrate the investigation of sexual offences and child abuse
 - improve the quality of evidence in sexual offences and child abuse cases; and
 - improve the capability of agencies to respond collaboratively.
- There are six MDCs located in Geelong, Mildura, Seaford, Dandenong, Bendigo and Morwell. Most of these MDCs have been purpose-built.

Victoria Police is currently leading an evaluation of the effectiveness of the MDC service delivery model and the extent to which the MDCs are achieving their aims of better service integration. The final report is due in December 2015, and will be made available to the Royal Commission into Family Violence and the Royal Commission into Institutional Responses to Child Sexual Abuse.

Early findings in the draft report indicate that the joint elements of co-location and collaboration between the partner agencies at MDCs are an effective model in achieving improved outcomes for victims of sexual abuse and child abuse.

4.4 Police support for victims with diverse needs

Victoria Police recognises that offenders sometimes target victims who are vulnerable. As a result, Victoria Police have invested significantly in training members to make it easier for victims to tell their story, and improve police members' knowledge about sexual offending.

Victoria Police has delivered training to investigators to ensure that they have enough knowledge to take reports and statements from a range of diverse victims and survivors, using for example Wordboards. Victoria Police members need to be aware of vulnerabilities and they are trained to take the statement regardless of the length of time it takes to complete the statement. They also work with carers to ensure special needs of the victims are met. The two most vulnerable groups are children and people with cognitive impairments. The training course focuses on these groups, although additional information sessions are provided on other types of vulnerable victims.

Part 5 – How the Department of Justice and Regulation supports victims of child sexual abuse

5.1 DJR's approach to providing services to victims and witnesses

The Department of Justice and Regulation (DJR) funds and provides a range of support and advocacy services. DJR services seek to ensure that all victims of crime receive a consistently high quality service regardless of where they live, their background or circumstances and aim to

- be client-centred, timely and responsive to need
- minimise the need for victims to self-navigate the system and/or retell their story
- provide integrated service delivery to facilitate seamless wrap around services for victims
- be delivered by professional and highly trained staff.

Support and advocacy is tailored to the needs of victims and is underpinned by trauma-informed practice principles. A focus on early intervention and referral helps to reduce victims' sense of isolation and confusion, promotes recovery (both physical and emotional), helps to inform victims about their rights and entitlements, and increases victim engagement as a witness in the criminal justice process. The adversarial nature of the criminal justice system results in re-traumatisation. Specialist support and advocacy can assist to ameliorate the impact of the process.

The needs of victims of institutional sexual abuse vary according to a number of factors including the nature of the abuse (systematic sexual abuse over time or a one off incident), when the abuse is disclosed and the circumstances of the victim when abused. Broadly, victims fall into three categories:

- Child victims of sexual abuse and assault that disclose abuse immediately following the offending
- Children that disclose some time after the abuse but while still children or young people
- Victims of child sexual abuse that disclose as adults.

Like all victims of crime, a trauma-informed assessment is critical to tailoring the service to the individual needs of victims. The initial assessment enables the development of a comprehensive care plan.

Victims of crime may experience a wide range of complex issues that cannot be addressed by a single program or agency. In order to provide an effective and seamless response, a collaborative and co-ordinated approach to service delivery is essential. Services adopt a wrap-around approach to practice at every point from integrated referral pathways through to co-case management. This is critical for victims of institutional abuse; whether children or adults, these victims have complex needs. They often receive or require a range of services from across government.

Many child victims have had existing vulnerabilities or disabilities prior to the offending. It is not uncommon for child victims to have an intellectual disability and/or be within the autism spectrum or have other social disadvantages. Children with disabilities or Autism Spectrum Disorder often have other co-morbidity factors such as depression or other mental health issues. The trauma of the offending, might manifest itself through fight/flight behaviours such as antisocial behaviours and angry outbursts or flight, or internalising the trauma leading to self-harm and suicidal ideation and / or addictive behaviours.

The impact of trauma for victims of historical sexual abuse that disclose as adults is profound. These victims often present with post-traumatic stress disorder or other mental health issues, substance abuse, low levels of literacy and numeracy and can be dissociative and socially isolated.

5.2 Services and supports for victims of crime and witnesses

5.2.1 Role of Victims Support Agency

DJR administers victims of crime services through Community Operations and the Victims Support Agency (CO/VSA). Victims and witness services overseen by CO/VSA include:

- Victims of Crime Helpline (the Helpline)
- Victims Assistance Program (VAP)
- Youth Justice Group Conferencing (YJGC)
- Victims Register
- Statewide trauma cleaning services.
- Child Witness Service (CWS)

The Helpline, VAP and the Child Witness Service provide services to victims of institutional abuse. Data is collected on the number of victims supported that have experienced sexual abuse, however not the setting of that abuse.

CO/VSA has tight governance, performance management and contracting frameworks that set out the standards and requirements services must meet in their service provision.

5.2.2 Victims of Crime Helpline

The Victims of Crime Helpline (the Helpline) is the 'gateway' to the victims service system. It operates from 8am to 11pm seven days a week. The Victims of Crime Helpline triages all e-referrals, phone calls and referrals from other sources within 24-hours to services most appropriate to their particular needs.

The majority of victims requiring support are referred to community-based organisations funded to provide the Victims Assistance Program in regions across Victoria. All referrals are made upon consent of the victim. The system is designed to remove the onus on victims to find support services on their own.

The Victims of Crime Helpline and Victim Assistance Program (VAP) have a fully-integrated referral pathway from point of crime via Victoria Police to the Helpline and out to services. This referral pathway reduces re-traumatisation, provides containment and early interventions, and maintains consistency in information flow as it moves through the system from point of crime to point of court outcome. A 'no wrong door' approach is applied at every point in the support relationship.

In 2014-15, the Helpline responded to approximately 25,000 calls and referrals. In the year to date (1 July – 31 October 2015), there have been 8,700 calls and referrals. As first responders to crime, Victoria Police make approximately 70 per cent of all referrals to the Helpline via the Victoria Police e-referral technology (VPeR). Child sexual assault and abuse, both adult and child disclosure, made up around 8 per cent of these calls and referrals.

The Helpline receives calls from adult victims of historical abuse and from caregivers and other community service providers. The Helpline also receives requests and referrals to support those victims wanting to make submissions or present at Parliamentary Inquiries.

The Helpline Victim Support Officers gather the information necessary to make an informed referral to a relevant provider in the victim's local area. This is VAP in the majority of cases but also includes other specialist service providers such as mental health, children's or sexual assault services.

The Betrayal of Trust Inquiry (2015) found that victims of historical institutional abuse often want to receive vindication from the organisation for the harm they suffered, and an acknowledgement that the organisation failed in its duty of care to protect them.

The Betrayal of Trust Inquiry found that remorse and a sincere apology from the organisation are central to the process of bringing justice to victims and families who report an allegation of abuse, and that it is critical for organisations to provide support to people who disclose an experience of abuse.

In general, the Inquiry found that the process set up by many institutions (particularly religious organisations) to support victims who report abuse were not effective.

This context provides challenges for the provision of support services. For instance where the provider of the support services were the institutions that were responsible for the abuse, victims are reluctant to access those services.

5.2.3 Victims Assistance Program

VAP agencies provide flexible case management services including the delivery of practical support and brokerage, advocacy, court support, referral for therapeutic interventions including counselling and other specialist services. They also provide assistance to access entitlements through the Victims of Crime Assistance Tribunal (VOCAT) and support to make a Victim Impact Statement (VIS).

Brokerage funds are allocated to VAP providers to purchase goods and services such as: urgent security or accommodation, relocation expenses where a crime scene has been commissioned by police or a victim is moved to witness protection, travel costs to attend hospitals or medical appointments, court attendances, replacement furniture and urgent medical assistance that cannot be otherwise funded.

Case management can be provided from the time the crime occurs until the conclusion of all justice processes including, where an offender is imprisoned for a violent crime, until the offender is released from prison and completes parole. Most victims require a short-term intervention following the crime and can then manage with other social supports. The average length of case management service provided to victims of crime against the person is currently three years. It is longer for victims of serious crime. The intensity of case management support provided varies depending on the victim's needs (45 per cent receive on average three to five hours of service per crime event).

VAP providers do not necessarily provide direct therapeutic services, however they coordinate access to therapeutic service providers in the victim's local area. Each victim's needs are different and it would be difficult for one organisation to provide all the services that victims might require. The VAP provider undertakes full and regular assessments of need and risk and develops a Care Plan with the client to ensure appropriate goals are met, reviewed and reached and that as needs change the service is responsive and remains client-focused.

Maintaining local networks between various services is critical to ensure a consistent and thorough VAP service that can be flexible and robust in working with other agencies. To assist with the maintenance of these networks, the VSA invites staff of VAP providers and other services to professional development activities hosted by the VSA and the annual training program is developed in consultation with stakeholders and VAP providers.

There is a VAP provider in each of eight regions in Victoria. In the Southeast Metropolitan regions, there are two VAP providers. Services are delivered from more than 40 community-based locations, as well as from 19 metropolitan and regional police stations.

VAP providers are organisations with experience in provision of social health, health, disability and other support services. There are approximately 100 VAP case managers providing VAP services state-wide (and they equate to approximately 65 full-time equivalent positions).

Upon receipt of an electronic referral from the Helpline, the VAP provider makes contact with the victim within one business day (as per its contracted Key Performance Indicators in the Common Funding Agreement) to arrange an intake/assessment. High priority VPeR referrals are actioned by the Helpline immediately and the VAP provider actions on receipt of the referral within the context of a 9am-5pm service model.

In 2014-15, the VAP provided case management to 13,628 victims of violent crime including 8,903 new clients and 4,725 existing clients. In the year-to-date (1 July – 31 October 2015) VAP case management has been provided to approximately 3,500 new referrals and 3,500 existing clients. Child sexual assault and abuse, both adult and child disclosure made up around five per cent of referrals. Statistics on whether the abuse is institutional or other is not collected.

CO/VSA monitors VAP providers by:

- reviewing de-identified data entered into the Resolve database by the VAP provider and producing quarterly data reports
- requiring the preparation of annual community stakeholder engagement plans
- evaluating VAP and Helpline services via an annual client survey
- receiving quarterly VAP brokerage acquittal reports and half-yearly narrative reports which describe in detail key aspects of performance and quality assurance/accreditation, and Certified Annual Financial Acquittal and Annual Reports
- conducting quarterly meetings between the Department and VAP agency representatives; and quarterly Provider Forums between DJR and VAP providers

5.2.4 Victims Register

The Victims Register is established under Regulation 6 of the *Corrections (Victims*

Register) Regulations 2004 (Vic) for the purpose of recording persons entitled to receive prescribed information under s 30A or s 30C of the *Corrections Act 1986 (Vic)* and to make victim submissions to the Adult Parole Board (the Board).

As of 31 October 2015, 840 victims of violent crime were 'active' on the Victims Register. Registered victims receive key information when there is a prisoner under sentence in Victoria for a violent crime committed against them. The Victims Register works closely with the Adult Parole Board to ensure that registered victims have an opportunity to make a submission when the Board is considering parole of the offender.

25 per cent of sentenced prisoners with registered victims have committed sexual offences against under-aged persons (146 prisoners; 36 registered victims); data on institutional abuse is not recorded.

5.2.5 Child Witness Service

The Child Witness Service (CWS) provides a specialist case management service to child witnesses and their families and/or caregivers to assist them to navigate the criminal justice process¹³. The CWS is non-investigative and does not provide comment on the evidence of child witnesses or provide legal advice. The service is provided to metropolitan and regional witnesses via outreach. Approximately 40 per cent of child witnesses live in regional Victoria.

The CWS becomes involved prior to any contest and/or trial and engages with the young person, their care team and/or family. The CWS assesses and seeks to manage any barriers to the children and young people giving evidence i.e. antisocial behaviour, their mental health, learning difficulties or disabilities.

The majority of child victims of institutional abuse supported by the CWS can be loosely divided into two groups: children in out of home care (either in residential or foster care) and children who have been abused by a teacher at a school or a coach or other person at a sporting club. Both groups of children and young people need wrap-around services from DHHS and DJR.

Where a child or their caregiver requires a referral to a community or specialist agency at any stage in the court process, CWS will make the referral with the consent of the child and/or caregiver. The CWS will facilitate this unless the referral agency prefers self-referral. Also with consent of the child and/or caregiver, to ensure wrap around service delivery, the CWS will work collaboratively with agencies who are currently supporting the family including them in the planning for court and post-court care.

During the period 1 January 2010 to 27 October 2015, there were 4,030 new referrals and 4,365 open cases. The number of new child witnesses involved in a sexual offence matter was 3,085, of which 2,099 were complainants. Anecdotally, CWS reports that this includes a number of victims of institutional abuse however it does not collect information on whether the abuse was institutional.

5.2.6 Victorian Legal Aid

Victorian Legal Aid (VLA) is an independent agency supported by the Victorian Government, which provides free legal information and advocacy to Victorians. VLA focusses on prevention and early resolution of legal matters, and services can be accessed by contacting the VLA hotline or by attending one of the 14 offices across metropolitan and regional Victoria.

Whilst VLA does not provide specialised services for victims of child sexual abuse, the VLA offers general legal assistance in criminal, civil, and family law matters that can potentially be accessed by victims and survivors. The services that VLA provide that are relevant to victims and survivors include:

- General legal advice on how the law will apply to a user's case before the matter proceeds to court, which can be accessed by attending a VLA office or contacting the hotline
- Legal representation in court proceedings, which is available to users who meet the requirements of a means test (based on income and living expenses)
- A mental health advocacy service, where specially trained staff provide assistance to users that have a mental health diagnosis or cognitive disability.

5.2.7 Corrections

See the Victorian Government's submission in response to the Royal Commission's request relating to offender rehabilitation programs for child sex offenders (dated 12 November 2015), which sets

¹³ Note that in accordance with the service model and therefore throughout this Manual, the term "caregivers" refers to parent/s or other adult/s with whom the child resides and who has primary custody of the child or, in the case of a child in out-of-home care, the child's case manager. "Child" refers to children and young people between the ages of 0 to 18.

out the therapeutic support and treatment programs that are either funded or administered by Corrections Victoria.

5.3 Intermediaries

An intermediary service facilitates communication between vulnerable persons, police, lawyers and the courts. There are a number of international jurisdictions that have intermediaries including South Africa, England, Wales, Northern Ireland, Norway, Iceland and New Zealand. Victoria is yet to embark on the establishment of intermediary services.

The introduction of an intermediary service would deliver significant benefits for victims of institutional abuse. An intermediary service reduces the risk of secondary victimisation and improves levels of engagement of witnesses in the criminal justice process. Improving the engagement of witnesses results in better evidence, therefore holding a greater number of offenders accountable.

Intermediaries conduct communication assessments and advise on appropriate questioning formats and techniques at police investigation and interview. This recognises that police are the gatekeepers of the criminal justice system and improves evidence gathering, thus maximising the opportunity for matters involving vulnerable victims to be referred for prosecution.

Intermediaries assist any party to structure their communications with a vulnerable person, especially parties involved in cross-examination. This ensures that a vulnerable person is able to give their best evidence and fully participate in the criminal justice process. The intermediary works with the judiciary to determine 'ground rules' for the cross-examination of vulnerable witnesses and will be available whenever oral evidence is given.

The use of intermediaries has significant flow-on effects for families. In the current environment, families and service providers may be over cautious when it comes to potential sexual abuse of a very young child or institutional abuse. The UK and Northern Ireland have both stressed that intermediaries have been particularly useful in resolving cases where child abuse or other crimes against adults have not actually been committed.

Family and carers have benefited emotionally from the involvement of an intermediary and have greater confidence in the criminal justice system, even where matters do not proceed to investigation. The use of an intermediary at the investigation stage made families feel that the police were taking the complaint seriously and were exploring all avenues to enable the vulnerable person to tell them evidence. Even when a matter did not proceed, families had greater confidence in the police and broader criminal justice system.

Acronyms

CASA – Centres Against Sexual Assault

CLAN – Care Leavers Australia Network

CO/VSA – Community Operations and the Victims Support Agency

CSO – Community Service Organisation

CWS – Child Witness Service

DHHS – Department of Health and Human Services (Victoria)

IVP – Independent Visitor Program

KCV – Kinship Carers Victoria

MDC – Multi-disciplinary Centres

SABTS – Sexually Abusive Behaviour Treatment Services

SOCIT – Victoria Police’s Sexual Offences and Child Abuse Investigation Teams

TRC – Therapeutic Residential Care

TTB – Therapeutic Treatment Board

TTO – Therapeutic Treatment Order

VANISH – Victorian Adoption Network for Information and Self Help

VAP – Victims Assistance Program

VLRC – Victorian Law Reform Commission

YHaRS – Youth Health and Rehabilitation Service

YJGC – Youth Justice Group Conferencing