

Issues Paper 10

Advocacy and Support and Therapeutic Treatment Services

This response to the issues paper 10 is presented by the Ballarat Centre Against Sexual Assault (CASA). Ballarat CASA is one of 14 Victorian Government funded sexual assault support services. CASA has been providing advocacy, support and therapeutic treatment services to people who have experienced sexual assault for over thirty years. Ballarat CASA has a number of clients, including a large number of men who have experienced childhood sexual assault within institutional settings. Ballarat CASA has a dedicated worker who provides counselling and case management to these clients and also provides a fortnightly men's support group.

CONSULTATION QUESTIONS

Topic A: Victim and survivor needs and unmet needs

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

Advocacy and support.

Advocacy and support needs to include support with court and police processes, assistance and attendance with Centrelink meetings, links with housing, employment, education, financial and health services

A holistic approach, with the capacity to involve family members and partners, other support networks and links with other professionals, including health professional can provide a more extensive support system for victim/survivors.

Many adults who experience sexual abuse in childhood have health impacts in later life, due to substance abuse, smoking, risk taking behaviours in younger years, and a general lack of care for their bodies and wellbeing practices. Assistance and support to access appropriate health care is an important support for these clients.

A simple process for accessing redress/financial compensation would be preferable to the current system where clients need to engage with a lawyer for a long drawn out legal process.

Therapeutic treatment

As sexual assault is about powerlessness it is imperative that clients engaging in support are involved in making decisions about the process, and have choices available to them. This includes identifying goals and having enough time for the trust to develop with the counsellor/support worker.

Men in particular struggle to wait for a service after contacting, many reporting that they would have pushed it away, if they had to wait. A timely response for survivors is important,

as often the initial intake phone call is a window of opportunity for engaging in the healing process.

A feminist understanding and framework for working with sexual assault, assists survivors to depersonalise their experience and the impacts for them, helping them to understand the context that the assault occurred within and the impact of power and violence

It is our experience that many of our clients come into contact with a number of treatment professionals through their lifetime. Often the presenting issue is identified and treated, such as drug or alcohol addiction, self-harming, homelessness, anxiety, depression, which are all common symptoms and or coping mechanisms of trauma. Effective treatment needs to address the underlying issue – the sexual assault trauma that predicates the problematic presenting behaviours. Services that specialise in the area of sexual assault, with extensive experience, networks, training and a structure of regular supervision have a greater potential to work effectively with victim/survivors of sexual assault. Sexual assault does differ to other forms of violence in that the victim/survivor generally carries with them a sense of shame and self-blame. Treatment services need to have that awareness, knowledge and experience in working with this shame and self-blame and the other impacts of sexual assault.

Other important factors for treatment services are the capacity to work slowly and over a long term and for the client to be able to reengage in the service when things get difficult. This includes understanding that recovery is a process that people engage in at various times of their lives or when other factors affect them.

Group work is an important tool in particular for working with male and female clients that assists in breaking down isolation, 'normalising' their responses and effects, sharing stories and validating their experiences, and overcoming the impact of shame and self-blame. Most of the men CASA works with whose abuse happened in an institutional context, despite it being well known that there were many victims still feel/believe that it was something about them that made the abuse happen. Group work can moderate this when men listen to other men's stories and realise that their responses are 'normal'.

2. What does not work or can make things worse or be harmful for victims and survivors? What do victims and survivors need but not receive?

Ideal trauma therapy starts with creating a sense of safety prior to going into the story, with a third stage of reconnection...Intense focused discussions about the trauma prior to safety being established can re-traumatise people and leave them feeling worse. This is the same too for very structured sessions, where the technique becomes the focus. Sexual assault is about powerlessness, so it is important that clients maintain a sense of power and control in the counselling process. Feeling disempowered or not having a sense of control in the process can lead to clients ceasing therapeutic support.

Short term interventions, such as the better access Medicare 'ten session' model, can make clients feel worse as many of our clients report that it sometimes takes them a year before they feel ready to talk about the trauma.

Men who call for a service, once they have faced the barriers and acknowledge they need help and have made contact with someone, find it difficult to wait, so being placed on a waiting list can make some men give up and try to bury things, therefore it is important to be able to provide a prompt response.

Another factor that can make people feel worse is the push to label trauma survivors with mental health diagnosis; where as many of their symptoms are normal responses to trauma.

Victim survivors do not receive:

Generally funding limitations mean that clients often have to wait some months prior to receiving a service, whereas they need not to have to wait. This also includes time limited services, whereas some clients need a long time to establish trust in the therapist, due to the loss of trust they experienced as children.

Often the criminal justice system leaves clients feeling further disempowered, due to the length of time and the lack of communication. Limited resources in services make it difficult to support clients within the legal system, whereas this is a time when they often need more intensive support, which can often take days at court.

The length of time between a proposed redress scheme being in place and the client's current needs creates difficulties. The impacts of the abuse have meant that many clients have incomplete work histories and in later life experience significant financial stress, including medical needs and some need help now. Some institutions are assisting clients, such as the Ballarat Catholic Diocese, but this is an 'ad hoc' system that is time consuming for the worker and does not cross to other institutions.

3. What helps or facilitates access so victims and survivors receive what they need? What are the barriers to receiving advocacy and support and/or therapeutic treatment and how might those barriers be addressed?

Timely responses assist victims to receive the help they need. Barriers to the achievement of this are generally funding, to enable services to meet the demand of the waiting lists and provide timely responses. This also includes funding for long term counselling and support, including the necessary increase in funding in response to the increased demand arising out of the Royal Commission.

CASA's do not work with victim/survivors who have perpetrated sexual assault; but these people still need treatment and support which also falls within the same framework of support for victim/survivors.

Clients living in rural regions are serviced by an outreach service, but these services are generally only one day per week, which does not allow for support through crisis and a more hands on case management support approach. These clients are more isolated and would greatly benefit from accessing support groups, and connections with other survivors, but the barriers include access to public transport, costs of travel and time for travel.

4. How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors? How could these services be shaped so they better respond to secondary victims?

Partner and family members can be greatly impacted by supporting a victim/survivor of sexual assault. It is important to be able to provide family sessions, couple sessions and group work for the partners. These 'extra' services often compete for demand with limited funding for service with the direct victims. Increased funding for specialist sexual assault services would reduce the demand on the waitlist and allow for more holistic work with clients, including time spent working with the affected family members.

Resources for family members should also include support for the children of survivors if they are being impacted.

Topic B: Diverse victims and survivors

1. What would better help victims and survivors in correctional institutions and upon release?
- 2.

Counselling in the prison system is complicated and it could be supported by better communication with the prison staff and the counsellor. At present if a prisoner is transferred the counselling suddenly ceases and the privacy issues within the prison impact on the ability to continue the support upon release.

Privacy can be challenging as the interview rooms in prison have windows that staff and other prisoners can see in.

Topic C: Geographic considerations

1. What challenges do service providers face when trying to respond to the needs of victims and survivors outside metropolitan areas (e.g. those living in regional, rural or remote areas)?

The challenges include the costs of providing a worker, including the time spent travelling and costs of car operation, the lack of public transport to assist clients to access support, the distance also impacts on timely responses to request for services, the length of time of service and the ability to respond to crisis.

2. What would help victims and survivors outside metropolitan areas? Are there innovative ways to address the geographical barriers to providing and receiving support?
- 3.

Services being able to resource other services such as groups for survivors, to assist in breaking down their isolation, which is compounded by the geographical distance.

Topic D: Service system issues

Given the range of services victims and survivors might need and use, what practical or structural ways can the service system be improved so it is easier for victims and survivors to receive the advocacy and support and/or therapeutic treatment services they need? What type of service models help victims and survivors to receive the support they need?

A counselling/case management service system would best serve the needs. It is important for these clients to be able to develop a sense of trust in the service and in their worker. Having to access a number of workers for various tasks ie one for counselling, one for support at court, one for support at Centrelink can create more complexity for clients. The established relationship with client and one worker would ideally create an environment and opportunity to meet the complex needs and manage difficulties as they arise. Clients having choices, being empowered and feeling in control, rather than being controlled, all assist them to have their needs met. A 'one size fits all' model, would not meet the complex needs, including a standard length of time for service. For example with clients negotiating the legal system;, it takes some clients over a year before they are ready to initiate contact with police and sometimes many more months before they feel ready to make a police statement.

This also includes being involved in the Royal Commission. Time limitations have the potential to limit and prevent those opportunities.

1. How can we ensure practitioners and workers are sufficiently skilled to provide advocacy and support and/or therapeutic treatment for adult and child victims and survivors, including those from diverse backgrounds?

Workers need to be appropriately qualified, such as Social Work, and receive ongoing training and fortnightly case supervision and reflective supervision. This is best delivered through an established framework such as that undertaken by Victorian CASAs, where these requirements are built into the service delivery. It also supports workers and their understanding of the social context which ensures the workers make the links and do not individualise or pathologise of the effects of sexual assault on their clients.

Supervisors need also to be qualified and trained and have awareness of sexual assault trauma and of vicarious trauma and impact of working in this area. Training needs to be by those with extensive experience in the field of sexual assault.

Topic E: Evidence and promising practices

1. What promising and innovative practices (including therapies, interventions, modalities and technologies) for victims and survivors of institutional child sexual abuse are emerging from practice-based evidence? Where are these available and who can access them?

The most promising area with working with men is through group work. Ongoing men's support groups provide the opportunity for men to create connections, break down isolation, 'normalise' their experiences and listen to other men. This is resource intensive for services.

You do not need to answer every question. The Royal Commission encourages you to answer the questions relevant to your expertise, interests and experiences. Your submissions will be made public unless you request that it not be made public or the Royal Commission considers it should not be made public. That will usually only occur for reasons associated with fairness.

Submissions should be made by **13 November 2015**, either

- Electronically to advocacyandsupport@childabuseroyalcommission.gov.au,
- By completing an online submission form at www.childabuseroyalcommission.gov.au/policy-and-research/issues-papers-submissions/have-your-say
- In writing to GPO Box 5283, Sydney, NSW, 2001.

Submissions can be anonymous.

If you have participated in a private session and would like your session to be recognised as a formal, confidential submission to this Issues Paper, please contact the Commission at advocacyandsupport@childabuseroyalcommission.gov.au.