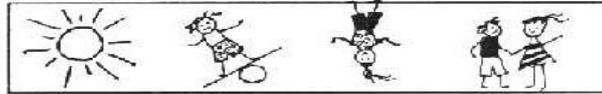


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Child and Adolescent Sexual Assault Counselling Services

New South Wales

Submission to the Royal Commission

Advocacy and Support and Therapeutic Treatment Services

ISSUES PAPER10

2015

NGO Community based Child Protection- Child Sexual Assault Counselling Services

New South Wales- CASAC Services

New South Wales has a network of locally based non-government child protection services which were formed to respond to abuse, neglect and sexual assault in the community in the 1970's and 1980's. Formally in 1985, the NSW Child Sexual Assault Task Force recommended that community based services be established for sexual assault victims and their families. The Incest Services Network (I.S.N) was established in 1986 by women from Western Women's Action Against Incest, Wollongong Women Against Incest, Central Women's Health Centre, Liverpool Women's Health Centre, Canberra Incest Centre, and Dymyna House. The network was established after these groups had lodged submissions with various departments for funding incest counselling services in their areas. At the time, the terms and conditions and funding agreements were unclear and through informal networks it was discovered that each group was being given different information. Consequently, the network was formalised and the first meeting was held in early 1986. The "Incest Services Network" was named at that meeting and as a cohesive, united group, seemed more effectively able to deal with and communicate with the bureaucracy and the system. Additionally, the network recognised the isolation of working in sexual assault, coupled with small one or two worker services that exist in regional areas throughout the state, thus it saw the importance of using ISN to network and find support. The network held the name of ISN until 1994 when it was decided that ISN was not truly indicative or readily recognised and was often confused with 'incest support network'. After much consideration and deliberation the name Child and Adolescent Sexual Assault Counsellors (CASAC) was chosen.

As they were subsequently funded by the NSW State Government, they became part of what was known as the Community Services Grants Program (CSGP). Currently, these services continue to be funded by NSW Family and Community Services- Community Services (FaCS) and include stand alone sexual assault counselling services such as Rosebank Liverpool, a number of individual child sexual assault counsellors based in various agencies and locations across the state such as Linden Place in Wagga Wagga, and tertiary child protection services such as Jannawi Family Centre, formerly known as the Wiley Park Centre. They aim to deliver specialist therapeutic counselling and support services to children, young people, families and adults who have experienced child sexual assault. This may also include children and families experiencing violence, abuse and neglect. The primary aim of the service is to provide long-term psychological counselling and support to individuals and families affected by sexual assault, family violence, abuse and neglect. They aim to provide a place of safety for clients (some of which may still be currently at risk of harm) and ensures that the NSW child protection system is responsive to those who have experienced harm and in working towards prevention.

Services may also provide training and consultation to the community sector on these issues. Apart from its core business and through a range of partnerships, services may also contribute to statewide, regional and local initiatives designed to promote and improve outcomes for children, families and communities.

Overall, the specialist services model aims to support the long term safety and wellbeing of individuals and families, reducing the effects of trauma and increasing social and family connections. It aims to work with children, young people and families who have met the threshold for statutory child protection intervention, or where concern for an individual's wellbeing continues (sub threshold) and there is a need for ongoing therapeutic intervention. These children, young people and families will generally have greater needs than those accessing the Child Youth and Family Support Service model, Brighter Futures or Vulnerable Families. Moreover, clients have been assessed as requiring specialist counselling and integrated service provision. Part of this intervention requires specialist intervention, including liaising and engaging with police, medico-legal and other child investigation systems. They also provide support to children who are placed in out-of-home care and to adult survivors of child sexual assault. Clients are provided with therapeutic intervention in a non-clinical setting, offering services to clients who may not be otherwise eligible for government based sexual assault or child protection therapeutic services. Services are offered locally, in the community, so they are easily accessible to the client group and provide an alternative option for those clients who historically do not trust or do not wish to access government based services.

The majority of CASAC services are staffed by professionals employed on a part time basis. Services vary and include auspicing agencies such as Anglicare and stand alone Incorporated agencies. In the 1990's, funding for three services was moved from the NGO sector to the NSW Health sector including Taree, Wyong and Coffs Harbour. In 2008, Dympna House, which was a significant service in the CASAC network and provided counselling and a statewide telephone service to victims, unfortunately ceased to operate. In 2011, the Armidale & District Child Sexual Assault Counselling Service also ceased to operate following the auspicing agency (Armidale & District Women's Centre Inc. Management Committee) deciding to no longer provide this service in the local area. In 2013 Riverwood Community Centre also chose to no longer employ a child sexual assault counsellor as part of their service delivery.

1.1 Target Group

The current service model targets individuals and families who have already experienced abuse, neglect and child sexual assault. There is acknowledgement that additional risk factors can impact on the overall wellbeing of the individual. This target group often presents with co-existing issues which may include the following:

- Alcohol and other drug misuse
- Significant mental health issues
- Domestic and family violence
- Neglect

- Social isolation
- Developmental disability
- Chronic health problems
- Homelessness
- Involvement in criminal justice matters

1.2 Referral criteria

Individuals eligible for services may vary across services, however they include children and young people aged between 0-18 years, adult survivors and non-offending parents/family members who have experienced child sexual assault, violence or trauma which currently impacts on parental capacity to adequately protect and care for their children. There is also acknowledgement that the main target group may be at significant risk or the potential risk may pose a serious risk to the long term safety and wellbeing of the child or family. Similarly, they may be experiencing chronic or complex issues which require specialist intervention. It is recognised that offending adults and young people require specialist intervention which is not the primary purpose of these services. Children under 10 years of age with sexually problematic behaviours are provided with services which recognise the needs of the child and promote safety and wellbeing, as well as early intervention.

1.3 Programs Goals

- Individuals who have been abused and/or are at risk , develop protective behaviour skills and greater resilience.
- Families of at-risk children are able to provide appropriate safety and support.
- Families develop greater self-confidence in parenting skills; are better equipped to manage situations in their lives and are linked to appropriate services if required.
- Children are safely maintained within the family unit where possible, reducing the need for OOHC services.

2.0 Key Features

Services are structured to deliver specialist therapeutic counselling and intervention, which also support the EIPP service model. The model provides flexible service delivery with an emphasis on trauma informed care, including expert knowledge in the legal system. This service model can be viewed as an ecological approach, providing specialist counselling and support where families may be accessing community building, early intervention and prevention, targeted services such as IFP, child protection and OOHC services.

It also recognises that within some families, chronic, entrenched and generational problems may require longer term intervention in order to adequately address the highlighted issues. The model also promotes the involvement of service providers in developing and maintaining the most effective service continuum in order to meet the needs of the target group.

Children with histories of exposure to multiple traumatic experiences within their families usually meet criteria for numerous clinical diagnoses, none of which capture the complexity of their biological, emotional and cognitive problems. These are expressed in a multitude of psychological, cognitive, somatic and behavioural problems, ranging from learning disabilities to aggression against self and others (Australian and New Zealand Journal of Psychiatry 2000; 34: 903-918).

2.1 Counselling

Specialist counselling provided by qualified professionals forms the basis of addressing the impact of trauma caused by child sexual assault and exposure to violence. It also provides therapeutic intervention which aims to assist in minimising distress and anxiety; at the same time, providing psychological and emotional support. It encourages the development of life skills, resilience and social connection. Clients who access counselling also develop skills in recognising and challenging offender behaviour and are more likely to take steps in changing patterns of behaviour.

2.2 Duration and intensity of intervention

The duration of intervention is usually assessed by the specialist counsellor and varies according to the needs of the individual and/or family and at times, may be brief or short term.

In considering the impact of trauma, longer term therapeutic intervention is recommended, with an average period of 12-18 months. Three month extensions are also included as part of progress reviews and may be recommended if required. The process may also involve engaging involuntary clients or those which may have a current court attendance order.

Counselling services operating under this model are designed to be outcome and client focussed, flexible and to be provided by specialist trained staff. The length of time over which the service is provided and the intensity, are significant factors in effective programming. Higher service intensity and the amount of time spent in direct contact with families have been linked to more positive family outcomes (Berry et al, 2000). While some families seem to benefit from short-term intensive intervention, this approach appears to be less successful with high risk families (Dore and Alexander, 1996, p.350).

According to research conducted on high risk families, programs need to be long enough in duration to impact upon parenting and address the multiple risk factors which contribute to child abuse and neglect. (Flannery et al, 2008.) In addition, the development of a trusting therapeutic relationship was found as being the most important factor in retaining parents in parenting programs (NSW DoCS, 2005, p.2). The relationship that forms between the client and the worker is directly related to positive outcomes, making this alliance a pivotal factor in successful intervention and outcomes. Undoubtedly, developing a trusting relationship requires time and therefore, longer term intervention. Conveying to parents that a service is collaborative, as opposed to punitive, also requires significant facilitation and time.

2.3 Frequent client presenting issues

- Crisis - eg, homelessness/inappropriate accommodation, financial stress, medical issues, regular attendance at court, current risk factors.
- Impact of trauma, including post-traumatic stress and /or other mental health diagnoses.
- Self-harming behaviours or suicidal ideation
- Psychological impact of trauma: overwhelming feelings of self-blame, shame, anger, sadness, anxiety, fear and phobias.
- Safety planning - taking responsibility for self-safety and wellbeing
- Sexually problematic behaviours in children under 10 years of age

The counselling process may also include working with symptoms of post-traumatic stress (PTSD), which can be complex and multifaceted. *DSM -IV Diagnostic and Statistical Manual of Mental Disorders*, defines PTSD as:

The development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or other threat to one's physical integrity or witnessing an event that involves injury or threat to another person. The full symptom picture lasts more than 1 month, the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning. For children, sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury. The disorder may be especially severe or long-lasting when the stressor is of human design (eg.rape).

PTSD is likely to develop when a person experiences ongoing fear and a sense of helplessness - all of which are indicated in child abuse. PTSD has three main symptoms: hyperarousal, intrusions and avoidance.

Empirical evidence links childhood experiences of child sexual assault, abuse and neglect with serious life long problems, including depression, suicide risk, alcoholism and drug abuse. In addition major links have been made with medical conditions such as heart disease, cancer and diabetes. (*Putnam - Impact of Trauma on Child Development*).

Other common client presenting issues include the following:

- sleep disorders
- ongoing nightmares and flashbacks
- anxiety and depression
- mood swings
- engaging in high risk behaviours
- shame, guilt and blame
- eating disorders

- suicidal ideation
- self-mutilation
- psychosomatic symptoms eg, ongoing unexplained pain
- addictions (alcohol and other drugs, gambling etc)

Specialist therapeutic counselling aims to address and treat these indicators and reduce their impact on the client's life and also supports a child's ability to learn and develop healthy social boundaries. The therapeutic relationship emphasises the importance of 'role-modelling' appropriate non-harming behaviours as well as promoting safety and security. It also aims to teach parents to appropriately support their children during the healing and recovery process.

2.4 Engagement

Assisting individuals and families with complex and chronic problems, engagement and relationship development is essential. *Strategies to increase service participation by vulnerable families* (Centre for Parenting and Research -Department of Community Services 2005), highlights a range of approaches:

- frequent contact
- relationship between professional and family
- offering concrete and practical supports
- active community outreach

For people who have experienced trauma, violence and abuse, engagement is a crucial component of intervention. Most often, they experience a lack of trust in others and a loss of their sense of safety and re-establishing this may require a significant length of time. Similarly, when other life events occur, primary symptoms of PTSD can resurface, requiring continued intervention.

For clients who develop chronic PTSD, along an indefinite duration of treatment may be needed. Clients with PTSD who appear to have recovered, may exhibit sudden relapse when new events reactivate traumatic concerns and fears about the safety of their families or themselves. For clients involved in ongoing litigation related to the traumatic event, legal proceedings may similarly reactivate concerns or emotions surrounding the event and its aftermath. (DSM IV- 2005 ed.)

2.5 Establishing and maintaining a therapeutic alliance

The therapeutic alliance is crucial and is at times, challenging to establish with clients who have experienced traumatic events. Studies have indicated that those with PTSD, underuse or avoid mental health services (DSM-IV).

DSM IV stipulates that:

In chronic PTSD, avoidant or numbing behaviours may have been present for many years or decades. Therefore clinicians must be patient to ensure that therapy proceeds at a tolerable pace. Developing a therapeutic alliance with a client who has experienced significant traumatic events- particularly in childhood- may require considerable psychotherapeutic effort and require lengthening treatment.

Intervention should always be conducted with sensitivity and in a safe environment that facilitates the development of trust.

2.6 Advice and Referral

The primary aim of providing information, advice and support is to address the impact of trauma and manage crises as they arise. Information and advice is comprehensive and it seeks to ensure that children, young people and adults are supported in accessing other appropriate services. It has been widely documented that families at risk may also present with a number of additional issues. This is particularly relevant in relation to young people and /or with parents who have had their own history of child sexual assault. In the model outlined, delivering information and advice are often ongoing as other issues emerge.

2.7 Assessment and Case Planning

This component aims to deliver comprehensive assessment, planning, implementation, monitoring and review. Case planning is provided to children, young people and families who require additional and ongoing support and assistance. Case planning may be short-term, however, if symptoms of PTSD are still present, intervention may extend beyond 12 months.

Case planning involves one worker in partnership with the individual and/or with the family in the following:

- conducting a needs assessment
- developing safety plans
- coordinating intervention through other relevant services
- supporting the individual and/or family in the case plan
- monitoring, reviewing and adapting the case plan
- developing strategies for exit planning and/or referral to other relevant service

2.8 Individual and family casework

This is the implementation of case planning, including engagement, providing information and advice, practical support (eg, housing support and access to other services), referrals to relevant agencies, crisis intervention and home visiting.

2.9 Legal Support and Advocacy

Other services are in providing support to children, young people and families in litigation processes and criminal court proceedings, in conjunction with the NSW Office of the Director of

Public Prosecutions, Witness Assistance Service. This also includes court preparation and providing victim impact statements, applications for Victims of Crime compensation, general support and advocacy. This is a specialist knowledge area and the services providing legal support, also contribute to informing the general service network about working with families on issues relating to these matters.

2.10 Outreach

Outreach offers an alternative service delivery site, which may be more convenient and include both school and home visiting. It is usually provided in the following circumstances:

- Outreach service engages some families, who due to other circumstances, are unlikely to maintain regular centre based appointments. It may also provide a more confidential option for counselling.
- Enables the caseworker to witness all members of the family in their home environment, ensuring assessment accuracy.

Outreach activities include the following:

- Initial engagement and therapeutic alliance building
- Therapeutic assessment and counselling
- Dissemination of information and advice
- Parenting information, skills development and support
- Case Management outside of the clinical setting

2.11 Parenting skills and Psychoeducation

The parenting programs undertaken by CASAC services encompass parent education, support and family skills training. The parenting programs are targeted interventions designed to assist parents in improving relationships with their child and to support the development of skills in responding to their child's needs. Within the model of practice, it also aims to address trauma indicators and challenging behaviours, including social and emotional problems. Parenting skills programs can be either individual or group directed and can be delivered in a range of settings. There is a strong belief that mainstream parenting programs are not appropriate and do not adequately acknowledge or address the impact of trauma or the dynamics of sexual assault which undermine parenting capacity, destroys relationships and where silence, blame, shame, fear, control and manipulation are present.

The parenting skills programs utilised are intended to deliver parenting information at various levels while at the same time, acknowledging the impact of trauma.

Program goals

- To assist parents in developing an understanding of their own trauma experience

- To encourage parents in developing skills in managing their responses to their own trauma.
- To develop protective behaviours for children and individuals.

The program is provided where these issues have not been previously identified by other services or when universal services are either inaccessible or inappropriate in meeting the needs of the family.

The experience of service providers over recent years has led to practice based evidence regarding the limitations of some parenting programs. These include:

- Parents who experienced abuse or were seriously neglected as children often state that traditional parenting programs can either be too confronting or incomprehensible due to a deficit in understanding about what constitutes appropriate parenting.
- Parenting responses to children who have been abused and are experiencing a significant reaction to trauma and/or have a profound developmental delay, need to be individualised as 'standard' parenting practices can be inappropriate in such cases.
- Providing education is at the forefront of understanding the impact of trauma on children and young people.

2.12 Support Groups

Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, of worth, of humanity depends upon the feeling of connection to others. The solidarity of a group provides the strongest protection and the strongest antidote to traumatic experience. The restoration of bonds begins with the discovery that one is not alone. (Herman, J.D - Trauma and Recovery pp.214-15)

The model supports groupwork as having the potential to improve parenting skills, individual and family functioning. It also aims to reduce or eradicate problem behaviours in vulnerable children, young people and adult survivors of trauma. There is acknowledgement and support of the therapeutic power of peer led, professionally supported groups that assist in the healing and recovery of adult survivors.

Goals:

- To facilitate self-help and peer support for children, young people, carers, parents or adult survivors who are experiencing issues relating to child sexual assault, abuse or trauma.
- Mainstream groups are generally inappropriate in addressing particular needs.
- Specialist support groups offered in the current service model aims to address the particular needs of the client target group. I.e, to breakdown feelings of shame, social isolation and information regarding trauma indicators and offender tactics.
- Support groups compliment individual counselling.
- Groups are facilitated by professionally trained staff.

- Due to the specialist skills and knowledge in the sector, support group programs can be developed and shared with other services.
- Structured support groups can assist in the recovery process

2.13 Community Education

Community education and prevention are inextricably linked. Child sexual assault, child abuse and violence usually occur in a context of silence. Community education aims to breakdown the social patterns of silence and encourages communities to develop skills in identifying trauma indicators as well as learning to respond appropriately to vulnerable children.

In the preserved service model, community education and early intervention aim to highlight the following:

- Promoting ethical and respectful relationships
- Raising social awareness regarding indicators relating to child sexual assault and abuse.
- Breaking the pattern of silence around sexual assault and violence.
- Providing specialist training to other professionals on identifying and responding to child sexual assault, child abuse, violence and trauma.
- Sharing specialist skills and knowledge with other professionals.
- Developing partnerships with individuals and organisations to consolidate a clear understanding of the keys issues relating to child sexual assault and violence and developing appropriate management strategies eg, facilitating programs on protective behaviours for parents, providing professional consultation and training for teachers in responding to indicators and in assisting foster carers in adequately supporting children and young people (who are victims) placed in their care.

3. Capacity Building

Capacity building relates to supporting the preserved model of non-government child sexual assault and child protection counselling services operating within the NSW child protection system.

It acknowledges that preserved non-government services assist in offering diversity and a broader intake system which primarily focuses on providing services to children, families and individuals who have experienced harm. It also provides an alternative service delivery model when individuals and communities are reluctant to engage with government agencies due to the historical implications of the child welfare system. This is particularly applicable to indigenous, CALD and refugee communities.

Although there is not a funded peak agency to undertake this role at a statewide level, there needs to be recognition of the role that Child and Adolescent Sexual Assault Counsellors Inc NSW has played in supporting member services, capacity building and connection of services in NSW. The dynamics of child sexual assault and abuse can be mirrored at a systemic level and the role of the NGO community based child protection services is a crucial one ensuring a safe,

reflexive and flexible service system. Capacity building relates to the development of evidence based service types and activities relevant to the needs of the target group. In specific locations where this service type does not exist, the role of such services is crucial in reaching vulnerable communities. Also, in the absence of these services compromises the effectiveness of the broader child protection system as well as positive outcomes for children, youth and families.

In addition, immediate response to emerging need or changing community circumstances is crucial if service models are to offer genuine flexible local solutions.

The activities included in capacity building may include:

- Undertaking research to develop an evidence base or advocate on systemic issues relating to the targeted clients,
- Resource Development - developing groupwork programs or information to be distributed
- Supporting other services
- Establishing social support networks for children and victims of child sexual assault and abuse.
- Participating in interagencies and assisting government agencies to be responsive to victims of child sexual assault, abuse and family violence
- Advocacy at a systemic level to ensure the criminal justice system is responsive to the particular needs of the client group

4 Evidence based practice

4.1 Trends in Family Preservation Services

Research has suggested that family risk factors are primarily caused by the following:

- Physical and sexual abuse
- Neglect
- Attachment problems
- Parental mental illness
- Family conflict
- Family breakdown

Robinson, E. Family Connections and Individual Involvement in Interventions.

Traditionally, youth services have been focused on individuation and autonomy. This may be an appropriate focus if the child or young person is healthy and well. However, if there is family breakdown or abuse occurring, then family support is pivotal. Current trends also indicate that positive outcomes are far greater if early childhood intervention includes parent involvement.

Child Protection agencies are generally involved in the lives of children and young people for a relatively short time. Therefore, assisting the family in establishing enduring connections and working with fostering good relationships is critical.

Diamond and Josephson (2005) concluded that family based interventions were *effective in treating adolescent psychiatric disorders*.

The BEST-Plus model of practice highlights an example of family based treatments for depression:

- improving communication skills
- promoting family based problem solving
- addressing critical and negative interaction
- building family resilience and hope
- helping families manage depression and contain suicide risk. (Robinson, E - Family Connections and Involvement in Interventions).

5.0 Children in Out of Home Care

Family preservation services are being heralded as the latest force to ensure the well-being of children. Support for these services is based on social, legal and economic rationales that children do best in families and that family life contributes to their healthy and productive development.

Child Protection is responsible for the protection of children and its primary aim is to support and maintain families while optimizing children's development. Services are intended to support and not replace family life unless absolutely necessary. (Berry, M; The Family at Risk: Issues and Trends in Family Preservation Services pp.3; 49)

The dual goals of family preservation services are in keeping the family together while keeping the child(ren) safe. A child should be removed from the home and placed in substitute care only if services are not able to ensure adequate safety at home.

5.1 Evidence based practice- Why preserve families?

Services operate on the family preservation model which ultimately calls on families to use their communities and extended families for support. Employed professional staff advocate for families and operate from a strengths based perspective rather than from a problem-diagnosis approach. Current trends in child protection services are becoming client and family centred. In addition, the ecological paradigm is based on client empowerment with a home based and family centred focus.

Berry (1997), states that over the past century, practice models have indicated the following:

Keeping families together is more humane

Both children and families are traumatised by the separation of foster placement and the subsequent uncertainty of whether or not the child can return home. Placement increases the likelihood of difficulties for children in forming relationships (Werner and Smith; 1992).

Reports funded by the Children's Bureau, US Department of Health and Human Services have highlighted that: research over the last forty years has indicated that if a child is removed from the home, they can be traumatised even further. A subsequent injury, especially on a young child who cannot understand why she or he has removed, can cause them to feel as though they did something bad, it is their fault or they may even experience it as a kidnapping. (Kagan, 1991, p.16). This can ultimately cause greater harm and trauma to the child, possibly resulting in a series of ongoing psychological disturbances.

Werner and Smith (1992), carried out a longitudinal study of children born into a variety of risk factors. They found so far, that "disruption of the home, including foster care placement, is highly correlated with subsequent disruptions in adult life, including divorce, unemployment and other difficulties." In addition, research conducted in the US on young adults, reveals the disproportionate numbers of homeless teens and young adults in prison who were former foster children (Callahan 1992).

Services aimed at the family are more efficient

By spending money on services for a whole family, the agency incurs one cost that is intended to have an impact on the whole family. If services are focused on one child at a time, costs can escalate with increased family size. Similarly, foster care is expensive. Costs for individual children in foster care include foster care payments to care providers, including therapy and medical. Foster care service expenditure is also linked to individual therapy for children to help them deal with the trauma of separation as well as acting out behaviour, poor self-esteem, learning and developmental difficulties and other such problems. Money spent on individual therapy multiplies if more than one child is removed from a family.

Services aimed at the family should be more effective

A focus on family solutions is more effective because many problems subsist not only in one family member but within the interactions between family members. Family relations, which are at the core of child welfare intervention, cannot be improved effectively by an individual's action alone.

In any case, effective interaction is multifaceted and should focus on both the individual, family, environment and community.

The family preservation model aims to preserve the family as it is considered to be the optimal environment in which a child can thrive and develop.

Berry (1997) emphasises that:

Services that involve the whole family should be more effective and longer lasting and services that can keep families safely together, will be far more cost effective in the long run.

6. NSW CASAC Services

AGENCY NAME	AUSPICING AGENCY	SERVICE CATCHMENT AREA AND LOCATION	DESCRIPTION OF MAIN CLIENT GROUP	SERVICE OPENING HOURS/FUNDED STAFF HOURS	MAIN REFERRERS TO SERVICE
Central West Women's Health Centre	Central Women's Health Centre	Bathurst, outreach to Lithgow (fortnightly), Blayney, Oberon and Kandos/Rylstone on a needs basis	Children and adolescents up to the age of 18 who have been or are at risk of sexual assault, children under the age of 10 displaying sexualised behaviours, children affected by domestic violence.	CSA counsellor available for appointments Monday and Wednesday 9-5, Thursday 9-6, Tuesdays – Admin/ Meetings.	JIRT, community NGO's, schools and parent referrals.
Linden Place	Wagga Family Support Services	Wagga Wagga and 100km range	Children and adolescents, non-offending care-givers and significant others.	9am – 5pm Monday - Thursday	Community Services, Schools, other agencies, self-referrals.
Wollongong West St Centre	Wollongong West St Centre Inc.	Wollongong, Shellharbour and Kiama LGA	Women (over 18 years) and Adolescents (female and male, 12-17 years). Who experienced sexual assault during childhood. Service also provided to non-offending family members and supporters.	9-5 Monday – Thursday. Staffing: 1x co-ordinator/counsellor (28 hours per week); 2x counsellors/community workers (28 hours each per week); 1x bookkeeper/admin worker (4 hours per week).	Other counselling services; private practitioners; self-referrals; government services eg. NSW Health, Centrelink, FACS); allied health, GP's, other NGO's.
Rosebank Child Sexual Abuse Service	Rosebank Child Sexual Abuse Service Inc.	Liverpool, including South Western Sydney	Counselling and support to children and young people, up to the age of 25, who have been sexually abused as a child. Counselling and support also offered to non-offending family members. Court support and community education.	8.30-4.30 Monday – Thursday	Family members, self-referrals, community organisations, health and sexual assault services, FACS, DPP, JIRT, schools and police.
Cassie's Place	Funded by CSGP – under auspice of	Catchment area- Eurobodalla Shire (3430 square kms).	Counselling, community education, information, advocacy, groups, court	Direct service delivery: Monday, Tuesday and Friday. Staffing: 1x	Primary referral source: JIRT Referral

	NSW South Coast and Snowy Region Anglicare Canberra and Goulburn	Shire has large Aboriginal population.	preparation and support to children, young people and their families. Collaboration with Eurobodalla Sexual Assault Service – participate in joint intake, peer support and case consultation. Outreach service provided: Bermagui to Batemans Bay.	counsellor-counselling/advocacy/ community development @ 14 hours per week; 1x Registered Psychologist @ 21 hours per week. On-call medical and crisis counselling service (Fridays)	Unit. Also-FACS, local schools, Health Services, Youth Refuges and local services.
Rosemount Good Shepherd Youth and Family Service	Good Shepherd Sisters	Catchment area- Inner West Sydney, Canterbury LGA, St George, Sydney City	Counselling to young people 12-24 years who have been sexually assaulted recently or in the past. Also provide counselling to parents, carers, siblings and partners of victims of sexual assault. Other activities include: early intervention/prevention groups and community education. Legal support, court preparation and Victim's Compensation reports.	Monday – Friday 9.00am – 5.30pm	NSW Department of Health, Community Health, Schools, JIRT.
Jannawi Family Centre	Uniting Church Property Trust NSW	Canterbury LGA, and suburbs of Marrickville, Bankstown, Greenacre.	Therapeutic child protection service to children at risk of significant harm 0-9 years and their families. Provides a holistic service to families, also to children in OOHC and restoration service	Monday-Thursday 9-5.30pm. Employs social workers and early childhood teachers to work with each family to address child protection concerns.	Lakemba, Bankstown, St George CSC's, local services & self referrals
CatholicCare Lewisham	CatholicCare	Inner West Sydney (4 LGA's- Marrickville)	Counselling to children	2 p/t counsellors 5 days per week	JRU, JIRT, Randwick CPU, School Counsellors
Barnardo's Child and Adolescent Sexual Assault Program	Barnardos Auburn	Auburn LGA	Counselling to children and adolescents. Also offers a youth and domestic violence counselling service.		
Bankstown Child Sexual Assault Service	Bankstown Women's Health Centre	Bankstown LGA	Counselling to children and young people aged 0-18 years and to female adult survivors; Includes groupwork	One counsellor employed 5 days per week.	

Lismore Centre Against Child Sexual Assault (CACSA)	Co-located at Indigo House Lismore	We provide services to the following areas: - Lismore - Byron Bay - Ballina - Evans Head - Casino - Kyogle - Mullumbimby and surrounds. Outreach where access and equity issues are concerned	Counselling to: children, young people and adults sexually abused as children - support to non-offending family members and/or significant others - separate support groups and/or workshops for women and men who were abused as children - secondary consultation, information and training workshops in sexual assault	Services are available Monday to Wednesday 9am-5pm.	
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Five services previously were part of the CASAC network and decided to transition funding models. Non- Government services/positions historically part of the CASAC network included Taree, Wyong, Coffs Harbour. Funding was transferred to the NSW Health sexual assault services in those areas.

10.0 Summary

All children have the right to be safe and to receive loving care and support. Children also have a right to receive services they need to enable them to succeed in life. Parents have the primary responsibility for raising their children and ensuring that these rights are upheld.

*We recognise that the best way to protect children is to prevent child abuse and neglect from occurring in the first place. To do this, we need to build capacity and strength in our families and communities. The vast majority of parents- supported by the community and the broad range of government supports and services available to families – have the capacity to raise happy and healthy children. **BUT, some families need more help, and in some cases, statutory child protection responses will be required.** (Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s children 2009-2020)*

11.0 References

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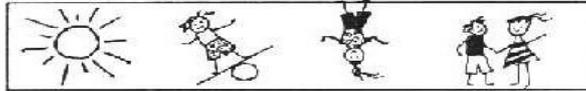
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casac inc



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Advocacy and Support and Therapeutic Treatment Services-

Issues paper 10

In 1985 the NSW Child Sexual Assault Task Force recommended that community based services be established for sexual assault victims and their families.

CASAC Inc is the non-funded network, representing 11 community based, non-government child and adolescent sexual assault counselling (CASAC) services in NSW which are currently funded by NSW Family & Community Services. The services provide children, young persons and adult survivors who have experienced child sexual assault, and their non-offending family members/caregivers, with a professional, trauma informed, comprehensive service which consists of specialist counselling; case management; information and support; groups; court preparation and support for witnesses; community education; advocacy and referral to other service providers when and if necessary. As a network, we also provide information and feedback to Child Protection, Sexual Assault, legal and other interagency networks, thus contributing to systemic change and policy development.

It is our view that advocacy and support and therapeutic services are not exclusive and that effective service delivery involves all of these components to be provided.

Victim and Survivor needs and unmet needs

1. It is important to note that NSW already has a system of specialist trauma informed, community based, responsive and flexible services which support victims of child sexual assault. These services should be strengthened and supported as they offer holistic services which place the primary focus on the safety, healing and recovery of victims. It is our belief that all victims of sexual assault have a right to receive support and we view child sexual assault as a child protection issue- irrespective of what age a victim steps forward seeking support and counselling.
2. As we take an ecological approach, we believe it is imperative that children who experience contemporary abuse receive timely and appropriate services to address the impact of trauma and provide safety. This is currently not happening for children living in NSW. There is also a responsibility to provide services to older victims and adult survivors as the child protection intervention which should have occurred in their childhoods was inadequate or non-existent.

Our position is that the current service system for victims of child sexual assault is under-resourced and inadequate. The narrow view of what constitutes a victim and current NSW JIRT investigation practices which provide for decision of 'unsubstantiated' are not working for victims. It is our view that this prevents appropriate service delivery being offered and places victims at further risk of harm and abuse. Also, the Family Law processes which may ignore concerns of child sexual abuse also need to be reviewed. Victims and survivors should receive appropriate support and counselling when they seek it and adequate protections need to be in place to provide for psychological, physical and moral safety prior to any therapeutic intervention.

3. The current service system has formed over many years and inadvertently there has been the creation of silos as to who does and does not receive adequate support. Child sexual assault is a public health issue which has serious consequences and does not occur without other forms of abuse, violence and neglect also being present. The barriers can include age criteria for service intake, for example young people who are 18 years of age or adult survivors without children. Regional and rural areas struggle in not having adequate resources to deliver services to their communities and so where you live can be a significant barrier which raises issues of access and equity.
4. Use of an ecological framework provides for secondary victims to be viewed as having important support needs and to be seen as deserving of their own interventions. At the present time, this does not occur as well as needed, and so consistency with how we view victims of domestic violence would be appropriate in this situation. For example, children who live in homes where there is domestic violence perpetrated towards their mothers are not generally referred to as 'secondary victims' in the current context, as there is acknowledgement that their exposure to the dynamics of abuse makes them a victim also. Women whose children have been abused or siblings and other relatives are not viewed by CASAC services as secondary victims and we find this term to be unhelpful to those who have been greatly impacted by a disclosure of someone close to them. It also acknowledges the range of tactics used by perpetrators to instill fear, control or to manipulate to gain access to children and so these are serious forms of harm which can have lasting implications on relationships, families and communities.

Diverse victims and survivors

1. The provision of culturally appropriate training is important in order to provide sensitive and trauma informed interventions for people from diverse backgrounds. This also means service delivery which acknowledges the impact of intergenerational trauma. The provision of interpreting and translation services is crucial to allow for people from culturally and linguistically diverse communities to effectively participate in counselling and court processes. This also requires specialist interpreters and translators to receive their own adequate support

and training. Another important therapeutic service approach is the importance of offering and making available groups for adult survivors in order to support healing and recovery. The current context does not adequately acknowledge or honour the role groups have in service delivery, particularly those which are peer led and supported by professionals.

Service System Issues

1. The terminology used to describe advocacy, support and therapeutic services is adequate, however healing and recovery also needs to form part of the definition as use of the term treatment limits the interventions into a narrow focus of symptom reduction and the interventions we use are aimed to achieve broader outcomes.
2. Systemic advocacy and support for victims and survivors to attend court and take part in the criminal justice system are vital. The current context does not support victims to fully participate and the resources are significantly lacking. Whilst CASAC services are not funded to provide court support and preparation for child witnesses to give evidence, it is our belief that this be provided to the children and young people we work with. It is also imperative that advocacy occurs at various stages throughout the process to ensure that victims are not further traumatised and that they are adequately supported in order to give evidence to the best of their ability and participate in the criminal justice process.
3. A significant systemic issue for CASAC services are children for whom child sexual abuse is not believed or has not been seen to reach a criminal threshold. These victims face further systems abuse by not proceeding via a criminal justice approach, may still continue to be at risk of abuse and violence or they may fall between the gaps of the service system as services are only offered if there has been 'substantiation'. Families who then enter the family law context face further barriers as the safety concerns may not have been addressed or at times, decisions by the Family Court prevent children from continuing or obtaining counselling. Whilst there have been some important changes to pathways between child protection and family law, our experience has been that there continue to be significant repercussions for child sexual abuse concerns to be raised in the family law context. It is our belief that negative consequences for raising concerns of child sexual assault should not occur.
4. The CASAC network believes that child sexual assault is a significant child protection issue for *all* victims and adult survivors as the harm occurs when an individual is at their most vulnerable and that an appropriate child protection is required. Adult survivors we engage with have either not received or were unable to disclose their abuse at the time it occurred, however there remains a responsibility to provide adequate and specialist services. The compartmentalisation and definition of victim based on their age or what systemic process they have encountered is not helpful nor does it make sense to those whom experience it. We believe that lack of intervention and support at the time of disclosure further exacerbates the profound consequences for individuals, families, the community and is a public health issue. It is for this

reason that we recommend that child sexual assault training for all professionals working in human services be made mandatory. The child protection mandatory training in NSW does not adequately address child sexual assault and there continues to be gaps in knowledge in how to effectively identify and respond.

5. At the present time, services for adult survivors in NSW is severely lacking and is inadequate to meet the needs of those adults who wish to address the impact of abuse on themselves and their relationships. The current Medicare rebates and sessions allocated for selected mental health services are not adequate to address the complex trauma that child sexual abuse survivors need and this needs to be reviewed. Also, CASAC services understand that whilst the impact of trauma can have significant impacts on physical health and wellbeing, the medical framework at times offers a narrow focus of the interventions which may be needed and these need to be broadened.

Evidence and promising practices

There is a network of community based child sexual assault services in NSW that have been providing specialist child sexual assault counselling for decades. The service mix includes offering therapeutic interventions to victims and family members, support, advocacy, referral, group work, and court support and community education. Please see the attached document which further outlines this service delivery model.