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ECOHEALTHOZ

*SUBMISSION TO THE ROYAL
COMMISSION INTO INSTITUTIONAL
RESPONSES TO CHILD SEXUAL
ABUSE – ISSUES PAPER NO 10*

Advocacy and Support and Therapeutic Treatment Services
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To Whom It May Concern:

Submission to the Royal Commission Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services.

Ecohealthoz welcomes the opportunity to address issues relating to ‘Advocacy and Support and Therapeutic Treatment Services’ through a response to the Royal Commission’s Issues Paper 10.

Introduction

This paper acknowledges that addressing and alleviating the impact of past and future child sexual abuse requires a comprehensive approach including legislative and policy reforms, long term public health education and prevention campaigns and coordinated and committed approaches to identifying and managing risk. My particular interest and experience is as a counsellor with over twenty five years’ experience in health and community services. I have supported adult survivors to attend private and public Royal Commission hearings and provide immediate after care and ongoing support and therapeutic interventions. I also have considerable experience working with male and female adult survivors and children who experienced past or contemporary child sexual abuse.

The Royal Commission, through its far reaching remit has enabled survivors and victims’ to speak about past abuse. Many say they are speaking out with the hopes that society increases its intolerance to abuse of children and that it happens ‘no more’.

My particular interest is advocating for changes to services for

- diverse groups, particularly Aboriginal & Torres Strait Islander people
- survivors who experience chronic health problems as a result of abuse within institutions
- survivors compromised by inadequate educational opportunities within institutions

Comments and responses are largely based on practice based research, published practice reflection papers, specialised training and professional development on sexual and other forms of abuse and my practice has been significantly enhanced by the release of ASCA’s (2012) Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery.

I have 20 years' experience working with Indigenous Australian peoples in rural and remote locations in several states and for the past five years as a counsellor with members of the Stolen Generations. As a non-Indigenous Australian I have been fortunate to work alongside senior law men and women and elders and be guided and mentored in working outside my own culture.

The topics I have addressed are relevant to my experience of working therapeutically with clients through a strengths-based, anti-oppressive, social justice and human rights framework. Much of the working style is collaborative therefore comments are interwoven with the reflections and actual feedback from the clients themselves.

My approach to therapeutic work is based on a theory of change that is oriented towards ongoing practices of acknowledgment in which change may be seen as a side effect rather than a goal. Client-centred and client driven initiatives that seek to increase personal agency mean a shift in power relations where the professional worker renegotiates the expert role and the work together is a collaboration rather than imposition of theory, technique or universal 'one size fits all' approaches.

Topic A: Victim and survivor needs and unmet needs

1. What therapeutic treatment services work for victims and survivors?

Comment: Services and staff should be working within guidelines established by Adult Survivors of Child Abuse (ASCA) using the 5 Practice Principles as a foundation:

- a. safety (physical & emotional)*
- b. trustworthiness (transparency & consistency)*
- c. empowerment (client led, client centred, strengths based)*
- d. collaboration (power sharing)*
- e. choice (consumer has control & choices)*

An emergent theme is that many of the healing modalities that are culturally appropriate with Aboriginal and Torres Strait Islander peoples are underutilised or region-specific and therefore not widely available.

Perceived hierarchies of need and special groups are unproductive. There are context specific issues for members of the Stolen Generations, Forgotten Australians and Care Leavers Network that should be understood by services, direct service delivery staff and funding bodies.

Needs can be unmet due to fragmentation and compartmentalisation of services.

Funding models that incorporate smaller project or worker specific funding may increase equity for smaller institution specific organisations such as Kinchela Boys Home, Fairbridge Farm School, Parramatta Girls Training Institute etc.

A recommendation is that services are funded conditional to provision of services using interagency collaborative and integrated models.

Western individualist models of therapeutic intervention by trained professionals is a cultural construct that does not entirely fit with collectivist cultures, especially those

where social structures are organised around traditional systems of elders and cultural consultants.

Face to face scheduled agency contact as the primary model of intervention will not meet needs, which should be expanded to outreach and community based models that are appropriately resourced.

2. What does not work or makes things worse or are harmful for victims and survivors?

Comment: Agency management / governance

Poor or unethical management practices, management staff lacking understanding of trauma informed service, lack of management experience & qualifications, cronyism, ineffective governance.

Lack of accountability to funding body, funding body lack of accountability to service users.

Changes in management and unstable service structure

Management not adhering to program guidelines and identified best practice

Management not remunerating workers according to award conditions resulting in staff resignation

Management lack of understanding of the limitations of their experience and understanding of working with sensitive or marginalised people

Management not following adequate risk management practices, refusing workers use of mobile phones on home or community visits

Management engaging in unethical workplace personal relationships that impact morale, especially for staff working with vulnerable client groups.

Agency practices

Lack of transparency regard eligibility for services and ongoing refusal to articulate it

Lack of coordination between staff, lack of clinical team meetings, inconsistent application of service protocols and standards of practice

Directing staff to close client cases without sufficient notice or reason

Closing client cases at sensitive periods e.g. during post-Commission evidence phase and times of increased vulnerability

Untimely or lack of intake processing

Limiting phone consultations between worker and client

Client

Lack of privacy and confidentiality for clients

Designing and implementing dysfunctional assessment processes – e.g. 6 page assessment form including a question ‘tell your life story’ and expecting staff to complete it in 10 minutes, or to post to clients to complete themselves when many are illiterate

Refusing to include a question on literacy confidence in assessment, meaning some clients cannot read numbers to make phone calls or fill out paperwork to be admitted to the service

Therapy or counselling that does not address power relations and takes a ‘neutral

stance'. This is crucially important during survivor group events or meetings where workers or therapists have increased responsibility to intervene if behaviours are disrespectful or recreate unhealthy dynamics experienced during institutional life.

3. Access and barriers to services.

Comment: adequate promotion and information of relevant services, ease of access through appropriate and timely assessment processes, eligibility criteria and commitment to working from a trauma informed stance.

Topic B: Diverse victims and survivors

1. Existing treatment services for specific needs of diverse victim and survivor groups.

Comment: gender specific programs that include longer term individual and group interventions for men and women. Services for Aboriginal and Torres Strait Islander groups delivered in the first instance by Indigenous and culturally appropriate services. In the absence of Indigenous-specific non-Indigenous workers who work within the context of historical trauma, decolonising practice through addressing own privilege and committed to ongoing cultural supervision.

2. What should be in place to ensure they receive the advocacy and support and therapeutic treatment they require?

Comment: integrated and collaborative service delivery models, sound referral processes and skilled staff supported by accountable management practices.

Topic C: Geographic considerations

1. Challenges providing services to people in regional, rural or remote areas.

Comment: identify and utilise existing models of outreach services in remote or isolated regions.

2. Innovative ways to address geographical barriers to providing and receiving support.

Comment: Use of online media such as Skype, Zoom, teleconferencing facilities. Explore possibility of providing teleconference facilities in local health or other agencies that can be used communally for service provision at a distance.

Topic D: Service system issues

1. 'Therapeutic treatment aims to reduce symptoms of ill-health and bring about measurable change in outcomes that improve wellbeing and quality of life'.

Comment: this stated treatment aim is not appropriate to sexual abuse which is a social and public health problem rather than an individual biomedical illness or condition.

Recommendation: Abuse occurs between two people, therefore focus must always remain on the relational nature of abuse, and there is a dyad of perpetrator or person who practices abuse and the survivor or victim who experiences abuse. This will

reduce opportunities for victim blaming and ascription of deficit based identity states to the survivor.

2. Service models

Trauma-informed services

Culturally sensitive services

Site or institution specific services

Outreach and / or community interventions

3. Skilled experience workforce

Implement senior clinical or direct service delivery roles and remunerate experienced or specialist workers

Recruit direct service delivery workers using external panel members with special interest and experience in abuse

Provide sufficient commitment to recruit and retain skilled workers to ensure continuity

Provide regular professional development funded by agency

Provide and fund external clinical supervision, worker choice of supervisor

Skilled experienced direct service delivery workers undertake advisory as well as reporting role to management

Workers join specific practice groups or meetings online or face to face

Develop networks of multi-disciplinary workers for professional development and support e.g. Mental Health Professionals Network

Identify limitations of various models for addressing abuse and utilise a socio-political and relational rather than biomedical framework

Research shows the relationship and engagement between the therapist and client is more statistically significant than the model or theory used, however approaches such as strengths-based and anti-oppressive practice can facilitate more effective client engagement

Consider cultural competence of workers and utilise cultural supervision if working outside one's own culture

Worker commitment to reflective and reflexive practice

Agency practices

Funding to agencies that have undergone accreditation

Management personnel in services provided to vulnerable populations should be recruited through rigorous exploration of past work history, present values, ethics and management experience

Develop specific agency protocols outlining roles and responsibilities and management of quality of service, complaints and feedback mechanisms

Clients / service users

Access – increase access to service by offering phone, Skype or teleconference facilities

Design appropriate, non-intrusive assessment processes that are client rather than agency centred

Provide private and confidential counselling rooms and phones. Do not conduct sensitive client calls or meetings in open plan offices

Quality control

Appointment of special liaison person or ombudsman for clients and workers to report to re quality and service standards

Topic E: Evidence and promising practices

1. Promising & innovative practices from practice-based evidence

Strengths-based and anti-oppressive practice taught within social work and other counselling disciplines

Narrative therapy and community work – strengths-based, social constructionist, embedded within social, cultural, historical and political context. Seeks to resurrect personal agency, review problem identity ascription, explores power relations in abuse, avoids victim blaming, individualising and pathologising of social problems. Used with individuals, groups, families and communities.

Evidence shows it is useful for working with ATSI people because of its focus on narrative or storytelling. In practice, it has much wider application for populations and groups such as those experiencing trauma and abuse, victims of torture, war, refugees or natural disasters.

The narrative framework is based on three elements – the narrative structure for describing the events of one's life or experience, the conditions for the telling or describing of one's experience – e.g. how the worker or audience shapes or influences what is spoken or not spoken; and the discourses around the problem of abuse, i.e. the context. The discourses around sexual abuse may be to do with notions of power and entitlement, children would not understand or suffer from abusive practices, the commodification or exploitation of children in care is socially or institutionally sanctioned by silence. Conversations that deconstruct these discourses are powerfully influential in assisting the survivor to find new ways forward.

Narrative examples of working with sexual abuse can be found in published works by Michael White and David Epston (co-founders) and through the Dulwich Centre, Adelaide. The International Journal of Narrative Therapy and Community Work includes many practice based papers with theoretical reflections and case studies on working with individuals, groups or communities who experienced sexual and other forms of abuse or trauma.

Narrative therapy has utilised case studies and more recently rigorous and well-designed qualitative and quantitative research studies have shown positive results. Narrative therapy is dependent on skilled application of theory to practice and therefore not easily manualised.

Manualised treatment Cognitive Behavioural Therapy is a well utilised, evaluated and appropriate component of more comprehensive treatment planning, especially with anxiety states and depression. As a standalone, it may not have sufficient scope to address trauma resulting from transgression of a person's dignity and rights to safety.

Mindfulness based programs for stress, anxiety and depression are a form of self-help practice that can assist to reduce effects of trauma such as hyper or hypo arousal, dissociative states and other emotional dysregulation.

Ngarlu is a cultural assessment tool developed by Joe 'Nipper' Roe, a Karrajarri elder and former mental health worker in the Kimberley. It is used to assess social and emotional wellbeing in Indigenous peoples.

Dadirri or 'deep listening' is a cultural practice from the work of Miriam Rose Ungunmerr-Baumann in the NT. It is an invitation to non-Indigenous people to practice deepening their understanding and capacity to listen to others, especially when working with ATSI people.

Culturally developed healing programs such as Marrumali (Aunty Lorraine Peeters), Healing Grief and Loss the Aboriginal Way (Rosemary Wanganeen and We'Ali (Judy Atkinson).

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