



Submission in response to Issues Paper 10: Advocacy and Support and Therapeutic Services

Royal Commission into Institutional Responses to Child Sexual Abuse
30 November 2015

Introduction: Family Planning NSW's work

Family Planning NSW welcomes the opportunity to make a submission to the Royal Commission into Institutional Responses to Child Sexual Abuse on issues related to advocacy, support and therapeutic treatment services for survivors and victims of child sexual abuse.

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW. We are experts on contraception, pregnancy options, sexually transmissible infections, sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

We have five fixed clinics in NSW (Ashfield, Fairfield, Penrith, Newcastle and Dubbo) and use innovative partnerships to deliver services in other key locations across the state with more than 28,000 client visits annually. We also provide Family Planning NSW Talkline 1300 658 886, a confidential telephone and email information and referral service, connecting our expertise to people and communities across NSW.

We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and LGBTI people.

We respect the rights of our clients to make choices about their reproductive and sexual health and we treat each and every person with respect, dignity and understanding.

Our work is evidence-based, and shaped by our research through the Family Planning NSW Sydney Centre for Reproductive and Sexual Health Research, our published clinical practice handbooks on reproductive and sexual health, and our nationally recognised data and evaluation unit, and is validated through our own extensive clinical practice.

Family Planning NSW acknowledges the high rates of past sexual abuse experienced by both women and men and the experience of sexual abuse in the institutional context. We provide the below comments based on our experience as the state's leading provider of reproductive and sexual health services, including clinical services, education, research and health promotion, our clinical practice and education experience.

Topic A: Victim and survivor needs and unmet needs

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

Family Planning NSW is aware of an increasing body of evidence that supports principles of trauma informed care when delivering clinical, health promotion and education services. There are well-evidenced links between interpersonal trauma and significant negative impacts on mental health. This supports the approach that trauma informed care principles are essential elements of any advocacy and support and/or therapeutic interventions provided for victims or survivors. Trauma-informed care should inform and underpin all treatment services.

This approach is underpinned and informed by internal Family Planning NSW policies which support best clinical practice and include management of adults reporting sexual assault,

domestic violence screening, child protection, subpoena procedure, and privacy and confidentiality.

Our experience indicates that key to effective service delivery and management of survivors and victims of past sexual abuse is acknowledgement of the impact of this abuse, empathetic management, and provision of an emotionally and physically safe space for victims or survivors to discuss their past experiences.

Victims and survivors of abuse are not a homogenous group. In this regard, it is essential that service providers work closely with victims and survivors to identify their specific needs whilst being aware that people can present at different stages of recovery and thus will require unique interventions and supports. For example, an initial disclosure from a client may prompt a crisis response with immediate support and practical information required, while a client presenting some years post-disclosure may be seeking therapeutic support.

In all instances, it is important that service providers across the health and community spectrum ensure staff can provide trauma informed care at all levels of service delivery, have policies in place to identify and appropriately manage risk factors and disclosures, and be aware of treatment and referral services available.

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?

Family Planning NSW's research, liaison with various healthcare providers and clinical practice has indicated that it can be particularly damaging for victims and survivors of past sexual abuse to feel that their experiences and the impact of past abuse is unacknowledged, diminished or negated by a healthcare professional.

Access to necessary supports and treatment services can also be inhibited by the need to undertake excessive or detailed processes and bureaucratic steps (such as filling in paperwork and forms, and having to do so repeatedly) in order to access services. This has a particularly negative impact on access to services for those with low literacy, or of limited economic means.

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 barriers be addressed?

Healthcare providers should provide trauma informed care that ensures they are able to respond appropriately to disclosures of past abuse and case-find, in relation to presenting risk factors. Providers can encourage victims and survivors to seek and engage effectively with support services by demonstrating receptiveness to individual needs, acknowledging the impact of past sexual abuse, and assisting with administrative processes.

By maintaining up-to-date knowledge of available referral services and processes, healthcare providers can ensure that the process of seeking support is easily navigated and unthreatening for victims and survivors.

During referral and planning, healthcare providers can make their clients more comfortable by asking them about their needs and preferred course of action. The process of engaging with counselling services and working through past trauma should be victim or survivor driven, but they are likely to need approachable, professional assistance in order to take the first step towards action.

Topic B: Diverse victims and survivors

In regard to diverse victims and survivor groups, it is important that healthcare providers maintain a consumer driven focus on service delivery that seeks input and advice specifically from victims and survivors from diverse populations, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and people with disability.

Family Planning NSW has implemented a consumer engagement framework which seeks the views of these diverse groups to ensure service delivery and service planning is appropriate, targeted and based on need.

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)?

Our work in rural and remote NSW informs our understanding of the limitations of service providers in responding to the needs of victims and survivors outside metropolitan areas.

Beyond the impact of geographic isolation from healthcare and counselling services in the first instance, many clients who do initiate care are lost to follow-up. Victims and survivors who are balancing family life, work and other commitments can find that transport and time are barriers to accessing healthcare services as well as lack of privacy. Appropriate services which are local and responsive must be accessible, and include options that ensure privacy, such as telephone and online services.

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

Funding for implementation of new communications technologies and telemedicine would achieve greater engagement with people living in rural and remote areas of Australia. Furthermore, investment in capacity building and access to education for rural healthcare workers would enable locals to provide better care and support for victims and survivors of sexual abuse.

Contrary to past popular opinion, ongoing Government-funded research by McNair Ingenuity Research has already shown that people living in rural and remote areas, and people from Aboriginal and Torres Strait Islander backgrounds are actively engaged with social media, and rely on digital platforms as a source of health information. Online services can also help to overcome the barriers of privacy and confidentiality, which exist in both metropolitan and rural/remote areas.

Investment in digital services and social engagement to support survivors of sexual abuse would provide new opportunities for participation and support in overcoming geographical barriers, for victims and survivors outside metropolitan areas.

Conclusion

In order to address the unique needs of victims and survivors of past sexual abuse, given their diverse backgrounds and personal requirements, it is essential that such abuse is recognised and anticipated across mainstream and specialist human services.

Health and community services must maintain up-to-date knowledge and awareness of the impacts of complex trauma, ongoing victimization and vulnerability, concerns around confidentiality, and respect for victim and survivor choice around disclosure.

Meaningful support to victims and survivors of past sexual abuse, as well as those suffering present or future abuse will require systemic implementation of trauma informed services, including both training of service providers, quality assurance in relation to their work and the accessibility of services to people in all locations, including people living in rural and remote areas.

Yours sincerely,

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