



**AASW**  
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**Australian Association  
of Social Workers**

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*Submission to The Royal  
Commission into Institutional  
Responses to Child Sexual Abuse  
Re: Response to Issues Paper 10: Advocacy  
and Support and Therapeutic Treatment  
Services*

**November 2015**

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## Introduction

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The Australian Association of Social Workers (AASW) is the professional body representing more than 8500 social workers throughout Australia. As a tertiary-qualified profession recognised nationally and internationally, we set the benchmark for professional education and practice in social work. We also have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians.

The social work profession is committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society. Professional social workers have worked extensively in supporting and advocating for the rights of survivors, victims and secondary victims of child sexual abuse across all settings, government and non-government. In working in this field, social workers are deeply committed to principles of safety, trustworthiness, choice, collaboration and empowerment; as they are embedded in our professional *Code of Ethics*<sup>1</sup>; and recognise the need for responsive, inclusive and accountable practice based on strong collegial relationships with all stakeholders.

The AASW welcomes the opportunity to respond to *Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services*, released 1 October 2015.

### Our submission

The AASW applauds the Royal Commission's recognition of the need for advocacy and support services that go beyond the remit of the Redress Scheme. We commend the recognition of the long-term impact of sexual abuse on the psychological, social and spiritual wellbeing of primary and secondary victims of abuse, and agree that support, advocacy and therapeutic treatment services should be made available as required across the life cycle for all those affected, directly and indirectly by institutional abuse: 'to assist them to heal and lead a fulfilling and meaningful life' (*Issues Paper 10*, 2015:1).

The AASW agrees with the assertion made in *Issues Paper 10* that advocacy is required at both individual and systemic levels. We concur also with the view that particular consideration must be given to the equitable provision of services to victims and survivors living in regional rural and remote areas of Australia.

In addressing the consultation questions, our submission will focus on the topics identified in the paper and draw upon the expertise and experience of our members in highlighting our main points.

### Summary of main points

- One of the most critical elements of successful support is the quality of the relationship forged between service providers and service recipients.
- We argue strongly that the one-model-fits-all approach to service delivery does not work, as it potentially homogenises and commodifies service recipients.
- There needs to be both a systemic and individual focus.
- Greater research is required to identify how current and future services might better identify and respond to particular victim and survivor groups.
- Training for frontline professional staff across many agencies is required in models and skill sets for determining exposure to institutional abuse.
- Appropriate practical and therapeutic treatment services should be universally available to people released from corrective institutions.
- Advocacy and support services should be provided by qualified and highly skilled staff to ensure that victims and survivors' needs, and that of their families, are properly identified and addressed.

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<sup>1</sup> Australian Association of Social Workers. (2010). *Code of Ethics*. Canberra: AASW.

## Response

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### Response to Topic A: Victim and survivor needs and unmet needs

The AASW notes the complexity of the issues arising from questions under this heading, the first of which is the inherent ambiguity in the terminology surrounding sexual abuse.

As Haugaard<sup>2</sup> notes:

Although child sexual abuse has been a concern for many researchers, therapists, and advocates for the past 3 decades, several fundamental issues regarding child sexual abuse remain unresolved. In particular, the term child sexual abuse has never been unequivocally defined. The lack of a commonly accepted definition of child sexual abuse continues to inhibit research, treatment, and advocacy efforts.

The findings of the Royal Commission speak to the wide range of behaviours and relationships captured under this umbrella term. The inherent challenge posed by this ambiguity to identifying appropriate service responses is compounded by the demographic heterogeneity of victims of childhood sexual abuse, as noted in the introduction to *Issues Paper 10*, which identifies multiple domains of difference: gender, ethnicity, religion, sexual identity, socioeconomic status and current personal circumstances. Further, as noted in the AASW submission to the *Royal Commission Consultation Paper: Redress and Civil Litigation*, victims' needs may emerge and re-emerge throughout the life-course. Also, it is important to note that in some cases the recovery, healing and re-engagement process may at best be lengthy, and that victims may require support services on an ongoing basis.

In the face of these complexities, the AASW believes that one of the most critical elements of successful intervention is the quality of the relationship forged between service providers and service recipients<sup>3</sup> and that this is an important criteria to take into consideration when determining the effectiveness of services. **We argue strongly that given the diversity of victims and survivors needs what does not work is a one-model-fits-all approach to service delivery, which potentially homogenises and commodifies service recipients.**

The issues raised in the questions under this topic are complex and multifaceted. On the one hand, consideration must be given to the opportunities for victims to engage with services based on their availability and accessibility – geographical and financial; on the other hand, consideration must also be given to the mind-set of potential service recipients to the intrapersonal barriers posed by perceptions of shame and stigma associated with admitting need and/or accessing services.

The AASW concurs with the view expressed in *Issues Paper 10* that these matters **must be addressed at both systemic and individual levels**: at a systemic level, work must be undertaken to inform public opinion and reduce the secrecy, stigma and self-blame associated both with child sexual abuse and with seeking professional help for personal difficulties; at the individual level of service delivery, health and advocacy professionals must be better equipped to recognise trauma responses and to facilitate early intervention strategies for both primary and secondary abuse victims. The AASW supports the principles informing the best practice guidelines developed by the Adults Surviving Child Abuse (ASCA),<sup>4</sup> which include:

- Provide a safe place for the client
- Ensure client empowerment and collaboration
- Communicate and sustain hope and respect

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<sup>2</sup> Haugaard, J. (2000). The challenge of defining sexual abuse. *American Psychologist*, 55(9): 1036-1039

<sup>3</sup> Harper, K., Stalker, C. A., Palmer, S., & Gadbois, S. (2008). Adults traumatized by child abuse: What survivors need from community-based mental health professionals. *Journal of Mental Health*, 17(4), 361-374.

<sup>4</sup> <http://www.asca.org.au/WHAT-WE-DO/For-Health-Professionals/Resources-for-Health-Professionals/Best-Practice-Guidelines>

The AASW notes the critical importance of highly developed assessment and engagement skills to ensure that survivors' needs and those of their families and carers (secondary victims and survivors) are properly identified and addressed. These skills are core aspects of the professional education received by social workers.

### **Response to Topic B: Diverse victims and survivors**

In response to this topic and the questions posed about the range, quality and impact of current services in Australia, it is the view of the AASW that greater **research is required to identify how current and future services might better identify and respond to particular victim groups.**

With that in mind, survivors, victims and their families may present to any agency with a large variety of concerns or distress. The process of help seeking can manifest in many ways so providing a single 'one size fits all' type of service may be problematic. Just as people presenting to emergency departments may be asked about their experience of family violence as a way of determining their potential exposure, it may be necessary to **consider training for front-line professional staff across many agencies and settings in ways of determining exposure to institutional abuse.** This will not be a 'tick box' assessment but would be based on real interpersonal skill levels. It should also be acknowledged that there is a fine line between asking the right questions to assist a person with identified history of institutional abuse and waiting for the client to offer such information. All of the above requires a highly skilled intervention by competent professional staff. People being ready to address past issues of abuse will also be affected by the public campaign to encourage a community understanding of the effects of institutional abuse.

In relation to the needs of victims and survivors of abuse in correctional institutions in particular, the AASW notes that **appropriate practical and therapeutic treatment services should be universally available to people released from corrective institutions.** Should sexual abuse be identified as one aspect of an inmate's circumstances, they should have the same right to appropriate support, therapeutic intervention and advocacy and above all, attitudes of respect, dignity, compassion and hope, as that given to other victims of abuse.

### **Response to Topic C: Geographic considerations**

The AASW is of the view once again that **there is an absence of Australian research to inform a response to this topic and questions.** In the absence of specific data relevant to the questions, the AASW reasserts the principle of equitable service provision made above, and notes the need for cost subsidisation of services if this principle is to be adhered to. The achievement of this goal would require advocacy and education at a systemic level.

### **Response to Topic D: Service system issues**

As broad-brush definitions, the terms provided in *Issues Paper 10* are satisfactory. However, the AASW argues the need for service provision to take into account:

- The conceptual complexity, ambiguity and fluidity associated with definitions of abuse;
- The heterogeneity of victims and survivors of abuse;
- The lack of professional consensus about either causal or correlative links between abuse, needs and behavioural attributes of victims and survivors;
- A similar absence of consensus about how best to respond to abuse, both individually and systemically.

**The AASW concurs with the emphasis placed on the knowledge and skills required by those advocating for and working with victims and survivors.** These skills are core aspects of the professional education received by social workers in Australia.

## Conclusion

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The AASW applauds the Royal Commission's recognition of the need for advocacy and support services that go beyond the remit of the Redress Scheme. In our submission we strongly argue that one of the most critical elements of successful intervention is the quality of the relationship forged between service providers and service recipients. Furthermore, given the heterogeneity of survivors and victims, what does not work is a one-model-fits-all approach to service delivery, which potentially homogenises and commodifies service recipients. In order to achieve this it is critical to have qualified and highly skilled professional staff to provide advocacy, support and/or therapeutic treatment who understand the full complexities of child sexual abuse.

Submitted for and on behalf of the Australian Association of Social Workers Ltd

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