HAWKESBURY AREA WOMEN AND KIDS SERVICE INC
THE WOMENS COTTAGE
ABN12756046044

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse Issues Paper No 10: Advocacy and Support and Therapeutic Treatment Services

The Women's Cottage, a funded provider of community-based supports to the Royal Commission, offers what may be a unique program amongst funded providers of therapeutic and other supports. Our program is based on transpersonal psychology, a holistic approach to human development that evolved out of the evidence-based practice of some of the great psychological scholars and thinkers of our generation including Abraham Maslow, Fritz Perls (Gestalt), Anthony Sutic, Carl Jung, Stanislav Grof, Sonya Margules and Ken Wilbur.

Transpersonal approaches move beyond the verbal and cognitive strategies of mainstream psychology to encompass direct connection with, and expression of, emotions, including how emotions and trauma are held in the body, exploring unconscious motivation behind thoughts and emotions, and recognition of the interconnectedness of the psyche, the body and spirit (Fisher, J. (2011); Grof, n.d.; Lukoff, 1998; Simington, 2013). Although this is not a mainstream psychological approach, it is noteworthy that *religious or spiritual problem* was included as a new mental health diagnostic category in the American Psychiatric Association's publication (1994): Diagnostic and Statistical Manual – Fourth Edition (DSM IV), the 'bible' used by psychiatrists and psychologists globally for mental health diagnoses. It is our experience that many of the survivors who access our service feel a sense of disconnection from their bodies and experience or have experienced a crisis of the spirit. The transpersonal approach respects and works with survivors' spiritual and religious beliefs, or non-beliefs, in recognising the potential to move from spiritual crisis and mental health issues into spiritual emergence and wholeness.

Although transpersonal psychology is at the edge of the mainstream scientific psychology continuum in working with other ways of knowing and 'altered states', neuroscientific research is increasingly finding evidence of the positive effects of other ways of knowing (e.g. meditation and mindfulness) on brain functioning, neuroplasticity, and physiological and emotional wellbeing (Tang, Hölzel & Posner, 2015).

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

Transpersonal approaches move beyond the predominantly ethnocentric, Western, scientific paradigm of modern psychology to include indigenous healing and spiritual traditions, non-Western thought and religious and spiritual traditions beyond Christianity. Thus the transpersonal offers a more inclusive and holistic cross-cultural approach for our culturally diverse clientele.

The transpersonal paradigm also takes the view that clients have the wisdom they need for their recovery and that it is the role of the therapist to support them to learn again to access and trust their wisdom. This is empowering and often transformative for survivors who learnt at an early age not to trust their innate knowing or wisdom.

It is from this transpersonal perspective that we offer the following comments to the questions of the issue paper.

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 provided by the Women's Cottage is personal and ongoing as needed. The Cottage has been a part of the Hawkesbury community for over 30 years and is widely known for care, compassion, confidentiality and unconditional positive regard. This creates a sense of safety and security for women that facilitates our capacity to build safe relationships in order to provide appropriate advocacy and support services. Sometimes it is just a shoulder to cry on, a quiet, safe space for a cuppa, a friendly smile or access to the wide range of information that we carry.

Specific *advocacy and support* services that women have sought our assistance for and for which we have received positive feedback include:

- Attending and/or advocating at meetings with other services such as Centrelink, Police for current and historic assaults, court attendance, attending the Administrative Appeals Tribunal,

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

family law and custody, other legal, probation, housing, other community services, employment, medical and psychiatric appointments and advocacy

- Many practical supports such as food parcels, self-care hampers, personal hygiene guidance, emergency housing and homelessness intervention, child care, escaping domestic violence, obtaining AVO's, personal skills development, crisis counselling, drop in support and personal community building such as our older women's network.

Therapeutic approaches that have worked for survivors in our program at the Women's Cottage are transpersonal, expressive and somatic therapies that enable survivors to connect with how they are affected by the childhood abuse without having to go into their stories or re-live the trauma (Pearson & Wilson, 2008; Smyth & Nobel, 2012).

There is evidence, and it is our experience, that expressive therapies such as transpersonal art and sandplay therapy and psychodrama, support clients to connect with and make sense of their response to trauma even when there was limited language or cognitive development at the time of the abuse (Collie et al. 2006; Hass-Cohen, 2008; Johnson, 1991; Malchiodi, 2001; Smyth & Nobel, 2012; Sperry & Shafranske, 2005).

Somatic therapies and practices that teach survivors to be safe in their bodies and to process the trauma that is held in their bodies have been very effective with survivors. These practices include: focusing (Gendlin, 1981), process-oriented psychology (Mindell, 2002 & 2003) mindfulness (Berceli & Napoli, 2007; Tang, Hölzel & Posner, 2015), and restorative yoga (Emerson et. al., 2009; Stankovic, 2011)

Creative expressive activities such as singing and African drumming have been particularly valuable in empowering survivors to be seen and heard. Our singers and drummers have performed in public, an extraordinary step for most who have a deep-seated fear, founded in childhood abuse, of being seen or heard.

An offering that we think may be unique to the Women's Cottage is our *Waking the Whole Woman* retreat program. This program is aimed at women who have undergone a fair degree of healing and are well progressed in their recovery journey who are now wondering what to make of their experiences and new-

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

found strengths. The program aims to provide women with transpersonal processes and experiences to gather themselves into 'wholeness' and to acknowledge and honour the strengths that helped them to survive and now thrive. Women create a strong sense of the woman they are becoming and take steps to create a new way of being in the world. This is an intensive program that the 11 women who have participated so far have provided extremely positive feedback and personal examples of their transformative experiences. These will be included in the section on evidence and promising practices.

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?**

We have found that survivors do not generally respond to direct approaches and that advertising our programs as specifically for survivors has consistently resulted in minimal or sometimes, no interest at all. Providing survivors with choice as to when and what they disclose is critical. What we have found will draw survivors is advertising and programs that use the language of the long-term effects that they are living with rather than the cause. This allows survivors to express interest without being confronted by the need to disclose. Our *Managing Difficult Emotions* group is an example where survivors always make up the majority of group participants.

Waiting times for counselling have been problematic for us with only enough funding for one part-time counsellor. When survivors say 'yes' to counselling we have found it imperative to link them up straight away. When there are waiting periods, which can be months, most will drop away, the window of opportunity closing quite quickly. For some, being put on a waiting list has reinforced their feelings of worthlessness, invisibility, being of no importance etc.

Waiting times to see one of our drop in service workers is also problematic for some. We encourage survivors to access our drop in service when they are on the waiting list for counselling, however there are no appointments and our service is very stretched by the increasing traffic arising from our funding to support adult survivors. Women can be highly stressed by the time they get in to see one of our workers, having waited in full visibility for quite some time in our busy, cramped kitchen-come waiting room.

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

Accessing a range of government and NGO services can be very difficult for survivors and victims. Even where services have had trauma-informed service training, our clients and their advocates report harsh and often ignorant, judgemental treatment. Respectful understanding of complex trauma and its many physical, mental and emotional impacts would be of great benefit for victims and survivors, however this is a substantial culture change from our experience that cannot be met through the (high quality) half or one day information programs that have been offered so far. Even amongst psychiatrists and GPs there appears to be limited understanding of the diverse and holistic impacts of complex trauma and its treatment. One client reported being told by her psychiatrist to "just get over it", and another shows signs of having been re-traumatised by the approach of a psychologist who insisted, on first visit, that the client describe in detail all her childhood sexual abuse experiences, even asking at one stage "why she didn't just leave?" This psychologist, when contacted, claimed to have extensive experience working with trauma of all kinds. In this case, experience clearly does not equate to expertise or even insight. These are deeply disturbing examples of the lack of clinical expertise and oversight for those working with complex trauma.

The legal and support responses of the JIRT team can appear to victims, survivors and our support workers that the safety of the child is not first priority. This will be discussed further in Topic D: Service system supports.

The legal system generally can be experienced as abusive to victims and survivors, particularly the minimising response of judges and magistrates when the ruling does not reflect the level of impact on the victims. What appears to be 'victim blaming' in domestic violence cases – making the mother responsible for exposing their children to domestic violence and often taking the children from their care because they are at fault, is experienced by victims and survivors as shifting the 'blame' from the perpetrators to the victims and perpetuating the abuse and blame they experienced in childhood. It is our long experience in our court-support role, that allegations or claims of sexual abuse by fathers particularly, are generally dismissed as having little or no bearing during custody hearings. We have a lot of experience supporting women whose abusive male partners have been granted custody of their children.

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

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?**

Privacy and safety are key concerns of many survivors and so they can find it very difficult to disclose their past history which can be a barrier to receiving appropriate support. The long time it can take for a survivor to feel safe to come to, and once in a service environment, to learn to trust someone enough to disclose can be a long-term barrier for many.

At the Women's Cottage we offered a wide range of entry points into our therapeutic program so that survivors had choice as to what, when and how they engaged with our services. Our (one part-time) counsellor participated in the workshops and programs, not only to contribute her expertise, but so that women could see and experience how she works and decide that they could trust her to work with them one-on-one.

A number of clients have reported feeling abused by their therapists in the past and so they are particularly wary of individual counselling relationships. The opportunity to see and develop the beginnings of a safe relationship with a counsellor through group processes has enabled some to take up counselling where they would not have otherwise. The small, intimate nature of the Women's Cottage enables the development and experience of safe relationships in a way that larger services may find more difficult. On the other side of this though, our small size has meant that we are bursting at the seams physically and through increasing demand for our limited services.

We were careful to provide some options that did not require disclosure of childhood abuse so that survivors who were unable or unwilling to disclose were able to participate and build a sense of safety and trust and therefore capacity to access the more specific survivor services. It has been our experience that women consistently self-refer to counselling after attending a group or creative activity which encourages us to continue offering this pathway, even with limited funding.

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

Services that did not require disclosure but which survivors accessed regularly and used as an entrance into therapeutic services included:

- *Drop in support* through our Women's Advocacy, Violence and Emergency Support service. This service provides many of the practical supports that survivors have needed
- Skills development programs included:
    - *Managing Difficult Emotions* – a very popular entry point for survivors, that, as mentioned previously, speaks to how the long-term effects of childhood sexual abuse continue to show up in their life
    - *Mindfulness* – a core life skill that supports survivors to become safe in their bodies and to learn skills to emotionally and physically regulate
    - *Mindful wellbeing* – as with mindfulness, however this programs extends to self-care generally and adds the evidence-based practices from the HeartMath Institute (https://www.heartmath.org/)
- *Reclaiming Life* – a therapeutic program for women escaping domestic violence, many of whom also experienced childhood abuse
- *Creative skills* development including:
    - African drumming
    - Singing
    - Gratitude beading
    - Mandala drawing.

Services that required disclosure included individual transpersonal counselling, art therapy and sandplay therapy and therapeutic programs specifically designed for adult survivors:

- *VALOUR* (Valuable Authentic Lives of Unlimited Resilience) - a nine week program exploring the long term effects of childhood abuse and developing strategies for creating new responses
- *Waking the Whole Woman* – a retreat program of five days in total spread out over a month for women emerging from feeling defined by their trauma and seeking to create meaning and purpose in their lives

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

- *Restorative yoga* – an eight week program offered by a psychotherapy-trained yoga teacher that supported women to become comfortable in their bodies and to learn to build a positive relationship with movement and their physicality.

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?

We provide counselling support for carers and friends of survivors and victims, within the limits of our available counselling resources. We also organised a program for carers and supporters to be run in the district by the Australian Childhood Trauma group, however there was very little interest shown from the wider community. We do not offer anything specific for other secondary victims and survivors but if we did we would find a way to accommodate them through our drop in service, within financial, space and resource limits.

Topic B: Diverse victims and survivors

1. **What existing advocacy and support and/or therapeutic treatment services are available that cater to the specific needs of diverse victim and survivor groups? What types of models and approaches are used to address the particular needs of these populations?**

We do not have the resources to offer specific services for diverse groups, however all our workers are trained and experienced working with cross-cultural and indigenous cultures and have completed numerous best-practice trauma-informed service and practice training e.g. from ASCA and Mary-Jo McVeigh. Our workers are trained in *Solutions-focused brief therapy*, and take a strengths-based and person-centred approach to each client, applying a diversity of approaches depending on the needs and state of the client at each meeting e.g. systems advocacy, practical food or housing support, short-term or crisis counselling. Our holistic, transpersonal approach is embedded in the notion of diversity as mentioned in the introduction to this submission.

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

We have workers who identify as Aboriginal. Our transpersonal counsellor has experienced two women connecting with previously unknown Aboriginality through therapeutic processes that utilise non-ordinary waking states and other ways of knowing, similar in nature to indigenous processes. Their Aboriginality was later confirmed.

2. **How could the needs of victims and survivors from diverse backgrounds be better met? What should be in place to ensure they receive the advocacy and support and/or therapeutic treatment they require?**

Historic or intergenerational trauma (HT) require different approaches, as outlined in the experience of First Nations work in Canada. These approaches can inform our approach to complex-trauma generally. Our retreat program draws on the special training of our transpersonal counsellor to utilise many spiritual transformation and meaning-making processes that are embedded in other ways of knowing.

> *What seems readily apparent from general familiarity with First Nations- controlled therapeutic endeavors is that a project parallel to that undertaken by the mental health establishment is flourishing in these settings. More specifically, according to this alternate indigenous explanatory model, the diagnosis is not the recognized psychiatric categories of major depressive disorder, substance dependence, or PTSD but rather HT. Moreover, the treatment-of-choice for this condition is not cognitive-behavioral therapy, flooding, or prescription of SSRI medications but rather participation in traditional cultural practices. Finally, the purported explanation for change is not habituation, cognitive reframing, or unmediated alterations in brain chemistry, but rather spiritual transformations and accompanying shifts in collective identity, purpose, and meaning-making* (Gone 2013, p. 697).

3. **What would better help victims and survivors in correctional institutions and upon release?**

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)?**

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

The Women's Cottage is based in the Hawkesbury, the largest geographic LGA in Sydney that spans urban sprawl, semi-rural and some remote areas. The three main town centres of Richmond, North Richmond and Windsor are all located in the south-east corner of the district, creating social isolation as an issue that is exacerbated by the lack of transport for women to access our services. We offer some limited telephone support, occasionally Skype but many of our clients do not have access to reliable internet services. We have also offered outreach groups into the district and the Blue Mountains as part of our funded program but even when partnering with local community centres we have found it difficult to attract victims and survivors (referred to as survivors from this point) from remote areas. Outreach activities have additional costs and travel hours that stretches our budget so we are not able to offer these on the ongoing basis necessary to build our profile with survivors and show the consistency and reliability that they need to build trust.

Survivor's access to regular counselling can be severely curtailed if their transport situation changes. Services that used to assist them to attend counselling are no longer offering this option. One survivor who has Dissociative Identity Disorder is now forced to walk for 45 minutes to catch one of two buses a day to come for counselling. She is often too unwell to do this on her own and while we can occasionally help with taxi fares, our funding does not cover this and so we rely on donations to provide this support.

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

Topic D: Service system issues

1. **There is a range of terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse. We provided our current working definitions in the introduction to this paper. Are these terms adequate and have they been defined appropriately? If not, what terminology and definitions should we consider using?**

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

2. **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?**

We have found our service model that is based on feminist, holistic, trauma-informed, strengths-based and transpersonal principles and practices, with its capacity to meet clients wherever they are in each moment, to be of great value to survivors. The small, cosy, even intimate nature of our service contributes to a feeling of safety and belonging so important for survivors to develop the trust that they need to engage in therapeutic relationships. Wider access for survivors to Medicare rebates for holistic counselling and redress options would address what appears to be a systemic bias to psychology and social work that lacks recognition that trauma-informed therapy takes many forms and that therapists of all kinds may lack the deep understanding of trauma that adult survivors need to flourish.

Ongoing trauma-informed depth level training and accreditation may be necessary to effect the culture change that is required at system, organisational and individual level to understand the unique needs of survivors and also to recognise the limits of their expertise to work with or provide services to people with complex trauma. We have had to advocate on behalf of survivors who have experienced a lack of trauma-informed service from organisations and individuals that we know have participated in trauma training. Survivors can be severely affected by such experiences, and can have the services removed due to their inability to speak up for themselves e.g. we have had survivors lose their Centrelink benefits, and one woman with extensive childhood trauma was required (by Centrelink and [redacted], a disability employment provider) to consider taking a job driving people home at night from pubs when they had too much to drink! This shows a complete lack of understanding of the extreme vulnerability of survivors around matters of personal safety and security.

3. **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?**

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

Ongoing training and accreditation that goes beyond the basics and that includes focus on organisational and systemic requirements as well as worker and practitioner standards. We are looking at culture change in many organisations and paradigm shifts for many workers, particularly when the more divergent or less mainstream approaches are introduced. Trauma units are showing up in many psychotherapy and counselling courses however these would be useful for introducing the concepts and practices, but depth comes from experience and lifelong personal research and learning.

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?**

We have found the work of Mary Jo McVeigh from Cara House in Sydney (http://www.caracare.org.au/) and Dr.Bessel van der Kolk (2014) at the Trauma Center (http://www.traumacenter.org/) in the US to be inspirational, insightful and informative. The Trauma Center's reported success with yoga in reducing PTSD symptoms (http://www.traumacenter.org/research/Yoga_Study.php) inspired us to offer *Restorative Yoga*.

Our own experiments with holistic and transpersonal offerings that have produced positive results include: transpersonal art therapy and counselling, sandplay therapy, mindfulness and the HeartMath Institute processes, singing, restorative yoga and our retreat program: *Waking the Whole Woman.*

Waking the Whole Woman retreat program

We have developed a retreat program for survivors who have progressed sufficiently in their recovery to want to take meaning from their experiences and create a life of their choice. We are unaware of any other similar program being run in Australia and possible globally.

We have run two programs so far, with the second one adapted after positive feedback from the first participants. One 'graduate' from the first program then joined us for the second one as a mentor. This woman went from only being able to draw stick figures and use other people's words, she had none of her

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

own, to creating and facilitating extremely powerful art-based transformative processes for the women this year. The changes in the women are difficult to put into words, each of them blossoming in unexpected ways, but here are a few quotes from the Whole Women of 2015:

"I am no longer my abuse I am an actual worthwhile person"
"The legacy from my childhood of sexual, emotional, and physical abuse was an eating disorder among other things. In the last few months since the retreat that behavior is dramatically changing and for the first time in decades I am feeling release from the tyranny of the eating disorder"
"I liked that we were encouraged to bring to the group what was important for each of us. We were not limited or required to bring issues or situations that only fitted in a small place of relevance"
"The wonderful abundance of art materials allowed me to be free in expressing my thoughts & feelings"
"From the retreat I am stronger as me. I have recaptured and awoken my true self. I am starting to really honestly love me"
"I am taking away strength. I am empowered. More courageous. I have deeper more complex insight in to my abuse and my families (sic). The impact of the retreat has really allowed me to deal with and focus on and love all parts of me"

Singing

"The singing itself was really hard at first because I had lost my voice, and I don't mean just lost my voice, I could no longer sing. The accident I had shook loose my pandora's box where I had shoved all the shit and wasn't going to it and the accident flipped the lid and it all poured out and I was struggling. I hadn't sung since I was a child, I was a performer, I used to sing and dance internationally, a few royal performances, hadn't sung past the age of 20 for 30 years. Our Reclaim the Night performance – everything shifted for me. We dressed up and it became a family for me. A really big part of my recovery."

"I kind of just realised that I can't remember my first day at singing, I think I was just so disconnected, doing what people had told me to do. Was I seeing you then (counsellor)? I don't remember what got me there in the first place.

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

It was quite scary at first so it was good to be able to sing straight away at Reclaim the Night, put on makeup and perform. I see it as a big part of the whole picture and all the other things I was doing that allowed me to see myself in a different way and feel alive when we were singing and we were together."

"Feeling alive. That's what it is. You are really in the moment, feeling so alive, the group energy helped that too. That's the essence of the singing itself, the music, the power of it. The words too, the songs we had written and the songs (chosen for us)."

"I really loved that you were willing to mirror back our greatness when we had forgotten who we were. I really appreciate that."

"Being in the group of the cottage has helped me feel part of the wider community. I live in this little cul-de-sac and the Cottage was the first step outside into the community. Cheers to the Cottage."

2. What evaluations have been conducted on promising and innovative practices? What have the evaluations found?

We conduct written evaluations for all our group activities and have held focus group-type conversations with group members, particularly for the retreats and singing, to seek their feedback and we encourage survivors to offer their stories, art work and poetry for evaluation purposes. The evaluations are primarily anecdotal, self-reporting from participants however we have had unsolicited feedback from a psychiatrist and GP who specialises in working with the effects of trauma noting the considerable changes in their patients who have accessed our services, particularly the transpersonal counselling and the singing and retreats.

Evaluations have identified significant shifts and life changes in some cases. Women are reporting greater confidence, sense of self and belonging, increased safety and feelings of empowerment and self-worth. Many have made important changes in their lives and some have taken up work and their professions again, others have reclaimed their voices. Three singing group members had been professionally trained singers who could not perform due to their trauma-responses. Each of them has reclaimed her voice and performed

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

at our Reclaim the Night event and also for a local nursing home. One woman has gone from having no words to support herself and only being able to draw stick-figures to now offering her services as a visionary artist and teacher of extraordinary talent.

The retreats and the singing have been particularly effective in empowering survivors to take back control of their lives and to feel joy and self-worth (refer to the quotes above). The restorative yoga, due to funding limitations was only an 8 week trial, however survivors were noticeably improving their relationship with their bodies, showing increased flexibility and reporting reduced pain and anxiety. We would hope to gain funding to continue with this somatic offering. Mindfulness is a particularly popular and useful life skill that we have offered over an extended period of time. Survivors report considerable progress in coping with their emotions, dealing with the unexpected, coping with anxiety and developing self-awareness and a sense of agency.

3. **What other learnings are emerging from practice-based evidence or from grey literature (i.e. published reports and papers that have not been formally peer-reviewed, such as government reports) about supporting adult and child victims and survivors?**

The major learnings from our experience are the benefits of innovative and creative approaches to engaging survivors in direct and indirectly therapeutic activities and the importance of offering safe, consistent access to a range of services that allow for choice by the survivor as to what they access and the privacy as to when or if they will disclose.

References

American Psychiatric Association, (1994). Diagnostic and statistical manual, fourth edition, (DSM IV), *American Psychiatric Association*

Berceli, D. & Napoli, M. (2007). A proposal for a mindfulness-based trauma-prevention program for social work professionals. *Complementary Health Practice Review, 11*(3), pp. 1-13

Collie, K., Backos, A., Malchiodi, C., & Spiegel, D. (2006). Art therapy for combat-related PTSD: Recommendations for research and practice. *Art Therapy, 23, pp.* 157-164

Emerson, D., E-RYT, Sharma, R., Chaudhry, S. & Turner, J. (2009). Trauma-Sensitive Yoga: Principles, Practice, and Research, *International Journal of Yoga Therapy, 19*, pp. 123-128

Fisher J. (2011). Sensorimotor approaches to trauma treatment, *Advances in Psychiatric Treatment, 17*(3), pp. 171-177.

Gendlin, E. (1981). *Focusing*, 2nd ed. Toronto: Bantam Books

Gone, J.P. (2013). Redressing First Nations historical trauma: theorizing mechanisms for indigenous culture as mental health treatment, *Transcultural Psychiatry, 50*, pp. 683–706

Grof, S. (n.d.). *A brief history of transpersonal psychology*, http://www.stanislavgrof.com/wp-content/uploads/pdf/A_Brief_History_of_Transpersonal_Psychology_Grof.pdf, viewed 27 October 2015

Hass-Cohen, N. (2008). Partnering of art therapy and clinical neuroscience, Chapter 1, pp. 21-42, in N. Hass-Cohen and R. Carr, (Eds.) *Art Therapy and Clinical Neuroscience*, London: JKP

Johnson, D.R. (1991). The theory and technique of transformations in drama therapy. *The Arts in Psychotherapy, 18*, pp. 285-300

Kimbrough, E., Magyari, T., Langenberg, P., Chesney, M., & Berman, B. (2010). Mindfulness intervention for child abuse survivors. *Journal of Clinical Psychology, 66*, pp. 17-33

Lukoff, D. (1998). From spiritual emergency to spiritual problem: *the transpersonal roots of the new DSM IV category*, *Journal of Humanistic Psychology, 38*(2), pp. 21-50

Malchiodi, C.A. (2001). Using drawings as interventions with traumatized children. *Trauma and Loss: Research and Interventions, 1*(1), pp. 21–27

Mindell, Amy. (2003). *Metaskills: the spiritual art of therapy.* 2nd ed. Portland, OR: Lao Tse Press

Mindell, Arnold. (2002). *Working with the dreaming body*. 2nd ed. Portland, OR: Lao Tse Press

Pearson, M. and Wilson, H. (2008). Using Expressive counselling Tools to Enhance Emotional Literacy, Emotional Wellbeing and Resilience: Improving Therapeutic Outcomes with Expressive Therapies. *Counselling, Psychotherapy, and Health, 4*(1), pp. 1-19

Simington, J.A. (2013). Trauma and dissociation: neurological and spiritual perspectives, *Psychology and Psychotherapy, 3*(3), doi:10.4172/2161-0487.1000116

Smyth, J. & Nobel, J. (2012). *Creative, artistic, and expressive therapies for PTSD*. White paper for the Foundation for Art & Healing

Stankovic, L. (2011). Transforming trauma: A qualitative feasibility study of integrative restoration (iRest) yoga Nidra on Combat-Related Post-Traumatic Stress Disorder, *International Journal of Yoga Therapy, 21*(1), pp. 23-37

Sperry, L. & Shafranske, E.P. (2005). *Spiritually oriented psychotherapy*, Washington: American Psychological Association

22 Bosworth street (PO Box 305) Richmond NSW 2753
Website: www.womenscottage.org.au
Phone: 0245 784 190

Tang, Y-Y., Hölzel, B. K., & Posner, M.I. (2015). The neuroscience of mindfulness meditation, *Nature reviews. Neuroscience*, *16*(4), pp.213-25

Van der Kolk, B.A. (2014). *The Body Keeps the Score*, Viking: New York