



Royal Commission into Institutional Responses to Child Sexual Abuse
**The Centre Against Sexual Violence Response to
Issue Paper 10 – Advocacy and Support and
Therapeutic Treatment Services**
November 2015



The Centre Against Sexual Violence Inc.

Centre Against Sexual Violence (CASV) Inc. is a community based sexual assault service which is dedicated to serving the sexual assault support, education and information needs of the Logan, Beenleigh and Beaudesert communities.

The CASV is committed to providing safe, respectful services to assist adults and young people on their path to healing; to work towards dispelling the social and cultural myths surrounding sexual violence; and to encourage the community to take responsibility for the eradication of sexual violence.

The staff, management and members of the CASV have a vision to eliminate sexual violence while providing counselling and support to the victims of this gender-based crime.

The CASV has been funded to offer counselling, information, advocacy and support to anyone (male or female) 12 years and over effected by the Royal Commission into Institutional Responses to Child Sexual Abuse.

The CASV recognises that:

- Sexual violence includes a range of unwanted behaviours including touching, sexual harassment and intimidation, coerced sexual activity, sexual assault and rape, and can include other physical and emotional violence.
- Sexual violence is about power acted out in a sexual way, and is a crime of violence which has harmful individual, social and economic costs to our community.
- The structural, economic, political and cultural values of our society give power to men, making women and children more likely to be victims of sexual violence.
- No one ever deserves to be sexually violated.
- Responsibility for sexual assault lies with the perpetrator and not with the victim, irrespective of the perpetrator's age, gender, social status, cultural background, or other circumstances surrounding the assault.

The CASV believes that victims/survivors have the right to:

- Be believed
- Be heard and supported
- Be treated with respect, dignity and understanding
- Communicate in their own language, with an interpreter if necessary
- Be given information about options
- Have control over their choices
- Have their confidentiality and privacy maintained



Introduction

The CASV appreciates the opportunity to provide input regarding advocacy and support and therapeutic services those who suffer child sexual abuse in institutional contexts should be provided. The CASV credits itself on being a community-based organisation which works collaboratively with staff, management committee, clients and the community members of the Logan, Beenleigh and Beaudesert regions.

The CASV has considered the questions posed by The Royal Commission into Institutional Responses to Child Sexual Abuse and we believe we can offer valuable feedback in the areas of advocacy, support and therapeutic services for survivors of institutional abuse. We have structured our responses under the headings identified in the Issues Paper 10 request. Survivors will have different ideas about what moving forward means to them and for this reason it is important that a variety of responses are available.

The CASV community recognises the importance of institutions and governments addressing, or alleviating the impact of, past and future child sexual abuse in institutional contexts, including in providing systems of support them allow survivors to recover, survive and thrive.

TOPIC A:

What services do you think survivors need but are not currently available? What makes it easier for survivors to access the support they need? What are the barriers? What types of services work well to help survivors?

- Often crisis support is needed first and foremost for many clients and the CASV finds the direct referral to a therapeutic service, when the assistance they require is crisis support, can be unhelpful for clients. It is vital at the assessment point, it is clearly identified with clients what support is necessary and they are referred to the correct service initially.
- Often clients are referred to many different services to have each of their needs met. It would be a more supportive and less burdensome model to have this assistance be navigated with one worker that can prioritise which service to tap into first and support them through this process ie. Practical support around completing paper work (particularly for clients with literacy challenges), checking where counselling vacancies are, so don't have to contact multiple services to access therapeutic support etc.
- A gap the CASV has identified is the need for a case management/personal support worker model that focuses on client needs and advocates for the client to receive the most relevant support to them and assists them with navigating these systems, such as Centrelink and Housing. These two areas stand out as key areas which there is a huge need from clients and a great deal of difficulty can be experienced navigating these systems. Often government body processes can be cumbersome and difficult to navigate and assistance around this from one key person that walks alongside them through these avenues is recommended. It is important to ensure that this service is not time limited and is an outreach service, due to the complex and multi-faceted nature of the trauma clients are living with.
- Partners in Recovery is a great service and one which we have found can be very helpful for clients. When it comes to clients that aren't able to articulate their needs clearly however, they can miss out on this valuable service.

- It is important to acknowledge the role of specialist sexual assault services and that wherever appropriate for survivors identifying that they would like to engage in therapeutic engagement, they are referred to these services and these services are supported to continue to meet the needs and manage waitlist times.
- Service providers need to be flexible in understanding the impact of complex trauma and provide flexibility around the linking in to and attendance at services. For example, we find that it sometimes takes a few times of rescheduling before a client is ready to attend the service. One of the hardest parts of their journey is in the acknowledgment and addressing the impacts with professional support. CASV provides understanding and flexibility around this and understands that clients may miss a few appointments, but by continuing to be open and available to them this creates a safe and nurturing environment that welcomes them in at a time that they identify they are ready.
- What we are hearing from secondary victims, such as care givers of young women that have experienced sexual assault, is that they need ongoing therapeutic support to work through the impact it is having on them, as well as being equipped to best support their child/family member/friend. Long-term therapeutic support needs to be provided to secondary victims and the CASV recommends this support is provided by specialist sexual assault services.
- There is a huge benefit in providing greater support to secondary victims in that it equips them to best support their family member/friend and this assists both them and the primary victim. Building a community of care model is less resource intensive in the long run and more sustainable given the complex and long-term effects we know child sexual abuse has.
- Children that witness child sexual abuse or have a parent dealing with effects of it also need to receive specific support in acknowledgment of the multiple ways it impacts a child's development and attachment with their caregiver. Where the caregivers identify they would like their child/ren to be provided with a service.
- The CASV as a service that previously only supported female identifying clients, with Royal Commission funding has now been providing a service to male survivors of childhood sexual abuse. The CASV feels from its experience that it is important to have men's services and women's service provided separately, whether this is separate specialised organisations or different geographical location. This feedback is being provided due to the safety concerns for clients which the CASV has witnessed. This does need to also consider gender binary's and having services available for all genders, acknowledging that male and female are not inclusive of all people.

TOPIC B:

What could improve the provision of services to survivors from diverse backgrounds, such as Aboriginal and Torres Strait Islanders or those from culturally or linguistically diverse (CALD) backgrounds, or people with disability?

- For CALD clients where they identify they would like an interpreter this is provided, however given the prevalence of child sexual abuse, it would be of great help to have interpreters that are specialised in this sector. Ensuring the financial support and timeliness of interpreters is also crucial.



- The point above also applies to interpreters for the deaf community.

TOPIC C:

What challenges do service providers face in responding to survivors needs in regional, rural or remote areas, and what would help providers in supporting survivors?

- Often transport is a barrier for clients attending appointments and linking in with services, particularly if they have barriers around catching public transport (such as fear to safety) or reside far away from services. One case example is a client travelling from Jimboomba to our service (being the closest specialist sexual assault service), due to medical grounds they are experiencing extreme poverty and require financial assistance to attend sessions. This does place a strain on service resources, however flexibility needs to be provided for clients to access services.
- Outreach services are a vital way to meet the needs of clients that may, for many possible reasons be unable to attend services. This often creates more feelings of safety for survivors and bridges a gap when people are unable to receive a service otherwise. It's important that services that deliver outreach support have a concrete understanding of the impacts of childhood sexual assault.

TOPIC D:

What do practitioners (that is, those working in advocacy and support and therapeutic services) need in order to meet the needs of survivors of child sexual abuse?

- Referral service (a one point contact) that can inform survivors of available services; assist in assessing their individual needs; and provides warm referrals to the services that are best placed to meet these needs. That this process is continuously monitored and feedback gathered to ensure that survivors are receiving consistent responses, given the correct information and feel their needs are being met.
- That warm referrals are made wherever possible, in agreement with clients, to ensure service users are streamlining processes for survivors.
- Clarity is needed for clients so they have realistic expectations around the involvement they are having with the Royal Commission and what this process entails. We have received feedback from some clients that they are unsure what happens with the information they have provided the Royal Commission or what information is provided to them. Overall we have not found this to be a problem, but it is important for responses to clients to be consistent across commissioners and finding creative ways to ensure clients do walk away with the correct information, such as with a letter, voice recording or text message, which they can refer back to.
- Relevant and ongoing professional training is needed across the board of social service providers that engage with survivors of childhood sexual abuse in different sectors. Whilst the primary focus may not be on childhood sexual abuse it's important that they hold an

awareness and knowledge around this topic. Particularly having a comprehensive understanding of the gendered nature of sexual assault. Some barriers to accessing training can be cost and location. It had been good to attend training as part of the Royal Commission that is provided at no cost. It's important that there are avenues for this to be continued and flexibility around how this is provided. For example, going into organisations, schools, open to community members etc. in acknowledgment that there is a need for awareness of childhood sexual abuse to be raised across the board.

- The intersections of childhood sexual abuse with minority groups that face other disadvantage, such as the trans community, disability or ATSI and the relevant factors that need to be taken into consideration. This is why a variety of approaches is needed to professional training and community networking to ensure that we are examining the multiple impacts of disadvantage for some survivors.
- It's relevant to take into consideration the role of the [REDACTED] and their role in responding to victims/survivors of sexual assault. We receive regular feedback from clients that they have been met with inappropriate and judgemental responses from police officers and regret ever having reported and are often not only dealing with the impact of the sexual abuse, but also the victim-blaming sentiment from some police officers. More in-depth and ongoing training is needed for police and a shift in the culture is needed. It is important that training is provided by specialised services and that relationships are informed that there is a continued focus to change the culture of responding to victims of sexual assault.