

The Hon Justice Peter McClellan
Chair
Royal Commission into Institutional Responses to Child Sexual Abuse
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Submission on Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services

Dear Mr McClellan,

Thank you for the opportunity to provide a submission in response to the Royal Commission's *Issues Paper 10: Advocacy and support and therapeutic treatment services*.

As the ACT's Victims of Crime Commissioner I advocate for the interests of victims of crime in the ACT and oversee the day to day operation of Victim Support ACT, our Government's 'one stop shop' providing services to victims of crime. My functions are outlined in s11 of the *Victims of Crime Act 1994* (ACT) and s22 of the *Victims of Crime Regulation 2000* (ACT) (the Regulation).

Victim Support ACT delivers the Victims Services Scheme in accordance with the Regulation. The objectives of the Victims Services Scheme are to provide assistance to victims of crime that will promote their recovery from the harm suffered because of crime and allow them to take part in the social, economic and cultural life of their community. This assistance is provided by professional staff from a range of disciplines and is delivered in a timely, accessible, solution focused and individualised manner as appropriate to the victim. The Regulation prescribes the levels of service and hours that victims are entitled to receive.

People who have experienced sexual abuse as a child in the ACT may access a range of supportive services from Victim Support ACT. Therapeutic services are generally provided externally through an 'approved providers' brokerage system, though some therapeutic services are provided in-house depending on the needs and preferences of the client. Victim Support ACT keeps an up-to-date list of approved providers who are recruited for their qualifications and experience working with people who have been victims of crime. This list also includes non-psychological therapies including physiotherapy, massage, acupuncture and educational tutoring.

The advantage to this approach to service delivery to victims of crime lies in the flexibility to tailor support packages to the needs of individuals. Two key challenges relate to ensuring the quality and competency of approved services providers (it is difficult to monitor whether appropriately specialist services are being provided to clients) and the limitations placed on access to therapeutic supports based on the requirements of the Regulation (this amounts to a maximum of approximately 20 hours in practice). In effect this limits access to therapeutic services for victims of child sexual assault who have longer term and complex therapeutic needs. These limits do not apply to justice advocacy, case management support or court support or assistance to access services generally.

The definition of eligible victim for the Victims Services Scheme encompasses related victims (secondary victims) including close family members, dependents or intimate partners.

In this submission I have not addressed all of the questions from the issues paper. My response to the identified questions is based on the collective wisdom of the experienced advocates and the case managers at Victim Support ACT.

Topic A: Victim and survivor needs and unmet needs

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

Victims/ survivors of child sexual abuse need access to friendly, individualised and flexible advocacy, support and therapeutic services. Service providers should have sound and appropriate qualifications, be subject to some form of external oversight, and seek regular feedback from clients.

Services must be empowered to deliver individualised assessments and services tailored to the individual needs of clients. Survivors of child sexual assault frequently present with multiple issues including addiction/s, mental health diagnoses or concerns, and/or physical illnesses. This means that multiple services may be providing supports to a single client. Where appropriate, services must be resourced and supported to provide coordinated services that:

- assist clients to navigate multiple services with different eligibility criteria, service models, ways of understanding presenting issues etc;
- avoid re-traumatising the client by their having to repeat their story to multiple workers and agencies; and
- maintain the psychological safety of the client by providing treatment and assistance that deals with the most significant issues first.

Further, I agree with your recent recommendation that ‘survivors be allowed flexibility and choice, with no fixed limits on the counselling and care provided’.¹

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?*

Survivors of child sexual assault may experience additional harm or distress in response to a range of unhelpful services responses. Two highly problematic experiences are not being believed when first making a disclosure; and/or being required to disclose the full details immediately based on a false belief that it is required to ‘process the trauma’.

Survivors are also likely to experience additional harm or distress when:

- service systems they encounter are rigid in their accessibility, eligibility criteria or service provision, making them difficult to engage with;
- inappropriate referrals are given;
- service systems treat the client with suspicion or doubt;
- service systems have “rules” or requirements that make it difficult for clients to remain engaged;
- access to services is delayed by long waiting times.

Victims and survivors of child sexual assault often need, but may not be able to access:

- choice about a range of services with skilled and professional staff (in most regions there is only one under-resourced service that provides a specialised support and therapeutic treatment for victims of child sexual assault which limits choice);
- advocacy and support in a range of areas in their life, including employment, housing and education systems (this can include educating workplaces and educational institutions

¹ Hon Justice Peter McClellan, *Opening Address: Australian and New Zealand Association for the Treatment of Sexual Abuse 7th Biennial International Research, Theory and Practice Conference*, 5 Nov 2015, <http://www.childabuseroyalcommission.gov.au/media-centre/speeches/anzatsa-7th-biennial-conference>

broadly about the needs of people experiencing trauma as a result of child sexual abuse); and

- assistance and support to navigate the justice system, which frequently does not prioritise the needs of victims/survivors.

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?*

Service systems that are flexible and responsive are more likely to assist victims and survivors receive the support etc that they need. Examples of features that support this include:

- Providing “warm referrals” - the process of facilitating a referral of a victim/survivor can be improved by (with consent from the client) making direct contact with the new service, ensuring that their services are appropriate and the client is eligible, offering to brief a new worker on the issues the client is experiencing (to avoid their having to tell the same story repeatedly), having a meeting with the existing worker, client and a worker in the new agency etc.
- Providing support that adapts to where the client is up to rather than based on the service delivery or therapeutic model.
- Providing clear and simple information about services available and empowering the client to make informed choices about what they wish to engage with and when.
- Services being open (and resourced) to providing ongoing support, over many years if needed; or episodes of support intermittently over time.
- Working and communicating with other service providers the client is in contact with (with consent from the client). This may be particularly appropriate for clients whose service needs are complex.
- Actively seeking and being responsive to feedback from clients.

Agencies that provide victim support under jurisdictional legislation are frequently limited in the type and amount of service they can offer victims/survivors of child sexual assault. For example, under the *Victims of Crime Regulation 2000 (ACT)* the Victims Services Scheme can provide up to 20 contact hours with an appropriate health professional to victims of violent offences (including sexual assault). This model may not be appropriate for survivors with complex needs who require lifelong access to therapeutic services.

Topic D: Service system issues

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?*

Service systems, including statutory schemes such as the Victims Services Scheme in the ACT, should be resourced and structured to provide flexible, ongoing services to victims of child sexual abuse who have long term complex needs. For statutory systems this is likely to require legislative change.

Services and schemes should be resourced to provide case coordination to ensure that clients with complex needs are able to have a range of needs met at any one time (see response to A, 1).

Overall, to make significant improvements in how services are provided, institutions and governments need to commit to ongoing resourcing of specialist trauma related service providers and adopting and evaluating promising practices. Other service providers should also be required to have basic training in how to respond to disclosure and appropriate local referral options.

Yours sincerely

John Hinchey

Victims of Crime Commissioner
30 November 2015