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## Royal Commission into Institutional Responses to Child Sexual Abuse

### Submission Regarding Issues Paper 10

I am a psychologist working in private practice in regional Queensland. I have a client who has given evidence to the Royal Commission a couple of years ago, regarding severe abuse at an orphanage in the 1960s and 1970s. He was referred to me by his GP a few months ago, and I have been bulk billing Medicare for payment as he is on a low income and is not able to afford my usual fees. Recently, he has been advised that the organisation that ran the orphanage has agreed to pay for 10 counselling sessions, although this payment has not yet commenced.

The following provides my thoughts on the questions raised in Issues Paper 10 from my perspective as a psychologist.

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

I have recently received training through the Australasian Society for Traumatic Stress Studies on STAIR Narrative Therapy. This therapeutic approach, developed by Marlene Cloitre and colleagues in the US, has been designed for people with a history of complex trauma such as childhood abuse. It aims to address current emotional and interpersonal functioning, as well as a means of processing past trauma. I have started using this approach with a couple of clients who have a history of childhood abuse, and have found it to be useful with them. This approach recommends 16-20 sessions as a minimum. More information can be found at <http://stairnt.com/Whatisstairnt.html>. I would recommend STAIR Narrative Therapy training be provided to psychologists working with people who were abused as children, and particularly that this training be offered to psychologists in rural and regional areas. It has also been used with children.

#### **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?**

My client was severely abused throughout his childhood and has severe and long lasting psychological damage. The offer of 10 counselling sessions by the orphanage's operators is inadequate - he will need many years of psychological therapy and support. Using Medicare to get the process started as I have done leaves me out of pocket, and is also inadequate as Medicare only provides for 10 sessions a year. It has also taken several years since his appearance at the Royal Commission before he was able to access therapy. He reports that others in his support group are hesitating to access therapy because it would require talking to a GP to access Medicare, and/or

engaging lawyers to seek compensation from the institution. The legal process is both very daunting and very slow creating a huge barrier to many people.

I would suggest that this process could be streamlined. People reporting that they have been abused could be provided with a list of trained counsellors in their area, and adequate funds approved for long-term therapy, where required, without the need for engaging with the legal system.

**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)?**

Psychologists in rural and regional areas need to be able to respond to a wide range of client groups, issues and needs. Training opportunities are less frequent than in the cities, and are expensive. I flew to Brisbane and paid for training in STAIR Narrative Therapy myself as I saw a need and realised I needed more specialised training. This was an expensive exercise.

**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?**

I suggest a training package be developed in consultation with the Australasian Society for Traumatic Stress Studies, the Australian Psychological Society, and other relevant organisations, and this training be offered at low cost to qualified practitioners who are willing to be on a register to provide therapy to victims of abuse. The training should be offered to psychologists in rural and regional areas, and could be tailored for the particular needs in each area it is offered.

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

Four studies have demonstrated the efficacy of STAIR Narrative Therapy for survivors of child abuse, as described on the website: <http://stairnt.com/Researchfindings.html>:

“Two randomized control trials (RCTs) were completed with women who had PTSD related to childhood abuse. The first study indicated that the SNT treatment is superior to the waitlist condition in regard to reducing PTSD symptoms, emotion regulation problems and interpersonal difficulties (Cloitre, Koenen, Cohen, & Han, 2002). The second study found that the sequential therapy (STAIR plus Narrative ) was superior to treatment conditions in which only one or the other of the component parts was provided (Cloitre et al., 2010). Follow-up assessment in both studies revealed continuing improvement in the three symptom domains of PTSD, emotion regulation problems and interpersonal difficulties over a 6 (Cloitre et al, 2010) and 9 month period (Cloitre et al, 2002).”

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