

**Submission to the Royal Commission into Institutional  
Responses to Sexual Abuse**

**Issues Paper 10: Advocacy and Support and Therapeutic  
Treatment Services**

Submitted by

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## **About the Submitter**

### **Helen Keever**

A social worker and human service manager with principal experience in the Not For Profit sector and skills in key relationship development, stakeholder management, innovative service design and delivery, service gap analysis, operational management, business planning and strategic development. Helen also has clinical skills in child protection and survivor support based on more than 20 years direct work with survivors and families.

Helen is passionately committed to social justice principles and movement for positive social change.

Helen holds both business and social work qualifications and is a nationally accredited mediator with the LEADR group. She was a recipient of an AMP Tommorrow Fund grant for 2015.

Her direct experience in service provision to survivors of abuse in religious contexts includes the establishment and management of Zimmerman House, the support service for survivors of abuse within the Catholic Diocese of Maitland-Newcastle between the years of 2004 and 2009.

### **Justiz Community Limited**

A registered public Not For Profit company with full charitable institution and deductible gift recipient status.

The agency's principle objective is "to assist vulnerable people of all ages to find their voice and pursue a socially just community".

Justiz delivers funded programs and offers consultancy across the Newcastle Hunter and Central Coast area and by outreach to the Manning area of NSW with a strong focus on grassroots consultation and service delivery. The challenge Justiz accepts in all their work is to truly hear, record and respond to the voices of people most affected by agency decision making and service delivery.

Justiz auspices the CAN foundation (Clergy abused Network) as part of its support programs.

## **Clergy Abused Network (CAN)**

A service supporting all those abused or impacted by abuse by clergy, as children or adults.

CAN is a volunteer network of trauma informed and sensitive volunteers who share the experience of being impacted by abuse by clergy or abuse by lay workers in religious contexts of all denominations.

CAN operates across the Newcastle, Hunter and Manning areas of NSW.

CAN members have lived with the aftermath of abuse by clergy and have learned to survive. CAN includes partners, parents, other family, friends and supporters of people abused in religious contexts.

CAN engages in proactive and constructive conversations with religious institutions to generate better understanding of living with the aftermath of abuse in religious contexts.

CAN members know that speaking out and being heard in safety and with compassion by others who understand CAN help.

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

Question	Response
<p>1. What advocacy and support and/or therapeutic treatment services work for victims and survivors?</p>	<p>Clergy sexual abuse impacts on survivors, their families and their support community, spiritually, socially, psychologically and economically.</p> <p>Advocacy and support services need to have capacity to address each of these needs.</p> <p>The effects of childhood clergy sexual abuse are multifaceted, debilitating and lifelong. Advocacy and support services need to be flexible, adaptive and lifelong; offering an umbrella of support for survivors and their families that can be “reactivated” to intensive support at times of crisis or when symptoms are retriggered by external stimuli.</p> <p>The following principles underpin successful engagement with survivors on a path to recovery</p> <ol style="list-style-type: none"> <li>1. Advocacy and support systems need to be based on deep listening; the process of “being with” survivors, hearing their story and their pain and allowing them time to determine their individual support needs. (Hence a centre based support service and after hours support are critical elements)</li> <li>2. Professional support on hand to assess current mental health needs and possible risk.</li> <li>3. Practical and financial assistance to address the day to day consequences of complex trauma (e.g. homelessness, substance abuse, gambling addictions)</li> <li>4. Survivor directed decision making: As survivors are moving out of crisis mode, encouragement to take back control and power – to begin to determine their own recovery</li> </ol>

	<p>needs.</p> <ol style="list-style-type: none"> <li>5. Access to a path to justice; at an appropriate time; support to approach police and legal support or to seek reparation. (if it eventuates, intensive advocacy and support through a court process) Access to justice programs that promote a sense of self and collective efficacy, fairness and dignity.<sup>1</sup></li> <li>6. Access to a suite of trauma recovery programs; based on an understanding of neuroplasticity. These programs may include the creative arts, writing, music and dance, meditation and mindfulness practice – all offering a safe place from which experiences and perceptions of trauma, grief and loss can be explored and expressed.</li> <li>7. A support community: survivors of clergy sexual abuse and their families are often from the most devout within the church and, as such, relied heavily on their church community for support. Because historical sexual abuse is an issue which divides faith communities, the loss of a supportive community that wraps around the survivor and their family at a time of crisis is a further devastating loss. A new community of survivors and families can offer the “wraparound” support needed. For this community to be created, a centre based response with drop in capacity and group meeting space is an essential element.</li> <li>8. A spiritually uplifting environment: The defining element of child sexual abuse by clergy that sets it apart from other forms of child sexual abuse is the spiritual element. The loss of the faith-filled underpinnings of their belief system, of the way they explained the world. Many survivors have</li> </ol>
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<sup>1</sup> Atkinson (2002)

	<p>said that this spiritual pain has been worse than the emotional pain. Parents, spouses and siblings and others who know, love or care for the victims are all affected by this spiritual trauma. An effective support service is underpinned by a spiritual element (in the broad rather than religious sense) The centre based service should provide a warm, accepting and loving environment based on a celebration of things beautiful and meaningful – music, art, scent, the natural environment etc.</p>
<p>2. What does not work or can make things worse or be harmful for victims and survivors?</p>	<ul style="list-style-type: none"> <li>• Service based on church premises or staffed by clergy or religious. Survivors of spiritual trauma have, not surprisingly, a radical change in feelings towards clergy and symbols of the church. Devout belief is replaced by initial confusion which often turns to rage and deep mistrust of all things associated with the church.<sup>2</sup> An effective support or advocacy service cannot be based within church premises, cannot have priests or religious present and cannot display outward signs of organized religion such as crucifixes and religious symbols. The survivor’s anger at the Church and possibly at religion in general needs to be acknowledged and affirmed as a healthy response to the abuse</li> <li>• Access to counselling alone as the preferred mode of treatment. Counselling may be one option in a recovery program but counselling rarely responds to spiritual trauma.</li> </ul>

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<sup>2</sup> Doyle, (2008)

<p>What do victims and survivors need but not receive?</p>	<ul style="list-style-type: none"> <li>• Support, apologies or reparation offered from a perspective of power. While we would commend those church leaders willing to meet with survivors, so often a church leader arranges such a meeting on church premises and attends in full regalia. These outward symbols of church are re-traumatising.</li> </ul> <p>The following elements are essential to effective recovery for survivors but are so often not received.</p> <ul style="list-style-type: none"> <li>• Survivors need to be believed.</li> <li>• They need their experience validated.</li> <li>• They need to be encouraged to place the blame on their perpetrator and not accept the guilt and self-loathing they have been encouraged to feel.</li> <li>• They need to feel powerful again and to be encouraged to take control of their own recovery.</li> <li>• They need justice.</li> <li>• They need practical and financial support at times of crisis</li> <li>• They need to be surrounded by beauty and warmth and a supportive community</li> <li>• They need access to a range of trauma recovery options</li> <li>• They need to find ways to heal their spirit outside of organised religion.</li> </ul>
<p>3. What helps or facilitates access so victims and survivors receive what they need?</p>	<ul style="list-style-type: none"> <li>• A centre based service, located away from church premises with demonstrated independence from church decision making and influence.</li> </ul>

<p>What are the barriers to receiving advocacy and support and/or therapeutic treatment</p> <p>and how might those barriers be addressed?</p>	<ul style="list-style-type: none"> <li>• A drop in service and after hours support</li> <li>• A welcoming spiritual (but not religious) environment</li> <li>• Brokerage funds for practical support at times of crisis</li> <li>• Access to a range of trauma recovery models of treatment</li> </ul> <ul style="list-style-type: none"> <li>• An imbalance of power between the survivor and the church institution approving their support options.</li> <li>• A reliance on financial reparation and counselling as the only forms of redress</li> <li>• Encouragement of the survivor towards forgiveness of perpetrators by church personnel. (a survivor may choose to forgive his perpetrator, but this is a personal and rarely chosen option)</li> </ul> <ul style="list-style-type: none"> <li>• The model described in response to question one addresses most of these barriers.</li> </ul> <ul style="list-style-type: none"> <li>• Funding of research into the effectiveness of various trauma recovery methodologies will improve the knowledge base of appropriate recovery options.</li> </ul>
<p>4. How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors?</p>	<p>Secondary victims of child sexual abuse by clergy are often completely ignored in the recovery process. Parents, spouses, siblings and friends are all affected by the trauma once it is revealed and are often caught up in the collateral damage. The assault of</p>

<p>How could these services be shaped so they better respond to secondary victims?</p>	<p>their spirit and trust in others is often no less than it is for the primary victim</p> <p>The location of support services in a centre based environment with a drop in capacity and that is encouraging of the development of a support community would offer appropriate flexibility to respond to secondary survivors.</p>
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### Topic E: Evidence and promising practices

Question	Response
<p>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?</p>	<p>Zimmerman House in the Catholic Diocese of Maitland Newcastle offered a service based on the principles outlined in this paper from 2004- 2009. The Clergy Abused Network (CAN) grew from survivors supported by Zimmerman House. A community of survivors who were associated with Zimmerman House still exists and provides voluntary support to survivors and their families.</p> <p>The survivor community meets once each year on the first Tuesday in November for a ceremony known as Silence against Silence (a vigil in protest at the silence of powerful institutions and in remembrance of those who did not survive) This vigil has spiritual but not religious element and will run for its 6<sup>th</sup> consecutive year in 2015)</p> <p>CAN also hosts a morning tea drop in for survivors and their families and friends on the first Thursday of each month at the Free Spirit Aboriginal Art gallery Mayfield West, a suburb of Newcastle. This is an open group accessible to all survivors. The gallery provides the spiritual but not religious space that survivors find</p>

	<p>welcoming and safe.</p> <p>The service currently run by the Diocese of Maitland Newcastle, now called Zimmerman Services, is supportive of survivors but does not operate on the principles underpinning the original Zimmerman House.</p> <p>Support services for survivors of complex trauma based on similar principles to Zimmerman House include:</p> <ul style="list-style-type: none"> <li>• Professor Judy Atkinson’s “We Ali” treatment model in Queensland which assists Indigenous communities to heal their own trauma. <sup>3</sup></li> <li>• Professor Derek Silove’s “ADAPT” (Adaptation &amp; Development After Persecution &amp; Trauma) Model which was developed from work with extensively traumatised populations including torture survivors <sup>4</sup> Derrick Silove, M.D., is professor and Director of the Psychiatry Research and Teaching Unit at the School of Psychiatry, University of New South Wales.</li> </ul> <p>Both of these models approach healing from a community perspective. This is not incompatible with support services for survivors of child sexual abuse by clergy. In many ways, the abuse has occurred within a community and affects not just the survivor but the whole community. Further, the survivor’s recovery is supported within an accepting community.</p>
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<sup>3</sup> Atkinson (2012)

<sup>4</sup> Silove (2013)

<p>2. What evaluations have been conducted on promising and innovative practices? What have the evaluations found?</p>	<p>One of the major challenges in the area of trauma healing is the limited evidence base. Very few formal studies have been conducted to assess the validity of innovative models along these lines. However a surprising commonality of reported effectiveness has arisen from a range of models conducted on the principles outlined in this paper.</p> <p>These services have mostly arisen independently and have resulted from survivor driven recovery design.</p> <p>Funded research into these models would enhance the empirical evidence base for what survivors know works for them.</p>
<p>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?</p>	<p>The Aboriginal concept of “Dadirri” embodies the deep listening response and has been adapted by trauma support models in Australia and Canada in work with indigenous peoples suffering intergenerational complex trauma.<sup>5</sup> Exploration of the Dadirri principle as a starting place for response to survivors of clergy childhood sexual abuse would be valuable.</p>

**References:**

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<sup>5</sup> Ungunmerr, M. (2001)

Doyle, T (2008) *The survival of the spirit while mired in the toxic wastes of the ecclesiastical swamp*. Annual SNAP Gathering, Chicago Illinois.

Silove, D (2013) "The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings, *Intervention* 2013, Volume 11, Number 3, Page 237 - 248

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