

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

Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services

1. INTRODUCTION

knowmore is a free legal service established to assist people engaging with or considering engaging with the Royal Commission into Institutional Responses to Child Sexual Abuse. Advice is provided through a national telephone service and at face to face meetings, including at outreach locations. **knowmore** has been established by the National Association of Community Legal Centres, with funding from the Australian Government, represented by the Attorney-General's Department. **knowmore** has offices in Sydney, Melbourne, Brisbane and Perth.

Our service was launched in July 2013 and since that time we have provided over 4,000 client advices and more than 2,500 occasions of social work and counselling support to a highly vulnerable client group. Many of the clients we have assisted have presented with complex legal and psycho-social issues, the origins of which can often be traced back to sexual abuse in childhood. In many instances, this has seriously impacted their well-being, resulting in challenges such as housing instability or homelessness, mental and physical health issues including psychiatric disability, drug and alcohol misuse, as well as ongoing (and involuntary) involvement with other institutions, including the criminal justice and forensic mental health systems.

In considering the likely needs of our clients when the service was formed in early 2013, **knowmore** decided upon a multi-disciplinary model, inclusive of lawyers, Aboriginal and Torres Strait Islander Engagement Advisors and social workers/counsellors. This was seen as representing innovative best practice through the provision of trauma-informed, person-centred and culturally secure legal services for our clients. Some key features of our unique model are:

- i. **knowmore** is a national service delivering free legal assistance to victims and survivors of child sexual abuse.
- ii. **knowmore** is a purpose specific service, working within the paradigm of a trauma-informed practice
- iii. **knowmore** operates within the model of a multi-disciplinary service.

knowmore as a legal advocacy and support service

In looking at the definitions employed in the Issues Paper, obviously **knowmore** provides legal advocacy and support. The opportunities for people to access legal rights and to seek justice-making through a variety of ways, whether that be sharing their story with the Commission, seeking some form(s) of redress, or being linked to ongoing services and supports in their community, have been powerful experiences for many of our clients.

knowmore as an agent for restorative and therapeutic legal support

Although **knowmore** is not a therapeutic treatment service as defined by the Commission, it is **knowmore's** observation that there are often outcomes for our clients of significant therapeutic benefits, arising from the process of effective and supported engagement with our legal support and advocacy services. It is clear, from our observations and client feedback, that effective client participation in exercising or progressing legal rights can contribute positively to the achievement of the broader therapeutic outcomes identified in the Issues Paper, such as a reduction in symptoms of ill-health or the bringing about of measurable change that improves wellbeing and quality of life.

Of relevance in this context is the notion of 'Law as a Healing Profession,'¹ as grounded in the comprehensive law movement, which arose in the late 20th century and is described as taking " ... an explicitly comprehensive, integrated, humanistic, interdisciplinary, restorative and often therapeutic approach to law and lawyering" (Daicoff, 2005, p. 1). **knowmore** is guided in all aspects of its work by the five foundational principles of trauma-informed practice; being safety (including cultural safety), trustworthiness, collaboration, choice and empowerment. These trauma-informed principles complement and expand on **knowmore's** core organisational values of Respect, Integrity, Collaboration and Courage. The thinking on trauma-informed practice in the law is now receiving increasing interest.² It is **knowmore's** experience that its integrated and therapeutic approach to providing legal assistance to our clients has been very successful in providing appropriate legal and psycho-social support to a highly vulnerable client group.

In responding to the questions in this Issues Paper, we will draw on the key features of the **knowmore** model and on the experiences of **knowmore** clients. Where relevant we will respond to each question individually, or per topic, depending on our experience and expertise.

2. LIST OF RECOMMENDATIONS

Topic A: Victim and survivor needs and unmet needs

RECOMMENDATION 1: That person-centred, trauma-informed, culturally secure multi-disciplinary models of service delivery for victims and survivors of institutional abuse be seen as 'best practice' in service system responses and future funding models

¹ Daicoff, S. S. (2005). Law as a healing profession: The comprehensive law movement. *Pepperdine Dispute Resolution Law Journal, Fall*, 06-12.

² Randall, M., & Haskell, L. (2013). Trauma-Informed Approaches to Law: Why Restorative Justice Must Understand Trauma and Psychological Coping. *Dalhousie LJ*, 36, 501.

RECOMMENDATION 2: That while the need for highly specialised therapeutic treatment services such as counselling is recognised; generic, counselling only or counselling dominated models not be seen as the primary preferred funding or service delivery model for survivors of institutional child sexual abuse. Rather, that these services should ‘weave in and out’ of a range of supports that people need over the course of their lifetime.

RECOMMENDATION 3: That where services utilise a 1800 line or similar type of intake and allocation system, they provide quick and correct access for the person to support responses, minimising the ‘re-traumatising in the retelling’ and maximising opportunities for engagement. Further, that these services have clear processes for minimising waiting times for callers, and for uptake of new referrals including capacity to respond to crisis regardless of waiting times.

RECOMMENDATION 4: That services supporting victims and survivors need to be able to respond to people in crisis, to not be time limited in the length of support they can provide; or to be part of a broader service system that they can refer onto, that does provide long term support.

RECOMMENDATION 5: That 24 hour/after hour service responses (additional to generic phone lines) be considered in future funding models to ensure people are able to access support when they most need it.

RECOMMENDATION 6: That where survivors do require specialist therapeutic treatment services including sexual abuse and trauma counselling and mental health services (inclusive of psychiatric treatment), these not be limited by time (including Medicare Mental Health Care Plans), lack of financial resources of the person or only be accessible at point of crisis. Rather, that victims and survivors of child sexual abuse be seen as an important priority group when it comes to accessing equitably, specialist and longer term treatment services so that recovery from trauma becomes more possible and sustainable.

RECOMMENDATION 7: That service co-ordination and collaboration be properly considered within these service models, to reduce the burden on survivors having to coordinate their own care.

RECOMMENDATION 8: That barriers to service access for victims and survivors be reduced through access service ‘hubs’ and/or ‘one stop shop’ models that reduce the need for ‘retelling’ for victims, and incorporate home visits and/or outreach services, or where specialist services will travel to other service hubs to see people, rather than expecting people to travel to them.

RECOMMENDATION 9: That evidence-based, voluntary (and involuntary) treatment services for child sexual abuse offenders be researched and further implemented across service system responses, to support the ‘breaking of the cycle’ of re-offending across generations.

RECOMMENDATION 10: That secondary victims’ needs be considered further through family-inclusive advocacy and support and therapeutic treatment services, wherever safe and appropriate to do so, so that the inter-generational impact of abuse and trauma can be better

responded to. A range of options could include further resourcing existing, high performing specialist services, expanding existing funded service options through Medicare or other general counselling services or, where required, the creation of new services so as to support safety and choice for secondary victims.

RECOMMENDATION 11: That when considering the needs of Aboriginal and Torres Strait Islander people who are secondary victims of child sexual abuse, that the contexts of extended family and community be recognised and that service system responses work with this.

Topic B: Diverse victims and survivors

RECOMMENDATION 12: That the inclusion of Aboriginal and Torres Strait Islander engagement workers and strategies be considered as best practice across advocacy and support and service system responses for victims and survivors.

RECOMMENDATION 13: That the inclusion of Aboriginal and Torres Strait Islander advocacy and advocates be further considered in future service system responses to ensure that support for victims is advocated for in a culturally secure way.

RECOMMENDATION 14: That further investment in the development/enhancement of best practice responses in Aboriginal and Torres Strait Islander child sexual abuse work be prioritised, including models that work with historical and contemporary abuse in community contexts, and that seek to enhance the skill set of Aboriginal and Torres Strait Islander workers and cross-cultural collaboration between Aboriginal and Torres Strait Islander and mainstream services. That best practice responses be inclusive of cultural integrity in practice, flexibility and choice for people; an understanding of spiritual and cultural diversity across Australia; an ability to respond to current risk/abuse as well as historical and spiritual intergenerational trauma, education, promotion of services and prevention work with children and young people.

RECOMMENDATION 15: That the advocacy and support and therapeutic treatment needs of people in correctional institutions recognize the over-representation of people in prison who have also experienced childhood sexual abuse. That services in those institutions, and post release, be prioritized and brought into line with other trauma-informed responses to abuse victims and survivors. Also, that barriers to external service access to correctional institutions be greatly reduced, and that funded service responses should, where relevant, be able to demonstrate a 'prisoner engagement strategy' as part of their service model.

RECOMMENDATION 16: That correctional institutions be resourced and staffed to provide culturally secure, trauma-informed support to Aboriginal and Torres Strait Islander people, including through the further employment and training of Aboriginal and Torres Strait Islander people in key roles across the corrections system, and in support roles for people in prisons.

RECOMMENDATION 17: That pre and post release programs for people in correctional institutions also be inclusive of holistic approaches to both practical and psychological needs, including housing, financial support, physical and mental health support, to help reduce

recidivism and give inmates the opportunity to recover from their institutional experiences and begin to rebuild their lives so that their recovery from trauma can also begin.

Topic C: Geographic considerations

RECOMMENDATION 18: That the geographical location of victims and survivors be more extensively considered, rather than default funding of services in metropolitan areas or major regional centres. Consideration could be given to the Royal Commission sharing non-identifying geographical data for future service system planning.

RECOMMENDATION 19: That the true cost of providing adequate and sustainable services to regional, rural and remote communities be properly costed in funding models for services. This to be inclusive of SAFETY and CHOICE for people, including Aboriginal and Torres Strait Islander people, in terms of whether they see a culturally specific or mainstream service.

RECOMMENDATION 20: That innovative use of technology including social media, website and online information and support, Skype services and e-counselling be further explored as a way of addressing barriers due to geographical or social isolation.

RECOMMENDATION 21: That a national directory of services for victims and survivors across a range of service needs and supports be developed and maintained in both web and hard copy format building on existing national and state service system knowledge so that people are easily able to access up to date information about what is available to them in their local area.

Topic D: Service system issues

RECOMMENDATION 22: That 'legal advocacy and support' be considered as a service type when thinking about support for victims and survivors of institutional child sexual abuse, and that the opportunity for the law to be 'restorative and therapeutic' also be further considered when describing the support needs of victims of survivors.

RECOMMENDATION 23: That current language around 'therapeutic treatment' be reconsidered due to its medicalised connotations and the negative experiences and triggering affects these can have for some victims and survivors. Alternatives that are more culturally secure could include: healing, spiritual wellness, support, mind health or cultural healing.

RECOMMENDATION 24: That existing and future services and service system responses for victims and survivors are reviewed and improved, to more adequately respond to people's cultural experience of wellbeing. And, that culturally secure models of mental health responses to abuse and trauma survivors, be built upon and documented within the service system.

RECOMMENDATION 25: That multi-disciplinary and multi-need models of service delivery be prioritised in future funding models for victims and survivors of institutional abuse, which recognise the multitude of impacts that childhood sexual abuse can have, including housing and homelessness, physical and mental health, drug and alcohol misuse and recurrent re-institutionalisation into systems such as the justice system and/or forensic mental health system. Partners in Recovery as a model may be useful to consider.

RECOMMENDATION 26: That specialised, culturally secure advocacy and support and therapeutic treatment services training programs are developed and provided by suitably experienced and qualified practitioners. That these training programs focus not just on an understanding of complex trauma and child sexual abuse, but focus also on the institutional context and the aggravations and additional harms this has created for many victims and survivors, including the impacts on their lives and what this means for their current needs and their likely help-seeking behaviours. That these programs be compulsory for funded services or individual providers wanting to access government concessions or funding to work with this client group (core competencies).

RECOMMENDATION 27: That Aboriginal and Torres Strait Islander elders, key community members and community service workers are supported to contribute their cultural expertise and knowledge to work alongside specialist sexual assault services in the provision of specialist, culturally secure professional development for practitioners.

RECOMMENDATION 28: That lawyers working with victims and survivors of child sexual abuse in institutions through various Royal Commission processes or through any future national or state redress schemes, where appropriate, be trained in trauma-informed practice.

3. SPECIFIC QUESTIONS

Topic A: Victim and survivor needs and unmet needs

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

knowmore has accumulated knowledge over two and a half years of work, delivering legal advice, information and referrals services to over 4,000 clients, including around 2,500 occasions of social work/counselling support to our clients. As a national service, our clients come from across Australia; the overwhelming majority are victims and survivors of institutional child sexual abuse. At least 18 percent of these clients identify as Aboriginal and/or Torres Strait Islander people. As well as our role in assisting people with information about the Royal Commission process, a key part of our work has been to help provide access to the law for our clients, relevant to their experiences of abuse, including compensation and redress options, and to support people to access (or re-engage with), the broader service system.

What this experience has told us is that hub-style, multi-disciplinary and multi-issue support services, and service coordination, is overwhelmingly what best meets the needs of our clients. Wherever possible, this should be delivered in a way that can incorporate combinations of crisis, case work and long term connection and peer support, with the capacity for specialist therapeutic services to 'weave in and out' of

"The services that have helped have been the ones that have been prepared to go the extra yard; I've looked at documents they have prepared and you can tell they understood and paid attention"
(knowmore client)

this work as and when required by the person. Our clients have identified services which offer choice, service collaboration, specialist capacity, medical or psychiatric support, crisis responses and brokerage, under the one roof, as being the best support. One example of this service delivery model can be found in Partners in Recovery.

Some of our clients have been instrumental in setting up peer support groups - creating a sense of community for people who feel displaced by society. Peer support is highly valued and important for many of our clients; while others prefer the anonymity of discreet services. Unsurprisingly, many of **knowmore's** clients often express a high level of mistrust of institutions or 'losing of a voice' when it has come to decisions being made about them; participating in decisions about what services they receive, and what happens to and for them, is important.

Our Aboriginal and Torres Strait Islander clients have told us that services grounded in the trauma-informed principles noted above, and where confidentiality is paramount, are viewed as the best. Our clients tell us that services and service system responses that understand the complexities of the cultural and community context for Aboriginal and Torres Strait Islander people, are always the most successful. Having the ability to choose either Aboriginal and Torres Strait Islander-specific, or mainstream services, is also seen as an important option for people.

Turning to the more specific area of legal support and advocacy services and what works best for survivors, there have been some key lessons learned during **knowmore's** experience. They include:

Integrated service delivery

In developing and implementing a multi-disciplinary approach to service delivery, **knowmore** has built upon existing learnings and consistent themes that have emerged over the last decade about the legal needs of people across Australia. The Legal Australia-Wide Survey highlighted *'the value of a holistic, integrated, multifaceted approach to justice that addresses the diverse needs of different people and, in particular, addresses the needs of disadvantaged people, who are especially vulnerable to legal problems.'*³ It is also noted that the Australian Government has recently announced funding to enhance responses to Family and Domestic Violence. A key feature of these new service delivery models is a focus on integrated services *'to provide access to coordinated legal, social work and cultural liaison services for women in a single location.'*⁴

knowmore's 'Do no further harm philosophy'

From our perspective, while it is very important that victims and survivors have access to competent and independent legal advice, we are very aware that acting on those rights has the potential to cause further trauma to clients. This underlines the importance of legal services being provided to these clients in a trauma-informed way; to provide clients with a commitment to safety, trust, collaboration, choice and empowerment in practice.

A trauma-informed, culturally secure approach to legal advocacy and support

As outlined in the Introduction and in previous submissions, **knowmore** operates within a trauma-informed, person-centred, culturally secure framework utilising a multi-disciplinary service model (inclusive of lawyers, social workers/counsellors and Aboriginal and Torres Strait Islander Engagement Advisors) to support this approach. Clients calling **knowmore's** 1800 telephone advice line initially have direct access to lawyers who can provide legal advice, information or referral services. The referrals can be to external bodies (either a warm or cold referral), or to internal services within **knowmore**, such as a support team member or to one of the Aboriginal or Torres Strait Islander Engagement Advisors.

This is a particularly relevant consideration for many Aboriginal and Torres Strait Islander clients. Prior to engaging in any depth with a lawyer, our Aboriginal and Torres Strait Islander callers are offered the opportunity to speak to one of the Aboriginal and Torres Strait Islander Engagement Advisors, in order to ensure that safety and confidence in our service are established before further engagement with a lawyer or support team member occurs. For Indigenous clients who contact our service other than through the advice line, such as by way of referral from another support or legal service, contact is often initially made with one of our Aboriginal and Torres Strait Islander Engagement Advisors. The majority of Indigenous clients make use of the option to engage with a member of our Aboriginal and Torres Strait

³ Coumarelos et al, *Legal Australia-Wide Survey: legal needs in Australia*, Law and Justice Foundation of New South Wales, 2012, p.206

⁴ Prime Minister of Australia. (2015, September 24). 'Women's Safety Package to Stop the Violence' [Media release]. <http://www.pm.gov.au/media/2015-09-24/womens-safety-package-stop-violence>

Islander engagement team and then continue to use that person as their primary contact in our service.

All clients on making their first contact with **knowmore** are also given the option of accessing counselling support from one of the **knowmore** support team. We effectively give clients the choice to 'opt out' of contact with a member of the support team, in the sense that otherwise that contact will occur to ensure the client is feeling safe and supported during their engagement with the service. Where clients do not 'opt out' a welfare check by one of the support team will be done in the weeks following their initial contact with **knowmore**. This practice recognises that while many clients feel they do not need counselling support when initially engaging with our service, it was not unusual for clients to be in a heightened or anxious state at some later point in their engagement with the service (for example, clients may be triggered by certain events such as the approaching date of a private session; or a particular media report or institutional response, and so on). Trying to introduce clients to a support person they did not know at that point can be difficult. Rather, our practice means that clients have already established a relationship with a support team member and this relationship can be called upon, should the client become elevated later on. The majority of clients take up this offer of a welfare check. Importantly, the practice allows for client choice, in recognising that some clients will not wish to take up the option of counselling support from **knowmore** during their engagement with the service, for a variety of reasons.

knowmore as a purpose specific service

There are benefits of being a legal service that is 'specialised' in nature, in that **knowmore** works with a specific client group around certain legal issues arising in the context of the Royal Commission. These include opportunities to:

- develop specific legal practices to assist clients who have experienced complex trauma arising from their experiences of sexual abuse as children;
- deliver a consistent service and client response across Australia; and
- provide a 'best practice' framework and a range of appropriate internal and external supports for addressing the inevitable risks and impacts of vicarious trauma on staff.

RECOMMENDATION 1: That person-centred, trauma-informed, culturally secure multi-disciplinary models of service delivery for victims and survivors of institutional abuse be seen as 'best practice' in service system responses and future funding models.

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?

What does not work for victims and survivors?

Counselling only and/or one-size models

J has an Acquired Brain Injury, multiple physical challenges and does not read or write. He presented to knowmore as highly elevated and distressed and with multiple needs, including legal and personal support issues. The client said he had spoken with a funded counselling service that morning - "don't talk to me about counselling, don't even go there. I have too much happening and I went but it's all too many things to manage at the moment, I need someone to help me sort out my life."

The clear picture that emerges from our work with so many survivors is that this client group have complex support needs. Accordingly, many of our clients have told us that service delivery models which focus on counselling only, as the key intervention, are less helpful and/or do not meet the entirety of their needs. While it is accepted that counselling (in particular specialized child sexual abuse counselling) is an important part of the service system and for some victims and survivors also an important part of their recovery, many clients have other important needs and other priorities or crises in their lives (for example, immediate housing issues, or financial or other legal problems), that they feel need attending to first.

Counselling needs to be seen as one component of other services and supports which many victims and survivors need, rather than the primary intervention model that is recommended for people. It is **knowmore's** submission (supported by client experiences), that a combination of advocacy and support and therapeutic treatment services is often the 'best fit' for many victims and survivors of child sexual abuse. Similarly, services which are time limited and that do not allow time for a relationship of trust and safety to develop, are less likely to be successful for people.

RECOMMENDATION 2: That while the need for highly specialised therapeutic treatment services such as counselling is recognised; generic, counselling only or counselling dominated models not be seen as the primary preferred funding or service delivery model for survivors of institutional child sexual abuse. Rather, that these services should 'weave in and out' of a range of supports that people need over the course of their lifetime.

Lack of service co-ordination capacity

Many of our clients are incredibly vulnerable, at different times, during the process of engaging with the Royal Commission. This can happen for a multitude of reasons; asking or expecting them to coordinate their own supports and services at such times is a heavy burden on them. Service coordination approaches to support for survivors do not feature strongly in the current support service models for people going through the process of engaging with the Royal Commission. **knowmore** submits that co-ordinated approaches are greatly needed.

Generic intake systems

knowmore has continued to observe the challenges for clients of generic 1800 number intakes for support services, where often the person does not speak to anyone who can directly assist (beyond providing a general 'intake' service) with why they are calling in the first instance. This can result in them being put onto the 'roundabout' of service delivery

"I found someone ultimately but every time you go to a new service it's like ripping a scab off" (knowmore client)

options, and many clients report disenchantment and/or disengagement with the service as a result. The need to reduce re-traumatisation in the re-telling of experiences is something **knowmore** has continued to attend to in its approach with clients.

Long waiting times and time-limited supports

Our clients also have reported being confronted with long waiting periods to access services, with no options for face to face conferences, or with time-limited appointments. We are aware that some regional specialist sexual assault services for example, have waiting lists of up to twelve months. This is not a reflection of the service quality or dedication (indeed, **knowmore** continues to note the high calibre of services that many of the specialist sexual assault services consistently provide); rather, both unprecedented demand and funded service model structures lacking the capacity to respond differently to people are the apparent drivers of these outcomes. Also, other practices that restrict access to services, such as ten session funding limitations or time-limited practices detract from providing the ongoing support many of our clients feel they require.

RECOMMENDATION 3: That where services utilise a 1800 line or similar type of intake and allocation system, they provide quick and correct access for the person to support responses, minimising the 're-traumatising in the retelling' and maximising opportunities for engagement. Further, that these services have clear processes for minimising waiting times for callers, and for uptake of new referrals including capacity to respond to crisis regardless of waiting times.

RECOMMENDATION 4: That services supporting victims and survivors need to be able to respond to people in crisis, to not be time limited in the length of support they can provide; or to be part of a broader service system that they can refer onto, that does provide long term support.

Lack of after-hours responses

knowmore's clients talk often about needing help most at the times when they are least able to access it; in particular on weekends or at night time.

RECOMMENDATION 5: That 24 hour/after hour service responses (additional to generic phone lines) be considered in future funding models to ensure people are able to access support when they most need it.

"During the day there are lots of people you can speak to but night time is the hardest time of all and that's when it ambushes you. You need the supports then and you can't get anyone" (knowmore client)

knowmore's learnings about victims and survivors' experience of the legal system

What does not work for victims and survivors is to engage with the legal system in a way that does not recognize the trauma which they have experienced. Without doubt, engaging with legal processes can re-traumatise victims and survivors and be harmful. While lawyers are trained to identify legal problems and to work to resolve those problems, the way in which this is done sometimes does not focus on the needs of the client.

We have addressed these issues already at some length in our response to the Royal Commission's Issues Paper 5;⁵ see particularly the discussion of "*The legal profession as anti-therapeutic*," at pp.23-25 of that submission.

Certainly, victims and survivors need access to independent and free legal assistance. However, such services need to be offered in a trauma-informed setting.

What is needed but not received?

A significant number of our clients have physical and/or intellectual disabilities which further complicate their mental health needs. Victims and survivors need access to high quality psychiatric and /or mental health care that is voluntary and is able to be accessed outside times of crisis. Most people are limited by financial constraints, the public health system options and the ongoing cycles of crisis in their lives which mean that they struggle to be proactive in seeking support for acute mental health issues. Their engagement in the service system can then tend to be involuntary and via a mental health crisis such as extreme psychiatric episode, suicide or self-harm attempt or similar.

RECOMMENDATION 6: That where survivors do require specialist therapeutic treatment services including sexual abuse and trauma counselling and mental health services (inclusive of psychiatric treatment), these not be limited by time (including Medicare Mental Health Care Plans), lack of financial resources of the person or only be accessible at point of crisis. Rather, that victims and survivors of child sexual abuse be seen as an important priority group when it comes to accessing equitably, specialist and longer term treatment services so that recovery from trauma becomes more possible and sustainable.

Victims and survivors need better access to co-ordinated and planned supports, suitably qualified and experienced services and workers to provide this; and services who meaningfully talk to one another and are not hampered by the competitive funding environment. The experience for many vulnerable people is that they end up effectively 'case coordinating' themselves because the service system won't do it for them. The service system is difficult to navigate for people who know it; for vulnerable people experiencing distress and crisis, it is even more so.

"There are gaps as there are no other services – I'm sure every time I call, your office must think, 'Oh no, not this mad lunatic again' but I keep coming to you guys as no-one else will listen"
(knowmore client)

⁵ knowmore, Submission No 17 (Issues Paper 5 – Civil Litigation).

RECOMMENDATION 7: That service co-ordination and collaboration be properly considered within these service models, to reduce the burden on survivors having to coordinate their own care.

Our Aboriginal and Torres Strait Islander clients have advised that there are many organizations which do not approach victims and survivors in a culturally secure way, despite telling people that they understand culturally appropriate practices. Our Aboriginal and Torres Strait Islander clients consistently tell us they want to have choices in their support options and who they share their confidential experiences with. Our Aboriginal and Torres Strait Islander engagement team believes that to better achieve this we need a service system that:

- is properly funded and has workers trained to do this; and
- values cross-cultural working partnerships between specialist mainstream sexual assault services and Aboriginal and Torres Strait Islander community-based services.

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?*

What helps or facilitates access so victims and survivors receive what they need?

Our clients have referred to the need for ease of access to services; a ‘no wrong door’ approach to getting easy access to the right kind of help at the right time. As per our response to Question 1, **knowmore** believes that hub-style, multi-disciplinary and multi-issue support services and service coordination, is overwhelmingly what best meets the needs of our clients and can best address barriers such as other life crises, ongoing health and wellness challenges, social isolation, and a lack of financial resources to facilitate attendance at services. Service models that incorporate brokerage can be useful, as are services that offer flexibility in where they are delivered; for example at the premises of the service, on outreach, at another service location or through a home visit.

RECOMMENDATION 8: That barriers to service access for victims and survivors be reduced through access service ‘hubs’ and/or ‘one stop shop’ models that reduce the need for ‘retelling’ for victims, and incorporate home visits and/or outreach services, or where specialist services will travel to other service hubs to see people, rather than expecting people to travel to them.

What our clients have also recounted is the need for a service to accept that they will ‘drop in and out.’ Linear engagement through a process is often difficult for some of the people **knowmore** has supported. These clients need to know that they can engage and disengage with support services without being judged or penalised.

knowmore's learnings: safety, trust and cultural integrity in practice

It has been our experience that victims and survivors need to feel safe and that they can trust us before they will access any assistance. Engagement with victims and survivors needs to be done with respect and dignity. Safety and trust can involve frequent contact; it can be as simple as returning a call promptly; this is vitally important – it shows respect - “your call is important”.

For many Aboriginal and Torres Strait Islander victims and survivors, accessing the help they need often starts with staff from **knowmore** making numerous visits to see the clients in community. Once trust has been established and the clients feel safe, they will then engage with **knowmore's** Aboriginal and Torres Strait Islander Engagement Advisors. The transition to working with other **knowmore** staff comes from this initial engagement. This is not a process which can progress quickly.

Feeling safe and being able to trust the person or organization are paramount concerns for victims and survivors.

What are the barriers to receiving advocacy and support?

Many of our clients report encountering a combination of practical, personal and service system barriers. Practical issues such as having the financial resources to pay for travel to services is one example; geographical distances and remoteness is another. At a service system level, barriers can also exist in service model responses that offer generalist services and counselling only approaches, and where the understanding of the institutional context of child sexual abuse and the multitude of impacts this has had on victims or survivors, is not well understood or not properly addressed in service responses. Other barriers and possible solutions have been addressed in previous responses above.

S entered Australia with her mother as an asylum seeker and was removed from her care shortly thereafter. She was sexually abused while in foster care and had multiple agencies involved throughout her time in care and since, yet no-one has been able to assist her with sorting out her immigration status, such that she still has no identity documents some decades later and is consequently unable to obtain a Medicare or Centrelink card a license, or complete study.

knowmore notes there continue to be few options for victims, who have now become or are at risk of becoming offenders, to receive either voluntary and/or early prevention treatment services. This is also true for people who use other forms of violence including domestic and family violence and interpersonal violence. As a community, there needs to be a commitment to breaking the cycle of abuse and its impacts, including the capacity for people to be supported to not offend where they have recognised this risk and are motivated to seek help through prevention/early intervention programs. ⁶

RECOMMENDATION 9: That evidence-based, voluntary (and involuntary) treatment services for child sexual abuse offenders be researched and further implemented across service system responses, to support the 'breaking of the cycle' of re-offending across generations.

⁶ For example, see <http://www.theguardian.com/society/2015/oct/16/how-germany-treats-paedophiles-before-they-offend>

For regional, rural and remote communities including Aboriginal and Torres Strait Islander communities, there are very real geographical, community and service system barriers. These will be addressed further in **knowmore**'s response to Topic B below.

*"I rely on my support counsellor from church to get me here and to appointments. I have no-one to get me to appointments and I have terminal lung disease so I can't just walk or go on public transport. Without my worker I wouldn't have been able to come"
(knowmore client)*

It is important that 'barriers' are seen as something that many victims and survivors experience, and that the service system and individual services need to work to mitigate these barriers as part of their service responses, and not ask the victim or survivor to do this always as the first step.

knowmore recommends an evaluation of the existing service systems available to victims and survivors of institutional childhood sexual abuse, with a view to

identifying high performing services, highlighting gaps and documenting innovative and best practice.

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?

It has been our experience in working with victims and survivors that there has very often been intergenerational impacts of the abuse; these can include continued abuse in families, patterns of mental health issues, alcohol and drug addictions, homelessness, educational challenges, incarceration and many other impacts. Addressing intergenerational impacts of trauma and abuse is essential if these cycles are to be broken. It is also important that secondary victims are fully aware of the services they can access; more could be done to promote these to people.

RECOMMENDATION 10: That secondary victims' needs be considered further through family-inclusive advocacy and support and therapeutic treatment services, wherever safe and appropriate to do so, so that the inter-generational impact of abuse and trauma can be better responded to. A range of options could include further resourcing existing, high performing specialist services, expanding existing funded service options through Medicare or other general counselling services or, where required, the creation of new services so as to support safety and choice for secondary victims.

For Aboriginal and Torres Strait Islander secondary victims, our learnings from our clients and our engagement team is that many people come forward not just as an individual, but as part of a family and community; service responses need to better respond to this cultural construct of healing and support.

RECOMMENDATION 11: That when considering the needs of Aboriginal and Torres Strait Islander people who are secondary victims of child sexual abuse, that the contexts of extended family and community be recognised and that service system responses work with this.

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?*

Availability of existing services

knowmore acknowledges the many funded services that provide specialist support to victims and survivors within their universal models. What we consistently hear however from our clients is that they value the ‘above and beyond’ approach that some specialist services take, to try and meet their needs. Many of the diverse victim and survivor groups across Australia that **knowmore** works with are also well linked to a variety of specialist services. **knowmore** has seen the value that these specialist services can provide in creating targeted, person-centred responses for people, specific to their needs. Some examples of services our clients regularly report strong links with include:

- the Find and Connect and state funded Forgotten Australians Support Services (e.g. Lotus Place in Queensland, Wattle Place in New South Wales);
- Aboriginal and Torres Strait Islander services, including Link Up, Aboriginal / Aboriginal and Torres Strait Islander legal services, and many of the local Aboriginal health services and corporations;
- specialist sexual assault services including those providing support for both historical and current sexual abuse and assault matters;
- services for men, including Survivors and Mates Support Network (SAMSN) and Living Well; and
- mental health integrated support services, such as Partners in Recovery.

The models and approaches that are used for victims and survivors by specialist services

knowmore has addressed this previously in our responses to Topic A.

knowmore’s learnings about working with Aboriginal and Torres Strait Islander victims and survivors

knowmore has learned a great deal about supporting and working alongside Aboriginal and Torres Strait Islander people in the two and a half years since it commenced services. We believe our practices have been invaluable enhanced by the role and work of our Aboriginal and Torres Strait Islander engagement team, who work beside every element of legal and support work that **knowmore** provides to Aboriginal and Torres Strait Islander people, families and communities across Australia. What this work has consistently shown us is that to support Aboriginal and Torres Strait Islander victims and survivors effectively, a service needs to:

- utilise experienced Aboriginal and Torres Strait Islander engagement staff, to ensure specialised cultural knowledge exists across all elements of service responses;

- offer flexibility and choice in who, how, when and where a victim or survivor shares their story (including that this should mean choice of either a mainstream or Aboriginal service option);
- work effectively alongside other specialist services, to provide a wrap-around response and to skill share between local and visiting services and their connections; and
- regularly and over time, invest in outreach strategies to regional, rural and remote communities, Aboriginal services and other community gathering points to build connection and trust.

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?*

Continued and further support and recognition of specialist groups within service system responses

knowmore believes that specialist services, including the types listed in response to Question 1 above, should be further supported and enhanced so that the diverse needs of victims and survivors can be appropriately and sensitively met. This needs to happen in ways that are mindful of where people live, and responsively for diverse communities and geographical locations, rather than simply funding larger, more generic services and model types that can struggle to respond to the diversity of victims and survivors in some cases. **knowmore** has addressed these issues also in its responses to Topic A and Topic C.

Many of our Aboriginal and Torres Strait Islander clients have advised that there are many organizations which do not approach victims and survivors in a culturally secure way, despite telling people that they understand culturally appropriate practices.

RECOMMENDATION 12: That the inclusion of Aboriginal and Torres Strait Islander engagement workers and strategies be considered as best practice across advocacy and support and service system responses for victims and survivors.

Our Aboriginal and Torres Strait Islander clients consistently tell us they want to have choices in their support options and who they share their confidential experiences with. Many victims and survivors also want any advocacy, support or therapeutic treatment service to work with the spiritual diversity of their people and in a way (as outlined in our comments about Topic D, below) that better recognises the cultural definitions and understanding of trauma, mental illness and healing, and the complexity of spiritual and religious beliefs Aboriginal and Torres Strait Islander people can have around that.

RECOMMENDATION 13: That the inclusion of Aboriginal and Torres Strait Islander advocacy and advocates be further considered in future service system responses to ensure that support for victims is advocated for in a culturally secure way.

As noted above, our Aboriginal and Torres Strait Islander engagement team believe to better achieve this we need a service system that is properly funded and trained to do this, and that values cross-cultural working partnerships between specialist mainstream sexual assault services and Aboriginal and Torres Strait Islander community-based services.

RECOMMENDATION 14: That further investment in the development/enhancement of best practice responses in Aboriginal and Torres Strait Islander child sexual abuse work be prioritised, including models that work with historical and contemporary abuse in community contexts, and that seek to enhance the skill set of Aboriginal and Torres Strait Islander workers, including cross-cultural collaboration between Aboriginal and Torres Strait Islander and mainstream services. That best practice responses be inclusive of cultural integrity in practice, flexibility and choice for people; an understanding of spiritual and cultural diversity across Australia; an ability to respond to current risk/abuse as well as historical and spiritual intergenerational trauma, education, promotion of services and prevention work with children and young people.

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

It is important that victims and survivors in correctional institutions receive support and treatment while they are incarcerated. This is often the place where they have time and the desire to work on issues of abuse and trauma. It is also equally important that the environment of correctional institutions themselves, and the aggravating impact this can have on trauma for the people in them, is properly addressed. Some of these aggravating factors include:

- being housed in another institutional context that may closely replicate past circumstances of abuse (continued institutionalization);
- living in close proximity with other people who are likely to also have significant trauma histories and triggers (transference of trauma responses);
- body search and other prison processes that can replicate circumstances of past sexual assault (triggers of traumatic memories); and
- significant and continued experiences of instability and insecurity due to risks of current assault and other environmental factors (continued hypervigilance).

For people wanting help in correctional institutions, **knowmore** has continued to note the many additional barriers that victims and survivors face in trying to seek assistance to address their past abuse. These include:

- significant barriers for external services in accessing the prison environment to provide support;
- ambivalence on the part of some services about providing support to people in correctional institutions (utilizing procedural barriers to justify not supporting prison populations);
- a lack of face to face counselling options, usually resulting in telephone services;
- continued concerns that calls will be recorded if telephone counselling is set up; and

- a concern about confidentiality when talking to Corrections staff or other employed support people.

knowmore submits that survivors in correctional institutions should be able to access the same therapeutic treatment services as other survivors; this suggests between 10 and 20 sessions of specialist counselling per year. While many correctional services would balk at offering such long-term engagement with a psychologist or qualified support person, it is suggested that if we are to meaningfully begin to address the intergenerational impacts of sexual abuse and trauma on victims and survivors, it is essential to support survivors who are in correctional institutions.

RECOMMENDATION 15: That the advocacy and support and therapeutic treatment needs of people in correctional institutions recognize the over-representation of people in prison who have also experienced childhood sexual abuse. That services in those institutions, and post release, be prioritized and brought into line with other trauma-informed responses to abuse victims and survivors. Also, that barriers to external service access to correctional institutions be greatly reduced, and that funded service responses should, where relevant, be able to demonstrate a 'prisoner engagement strategy' as part of their service model.

Aboriginal and Torres Strait Islander people in prisons

knowmore continues to be aware of the significant over-representation of Aboriginal and Torres Strait Islander people in correctional institutions across Australia. A significant number of these people have sexual abuse and trauma histories. Our Aboriginal and Torres Strait Islander engagement team believe that helping Aboriginal and Torres Strait Islander prisoners requires a systemic approach, beginning with ensuring that Aboriginal and Torres Strait Islander people are represented across all layers of the Corrective Services decision-making system. We also believe increasing the numbers of paid Aboriginal and Torres Strait Islander support people in correctional institutions is needed (beyond the often voluntary or low paid visitor schemes that currently exist in some states), so that Aboriginal and Torres Strait Islander prisoners understand they can access culturally safe support should they wish to. Further, that Aboriginal and Torres Strait Islander workers in correctional institutions receive additional specialist training in working with victims and survivors so that they can better respond when prisoners ask them for help.

RECOMMENDATION 16: That correctional institutions be resourced and staffed to provide culturally secure, trauma-informed support to Aboriginal and Torres Strait Islander people, including through the further employment and training of Aboriginal and Torres Strait Islander people in key roles across the corrections system, and in support roles for people in prisons.

The best option for victims and survivors in correctional institutions is to be able to access support while in prison and to continue to receive that service post release. Victims and survivors in correctional institutions have identified that they need assistance, not only to deal with the trauma in their past, but also with practical issues such as housing, debts and health issues, if they are to avoid returning to a correctional institution after release. **knowmore** believes there is great value in further supporting pre and post release case

coordination support services for prisoners. Steps need to be taken to ensure a smooth transition in the support being received from when they are inside prison, to when they are released.

RECOMMENDATION 17: That pre and post release programs for people in correctional institutions also be inclusive of holistic approaches to both practical and psychological needs, including housing, financial support, physical and mental health support, to help reduce recidivism and give inmates the opportunity to recover from their institutional experiences and begin to rebuild their lives so that their recovery from trauma can also begin.

knowmore's learnings from the Royal Commission's Prison Engagement Strategy

As the Commission will be well aware, **knowmore** has worked to provide legal assistance to prisoners engaging or considering engaging with the Commission through its prison engagement program, where prisoners who are survivors of institutional child sexual abuse have sought that form of assistance. This is usually done by the relevant client contacting **knowmore** by either telephoning on the internal prison telephone system, or by writing, following a prison information visit. From this initial contact confidential legal calls or visits are booked with the client.

However, what is missing for many of these clients is counselling, specifically to address the issues of their childhood sexual abuse, which will often be causing trauma as a consequence of any engagement. It has been the experience of **knowmore** that when counselling can be sourced for prisoners in need it is often telephone counselling only. Many of these clients feel very uncomfortable engaging with someone, and in fact some won't engage, over the phone. Several prison clients have reported they don't feel safe to participate in this form of counselling, particularly as they cannot readily access any supports after beginning, or otherwise participating in, counselling sessions. The most helpful service which could be provided to victims and survivors in correctional institutions would be the provision of expert, trauma-informed, face to face counselling that can be accessed when needed, especially in times of crisis..

Many of the prison clients contacting **knowmore** are younger men and women.⁷ They can often identify their experience of sexual abuse as the start of their engagement with the criminal justice system; for example, when they ran away and needed to resort to crime to survive. If effective counselling and support to address the issues arising from their experience of child sexual abuse could be provided, it may assist to break this cycle of offending.

⁷ In the context that to 30 June 2015, 77% of **knowmore's** clients were aged 45 years or over.

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)?*

Understanding where some of the most vulnerable victims and survivors live and why

Many of the people **knowmore** has engaged with live in regional, rural and remote communities. This can be for a variety of reasons; for Aboriginal and Torres Strait Islander clients their connection to land and community mean they will often reside within the same communities as their extended families, and have been there for many generations. For many clients, issues of housing availability and affordability have driven clients into smaller and regional communities. Some are in regional and remote areas for work opportunities. For others, it is that they seek the solace of isolation and anonymity. Many of **knowmore**'s clients are also highly transient, for a variety of reasons, and require flexibility in how services are delivered to them because of this. It is important that service providers, and the service system set up to assist victims and survivors, recognises the 'where', 'how' and 'why' of people's choice of community and location. It would be useful for a detailed geographical analysis of where survivors and victims live to be undertaken, to better understand what resourcing is required to support people living in regional, rural and remote communities.

For all service providers, challenges exist in being able to effectively access the most vulnerable clients. Where geographical isolation is a factor, for many people this can severely exacerbate their vulnerabilities. Smaller communities are often serviced via visiting or outreach service models (if at all); there can be benefits for this in that it means the confidentiality of small communities can be maintained; however it often comes at a cost of meaningful relationships and connections over time, and support that is consistent and available when the person needs it.

Service models and service system limitations

Service system responses and service model development for regional, rural and remote supports for victims and survivors has tended to focus on metropolitan areas and larger regional centres as the key points of service delivery, with some outreach or visiting capacity. Many service models are not sufficiently resourced to provide the extent of outreach that many smaller communities require (in particular to remote Aboriginal and Torres Strait Islander communities, where although client numbers may not be high, the level of need and vulnerability is). As a consequence these clients often then struggle to receive the same level of support as others living in more populated areas. Where they can access services, there is often little or no choice in what they can access. Feedback from our clients, in particular our Aboriginal and Torres Strait Islander clients, is that they would prefer a mix of local and visiting services, so that choice and safety is maximised for them.

Many regional, rural and remote service providers can also struggle to attract and retain suitably qualified staff, and waiting times for services can blow out severely as a result. We are aware there are, for example, current waiting times of approximately twelve months in some regional areas for specialist sexual assault counselling.

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

Geographical and service system mapping

knowmore believes there will be extensive data available via the Royal Commission process (for example, from the Royal Commission itself, **knowmore's** client data, and the funded DSS services), that could provide a more accurate picture of where victims and survivors live; this information could prove invaluable in future service system planning, including the location of outreach priority areas for services.

RECOMMENDATION 18: That the geographical location of victims and survivors be more extensively considered, rather than default funding of services in metropolitan areas or major regional centres. Consideration could be given to the Royal Commission sharing non-identifying geographical data for future service system planning.

Sufficient resourcing of regional, rural and remote services

knowmore believes that geographical isolation is an important additional vulnerability factor for victims and survivors. Therefore the service system needs to be sufficiently resourced to fully respond to and support people living in regional, rural and remote communities. Service models need to include the true cost of providing adequate services to people in remote communities, and need to be able to demonstrate particular understanding of the needs of Aboriginal and Torres Strait islander people and communities, within their service models. Competitive tendering processes should not be used as a way of reducing service options for people in regional, rural and remote communities; i.e. that larger services 'undercut' one another to win service contracts, with delivery to regional, rural and remote communities often being the loser.

Safety, trust, choice in options for regional, rural and remote communities

What our clients tell us, time and time again, is that they want CHOICE in who they share their stories with. In regional, rural and remote communities, there is often little choice available in what service someone can see. **knowmore** believes choice in services is crucial to effectively support victims and survivors; in particular in Aboriginal and Torres Strait Islander communities, where contemporary complexities around safety and confidentiality can be very difficult to navigate for people, and can act as significant barriers for people in coming forward.

RECOMMENDATION 19: That the true cost of providing adequate and sustainable services to regional, rural and remote communities be properly costed in funding models for services. This to be inclusive of SAFETY and CHOICE for people, including Aboriginal and Torres Strait Islander people, in terms of whether they see a culturally specific or mainstream service.

Innovative uses of technology to increase access and reduce isolation

It is recognised that for some communities and community groups, including remote Aboriginal or Torres Strait Islander communities, using technology such as Skype or other web-based service delivery formats may not always be practical or appropriate. Many of **knowmore's** regional, rural and remote clients however have responded very well to using technology such as 1800 lines, email, teleconferencing, Skype or videoconferencing as key communication tools to access services based in metropolitan or major regional areas. Many are increasingly computer literate and have access to a computer, and many also report utilising web-based support resources to assist them in their recovery. They value and utilise good quality web pages, will download support materials and utilize on-line support opportunities including e-counselling or similar, where it is offered. Many of our clients are also quite transient, and would benefit from being able to easily access up to date resources online and in hard copy form, so that they know what is available to them and where.

In particular, **knowmore** sees the value for young people in all areas, but particularly those in regional, rural and remote locations, having better access to online support services and resources, as well as peer support communities. Many young people have grown up with internet technology, and utilise multiple forms of it including social media in their lives. Similarly, they utilise it to reduce their isolation from peers. **knowmore** believes there would be great value in exploring meaningful and innovative web-based, social and multi-media support opportunities and resources for young people in particular, including those who may be currently in need of support or safety, due to sexual abuse.

One of knowmore's younger clients reported trying to find an online peer support group for her to access, without success. This young woman preferred the anonymity of an online process rather than face to face, and she wanted to talk specifically to other young people who had experienced sexual abuse in an institutional setting. Her observation was that there were lots of support groups for other populations (like Forgotten Australians for example), but nothing much for young people. She wanted to look into setting up something herself, as she believed peer support and getting to talk to other young people online would be a big help to her in her healing and recovery.

RECOMMENDATION 20: That innovative use of technology including social media, website and online information and support, Skype services and e-counselling be further explored as a way of addressing barriers due to geographical or social isolation.

RECOMMENDATION 21: That a national directory of services for victims and survivors across a range of service needs and supports be developed and maintained in both web and hard copy format building on existing national and state service system knowledge so that people are easily able to access up to date information about what is available to them in their local area.

knowmore's learnings regarding geographical considerations of providing a national legal service

Providing a national legal service to victims and survivors has highlighted the challenges of providing services to people across a large and geographically diverse country. **knowmore** has found that having four offices in Brisbane, Sydney, Melbourne and Perth, a 1800 line answered by lawyers, a commitment to and programs for regular outreach to regional rural and remote communities, and a multi-disciplinary model inclusive of Aboriginal and Torres Strait Islander engagement workers, are all important factors that have assisted greatly in working around these challenges. **knowmore** acknowledges also that this has been possible due to sufficient funding being available to it, so that this level of service delivery is possible.

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?*

RECOMMENDATION 22: That 'legal advocacy and support' be considered as a service type when thinking about support for victims and survivors of institutional child sexual abuse, and that the opportunity for the law to be 'restorative and therapeutic' also be further considered when describing the support needs of victims of survivors.

knowmore's experience as a legal service

knowmore submits that all language used should be considered in terms of its primary audience; the people we support. Often, service systems can think more about the context of other professionals who may read their material; it has been **knowmore's** experience that the ways in which people are written about (whether they are the intended reader or not), can have a profound impact on their lives. We believe therefore that the people we support should always be considered the primary reader of any terminologies, records or other documents.

There is still a tendency in therapeutic practice to use medicalised terminology and approaches when working with victims and survivors. For example, for many victims and survivors there is a deep mistrust or fear associated with the word 'treatment', as it has strong medical connotations. Similarly, terms such as 'client' can also be triggering for some people.

RECOMMENDATION 23: That current language around 'therapeutic treatment' be reconsidered due to its medicalised connotations and the negative experiences and triggering affects these can have for some victims and survivors. Alternatives that are more culturally secure could include: healing, spiritual wellness, support, mind health or cultural healing.

What would be helpful for Aboriginal and Torres Strait Islander victims and survivors, according to our engagement team, is likewise not to use terminology like 'therapeutic

treatment’, but rather to use terminology and definitions that are more culturally secure and inclusive, including words such as ‘healing,’ ‘spiritual wellness,’ ‘support’, ‘health’, ‘mind health’ and ‘cultural healing’. Also that there be a better understanding that mainstream thinking about mental health and mental illness can be limiting for many Aboriginal and Torres Strait Islander people. These descriptors and thinkings need to be expanded to allow for the different cultural experiences of mental health and wellbeing, and the connection to people’s spiritual life that they may have within this.

RECOMMENDATION 24: That existing and future services and service system responses for victims and survivors are reviewed and improved, to more adequately respond to people’s cultural experience of wellbeing. And, that culturally secure models of mental health responses to abuse and trauma survivors, be built upon and documented within the service system.

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?***

As outlined in our response to Topic A, **knowmore** believes that the service system can be improved by prioritising hub-style, multi-disciplinary and multi-issue support services and service coordination models for clients. Our clients have identified services which offer choice, service collaboration, specialist capacity, medical or psychiatric support, crisis responses and brokerage under the one roof as being the best support.

A ‘no wrong door’ approach for people is very important; they should not have to tell their story multiple times to multiple people to get the help they need. **knowmore** has seen people do best when services are delivered in a way that can incorporate combinations of crisis, case work and long term connection and peer support, with the capacity for specialist therapeutic services to ‘weave in and out’ of this work as and when required by the person.

RECOMMENDATION 25: That multi-disciplinary and multi-need models of service delivery be prioritised in future funding models for victims and survivors of institutional abuse, which recognise the multitude of impacts that childhood sexual abuse can have, including housing and homelessness, physical and mental health, drug and alcohol misuse and recurrent re-institutionalisation into systems such as the justice system and/or forensic mental health system. Partners in Recovery as a model may be useful to consider.

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?

In responding to this question, **knowmore** makes the following recommendations, based on its experience of providing a trauma-informed, culturally secure, multidisciplinary legal service to victims and survivors.

RECOMMENDATION 26: That specialised, culturally secure advocacy and support and therapeutic treatment services training programs are developed and provided by suitably experienced and qualified practitioners. That these training programs focus not just on an understanding of complex trauma and child sexual abuse, but focus also on the institutional context and the aggravations and additional harms this has created for many victims and survivors, including the impacts on their lives and what this means for their current needs and their likely help-seeking behaviours. That these programs be compulsory for funded services or individual providers wanting to access government concessions or funding to work with this client group (core competencies).

RECOMMENDATION 27: That Aboriginal and Torres Strait Islander elders, key community members and community service workers are supported to contribute their cultural expertise and knowledge to work alongside specialist sexual assault services in the provision of specialist, culturally secure professional development for practitioners.

RECOMMENDATION 28: That lawyers working with victims and survivors of child sexual abuse in institutions through various Royal Commission processes or through any future national or state redress schemes, be trained in trauma-informed practice.

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?

knowmore itself offers an innovative service delivery model for providing legal assistance to victims and survivors of institutional child sexual abuse. The establishment of a free and independent national legal service, which is purpose specific and works on a trauma-informed and multi-disciplinary model, represents an innovative practice.

Many victims and survivors of institutional child sexual abuse will at some stage in their journey come into contact with the legal system, in order to seek forms of justice for their abuse. However, as noted above, unfortunately for many the interaction with the legal system does further harm and can even seriously threaten clients' well-being.

It is our submission that this need not be the case. Steps have been taken at **knowmore** to ensure as best as possible, that 'no further harm' is done when the client comes into contact with the legal system. As noted earlier in this submission, access to trauma-informed and effective legal assistance can in itself provide a therapeutic benefit to survivors. The information set out in this submission notes some of the innovative practices adopted by **knowmore**.

As previously noted, victims and survivors of institutional childhood sexual abuse will have future legal needs. The form of those needs may to some extent depend upon the responses of Governments to the Royal Commission's recommendations around redress and civil litigation reforms. However, it is clear that survivors will require legal assistance to make informed decisions around pursuing any legal rights which they might have to compensation or redress. Our experience is also that survivors will need assistance and referral services for related and other legal issues.

We refer to the discussion and recommendations set out in our earlier submissions about the ongoing legal needs of survivors, and how to best meet those needs.⁸

⁸ See **knowmore** Submission (Consultation Paper: Redress and Civil Litigation) at pp. 11-13 and Recommendation 6; **knowmore**, Submission No 17 (Issues Paper 5 – Civil Litigation) to the Royal Commission into Institutional Responses to Child Sexual Abuse, at pp. 24-25; **knowmore**, Submission No 47 (Issues Paper 6 - Redress) to the Royal Commission into Institutional Responses to Child Sexual Abuse, at pp.45-46. These submissions can be viewed at <http://www.childabuseroyalcommission.gov.au/research/issues-papers-submissions>