

Submitted electronically

30<sup>th</sup> November 2015

**Royal Commission into Institutional Responses to Child Sexual Abuse  
Submission to consultation paper on Advocacy, Support and Therapeutic Treatment  
Services**

Thank you for providing Northcott with the opportunity to provide a submission to the current consultation on the issues of Advocacy and Support and Therapeutic Treatment Services.

**About Northcott**

Northcott was established as The NSW Society for Crippled Children in 1929 by the Rotary Club of Sydney. Northcott's purpose is to build an inclusive society where people can live the life they choose. This is achieved by assisting people with disability to develop their skills and achieve their goals - including their potential for independence and ability to participate in their community. Northcott supports over 13,000 people with disability and their families across NSW and the ACT. Northcott employs over 700 staff, providing more than 100 services from 34 sites and offices across NSW and the ACT. Northcott provides services to people with a broad range of disabilities including physical, intellectual, sensory, acquired and degenerative disabilities.

Northcott has been providing support to people with a disability for over 85 years. Today, our services broadly fit into six streams: Accommodation; Individual and family support; Employment and life skills; Recreation and respite; Therapy; Equipment and technology. Historically, we have also run hospital schools and holiday homes for children with polio, social clubs for adolescents with physical disabilities, home-based schooling, special schools, public orthopaedic hospitals, long-term residential care for young people, 'sheltered workshops' for young people, a pre-school kindergarten, and a hostel for children. Northcott moved to its model of community-based services which support people to access mainstream education, healthcare, employment and community life during the 1980s.

**About this submission**

This submission makes some general comments and responds to a number of the questions contained within the issues paper. Specifically, we look at:

Topic B: Diverse victims and survivors

Topic D: Service System Issues

## Topic B: Diverse victims and survivors

People with a disability can face particular barriers to the disclosure of sexual assault and the responses to those who disclose are often inadequate. Enabling disclosure and providing the most appropriate responses across public policy, the criminal justice system and the service sector require further and urgent attention. Research consistently finds that rates of sexual assault of people with a disability are much higher than the general population. In addition, victims of sexual assault face particular barriers to making a disclosure. If a disclosure is made, responses to this disclosure are often inadequate and may be harmful. A response to the sexual assault of a person with a disability that is adequate is unfortunately still very rare, making addressing this issue a matter of continued urgency.

A cornerstone of the current disability reform agenda is the focus on mainstream participation for people with disability. Northcott fully supports this philosophy. As such, we view that survivors with disability should be supported through mainstream survivor services. These services will require specialists in trauma-informed care who also have skills in working with people with disability. We view that there should also be broader disability awareness for generalist services that operate alongside any scheme that is developed as a result of this Royal Commission.

Examples of services that may assist people with a disability who have experienced sexual assault are:

- NSW Sexual Assault services
- NSW Rape Crisis Centre
- Disability Hotline <http://www.disabilityhotline.net.au/>
- Disability Advocacy Services
  - Ability Incorporated - (02) 6628 8188
  - Brain Injury Association of NSW Inc.
  - Disability Advocacy Network Inc.
  - Disability Advocacy NSW Inc.
  - Illawarra Advocacy Inc.
  - Intellectual Disability Rights Service
  - Multicultural Disability Advocacy Association of NSW Incorporated
  - Newell Advocacy Inc.
  - People with Disability Australia Incorporated
  - Self-Advocacy (Sydney) Incorporated
  - Side by Side Advocacy Incorporated
  - Spinal Cord Injuries Australia
  - Indigenous Disability Advocacy Service (IDAS)
  - The Institute for Family Advocacy and Leadership Development Association Incorporated
- Interrelate
- Community Health Counselling Teams
- Lifeline
- Relationships Australia

To work effectively with people with disabilities, resources may need to be allocated to ensure that services are accessible and appropriate. For example: more time may be needed to provide responses that are more slowly staged; advocates may be needed to assist people; additional resources such as specialist communication equipment or material provided in alternative formats may need to be purchased; or modifications may be required to ensure that buildings are accessible.

Treatment of adult survivors of childhood sexual assault incorporates a number of therapeutic approaches which reflect the major theoretical schools of therapy, emotional, cognitive and behavioural. Experiential or exploratory techniques focus on accessing emotions, re-experiencing the trauma and integrating these with the adult self. Cognitive therapy aims to identify the survivor's distorted cognitions of themselves, others and the world and attempts to replace these with more accurate and realistic cognitions. Behavioural therapies focus on enhancing the survivor's behavioural repertoire through the acquisition of more adaptive behavioural responses, coping strategies and learning new skills.

### **How could the needs of victims and survivors from diverse backgrounds be better met?**

The needs of victims and survivors who have a disability can be better met by enabling disclosure. Below are key examples of how this can be achieved.

- Promote the community attitude that all people, including people with disabilities, have a right to live free of violence and fear, including sexual assault.
- Provide meaningful and accessible sexuality education so that people with disabilities understand the positive expression of sexuality and can distinguish it from sexual assault. While not making the victim responsible for their sexual safety, this knowledge base forms an aspect of a preventative approach to sexual assault.
- Create an environment that promotes and supports disclosure where allegations of sexual assault are always treated seriously. These responses to disclosure are characterised by belief in the victim and that she is treated with dignity and respect.
- In residential and other community settings, have in place policies and procedures that both make clear the unacceptability of sexual assault and also give clear guidance to the actions to be taken in the event of a disclosure, including the immediate removal of the alleged perpetrator while the matter is investigated. Compliance with these policies should be a requirement of the funding agreement and monitored through annual reporting
- For people with a cognitive impairment and/or complex communication needs, provide specific advocacy expertise tailored to their individual needs to assist at disclosure and during the subsequent reporting to police, if she chooses to proceed, and for the proceeding investigation and prosecution. This will ensure the provision

of all necessary communication assistance and other support to assist in the disclosure of sexual assault.

- Where sexual assault occurs, provide appropriate support and referral to specialist sexual assault support services, ensuring that the outcomes do not punish her by moving her or restricting her activities in an effort to protect her.
- After a disclosure, provide information in a form that is specific to her needs and disability about the choices she has to deal with the sexual assault, and empowering support to make those decisions. Avoid “gate-keeping” and ensure that agencies are sufficiently resourced to enable staff to have the time to work with clients at a pace and in formats that suits them.
- Ensure that sexual assault support services are accessible and the provision of their services is inclusive of people with disabilities.
- Have in place comprehensive training for all those professionals working in this area, including police, independent third persons, disability workers and sexual assault support services’ staff, to assist them to identify and respond to violence skilfully and appropriately.
- Have readily available the practical tools to assist direct service workers so that they know who to contact for specialist advice and assistance.
- Specialist sexual assault or trauma counsellors with experience in working with people with complex communication needs are in short supply. A solution to this could be the delivery of telehealth services which link people with specific needs to counsellors who have the appropriate specialisation in trauma-informed care as well as the skills to communicate effectively with these survivors wherever they are.
- Accessible transport to and from appointments can be difficult to obtain, or may have to be provided by family members or private taxis. This can compromise privacy for some survivors who do not want their families or communities to know they are seeing a counsellor or psychologist, and can be worse for people living in regional areas.
- Access to advocacy appears to be a gap for many of the people we support in regional areas. Greater access to advocacy services with specialisation in responding to trauma and linking people with psychological supports would be highly valuable, as would further work in determining communication channels which will have a broad reach as a key mechanism for educating survivors with disability about their rights and options.

## Topic D: Service System Issues

### **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?**

Professional development is needed across the service sector and criminal justice system to ensure workers are well equipped to support people with disabilities who experience sexual assault. Part of this training is about having the practical tools to assist direct service workers and for them to know who to contact for advice and assistance. In addition to this workers and practitioners should decrease vulnerability through capacity-building of people with intellectual disability and helping to create safer environments for them. While some innovative examples of staff training have been developed, a clear theme across the literature concerned the need for further and ongoing professional development.

Effective training would cover the following:

- Equip staff working with people with a disability to gain an understanding of sexual assault focusing on their client group.
- To provide the information needed by staff to respond appropriately to cases of sexual assault including information on legislation, services available, rights of persons with a disability and ways to respond supportively.
- To recognise the indicators and effects of sexual assault and offender behaviour.
- To assist staff to explore attitudes and concerns which impact upon people with a disability who may have been victimised sexually.
- To identify ways of responding to disclosures within a casework framework.

### **References:**

Murray, S & Powell, A (2008) *Sexual assault and adults with a disability Enabling recognition, disclosure and a just response* Australian Institute of Family Studies

People with Disability. (2007). SADA Action Strategy Project. Sexual assault in disability and aged care residential settings. NSW regional consultations findings and recommendations. Sydney: Author.

Women with Disabilities Australia. (2007b). It's not OK—It's violence: Information about domestic violence and women with disabilities (Resource manual on violence against women with disabilities project). Hobart: Author.