children's protection society

The Royal Commission into Institutional Responses to Child Sexual Abuse

Responses to Issues Paper 10 – Advocacy and Support and Therapeutic Treatment Services.

November 2015

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Introduction

The Royal Commission's Terms of Reference require us to inquire into:

How institutions like schools, churches, sports clubs and government organisations have responded to allegations and instances of child sexual abuse and explore how systems have failed to protect children. So that recommendations can be made for the future.

The Royal Commission is about creating a safer future for children. It can look at any private, public or non-government organisation that is, or was in the past, involved with children. This includes where an organisation caring for a child is responsible for the abuse or for not responding appropriately, regardless of where or when the abuse took place.

The mission of the CPS is to ***Nurture, Support and Strengthen the life chances for vulnerable children, young people and families***. Given its unique role in providing specialist Therapeutic Support Services to children, young people and their families, the Children's Protection Society (CPS) welcomes the opportunity to comment on Issues Paper 10 – Advocacy and Support and Therapeutic Services. This submission particularly relates to the experience of children and young people who have been harmed by sexual abuse, as well as children and young people who display problem sexual behaviours (PSBs) and Sexually Abusive Behaviours (SABs).

Background

The Children's Protection Society

The Children's Protection Society was founded in 1896 and is one of the oldest and most experienced independent child welfare organisations in Victoria. The Agency holds a unique place in the history of Australian child protection.

We are a dynamic and diverse independent and voluntary child and family services organisation with no political or religious affiliations, governed by a Board of community members, servicing vulnerable children, young people and families. With Offices in Heidelberg and Thomastown, we provide a range of services across metropolitan Melbourne and in regional Victoria including family support, sexual abuse counselling, adolescent sex offender treatment services, fathers support services, support for grandparents raising their grandchildren and a child and family centre.

Our aims are as relevant today as they were when the Agency began: to protect children from cruelty and neglect; to advance the claims of neglected, abandoned and orphaned children to the general public; to co-operate with service providers and governments for this purpose; and to enforce the laws for the protection of neglected children and juvenile offenders.

Over the past 140 years, as political, social and economic times changed, so too have the needs of the community. CPS responds to these changes and provides innovative and targeted services that best serve the needs of the community and young people.

Our Vision

All children and young people thrive in resilient, strong and safe families and communities.

Our Mission

To nurture, support and strengthen the life chances for vulnerable children, young people and families.

Our Values

Hope - That change is possible and achievable

Respect - For all people
Empowerment - Belief in the ability of all people to make positive changes in their lives
Leadership - Advocate for the rights and wellbeing of children and young people
Integrity - Our actions are underpinned by our beliefs
Accountability - In everything we do

CPS at a glance in 2013-15

- Child FIRST responded to 915 new referrals and 1501 initial enquiries for assistance and support resulting in 1212 hours of work
- 799 risk assessments were conducted by Child FIRST
- 29,537 service hours provided by Integrated Family Services
- 363 families were assisted by Family Services case workers
- Mentoring Mums supported 47 new mums and babies with more than 6,000 hours of support provided
- 19 new Mentoring Mums were recruited
- Sexual Abuse Counselling and Prevention Program provided more than 9000 hours of advocacy and support
- 34 children enrolled in the Child & Family Centre

Our Submission

The Royal Commission into Institutional Responses to Child Sexual Abuse presents a unique opportunity to focus on one of the most critical issues facing Australian communities today, namely the Reponses to child sexual abuse and the ongoing protection of Australia's most vulnerable. CPS welcomes the opportunity to comment on issues paper 10 which aims to assist the Commission in its intention to make recommendations that address the Terms of Reference.

CPS Programs

All programs delivered by CPS work with a proportion of children and families that have experienced trauma as a result of child sexual abuse. Our focus is to work directly with families, usually in their homes or in group settings. This occurs through a comprehensive range of programs described below:

Child FIRST/Integrated Family Services

CPS is the lead agency of the North East Metro Child and Family Services Alliance that provides the Child FIRST (Family Information Referral Support Team) service in the North East Metropolitan region of Melbourne.

Child FIRST supports parents and carers with children aged between 0-17 years (and pre-birth) residing in the municipalities of Banyule, Darebin, Nillumbik, Whittlesea and Yarra. This catchment comprises more than 566,000 residents and is growing rapidly. Child FIRST provides information and advice to families or professionals where there are concerns about a child's wellbeing. The aim is to ensure that vulnerable children, young people and their families are linked with community services and supports to ensure optimum outcomes.

The key objective of Child FIRST is to provide a timely and appropriate assessment and central referral point into Integrated Family Service programs in the local area and in doing so assist parents and their children with life's more difficult challenges. These range from concerns around parenting, family violence, physical or mental health issues, substance misuse and social isolation. Since its launch in May 2007, more than 2,000 clients have been referred by the Alliance to ongoing case work by an Integrated Family Services provider in the North East Metro Catchment.

Department of Health and Human Services funding for Child FIRST provides for the assessment of 719 cases with each assessment funded for up to 10 hours (7190 hours per annum). In addition Child FIRST receives a large volume of reports (referred to as *non-substantive referrals)* which do not attract funding. In 2013-14, CPS received 915 referrals and 1,732 non–substantive referrals. In the first six months of 2014-15 CPS Child FIRST received 606 referrals which if sustained over the rest of the financial year will produce a 32 per cent increase in referrals.

CPS also provides Integrated Family Services (IFS) in the North East Metro catchment. IFS is a casework based in-home support service operating with vulnerable children and their family in their home.
Key characteristics of Child FIRST/Integrated Family Services include:

- a network of coordinated community based services that share responsibility for service delivery in a defined geographical catchment[1]
- a mix of low, medium and high intensity services that are comprehensive and flexible
- an approach to service delivery with capacity for:
  - assessment of the needs of children and young people to determine an appropriate service response working with resistant and hard to engage families
  - focussing on working with parents to address children's needs.

Fathers and Family Relationships

The Fathers and Family Relationships program works with vulnerable men and their families to encourage, promote and enhance family relationships and positive parenting involvement of fathers and/or male carers. This program provides individual and couples counselling as well as group work that focus on strengthening family relationships.

The Service receives approximately 10 enquiries per month for individual or couple counselling, as well as requests for professional development with other associated parenting services and services that work with men and fathers.

Mentoring Mums

"...somebody coming and spending time with you and your children and caring about what is going on in your life and your world. A weekly visit makes a big difference when you are struggling and feeling isolated".

Mentoring Mums is an innovative volunteer program that helps new and expectant mothers. The aim is to reduce a mum's social isolation and increase her connection to the community.

The program continues to grow with 19 new volunteers recruited in 2014/2015. Mentors are dedicated and empathetic women recruited from the community who are mothers themselves.

They assist new mums by

- visiting them in their home
- accompanying mothers to various appointments, including immunisations and eventually linking them with a supported playgroup
- providing emotional support and encouragement in building confidence and developing parenting skills
- supporting connections to their local community and services.

In 2014-15 the Mentoring Mums program supported 56 new mums and their babies in the first few years of family life. Typically, mentors provided up to 124 hours per week of support, mentoring and unconditional time to aid the mother in her transition into parenting.

[1] There are currently 24 Child FIRST/IFS catchments across the State that closely align with the 17 Department of Health and Human Services area catchments introduced in 2012

Child and Family Centre

The CPS Child and Family Centre provides quality care and education and playgroups for vulnerable children aged 0-6 years old with the objective being to realise their full potential and to begin school developmentally equal to their peers. Designed to repair the negative effects of an adverse family environment on brain development, the program provides a rich learning environment. Up to thirty children attended the centre in 2014 -15, each for at least 25 hours per week.

Therapeutic Services Of most relevance to the commission is the Therapeutic Services program which provides therapeutic counselling and support for children and young people up to 18 years of age who have been sexually abused or who are displaying problem sexual behaviours (PSB) or Sexually Abusive Behaviours (SAB). CPS has had extensive experience in providing this support to children and their families over the years through this particular program.

North East Services Connect Trial

A *Services Connect* trial, led by CPS with a number of partner agencies, commenced in the North East catchment in early 2015. While there are significant issues in the design, role and focus of these trials, the co-location of services including Anglicare, Launch Housing, Jesuit Social Services, Kildonan, WISHIN, VACCA, CoHealth, YSAS, Berry Street, ReGen, Brotherhood of St Laurence, Merri Community Health, Melbourne City Mission and Haven Home Safe, is showing early promise. There could be potential to refresh and re-align the Services Connect approach to have a stronger focus on early intervention and prevention responses. The approach would utilise the key worker approach to provide counselling and support to families and children. The approach would incorporate housing, financial, legal, employment and training, drug and alcohol and mental services.

Key Responses to Commission's Questions

Topic A: Victim and survivor needs and unmet needs

A1. What advocacy and support and/or therapeutic treatment services work for victims and survivors?

Children and young people who have problem sexual behaviour (PSB) and sexually abusive behaviour (SAB) need advocacy, support and therapeutic treatment services that are appropriate to their needs. Children exhibiting PSB and SAB may be victims of family violence, pornography exposure, or sexual abuse. Their behaviour, if unchecked, may create other young victims, in addition to reducing children with PSB and SABs opportunities and ability to live a positive life.

As a provider of Sexually Abusive Behaviours Treatment Services (SABTS), our research and practice wisdom demonstrates that early intervention in treating and responding to children and young people displaying PSBs and SABs, can greatly minimise the reoccurrence of more serious harmful sexual behaviours. We also know that adult sex offenders and young people displaying SABs, their behaviours are entrenched, untreated and often began early at a young age. It is therefore critical for affected children and young people to access effective treatment programs.

As a provider of SABTS, CPS advocates for the expansion of Therapeutic Treatment Orders to include 15-18 year old young people displaying SABs as they are currently excluded. SABTs programs should also be expanded to include young people who have not yet engaged in sexually abusive behaviour, but have been engaging in PSB. All existing programs should be funded to treat the 15-18 year old age group. It is confusing at present for referrers to work out what age group an agency is funded to deal with.

It is important that practitioners who work with these children and young people have the opportunity to update their skills regularly. Existing funding is currently made available from the Victorian government to provide training and peer mentoring for the SABTs field, however further resourcing is required in order for practitioners to remain contemporary and be effective in their treatment methods.

There is a need for holistic and systemic support involving carers and families where a child or young person has either experienced sexual abuse or has displayed SABs. This approach ensures that treatment is supported by the family unit, creating greater potential for long-term recovery and change. For example, it would be beneficial to support parents or carers in the home in terms of their response to the affected child or young person. Also, non-offending fathers should be encouraged to play a greater role in the treatment of the child or young person. Unfortunately this requires a large amount of time and resources to do this effectively and services often don't have unlimited resources to carry out the amount of work required for this approach.

A lot of services such as CASA and ACF etc. hold extensive waiting lists making it difficult for services to respond in a timely manner. There is a strong need for additional resourcing so that waiting times can be minimised both for victims and young people who display sexually abusive behaviours.

Services for victims and children / young people displaying PSB and SAB need to be geographically located in areas which are accessible by public transport. For example, it would be beneficial for services to be made available via co-location and outreach at other centres. Services also need to continue to be available free of cost.

A2. 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?

In terms of what does not work or can make things worse for victims and survivors the following points are pertinent:

- Long waiting lists and a lack of timely response to access support
- Legal process can be traumatic and harmful especially if the victims or survivors are ill prepared or uninformed
- Service restrictions regarding limited number of therapeutic sessions
- Lack of continuity in terms of staff changes and turnover
- Non offending fathers are often forgotten about or under-utilised as a resource
- Unskilled and/or trained residential staff
- Inflexible schooling models (i.e. lack of models that support a child's therapeutic needs as well as educational needs)

A3. 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?

In terms of what helps or facilitates access for victims and survivors the following points are worth mentioning:

- Young people and children who are exhibiting SABs and PSB need similar approaches and support to children and young people who are victims
- Regular and timely feedback from the police regarding legal processes in order to keep victims and families informed
- Timelier and more accessible support services
- Specialised training for professionals responding to incidents e.g. Ambulance paramedics, doctors, nurses etc.

- More flexible service responses e.g. clients are able to access timely appointments, undertake thorough assessments and return to service for support as they need to
- More training for residential staff
- Flexible schooling models

A4. 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?

In terms of advocacy and support or therapeutic treatment services for secondary victims and survivors CPS works closely with families in supporting family systems in order to strengthen treatment outcomes. The service system needs to place more emphasis on working with carers / parents and other family members considered secondary victims. Often the parents themselves need support in terms of their own history of abuse which needs addressing so that they can better support the child / victim.

There appears to be an inconsistency in how agencies respond to the needs of secondary victims. This is often related to funding levels and general capacity. Extended funding should be made available for family therapy in order to support secondary victims. Also psycho-education and additional support services for family members would be of great benefit.

Topic B: Diverse victims and survivors

B1. 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?

There are no specific services which target the needs of diverse groups. This means that mainstream services need to ensure that their services are accessible to all groups including people from diverse cultural backgrounds, Lesbian and Gay, Aboriginal and Torres Strait Islander people and people with a disability. Each group have diverse needs and challenges in terms of accessing appropriate advocacy, support and therapeutic treatment services. Services need additional resourcing in order to make their services more accessible and appropriate. This could be achieved by:

- Promoting more diversity in staff that are recruited and appointed to services e.g. bilingual staff, Aboriginal Workers
- Providing cross-cultural training for all staff
- Having service support material translated and accessible in various languages
- Providing a more flexible response to supporting families e.g. outreach model
- Rethinking and devising service approaches that work for other groups and not imposing a structured western approach of support with everyone.
- It is important to make the physical surroundings within an agency welcoming for all groups of people, for example rainbow stickers.

B2. 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?

Refer to Q B1 above.

B3. What would better help victims and survivors in correctional institutions and upon release?

In terms of supporting the needs of victims and survivors in correctional institutions upon release this could include:

- Access to supported housing with wrap around services to assist with transition and recovery within the community
- Access to multi-disciplinary assessment within correctional institutions
- Ensuring that corrections workers are trained and well informed about the experience of victims and survivors including available referral processes

Topic C: Geographic considerations

C1. 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 remove areas)?

In our experience the following represent the main challenges for service providers in trying to respond to the needs of victims and survivors outside of metropolitan areas:

- Lack of accessible transport options
- Difficulties with travel time and distance to seek support services
- Geographical isolation
- Lack of access to services in general
- Large number of indigenous populations
- Increasing refugee communities within rural and regional areas
- Lack of available interpreting services
- Difficulties resourcing and providing outreach or co-location
- Increased difficulties experienced in relation to keeping information confidential e.g. in country towns which can contribute to the experience of shame and isolation for victims, survivors and their families

C2. What would help victims and survivors outside metropolitan areas? Are there innovative ways to address the geographical barriers to providing and receiving support?

The following suggestions or ideas would help victims or survivors outside metropolitan areas:

- Treatment and support services accessible via Skype and other technological means
- Provision of regular outreach and posting of support services e.g. service co-location
- Access to funding or transport subsidies so that victims or survivors are encouraged and better able to seek support from metropolitan areas as needed.

Topic D: Service systems issues

D1. 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?

Our programs use language which externalises PSB and SAB from the child/young person. As a child-centred agency we recognise that developing children do not have the capacity and perspective to separate their behaviour from the developing self. In many cases children and young people outgrow the behaviour and generally, after therapeutic treatment, do not continue to sexually harm.

We therefore support that terminology such as PSB, SAB, SABTs continue to be used.

D2. Given the range of services victims and survivors might need and use, in 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?

We believe that the service system could be improved for victims and survivors by:

- Reducing waiting lists and the provision of more accessible and timely responses e.g. single session and practical support for victims or survivors whilst waiting for intensive support
- Extend all services to 18 year olds including Therapeutic Treatment Orders
- Resourcing to be more flexible service approaches which include more community outreach and flexible approaches to service delivery for diverse groups.
- More emphasis on expanding and including support for families and carers including after hours access for working parents and involving fathers
- Providing accessible and more child friendly environments for children and young people to obtain support e.g. through outreach in schools, community health centres etc.
- Providing adequate and more accessible services in rural/remote areas as suggested earlier

D3. 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?

It is critical that practitioners who provide PSB and SABs programs are adequately trained, qualified and experienced. Agencies generally seek to employ clinicians with appropriate skills and provide them with supervision and training. Training is provided through the SABTs Workforce Development Program that provides 6 x 1 day workshops and 4 peer mentoring sessions per year. This needs to be increased to ensure a well-trained, effective workforce.

Ongoing and effective supervision is critical for practitioners and workers, for example CPS provides access to group, one on one and external supervision for all Clinical staff engaged in this work.

In terms of working with victims and survivors from diverse backgrounds, workers need specialised training and information on the experience of sexual abuse across cultures. The sector would also benefit from having more targeted workers recruited from diverse backgrounds to undertake assertive outreach to under-represented communities.

Topic E: Evidence and promising practices

E1. 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?

CPS provides a specialist therapeutic counselling service for children and young people who are either victims of sexual abuse or are exhibiting PSB or SAB's. Our service also works closely with family members and carers to help them understand what has happened and how they can best offer support and enable their family member to heal.

In our experience over the years the following practices, frameworks and techniques offer a lot of promise in terms of supporting victims and survivors:

- Working from a systems approach involving the family unit
- Offering a range of available supports including singe session work alongside longer-term therapy

- Use of technology to deliver programs for example, using skype
- Offering group work alongside individual talking therapies
- Providing a number of treatment modalities including sand play, symbol work, narrative therapy, EMDR, art therapy, somatic experience, solution focused therapy, family therapy, mindfulness and relaxation, and all according to client needs and preference.
- As well as the provision of community education promoting safe communities and early intervention programs