

## Advocacy and Support and Therapeutic Treatment Services

This information is based on feedback from practitioners, survivors and families members using Interrelate Royal Commission Community Based Support Services (RCCBSS).

### Victim and survivor needs and unmet needs

Interrelate currently provides free, comprehensive therapeutic support services to survivors of childhood sexual assault. A comprehensive model has been designed to ensure services are responsive to diverse presenting needs. Complimentary internal services are utilised to ensure holistic care is provided.

Our services provide multiple entry and access points so that client's rights to confidentiality and anonymity are respected, and accessibility is maximised. Strategies to address accessibility include:

- Phone contact through a 1300 number operated by counsellors, which can offer anonymity and immediate phone counselling
- On-line access for referrals to be e-mailed and to provide support via skype
- Walk in services
- Warm referral pathways between other support services

Interrelate has experience engaging clients with access barriers which include people who are presently incarcerated and people in rural and remote communities. Some of the barriers that have been identified include:

- Financial constraints are prevalent for many survivors which impacts on their ability to attend support services particularly in rural areas and engaging in long term support.
- Shame, guilt and gender are core themes identified by many clients resulting in many of them never telling their story before. Adult psychopathology is now being seen less in terms of being just an individual problem and increasingly the focus has widened to include the relationship context which has led to new forms of intervention such as what has been termed, 'partner assisted' therapy' (cf Don Baucom, Whisman, MA & Paprocki, C. (2012) Couple-based interventions for psychopathology, *Journal of Family Therapy*, 34, (3) 250-270.)
- Trust, due to a large percentage of abuse occurring within an institution.
- Mental health including, but not limited to, depression, anxiety and phobias.
- Significant health issues for example; survivors often have a greater number of health issues particularly associated with chronic hyperarousal; for instance, they often have joint problems and problems with mobility. Support for allied health services that complement counselling services could start to address this. The sort of services this would involve could include exercise physiologists, physiotherapists and the like. As well as this, there seems to be evidence emerging that programs such as yoga or martial arts assist with resolving the symptoms of trauma (cf. Bessel van der Kolk's recent publications). Thus, it would be helpful to have brokerage available to help survivors access these sorts of services.

Service delivery is multi-faceted and is flexible, so it can be adapted to meet individual survivor's needs. Primary components of service include:

- Intake and assessment triaging clients to ensure best possible connection to service provision and/or practitioner
- Counselling – face-to-face, phone, on-line therapy, debriefing

- Case management, to include support for client and working with other services, mentoring for clients
- Information and referral with established collaborative referral pathways
- Opportunities of gender-based group programs for survivors and also programs for family's/partners. NOTE: Not all trauma survivors are suited for group work. Groups need to be marketed as safe, confidential with entry through an interview process. Prospective members would have the ability to make decisions about attending after talking in-depth about the group process.

### **Diverse Victims and Survivors**

Developing the cultural knowledge of current staff in order to further develop their ability to deal with culturally diverse & complex issues is imperative.

#### *Aboriginal and Torres Strait Islander*

The need for culturally appropriate services is of great importance in attempting to work with already debilitating levels of trauma in Aboriginal and Torres Strait Islander communities. Mainstream agencies need to make a considerable and conscious effort to make their services to Indigenous survivors as appropriate as possible.

Mainstream and Indigenous specific agencies need to be involved in equal partnerships using the resources and knowledge of both agencies; enacting complimentary and empowering processes rather than competitive ones.

Cultural appropriates should include cultural empowerment. Empowerment includes ensuring choice for survivors regarding the type and level of their engagement in services for healing sexual assault. This also extends to the use of both mainstream and Indigenous services.

It is well known that survivors can take many years, sometimes their whole lives, to disclose child abuse. Survivors face many challenges in disclosing abuse and many have carried the secret of child sexual abuse into their old age.

For clients from Aboriginal and Torres Strait backgrounds, it is not surprising that given the high levels of inter-generational trauma that also exist and that people have been exposed to often at the hands of those in authority, the likelihood that clients will feel comfortable disclosing abuse is even less likely. Thus there is a tendency for people to suppress memories of abuse with use of AOD, involvement in criminal activity and the like.

Subsequently, Aboriginal and Torres Strait Islander clients need staff who come from a culturally sound base with a keen understanding of intergenerational trauma and its effects of individuals and communities and an understanding of the longer term process needed to build levels of trust. Having mainstream services working closely with trusted identified services is vitally important. Mainstream services also need to have a consistent presence within community.

Triggers for disclosure are varied and include:

- Recovery from and dealing with addictions
- Treatment for psychological conditions such as depression or anxiety
- Other members of the family disclosing
- Media coverage of high profile members of the community talking about sexual abuse, or being accused of committing child sexual abuse; or disclosing they were a victim of child sexual abuse.
- Aboriginal community healing programs
- Information about the impact of sexual assault

- Finding a physically and emotionally safe place to disclose

#### *Services for Disability survivors of Child Sexual Assault*

- Promote the community attitude that all people with disabilities have a right to live free from violence and fear, including sexual assault
- Create an environment that promotes and supports disclosure where allegations of sexual assault are always treated seriously
- Responses to disclosure are characterised by belief in the victim, ensuring that the person is always treated with dignity and respect
- For people with cognitive impairment and/or complex communication needs, provide specific advocacy expertise tailored to the individual needs to assist at disclosure. This will ensure the provision of all necessary communication assistance and other support to assist in the disclosure of sexual assault
- Ensure sexual assault support services are accessible and the provisions of their services are inclusive of people with disabilities
- Have readily available practical tools to assist direct service workers so they know who to contact for specialist advice and assistance
- Strong linkages with Ability Links/PHaMs/Neighbourhood Centres who support people with a disability to access services and community supports

#### *Service for Victims and Survivors in Correctional Institutions*

Interrelate has approached working with inmates with the philosophy of empathy and accountability, utilising models such as:

- Trauma informed practice
- Psycho-education
- Mindfulness
- Motivational interviewing
- Solution focus
- Cognitive Behavioural Therapy
- Strength based

The challenges working with victims and survivors within the Corrections system:

- Whilst the Department of Corrections have been supportive with the roll-out of the Inmate Engagement Strategy across NSW, it has been a challenge entering into a system that has historically provided internal support to inmates
- Most inmates are requesting face to face services, this can be difficult for service providers due to lock down, the time involved travelling to and entering a correctional facility
- Given that a high percentage of inmates have been institutionalised trust is a significant issue with many being suspicious of government services and those funded by government
- Ensuring services are complimenting (and not encroaching on) programs/supports already being received by inmates within the correctional system
- The limitations of the work that can be completed with inmates
- Understanding the environment the inmate is returning with safety being a crucial factor to the approach to working with inmates
- Lack of resources to inmates within correctional libraries
- The need for a collaborative case management approach with external services for inmates getting parole

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

- Employment of staff from culturally diverse backgrounds who already have the knowledge of the issues being faced by Aboriginal & Torres Strait Islander peoples and CALD communities.
- Development of outreach programs that assist clients in settings that are culturally appropriate
- Group work delivered in partnership with appropriately trained Aboriginal and CALD workers and/or connections with local Aboriginal Corporations/Elders etc
- Counselling settings could be less formal and designed in consultation with users from other cultures and indigenous users – thus, a garden setting might be more conducive than an office and it would be useful to review the set-up of rooms – choice of furniture etc

### **Geographic Considerations**

The challenges faced for services and survivors from outside metropolitan area are:

- Financial issues that impact on ability to access services (fees, transport, distance, lost wages etc)
- Recruiting appropriately qualified staff to undertake this complex and often taxing work
- Distance and access to appointments, opportunities to outreach services would be helpful, Inability to access mental health services especially psychiatry
- Use of alternative technologies like Skype can be limited due to connectivity issues
- WHS Issues in rural and remote areas
- For services, maintaining the cost of outreach offices
- Lack of GP support services
- Lack of linkage services.

What could help in rural or remote areas:

- Making more use of technology such as skype/online support (possible partnerships with health services and other organisations well equipped with these facilities).
- Partnerships with services and Remote Mental Health
- If there was communication amongst the service providers in rural areas to get together and case manage a 'rural service' rather than case manage clients. This could look at what resources are available in their specific areas, what are the numbers of potential survivors and their specific needs. This could create the possibility of an autonomous, holistic service which is tailor-made to meet client needs – enhancing chances of success for clients.
- Increasing access to appropriately trained staff who are prepared to do locums in the remote regions

In summary, the needs of victims and survivors who have experienced trauma through institutional care require holistic support when entering mainstream services. Services need to be affordable, accessible, and provide flexible and individualised service delivery that can include counselling, case management and advocacy. Holistic support is required to address the complex and compounding issues that arise from trauma which not only impact individuals, but their families and more broadly their communities.

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