

SUBMISSION – ISSUES PAPER 10:

Advocacy and Support and Therapeutic
Treatment Services

Royal Commission into Institutional Responses to Child Sexual Abuse

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Centre for Excellence
in Child and Family Welfare Inc.



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About the Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare ('the Centre') is a peak body established to improve the lives of vulnerable children and their families in Victoria. The Centre and its hundreds of members represent early childhood, child, youth and family support services, and out of home care services, including kinship care, foster care and residential care and services providing for children moving on from care. The Centre works with these organisations and those employed in child and family services to strengthen the quality and capacity of services. It does this through workforce development and learning, policy development research and advocacy for children and families.

The objects of the Centre include:

- To contribute to the wellbeing of children and young people and the support and strengthening of family life particularly where there is poverty and disadvantage.
- To promote leadership and excellence in child, youth and family services.
- To actively represent the interests of members to government and to the community, and to influence community expectations of support available to children and families.
- To develop and influence policies in child, youth and family welfare, including providing policy advice to government in respect of child, youth and family welfare.
- To promote ongoing research and evaluation in child, youth and family welfare.

Royal Commission into Institutional Responses to Child Sexual Abuse

The Centre is committed to supporting the work of the Royal Commission into Institutional Responses to Child Sexual Abuse ('the Royal Commission'). As a peak body, the Centre has promoted the work and learnings of the Royal Commission to build capacity in our sector to detect, prevent and respond appropriately to child abuse in institutional settings by providing information, facilitating four forums, attending a private roundtable discussion on redress and submitting written responses to the Royal Commission's Issues Papers. The Centre has made the following submissions on Issues Papers to the Royal Commission:

- Issues Paper 1: Working with Children Check, August 2013;
- Issues Paper 3: Child Safe Institutions, October 2013;
- Issues Paper 4: Preventing Sexual Abuse of Children in Out of Home Care, November 2013;
- Issues Paper 5: Civil Litigation, March 2014;
- Issues Paper 6: Redress Schemes, June 2014;
- Issues Paper 7: Statutory Victims of Crime Compensation Schemes, June 2014;

- Consultation Paper: Redress and Civil Litigation, March 2015;
- Issues Paper 9: Addressing the Risk of Child Sexual Abuse in Primary and Secondary Schools, September 2015.

Royal Commission into Institutional Responses to Child Sexual Abuse Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services

This paper is a written submission on the Royal Commission into Institutional Responses to Child Sexual Abuse Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services ('Issues Paper'), which is intended to complement the Centre's previous written submissions, as set out above.

The Centre applauds the Issues Paper's acknowledgement of the difficulties faced by survivors of abuse when seeking therapeutic treatment services and accessing quality support services.

The Centre's approach in written submissions to the Royal Commission is to advocate for the safety of yesterday's, today's and tomorrow's children. Governments and institutions are responsible for the safety of children entrusted in their care in the same way they are responsible for the occupational health and safety of their staff.

Survivor informed services

First and foremost, the Centre submits that any therapeutic response or specialist support service must be informed by those who have experienced abuse. Accordingly, survivors of child abuse in institutional contexts should be consulted as to the provision of services. Further, they should have access to open ended counselling and specialist support services that are informed by the experience of the survivor.

Additionally, account must be made for treating victims / survivors who are children at the time of accessing support services and therapeutic treatment.

All types of abuse

While the Centre understands the terms of reference of the Royal Commission is limited to child sexual abuse, the Centre advocates that access to advocacy and support and therapeutic treatment services, should not be limited to those sexually abused as children in institutional care, but should be accessible to all survivors of child abuse in institutional settings.

A system that limits eligibility to services for survivors of child sexual abuse, and not other types of abuse, is not fair, consistent or just in its treatment of survivors of child abuse in institutional settings. The Centre believes that governments and institutions are responsible to protect all children in their care from all forms of harm irrespective of the perpetrator or abuse type. Moreover, many survivors may not be able or be ready to disclose child sexual abuse, and rather disclose physical abuse or neglect.

The Centre submits that access to advocacy and support and therapeutic treatment services should be available to those who suffered sexual abuse, physical abuse, emotional and psychological abuse

and neglect, cultural abuse and forced separation from their families. This includes abuse to children by other children.

Ongoing support and wide ranging services

The Centre believes that survivors should be eligible for a wide range of services to assist in the healing of psychological and physical wounds, as well as the significant impact of inadequate and neglectful care. Many survivors, particularly those in care, were not provided with adequate education, medical, psychological or emotional care. Moreover, survivors of sexual abuse commonly experience physical symptoms or may require rehabilitation treatment for substance abuse as a consequence of the abuse experienced in institutional settings.

The Centre believes government funded and priority access to services must be made available. This includes specialist survivor support services, dental, medical, psychological/psychiatric care, education, housing and aged care services.

It is the Centre's submission that there should be no time limit on the availability of such services, given the complex nature of the trauma experienced by survivors and the long lasting impact of that trauma.

The Centre acknowledges the significant ripple effect that abuse has on the family and friends of survivors of abuse. The Centre supports the Royal Commission's recognition of 'secondary victims' in the Issues Paper and advocates for the provision of advocacy and support and therapeutic treatment services for family members of survivors. This includes providing assistance to the carers of child survivors [ie: survivors who are still children while accessing support services], on how best to respond and assist / support children in their care who have been abused, and also any issues faced by them as carers of a child abused whilst in their care.

With regards to counselling and psychological care, the Centre supports the Royal Commission's Final Report, Redress and Civil Litigation, Recommendations ('Recommendations'). In particular Recommendation 9 that provides counselling and psychological care should be supported through redress in accordance with the following principles:

- a) Counselling and psychological care should be available throughout a survivor's life.
- b) Counselling and psychological care should be available on an episodic basis.
- c) Survivors should be allowed flexibility and choice in relation to counselling and psychological care.
- d) There should be no fixed limits on the counselling and psychological care provided to a survivor.
- e) Without limiting survivor choice, counselling and psychological care should be provided by practitioners with appropriate capabilities to work with clients with complex trauma.
- f) Treating practitioners should be required to conduct ongoing assessment and review to ensure treatment is necessary and effective. If those who fund counselling and psychological care through redress have concerns about services provided by a particular practitioner, they should negotiate a process of external review with that practitioner and the survivor. Any process of assessment and review should be designed to ensure it causes no harm to the survivor.
- g) Counselling and psychological care should be provided to a survivor's family members if necessary for the survivor's treatment.

Funding of services

The Centre submits that while advocacy and support and therapeutic treatment services may be available through public health models, survivors should be able to access funding for specialist care through private providers, particularly where a service is unavailable or the survivor has a preferred provider.

Supports and services should be at no cost to survivors and access should be unlimited. For example, survivors should be exempt from schemes where a certain number of free sessions are provided before the user is expected to pay. Further exploration is required as to how these services would be provided, such as by changing the Medicare requirements, the provision of stand-alone government programs or a trust fund for survivors.

Accordingly, the Centre supports the Royal Commission's Final Report, Redress and Civil Litigation, Recommendations 12-14. In particular recommendation 12 which provides that any Medicare funding restrictions on the number of sessions of counselling and psychological care should be removed, and recommendation 13 which proposes the expansion of the range of counselling and psychological care services for which Medicare funding is available for survivors, to include longer term interventions that are suitable for treating complex trauma, including through non-cognitive approaches.

The Centre reiterates the need for survivors of abuse in care to be consulted as to the provision of services required to address the consequences of abuse and neglect they experienced in care.

The Centre supports the Alliance for Forgotten Australians' submissions to previous inquiries that advocates for a gold card for people who experienced care settings as children.¹

Access to records

An important component of advocacy and support includes the ability for survivors to access unredacted personal records and files from Governments and institutions. As such, there needs to be policies on record keeping and quality recording. Records contain important information on family, siblings, reason for being placed in care, and past carers that may be helpful in the healing process but also in locating family. There are many services and institutions that assist people to access their personal files and provide appropriate support as it can be traumatic reading the information contained (or not contained) in these files. The Centre believes these services should be available to all survivors.

Prevention

The Centre supports the Royal Commission's recognition of systemic advocacy in the Issues Paper, including the requirement to progress systems designed to prevent and respond to child sexual abuse.

¹ An example of a submission made by the Alliance of Forgotten Australians can be found here: <http://www.forgottenaustralians.org.au/AFA%20Subs%20and%20docs%20PDFs/AFA%202010%20Senate%20L%20and%20Constitutional%20Affairs%20sub.pdf>

Robust child protection and safety policies

The Centre submits that institutions/organisations that provide a service to children whether directly or indirectly (ie advocacy) should have a culture of child safety that includes robust child protection/safety policies that ensure the protection of children and appropriate responses and reporting of concerns children express about their care or others express or observe about the care of children.

Child protection policies should include appropriate prevention, detection, screening and recruitment practices of staff and volunteers to prevent any potential risks to children. Preventative measures should include training and education tailored to be delivered to all staff and volunteers, as well as children and families, that incorporate child abuse and neglect behavioural and physical indicators, grooming and other inappropriate behaviours by staff, volunteers or others (ie other children).

Complaints process

The Centre believes organisations that provide a service to children should make available to all children, parents and staff (including volunteers) complaints processes so that they are aware of whom they can discuss and report concerns.

Responding to child abuse

Child Protection/safety policies should contain processes for appropriate responses to allegations of abuse and neglect that include informing police and child protection authorities where appropriate. This will ensure that those responsible for any abuse are brought to justice and to prevent further harm to other children in the organisation or other settings. Reports to police and child protection authorities are more likely to establish a pattern and history of an alleged offender and maximize redress through a criminal conviction. This can provide a more accurate account of history.

Further, child protection/safety policies should ensure that responses to allegations of child abuse and neglect result in appropriate and proactive inquiries into the care provided to other children that may have been in contact or under the care of the alleged offender.

Community Education

The Centre believes the Commonwealth and State Governments together with institutions/organisations should provide community education into child abuse and neglect so that all citizens can contribute to the protection of children. Protection of children is maximized when adults are aware of child abuse and neglect and grooming behaviours and can respond appropriately through reporting to the relevant authorities.

To this end, the Centre is currently delivering information sessions to organisations that receive funding or are regulated by government on the Victorian proposed child safe standards and new criminal offences designed to improve responses to child sexual abuse across Victoria in collaboration with the Victorian Department of Health and Human Services.

Redress scheme

The Centre has previously advocated for an independent national redress scheme for survivors of institutional abuse. The Centre has submitted that any such scheme should include the opportunity (at the discretion of the individual survivor) for an individual apology, a public apology and acknowledgment of the facts and acceptance of responsibility by the responsible institution, together with the provision of monetary compensation. The Centre believes involvement in a redress scheme may assist institutions to implement prevention measures such as those outlined above.

Conclusion

The Centre applauds the recognition given by the Royal Commission to the need for advocacy and support services and therapeutic treatment services for survivors of child sexual abuse. The Centre believes this should extend to survivors of all types of child abuse in an institutional setting, reflecting the community's responsibility to protect children from all forms of abuse.

Additionally many diverse types of services must be made available to survivors in a genuinely accessible way.

Finally, the Centre supports systemic change with prevention as a key component.