ADVOCACY AND SUPPORT AND THERAPEUTIC TREAMENT SERVICES SUBMISSION IN RESPONSE TO ISSUES PAPER 10

This paper is submitted by the Royal Commission Working Group (RCWG) appointed by the Standing Committee of the General Synod of the Anglican Church of Australia (ACA) to coordinate the Church's response to the Royal Commission. The submission responds to questions in **Issues Paper 10** entitled Advocacy and Support and Therapeutic Treatment Services issued by the Royal Commission into Institutional Responses to Child Sexual Abuse on 1 October 2015.

INTRODUCTION

The ACA is committed to responding to the needs of survivors of abuse. In many dioceses this has extended to the development of redress schemes to provide pastoral support and practical assistance to people who have been abused.

In its submission in response to the Consultation Paper on Redress and Civil Litigation, the RCWG emphasised that the provision of counselling and psychological care to survivors by appropriately trained and accredited counsellors as an essential element of any redress scheme.

The RCWG welcomes the opportunity to provide specific commentary in response to this Issues Paper.

1. TOPIC A: Victim and survivor needs and unmet needs

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

The key issue of concern to the ACA is that victims and survivors are provided with access to the services and interventions which will improve their wellbeing and quality of life.

Given the diversity of service and therapeutic options available, the identification of the needs of each individual is the key to success.

Victims and survivors have a variety of needs and there needs to be an integrated model of service delivery. A brokerage or case management model which assists victims and survivors in properly identifying their needs and facilitates connections between them and accredited providers of appropriate services should be considered.

The person seeking support should have the freedom to choose their service provider and also have the freedom to change services and provider. Often a person will need to access a variety of services and providers before they can find the one that works for them.

The imposition of one therapeutic model may make things worse. If a person receives inadequate or inappropriate services, this is likely to often lead to reluctance to attempt to access services again.

It is important to understand the needs of the individual victim or survivor but it is equally important to acknowledge that they are part of extended social systems especially their family system. Because of this it may be important for victims and survivors to have access to specialist relationship counsellors as well as individual trauma counsellors. The same issues about the importance of access to appropriate services arise for secondary victims and survivors.

2. 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?
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?
3. What would better help victims and survivors in correctional institutions and upon release?

The comments provided in response to Topic A apply to all persons seeking support.

While it is acknowledged that the diverse groups listed may have common needs specific to that group, it is important to keep in mind that each person who is a member of a diverse group should be responded to as an individual.

The assessment of individual support needs should not defined or limited by the assumed needs of a particular group.

3. 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)?
2. What would help victims and survivors outside metropolitan areas? Are there innovative ways to address the geographical barriers to providing and receiving support?

The ACA acknowledges that there is often a limited range of service options in regional, rural and remote areas.

In supporting the needs of survivors of abuse, some dioceses of the ACA have provided financial and practical assistance to ensure people are able to travel to access the most appropriate services.

A national redress scheme could facilitate the development of an integrated team of professional service providers to attend to survivors of abuse living in regional and remote areas on a rotational "fly-in fly-out" basis, although this limits choice to those personnel for the survivors. Developments in telemedicine, accessing clinical health care at a distance utilising information technology, may also facilitate service delivery.

The demographic information available to a national redress scheme would enable the identification of service needs of victims and survivors in regional, rural and remote areas, facilitating the coordination of integrated services delivery as required.

Alternatively, if direct service provision is not possible, a redress scheme should provide the necessary financial support to fund travel to the nearest location where appropriate services are available.

4. 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?
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?
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?

Consideration of terminology used when dealing with survivors of abuse is important. While "advocacy" and "support" are generic concepts, the expression 'therapeutic treatment' implies an ill-health medical paradigm. Those wishing to access services may be concerned at the perception that they are 'sick'. This is reinforced by stating in the definition that therapeutic treatment aims to 'reduce symptoms of ill-health'.

It will not be helpful to the objective of improving wellbeing and quality of life for survivors, to routinely characterise those seeking services as medically ill. Survivors of abuse have a broad range of needs, not necessarily all clinical, and using language suggesting they are ill may lead to some choosing not to seek services that would assist them.

The provision of counselling and psychological care to victims and survivors by appropriately trained and accredited counsellors is essential. The training should include information about child sexual abuse, post-traumatic stress disorder, trauma, the effects of child sexual abuse in the family and other relationships, and issues that arise from child sexual abuse occurring in institutions.

Accreditation for those offering therapeutic services should be provided by professional bodies such as the Psychotherapy and Counselling Federation of Australia, the Australian Psychological Society, the Australian Association of Social Workers and the Royal Australian and New Zealand College of Psychiatrists. These professional bodies have the capability to ensure training, specialisation and ethical standards can be met and maintained.

There is overlap between the broad range of services provided by different professions. The model which assists victims and survivors in properly identifying their needs and facilitates connections between them and accredited providers of appropriate services should provide sufficient information to help them access the most appropriate professional assistance for their particular issues and presentations.

The comments suggesting consideration of a case management model, provided in response to Topic A, also apply to this Topic.

5. 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?
2. What evaluations have been conducted on promising and innovative practices? What have the evaluations found?
3. What other learnings are emerging from practice-based evidence or from grey literature (i.e. published reports and papers that have not been formally peer-reviewed, such as government reports) about supporting adult and child victims and survivors?

Innovative practices should only be recommended to victims and survivors where they have been properly tested and are underpinned by robust ethical guidelines to ensure they do not suffer further harm. It should always be remembered that the primary process in service delivery is an interpersonal relationship between the service provider and the victim or survivor.

It will be important to investigate the results from other countries especially those with a similar redress models to the one proposed by the Royal Commission including Ireland, and Canada with respect to First Nations peoples.

Dated: 10 November 2015