

Capturing practice knowledge from the Royal Commission support model

Final Report

Report for the Royal Commission into Institutional Responses to Child
Sexual Abuse

December 2017

Project team

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Preface

On Friday 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond where child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

This research report falls within theme six.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit www.childabuseroyalcommission.gov.au/research

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DEFINITIONS

TERM	MEANING
CASA	Centre Against Sexual Assault
DSS	Department of Social Services
Institution	Any organisation that was involved with children, including schools, sporting clubs, children's services, orphanages, foster care, residential care, religious organisations and government organisations
knowmore	An organisation that provides free, independent legal advice to people dealing with the Royal Commission
Private session	Private sessions allow survivors and others affected by abuse to speak confidentially to a Commissioner in a private and supportive environment
Public hearing	The Royal Commission holds formal public hearings to hear evidence about child sexual abuse within institutions. The hearings do not focus on individual cases, but instead focus on case studies of how institutions have responded to allegations and proven instances of child sexual abuse

Executive summary

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) established a number of support mechanisms for victim/survivors, including a funded Contact Centre and an Intake and Counselling Team. In addition, the Department of Social Services funded community service organisations to provide support to victim/survivors of child sexual abuse in institutional contexts.

Urbis has prepared a report for the Royal Commission to capture the practice knowledge the Royal Commission and other relevant providers of support services gained into how to better support victims and survivors, including secondary victims, of child sexual abuse in institutional contexts.

PROJECT APPROACH

This project focused specifically on practitioners' insights into practices perceived as helpful for victim/survivors. The extent to which the reported practices and approaches reflect the full range of evidence-based practice has not been validated against the literature, nor triangulated with the perspectives of people who experienced child sexual abuse in institutional settings.

This report captures the needs of victim/survivors and secondary victims, as understood by people in each of these service settings. It explores the important areas of identity and language, and details what practitioners perceive as effective practice for a range of experiences. Finally, it addresses the question of ongoing demand and potential responses.

The Royal Commission attempts to provide a supportive environment within which victim/survivors and other individuals who have contacted it can tell their story. To this end, counselling supports are embedded within the Royal Commission processes. These are provided both at first contact with the Contact Centre, and then by the Intake and Support Service and Counselling and Support team while participating in a public hearing or private sessions, or where clients engage with the Royal Commission in other ways. Additionally, 37 community service organisations across Australia were appointed through competitive tender to support people affected directly or indirectly by the work of the Royal Commission.

PROJECT FINDINGS

Embedding counsellors into the Royal Commission processes has ensured that victim/survivors do not have to ask for referral to a skilled professional; instead, there are many points throughout the course of their contact with the Royal Commission that include therapeutic or healing intent.

Resourcing the broader service sector to respond to the demand for support arising from the Royal Commission's work has, to some extent, ensured timely support for victim/survivors. However, the need for such support will not end with the Royal Commission, and is particularly acute in regional and remote areas that lack ready access to services. Capturing the practice knowledge generated in this dedicated system of support can go some way to ensuring that counsellors in all service settings have access to professional development that enhances their skills and knowledge to work effectively with people who have endured this very particular trauma.

The Contact Centre counsellors have provided insights into the skills and approaches needed for effective early engagement, and a diligent model of follow-up that assures people they have been heard and are not adrift in a new system. This was an important point of contrast with many of the disconnected systems people encounter and need to navigate.

Counsellors within the Royal Commission provided insights into the processes in place, and the extent to which processes were well-designed to provide therapeutic benefit. Practical elements – underpinned by a focus on the dignity of the person, their specific support needs, and the value of their contribution to the Royal Commission's work – included brief interactions, post-session debriefing and comprehensive referral.

Drawing on the perspectives of practitioners, successfully addressing the trauma of child sexual abuse requires a considered, trauma-informed approach that accounts for an individual victim/survivor's context. This includes their personal history and culture, and the harmful and protective factors that have shaped their recovery from trauma. Practitioners with experience working with survivors of child sexual abuse reflected that the approach to supporting victim/survivors of child sexual abuse in institutional contexts or individuals who have contacted the Royal Commission was not necessarily different to their general practice. However, they noted that the context of institutional abuse can compound harmful factors, which can expose victim/survivors to repeated trauma, leading to complex trauma.

Counsellors at the initial point of contact may speak to a caller several times and, over time, may build a trusted rapport, which increases the likelihood of the caller taking up any referrals made.

'People need really solid casework with counselling skills. Life can be chaotic so therapy in everyday interactions can be healing ... every interaction can be a small seed in the long process of healing.' – Contact centre practitioner

1 Introduction and project context

1.1 BACKGROUND

This document is the final report for the *Capturing Practice Knowledge from the Royal Commission Support Model* project (the project), commissioned by the Royal Commission.

The project documents the practice knowledge practitioners gained while working with the Royal Commission and Commonwealth Government supports that were put in place to assist survivors.

The target groups involved in this research were:

- the Royal Commission's Counselling and Support team and staff at the Royal Commission Intake and Support Service¹
- community-based services provided with Australian Government funding to support people affected by the Royal Commission.

The research focused on gathering and documenting responses to the following research questions:

- What practice knowledge have the target groups gained about how to best support victims and survivors of child sexual abuse in institutional contexts? This includes supporting survivors during their involvement with the Royal Commission, as well as support more broadly.
- What are the target groups learning about how to best support diverse victims and survivors of child sexual abuse in institutional contexts, including:
 - Aboriginal and Torres Strait Islander people
 - people with disability
 - culturally and linguistically diverse groups
 - lesbian, gay, bisexual, transgender and intersex people
 - men and women
 - children and young people
 - inmates in the criminal justice system
 - people living in regional, rural and remote areas
 - secondary victims, including parents, partners and children of the primary victim.
- What are the target groups learning about supporting victims and survivors of child sexual abuse in an institutional context, compared with supporting the broader population of people affected by child sexual abuse?
- What is the current level of demand or unmet need for support for survivors of child sexual abuse in institutional contexts, as well as survivors of child sexual abuse more broadly? What do staff and service providers anticipate will be future demand?

¹ First point of contact support through the Intake and Support Service is provided by Medibank Health Solutions.

- What are the strengths and weaknesses of the current system of support for victim/survivors of child sexual abuse in institutional contexts, as well as child sexual abuse more broadly? What or where are service gaps?

1.2 SUMMARY OF APPROACH

Primary research was undertaken with each of the two target groups, specifically:

- the Royal Commission Counselling and Support team and staff at the Royal Commission Intake and Support Service provided by Medibank Health Solutions
- community-based services funded by the Australian Government to support people affected by the Royal Commission.

The data collection occurred in two phases, described below:

1. Focus groups were held with counsellors in the Royal Commission's Counselling and Support team (n=3) and with staff at the Royal Commission Intake and Support Service (n=4).
2. Responses were gathered from the funded community services (n=24 completed responses from 73 practitioners).

Consistent with the guidelines set out in the National Statement on Ethical Conduct in Human Research, the Royal Commission has established a process for reviewing ethical issues for negligible and low-risk projects, including independent review. This project received the relevant ethical clearance.

Professor Morag McArthur assisted the Urbis project team to refine the data collection and analysis tools. Karen Milward, Aboriginal consultant, engaged Aboriginal community-controlled organisations in the data collection phase.

Aside from the descriptive data (see below) collected about organisations, the reflections from practitioners collected through each method – question guide, interviews and focus groups – was qualitative.

Responses to the question guide were analysed separately from the data collated from the focus groups and interviews; however, all the data was then thematically analysed in a combined format.

The support services had different functions according to the stage in the client's journey at which they were providing support. However, the professional backgrounds of practitioners recruited to each service were similar – social workers, psychologists, counsellors. Where practitioner responses vary between the services, this has been identified in the report.

Where responses relate to descriptive data about services funded by the Australian Government, the number of responses is reported.

1.2.1 FOCUS GROUPS AND INTERVIEWS

Two senior researchers conducted focus groups and interviews in Sydney in April 2016. They held two focus groups with staff from the Royal Commission Counselling and Support team, and two with staff from the Intake and Support Service. Data gathering was supplemented by face-to-face interviews with senior staff from each service. Researchers took handwritten notes in focus groups and interviews, and identified themes. The question guide is provided in Appendix A.

The managers of the Royal Commission Counselling and Support team and Intake and Support Service promoted participation in the focus groups. Researchers prepared information sheets for the managers to distribute to their teams. The researchers led the consents process at the start of each focus group, when participants signed consent forms. The same consent process was used in interviews with senior staff.

1.2.2 REFLECTIVE QUESTION GUIDE

A reflective question guide was developed and provided to funded community-based services, with options to either complete online, in hard copy, or via a telephone interview. Initially, a link to the online guide and a soft copy of the form were emailed. Follow-up phone calls were made to organisations that had not responded, providing alternative completion methods. The purpose of the project was explained and participation was taken as informed consent. The reflective guide is provided in Appendix A.

The development of the question guide was informed by the findings of the focus groups, and in consultation with the Royal Commission. The guide asked for details about the organisation funded by the Australian Government to provide services for victim/survivors of child sexual abuse in institutional contexts; whether the responses provided reflected the views of one person or many (in which case, how many); and the number of clients linked to the Royal Commission the service had seen since receiving government funding.

Organisations were asked to provide factual descriptive data, including:

- the number of practitioners working with Royal Commission clients
- the number of practitioners who contributed to the question guide response
- the date the organisation began offering government-funded support services to Royal Commission clients
- the number of unique Royal Commission clients the service has seen since funding began
- the approaches being used to deliver support (for example, face-to-face support, telephone counselling or online counselling).

Responses from 73 practitioners across 24 funded services were received, including:

- 10 responses from national or interstate organisations
- four responses from Queensland
- three responses each from New South Wales and Victoria
- two responses from South Australia
- one response each from the Australian Capital Territory and Western Australia.

This represents a response rate of 65 per cent (37 services were funded). Online entries indicate the guide took around 45 minutes to complete. The reasons for non-participation have not been determined. Collectively, the services reported seeing around 2,700 victim/survivors of child sexual abuse in institutional contexts since 2013.

Providers responding to the reflection guide represented the range of organisations funded under the Royal Commission: general relationship and counselling services, specialist sexual abuse services, and services supporting specific cohorts of victim/survivors of institutional abuse. Four (out of eight funded) Aboriginal community-controlled organisations contributed their reflections.

Based on a simple classification of service types, services that specifically deal with child sexual assault were under-represented in the responses (with only one out of four services responding). However, it should be emphasised that it is likely that our classification does not fully capture the activities and specialism of other services with regards to child sexual assault. Across the other categories of service type and location, response rates were representative.

1.3 SCOPE

The scope of this project was limited to collecting and understanding practitioners' perspectives about:

- current practice models
- what they perceived as helpful for providing support to victim/survivors of child sexual abuse in institutional contexts or individuals who have contacted the Royal Commission.

The information provided in this report is based on the perceptions and observations of service providers, as recollected and shared with the researchers. Practitioners were not required to provide information sourced from client databases or notes.

This work is one of a number of projects informing the Royal Commission, including a project that describes the emergence of trauma-informed care in both the international and Australian service contexts.

Understanding the function of the Royal Commission and victim/survivors' motivation for engaging with the Royal Commission is outside the scope of this project. Participants' experience of the support services they received is also outside its scope.

1.4 LIMITATIONS

It should be noted that the majority of respondents work in services where child sexual abuse *in an institutional setting* is not a common presenting issue. They may be drawing on a relatively limited duration of experience of working with this population. The exceptions to this are the services that already specialise in populations with specific institutional trauma histories. This group of respondents were able to draw on a long experience of supporting victim/survivors of institutional abuse.

This project specifically focused on practitioners' perceptions of practices perceived as helpful with this set of victim/survivors. Practitioners were asked to base their comments on their reflections on their practice, and were not prompted or required to look at their clients' case notes. The extent to which the reported practices and approaches reflect evidence-based practice has not been validated against the literature, nor triangulated with the perspectives of people who experienced child sexual abuse in institutional settings.

Several of the groups identified in the research questions did not substantially feature in practitioners' observations, including people with disability; culturally and linguistically diverse people; lesbian, gay, bisexual, transgender and intersex people; children and young people; and inmates in the criminal justice system. As a result, it was not possible to present findings in relation to these groups.

Practitioners reported their reflections and impressions of the practices they believe were most helpful to the victim/survivors they worked with. They were not required to provide evidence of the effectiveness of their practice. It is reasonable to assume a positive bias in practitioner's confidence in their practice.

These limitations are an accepted aspect of the study design, and the findings will be considered in light of other work being undertaken by the Royal Commission.

1.5 A NOTE ABOUT LANGUAGE

The term 'victim/survivors' is used throughout this report, reflecting the language used by the Royal Commission. 'Secondary victims' refers to people close to the person who was sexually abused, and may be their parent, sibling, carer or child.

1.6 THIS DOCUMENT

The following section (section 2)) outlines the supports available to victim/survivors and individuals who have contacted the Royal Commission to provide context for the project's findings.

Section 3 summarises the themes emerging from practitioners' perspectives.

2 Supports available to Royal Commission participants

This report focuses on the practice reflections of counselling practitioners working in the two services within the Royal Commission, and services provided with additional funding by the Australian Government during the term of the Royal Commission. This section outlines the supports made available to those engaging with the Royal Commission.

Victim/survivors' first point of contact by telephone with the Royal Commission is through the Royal Commission's Intake and Support Service (call centre), which is staffed by a team of counsellors. The reason for calling is assessed and passed on to the appropriate team within the Royal Commission, most commonly the Assessment and Inquiry team. Some victim/survivors go on to participate in a private session or a public hearing. They are then supported throughout this process by the Royal Commission's Counselling and Support team. Victim/survivors may be referred to a community service organisation at any time during and after their engagement with the Royal Commission.

2.1 INTAKE AND SUPPORT SERVICE

The Intake and Support Service is staffed by counsellors and provides the first point of contact for victim/survivors who approach the Royal Commission.

The call centre was initially staffed by administrative officers who transferred callers with additional questions, or who were distressed, to counsellors. Following a review, the critical nature of this first contact was recognised and counsellors were appointed to all positions from January 2014.

Victim/survivors are asked to provide some personal details and information about the reported abuse, including the name of the institution, details about the perpetrator and the type of abuse experienced.

Depending on the reason for the call, counsellors at the call centre refer the caller to the most appropriate external service or to a section within the Royal Commission. Those seeking to tell their story to the Royal Commission are referred to the Assessment and Inquiry team.

2.2 COUNSELLING AND SUPPORT TEAM

Originally, the counselling and support of people engaging with the Royal Commission in private sessions was outsourced to an external provider. However, challenges with confidentiality and consistency of counselling approaches, resulted in the establishment of an 'in house' counselling team. This is overseen by two clinical advisors, who direct the counselling and support work. They focus a trauma-informed lens on the broader work of the Royal Commission. This includes providing clinical advice to different teams, supporting staff members managing vicarious trauma, responding to people with trauma impacts and complex needs, and assisting in managing complaints, as well as supplying training.

The Royal Commission Counselling and Support team assists people who engage with the Royal Commission. Assistance is provided on a needs basis and may include support for those participating in a private session and/or public hearing, and those attending a public hearing. Counsellors are also called on by other teams in the Royal Commission – such as the Correspondence, Media and Communications, Assessment and Inquiry and Case Studies teams – to assist in responding to people who have complex expectations and needs, and are affected by trauma.

Counsellors work from a trauma-informed, teamwork perspective to ensure victim/survivors' engagement with the Royal Commission is sensitive to their particular needs and avoids re-traumatising them. This involves significant pre-planning, problem solving, support planning and follow-up to achieve the person's objective of attending a private session or public hearing, or having their story and/or concerns heard and responded to.

This 'wraparound' support may include pre-calls and preparation, clinical assessments, 'warm' or facilitated referrals to ongoing external supports and counselling, and debriefing and follow-up after involvement in a private session or public hearing.

2.3 COMMUNITY SERVICE ORGANISATIONS

The Australian Government has funded a number of counselling and support services during the term of the Royal Commission to assist people who experienced child sexual abuse in institutional contexts. These services are independent of the Royal Commission. They are available not only for victim/survivors and their supports, but also for anyone affected by the work of the Royal Commission and have been funded until June 2018, a further six months beyond the life of the Royal Commission.

Support to share their story is one of the main needs of those accessing the Royal Commission's services; and community service providers have been able to give survivors ongoing support to tell their story in a way that avoids re-traumatising them. They are also available to provide free case management and counselling support following engagement with the Royal Commission. In particular, they have provided telephone and some face-to-face counselling for inmates in prisons across Australia who have told the Royal Commission their story.

Legal advice has been an important part of support for many survivors navigating the complex legal system. To assist with this, the government funds knowmore, a legal advisory service. Its services include helping those who need legal support to obtain records, information on options for legal and financial compensation and help to prepare a submission for the Royal Commission. The service also helps those who want legal representation while acting as a witness at a public hearing.

3 Findings

This section outlines the key findings of the project and their implications for supporting victim/survivors of child sexual abuse in institutional contexts and individuals who have contacted the Royal Commission. It should be read with the limitations detailed above in mind.

3.1 ADVOCACY, SUPPORT AND THERAPEUTIC TREATMENT NEEDS

3.1.1 OVERVIEW OF SUPPORTED PARTICIPANTS

This section summarises the characteristics of the groups of people supported by the services covered in this study, as reported by service providers. These groups are considered separately, but individuals have multiple identities and belong to more than one group, influencing their presentation and treatment needs. This underlines the importance of a client-centred approach (as discussed in section 3.2.2).

While the research questions (section 1.1) covered a range of potential participant groups, not all respondents were able to comment on these particular groups. In particular, little was said of the characteristics of participants who are in custody and participants with disabilities. This section includes the perspectives of all practitioners contributing to the study, as their responses were largely consistent. Where this isn't the case, the source is clearly noted.

OLDER MEN

Counsellors reported men aged 60–70 represented a substantial proportion of clients accessing both services at the Royal Commission and community service providers. Among victim/survivors and individuals who contacted the Royal Commission, this group is the least likely to have previously disclosed. Both the Royal Commission counsellors and community service providers reported that they continue to carry deep shame about the sexual abuse perpetrated against them. Counsellors perceived their reasons for coming forward as often being action-oriented: preventing the abuse of other children, rather than seeking a therapeutic experience.

Practitioners reported that health literacy is often low², as is their overall health. Some men have not made the link between the child sexual abuse and their poor health and wellbeing in adulthood.

GENDER AND SEXUALITY

Practitioners found women's presentations to be closer to their experience in other support roles. That is, they believed that women were more likely to have previously disclosed. Often, but not always, they had sought professional support before contacting the Royal Commission. Their lives may have included abusive adult relationships and problems with poor health.

Practitioners had few observations related to victim/survivors' gender. A point noted by practitioners was that sexual identity was somewhat more likely to be affected by the experience of sexual abuse among men than women. Women were less likely to question their sexuality as a result of child sexual abuse.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The Intake and Support Service has skilled Aboriginal counsellors on staff and callers who identify as Aboriginal or Torres Strait Islander are offered access to these counsellors. Counsellors maintain low-key contact with the caller as their matter moves through the assessment and intake process, ensuring that the caller's information needs are met and that they stay engaged in the process. The counsellors find local supports for the caller, such as Link-Up, community-controlled health services or the local hospital.

² 'Health literacy is the extent to which people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.' (Australian Commission on Safety and Quality in Health Care.)

Counsellors reported intergenerational trauma contributed to the complexity of working with this group of victim/survivors, with abuse often co-occurring with removal from families, communities and cultures.

Counsellors noted that Aboriginal people often care for many family members. They believed that attending to their own trauma can be a low priority for them, and deeply distressing when they do.

SECONDARY VICTIMS

Practitioners reported that supports for secondary victims, such as counselling, are limited and harder to find despite the reported need. While secondary victims want to support the family member who experienced the abuse, counsellors noted that they often also needed assistance and benefited from psycho-education about the common impacts of childhood trauma. Counsellors described their role with secondary victims as giving permission to recognise and attend to their own pain. For parents of children who have been abused, practitioners referred to parents having an additional layer of guilt because they felt the perpetrator had 'groomed' them to provide access to their child.

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX PEOPLE

The Intake and Support Service doesn't routinely ask about sexuality, but has had callers identify as transgender when the question about gender is asked. The phrasing of the question currently invites an answer of male or female. The Royal Commission counsellors and community service providers did not provide any further comment or perspectives on specific support needs of lesbian, gay, bisexual, transgender and intersex victim/survivors of child sexual abuse in institutional contexts.

CHILDREN AND YOUNG PEOPLE

This group didn't feature highly in calls to the Intake and Support Service. When calls are received, the protocol includes assessing for risk of imminent harm, and confirming that a parent has consented to their contact with the Royal Commission. Such a call is 'red flagged' for the supervisor's attention. Community service organisations didn't specifically mention working with children in their responses.

3.1.2 UNDERSTANDING AND ADDRESSING LOW TRUST

By its nature, child sexual abuse breaches the implicit relationship of trust between adults and children.³ For victim/survivors of child sexual abuse in institutional contexts, practitioners noted that this can be characterised by a lack of trust in organisations and institutions they may encounter in daily life. These may include government agencies; the justice system more broadly, if they have sought a legal remedy; and service providers. Abuse in institutional settings can intensify the power imbalance between a victim/survivor and the abuser, leading to actual or perceived further injustices, when victim/survivors have previously lacked an advocate.

Practitioners reported that trust was an equally heightened issue among people who had not disclosed prior to their contact with the Royal Commission, and those who had disclosed and had their experience minimised or disbelieved.

Practitioners pointed to numerous examples of survivors being let down by 'the system', including by bodies set up to deal with abuse. Many survivors told the Royal Commission they had previously disclosed their abuse, but civil and/or criminal proceedings had barely improved the accountability of institutions. Trust in the Royal Commission itself was observed to be mixed, and for Aboriginal and/or Torres Strait Islander victim/survivors, the lack of progress achieved under the Royal Commission into Aboriginal Deaths in Custody was a key negative reference point.

Building up trust is an incremental process that takes time. Practitioners believed confidentiality was central to this and was demonstrated by respecting the rights of the victim/survivor to tell as much or as little as they determined. Equally, practitioners believed it was important to understand that they are in a position of power in relation to the victim/survivor, who is likely to experience heightened vulnerability in sharing their story. Awareness of these power dynamics was seen as important, and practitioners emphasised the need for respectful, power conscious client-centred engagement with victim/survivors.

'The nature of the relationship ... is to restore power, reduce isolation and diminish helplessness through collaborative relationships, which can provide a pathway for a person to restore their own control and create safety ... It is critical that the practitioner and a participant develop a collaborative

³ Mullen & Fleming (1998), *Long-term effects of child sexual abuse*, Australian Institute of Family Studies.

relationship, rather than a special relationship in which a practitioner sets up a scenario where they are the only person who understands or can assist them.’ – Community Service Provider

Practitioners considered that incidental interactions can contribute to developing trust, such as the brief conversations that can happen around more formal engagements, where practitioners had the opportunity to show their regard for the individual, beyond the experience of victim/survivor. Described by a practitioner as ‘quiet listening’, this approach was believed by practitioners to build trust.

‘Trust is key. Follow the pace of the client. The work is complex, so clients go forwards and backwards. That needs patience and compassion.’ – Community Service Provider

‘[We] encourage them to “Have a yack to [counsellor]. If you don’t want to talk about the trauma then don’t – talk about the weather”.’ – Community Service Provider

The first quote recognises that recovery is not always linear. Several practitioners cited *‘The Last Frontier’: Practice Guidelines for Treatment of Complex Trauma by Adults Surviving Child Abuse*. It suggests using a phased approach: safety/stabilisation, processing, and integration. While providers recognised value in identifying phases in their work, they also noted that victim/survivors may ‘regress’, withdraw or have their trauma triggered by an external event, leading to the need for particular support or a break from support contact.

Practitioners from the Intake and Support Service reflected on what they had learnt and practices they found helpful to victim/survivors, which include:

- making a clear statement that acknowledges the caller’s experience, in contrast with the common experience of not being believed
- limiting the amount of information sought; thus, not appearing to question the experience
- engaging in a way that helps the caller contain their story to the details required, rather than full disclosure, which would need to be repeated at the next stage if it was within the scope of the Royal Commission’s terms of reference
- providing brief psycho-education input that normalises responses and dispels myths about counselling; for example, educating the caller about common symptoms experienced by victim/survivors
- checking with the caller that they have someone who can support them after the call, and if they don’t, or if the caller is particularly distressed, the practitioner will mark the call for follow-up later in the day or the next day
- understanding that any anger the caller expresses is not directed at the counsellor, but reflects the trauma the person carries and, potentially, frustrations experienced in previous encounters with services
- finding the person a path to take the next steps.

3.1.3 COMPLEXITY OF NEED AND RESPONDING TO NEED

Issues linked to child sexual abuse in institutional contexts and the manifestation of trauma in adults is complex, and support for recovery cannot be considered in isolation from other social, emotional and health factors.

Often the institutions in which children were sexually abused also perpetrated physical, emotional and psychological abuse, compounding the impacts of the sexual abuse. This is particularly the case for victim/survivors who lived in some state orphanages. They reported to counsellors their experiences of brutal treatment, poor diet and limited access to education.

All practitioners reported a co-occurrence among the people they support of mental ill health, including self-harm and suicidal thoughts; substance misuse; chronic pain; obesity and other chronic conditions.

In response to this complexity, practitioners in community services reported undertaking a great deal of what they referred to as 'case management' work, including referrals to other services.

'Case management is a large component when working with [Royal Commission] clients.' – Community Service Provider

'[Services] need to develop trust with the client [so] that if you are referring to a complementary service, that the client isn't – and doesn't feel as though they're – handballed.' – Community Service Provider

'Retelling their story to multiple service providers aggravates the trauma. Accordingly, effective communication between providers in order to minimise the need for the client to retell the story and answer the same intake questions is important.' – Community Service Provider

Referrals to other services need to be handled with care to ensure that the client retains control over the process, and is not further disempowered and traumatised.

Some practitioners noted that a number of victim/survivors presented at services with disabilities, including learning difficulties; therefore, it is important that services are able to provide accessible support to their clients. This includes being equipped to work with clients who may have literacy or learning difficulties. Counsellors did not discuss the extent to which learning difficulties or cognitive impairment affected the type of therapeutic response they provided.

3.1.4 SUPPORT FOR FAMILIES

Practitioners reported that secondary victims often needed support, noting the multi-layered and ripple effect of abuse. This was particularly the case for the relationship between the parents of survivors and their children. Victim/survivors of abuse in out-of-home care often experienced neglect, abandonment and/or the severing of family ties, in addition to abuse. The absence of a reliable, caring relationship was linked to reported challenges in parenting their own children. Practitioners supporting care leavers observed the importance of this work, noting their clients were frequently estranged from their adult children.

3.1.5 SUPPORT TO PARTICIPATE IN THE ROYAL COMMISSION

While the supports provided to victim/survivors under the Royal Commission have a significant role in therapeutic trauma assistance, the services also played a role in helping victim/survivors to participate in the activities of the Royal Commission, such as appearing as a witness, participating in a private session or developing a statement.

The Royal Commission process, where the abuse is revisited and its impacts articulated, has triggered trauma symptoms for some. Practitioners have reported that the period of giving evidence to the Royal Commission has included suicidal ideation or self-harm for some people, who have required additional support at this time. For some, this has been a period of re-traumatisation, requiring intensive support from practitioners who, in particular, have to be flexible to meet the additional needs of their clients (within established boundaries – see section 3.4.2.2).

The Royal Commission has provided scope for delivering joined-up service responses. Respondents commended the link with knowmore. As discussed earlier, support services can help victim/survivors or individuals who have contacted the Royal Commission to share their stories, but this must be matched with appropriate legal advice to support clients to advocate. The Victims of Crime systems in each state differ, including their compensation processes. Practitioners often work with victim/survivors who have been let down by, or experienced frustration in, a range of redress schemes undertaken by institutions.

3.1.6 ADVOCACY, SUPPORT AND THERAPEUTIC TREATMENT NEEDS

Victim/survivors of institutional child sexual abuse often present at services with multiple, complex needs. Recovery from the trauma of abuse cannot happen in isolation and must be combined with support for a person's related social, emotional and physical health needs. This may require skilled support coordination and carefully designed referral to other services.

Skilled engagement at the first point of contact is critical. The Royal Commission has prompted first-time disclosure of abuse, and for many it has been the first time they have been engaged in conversation designed to have a therapeutic effect. Intake and Support Service managers believed that using counsellors at the first point of contact led to less escalation, withdrawal and aggravation than when non-counsellors were receiving first contact calls.

The non-linear nature of recovery means that ongoing support that is tailored to an individual's needs at each point of their recovery is necessary. That is, ongoing support may focus on the trauma of the abuse, or issues relating to more long-term impacts, such as poverty, social isolation or poor coping skills.

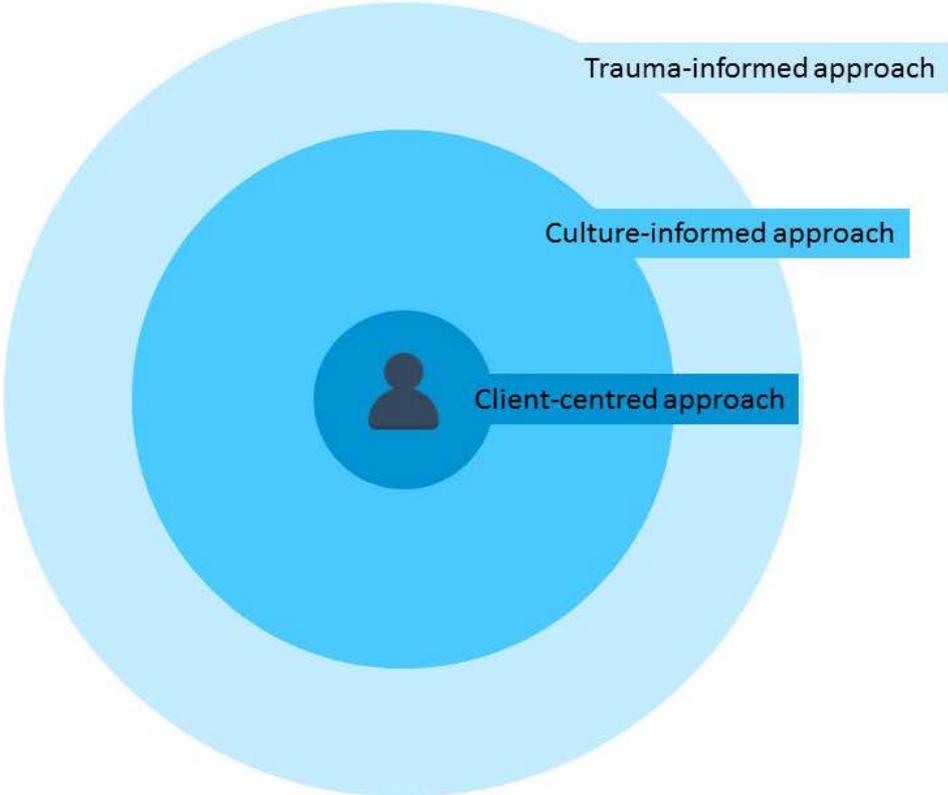
Child sexual abuse in institutional contexts can have a significant impacts on communities and families. Practitioners described responses including providing ongoing support and working with spouses and adult children of people carrying the harm of abuses inflicted while in state care as a child. The legal context will dictate the extent to which these approaches are appropriate.

3.2 SUPPORTING VICTIM/SURVIVORS OF CHILD SEXUAL ABUSE IN INSTITUTIONAL CONTEXTS

Providing support for victim/survivors of child sexual abuse in institutional contexts is complex and there are several theoretical models operating at different levels of support.

It is understood from respondents that victim/survivors who have contacted the Royal Commission require a multi-layered, trauma-informed approach to support (Figure 1) that tailors assistance to their individual needs. This approach includes an understanding of cultural and contextual needs. Each layer of support is discussed below.

FIGURE 1 – A MULTI-LAYERED APPROACH TO RESPONSES TO TRAUMA



3.2.1 TRAUMA-INFORMED

All community service providers reported using a 'trauma-informed' approach to supporting clients, which is discussed below.

While clients have unique experiences and characteristics, all providers reported the value of offering services that followed the broad principles of trauma-informed care. For several providers, this approach was explicitly underpinned by trauma guidelines – most notably those developed by Kezelman and Stavropoulos (2012) for adults surviving child abuse.

Those who did not make explicit reference to these (or other) guidelines nonetheless reflected the principles outlined in this approach:

- **Safety** – making the victim/survivor safe is a priority. This includes physical safety, such as reducing the risk of suicide and self-harm, and emotional safety by creating a safe environment for the victim/survivor to discuss their trauma and minimise their triggers.
- **Choice** – using a client-centred approach that allows the victim/survivor to make as many of their own choices as appropriate. This recognises that every client is unique.
- **Collaboration** – supporting a victim/survivor to take a collaborative approach to their own care.
- **Empowerment** – using a strengths-based approach that is positive and focuses on solutions, with an emphasis on resilience to trauma.
- **Trust** – creating a supportive and trusting relationship between the victim/survivor and their support networks, including the counsellor.

These principles do not necessarily translate into a particular model of practice, but rely on the skills, knowledge and experience of staff members to implement psychological support practices (as outlined in section 3.2.2) that are tailored to individual experiences.

3.2.2 CLIENT-CENTRED

Providers drew on a broad range of approaches and counselling and support theories. Most noted that they tailored their approach to the client and their circumstances. These included aspects of the client's experience that would influence the practitioner's response; for example, according to the victim/survivor's cultural background; current living and relationship circumstances; and whether they are an out-of-home care leaver.

'The trauma-informed care and recovery-oriented approaches provide a useful basic framework for responding to clients. In some ways they operate as a skeleton from which to build knowledge and skills and to adapt the response to the particular client's context, circumstances and life experiences. It is the add-ons to this skeleton that determine whether the practitioner response connects with and supports the person.' – Community Service Provider

Figure 2 shows the methods organisations used to engage with their clients. Generally, they reported using individualised approaches to deliver support, with the majority using face-to-face and/or telephone counselling.

Some observed that group support presented the risk of sharing an individual's trauma across group members; and while several respondents reported using group approaches (n=10), this was not discussed in their qualitative responses. Group debriefing was reported to have been meaningful for parents of children abused in schools.

Other approaches practitioners reported using to support clients included:

- outreach models, including visiting victim/survivors in their own homes
- advocacy, at system and individual levels, including attending private and public sessions of the Royal Commission
- via text message or Skype.

Many practitioners noted that follow-up contact was critical to keeping victim/survivors connected to support. In practice, this may include the practitioner phoning between appointments, or simply texting a message reminder about an upcoming appointment.

Services whose core business is supporting people affected by institutional abuse – care leavers, members of the Stolen Generations or Forgotten Australians⁴ – have contact with members and/or clients about a range of matters in addition to formal trauma support. The support is directed by the client’s needs, and is focused on promoting a sense of belonging as a remedy to the lack of family and community that is often a feature of care leavers’ circumstances.

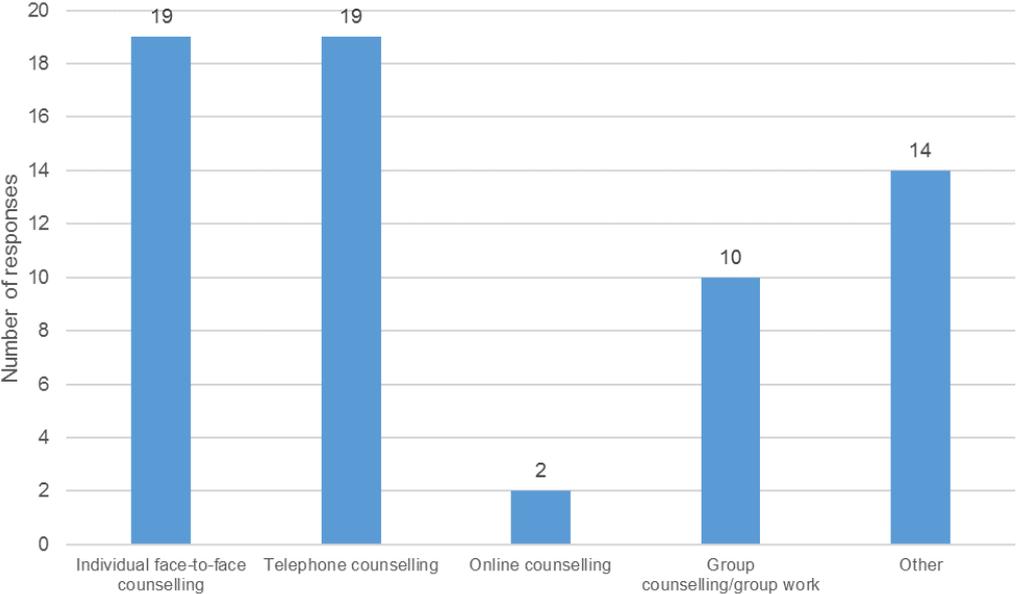


FIGURE 2 – APPROACHES USED TO DELIVER SUPPORT (N=24)

Note: Respondents could select more than one approach.

The approach to support varies, depending on the client and their needs, and services reported tailoring their approach accordingly, drawing on a range of trauma and psychological approaches including:

- solution-focused brief therapy
- narrative response
- emotionally focused therapy
- acceptance and commitment therapy
- Gestalt therapy
- brief dynamic therapy
- systems theory
- cognitive behavioural therapy

⁴ It is important to remember that some victim/survivors of child sexual abuse in institutional contexts may find this term offensive.

- mindfulness
- post-psychodynamic theory.

Providers reported often combining multiple approaches. However, it was not clear whether individual practitioners offered many different approaches or routinely used the same approaches. The researchers for this project have not validated the approaches nominated by practitioners as useful in their practice.

These therapeutic practices sometimes intersect with services' epistemologies for providing support. For example, three services explicitly ground their approach in feminist theory. Practitioners from these services report value in approaches informed by an analysis of power dynamics.

3.2.3 CULTURE-INFORMED

Providers reported that understanding a person's cultural context was important for providing adequate support.

'If you wish to reach better support and enhance the life of Aboriginal and Torres Strait Islander men then you need to create a service that specifically speaks to them. If you wish to reach better support and enhance the life of Aboriginal and Torres Strait Islander men who identify as a same sex-attracted, who have been sexually abused in an institutional setting, then you need to create a service that specifically speaks to them, is aware of and responds to the particular challenges and difficulties they confront, and is effective for them. A generalist response will have limited connection and engagement, unless it refines its systems to engage and address the specific and particular needs of diverse groups.' – Community Service Provider

Providers recognised the benefit to victim/survivors of working with counsellors and support workers from the same cultural background. There was value in not having to explain their cultural context and the impact it might have on their experience. Providers also noted that cultural identity could be a source of strength and resilience, particularly in the case of Aboriginal and Torres Strait Islander people.

'Our connection to our ancestors grounds us in ancient wisdom we can tap into.' – Community Service Provider

'The term 'trauma-informed' is a very European modern concept. As Indigenous people, the trauma-informed response and healing is implied.' – Community Service Provider

It should be noted that the importance of understanding cultural background is not limited to dealing with Aboriginal and Torres Strait Islander victim/survivors or people with culturally and linguistically diverse backgrounds. Institutions are strongly related to culture, and the two might not be easily separated for victim/survivors. For example, a survivor who was abused within a religious institution may feel associated feelings of guilt and betrayal related to the abuse occurring within their social, community and cultural context. For this reason, peer support is also used in the context of care leavers, where the shared experience of institutionalisation – whether the same institution or similar – is perceived by counsellors as effective in underpinning engagement and in maintaining the connections critical to addressing isolation.

3.2.4 SUPPORT IMPLICATIONS

Practitioners believed that effective responses were often characterised by long-term engagement with practitioners who are knowledgeable about the history of institutional abuse in Australia, and who are skilled in a range of therapeutic approaches that are tailored to complex presentations and needs. The work itself may be long term, or the support may be available over the long term, with the victim/survivor knowing support is available, and taking up that support at different times.

According to practitioners, therapeutic work was most effective when accompanied, where needed, by casework that leads to referral; by advocacy on arising issues; and by follow-on supports to ensure effective engagement in help-seeking or with informal assistance.

Practitioners believed that models of support that attended to the full range of a person's needs, in a holistic fashion, were particularly critical to retaining engagement with socially and/or geographically

isolated individuals. This may require therapeutic services and peer support agencies to develop collaborations that enable step-in step-out supports, based on what is needed to promote wellbeing.

Practitioners reported that engagement was most effective when a therapeutic approach was in place from the first point of contact with services. They suggested that withdrawal from help-seeking was likely to result from standardised service responses including intake, assessment for eligibility, or being placed on a waiting list.

Support staff highlighted that for some victim/survivors, the child sexual abuse compounded prior trauma, which needs to feature in the support model. For example:

- Aboriginal and Torres Strait Islander victim/survivors' experiences of forced removal and institutionalisation in orphanages as part of the Stolen Generations, followed by sexual and other forms of abuse
- children who were removed from, or relinquished by, their families and placed in state care, and who then suffered sexual and, possibly, other forms of abuse.

Practitioners believed that a trauma-informed workforce must be adequately trained in the unique factors relating to child sexual abuse in institutional contexts, including issues around the betrayal of trust in institutions and the emotional implications of separation and/or abandonment.

3.3 COHORTS ACCESSING SERVICES

Two issues of language relating to the cohorts who accessed services were explored with practitioners. First was the extent to which the commonly used 'categories' of target groups – for instance, people from culturally and linguistically diverse backgrounds – were relevant in this context. Second, if these categories were not relevant, then how was need or identity most usefully and respectfully described. Two useful insights were gleaned from these reflections.

When identifying groups that were less likely to present to services, such as people from culturally and linguistically diverse backgrounds or people living in rural or remote locations, practitioners felt that broad categories such as these were useful.

This also reflects policy discourse about minority groups that social services often report as hard to reach. Practitioners recognised that using these terms can be a useful way of grouping clients, particularly when thinking about those groups of people that the Royal Commission has been less successful in reaching.

'Some rural and remote communities still don't really know and understand the work of the Royal Commission and how to access support.' – Community Service Provider

'It has been difficult to engage minority populations with the Commission, e.g. Aboriginal and Torres Strait Islander and CALD clients.' – Community Service Provider

Despite the utility of these commonly used categories, once practitioners are actually engaging with victim/survivors, the descriptors they use change to more closely reflect the history and experience of the individual, rather than their demographic characteristics. In this context, the practitioners used descriptors that are more likely to speak to the needs of the person; for example, 'care leaver', 'isolated', 'never disclosed', 'Stolen Generation', 'mental illness'.

Practitioners also emphasised the risks associated with labels, which can work against the ethic of empowering clients.

'[P]eople are often defined in groups that disempower them.' – Community Service Provider

In the experience of practitioners, when thoughtfully used, language that is descriptive of the victim/survivors' experience and the dimensions of the abuse can assist practitioners to engage with the person, and to communicate with colleagues about the person's experience or their presentation.

3.3.1 INSTITUTION OF ABUSE

Providers observed that the institution in which the abuse occurred was an important distinguishing factor for victim/survivors. In addition, some noted that the clients who present with the most complex issues are those who were more likely to have experienced multiple episodes of abuse within an institutional context, especially when compared to other victim/survivors seen by these services, who were abused in a familial or other context.

'We are of the firm belief that this is related more to the multiple and protracted levels of abuse experienced rather than the institutionalisation per se.' – Community Service Provider

Other respondents disagreed, noting the cumulative trauma for children who were removed from their family, and then sexually abused by those entrusted with their care. In this sense, the institutionalisation with its associated abandonment, including separation from siblings, is the foundation of trauma on which the sexual abuse occurred. Practitioners familiar with children raised in orphanages also made the point that they may have lived with dozens, if not hundreds, of children potentially affected by the same abandonment trauma.

Practitioners reported that victim/survivors who were abused in out-of-home care, including child migrants, Forgotten Australians and members of the Stolen Generations, often experience this multi-layered emotional trauma. In addition to experiencing sexual abuse, they may also have experienced neglect, and physical, emotional and psychological abuse. This specific context makes it especially important that practitioners doing this work develop an awareness of the unique environments of state care, orphanages and missions.

Where victim/survivors were abused in religious settings or other social institutions, practitioners reported they also experienced strong feelings of betrayal, given that the religious institution was meant to keep them safe. Additionally, these feelings have often been compounded by the conflict and guilt relating to family members and others in the community who continue to hold the institution in high regard.

Practitioners reported that for some, accessing their state records was further traumatising because they found few answers to their questions, or read the hurtful perspectives of those charged with their care. Rather than look to institutional records to address gaps in their story, one service suggested that victim/survivors document the story of their childhood. Doing this gives voice to their experience and aims to re-empower them when the experience of reading the recorded history has been so disempowering.

3.3.2 EXPERIENCE OF DISCLOSURE

Neither the implications for individual victim/survivors timing of disclosure, nor their experience of disclosure, have been explored in this study. Practitioners consistently observed that the experience of disclosure can strongly affect both their trauma and their willingness to engage in help-seeking.

'Disclosure is a process. It is not an end point. Disclosure is something that is negotiated and influenced by context. Research indicates that it is the quality of the response people receive when disclosing, not the act [of disclosure] in and of itself that determines its usefulness.' – Community Service Provider

Practitioners observed that if the abuse was historic and disclosure hadn't occurred or had been a negative experience, a victim/survivor may be more likely to be using their own coping strategies, which could include damaging coping strategies, such as substance misuse. However, it is important to note that, even in cases of 'positive' disclosure, victim/survivors and their families can suffer ongoing adverse effects from the child sexual abuse.

The amount of time that passes between the abuse and the disclosure was another variable noted by a respondent:

'The distinction between abuse that happened many years ago and, therefore, has had many years to become 'ingrained' or fused with one's personality, and abuse/trauma that has not yet had time to become set as part of the personality.' – Community Service Provider

As discussed in section 3.1.2, building up trust between a victim/survivor and a service is a significant part of the support service's activity. This is likely to be harder if a victim/survivor has had a negative experience of disclosure, or has been too fearful to disclose and has lived with the various symptoms of trauma for many years.

3.3.3 LEVEL OF ISOLATION OF VICTIM/SURVIVORS

Providers reported that isolation plays a big role in the pace and extent of recovery for victim/survivors. Isolation can be caused by living in a geographically isolated area and/or by absence of social connections. A community service provider captured this in their observation that '[victim/survivors] live down lonely lanes and in isolated towns'.

Counsellors at every step of the Royal Commission process identified isolation as a risk for victim/survivors, and an issue that was very difficult to address when people lived outside urban areas. Older men were generally of most concern, and an assertive outreach approach was the most commonly identified, yet least available, appropriate response. In particular, peer models were noted to be important in these contexts, as a means of engaging the victim/survivor and keeping them engaged.

Victim/survivors in these circumstances are less likely to seek health and wellbeing support, given their low health literacy and low trust in service systems. Practitioners see this group as needing ongoing support through the life course.

3.3.4 IMPLICATIONS FOR COHORTS ACCESSING SERVICES

Groups that were reported as less likely to present to the Royal Commission or to funded services include culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people and people living in rural and remote areas. Identifying these groups is important for ensuring that services implement strategies to reach them.

Once people do present, language that speaks to the dimensions of victim/survivors' experiences and circumstances is helpful for determining appropriate therapeutic responses. Services have found that although it is important to be aware of the cultural context of individuals when providing support, their experience of trauma is more directly linked to their experience of abuse and of disclosure.

Practitioners made the general observation that differences in trauma symptoms between victims of familial abuse compared with institutional abuse include disrupted attachment, abandonment, separation from siblings, poor education outcomes, and early transition to independence for those leaving orphanages aged as young as 15 or 16, when they have an underdeveloped sense of identity and no community. Despite this observation, it is worth noting that the profile of non-institutional abuse victim/survivors seen by practitioners in their usual counselling roles differs significantly to that of victim/survivors being supported as part of the Royal Commission. The main difference is an absence of both familial and natural supports, implying high levels of social isolation. Another difference observed by practitioners is wide-ranging suspicion of organisations, including those with which victim/survivors may need to have regular contact; for example, in regard to income support.

Practitioners reported that older victim/survivors were showing anxiety about returning to institutional care as they age. Individual and system-level responses are needed to address this anxiety and the risks of further traumatisation.

3.4 IMPROVING THE SERVICE SYSTEM

Providers reported that they had seen hundreds of clients since funding began through the Royal Commission. Most community service providers (n=13) reported they had been able to meet demand, with all but one of the remainder indicating they had met needs 'in part'. Providers responding 'in part' suggested that the highly complex nature of survivors' needs made it difficult to meet demand because the nature of demand was for long-term support, supplemented by casework.

Others noted that the number of people who had experienced child sexual abuse was such that ‘there will always be demand’. Practitioners consistently reported a need for ongoing support for victim/survivors after the Royal Commission concludes. Providers were asked to detail their key messages to the Royal Commission and more than half of the responses (n=12) identified long-term funding for a service system as the priority.

‘A long-term commitment to future funding and a sustainable model for ensuring there are appropriate support services.’ – Community Service Provider

Providers noted that ongoing, long-term support was the only means to meet this client group’s needs given the time it takes to establish trust and relationships. The support provided under the Royal Commission – both services directly funded by the Royal Commission and those funded by the Department of Social Services – has been almost unique in a service system that lacks ongoing low- or no-cost services for people experiencing trauma or mental ill health in the community.

The nature of treatment required by victim/survivors can make it difficult to design a service response because the need for, and frequency of, sessions can vary depending on the victim/survivor’s own recovery journey. For example, one respondent mentioned that a sessional limit for victim/survivors would not work given the non-linear nature of recovery.⁵

Providers also cited the difficulty of transitioning this client group to other services after funding ceases. Even if other services are available to provide similar support for victim/survivors, they may be reluctant to attend given the difficulty of telling their story again to a stranger, and because it has taken time and effort to build a relationship with their current community service provider.

‘The Royal Commission support services will be required for some time to come and the individual impacts of this abuse on people should not be underestimated.’ – Community Service Provider

‘Support needs and provision of services are ongoing – not just a quick fix service ... It doesn’t stop when the client undertakes their statement.’ – Community Service Provider

Providers were concerned that vulnerable people may fall through the cracks if resources are not dedicated to this group. For some, the ongoing uncertainty about the longevity of support was eroding trust, with respondents mentioning that clients were unwilling to develop relationships with another service that might ‘let them down’, particularly if they had encountered practitioners previously who had not met their expectations.

3.4.1 AFFORDABLE, ONGOING SUPPORT SERVICES

Several respondents commented that the Royal Commission itself was a critical intervention. Many victim/survivors have been waiting ‘a lifetime’ for recognition by ‘the system’ and institutions that have failed to hold perpetrators to account.

However, several respondents noted that the commitment shown in constituting the Royal Commission was not necessarily matched in the broader service system. Primarily, it is hard for victim/survivors to access ongoing, affordable support. Respondents highlighted that the system lacks cohesion, which is exacerbated by piecemeal, and often short-term, funding that delivers time-limited services. This can make it difficult for victim/survivors to navigate a pathway through the system.

Respondents highlighted that people living in rural and remote areas found it hardest to access support, particularly support provided by organisations not affiliated to religions. While outreach can help support these individuals, this model allows for fewer appointments per day, which affects waiting times. Respondents did not report using technology to support remotely located victim/survivors.

One respondent noted that the system of Centres Against Sexual Assault (CASAs) in Victoria provide a model that should be explored in other states and territories. The state government funds CASAs that work to ensure women, children and men who are victim/survivors of sexual assault have access to

⁵ For example, the Better Access to Mental Health program, which provides ten Medicare rebated sessions per year.

comprehensive, timely support and intervention. This includes 24-hour response and support. There are 15 CASAs in Victoria, networked through the CASA forum. At a national level, however, a practitioner observed:

'We are yet to create, conceptualise and configure a coordinated, effective, quality service response across the country that is able to respond to men and women, girls and boys (in all their diversity) who have been sexually abused.' – Community Service Provider

Community service providers highlighted the justice sector as an area in need of improvement. Support organisations have found it difficult to engage with justice institutions, including prisons and juvenile justice centres. On a practical level, these environments often made it difficult to provide trauma-informed services with the flexibility useful in supporting victim/survivors of child sexual abuse; for example, due to lockdown they may at the last minute cancel appointments or access to support in clinical rooms.

Practitioners noted the importance of providing specialised support to people in the justice system who had experienced child sexual abuse in institutional contexts. Practitioners with direct experience working in justice settings noted that prisoners were discouraged from engaging in trauma-related issues; the rationale being they should 'keep a lid on it' while 'doing their time'. Given prisons are also institutions and can be places where further trauma is experienced, practitioners are keen to see skilled therapeutic supports made available to people in prisons.

3.4.2 A CAPABLE, TRAUMA-INFORMED WORKFORCE

3.4.2.1 SKILLS FOR SUPPORTING VICTIM/SURVIVORS OF CHILD SEXUAL ABUSE IN INSTITUTIONAL CONTEXTS

There was no consensus among practitioners on the extent to which supporting victim/survivors of child sexual abuse in institutional contexts differed from supporting other victim/survivors of sexual abuse. Many key factors affecting the extent of trauma in victim/survivors can be common across different 'types' of sexual abuse, such as the betrayal of trust by a more powerful adult. Considering the types of abuse as separate, to some extent, presupposes the unique nature of every victim/survivor's own history.

'Essentially both categories [institutional and non-institutional child sexual abuse] are silenced, on threat of recrimination, but the avenue of communication and type of recrimination will vary depending on context.' – Community Service Provider

Drawing on the range of responses to this issue, it is likely to be more useful to all victim/survivors of sexual abuse if practitioners understand the range of protective and harmful factors that may shape a victim/survivor's response to their trauma.

This framework, of considering protective factors and harmful factors, builds a picture of the person's overall childhood and adult experiences.

Community service providers supporting victim/survivors of child sexual abuse in institutional contexts identified key harmful factors of complex trauma, which include:

- being placed in or removed to out-of-home care
- the power of the abuser; for example, a legal guardian or occasional carer
- poly-victimisation
- the frequency of the abuse
- a negative experience of disclosure; for example, denial and/or victimisation
- social isolation
- geographic isolation
- harmful coping strategies; for example, substance misuse

- discrimination; for example, based on disability.

Practitioners believed a capable workforce is also one that is knowledgeable about the broad history of institutional abuse; that is informed about populations who may present with this history; and which has the skills to assess and respond appropriately. Some respondents noted a skill deficit among practitioners in services that do not specialise in sexual abuse, specifically in relation to the particular trauma of child sexual abuse in institutional contexts. For example, a specialist service for adults who were abused in orphanages provided their clients' feedback on seeking support from mainstream sexual assault services. Client feedback included concern about practitioners' lack of knowledge of the history of institutional abuse in Australia broadly, and in their location in particular, and the use of approaches they found unhelpful, including references to cognitive behavioural therapy, and a lack of casework to support client goals outside of addressing the child sexual abuse.

It is important that generalist support services are aware of institutional abuse and history given the likelihood of victim/survivors presenting to other services, such as mental health, alcohol and other drug, homelessness and family violence services. Some providers noted that these services often place a victim/survivor's experience in the medical model, which '*locates the problem with them*' as a psychological problem, rather than as an acknowledgment of past traumatic experience.

Practitioners believed that a collaborative approach, including external social service staff (as highlighted in section 3.1.3 as well as multiple trauma and mental health practitioners, can create a supportive team for a victim/survivor. One service described this as a 'clinical care network' for their clients with complex trauma and multiple support needs. These networks benefit the client by linking them with the supportive services and therapeutic approaches they need, while minimising the need to share their story. They also provide warm referrals to services, reducing the risk of victim/survivors 'falling through the gap'. Practitioners emphasised the importance of this, given the high risk of disengagement from services by people who have experienced institutional abuse and have little reason to assume engagement will be worth their while.

Respondents also highlighted the need for trauma-informed practice within the wider health and social services sector, including GPs, correctional staff, teachers, disability workers, child protection staff, health professionals, emergency respondents, housing providers and Centrelink staff. Dealing with institutions can often be difficult for victim/survivors. Examples of how this manifests includes agitation in the face of bureaucracy; frustration at, and/or avoidance of, compliance requirements (for example, with Centrelink); limited self-advocacy skills; and shame and withdrawal if they risk revealing a low level of literacy. A workforce with general knowledge of the history of abuse in institutional contexts and its impact is more likely to provide an appropriate service.

3.4.2.2 SUPPORT FOR STAFF

While it is not the core focus of this project, several practitioners also identified the need to provide ongoing support and debriefing opportunities for counsellors, who risk experiencing vicarious trauma. Risks of burnout and vicarious trauma were reported to be heightened when counsellors lived in communities where institutions were located, and where the alleged or convicted abusers were prominent community members, and/or known to the counsellor.

'The challenges have been working with people I know, receiving information about alleged offenders who pose a risk but cannot be dealt with by the authorities and still live in my community. The other challenge is having to report people I may know to the police.' – Community Service Provider

On this note, practitioners recognised the Royal Commission and the Intake and Support Service as a unique work environment. In contrast to practitioners' experience as counsellors, therapists or psychologists employed across the service sector, the Royal Commission and the Intake and Support Service were described as organisations that demonstrate they value clients, and which genuinely and consistently promote self-care among staff through the comprehensive staff support framework, called Well at Work, which helps staff build resilience and recognise the early signs of vicarious trauma, as well as providing appropriate strategies and activities to manage wellbeing. This was described as 'unique' and in contrast to the burnout rates for staff in settings where the focus may be more on keeping up with, rather than maintaining focus on, the individual seeking and requiring support. Resources to work in this measured way were also noted to be unusual.

3.4.3 SERVICE SYSTEM IMPLICATIONS

Practitioners believed that clients of the funded community service providers were likely to require affordable access to ongoing support beyond the lifetime of the Royal Commission.

Practitioners agreed that a client-centred approach provides the best care, acknowledging the unique history and perspectives of victim/survivors, and both the harmful and protective factors that shape their individual responses to trauma. However, to support their needs, practitioners in all relevant therapeutic and support contexts noted the need for an understanding of institutional trauma and history to prevent the risk of re-traumatisation to victim/survivors interacting with services.

As the broader workforce of practitioners becomes better informed about victim/survivors, and victim/survivors are more effectively identified in mainstream health and wellbeing services as well as justice and mental health settings, practitioners believed that demand was likely to increase for long-term support that blends recovery-focused therapy and, for some, long-term casework.

Support staff believed that people living in rural and remote communities are at greater risk of losing access to support if funding ceases, given the lack of access to adequate services.

Several practitioners reported ongoing issues around supporting victim/survivors in the justice system. They believed that staff in the justice system needed to develop greater awareness and capacity to provide therapeutic services for these victim/survivors.

4 Conclusion

Embedding counsellors into the Royal Commission processes supported victim/survivors' access to skilled therapeutic professionals; throughout the course of their contact with the Royal Commission processes, there are many points that include therapeutic or healing intent.

The Royal Commission Counselling and Support team, Intake and Support Service and funded community service organisations provided insight into the skills and approaches needed for early engagement and the processes that provide therapeutic benefit. Staff reported that a successful element of the model has been the joined-up system, which contrasts with many of the disconnected systems victim/survivors need to navigate.

Practitioners did not necessarily believe there were significant differences between victim/survivors of child sexual abuse in institutional contexts compared with other contexts. However, they identified a number of domains that practitioners should be aware of when supporting survivors of child sexual abuse in institutional contexts, including:

- the institution where the abuse took place
- any previous experience of disclosure
- the level of isolation of victim/survivors.

Practitioners believed effective responses were often characterised by long-term engagement with practitioners who are knowledgeable about the history of abuse in institutional contexts in Australia. In addition, they are skilled in a range of therapeutic approaches that are tailored to complex presentations and needs.

The work itself may be long term, or the support may be available over the long term, with the victim/survivor knowing support is available, and taking up that support at different times. Practitioners suggested that approaches to dealing with victim/survivors must be tailored to their individual circumstances. They must also be aware of the implications of trauma and the client's past and current circumstances, as well as any cultural support needs.

Practitioners highlighted that institutional sexual abuse often compounded prior trauma, such as forced separation from families of children in state care. The complex nature of trauma meant that many dimensions of the treatment that practitioners identified as most effective related to the need to provide comprehensive, wraparound support. This may require therapeutic services and peer support agencies to collaborate to enable step-in step-out supports, based on what is needed to promote wellbeing.

Practitioners believed that a trauma-informed workforce must be adequately trained in the unique factors relating to child sexual abuse in institutional contexts, including issues about the betrayal of trust in institutions and the emotional implications of separation and/or abandonment.

Practitioners noted that, while they believed the Royal Commission has been effective in supporting victim/survivors to tell their stories, many people are likely to require affordable access to ongoing support beyond the lifetime of the Royal Commission. Support staff believed that people living in rural and remote communities are most at risk of losing access to support if funding ceases, given the lack of access to adequate services.

The ongoing need for support will have workforce implications, particularly as victim/survivors are more effectively identified in mainstream health and wellbeing services, as well as justice and mental health settings. Practitioners believed that more demand was likely to arise for long-term support that blends recovery-focused therapy and, for some, long-term casework.

Appendix A

Interview guide for Royal Commission
Counselling and Support Team and staff at the
Royal Commission Intake and Support Service

Community Service Provider Reflection Guide

INTRODUCTION BY RESEARCHER

Thank you for making time to meet with us. The Royal Commission has asked Urbis to document the practice knowledge gained by practitioners in the work you've been doing with victim/survivors. We are meeting with you today as well as with [insert other groups]. Following these face-to-face sessions, we will be sending a self-complete questionnaire to the community service organisations, which are also providing support, seeking their practice reflections. All the information will then be analysed and a report and a briefing prepared for the Royal Commissioners. You won't be identified in the report.

We are keen to hear from each person, so will work through the areas flagged in the Information Sheet. We will digitally record the discussion and note some points down. Your participation is voluntary; you do not have to respond to all questions, and you can leave the discussion at any time.

CONSENT

Have you had the opportunity to read the Information Sheet? Do you have any questions about the project? If you are happy to participate, please complete the Consent Form.

We'll do a round of introductions, and it would be helpful to hear a bit about your background before your current role, and how long you have been with the Royal Commission.

KEY QUESTIONS

1. Let's start at the general level. What have you learnt about how to best support victim/survivors of institutional childhood sexual abuse in the short-term context of your role? [Prompt: what have you changed in your practice?] How does your practice differ from your counselling role prior to working here? [i.e. supporting victim/survivors of child sexual abuse in an *institutional context*, compared with supporting the broader population of people affected by child sexual abuse.]
2. What about when you are supporting people through their active involvement in the Royal Commission (before, during and after a Private Session; when called as a witness in a case study)? [Prompt: are there practices you've change over time, things you learnt worked better?]
3. Moving to your thoughts about particular groups of people you've worked with, we'd like to explore any nuances and differences in effective support to a range of groups. Can we start with Aboriginal and Torres Strait Islander people?
 - people with disability
 - culturally and linguistically diverse groups
 - lesbian, gay, bisexual, transgender and intersex people
 - men and women
 - children and young people
 - inmates in the criminal justice system (including post-release)
 - people living in regional, rural and remote areas
 - secondary victims, including parents, partners and children of the primary victim/survivor

We'll move on now to the support system more generally.

4. What are the strengths and weaknesses of the current system of support for survivors of child sexual abuse in institutional contexts? And what about for survivors of child sexual abuse more broadly? Can you comment on what or where there are service gaps?

5. What would you say is the current level of demand for support for survivors of child sexual abuse in institutional contexts? To what extent do you think there is unmet demand? [PROMPT: waiting lists in long-term services]. Why do you think this? What do you think will the future demand from survivors?
6. Do you have any insights into the current and likely future level of demand in the broader child sexual assault sector?
7. And finally, we will be formulating key messages to Royal Commissioners around two areas, and seek your thoughts on each of these:
 - how supporting victim/survivors can inform or shape broader practice; and
 - what improvements can be made to the service system to better meet the needs of victim/survivors of child sexual abuse in institutional contexts, as well as child sexual abuse more broadly.

Before we close, is there anything else you would like to contribute?

CLOSE

Thank you for your contributions today. If you would like to provide any further comment or thoughts, please contact us – our details are on the information Sheet.

COMMUNITY SERVICE PROVIDER REFLECTION GUIDE

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) has asked Urbis to document the practice knowledge gained by the practitioners who are providing support to victims and survivors of child sexual abuse that occurred in an institutional context. In addition, we are seeking your insights into implications for the broader child sexual assault service system.

WHO WE ARE

Urbis is a company which provides research and evaluation services to governments and non-government clients, across a broad range of social policy areas. We have been doing this for over 30 years, and have a lot of experience in working with professionals and community members from diverse and varied backgrounds, including in regard to trauma and healing services.

YOU ARE INVITED TO CONTRIBUTE

We are seeking your reflections on how best to support victims and survivors, including secondary victims, of child sexual abuse in institutional contexts. By completing this reflection, you/your team's practice knowledge and learning will help inform the findings we provide to the Royal Commission.

HOW TO CONTRIBUTE

You can complete the reflection guide individually, or submit one response from your whole team. No organisations or individuals will be identified in our report. On the next page, we do ask for the name of your organisation to see where each response is from, and for a contact person in case we need to follow up with a query.

You can enter your individual **or** team's reflections into this Word document, and submit it back to the Urbis team via email – see Team Contacts over the page, or you can paste this link into our browser and complete it on line.

The survey closes on 14th June 2016.

ETHICAL CLEARANCE

Consistent with the guidelines set out in the National Statement on Ethical Conduct in Human Research (developed jointly by the National Health and Medical Research Council, Australian Research Council, and Australian Vice-Chancellors' Committee), the Royal Commission into Institutional Responses to Child Sexual Abuse has established a process for reviewing ethical issues for negligible and low-risk projects, including independent review. This project (16-001) has been given ethical clearance to proceed. If you have any concerns about the conduct of the research, please email contact@childabuseroyalcommission.gov.au or phone 1800 099 340.

TEAM CONTACTS

Urbis Project Director Claire Greally on 03 8663 4858 cgrealy@urbis.com.au

The survey closes on 14th June 2016.

ABOUT YOU AND YOUR ORGANISATION

1. Name of your organisation
2. Name and phone number of contact person (for queries only)
3. How many practitioners in your service are seeing ROYAL COMMISSION clients? (If you don't know just say 'Don't know')
4. Please indicate whether you are completing this reflection as: an individual; with a few colleagues; or as part of a whole team response.

	TICK
Individual – go to question 11	
– Small group of practitioners (not whole team) – go to question 6	
– Whole team – go to question 5	

5. Date your organisation commenced DSS-funded support services linked to the Royal Commission (If you don't know just say 'Don't know')
6. How many practitioners contributed to this reflection?
7. How many unique Royal Commission clients has your service seen since funding commenced? (If you don't know just say 'Don't know')
8. When did you personally start to see Royal Commission clients? (if reflecting in small group or team, please provide commencement dates (month/year) for *each* person)
9. How many individual Royal Commission clients have you seen? If you're responding in a small group, please provide a combined total. If you're not sure, please provide an approximate figure.

ABOUT YOUR PRACTICE

10. What approaches are you using to deliver support? Check as many as apply.

INDIVIDUAL FACE-TO-FACE COUNSELLING	
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Telephone counselling	
– On-line counselling	
– Group counselling/group work	
– Other/s - Write In:.	

11. What theories of practice or practice knowledge do you draw on to inform your practice with Royal Commission clients? [Max word count = 1000]
12. If you included 'trauma informed' in the answer above, please provide some comments on how this approach shapes your work with Royal Commission clients. [Max word count = 1000]

KEY LEARNINGS

13. Thinking about what would be useful for other practitioners to know, what are your key learnings about working with victim/survivors of child sexual abuse in institutional contexts? You may reflect in general terms, noting what has worked well, as well as consider: pace of the work; duration of the work; complexity; focus areas; things you've learnt. [Max word count = 1000]
14. When passing on practice knowledge, it can be helpful to use descriptors about groups of clients.

Are there descriptors that are meaningful when discussing your practice about victim/survivors of child sexual abuse in institutional contexts? For example, cultural identify; lesbian, gay, bisexual, transgender and intersex; gender; living with a disability; a child/young person; lives in a regional/rural/remote area; is a secondary victim – a parent, a partner, a child.

Are there other more useful descriptors; for example, about the person's experience – a member of the Forgotten Australians; experienced out-of-home care; disclosed/never disclosed; isolated/well supported. [Max word count = 1000]
15. What have you learnt about responding to the specific needs of any of the groups you identified in the previous question? This may be a small insight or a significant learning – all reflections are welcome.
16. What, if any, differences have you observed in effective practice when working with victim/survivors of child sexual abuse in institutional contexts, and with child sexual abuse in non-institutional contexts?

THE CURRENT SUPPORT SYSTEM

17. What would you say are the strengths and weaknesses of the current system of support for victim/survivors of child sexual abuse in institutional contexts? (Please reflect on both strengths and weaknesses in your response.) [Max word count = 1000]
18. Has your organisation been able to meet the demand for support from victim/survivors of child sexual abuse in institutional contexts?

	TICK
Yes	
– No	
– In part	
– I don't know	

19. If you have not been able to meet demand, where is the unmet demand observable, e.g. in waiting lists, in lack of referral points, etc. What insights do you have about likely *future demand* for support from victim/survivors?

KEY MESSAGES TO THE ROYAL COMMISSION: THREE POINTS TO CONSIDER

20. Please consider key messages to the Royal Commission along these lines:

- What is your key message about practice/service delivery to victim/survivors of child sexual abuse in institutional contexts?
- What improvements can be made to the service system to better meet the needs of victim/survivors of child sexual abuse in institutional contexts?
- What improvements can be made to the service system to better meet the needs of child sexual abuse victim/survivors more broadly?