

Advocacy, Support and Therapeutic Treatment Services for survivors of Childhood Sexual Abuse (CSA)

Background

Countless children have been sexually abused across Australia, over decades. Many were abused while in the care of the state, at school, in faith-based institutions and other community organisations. Sometimes the sexual abuse has been committed by multiple perpetrators. Stories that survivors have shared with the Royal Commission include instances where they were raped or digitally penetrated, sometimes in patterns of sustained abuse, as well as instances where they bore witness to other acts of abuse. Available evidence suggests that the risk of abuse is heightened when children are runaways, have a disability¹, are Aboriginal², or spend time in institutional settings – a particularly pertinent point for boys, who are more at-risk in institutional settings.^{3,4}

The burden of this abuse is evident across the justice system, in the education system and in the healthcare sector, where its lifelong effects are reflected in rates of morbidity and mortality attributable to excess alcohol and other drug use, and serious mental health issues (including depression, anxiety, suicidal ideation, self-harm and suicide). Australian and international research has found that rates of suicidal ideation are 10 times higher for survivors of childhood sexual abuse, than for others in a community sample, with 46% of men in the Australian study reporting a suicide attempt.⁵ In spite of a growing recognition of the extent of childhood sexual abuse in NSW, the needs of male survivors, in particular, have often gone unaddressed, with a failure to appreciate the gender dynamics for male and female survivors.^{6,7} Male victims are less likely than female victims to report abuse at the time it occurs, with many disclosing ten years or more after the abuse and much later than women - an average of 22 years following an initial assault, specifically in institutional settings.⁸

For survivors in rural areas, this situation is pronounced, with continued access barriers to support services. As a result, access to support or continuity of care for this particular group of survivors, is not always assured.

Many staff members across the health and human service sectors often lack the capacity, through formal training or experience, or service system constraints, to engage effectively with these men. Many are unprepared for the nature of their disclosures and lack the skills and confidence to respond to male survivors. The lack of targeted and appropriate investment in substantive social support available to these men, and others affected, has acted as an impediment to them receiving help when they need it most. Given the relatively high custody rate for people convicted of child sexual assault in NSW,⁹ efforts to improve the number of successful convictions would likely further protect the community. Yet, improving conviction rates requires targeted investment to support survivors, and particularly men, to come forward, and to feel safe and *supported* in doing so.

¹ Mitra, M., Mouradian, V. & Diamond, M. (2011). Sexual violence victimization against men with disabilities, *American Journal of Preventive Medicine*, 41(5): 494-497.

² NSW Attorney generals Department (2006). *Breaking the Silence: Creating the Future: NSW Aboriginal child sexual assault taskforce*. (Accessed September 9, 2013). [http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all_sml.pdf/\\$file/80001%20CP%20Rep-all_sml.pdf](http://www.lawlink.nsw.gov.au/lawlink/acsat/acsat.nsf/vwFiles/80001%20CP%20Rep-all_sml.pdf/$file/80001%20CP%20Rep-all_sml.pdf)

³ Death, J. (2013). *They Did Not Believe Me: Adult Survivors' Perspectives of Child Sexual Abuse by Personnel in Christian Institutions*. Brisbane: Crime and Justice and Research Centre, Queensland University of Technology.

⁴ Butler, T, Donavan, B, Fleming, J., Levy, M. & Kaldor, J. (2001). Childhood sexual abuse amount Australian prisoners, *Venereology*, 14(3): 109-115.

⁵ O'Leary, P., & Gould, N. (2009). Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications, *British Journal of Social Work*, 39(5): 950-968.

⁶ Crome, S. (2006). *Male survivors of sexual assault and rape*. Canberra: Australian Institute of Family Studies.

⁷ Cashmore, J & Shackel, R. (2013). Gender Differences in the Context and Consequences of Child Sexual Abuse, *Current Issues in Criminal Justice*, 26(1): 75-104.

⁸ Foster, G., Boyd, C., O'Leary, P. (2012). *Improving policy and practice responses for men sexually abused in childhood* (ACSSA Wrap no.12). Canberra: Australian Institute for Family Studies, p.5.

⁹ Freiberg, A., Donnelly, H., & Gelb, K. (2015). *Sentencing for Childhood Sexual Abuse in Institutional Contexts: A report for the Royal Commission into Institutional Responses to Childhood Sexual Abuse*. Canberra: Commonwealth of Australia, p. 116.

Principles

- A 'no-wrong-door' and trauma-informed approach should underpin the work of all service providers in the justice, health and social service sectors who work with survivors of CSA.
- Considerations for service needs should be separate to restitution or complaint processes;
- Any intervention, service or initiative should result in no further harm for survivors of CSA;
- Policy-makers, funders and service providers must recognise the diversity amongst survivors of CSA, including gender, sexual orientation, geographical location, Aboriginality and socio-economic status, and ensure that services are tailored to meet the needs of this heterogeneous group; and;
- Survivors of CSA receive ongoing support as, and when they require it, throughout their lives.

Policy recommendations

- ***A 'no-wrong-door' and trauma-informed approach***
 - Ensure that training is provided to workers at all levels, with a critical focus on front-line workers, including healthcare professionals, to cultivate skills and a deeper understanding to work effectively with survivors of CSA.
 - Fund 'navigators', within the health, social service and correctional systems, including through NGOs, to ensure that survivors of CSA have timely access to the support they need in areas such as access to healthcare service, interaction(s) with police or employment services.
- ***Any intervention, service or initiative should result in no further harm for survivors of CSA***
 - Fund a public health campaign as a measure to address the broader impacts of trauma;
 - Amend the *Fair Work Act 2009 (Cth)* to provide protection from 'adverse action', on the basis of being a survivor of CSA. Amend the *Anti-Discrimination Act 1977 (NSW)*, and other relevant State and Territory Acts, to ensure that people are protected from discrimination on the basis of being survivors of CSA. This protects the livelihoods, and mental health, of survivors, and enables them to pursue civil and criminal action against perpetrators, with greater confidence and without the risk of their employment being terminated when they need to appear in court, for example.
 - Ensure training, professional development and service delivery in relation to CSA is accredited and meets specific quality assurance standards, including through a recognised national scheme.
- ***Policy-makers, funders and service providers must recognise the diversity amongst survivors of CSA***
 - Amend relevant guidelines across the healthcare and human service sectors, to ensure that the needs of survivors, in their diversity, are factored into funding decisions and clinical interactions.
 - Invest in innovative models, including through online and telephone or mobile communication, to ensure survivors in rural and remote areas receive timely support. Establish long-term communication avenues between survivors and health workers, such as support lines and e-counselling services.
- ***Survivors of CSA receive ongoing support as, and when, they require it, throughout their lives***
 - Fund and develop individualised support packages for survivors, ensuring access across key services and integrating needs.
 - Encourage the provision of, and access to, good quality group programmes for adult survivors of CSA.

Signatories

We, the undersigned, endorse the contents of this declaration:

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