

Respond SA, for adult victim/survivors of childhood sexual abuse

The lack of dedicated support services to meet the needs of adult victim/survivors of childhood sexual assault was an issue highlighted in ACSSA's first Stakeholder Resource Paper, the ACSSA *Wrap*. South Australia is one state prepared to show leadership in this context. In early June 2004, the South Australian Government established a new service for adults who have been subjected to childhood sexual abuse.

ACSSA speaks to **Jodie Sloan** (Manager of *Respond SA*) and **Mailin Suchting** (Manager Training and Education – Working with Violence Programs) at Relationships Australia (SA), about how the service is taking shape.

ACSSA: What was the impetus for the establishment of *Respond SA* and what are its key aims and objectives?

Jodie Sloan: The impetus arose from a number of inquiries and public disclosures of childhood experiences of sexual abuse by adults. In early June 2004, the South Australian Government responded by acknowledging the prevalence and seriousness of this abuse. Its strategy was to establish a new designated service specifically for adults who have been subjected to childhood sexual abuse. It was decided that the service should be provided by a non-government, non-Church agency that would not have any conflict of interest in the provision of services and Relationships Australia in South Australia (SA) was therefore asked to establish the service. Key stakeholders such as Women's Health Statewide, Yarrow Place, Uniting Care Wesley and Victim Support Service were initially consulted regarding the appropriateness of *Respond SA* being placed within Relationships Australia (SA) and the need for agencies to work collaboratively regarding the establishment and development of the new service.

So the initial impetus was the recognition of the numbers of children sexually abused by the clergy or while in state care and the consequent effects of these crimes in later life. However, it was also recognised that the problem of childhood sexual abuse extends way beyond these groups. So *Respond SA* also responds to the significant unmet need of adult survivors of child sexual abuse more generally. The client groups we respond to are really quite broad. They include:

- adults (16 years and over) who have been subjected to childhood sexual abuse;
- their families; and
- workers and agencies who work with or respond to the client group.

We are also committed to customising service initiatives to reach specific populations with very specific needs, that is people abused in care, Indigenous men and women, culturally and linguistically diverse (CALD) communities, people with disabilities, prisoners, and people in rural and remote areas.

In designing the *Respond SA* service Relationships Australia (SA) identified four main objectives. We wanted to ensure that:

1. adult survivors are able to access a range of support services;
2. there is an appropriate response by organisations when a report of past sexual abuse is made;

3. health care workers and other frontline professional groups have the knowledge and skills to appropriately respond to the needs of adult survivors; and
4. there is increased knowledge and understanding in the community about the difficulties and issues involved for adult survivors.

The first of these objectives became operational immediately whereas objectives 2, 3 and 4, which require strategic planning (and time) to become fully effective, are “works in progress”.

ACSSA: There are very few services dedicated to adult survivors of childhood sexual assault that operate in Australia, suggesting that *Respond SA* may be carving new ground. What kinds of service delivery frameworks or models have informed the approach taken to the development of *Respond SA*?

Jodie: Because we recognise the overlap between various forms of abuse and violence, we wanted a model of service delivery and training that was integrated, coherent, coordinated and flexible. For example, a person who was sexually abused as a child might have also been recently sexually abused or subjected to domestic violence as an adult. This sort of thinking is evident in the creation of the broad violence brief within Relationships Australia (SA) that has been given to Mailin Suchting as Manager of Training and Education.

We were aware from the outset of potential problems with compartmentalising training, but we also needed to recognise the issues that are specific to adults subjected to childhood sexual abuse. We think we have managed to balance these two approaches quite well.

We have always insisted that it is not appropriate to limit service delivery to particular categories of abused adults (for example wards of the state). A service such as *Respond SA* has to cater for all adults who have been sexually abused as children, regardless of the context. And we are pleased that we have been successful in encouraging both men and women to access the service.

We also believe firmly in collaboration. Any training and community development will be richer if there are partnerships with existing providers. For this reason we have close training partnerships with a number of organisations and are brokering some counselling to private practitioners, which has also proven successful as a strategy for reducing the counselling waiting list.

It is also important that we work with other government initiatives such as the current “Children in State Care Commission of Inquiry” running in South Australia. We have co-operated with the Inquiry, providing witness support and training for Commission staff. We also try to give priority in our counselling services to people participating in the Inquiry.

Relationships Australia (SA) has extensive networks through its diverse range of programs and this, together with the wide experience of the *Respond SA* staff, has meant that we have been able to quickly establish strong working relationships to work with specific population groups such as Indigenous and culturally and linguistically diverse communities.

We are committed to statewide service delivery. Increasing services to rural and remote areas is one of our greatest ongoing challenges. We offer counselling from six Relationship Australia offices (one in the city, four in the suburbs and one in the Riverland). We also provide outreach services in a number of community health services in the Adelaide suburbs, in Mt Gambier in the State’s South East, as well as in two prisons (one in Mt Gambier). We are aware from our client satisfaction survey that offering a decentralised service is greatly appreciated and increasing our reach will be an important priority for the coming year.

Another important part of our model is that Relationships Australia (SA) is also a Registered Training Organisation and so we have a managerial position responsible for training, education and workforce development as well as my position as operational manager of the *Respond SA* service. I think this enabled us to successfully combine a broad strategic approach with responsiveness to the particular needs of our client group.

ACSSA: Why do you think survivors have been so under-served by social, medical legal institutions to date?

Mailin Suchting: The simple answer is that in spite of its serious impact on the health and wellbeing of people who have been abused, childhood sexual abuse commonly remains an unidentified issue. What

becomes a more complex question to answer is *why* the issue has not been identified and more effectively addressed.

And the answer to this question is multifaceted, so I'll run through some of the factors that I think have the most influence.

Service providers have not typically been trained in the area of sexual abuse generally or childhood sexual abuse specifically. This means that there is not a high index of awareness of childhood sexual abuse within the services that survivors are likely to access. For example, In the Women's Health Statewide SA Report *It's not my shame* (1994) some health workers described feeling "out of their depth" and "inadequate" in their ability to respond to childhood sexual abuse issues.

In addition to lack of awareness about the extent and nature of childhood sexual abuse among service providers, the issue is also generally surrounded by secrecy, shame and taboo. Survivors may not link current difficulties with earlier abuse – and even if they have made the connection, it is not easy to disclose and talk about the experience. This is especially true if those offering services do not provide appropriate opportunities or have the necessary skills to raise the matter.

We know from the research that most perpetrators of childhood sexual abuse are adult males who in many cases are family members or someone the child knows and is encouraged to trust. Yet, historically, there has been a view that what happens in families should stay within families. The idea of the family being a private haven in a harsh world has been sanctified by the church, supported by the legal system and reinforced in counselling and educational contexts.

This widespread respect for the family as a fundamental building block of society has meant that people have been reluctant to interfere or disrupt its dynamics. It has also meant that perpetrators and survivors may not have thought of the abuse as a crime. Even when the survivor was aware that it was a crime, there are many reasons for non-reporting, for example fear, knowledge of the tactics that will be used by the perpetrator, ambiguous feelings about the perpetrator, shame, and lack of confidence in support options. It should also be noted that the law allowing the reporting of child sexual abuse crimes committed before 1982 was only changed in South Australia as recently as 2003.

Representations of family life in popular culture are also often highly romanticised. All of these sorts of issues contribute to widespread social disbelief and discomfort in acknowledging that sexual abuse does occur within families – or that family "friends" could possibly do such things.

An example of generalised disbelief is that, in the areas of prevention and intervention, there has been an almost exclusive focus on extra-familial abuse, coupled with "stranger-danger" messages. This has resulted in state and territory governments focusing their attention on a very select number of situations that do not necessarily represent the experiences of the majority of adult survivors of child sexual abuse. *Respond SA's* 2004-2005 statistics on clients phoning the Helpline bear this out. Where the relationship of the perpetrator to the client was known (in about 50 per cent of calls), a large majority of perpetrators were immediate and extended family members (62 per cent).

The compounding consequence of these sorts of factors is often a mutual silence about childhood sexual abuse between client and service provider, which reflects a broader social response. In practice, this means that often the consequences or "presenting problems" of survivors – for example, drug and alcohol misuse, depression, anxiety, sexual or relationship difficulties – are treated without the underlying issue of childhood sexual abuse ever coming to light. It also means of course, that because funding for specialised services has typically been sparse, there has been an assumption that generic services will address the issue, without adequate attention to the need for a detailed understanding of the connection between these presenting issues and childhood sexual abuse.

ACSSA: How do the specific needs of adult survivors differ from the needs of other survivors?

Mailin: Anyone who has been subjected to sexual abuse may at different times in their lives have a range of needs, including legal, medical, social and personal support. There is also a huge problem about the ways in which survivors who choose to use the legal system have to prove that the perpetrator is guilty. This process often creates additional trauma and no doubt also accounts for under reporting of sexual abuse generally.

However, there are particular issues involved in childhood sexual abuse. The difference in power between the perpetrator and the child is usually huge. It is also often extremely confusing to the child. We know for example, that perpetrators are often family members and almost always male. And so the child experiences traumatic relationship confusion as well as the actual abuse. Issues arise involving trust, betrayal, fear, love, secrecy, and believing oneself to be bad in some fundamental way. In addition children may not know who, if anyone, can be told, or what the consequences of telling would be. All of these factors are likely to have a profound and ongoing effect on the child's development.

As well as these complexities, the survivor often has an ongoing relationship with the perpetrator and this may take place in close proximity over time. If disclosure is made, for example, to another family member, there can be family division in terms of who believes what and supports who. In such a situation the child is also confronted with ambiguous and conflicting family responses to their abuse.

A child is unlikely to be able to access outside support. And even if they could, the same issues of who can be trusted are understandably ever-present. These sorts of issues impact on people subjected to childhood sexual abuse throughout their lives. They all have individual needs because each person and situation is unique. Nonetheless, there are commonalities in issues that we see all the time at *Respond SA*. These include: the need to be believed; to reconcile that someone in a position of trust committed a crime against them; to be able as an adult to trust in adult relationships; to understand their sexual responses and choices; to build a sense of strength; and to understand their feelings about others who were close to them while the abuse occurred.

Childhood sexual abuse works to undermine those basic developmental needs of safety and the construction of a coherent identity. It can significantly disrupt the developmental task of children to learn who they are and how they belong. For all of these reasons counselling services that are dedicated to adult survivors of childhood sexual abuse are vital.

ACSSA: What need does *Respond SA* fill? How is it different from other specialist services such as Yarrow Place, the Rape and Sexual Assault Service in South Australia?

Jodie: *Respond SA* and Yarrow Place are both government-funded statewide services for women and men aged 16 years and over. Yarrow Place focuses on adult rape and sexual assault and *Respond SA* is a dedicated service for adults who have been subjected to childhood sexual abuse. Both services also provide counselling for people who are "significant others" such as partners and parents of the survivor. Both services provide therapeutic services, such as individual counselling and group work programs and both are Registered Training Organisations.

Respond SA however, is not a crisis service or a provider of medical services. We work with adults who have been sexually abused as children. This is an extremely important component of the overall service delivery profile in relation to sexual abuse in South Australia.

Childhood sexual abuse emerged as a public issue in South Australia when Naomi Women's Shelter noted the high number of runaways due to incest in the period 1976-1977. Subsequent research undertaken by the Adelaide Rape Crisis Centre, and then Women's Health Statewide, followed by Government commissioned reports such as the Child Protection Review¹, have all highlighted the substantial number of adult survivors for whom no specific service existed.

The sexual abuse of children has received a high profile in South Australia in 2004, in relation to the abuse of children in care and by members of various churches. This resulted in the Children in State Care Commission of Inquiry that is still running in South Australia. Significantly, however, it has also become apparent (confirming former research) that people who have been abused in childhood come from a much broader population base than solely those in care or in church contexts. There are huge numbers of people who have been sexually abused in family situations. We deliver services to any adult member of the community who has survived sexual abuse.

ACSSA: Could *Respond SA* be modelled in other states and territories or is it more specific to the political, social or historical context of service development in South Australia?

Jodie: There are certainly some uniquely South Australian factors involved. We have a particular history in terms of the way sexual assault services have developed, compared with other states. One distinctive

1 Layton, R. (2003). *Our best investment: A state plan to protect and advance the interests of children*. Adelaide, SA: Department of Human Services. Available online at <<http://www.dfc.sa.gov.au/childprotectionreview/cpr-report.asp>> <http://www.dfc.sa.gov.au/childprotectionreview/cpr-report.asp>

part of the service development landscape here was the establishment of Statewide Sexual Assault Reference Group (SSARG). This is an interagency group which has been very important for South Australian service providers, providing a plank for collaborative approaches and linking government and non-government services.

However, having said that, I think our model could also succeed elsewhere and we would very much like the opportunity to be involved in national conversations about best practice models. *Respond SA* is a member of the National Association of Services Against Sexual Violence (NASASV), and we will certainly seek to have greater input into national discussions in the future.

ACSSA: What kind of research would contribute most to our knowledge-base on adult survivors and the effects of child sexual abuse?

Jodie: The whole area of childhood sexual abuse is seriously under researched. What we do know is that the incidence is high and that it is a crime that is commonly not reported or even disclosed. We need, therefore, to understand more about what helps and hinders survivors to disclose and what the most helpful responses to that disclosure would be.

We are currently undertaking a research project that is a collaboration between *Respond SA* counselling staff and the University of NSW Centre for Gender Related Violence. It is a unique project in that all of the contributors have worked together to design the research questions and to develop the most effective and appropriate ways to collect information.

Among other things we will map people's pathways to using the *Respond SA* service, their previous experience of counselling, and patterns of disclosure and how others responded to such disclosures. We will also explore clients' hopes and expectations of our counselling service. This will provide *Respond SA* with invaluable data in terms of planning and priority setting. And it will also be the basis of papers that will be published and presented within Australia and internationally. I think it is important that work in the area has local applicability and that it contributes to a wider collective response to the issue.

We are also very aware that research is much needed about groups such as culturally and linguistically diverse communities and people in prison. For example there is a high incidence of women in prison who have been subjected to sexual abuse in childhood. This correlation needs to be better understood and we need to find ways of improving programs of support pre- and post-release for these women.

We have also been discussing the need for further exploration of different ways of working with people who have been subjected to childhood sexual abuse. Possibilities include one-to-one counselling work, shared counselling, "outsider witnessing", and different group work models incorporating the arts (for example women and dance).

I believe that childhood sexual abuse is an issue of fundamental human rights, principally the right to live in safety. The prevalence of this crime and the silence surrounding it is a scandalous contravention of these rights. So research that contributes to better awareness, understanding and effective response should be supported and encouraged.

ACSSA: What services are now being offered by *Respond SA*?

Jodie: *Respond SA* has five main elements:

1. a telephone Helpline which provides support, information and counselling to callers;
2. specialist counselling (face to face or by telephone);
3. provision of support groups;
4. training and workforce development; and
5. policy advice to government and the sector.

In addition to these, we also want to make a contribution to research in the area. So each of our counsellors is participating in the research project, earlier discussed.

ACSSA: Does *Respond SA* participate in the workforce development of staff in other agencies? What kind of training has been developed?

Mailin: Yes, workforce development is an important aspect of our work. Because *Respond SA* is located within Relationships Australia (SA), which is a Registered Training Organisation, we are in an ideal position to offer a broad range of professional education and training, community development and workforce development programs. An important part of my role has been to work with the *Respond SA* team and other agencies to collaborate on workforce development strategies across the sector through the Australian Institute of Social Relations, another division of Relationships Australia (SA).

We want to target those workers who are most likely to be able to produce better outcomes for people who have been sexually abused as children. But because survivors often present with health and welfare issues which are not named as sexual abuse up front, we try to work with a whole range of health workers – people like general practitioners (GPs), psychiatrists, drug and alcohol workers, mental health workers, Aboriginal workers, and disability service workers. We see training for these workers as critical to effective workforce development. So, in partnership with other organisations like UnitingCare Wesley Adelaide, Women’s Health Statewide (WHS) and the University of South Australia’s Research and Education Unit on Gendered Violence, we have developed and delivered GP training. We have also collaborated to deliver sector training specifically on *Working with men who have been sexually abused as children*. Our partnership with Women’s Health Statewide extends to co-facilitating in metropolitan and rural areas three modules of training developed by WHS which focus on *Foundation skills for working with adults subjected to childhood sexual abuse*.

One especially important initiative has been an Interagency Calendar: *Skilling a workforce to respond to violence and abuse*. South Australia has a good history of individual agencies working successfully to address these issues so partnerships across the sector makes a lot of sense to us. The Calendar was developed in partnership with Women’s Health Statewide, SHine SA, Victim Support Service and Yarrow Place as a 6-month calendar of courses (accredited and non-accredited) offered by various agencies in 2005.

This initiative has been repeated for a further six months and has a continuing commitment from participating agencies until the end of 2006. These courses address a wide range of topics related to violence and sexual abuse as well as disability issues, migrant and refugee issues, and related cultural and social issues. This calendar has been distributed widely to workers in community services and health institutions, as well as to people working for churches and foster care agencies, and those in juvenile justice, corrections and mental health areas.

We have also developed a close working relationship with the “Children in State Care Commission of Inquiry”, providing three training programs for lawyers and other Commission staff addressing child sexual assault in institutional care settings and focusing on the effects of hearing testimonies. Feedback from the training has been very positive and additional training to meet the needs of Inquiry staff has recently been requested.

We are also very aware of the need to work with specific populations such as Indigenous women and men, prisoners, people subjected to institutional abuse and people with disabilities. And there are of course associated training needs associated with working with people in these groups. To meet this need we have developed and delivered training about:

- working with adults subjected to childhood sexual abuse in institutional care settings; and
- practice skills in group work with adults subjected to childhood sexual abuse in institutional care settings.

We have also customised some training programs for:

- new workers in alternative care settings;
- Aboriginal youth workers;
- workers with homelessness;
- counselling students; and
- custodial officers at Northfield women’s prison.

ACSSA: *Respond SA* is keen for service initiatives to be developed for specific populations – in particular to develop services for Aboriginal women and men, people from culturally and linguistically diverse communities, people with disabilities, people living in isolated or remote communities and people who have been subjected to institutional abuse. Can you tell ACSSA *Aware* readers how these service initiatives are progressing?

Mailin: *Respond SA* is very aware that many people are living in circumstances that create compounding issues, both in terms of childhood abuse and of access to appropriate services. We are actively working in an outreach way and in partnership with relevant groups. For example, we are involved in an Aboriginal youth worker training project in Ceduna, Port Augusta, Murray Bridge, and the APY Lands run by Relationships Australia (SA). We offer services in prisons and we are customising training with CALD community educators on the issue of responding to disclosures.

We also recognise the need for a range of different strategies to be in place, for example interactive media to facilitate community development in rural and remote communities. And we provide telephone counselling and groupwork, as well as face-to-face individual appointments. We also offer some services in regional areas where we know there is demand. All of the services we offer are struggling to meet demand and so it becomes important to maintain the quality of what is already in place and at the same time to keep working in the areas that require ongoing involvement and advocacy.

ACSSA: *Respond SA* is being monitored in terms of its implementation and progress. How is the evaluation being conducted, and what will be the most important measures of its success?

Jodie: We have several evaluation strategies in place and also a more in-depth research project underway. Because we were aware of the need to provide some needs analysis and outcomes-based information to government, we commissioned a very early evaluation of the service's first six months. This was completed in March 2005 and the report is available on our website (<http://www.respondsa.org.au>).

This report obviously could not evaluate the effectiveness of the actual counselling and Helpline services provided. This would require a longitudinal study over a much longer period of time. However, our evaluation team was able to achieve a number of things. They were able to assess the delivery of the outputs we had been contracted to deliver. They were also able to assess the appropriateness of the service model for assisting clients, looking at things like:

- the range of services;
- the client groups reached; and
- the location of services (both geographically and within Relationships Australia SA).

And they were able to situate Relationships Australia (SA) and *Respond SA* in the sector. This included looking at our partnerships with other service providers, any service gaps and duplications and therefore the general role and function of the service.

This initial evaluation had both qualitative and quantitative components. Qualitative components included a comprehensive literature review and semi-structured interviews with key stakeholders in the sector which provided a useful snapshot of external perceptions of our role and the need for such a service. The quantitative components involved collecting demographic data and collating service usage statistics to find out who is using the service, when, where and how.

Since then the same evaluation team has collated and analysed Helpline and counselling data since our inception in July 2004 through to November 2005. And they also devised a survey to provide a snapshot of clients' satisfaction with the service at a particular period of time – the month of November 2005. While this was a relatively small sample (36 responses were received) it did provide valuable insights into the needs, expectations and satisfaction levels of a cross section of adults using our service. And it was very affirming that we are on the right track in our approach, with extremely high levels of satisfaction being expressed about the general helpfulness of *Respond SA's* services and the professionalism of our counsellors. People were especially appreciative of:

- our skilled counsellors with specialist expertise in childhood sexual abuse;
- the absence of any fees for services;

- being able to address their needs at their own pace (rather than having a designated number of sessions); and
- a sense of healing, growth and hope for a stronger future.

However, the survey also confirmed that the demand for counselling for childhood sexual abuse issues currently exceeds the availability of immediate response services. The length of the waiting list is a frustration for many clients and the worry is that this may deter some people from pursuing much needed assistance. We have now devised a number of strategies to reduce the numbers on our waiting list, including the brokering out of some counselling work to private practitioners. So far nine private counsellors have signed up which has allowed us to reduce our waiting list by 35 per cent.

ACSSA: What would you say is *Respond SA's* greatest achievement to date?

Jodie: This is a difficult question to answer. Initially, I thought our greatest achievement was getting established so quickly! We had very little time between the government announcing the new service and when we opened the doors. We really had to hit the ground running. That in itself seemed like a massive achievement – we had to find qualified counselling and managerial staff, and consulting and office space, in both metropolitan and outreach locations, and set up all our record keeping. We could not have done all this without a high level of support from other services, particularly from key services such as Women's Health Services, Yarrow Place Rape & Sexual Abuse Service, UnitingCare Wesley, Victim Support Service and Community Health Services. The Chief Executive Officer of Relationship Australia SA, Judith Cross, has been fantastic in this whole process of liaising with other services and getting us established.

I think our service usage statistics speak very powerfully of how well we have established an identity and met a demonstrable need. For example:

- As of 31 December 2005 – 1779 client callers had contacted the Helpline since the service began in July 2004.
- 77 per cent of these callers identified as survivors of CSA and 12 per cent were “significant others” for example family of survivors.
- 779 clients had attended a counselling appointment, and a total of 2,173 counselling sessions have been provided.

We have also run a number of group work programs for women and men, mostly in partnership with other services, and facilitated training for our own staff and for the sector (detailed earlier by Mailin).

I am very proud of the diversity of activities with which we have been involved, alongside the Helpline, and the counselling and group work. We have also set up a website, produced posters and brochures, organised an evaluation within our first six months and undertaken a client satisfaction survey. We are also involved in an innovative research project which we hope will contribute significantly to knowledge in the field.

ACSSA: What will the focus of *Respond SA* be for 2006?

Mailin: It is vital to secure recurrent funding for *Respond SA*. So much good work is happening or is in development. It is not viable for clients, professional partners or staff to commit to such important and difficult work without the security of adequate and ongoing funding.

I think the dimensions of the problem of childhood sexual abuse for adults have been unrecognised in the past. Many people believed that childhood sexual abuse occurred mainly in the context of state care. Our experience is that the population of adults who have been abused as children is much broader than that and a dedicated service is an important asset to the sector.

We will be maintaining our focus of providing excellent accessible services to clients as well as developing further training strategies for the workplace, beyond foundation training. Our commitment to marginalised groups will continue and we will build a standardised data profile that will assist in identifying gaps in access for the future. We will continue to support the Children in State Care Commission of Inquiry as well as providing broad based services, and we will continue to develop collaborative relationships with other services.