

Incest survivors' association (Western Australia)

Each edition of ACSSA Aware includes a profile that offers a perspective on current issues in service delivery. In this edition, ACSSA speaks to **SANDRA BASHAM** of the Incest Survivors' Association, a counselling service for adolescent and adult survivors of incest and other child sexual assault, based in East Perth.

ACSSA: Could you briefly describe the origins of the Incest Survivors' Association?

ISA: In 1978, Women's Health Care House and Australian Women Against Rape (Perth) organised a publicised, 24-hour phone-in designed to give women who had been sexually assaulted an opportunity to speak about their experiences. Of the 150 calls, more than half related to intra-familial sexual abuse. The group of women who headed up the phone-in formed self-help and support groups after identifying that most of the women callers had been silenced and not supported by their families and loved ones. Many callers were profoundly depressed and had a mental health diagnosis.

Individual counselling as well as group counselling commenced shortly thereafter, initially on a volunteer basis. Incest Survivors' Association Inc. (ISA) was formally incorporated in 1984 after obtaining a grant to provide services. ISA was the first non-government association to deal specifically with child sexual abuse and post-traumatic stress disorders later in life.

In 1986, ISA was directed to "professionalise" by the then State Government who began direct partial funding of the association to provide services to the community, recognising that the thousands of annual phone calls identified a large, hidden, community problem. From this time onwards, all staff had to have tertiary qualifications, mandatory insurance, and clinical supervision; the association had to be audited annually, with six-monthly and annual progress reports to (state) Family & Children's Services. We are still as accountable. ISA now operates as a non-government, non-for-profit charity, with relative autonomy.

The Incest Survivors' Association has expanded its services over the years to include public talks, training for community groups, varied educational training facilities, internet support and information services, and facilitation of survivor parenting groups. ISA also compiles the bi-annual *ISA Journal* for members and professionals, which is sent out Australia-wide.

ISA currently has a "Preferred Provider Status" agreement with the (state) Department for Community Development, which provides approximately 55 per cent of our funding. The remainder of funds comes from client fees, service fees, donations and memberships.

ACSSA: What is the philosophy of the service and how does it differ from mainstream sexual assault service?

ISA's philosophy is to provide trauma-focused professional counselling, offer support services, provide information, life and parenting skills, and support the strengths of its clients. ISA aims to assist in the breaking of generational cycles of abuse by assisting clients to build safe relationships and safe families. This may entail providing services to non-offending significant others in relationships with survivors.

ISA aims to educate the community about the long-term harms of intra-familial and extra-familial child sexual abuse and supports child-positive attitudes in agreement with international human rights declarations. ISA provides a non-sexist, non-sectarian, non-political service that is respectful of client's core beliefs.

ISA operates very differently from the (state) Health Department fully-funded and operated centre. ISA is not a medical emergency and crisis centre that collects forensic evidence of recent sexual assault (we will provide referral and information to such services). ISA is not fully-funded and thus remains

autonomous from excess government control. ISA is a non-government, not-for-profit charity, with a Board of Management. ISA does not have a limit on how long a client can use the service, and recognises that recovery is a long-term process. Clients can self-refer to ISA or be referred by other agencies, GPs, hospitals, schools and other professionals. Our services are not mandated. ISA provides services to (non-offending) significant others in relationships with survivors. ISA provides strengths-based parenting groups specific to survivors.

ACSSA: What are the issues that are specific to survivors of childhood sexual assault?

ISA: To attempt to fully answer that would take years of qualitative research! However, dealing with adult and mature-minor survivors of child sexual abuse requires dealing with issues (not in order of importance) such as:

- *Assessment* – engaging a client (on their terms), learning to talk, learning to trust, and confidentiality. Client safety is the key factor.
- *Client safety* – environment, relationships, triggering events, sexuality and self-care (as opposed to self-harm or suicidal ideation). Gaining a sense of choice and control.
- *Being believed and validated* – dominant narratives, validating narratives, deconstructing self-blame narratives, identifying strengths. Immediacy: Will the therapist reject or abandon me?
- *Identifying traumas* – challenging the denial, minimisation, blame shifting and rationalisation of traumas. Recognising the impact of trauma, and harmful lies the client believes.
- *Effects of trauma reduced* – identifying triggers, “affect” regulation, memories, insomnia, hypervigilance, addictions, self-blame, shame, self-harm. Review of client self-assessment at intake compared to now.
- *Mental health issues* – “diagnosis” stigma, what does this diagnosis mean? Shame issues. True versus false guilt. Fear of abusing (especially for males).
- *Identity* – who am I? Grief, loss of sense of self, gender and sexuality issues, co-dependency issues, and self-character strengths identification. Emotional intelligence.
- *Integration* – reconstruction of alternate narrative, communication how-to’s, assertiveness versus aggression, sexuality (what is okay for me), boundaries in relationships. Where am I now?
- *Reconnection* – with self (acceptance), significant others (understood), children (safe, competent parenting) and society (work, study, socialising – feeling okay).

ACSSA: How important is it to have a separate service for adult survivors of childhood sexual abuse?

ISA: The Incest Survivors’ Association deals with adults and mature minors (over 13 years) who are survivors of child sexual abuse who can *choose* to engage in therapy. Government agencies may provide free short-term counselling (six to eight weeks) for child sexual abuse, but the nature of such work is long-term – a separate agency is vital to the client feeling “safe” and their therapy being confidential and not time restricted. It is inappropriate to engage a client then tell them they can’t see you anymore a few weeks later; this could be understood by the client as *another* rejection or abandonment.

ISA wanted to focus on working with survivors willing to get well on their *own* terms. We only work with adults and mature minors because for some survivors, it can be a very triggering thing to walk into an agency where there are children as young as they were when they were abused. Without adequate, separate work areas, it could be distracting in therapy sessions to hear children elsewhere in the building. ISA doesn’t have premises conducive to working with children (as well as adult survivors), nor the finances to operate that way.

Children engaged in legal investigations of child sexual abuse are most often mandated into therapy (as are their families), which is very challenging work. There is also the legal minefield of working with young children and assessing their abuse in a mandated setting (ISA refers children to another non-government agency in Perth in whose work we trust). In real terms, ISA doesn’t have the financial backing to do the work, pay the insurance and move premises.

ACSSA: Could you tell me more about the services you offer?

ISA: The Incest Survivors’ Association offers one-on-one counselling sessions of 50 minutes with a professional Psychologist, Social Worker, Post-Graduate Psychotherapist, or Forensic Sexologist for a fee that is based on a sliding scale related to income. Currently our lowest fee is \$37 (for pensioners) and our highest is \$77 (for couples and out-of-hours).

Women's Therapy Groups usually comprise six to eight people and interviews are conducted to assess the suitability of the client. Groups generally operate for two hours over eight weeks with one full-day Saturday. They cost \$27.50 per two-hour session (including GST). ISA has tried to facilitate male survivor groups for many years, but having adequate funding and staff to develop one has been a problem, as has finding a suitable male co-facilitator.

Parenting Groups are strengths-based and deal with: parenting styles / parent and child behaviours / responsibilities / emotions / discipline / communication / relationships and guilt and shame. These groups operate less frequently now than in previous years, and survivors who express interest often cannot fund the \$22 per two-hour session, once a week over ten weeks, to attend. ISA doesn't get any extra funding to provide this vital service, hence fees need to be charged.

Training is available by ISA staff for a minimal fee to cover costs of administration and travel. ISA has recently sent out expressions of interest to local agencies to assess interest in covering issues such as: being a partner of a female survivor; being a partner of a male survivor; parenting a child who has been sexually abused; recovering family safety after disclosure; parenting issue for survivors; common mental health issues for survivors; common sexuality difficulties for survivors; survivors in the legal system; and handling family disbelief, punishment and isolation.

The Incest Survivors' Association is still sending out more surveys, and we expect to be offering training later in the year. Membership of ISA allows access to the self-help library at our offices, as well as the *ISA Journal* at no extra charge.

ACSSA: In what ways does service delivery to adult survivors of childhood sexual assault differ to services for survivors of more recent assault in adulthood?

ISA: Primarily in that services for more recent sexual assault operate in a more crisis-intervention mode and act in relation to *immediate* risk to client health – for example, body (wounds, damage, surgical), sexually transmitted disease, collection of forensic samples (in case of criminal charge to be made later), considering children (working with state authorities), and immediate client safety (family violence). Most of their counselling services are free, and thus short-term because they are fully-funded by government bodies. The counselling service components also often have months-long waiting lists.

ISA doesn't offer a medical model or forensic-based service (which of course has its place). Nor is ISA a mandated service. As previously explained in our service description, our services are client driven, not government-department driven. We rarely have a waiting list because we have great, flexible staff that have worked long-term in the field.

ACSSA: Is the public conception of childhood sexual assault limited?

ISA: Absolutely. The general public I have unofficially surveyed, and even some clients, tend to classify child sexual assault as penile-vaginal penetration. This ignores other forms of sexual assault perpetrators commit, such as oral sexual assault, digital sexual penetration, anal penetration, "object" sexual assault, sexual harassment, stalking behaviours and intrusive sexual questioning and innuendo, exposure to pornographic material (internet and actual), forced voyeurism of sexual acts (internet and actual) and sexual or developmental ridicule (for example, walking into bathroom, bedroom or toilet to make fun of a child's sexual development).

Much behaviour can traumatise a child and many, many factors (including cultural and religious taboos) affect what the child will perceive as sexually abusive and result in trauma. The uninformed public tends to think that survivors of childhood sexual abuse should just "get over it" a lot quicker than they do, which adds to the "band-aid" mentality of dealing with generational abuse in society, which in turn leads to ignorance in terms of government authorities inadequately funding long-term intervention agencies.

ACSSA: What myths would you most like to debunk about childhood sexual abuse?

ISA: There are quite a few well-entrenched myths:

- That mothers are always to blame, because most of them really knew deep down what was going on – they must have. *Most don't.*

- That young children (for example, under five years) will forget what happened to them, as their memories are unreliable. *Not so – memory kind is different at different life stages and child testimony reflects this.*
- That all sex offenders are violent when they offend against a child. *Not true. Most don't like to leave scars or forensic evidence that they've assaulted a child as they are more likely to be caught.*
- That sex offenders are “strangers”. *They're not – they are someone you know, who has carefully planned and “groomed” you or your child. And sometimes they are a brother, sister or cousin too – not just a stepfather, grandfather or uncle.*
- Women don't sexually offend against children. *Yes they do. In much fewer cases, but with young children too, not just the teenage boys represented in the media.*
- Only certain kinds of children are vulnerable. *Partly true – offenders look for needy children. But, depending upon intra-familial or extra-familial, male and female children are both at risk.*
- Offenders only target certain kinds of children. *Some offenders are “preferential” to age, gender, looks or body size. But others are “opportunistic”.*
- Offenders are dirty old men. *Some may be, but by then, they've had a long career of offending. Offenders tend to first offend in adolescence and then continue in various forms and environments.*
- Offenders are mentally deficient. *Most are actually very clever given the detailed plans they make to “groom” and the excuses they can come up with to rationalise offending.*

ACSSA: What are the greatest challenges you face in providing the service?

ISA: The greatest challenge ISA faces is a financial one. We would like to offer more services at lower fees, operate for longer hours and provide free services for parents to help break generational cycles of abuse. But finding *long-term* non-government funding for wages, promotion and media, better facilities, travel to regional areas for workshops, and having corporate sponsors committed to a child-positive agency is very difficult. Most supplementary funding comes from grants, which are not guaranteed from year to year.

Sponsorship or corporate patronage for an agency that specialises in our field of work is very difficult to obtain. Janet Holmes A'Court and Rolf Harris used to be our patrons, but they've both moved on. Finding a balance between keeping a low media profile of our premises for our clients' safety and having a public face for funding, sponsorship and recognition is difficult.

ACSSA: Are there some issues that you've been working on since your inception that seem to be persisting and that you're still working on?

ISA: Yes, there are a few that have persisted, such as: therapy groups for male survivors; working more with culturally, linguistically and religiously diverse groups (this is an area of personal interest); breaking “cycles” of generational abuse – working with families, parenting programs and assisting children; finding adequate long-term funding to better provide expanded services and better utilise staff expertise; providing more training to interested community, educational and social groups about childhood sexual abuse issues; and full-time staffing – ISA has no full-time staff due to cost restrictions.

ACSSA: Are there any emerging issues for adult survivors of childhood sexual assault that you're aware of and working on, particularly ones that mainstream agencies might not yet be aware of?

ISA: As mentioned previously, ISA is assessing interest in the local professional and educational arenas regarding workshops for partners and significant others in relationships with survivors. We have so much contact with partners who have trouble understanding what's going on. We've had an amazing response so far – I haven't seen anything out there for loved ones of survivors that informs, educates and supports them.

Similarly, there's not much I've seen out there that helps parents of children whose children have been sexually assaulted to assist them to get their families “safe” again – to rebuild, strengthen, affirm the good, and help the whole family to recognise abusive behaviours and communicate better.

ACSSA: What service would ISA most like to be able to provide that is currently not feasible?

ISA: First, therapy groups for male survivors. Second, low cost or free parenting groups. Third, wider training to high schools and tertiary training institutes – *normalising* discussion about child sexual assault in

the professions. When I trained initially as a secondary teacher, not *one* tutorial addressed how to deal with disclosure. Nurses, GPs and other health professionals need to have some basic knowledge as an integral part of their courses.

ACSSA: Are there any lessons that you have learned in your work that you'd like to share with workers in mainstream agencies?

ISA: Respect your client's autonomy. Recognise that child sexual assault issues are long-term work. If you're not available for, or interested in, such work, refer them early to a long-term agency. Don't be part of a band-aid solution.

Find their strengths, then help them to identify them themselves. Recognise your job is to render yourself obsolete as the client gets control of their own life, solves their problems their way and finds their own boundaries and identity. This may take well over a year or more.

Remember, therapy is client-focused not therapist-focused. The client is the expert on their experience, even if they aren't initially clear on it. You help them to see it with different eyes and integrate it differently.

Be willing to assist their partners and family to understand what's going on during therapy and how the process may affect their relationship, the changes that may come, and how they can help their loved one without losing themselves or not having their needs met too.

Expect some weird phone calls or threatening letters (not from clients), even to contest some subpoenas over the years. Discussing what you do for a job may make for "interesting" responses at social events, including disclosures. Overall, the work is so rewarding: to bear witness to client recovery is a privilege and a testimony to the resilience of the inner child and the human spirit.

■ ACSSA is grateful to the Coordinator of the Incest Survivors' Association, **Sandra Basham, B.Ed (Sec). Dip A.C. Ed. Cert V & Dip C.C & F.T. Candidate, Master of Forensic Sexology.**

Incest Survivors' Association

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WOMEN INCEST SURVIVORS NETWORK

In September 1994 the national Women Incest Survivors Network (WISN) was formed after the *First Confest for Women Incest and Child Sexual Abuse Survivors* was held in Sydney. WISN was established to promote awareness in the community about child sexual assault and the needs of survivors. Since that time the WISN Newsletter has been published bi-monthly throughout Australia and overseas.

WISN has always been a voluntary group that has also provided discussion papers to the New South Wales Law Reform Commission and the Wood Royal Commission, and at sexual assault and mental health conferences. It has been active politically in identifying the ways in which the legal system perpetuates the myths and stereotypes that dominate legal discourse and the provision of services to victims of recent and past sexual assault. The barriers that existed ten years ago remain as the ethos and spirit of both the state and legal systems have not changed during that time. Victims of recent and past sexual assault are disenfranchised and still

suffer significant barriers to justice and access to services. WISN remains committed to change and speaking out.

Over the years WISN has continued to inform women about the need for services and the extent and impact on the lives of women and girls throughout their lifespan. We publish your stories, poems, comments, news, information, and political comment and a national service directory bi-annually.

Membership of WISN is open to women and girl survivors of child sexual assault and sexual assault. Membership includes subscription to six editions of the WISN Newsletter, and ranges from \$16.50 (unwaged) to \$33 (waged). WISN welcomes subscriptions from organisations that provide services to victim/survivors, and offers special membership rates for multiple copies of the Newsletter.

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