



# A National Centre to reduce stigma, promote help-seeking and support good practice responses.



Over 30 organisations who support survivors of child sexual abuse in various ways call on the Australian Government to:

1. Establish and resource a National Centre of Excellence, as recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse
2. Consult on its formation and implementation, to ensure the voices of all stakeholders, specifically survivors and their families, are heard.

## Why do we need a National Centre of Excellence?

The Royal Commission recognised the effects that child sexual abuse has across the life course and called for an expansion of services to address the far-reaching impact for all survivors and their families. In making this call, the Royal Commission recognised the current siloed, fragmented and inconsistent service delivery model for survivors of childhood sexual abuse. This is often compounded by problematic professional and community attitudes towards child sexual abuse, and can create and perpetuate stigma for survivors, be they children or adults. The outcome of this is isolation, decreased disclosure and help seeking rates.

To address these important needs a National Centre should be established, as recommended by the Royal Commission. A National Centre would work closely with the National Office for Child Safety but would have distinct focus on child and adult survivors of child sexual abuse. It would encompass a focus on child sexual abuse that occurs in all contexts. Operationally the centre would adopt a client centred, trauma-informed, gender appropriate approach, guided by the lived experience of survivors along with expertise from a diverse group of key stakeholders. In line with the recommendations, the Centre would have a pivotal role in the following areas:

- Play a critical role in raising community awareness to reduce stigma of child sexual abuse and promote and monitor safer environments for survivors, be they children or adults.
- Drive the development of practice standards and monitoring of services for survivors.
- Advocate and support innovative practices for improving the lives of survivors and transforming community attitudes.
- Develop educational material and training to address gaps in community and professional education on child sexual abuse.
- Generate a research agenda based on survivor and stakeholder needs to improve knowledge in understanding survivor experiences and improving responses.
- Work in partnership with Aboriginal and Torres Strait Islander communities to improve and develop both service delivery and prevention responses that are culturally appropriate.
- Provide specialist representation to facilitate access and participation for groups that can be disproportionately or structurally impacted by child sexual abuse, these groups include but are not limited to CALD, LGBTI, prison communities, and people living with a disability or mental health issues as well as children and adults who grew up in Institutions/Homes.

It would be important that the centre be securely funded (as recommended by the Royal Commission) and have a high level of autonomy from both government and non-government institutions, while at the same time having strong public accountability. The centre should act independently but its support base be evidenced in links to a network of diverse stakeholders. Governance should include representation by survivors and key community representatives, giving the centre credibility and prominence.

This document has been prepared by Survivors & Mates Support Network (SAMSN) Craig Hughes-Cashmore, CEO – [craig@samsn.org.au](mailto:craig@samsn.org.au) in consultation with a number of partner organisations, survivors and professionals who work in the field of supporting survivors of childhood sexual abuse.

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# The case for a National Centre is supported by:

## 1. The Royal Commission Findings

“Throughout our inquiry, we heard a strong message about the barriers victims and survivors face when seeking assistance from services. Many survivors said they faced stigmatising community and professional attitudes about child sexual abuse. We were told that information was difficult to find and that services were often prohibitively expensive. We also heard about the range of systemic and structural barriers that created difficulties for survivors. This included the fragmentation of the various service systems they access, the limited capacity of services to collaborate with one another, the lack of relevant knowledge among mainstream service providers, the scarcity of resources in specialist sectors and a lack of cultural competence and disability awareness. We heard that the standard of service provision is inconsistent within and across jurisdictions. We were told about particular gaps in services, including for children and young people who have experienced sexual abuse, male survivors, survivors entering aged care settings, and survivors in and transitioning out of prisons or other detention settings. We heard survivors living in regional and remote communities face additional barriers to accessing services and have less choice of service providers.

Inadequate service responses can re-traumatise survivors of child sexual abuse. Poor therapeutic treatment can leave a victim with chronic symptoms that follow them into adulthood. Ineffective treatment may cause victims to lose hope and disengage from treatment altogether.”<sup>1</sup>

## 2. The Australian Mental Health Commission

“The current system is highly siloed and does not adequately respond to the complex diversity of need many survivors experience. Funding is provided for defined services, which are often driven by diagnosis, or presenting behaviours and with clearly demarcated outcomes. The system rarely works strategically and collaboratively to privilege an individual’s holistic recovery across the life cycle...

There will need to be a mechanism for ensuring that the people who have engaged with the Royal Commission receive the services they need. This will require sensitive follow up. Whatever is put in place should not operate as another layer of regulation but provide a coordination and support function. It should bring together all the relevant players to ensure there is a consistent approach for providing support and healing...

This would enable survivors to know about the variety of services and supports that are appropriate for them, as well as ensuring that the work of the Royal Commission is honoured in terms of survivor support for recovery. There will be important lessons from such an approach that could be applied across the service system...

It is essential to build the knowledge, capacity and skills of all people working across health and human services to identify, support and appropriately refer survivors of child sexual abuse. This requires staff training at all levels and coordination between mental health and diverse services to ensure the appropriate support and referral pathways are known and accessed to meet the specific needs of the person.”<sup>2</sup>

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<sup>1</sup> Vol 9 Advocacy, Support & Therapeutic Treatment Final Report, Royal Commission into Institutional Responses to Child Sexual Abuse.

<sup>2</sup> Consensus Statement by the Mental Health Commissions of Australia to the Royal Commission into Institutional Responses to Child Sexual Abuse June 2017

### 3. Community Support for the National Centre – ensuring voice through representation

The Royal Commission recommended that the national centre should partner with survivors in all its work, valuing their knowledge and experience.

The following organisations endorse the call to establish the National Centre:



## Recommendation 9.9

### **National leadership to reduce stigma, promote help-seeking and support good practice.**

The Royal Commission has recommended that a nationally co-ordinated approach is needed to raise awareness and understanding of the impacts of child sexual abuse, support help-seeking and guide best practice advocacy and support and therapeutic treatment. A national centre is needed to provide leadership in reducing stigma, promoting help seeking and to support good practice.

The national centre's functions should be to:

- a) raise community awareness and promote destigmatising messages about the impacts of child sexual abuse
- b) increase practitioners' knowledge and competence in responding to child and adult victims and survivors by translating knowledge about the impacts of child sexual abuse and the evidence on effective responses into practice and policy. This should include activities to:
  - i) identify, translate and promote research in easily available and accessible formats for advocacy and support and therapeutic treatment practitioners
  - ii) produce national training materials and best practice clinical resources
  - iii) partner with training organisations to conduct training and workforce development programs
  - iv) influence national tertiary curricula to incorporate child sexual abuse and trauma-informed care
  - v) inform government policy making
- c) lead the development of better service models and interventions through coordinating a national research agenda and conducting high quality program evaluation.

The Commission recommends the Centre should oversee the national website and helpline (Recommendation 9.5) to provide a gateway to accessible advice and information on child sexual abuse, to ensure survivors and their families are able to access the information and help they need.

Particular focus is recommended on experiences and outcomes for different population groups, eg those with a disability, Aboriginal people, those from culturally and linguistically diverse groups and those in rural and remote communities.

Reference: Final Report 'Advocacy Support & Therapeutic Treatment Services. Vol. 9  
Royal Commission into Institutional Responses to Child Sexual Abuse