Community Development and Justice Standing Committee

An inquiry into the options available to survivors of institutional child sexual abuse in Western Australia who are seeking justice
Phoenix response mostly to Terms of Reference #3 - The resourcing and provision of services to support survivors in whichever path they take.

Overview

Thank you to the committee for the invitation and opportunity provided to present on behalf of Phoenix Support and Advocacy Service (Phoenix) and more broadly for survivors of child sexual abuse.

As noted in my oral presentation Phoenix has been serving West Australians since 1978 and the organisation was officially incorporated in 1984 as the Incest Survivors Association (ISA) and formally changed the organisation's name to Phoenix Support and Advocacy Service Inc. in 2016. I was appointed CEO of Phoenix in February 2015.

The current level of core funding provided via a Service Agreement with the WA Department of Communities is less than $500,000 to provide long-term counselling and support for survivors of historical child sexual abuse and their non-offending family members and significant others residing in any metropolitan area of Perth. Over the many years Phoenix has been operating, the age range of clients was 5 to 91 years of age.

Due to this woeful funding level and funding context, Phoenix only works with adult survivors now and the service operates for 3-days a week from Tuesday to Thursday due to the funding constraints that limit service delivery capacity.

The Final Report of Recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse Section and delivered to the Australian Governor General on 15 December 2017 following a 5-year inquiry on page 76 recommendation 14b states "providing funding to supplement existing services provided by state-funded specialist services to increase the availability of services and reduce waiting times for survivors".

As of 1 October 2024, Phoenix along with 10 other organisations across WA delivering Child Sexual Abuse Therapeutic Services (CSATS) and Indigenous Healing Services (IHS) have been informed the Service Agreements will be extended until 30 September 2026 and the WA Government will provide a 15% uplift to the level of funding for that extension period. As stated in the oral presentation these Service Agreements have been in place for up to 14 years without review. This increase will be unlikely to address the deficit many of these services have been carrying for the CSATS and IHS program during this period.

It is difficult to understand why the WA Government has waited so long to begin to address the recommendation above when the Government's representatives have been aware of the growing demand and waitlists for these services.

The client cohort accessing Phoenix are diverse in terms of age, ethnicity, race, gender and sexual identity, and educational and socio-economic backgrounds. Most clients that access Phoenix, present with complex trauma symptoms as an outcome of being subjected to sexual abuse in childhood and they can be at risk of self-harm and suicide. There can also be comorbidities present such as unemployment, disability, domestic violence, self-medicating behaviours through use of alcohol or drugs as well as emotional, social, physical, and mental health challenges.

Phoenix invites the WA Government to consider if competitive tendering is the best model for funding community services support for trauma survivors presenting with high risk and high needs. Is this model conducive for fostering collaboration, encouraging partnerships, or the sharing of resources or information? Addressing trauma requires bi-partisan support and a willingness by Governments to invest long-term and not make election promises that will be abandoned if they don't deliver results within an election cycle.

Summary of key issues and concerns for consideration by the Committee

1. Federal and the State Governments are not operating in synch. There are some excellent and much needed strategies being rolled out via media campaigns and other means to raise awareness. However, we know from previous campaigns increased demand for services is the outcome, and yet preparing and adequately resourcing the service system prior to introducing these strategies so they could be ready to respond did not happen, despite the Royal Commission recommending this.

2. One example of this lack of service system planning and coordination is recently the Federal Government provided funding to the WA Primary Health Alliance (WAPHA) to oversee two pilot projects in WA. One in the metropolitan area and one in a regional area. The project is aimed at the provision of training for General Practitioners in identifying and responding to family and domestic violence, sexual violence, and child sexual abuse and to raise GP awareness about support services in those areas GPs can refer to. This is a prime example of "putting the cart before the horse" so to speak. There is an assumption here that these support services have capacity to take on more referrals when the reality it is unlikely unless additional funding has been provided.

3. This resourcing failure by Government highlighted above has led to long wait times for accessing services and reduced capacity to respond adequately to increasing demand due to capped funding.

4. Services are reporting an increase in the complexity, risk, and severity of cases and that there is a need to include the cost of case management support when commissioning services.

5. Due to the woeful level of funding for the CSATS and IHS program there is no capacity to provide a crisis response and there are limited services available to refer to that can address suicide attempts and self-harming behaviours that are a known risk for survivors of child sexual abuse.

6. The recruitment and retention of specialist staff particularly in rural and remote regions is an ongoing problem not being addressed. Careful consideration needs to be given to adequate and fair remuneration for the high level of skill required for the work, and additional funding to support subsidising rent for employees recruited to the regions.

7. The CSATS and IHS providers are obligated via section 19 of the Evidence Act 1906 (WA) Sexual Assault Counselling Protection Provisions and other relevant legislation to protect the client privacy and the content of case files however the providers are dealing with an increasing number of their client records subpoenaed, or subject to an order to produce or a Criminal Investigations Act. It is difficult to understand why the courts, legal profession, and police are ignoring the Evidence Act. Responding to these orders by CSATS and IHS providers requires time-consuming reviews (and redactions if permitted) and the providers have limited financial capacity to engage legal advice and support.

8. Providing an entire case file is fraught with issues. There can be information recorded that is a concern for the client however, these concerns raised in counselling by a client may have relevance to their healing process, but have no relevance to the criminal proceedings, and yet the defence counsel and/or a self-represented defendant will use this information in attempts to discredit the witness which is distressing and retraumatising for the client.

9. There is a history of pathologising, labelling, judging, and dismissing survivor distress when in fact the reality is these are normal human responses to being subjected to abuse and traumatic events.

10. Counselling clinicians can provide a valuable resource to Government inquiries as their work has given them the opportunity to listen to many accounts of traumatic experiences and the impact of those experiences. This clinical context generates insight into the commonalities that may exist among the client population subjected to child sexual abuse, while at the same time observing what is unique to the individual and their circumstances. This privilege of trust in the therapeutic relationship fosters an appreciation that there is 'no one size fits all' response or clinical intervention. Counsellors may also have relevant lived experience that enhances their insight further, but simultaneously highlights the diversity of experience and individual differences that also exist for survivors.

11. Children and young people's current easy access to increasingly violent pornography and their vulnerability to online sexual exploitation is already having a serious impact evidenced in growing levels of harmful sexual behaviours instigated by children and reports of child-on-child sexual abuse to Police. This proliferation of increasing violent pornography is also impacting the level of intimate partner violence and non-fatal strangulation. Until this is adequately addressed this serious societal problem will continue into the immediate future. Similarly to how domestic violence 35 years ago was not talked about so openly, child sexual abuse is generally still an uncomfortable taboo topic.

12. It is hard to understand why Federal and State Government have not acted faster. All the evidence has been available for quite some time in globally recognised studies and research papers so there's really no excuse for not acting. Surely knowing that 1 in 3 girls and 1 in 5 boys currently in Australia is sexually abused and that the Royal Commission and other research has demonstrated the consequences of that abuse being left untreated, how can the Government not declare this as a national disgrace and a national emergency. When the WA Government locked down the population and closed the border in response to the threat of Covid it demonstrated that it could swing into action immediately. With a strong economy, and a healthy surplus, the WA Government has capacity to address this pandemic of child sexual abuse now and show leadership and moral courage.

13. Research also highlights that family and domestic violence, sexual violence, and child sexual abuse are interlinked and don't necessarily occur in isolation or in silos. These issues are underpinned by much the same underlying social constructs and beliefs and attitudes of entitlement that facilitate these offences and misogynistic patterns of behaviour.

14. The Royal Commission concluded that Institutional child sexual abuse impacted approximately 10% of survivors while 90% of child sexual abuse is perpetrated by a family member or someone known to the child. There are so few avenues for Redress for those subjected to abuse outside of an institution and victims know that the criminal justice system is more likely to fail them than serve justice and that there is a real risk of being retraumatised by attempting to seek any form of justice or compensation. Phoenix hopes that the WA Strategy for Preventing and Responding to Sexual Violence will go some way to addressing some of these injustices and poor responses and processes.

15. Survivors are silenced by their perpetrator and due to the manipulative grooming of the victim and those around them that should or could have provided protection, when disclosure does take place too often survivors are not believed and the impact is denied, deflected, dismissed, and/or discredited. There are also the 'silent' deaths that are not acknowledged or recorded. Sexual abuse survivor suicide is rarely spoken of or reported in the papers, or even attributed to being an outcome of the abuse and the survivor's suffering. The shame attached to their experience also leads to survivors suffering in silence and living a life on alert in their attempt to avoid being triggered.

Thank you again for the opportunity to raise the concerns mentioned above. Attached to this communique are some documents and papers in support of this submission. I would like to conclude by reiterating relevant and specific research noted previously in the oral presentation.

A Report by Blue Knot and Pegasus Economics (2015) estimated at the time that if the impacts of child abuse (sexual, emotional, and physical) on an estimated 3.7 million adults (current WA population 2,897,000) are adequately addressed through active timely and comprehensive intervention, the combined budget position of Federal, State and Territory Governments could be improved by a minimum of $6.8 billion annually (estimated in 2015, potentially could be greater). These figures represent a combined effect of higher Government expenditure and foregone tax revenue.

While those of us working in the sector have known that most child abuse goes unreported, the findings from the Australian Child Maltreatment Study on the prevalence of child sexual abuse in Australia (1 in 4 people, i.e., 1 in 3 girls, 1 in 5 boys) was confronting. This equates to 178,602 children under the age of 19 in WA who have been sexually abused (107,301 girls and 46,667 boys) and 526,604 adults who are the victims of historic sexual abuse (327,768 women and 132,903 men). Professor Michael Salter's child sex offender research found that 1 in 10 adults (predominantly men) have committed a child sex offence while 1 in 6 ideate about offending, and 1 in 15 said they would offend if they knew they wouldn't get caught. These statistics are at pandemic proportions and deserve a Covid like response by Government.

Closing Statement

In conclusion, I wish to highlight that the Phoenix logo draws on the symbols of a phoenix rising from the ashes, a sunrise, and a heart, overlayed in one image of hope that symbolises there is light that follows darkness, and there is a service survivors can access that offers compassion and a heartfelt response. Our genuine hope is that Phoenix and the other 10 organisations currently providing the CSATS and IHS program can expand our services to support more clients in this time of great need while the Government undertakes the Commissioning process.

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Phoenix acknowledges the Wadjuk people of the Noongar nation and all of the traditional custodians of country throughout Australia. We pay our respect to their elders past and present and to their cultures.