Submission to inform a national point of referral to assist victims and survivors of child sexual abuse to access help and information

Please accept this submission on behalf of Parkerville Children and Youth Care (Parkerville CYC). We welcome the establishment of a national point of referral to help victims and survivors of child sexual abuse, practitioners and the public navigate the service system and access information, resources and support services.

In our submission, we draw upon practice evidence developed through delivering our Multi-agency Investigation and Support Team, an integrated response to child sexual abuse. As such, we particularly focus on Discussion questions 6., and 10.

Acknowledgement

Parkerville CYC acknowledges the lives and experiences of the children, young people and families who are affected by all forms of child abuse and sexual violence. We recognise their individual stories of courage, hope and resilience, and that of all victim-survivors.

Parkerville CYC respectfully acknowledges Aboriginal and Torres Strait Islander peoples as Traditional Owners of this land, and we pay our respect to their Elders past and present.

Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves. We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential. We have been working alongside vulnerable children, young people, and their families for 120 years, and in 2022/23 our programs and services supported over 13,540 people across WA through our therapeutic, out-of-home care, youth, and education services. The future of those we serve depends on what we do in the present to support them to reach their potential.

1 Watertank Way, Midland 6056 | ABN 86 437 092 401
(08) 9235 7000 www.parkerville.org.au

Parkerville CYC's services

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011) and Midland (2019). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and knowledge-sharing.
- **Therapeutic Services:**

  CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.

  PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Education Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school systema and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences and a happy, healthy home.
- **Education Employment and Training Program (EET)**: For young people at extreme educational risk due to trauma, mental health, family issues

Youth Services

- **Support and Community Services (SACS):** service for families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Yong Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Armadale Youth Accommodation Service (AYAS):** short-term crisis accommodation for young people experiencing/at risk of homelessness.

Out of Home Care

- Parkerville CYC cares for 126 children and young people across foster care, family group homes (FGH) in the Metro area and in the Murchison. We also run an intensive residential program for young people aged 12-17 currently under the care of the Department of Communities (Belmont Youth Program). We are implementing an innovative new model (Our Way Home) – radically personalised shared care: focusing on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families.

Our support for children, young people and families affected by CSA: MIST

Parkerville CYC's **Multi-agency Investigation and Support Team (MIST)** is a co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011) and Midland (2019).

1. Discussion Paper Question 6: What makes services feel trustworthy, safe and/or effective?

MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (particularly the Western Australia Police Force - WAPOL, our primary partner) to wrap around the child and family, through collaborative relationships and knowledge-sharing.

1.1 Building trust and sense of safety

This holistic approach is critical to building trust and a sense of safety, and enabling good outcomes for children, young people, and families. It ensures a safe and healing environment from the first encounter, empowering families with coping skills, and guiding them through interviews, court processes, and therapeutic healing: promoting lasting positive outcomes.

Rather than the child, young person and family having to engage with multiple agencies in multiple locations post-disclosure, the MIST partnership (Parkerville and WAPOL) works closely with health and other support services, the Attorney-General's Victim Support and Child Witness Service, and other WAPOL Child Abuse Squad teams; with the Child and Family Advocate acting as central support, holding the child and family through any investigative, child protection and criminal justice processes that ensue.

No single service model can address all the factors that influence the outcome of child sexual abuse disclosure. However, wrap-around, specialist supports, and early intervention can mitigate harmful impacts in the short, medium, and longer-term.

In process terms, this is achieved at several key stages:

1. **Immediate trauma-informed response to support children and families through assessment and interview:**
    a. **Referral process:** MIST receives a referral, consults with WAPOL, a Police interview is booked, the case is allocated to a Child and Family Advocate, and an initial assessment of risk and need is conducted.
    b. **Interview stage:** Advocate provides pre-interview support and psychoeducation to child and family, support to the family whilst the child or young person is in the interview with the Police, and follow-up support immediately after the interview.
    c. **Duration of immediate response period:** Where required, Parkerville Clinical Psychologists provide acute response, assessment, and treatment.
2. **Interventions and specialist support, including targeted longer-term specialised therapeutic response alongside police investigation and court processes:**
    a. Child and Family Advocate undertakes specialist one-to-one sessions, needs assessments, psychoeducational and emotional support for the length of intervention:

i. This might be a matter of weeks or months if the family has sufficient psychosocial resources and needs only targeted support from MIST;
ii. It might be extended specialist and/or holistic support through the investigation and criminal justice processes (including Protective Behaviours, supportive counselling, liaison with other agencies, court support and support to child witnesses).

b. **MIST Family Therapy**: The program takes a family systems approach, recognising that CSA, and specifically disclosure and the post-disclosure period, can precipitate extreme stressors on and breakdown of the family unit (particularly for the families we support with existing complexity, including socio-economic disadvantage, intergenerational trauma and family and domestic violence, for example). MIST includes Family Therapy provision to work intensively with families to bolster functioning and help repair the family system.

c. **MIST Psychological Services**: Where more intensive psychological support is required, Parkerville Clinical Psychologists provide ongoing individualised specialist treatment for the child or young person, and carer sessions to build knowledge and how to respond in a trauma-informed manner.

1.2 An effective response

Research has shown that the Child Advocacy Centre approach is associated with improved access and engagement with supportive and therapeutic services. Studies of attrition from therapy at CACs have found much higher completion rates relative to services without an advocacy role. Parkerville data shows that 72 per cent of cases are referred to our internal therapeutic services, and 75 per cent to Protective Behaviours – contributing to improved therapeutic engagement and outcomes.

1.3 Importance of dedicated physical space

We welcome reference to the role of dedicated physical spaces in creating trust, safety, and an effective service response. Our WA Child Advocacy Centres in Midland and Armadale go further than simply providing dedicated spaces: in their architecture, design, furnishing, and operation, our Centres are specifically tailored to create a child-friendly, trauma-informed, welcoming, and highly functional space that takes children, young people and families through disclosure, Advocacy support, and specialist intervention.

Through intentional design and a child safe ethos at heart, our Centres work to enhance children and young people's autonomy and sense of control, and promote healing and empowerment – from first engagement through to departure. Therefore, the role of the physical space supports and scaffolds what our holistic and trauma-informed Advocacy does with and for those accessing our services: supporting healing from trauma and enhancing overall wellbeing.

We have included some images of our Armadale and Midland Centres below, to demonstrate the ways in which we have used space to support a feeling of welcome, safety, and accessibility.

George Jones Child, Youth and Family Centre (Armadale): image 1

George Jones Child, Youth and Family Centre (Armadale): image 2

Stan and Jean Perron Child, Youth and Family Centre (Midland): image 1

Stan and Jean Perron Child, Youth and Family Centre (Midland): image 2

2. Discussion Paper Question 10: features to include in the referral point

We note that the referral point would not directly provide support services. However, we believe that there are key features of the Child Advocacy model that would contribute significantly to ensuring the creation of a mechanism that is safe, trusted, and effective. Key to this is a service that at point of access, supports victims and survivors in a trauma-informed manner (with clear understanding of the complexity and co-morbidities with which people may present), and with specialist knowledge (i.e., of child sexual abuse, exploitation, harmful sexual behaviours; and the intersection with other forms of abuse, including family and domestic violence).

2.1 Benefits of Advocacy model: safe, reliable, accessible, and specialist

The MIST model gives children, young people, and families the support of an Advocate from the first engagement - generally disclosure and Police interview. This addresses many of the challenges identified in the Discussion paper as barriers to access, including accessibility, system complexity, and reliability of information. Advocates bring together specialist knowledge, and a trauma-informed approach that prioritises trust and rapport, holding a non-judgemental space for child and family, facilitating provision of immediate psycho/social/practical support, and navigation through criminal, judicial, therapeutic, child protection, health and any other service systems that are required.

This has a critical positive impact for victim-survivors as they move from the initial point of service access and on to other service supports:

- It creates as supportive and trauma-informed an environment around disclosure and initial help-seeking as possible, thereby building trust and a sense of safety.
- And by so doing, it reduces post-disclosure stressors for the child and their family, i.e., supporting the carer/parent to support their child through disclosure and recovery, in what may be highly complex circumstances.

2.2 Recognition of, and response to, complexity

As the Australian Child Maltreatment Study (ACMS)[1] found, four in 10 young people experienced more than one type of maltreatment, and girls are almost twice as likely to experience 4 or 5 types (4.7% vs 2.0%). Child sexual abuse rarely happens only once and is often experienced chronically. This is reflected in our services: frequently, if not overwhelmingly, the 'presenting issue' for the children, young people, and families that we support is only one form of trauma or disadvantage that they are facing.

This is a crucial point to highlight when considering design and delivery of a referral mechanism: it must be equipped to meet and support (even if at the point of initial contact and referral onwards only) people in and with their complexity. Given the ACMS statistics above, it is highly likely that many of those accessing the mechanism would have more than one experience of CSA, more than one type of maltreatment, and other intersecting disadvantages, complexities, or barriers to help-seeking or accessing services.

[1] Haslam, D., Mathews, B., Pacella, R., Scott, JG., Finkelhor, D., Higgins, DJ., Meinck, F., Erskine, HE., Thomas, HJ., Lawrence, D., Malacova, E. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*. Australian Child Maltreatment Study, Queensland University of Technology

The mechanism must have the specialist staff (or strong and effective connections to well-equipped specialist services – both CSA and other critical services, such as FDV, mental and physical health, legal) and breadth/depth of resources to ensure that the service response is not siloed, but rather responds holistically and systemically. This provision of specialist skills and knowledge, alongside partnership working with other key agencies, is an essential feature of Parkerville's Child Advocacy model. We firmly believe that this holistic and radically-personalised response to victims and survivors of CSA means that the immediate service response is safe and promotes trust, and that it lays the foundation for longer-term positive outcomes and healing from trauma.

The following case studies demonstrate how children, young people and families are met by our MIST service; from the first 'walk through the door' interaction, through Police interview, immediate and subsequent Advocacy support, and assessment and provision of ongoing intervention need.

Case Study

Redacted

Case Study

Redacted

Summary

In our work supporting vulnerable children, young people, and families, we are continually awed by the resilience they display in managing the impacts of abuse, trauma and/or other, often overlapping, challenges. Trauma-informed, person-centred care is at the heart of Parkerville's work, and we endeavour to circumnavigate seemingly implacable systemic barriers by working with agility and flexibility, leveraging relationships and finding workarounds to access services.

We strongly support the development of a National Point of Referral. Children and young people who have been highly disadvantaged by abuse, trauma, and other adverse childhood experiences, whose often complex and multiple needs repeatedly fail to be accommodated, require, and deserve, a system that supports them at the point of need, reduces system complexity, and aligns with current best practice, to enable victim-survivors reach their full potential, despite the challenges they have faced.

Yours sincerely,

Kim Brooklyn
Chief Executive Officer

Contact details

For further enquiries on this submission please contact:

Dr. Sarah Priest
Senior Research, Policy and Project Officer
Sarah.priest@parkerville.org.au
0424 273 663