

Improving services to survivors of child sexual abuse

The "*Reframing Responses*" project aims to enhance the capacity of non-government organisations (NGOs) to provide services to adult survivors of childhood sexual abuse (CSA), by evaluating existing service delivery and to develop an understanding of safety issues and models of care and to identify gaps, inequalities and barriers to access. The project focused on linking and sharing strategies between a range of NGO service providers.

The recently completed one-year project, funded by the Victims of Violent Crimes Grants Program was coordinated by MHCC. Dr Louise O'Brien, University of Western Sydney was engaged as the project researcher. A lack of information was identified in an Australian context with regards to service delivery, organisational structures and the perceptions of service providers and survivor users of services. It has also sought to provide evidence in NSW that will demonstrate the need for improved access and equity to a group most marginalised and vulnerable as a consequence of mental illness, substance dependency, co-morbidity, ethnicity, socio-economic status, disability or sexual preference.

Numerous studies employing variously clinical, convenience samples or random community samples have examined the association between a history of child sexual abuse and subsequent mental illness in adult life. An established body of knowledge clearly links CSA with higher rates in adults of depressive and anxiety symptoms, substance abuse disorders, eating disorders and post-traumatic stress disorders.

Survivors of CSA appear to utilise higher levels of health care than women who have been victims of other types of crime, and women with sexual assault and abuse histories, present with physical problems with greater frequency than those women who have not experienced sexual abuse. Women with CSA histories access services from a wide diversity of government, non-government and private health sectors including: mental health; drug and alcohol, and supported accommodation.

Survivors increasingly experience ongoing barriers to access and equity since they do not present in 'immediate crisis.' Services in metropolitan and particularly in rural, regional and remote areas lack both the time and resources to undertake vitally needed outreach work. Marginalised groups, especially Indigenous women, women with disabilities and women from CALD and NESB communities, as well as those living in rural or remote areas, are often unaware of the services available.

Whilst the consequences of CSA clearly contribute substantially to the costs of mental health care, the data available does not specify the causes leading women to access mental health services. However, one can speculate that costs could be substantially minimised by expanding upon specialised services for survivors.

The '*Reframing Responses*' research study design was qualitative, participatory and feminist. Participation was invited from both providers and recipients of services for women. Separate focus groups and interviews were conducted with a total of 51 participants. Participants were asked to describe their experiences of services from their own perspective.

The research has identified 'evidence-based' best practice as an approach to service delivery to survivors that offers a range of flexible 'holistic' services. Under-resourcing and the need to respond to those in crisis, means that generally State Government sexual assault services are unable to offer counselling to adult survivors. NGO community based services play a crucial role in responding to the complex needs of this group of women who experience difficulties in accessing mainstream services.

It is clear that increased access to support services for survivors of CSA in Australia is urgently

needed, without decreasing access to recently abused and assaulted children and adults. The “Reframing Responses” literature review, combined with qualitative findings has provided a basis for recommendations to improve access and equity to this population in the community.

The implementation of national standards and guidelines embodied in government policy is crucial, setting a ‘bench-mark’ for outcomes and including evaluation and ongoing improvements to service delivery. Data collection for longitudinal studies for research and outcome measurement is needed to fulfil a commitment to quality service delivery across the state, as is the need to address service delivery to rural, regional and remote communities and isolation of rural workers.

“Reframing Responses” highlights the link between child sexual abuse, mental illness and related health problems and provides unequivocal evidence that the complex needs of survivors of CSA can no longer be ignored in terms of the human and long term cost to the community.

The Report and Recommendations and the Literature Review will shortly be available on the MHCC web site, and hard copies will be available on request. For further information on this project, please contact Corinne Henderson on corinne@mhcc.org.au.