Advocacy Roles, Standards and Training for those working with Victims/Survivors of Sexual Violence

Literature Review: Advocacy Roles
Literature Review: Advocacy Roles

for Professionals working with Victims/Survivors of Child and Adult Sexual Violence

Parkerville Children and Youth Care
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The project aimed to contribute to the second objective of the FaHCSIA Child Aware Approaches grants ‘to improve or enhance the service response for children and young people experiencing, exposed to or at risk of exposure to domestic/ family violence, mental illness and sexual abuse, recognising that substance abuse issues may intersect with these risks.’ The Project goals also aligned to the National Framework for Protecting Australia’s Children, Outcome 6 which is: child sexual abuse and exploitation is prevented and survivors receive adequate support.

The Project team is employed by Parkerville Children and Youth Care Inc., a not for profit organisation in Western Australia. Established in 1903, this agency provides services for vulnerable children, young people and families. More information about Parkerville Children and Youth Care and the Project is available at www.parkerville.org.au and www.parkervillechildadvocacycentre.com.au

This document and other related advocacy role materials can be found at www.advocacyrole.org

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Executive Summary

Introduction
The aim of this literature review is to research and examine advocacy roles within the child protection and adult sexual violence sectors nationally and internationally. The review began with a few simple questions: what is victim/survivor advocacy? does advocacy improve the experience of victim/survivors? and is it needed? In answering these questions, consideration was given to the sexual violence context of these questions, justice and human rights responses, advocacy roles and models, and the additional needs of children.

While this review provides some answers to these questions, it’s more important aim is to stimulate thinking, discussion and debate amongst service providers, policy makers, funding bodies and the community about tangible ways of improving services to victims/survivors.

There are many professionals and volunteers in the child protection and justice systems locally, nationally and internationally, who have grown and developed services which genuinely aim to provide good support to victim/survivors and who continue to strive to improve these services. Examples of their innovation and best practice are honoured and reflected in this review. This review also acknowledges that service providers are constrained by a limited pool of resources, competition for these resources across and within systems, as well as by the differing mandates and priorities of these services. Professionals within systems may see the need for change or improvement but actioning and resourcing change can be inherently challenging.

Most importantly this review has tried to acknowledge the lived experience of victims/survivors and to represent their views through those who have used the service systems and whose thoughts and reflections have been captured in reports, inquiries and feedback mechanisms. Their views are the most compelling evidence of what works and what doesn’t for people who have experienced sexual violence and trauma.

Readers are urged to consider the victim/survivors experience at each chapter, on each page. A guiding question for you could be – if this was happening to someone I care about, what would I want for them? The research on the shockingly low percentage of professionals in the Australian justice system who would want their own child to experience the very system in which they are working is sobering. If you were designing services for your own child, a friend’s child or an adult friend or family member, what would you want for them, what would you want to change?
Main findings

Q: What is victim/survivor advocacy?

Advocacy at its core aims to help people by supporting them to express their own needs, gain access to information, understand options and make their own informed decisions. It involves speaking up for others when something is wrong and supporting ‘the whole person’ in all aspects of their lives. Advocacy is something we can all do (and may benefit from) at times. We can empathise and walk in another’s shoes and consider how we may support them, advocate for them or support them to advocate for themselves.

Advocacy is often one skill or criteria in the job description of a professional, noted as a part of one’s role and domain, but perhaps not well articulated or defined. Advocacy as a separate, independent professional role, with responsibilities and standards of service provision is a growing area of knowledge and expertise. Disability and mental health sectors provide leadership and guidance in this domain, with knowledge bases of advocacy developing also in the aged care, domestic violence and children in out-of-home care sectors.

Advocacy with victim/survivors of sexual violence is an emerging area of proficiency, particularly in the UK and US. The needs of these victims/survivors traverse many systems including justice, health, and welfare. At times the support that service providers can offer to victims/survivors is constrained by the imperatives of their roles or systems, such as a focus on investigating, charging or prosecuting offenders, or by the demand for services or lack of resources and services in some areas.

The advocacy role is now reflected in the role title of some professionals in the sexual assault field such as ‘counsellor/advocate’, which acknowledges different types of support offered to victim/survivors. Full-time advocates or advisors emphasise independence of their role from the criminal justice system and provide consistent, continued support from ‘report to court’ or from the time the victim/survivor is referred to the advocate for as long as required, no matter the reporting or judicial path that follows. These advocates aim to provide a holistic service to victims/survivors, addressing the immediate needs arising from impact of the sexual violence or participation in the justice system but also other social issues which may be impacting on them and impeding their capacity to recover from trauma.

Q: Does advocacy improve the experience of victims/survivors?

It is well understood and acknowledged that the trauma of sexual violence against children or adults can be extensive, resulting in lifelong physiological, psychological, and sociological impacts. People who experience sexual violence experience a range of emotions including shock, fear, guilt, shame, depression, anger and difficulty trusting others. Furthermore social
stigma can intensify these feelings, increase the trauma experienced, and also prevent victim/survivors from choosing to tell anyone about the violence.

When victim/survivors choose not to disclose the violence to anyone they do not get the support they need. The research indicates that clear advocacy roles for victims/survivors of sexual violence assists people to connect to services they need, can increase formal reporting of violence and most importantly, improve the support and experience of people who have suffered violence and trauma. End to end support, one person or advocate for and to support a victim/survivor through the various service systems, does help, is positive and appreciated by them.

In the words of two victims/survivors about the role of their advocates [ISVA – UK]

**P61 (VS4):** I mean I’ve got to say, the whole organization, they’re so there for you all the time. You know, [ISVA] supported me all the way through with the Police and everything. She reported it for me, came to the interviews with the Police, she’s been to hospitals and doctors with me, she helped me get off alcohol, and drugs. I just can’t, you know what I mean, without these [people] I truly wouldn’t be here today. And I say that with my hand on my heart. And even when my husband’s phoned a couple of times to try to see what he can do, they’ve even tried to help him. They’re so supportive all the way down the line…

**P43 (VS3):** If I hadn’t had any support I really, to be honest I think I’d have ended up losing the plot, and me kids would have been in care, because I’d hit rock bottom with what had happened. I needed to be strong for me daughter and me family, and [ISVA] helped me do that (Robinson, 2009).

**Q: Is Advocacy for victims/survivors needed?**

Victims of crime have human rights under a number of the United Nations Declarations on Human Rights. They have rights as people and individuals, rights as victims of crime, potentially rights as children and/or rights as indigenous people. Service providers, legislators and policy makers all have responsibilities to make sure these rights are articulated and actioned. Some evidence this occurs can be found with victims of crime legislation, charters of rights and complaint mechanisms.

Advocacy aims to assist those who are vulnerable or discriminated against or whose rights may not be upheld in the systems designed to serve them. Victims of crime, particularly sexual violence are vulnerable because of the nature of the violence they have experienced as well as the nature of some services aligned with the criminal-justice (rather than victim-justice) system. This system is primarily designed to prosecute offenders and deliver justice, rather than designed to meet the needs of victims of crime in the first instance. Whilst the
justice system has endeavoured to articulate the needs of victims and provide services for them, these are an adjunct to the prime intent of the system.

There is general agreement that advocacy for victims/survivors, both children and adults, is needed. The issue of contention and for discussion is does it exist already? Some service providers contend that advocacy and/or adequate support is already part of current service design, that court support workers, child protection case managers and counsellors provide advocacy and/or support within their domains. However inquiries, research and feedback from victims/survivors does not universally confirm this.

In the past decade there have been numerous government inquiries and research reports nationally and internationally aimed at understanding sexual violence and the adequacy of governmental and system responses to victims/survivors. Despite this increased understanding and some reform and changes to the way the criminal justice system responds to sexual violence, victims/survivors mostly continue to choose not to report; conviction rates have gone down in Australia, Canada, England and Wales; victims/survivors generally don’t feel justice is served; and they have variable support experiences depending on how supports are promoted and delivered.

Reports and research inclusive of victims/survivors views have determined that they seek flexible and practical forms of support in the immediate aftermath of sexual violence, and that support, advocacy and information were their priority requirement. They value advocacy support services that are tailored to their individual needs, promote their safety and recovery, prioritise support and empathy and improve collaborative interagency work regardless of if their ‘case’ has a legal pathway. Advocacy roles have enhanced the work of multi-disciplinary or interagency teams, enabled service providers such as police investigators to focus on their core duties (rather than also aiming to support the unsupported victim), decreased the attrition rates in justice systems (as victim/survivors are better able to cope with the demands of the justice system on them) and have even led to increased reporting to police.

This review does point to an urgent and long-standing need for broad based, victim/survivor focused, advocacy type roles and positions to complement and enhance (rather than compete with or undermine) existing justice, health and social-welfare services.
Preface, context, terminology and abbreviations

Preface and background to the literature review

This literature review and research of advocacy roles within Child Protection and Adult Sexual Violence sectors nationally and internationally has been made possible with funding provided by the Australian Government: Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) under the auspices of the National Framework for Protecting Australia’s Children.

The review and research are part of an Advocacy Roles, Skills and Training Project (Project) contributing to the second objective of the FaHCSIA Child Aware Approaches funding grants, which aim ‘to improve or enhance the service response for children and young people experiencing, exposed to or at risk of exposure to domestic/family violence, mental illness and sexual abuse, recognising that substance abuse issues may intersect with these risks.’ The Project goals also align to the National Framework for Protecting Australia’s Children, Outcome 6 which is: child sexual abuse and exploitation is prevented and survivors receive adequate support.

The Target Groups for this Project include Australian government and non-government agencies providing services to children, young people and/or adults who have experienced sexual abuse (historical and recent) and are interested in developing/enhancing an advocate role within their current service provision.

The Project team is employed by Parkerville Children and Youth Care, a not for profit organisation established in 1903 with nearly 110 years’ experiencing supporting vulnerable children, young people and families. Services include out of home care, youth services, therapeutic services, secondary family support services and the George Jones Child Advocacy Centre (GJCAC), which opened in Armadale, Western Australian on March, 2011.

See Appendix 1 for an outline of the model and services provided by the George Jones Child Advocacy Centre as well as a description of the role of the Child and Family Advocates employed at the Centre and how they interface with other service providers and the victims/survivors and families they serve.
ii Context in which this literature review and research was conducted

The provision of victim/survivor advocacy services over the past two years and involvement in the development of the George Jones Child Advocacy Centre in WA is the backdrop against which this review was authored. That is, rather than being neutral, this work has been influenced by two years of service provision to children and their families and the subsequent feedback from service users. This feedback is summarised in Appendix 2. Indeed, one of the roles of an advocate is to “do lobbying, policy research, and engage in other types of policy change techniques” (DeVita & Mosher-Williams, 2001). The successful application for funding to further develop the knowledge base, standards and training in this area of advocacy and to improve advocacy services provision is an outcome of this role.

It is therefore acknowledged that the project team is operating within a critical research paradigm or framework “which abandons pretence at neutrality and is openly committed to social change and reform” (McGlade, 2012, pg. 25). Paradoxically, being mindful of this bias has influenced the authors to consider and include information which identifies alternatives to the advocacy role and has incorporated a peer review process from within the project team as well as external to the team.

iii Terminology

We have chosen to quote the definitions of terms and language used in the Australian National Association of Services Against Sexual Violence (1998) *National Standards of Practice Manual for Services Against Sexual Violence* (NSPMSASV) to be consistent and because language used in this manual seeks to reflect the beliefs and values articulated in the philosophical base of the National Association of Services against Sexual Violence. It is used to communicate and contribute to an accurate understanding of sexual violence and its impact on victim/survivors. Within this context the keywords listed below are defined and explained to assist in developing a better understanding and analysis of the issue of sexual violence.

"Advocacy"

Acting and working within systems and agencies on behalf of individuals to ensure that their rights are upheld and their needs met. Advocacy can be proactive in terms of seeking out the full potential that a system may offer, as well as reactive in terms of working against the potential for systems and agencies to further traumatised victim/survivors.

*Empowerment*

A process through which service users may receive accurate information, control over decision making, and experience belief and respect.
Offender/perpetrator

Description of the person responsible for committing the crime. The term criminalises the action and also reinforces the innocence of the victim. The term rapist does not apply for circumstances of sexual violence other than rape.

Sexual Violence

A broad term used to describe sexual assault as a violation of human rights and a crime against the individual and the community. It includes all forms of forced or unwanted sexual activity ranging from sexual harassment, to rape with physical violence and threat to life.

Whilst the individual State/Territory legal and criminal definitions of rape of adults and children vary, Services against sexual violence - albeit with individual differences based on their respective mission statements - provide services to those who have suffered any form of sexual violence, in recognition of the significant emotional, social and political consequences of all forms of sexual violence.

Victims’ Rights Model

A service delivery model which acknowledges the importance of offering “empowerment” to victim/survivors through the opportunity of exercising control over decisions and regaining power as service users, individuals and as citizens, and one which clearly defines the rights service users have within a service.

Victim/survivor

“The term ‘victim’ identifies and reinforces that a person has been a blameless victim of a crime. Linked with the word ‘survivor’, the term then emphasises the capacity of people to recover from the trauma, and acknowledges the strengths and abilities of people to ‘survive’, as opposed to always being a victim, which may be linked with stereotypes of helplessness” (Dean, Hardiman & Draper, 1998, pp. 49-51).
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ALRC</td>
<td>Australian Law Reform Commission</td>
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<td>CAC</td>
<td>Child Advocacy Centre</td>
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<td>CFA</td>
<td>Child and Family Advocate</td>
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<td>DCP</td>
<td>Department for Child Protection Western Australia</td>
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<td>FaHCSIA</td>
<td>Australian Government Department Families, Housing, Community Services and Indigenous Affairs</td>
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<tr>
<td>GJCAC</td>
<td>George Jones Child Advocacy Centre</td>
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<tr>
<td>ISVA</td>
<td>Independent Sexual Violence Advisor (United Kingdom)</td>
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<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team</td>
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<tr>
<td>NCA</td>
<td>National Children's Alliance (United States of America)</td>
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<tr>
<td>NFIWG</td>
<td>National Framework Implementation Working Group (Australia)</td>
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<td>SARC</td>
<td>Sexual Assault Resource Centre</td>
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<td>SE-CASA</td>
<td>South Eastern Centre Against Sexual Assault</td>
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1 Introduction

Sexual violence perpetrated on children, young people and adults creates many needs for victims/survivors as well as for society at large. The very nature of sexual violence tends to be disempowering and traumatising.

Despite reforms to the justice system in particular and to a lesser extent the child protection system, victims/survivors often commonly fail to report sexual violence and those who do often have negative and at times traumatising experiences from their dealings with these systems.

The role of an advocate is to support victims/survivors to navigate their way through the justice, welfare and health systems, to help them get back on their feet, to be on their side and to lobby for systemic change when indicated. It is a role which seems to make good intuitive sense.

This review aims to piece together literature from Australia and abroad (primarily the UK and USA), to take a closer look at the interface between victims/survivors of sexual violence and the justice/welfare systems and where advocacy roles have and could or should be better integrated into these systems.

2 Sexual Violence Context

Sexual violence along with any form of violence has been recognised globally as a violation of a person’s human rights (Fileborn, 2010). About 1 in 5 women and 1 in 20 men have experienced sexual violence since the age of 15 years (Australian Bureau of Statistics, 2006) and between 15 to 30 per cent of females and 3 to 15 per cent of males are sexually abused as children (Fergusson & Mullen, 1999).

The trauma or impact of sexual violence can be extensive and lifelong with both physiological and psychological injuries. These may reduce a person’s capacity to study, work, to effectively contribute to the raising of children and or the cultivation and maintenance of friendship and family networks (Victoria Health in Taylor, Pugh, Goodwach & Coles, 2012). Sexual violence is also understood to be a precursor of high suicide and self-harm rates among women. In essence, victims of sexual violence are left to deal with layers of trauma, including trauma to the body, trauma to the emotions, and for some trauma to their sense of identity or sense of being. The effects of this violence are compounded by repeated or long-term sexual abuse as well as the nature of the relationship of the victim/survivor to the perpetrator/s.
Of particular significance identified by Mouzos and Makkai (2004) is a doubling of the risk of sexual violence for women of those who were abused as a child (54 per cent versus 26 per cent).

However, on the flip side, Fergusson and Mullen (1999) estimate that up to 40 per cent of victims/survivors will develop without any observable adverse psychological or social outcomes. They also suggest that apart from severity and frequency of the sexual violence, many of the negative outcomes attributed to the sexual abuse are confounded by social disadvantage and disturbed family backgrounds. They contend that mitigating against these negative factors are the protective factors of appropriate social and emotional supports immediately following the violence and later in life.

Consistent with theories of resilience, Lobmann, Greve, Wetzels and Bosold (2003) also allude to victim/survivor coping mechanisms which they believe are mediated by protective factors such as a child receiving support from teachers and friends to buffer the negative impact of the victimisation and/or assist in overcoming poor outcomes.

### 3 Justice Responses

#### Barriers to reporting

The following quote from the Western Australian Sexual Assault Resource Centre’s (SARC) web site exemplifies some of the decisional issues faced by victims/survivors.

“You may decide you want to report the sexual assault or sexual abuse to the police. This is an individual decision which only YOU can make.

Some of the reasons why people choose to go to the police are:

- To feel believed
- To feel empowered
- Because they don’t want it to happen to anyone else
- Because they want justice
- To let the perpetrator know that what they did was wrong

People also choose NOT to go to the police. This is a personal choice and the reasons for this may be because:

- They think they will not be believed
- They feel humiliated or guilty
- They think it’s their fault
- They know the person who assaulted or abused them
- The person who assaulted or abused them has threatened them if they told anyone
• They are afraid to go to court” (SARC, 2012).

This SARC web page goes on to explain a range of reporting options and provides brief outlines of what victim/survivors might expect including positive and possible negative issues. The page concludes, in bold, with: “SARC staff respect and support ANY decision you make, regardless of whether you decide to go to the police or not”

The above not only demonstrates a primary issue faced by victim/survivors and the staff who work with them, but also SARC’s commitment to informed, victim/survivor decision making. This website reflects an outreach approach designed to make sexual assault and related victim/survivor services more accessible.

In his survey, Fleming (1997) found only 10 per cent of sexual violence cases were ever reported to the police, a doctor or a helping agency (for example, community organisations, such as sexual assault services). In an earlier national survey of 2,852 self-selected victim/survivors, over half the males and over a third of the females had not disclosed the sexual violence to anyone prior to the survey (Easteal, 1992).

According to Taylor (2004) victims weigh this choice to report, which is loaded with challenges, barriers, and difficulties, with many choosing not to report and many not disclosing the violence to anyone or not seeking support. In addition, victims from certain groups including indigenous; culturally and linguistically diverse; those with a cognitive impairment; sex workers; and those living in rural communities' encountered further difficulties or barriers to reporting (Taylor & Gassner, 2010).

The South Eastern Centre Against Sexual Assault (SE-CASA) acknowledges that while women generally view the criminal justice system as their only avenue for justice to be done, however: “…most victim/survivors are better informed about the perils than they are about their rights to pursue legal options. Such perils may negatively impact upon a victim/survivor’s decision to enter into the criminal justice system” (SE-CASA, 2012).

The following graph in Figure 1, based on Australian data from 1990 to 2005 from Daly (2011), was initially developed to show the journey of 100 cases of sexual assault reported to the police. However, when viewed as a percentage of all sexual assault victims/survivors, in the context of this review it begs the question, what happens to and where are the supports for the 85% who don’t report to the police; or the 95% where there is no prosecution? Victims/survivors who report to police or where prosecution proceeds will be offered support services from the court system – the timing of commencement of these services and the type of services provided varies nationally.
Justice responses for children

Sexual violence involving children generates another layer of complexity. David Finkelhor has stated 'Children are arguably the most criminally victimized people in society' (Finkelhor, 2008, pg. 3). There is stigma and shame surrounding child sexual abuse in all societies, which according to Save the Children usually leaves the child to face the harm in solitude, “disclosure of abuse seldom results in conviction – rather it is the child who is blamed and judged” (in McGlade, 2012, pg. 11). Furthermore a child’s disclosure of harm may also initiate a child protection response with two systems becoming involved with the child as concerns for safety and protection are assessed as well as potential criminal offences. Children, unlike adults, in the context of both systems often have no choice about reporting or participating in these systems.

Justice and sibling sexual violence

Sibling sexual violence presents even more challenging territory. This poorly recognised area is important as it is likely to be the most common form of child sexual violence. It is likely to be more severe, coercive and of a longer duration as compared to other child sexual violence, is the least reported, has lower court rates and is commonly minimised by service providers (Department for Child Protection & National Framework Implementation Working Group 2012). A South Australian government report entitled, 'Responses to sibling sexual
assault: as harmful as the abuse itself reflects disturbing attitudes experienced by victims/survivors of sibling sexual violence from those they turned to for support. Themes which emerged included; “sibling sexual abuse as natural/normal, the victim’s fault, not serious, a family matter and a taboo subject, while less common but still powerful in its impact are responses informed by discourses about sibling sexual abuse as romantic love/sexual relationship and dysfunctional family” (Rowntree, 2005 pg. 23).

**Intimate partner sexual violence, shame and promoting disclosure**

Women living with their partner are more likely to experience sexual violence from their partner than any other male. Victims/survivors of marital sexual violence were likely to experience attacks ten times more often and within a relatively short time, as compared to acquaintances or stranger (Mahoney, 1999). Yet despite the frequency of these attacks, victims/survivors of intimate partner sexual violence are less likely to see help for or report the sexual violence as compared to attacks where the perpetrator was not an intimate partner.

Research by Duncan & Western (2011) and Probst, et al., (2011) showed improved rates of disclosure when women in community health centres were asked directly about trauma.

In her research on shame and intimate partner sexual violence, in recognition of the above research, Wall (2012) makes the following recommendation:

> The manner in which a disclosure is brought about may or may not have forensic relevance for evidentiary purposes in a criminal proceeding relating to the sexual abuse of an adult. However, this should not prevent health professionals from taking a therapeutic approach to asking about sexual violence in their professional capacity. (p 8)

This issue of the therapeutic benefit for the victim/survivor of disclosure is an important one. Taylor, Pugh, Goodwach & Coles (2012) recommend that universities equip doctors to deal with disclosures from patients recognising that doctors should be able to

> “monitor their own personal and professional attitudes and beliefs; be non-judgemental and open to discussing sexual trauma; be prepared to acknowledge and validate the disclosure; make the patient feel safe and protected; ensure confidentiality; provide sufficient consultation time for discussion; and be able to refer the patient to culturally appropriate, affordable treatment, and psychological or specialist services when needed” (pg. 540).

This is good advice for all professionals and carers such as foster carers, who work with vulnerable children and adults. Training on how to respond to a person’s disclosure in a
supportive manner, with due consideration of child protection laws, mandatory reporting and criminal justice processes, is likely to be of benefit to victim/survivors as well as the justice system.

**Aboriginal Peoples and Indigenous People of the Torres Strait Islands**

While Aboriginal cultures in Australia are very diverse with a broad range of experiences and perceptions, The Aboriginal Family Violence Prevention and Legal Service (AFVPLS), Victoria, makes the point that historically and in recent times, the legal system has been a tool of oppression against Aboriginal people and therefore, there is “considerable mistrust and fear of the consequences of engaging with it” (AFVPLS Victoria 2010a).

This report goes on to say that while the legal system can offer Aboriginal victims/survivors of family violence and sexual assault rights and protections such as safety notices, family orders for the safe arrangements of children and assistance/compensation as victims of crime, “statistics indicate that low numbers of ATSI people have been utilising the current legal system in this way” (AFVPLS Victoria, 2010a, pg. 1).

In her article, “Working with Indigenous survivors of sexual assault” Dorinda Cox explains that there are differences in styles, values and language between Western and Indigenous styles of service provision. However, because Aboriginal people are not a homogenous group, she suggests any common themes or advice for service provision for Aboriginal survivors should be tried and guided by the survivor rather than the agency or professional (Cox, 2008).

Amongst many suggestions of what culturally appropriate approaches might include, Cox (2008) talks about significant power imbalances and the need for professionals to reflect on their own biases, stereotypes and assumptions and to consciously become the learner from survivors in the first instance.

Cox also speaks to the pitfalls of employing Aboriginal people to deal directly with survivors as this may compromise the survivor’s confidentiality. Rather, she suggests Aboriginal people might have a more productive role in consulting with staff, engaging with other agencies and promoting services to communities to help build trust.

**Justice and the voice of victims/survivors**

Clark (2010) sought the views of 22 adult victim/survivors to better understand the justice needs, perspectives and meanings of sexual violence to them. They were asked what justice meant to them; “For some, justice involved retribution, while others sought official

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1 The term Aboriginal or ATSI will refer to Aboriginal Peoples and Indigenous People of the Torres Strait Islands in this review.
acknowledgement of the crimes, and yet others felt that community safety was their primary justice goal” (Clark, 2010, pg. 30).

Clark found that respondents were able to identify what would help them in achieving justice, most of which were commonly, seriously lacking. They included:

- **Justice** – the formal justice system to be functional at individual, community and societal levels in its overt support for victims/survivors and management of offenders;

- **Information** – clear, timely, practical and consistent information which not only helps in decision making but also demonstrates the worthiness of the victim/survivor. For this information to instil confidence rather than dismay, systemic change is required so those in the know, such as police, can present a more positive and reassuring picture;

- **Validation** – reports met with belief and empathy by officials and acknowledgement that a crime had been committed and that victims/survivors had been harmed rather than simply gathering evidence;

- **Voice** – the opportunity to tell their whole story, in court, including circumstances surrounding the sexual violence, what it meant to them and the impact it’s had on them and those around them;

- **Control** - to be given opportunities to contribute to the prosecution of the case and be included in decision making about the case including whether or not to proceed. Strong advocacy to progress their needs and requests throughout the entire legal process was important, especially for those who did not want to, or felt they didn’t have the ability to deal directly with criminal justice proceedings.

Clark (2010) makes the point that, “Reforms need to move beyond focusing on reducing victim trauma within current system structures, and towards addressing how the system can be responsive to victims/survivors’ individual justice needs” (pg. 29).

**Impact of justice reforms**

In the past decade there have been numerous government inquiries and reports nationally and internationally aimed at understanding sexual violence and the adequacy of governmental responses to victims (Astbury, 2006; Australian Centre for the Study of Sexual Assault, 2005; Australian Government, 2010-2022; Australian Law Reform Commission, 1997; Cant, et al., 2006; Crime and Misconduct Commission, 2008; Community Development and Justice Standing Committee, 2008; Daly, 2011; Department of the Attorney-General, 2006; Fergus & Keel, 2005; Kim-Baker, 2010; Lievore, 2005; Olle, 2005; Payne, 2009a; Payne 2009b; Richards, 2009; Stern, 2010) Additional energy has been put
into inquiries and reports specifically within Aboriginal communities (Gordon, Hallahan & Henry, 2002; Wild & Anderson, 2007)

However, McGlade (2012) and others point out that whilst some important changes have resulted from these reports, “government responses have varied and failure to implement recommendations has been a major problem” (McGlade, 2012, pg. 127). Furthermore despite the changes to the way the criminal justice system responds to sexual violence, victims/survivors continue to express dissatisfaction with police and court processes (Daly, 2011; Parkinson, 2012; Taylor, 2004), and conviction rates have gone down in Australia, Canada, England and Wales, averaging from a low 18% (i.e. less than 1 in 5 charges led to conviction) in an earlier period (1970–1989) to an even lower 12.5% (1 in 8 charges led to conviction) in a later period (1990–2005) (Daly, 2011 p 4). Furthermore the impact of reforms on reporting to the police in Australia appears to be marginal. In the Women’s Safety Australia Survey (Australian Bureau of Statistics, 1996) 17 out of 20 women who had experienced sexual assault in the past 12 months had not reported it to the police. Ten years later, the 2005 Personal Safety Survey found 16 out of 20 had not reported it to the police (Australian Bureau of Statistics, 2006, pg. 8).

Eastwood (2003) provides a comprehensive overview of courtroom experiences of children in Queensland, New South Wales and Western Australia, each with different models of service delivery and reforms and finds a similar outcome. Eastwood noted that the Child Witness Service in Western Australia drew widespread support from children who had used the service, however, in general, reforms across Australia have been piecemeal and tended to focus on technology and technical adjustments such as use of CCTV, pre-recorded evidence, support persons, restrictions on cross-examinations, improvements to interview techniques, child witness statements, and the introduction of a specialist court in NSW. Legislative modifications for children have not fully addressed the real issue of re-traumatisation inflicted by the justice system itself or the manner in which children are disadvantaged in the legal process.

When asked if they would ever report sexual abuse again following their experiences in the criminal justice system Eastwood found “only 44 per cent of children in Queensland, 33 per cent in New South Wales and 64 per cent in Western Australia indicated they would. (Based on research data the higher response in Western Australia appears to be indicative of more child-friendly provisions in that state)” (2003, pg. 2). Furthermore in the same study when professionals were asked “If your child was the victim of a serious sexual assault, would you want them in the criminal justice system?” Eastwood found “only 18% of legal professionals in Queensland responded that they would want their child in the system. In New South Wales, 33% indicated “yes”, while in Western Australia the percentage was considerably
higher at 46%. Overall, only 33% of legal participants would want their own child in the criminal justice system” (2003, pg. 89). Eastwood concludes this is of significant concern given “that these very professionals are involved with the justice system on a day to day basis, and no doubt understand it better than other members of the community. Clearly, there is widespread agreement from all categories of participants that the whole process can be extremely damaging to the child and is perhaps not worth the trauma” (2003, pg. 94).

Richards (2009) in her more recent review concurs and concludes that changes or provisions in the criminal justice system “have been limited in improving the experiences of child complainants and in turn increasing conviction rates” (Richards, 2009, pg. 134). McGlade (2012) also agrees, stating;

“child sexual abuse is a crime we abhor in principle, but in practice Australian children are let down by an ambivalent criminal justice system. Children, academic experts and legal professionals have all agreed that the process is too often an abusive one.” pg. 163.

From a victims point of view, Astbury (2006) looks at re-victimisation or secondary victimisation, stating that a victims/survivor’s negative experiences of responses from family/friends, criminal justice and health service providers can contribute to secondary victimisation in which the existing distress can be exacerbated and delay recovery from the initial trauma. With regards to sexual assault interventions, Astbury states these “must respond to survivor’s needs and concerns” (Astbury, 2006, pg. 7). At the time of writing, she described the evidence base on these needs as incomplete.

Daly (2011) provides a clear overview of system responses nationally and internationally and this is essential reading for anyone working with victims of sexual abuse. Based on her review, Daly challenges us to consider that the criminal justice system in its current, primarily adversarial format, may well have largely exhausted its potential to change its response to sexual violence, and perhaps it is time innovative justice responses are considered, which may be part of the legal system or lie beyond.

Justice reforms are not the primary focus of this review and will not be explored further. However, the literature on justice reforms highlights the common experiences of victims, which is invaluable for educating those working with victims/survivors. Furthermore it points to areas for service providers and/or advocates to progress systemic change, and speaks to the type of support victims/survivors require that the justice system cannot provide because: it is not part of its remit; it has no resources to do so; or because the vast majority of victims/survivors of sexual abuse continue to prefer to avoid the justice system.
4 A human rights approach

Despite a general sense of disappointment and dismay with the current criminal justice system, researchers agree that human rights responses to sexual violence against adults and children must be better incorporated within this system (Eastwood, 2003; McGlade, 2012; Richards, 2009; Taylor & Norma, 2011) Those working with victims/survivors of sexual violence therefore need to be aware of justice processes, the human rights of victims/survivors and the potential need/decisions of victims to pursue justice.

The rights of victims are well established in the 1985 United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (United Nations, 1985). These include:

- The right to be treated with respect and recognition;
- The right to be referred to adequate support services;
- The right to receive information about the progress of the case;
- The right to be present and give input to the decision-making;
- The right to counsel;
- The right to protection of physical safety and privacy; and
- The right of compensation, from both the offender and the State.

Many states in Australia have recognised the rights of victims. The State of Western Australia recognises the rights of victims of crime through an act of Parliament. The Victims of Crime Act (1994) offers 12 guidelines to protect and support victims, including that all victims/survivors should be treated with courtesy, compassion and respect and victims should have access to counselling.

Innovative or additional services or responses must not undermine a person’s right to mechanisms of justice. However, given the demands of the justice system itself upon victims/survivors and the recognition the justice system seeks to provide justice responses only, it is important to continue to develop around and within the system ways of meeting the other human rights of victims/survivors.
5 Children - Additional Considerations

Rates of child sexual violence
According to the Australian Bureau of Statistics 67% of all reported sexual assaults occur to children and young people. Of these, 17% are under age 9, 25% aged 10-14 years and 24% are aged 15-19 years. The victimisation rate for victims aged 10-14 (338 per 100) is 4 times higher than the rate for all groups Australian Bureau of Statistics, 2009).

Child participation within the legal and child protection systems
As previously mentioned, when children are victims of sexual violence they potentially come to the attention of both the criminal justice system and the child protection system. Children often become participants or concerns within these systems and have very limited or no capacity to act, participate or make decisions in these systems.

Rights of children
It has long been established that children and young people have rights to participation under the United Nations Convention on the Rights of the Child (1989). Article 12 speaks directly to a child’s right to participation

“Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child” (United Nations, 1989).

Participation is not only a human right, it is important for children’s self-esteem and confidence to have their views respected and taken seriously (Melton, 1987). According to Cashmore (2002) this is particularly important for children and young people who have been abused or neglected as it can give them a sense of being active participants in their own lives rather than reinforcing they are powerless victims at the whims of adults. These children will require support to participate:

“Children who have been abused have suffered a violation of their right to protection, and this will make it more difficult for them to exercise their right to participate in the decision-making arenas in child protection work. Many have lost trust in adults. Many are emotionally disturbed and frightened. Some want nothing to do with social workers at all. These children face particular difficulties in their attempts to be heard, such as stressful meetings and courts appearances, fear of reprisal and several changes of social workers” (Bell, 2001, pg. 50).
The voice of children

It is challenging to involve children and to consider and incorporate their views as often they are not able to be fully informed participants with ‘knowledge about the hugely complex domain of government activity and welfare health policy’ (Lonne, Parton, Thomson & Harries, 2009). However, with thoughtful interventions and where children have a positive relationship with a service provider or strong supporter, they are well able speak to their views and wishes. These then must be heard. Relationship based practice and genuine partnerships with children and their parents should be foundation principles of all professionals and volunteers.

In some domains the participation of children is well established, such as children and young people in state care, disabled children and children making complaints (Cashmore, 2002; Commissioner for Children and Young People, 2012; Department of Health, 2002; Hersh, et al., 2009; Kaye, 2007). But it is far from routine for children across all social service interventions. Promoting a child’s participation, wellbeing, resilience and access to support services are agreed ways of improving systems responses to children and young people (Australian Law Reform Commission & Australian Human Rights Commission, 1997; Barnes, 2007; Cashmore, 2002; Lonne, et al., 2009; Ungar, 2009).

6 Advocacy for Children

The word advocacy comes from the Latin word advocatus, which means “legal adviser” but can also mean “speaking up for people” (National Society for the Prevention of Cruelty to Children, n.d.). The idea of people representing others has gathered strength in the last thirty years and is particularly well established in the community services areas of aged care, disability services and more recently mental health care. Advocacy has a variety of meanings and is embedded in the roles of many. It encompasses self-advocacy, peer advocacy, consumer advocacy and systems advocacy (Australian Government 1999).

In 1995 the Australian Law Reform Commission (ALRC) and Australian Human Rights Commission (AHRC) jointly undertook a National Inquiry into Children and the Legal Process. The Seen and heard: priority for children in the legal process report was tabled in Federal Parliament in November 1997. This report provides extensive evidence of the problems and failures of legal processes for children, including discrimination, failure to consult with and listen to children in matters affecting them, exposure to processes which are bewildering and intimidating and the lack of co-ordination of and/or serious deficiencies in needed services to children. According to the ALRC website in 2012 to date “there has been no official federal government response to the findings and recommendations made by
the ALRC and Human Rights and Equal Opportunity Commission in the “Seen and Heard” report. Some of the report recommendations have been adopted by individual agencies at state and federal levels whilst many others have not.

Australian national review recommendations for child advocates

The 1997 ALRC & AHRC report remains one of the most comprehensive examinations of young people and the legal system undertaken in Australia and interestingly sixteen years ago specifically looked at the issue of advocacy for children and made these specific findings and recommendations:

“5.31 Children require both systemic advocacy and advocacy as individuals. Children as a group are helped to take an active role in matters affecting all children through broad-based, systemic advocacy. Advocacy of individual children remains necessary and important. However, scrutiny and monitoring of government services and programs, lobbying of government on behalf of all children and dealing with complaints to ensure accountability have all become important advocacy functions.

5.41 To complement these systemic advocacy bodies and in recognition of the difficulties many children face in accessing services and processes, the Inquiry is also recommending the formation of a network of individual, 'grass-roots' advocates to provide children with directed, individual assistance. This network would also be co-ordinated by the Office for Children” (ALRC & AHRC, 1997).

The ALRC specifically recommended both systemic advocacy for children, involving children, and individual advocacy to support them and to assist them to participate in legal processes and systems. The report recommended an Office for Children be established but this has not eventuated, neither has the formation of the network of advocates. However at a systems level the introduction of Commissioners for Children and Young People across Australia has provided a systems check point for children, and is an important development. As for individual advocacy the ALRC paid specific attention to who was best placed to be advocates for children and what skills and qualifications these professionals should possess.

In essence the ALRC argued children are best supported by those with whom they have a relationship and in whom they trust rather than with a person who has a requisite position, role or status. Children's advocates should be the people to whom children relate and who are accessible to children, including parents, youth workers, school welfare officers, and community service providers. However the ALRC found that where advocates were already working with families the informal nature of the advocacy led to lack of recognition and
accreditation for these advocates, and a dilution on the importance of, or priority of, the advocacy component of their role (ALRC & AHRC, 1997).

**No overarching driver for advocacy**

There are potentially many reasons why individual advocacy for children has developed in only some domains: there is no overarching driver (such as the recommended Office for Children); advocacy may be a skill or criteria included in job descriptions but not fully articulated and actioned; or advocacy is given other names. Examples of different language or names can be found in the Family Law context where advocacy for children is a component of Child Inclusive Practice (Mackay, 2001) and in civil law proceedings - family or child protection courts, children are appointed Independent Children’s Lawyers who are described as ‘best interests advocate for children’ who facilitate their participation in court processes (Chief Justice of the Family Court of Australia & Federal Magistrates Court of Australia, 2007).

**Manifestations of the child advocate role**

With regard to role, Grover (2004) argues that whilst the child or young person involved with child protection and other systems are reliant upon frontline workers to be their advocate, these workers often do not see advocacy as their function and are driven by policy mandates of the institutions that employ them, and policies which may not always adequately respect the child’s rights (Grover, 2004). In the U.S.A, volunteer advocates have been added to the child protection system and are appointed for children in state care (Hersh et. al., 2009). Each advocate works with one child whilst case managers/front line workers may have caseloads of 25 – 40 children. The advocate role is to establish a good quality relationship with the child as a catalyst to build resilience in the child. The advocate instils a sense of value in the child, listens to their views and also considers the issues for the child providing scrutiny to system processes and practices for that child. Bell, reporting on a similar role for advocates for children in care in the UK, found advocates are identified by young people as more available and independent and as “being supportive and on my side, providing information and rebalancing power in decision-making arenas” (Bell, 2011).

According to Bell, advocacy is a range of activities including promoting a young person’s view and/or enabling young people to voice their own views or concerns, addressing rights issues, providing support, giving advice and information about their rights and empowering and assisting them with issues they are facing (Bell, 2011, pg. 43). At first glance children and young people can struggle to define or describe advocacy and there has been limited research done with children on this topic. The NSPCC in the UK undertook some work with children and young people with learning disabilities who described an advocate as someone who is: “able to get to know the child and young person well; a good listener and able to
understand; good at communication and easy to understand; polite and easy to get on with; neutral and independent” (National Society for the Prevention of Cruelty to Children, n.d.).

The Advocate for Children in Care of the state in Western Australia advertises the Advocate role as one which will: listen to young people and help them say what they want and help get adults to listen; give information & advice about what young people are entitled to, and how they should be treated; provide support to have decisions reviewed or to make complaints and speak to people in authority about what young people think works or doesn’t work for them (Department for Child Protection, n.d.).

**Child views vs. best interests of the child**

Some argue that advocates for children in care or children with disabilities first and foremost represent the view of the children and the responsibility to uphold the best interests of the child is the domain and responsibility of others such as child protection practitioners and child inclusive practitioners (Bell, 2011; The Children’s Society, 2012). The divide is not so simple. Most professionals have a responsibility to ensure the best interests of the child and are also bound by professional codes of conduct or legislation to report on concerns of harm about a child. Most professionals would discuss any role conflict with their client, including any conflict of view. Some professionals may clearly have both duties within their one job description namely to promote best interests of the child and to advocate for or represent the views of the child (Appendix 1 for the George Jones Child Advocacy Centre (GJCAC) and the Roles of Child and Family Advocates).

In the design and development of any advocate role or the integration of advocacy into the other duties of a professional it is important to be clear about responsibilities in the role. The advocate, or professional with advocacy responsibilities, the employing agency, other professionals and most importantly children, young people, parents and carers need to be clear about the extent to which the advocate/professional will only repeat a young person’s wishes and/or take into account the context and best interests of the child, or likewise respect a young person’s wishes and discuss issues of concern directly with the young person about these wishes.

**7 Independent Sexual Violence Advisors/Child Advocates**

There has been significant research in the United Kingdom in the past seven years into the impact of sexual violence on victims and system responses. This is captured in a large array of reports and government documents (Association of Chief Police Officer & National Policing Improvement Agency, 2009; Association of Chief Police Officers, 2010; Home Office, Association of Chief Police Officers & Department of Health, 2009; Home Office, 2011; Independent Victims’ Commissioner, 2012; Jones & Cook, 2008; Lovett, Regan &
Support needs of victim/survivors

In their 2004 study, Lovett, Regan and Kelly (2004) noted that victims wanted a “more flexible and practical form of support” in the immediate aftermath of sexual violence, and that support, advocacy and information were their priority requirements (pg. 74). In 2008 Sarah Payne was appointed as the inaugural National Victims’ Champion in the United Kingdom and she made it a priority to “influence the agenda and put the needs of victims and witnesses at the centre of the justice system” Payne, 2009b). This included her contributions of two influential reports in 2009 - Rape: The Victim Experience Review (Payne, 2009a) and Redefining justice: Addressing the individual needs of victims and witnesses (Payne, 2009b).

Baroness Stern during her Review into How Rape Complaints are Handled by Public Authorities in England and Wales (2010) consulted with public sector agencies, voluntary organisations who represent victims (and perpetrators) of sexual violence, judiciary, academics, authorities and workers in the sector and Sarah Payne. Stern affirmed that society has positive obligations and responsibilities to help and protect victims, aside from the operations of criminal law. She found that whilst victims and organisations who work with victims want to see offenders convicted, what they wanted more was to be treated well, listened to, to be believed and to be kept informed. Stern emphasises “whether the rape is reported or not, whether the case goes forward or not, whether there is a conviction or not, victims still have a right to services that will help them to recover and rebuild their lives" (Stern, 2010, pg. 9).

Payne has challenged the justice and social services systems to “address the total impact crime has had on a victim rather than the type of offence committed. Victim’s needs and impact must be assessed on an individual basis and interventions for victims based on those assessed needs” (Payne, 2009b, pg. 10). Payne also states that a victim needs a champion or a single point of contact who brings together the multitude of agencies involved to ensure the victim’s needs are met. She describes this as an “end-to-end” approach, emphasising this means continuous support that doesn’t just focus on the statutory agencies and professionals involved in progressing a criminal case (Payne, 2009b, pg. 13).

Independent Sexual Violence Advisor

Key recommendations of the Stern Review (2010) include firmer financial funding for Sexual Assault Referral Centres and that “every victim who so wishes should be supported by an Independent Sexual Violence Advisor (ISVA)”. At the time of the Stern Review ISVAs were
present in pilot schemes in some areas. The Home Office UK, has taken the lead in
developing the ISVA role and describes it as,

“A pro-active service to victims of sexual violence through risk assessment and
safety planning; enabling victims to access those statutory and other services they
need; and ensuring victims are kept informed and supported as their case
progresses through the criminal justice system” (in Stern, 2010, pg.103).

Stern provides examples of the practical assistance and support an ISVA provides to
victim/survivors regardless of their decision to report or not. These include arranging home
security checks on properties, organising lock changes or installing spy holes; sorting out
housing problems; meeting agencies to establish how to provide adults with learning
disabilities with appropriate support; and liaising with police forces out of the area when the
details of a case span more than one police area. For young people, ISVAs help them
through the difficulties of being of an age where parents want to know what is going on, but
the young person is seen as competent to make his or her own decisions (Stern, 2010).

Stern emphasises the importance of the ISVA role as being independent of criminal justice
agencies, but trusted by them all. She goes as far as to say that in the battle for limited
resources, support and care for victims should be a higher priority, “the obligations the State
has to those who have suffered a violent crime, and a crime that strikes at the whole concept
of human dignity and bodily integrity, are much wider than working for the conviction of a
perpetrator” (Stern, 2010, pg. 46).

Since the Stern Report the Home Office has committed funding for ISVAs and part-funds 87
ISVA posts throughout England and Wales (which equates to £1.72 million per year over a
four year period) until 2015. This is match funded by local authorities who take responsibility
for implementing the positions. ISVAs can be found working in Sexual Assault Referral
Centres, Rape Crisis Centres, local police stations and in not for profit agencies. Extensions
of the ISVA role now include Young Peoples ISVAs and Child Advocates.

During early implementation of the ISVA role duplication (perceived or real) with other roles
such as Sexual Offences Liaison Officers (Police) and Victim Support Services (Courts)
discussion and negotiation was required across agencies. For victims/survivors, the end to
end support of an ISVA once offered, was invaluable, and if the case proceeded to court the
victim/survivor preferred the support of the ISVA than building a new relationship with a court
support worker. Now ISVAs and court support workers work collaboratively together, with
focus on consistent support to the victim/survivor being the guiding principle in most areas.
Robinson conducted a process evaluation of the ISVA role in 2009. She found that: ISVAs work closely with a range of partners; the role was clearly defined and was found to be a unique, broader, and a welcomed addition to local partnership working. ISVAs were regarded as adding value because of the practical nature of the support they provide. Overall, Robinson found respondents did not perceive that ISVAs duplicated the work of other staff providing services to victims. Any sense of encroachment on the roles of others was attributed to the lack of understanding of the specialist, comprehensive nature of the role, which is a combination of emotional support and tangible assistance. Robinson states

“ISVAs do not duplicate another existing role, as they are the only specialist sexual violence workers whose remit specifically includes providing crisis intervention, emotional support, practical assistance and help to victims whilst working in a multi-agency partnership” (Robinson, 2009).

Robinson researched the ISVA role in both SARCs and not for profit agencies and observed “each of which produces particular advantages and limitations for ISVA work”. She did not recommend one setting above the other as each produced different, yet commensurate quality of services to victims. Robinson also stated “local areas should offer both ISVA support and longer-term counselling services to holistically provide for the needs of victims, and to carefully consider how this can be provided most efficiently” (Robinson, 2009). She found that support provided by ISVAs could be a precursor to counselling for some clients, or a replacement of counselling for others. It was not possible, however, to view counselling as a replacement for ISVA work and similarly, ISVAs could not serve as a suitable replacement for counsellors. Victims need both roles to be available in the range of service options open to them. Some ISVAs who were interviewed by Robinson had previously worked as counsellors and were well placed to comment on the difference between the two roles:

P4 (SVP1): I think that’s one of the biggest changes to my role has been from counselling, when you only see a client for one hour a week and that’s all you can do with them, to the ISVA where you can actually speak to other people on their behalf, and attend court with them, you can attend GUM clinics [Genito-Urinary Medicine/Sexual Health] appointments with them, and it’s a much more hands on approach...

P29 (SVP3): I’m more involved now as an ISVA than before [when I was a counsellor]. It’s kind of I’m there every step of the way… before I wasn’t there every step of the way. I was more emotional than practical support.
For the majority of the victims interviewed by Robinson (2009) the support provided by an ISVA was often cited as what enabled them to ‘pull through’ the trauma caused by the sexual violence. Two victim responses:

**61(VS4):** I mean I’ve got to say, the whole organization, they’re so there for you all the time. You know, [ISVA] supported me all the way through with the Police and everything. She reported it for me, came to the interviews with the Police, she’s been to hospitals and doctors with me, she helped me get off alcohol, and drugs. I just can’t, you know what I mean, without these [people] I truly wouldn’t be here today. And I say that with my hand on my heart. And even when my husband’s phoned a couple of times to try to see what he can do, they’ve even tried to help him. They’re so supportive all the way down the line…

**P43 (VS3):** If I hadn’t had any support I really, to be honest I think I’d have ended up losing the plot, and me kids would have been in care, because I’d hit rock bottom with what had happened. I needed to be strong for me daughter and me family, and [ISVA] helped me do that (Robinson, 2009).

From a criminal justice perspective, Robinson (2008) found ISVA’s support prior to the victim reporting the incident to the police was important. It was important to victims but it was also a key factor in assisting victims to report. The ISVA role should not be viewed narrowly as providing support from report to court only, it is a support role to all victims seeking help, even those unsure about or choosing not to report. Finally ISVAs have a broader institutional advocacy role with their multi-agency partners, Robinson found many examples of providing advice or information to partners from ISVAs that, in turn, improved multi-agency practice around sexual violence.

Implementation of the ISVA role in the UK has occurred in a context of broader improvements in police and justice systems which include training for police in victim support and care, training with partner agencies in collaborative responses to sexual violence, specialist police to respond to sexual violence, specialist prosecutors for sexual violence, UK police focusing on victim care and satisfaction more broadly including reporting on victim satisfaction as a key performance indicator and the implementation of the Victims Champion and Victims Commissioner roles (Concie, 2011; Independent Victims’ Commissioner, 2012). One report for Avon and Somerset area provides an example of changes in local service provision and specific mention is made of the ISVA role. In Bristol, in response to poor detection rates and the high concentration of sexual offences that occur there, the Avon and Somerset Constabulary introduced the Operation Bluestone team in 2009. This team investigates the most serious sexual assaults and officers in the team have specialist
training in how to support victims, gather evidence, and collaborate closely with other agencies including ISVAs. An evaluation of Operation Bluestone found that the most crucial factor in increasing levels of victim engagement with the criminal justice process was the support afforded by ISVAs (Independent Victims’ Commissioner, 2012, pg. 27). The ISVA role is seen to benefit the victim/survivor even in a team composed of specially trained officers, in tune with their needs.

**Western Australian approaches to Victims/Survivors**

From a Western Australia perspective similar themes of inadequate attention to the needs of victims have been reported. In a review of services to victims and witnesses by the Office of the Public Prosecutor, it was noted:

> “The victim matters to the system only as far as the conduct of the case against the offender requires. But victims DO have important interests which should be recognised, such as freedom from fear, intimidation, harassment and further degradation, the preservation of privacy, and the right to have their side of the story put to the Court. The rights that the victim ought to have are often sacrificed to those of the offenders and others (Keating, 2001, pg. 105).

The 2008 report by the Community Justice Standing Committee reviewed the justice system responses to sexual assault, including impact on and support to victims. It found that there are major problems with communication between agencies and from the agencies to victims. “This results in a very inefficient process and dissatisfaction amongst all parties and impacts most heavily on the victim” (Community Development and Justice Standing Committee, 2008 Finding 19). Further it concurred that as the legal system’s responsibility and focus is on “justice” welfare or protection of victims is not of primary concern, and in fact the need for compassionate support of victims is a matter resulting both from the trauma of the original offence and also the judicial process established to deal with that offence. The report states that “once in the justice system the victim becomes a witness for the prosecuting authority and to that extent is no longer the central focus of the legal process”. A submission to the inquiry notes “we cannot rely on police involvement and prosecution to provide closure or resolution for victims. Children and their families need to know where they can turn to for help when they are harmed and they need assistance” (Community Development and Justice Standing Committee, 2008 pg.120).

In terms of the current provision of services for victim support in Western Australia the Inquiry noted the range of health services such as SARC, and Princess Margaret Hospital for Children, alongside other non-medical initiatives such as the Victim Support Service and a number of non-government agencies. However, it found “there are a number of gaps
between the services on offer and the needs of victims of sexual assault for support in Western Australia” (Community Development and Justice Standing Committee, 2008). Of particular issue were under resourcing of support services for specific population groups, notably people with disabilities and indigenous people, and for victims where police charges are not preferred and counselling and support is left to the individual and/or their family to resolve.

The Inquiry stated the “consequent cost to the community of inadequate support services for victims is substantial, in mental and physical health problems and productivity” and asserted the onus of “ensuring victim support should be removed from the victim/complainant and given to the police” (Community Development and Justice Standing Committee, 2008 pg. 152). Consequently, Recommendation 26 was made:

“the Minister for Health ensure a victim support officer be made available to all victims of sexual assault as soon as the offence is reported to the police. This service to be provided by the Sexual Assault Resource Centre or related agency.” (Community Development and Justice Standing Committee, 2008).

The project team notes this recommendation was implemented with Victim Support Services/Department of the Attorney General now providing support to adult sexual assault victims from the time of report to police. Child Witness Support Services/Department of Attorney General continue to be available to child victims from the referral from police when charges have been laid. What About Me a booklet for victims of crime in Western Australia, affirms the guidelines of the Victims of Crime Act (1994) and makes clear to victims that Victim Support Services “can provide counselling, support and information to help people understand their rights and options. We aim to help you deal with the issues and stress you are experiencing and can put you in touch with appropriate people and resources” (Department of the Attorney General, n.d., pg. 3). The booklet provides helpful information to victims and identifies state wide services that may be of assistance to them.

Chapter 6 of the Community Development and Justice Standing Committee (2008) report focused on Adequacy of Victim Support. The Committee reviewed best practice responses to victims/survivors of sexual offences arising from national and international literature and concluded that effective counselling, support and advocacy services for all victims/survivors of sexual assault were important whether the incident is recent or has occurred in the past. The Inquiry recommended that Therapeutic Jurisprudence models be explored (Recommendation 19) and the Child Advocacy Centre model of intervention be implemented for children and explored for adults (Recommendation 20).
The Child Advocacy Centre model commenced in Huntsville Alabama, U.S.A in 1984 and there are now over 900 Child Advocacy Centres (CAC) internationally. Federal funding in the U.S.A has seen national development of CACs across the country including the development of standards, accreditation and training. Evaluations of the CAC model – conducted by the University of New Hampshire highlighted many benefits of CACs:

- “CACs showed significantly more evidence of coordinated investigations
- More children involved with a CAC received a forensic medical examination
- 60% of CAC cases included a referral for mental health services versus only 22% of comparison community cases
- Parents and caregivers in the CAC sample were more satisfied with the investigation than in the comparison sample
- CACs are effective at increasing multi-agency involvement in child abuse cases
- With strong involvement from law enforcement and district attorneys CACs showed an impact on criminal justice outcomes” (Finkelhor, et al., 2006).

There are ten standards a CAC must meet for accreditation with the National Children’s Alliance (NCA) of the U.S.A. One of these is specific to Victim Support and Advocacy:

“Victim support and advocacy services are routinely made available to all CAC clients and their non-offending family members as part of the multidisciplinary team response” (National Children’s Alliance, 2011).

This standard is comprised of five elements of victim/survivor support and advocacy:

1. Crisis intervention and ongoing support services are routinely made available for children and their non-offending family members.
2. Education regarding the dynamics of abuse, the coordinated multidisciplinary response, treatment, and access to services is routinely available for children and their non-offending family members.
3. Information regarding the rights of a crime victim is routinely available to children and their non-offending family members.
4. The CAC/MDT’s written documents include availability of victim support and advocacy services for all CAC clients.

5. A designated, trained individual(s) provides comprehensive, coordinated victim support and advocacy services including, but not limited to:

- Information regarding dynamics of abuse and the coordinated multidisciplinary response;
- Updates on case status;
- Assistance in accessing/obtaining victims’ rights as outlined by law;
- Court education, support and accompaniment; and
- Assistance with access to treatment and other services such as protective orders, housing, public assistance, domestic violence intervention and transportation (National Children’s Alliance, 2011, pg. 15-16).

**Sexual Violence Advocacy in the USA**

According to the NCA, the focus and rationale of victim/survivor support and advocacy is to “help reduce trauma for the child and non-offending family members and to improve outcomes. Coordinated victim advocacy services encourage access to and participation in investigation, prosecution, treatment and support services” (NCA website, August 2012).

The NCA supports victim advocacy within a full time role or across members of the Multi-disciplinary team (MDT). The MDT itself is another of the 10 standards of a CAC. Where the victim’s advocacy role is shared across the team it states; “many members of the MDT may serve as an advocate for a child within their discipline system; however, victim-centered advocacy coordinates services to ensure a consistent and comprehensive network of support for the child and family” (National Children’s Alliance, 201, pg. 14). Where more than one person performs victim advocacy functions at different points in time, coordination must ensure continuity and consistency is to the victim/survivor.

In practical terms, the standards identify the following victim advocate activities which may include but are not limited to:

- crisis intervention and support at all stages of investigation and prosecution
- attendance and/or coordination of interviews and/or case review
- greeting and orientation of children to the CAC
- provision of education about the coordinated, multidisciplinary response
• providing updates to the family on case status, continuances, dispositions, sentencing, offender release from custody
• assessment of the child’s/family’s attitudes and feelings about participation in the investigation/prosecution
• provision of court education/support/accompaniment
• providing tours of the courthouse/courtroom
• securing transportation to interviews, court, treatment and other case-related meetings
• assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, crime victims compensation, transportation, public assistance etc.)
• providing referrals for mental health and medical treatment, if not provided at the CAC.

(National Children’s Alliance, 2011).

**Child and Family Advocacy**

So what of Child and Family Advocacy? Is there role conflict in advocating for both children and families? The Australian Law Reform Commission (ALRC) Report clearly articulates that where possible, a parent or carer is the most obvious advocate for a child (Australian Law Reform Commission, 1997). Within the context of a positive and nurturing relationship a caring parent/caregiver is well placed to consider the needs of the child or young person, voice the views of the child and young person and to advocate for services or resources for the child and young people. A Child and Family Advocate is someone who can assist a parent/caregiver to do this. One of the difficulties of self-advocacy or parents advocating for a child can be limited understanding of the systems or context in which issues occur. Knowledge of services, the legal system, the potential impact of trauma and abuse are all unknown subject domains for the child, young person or parent.

A Child and Family Advocate role acknowledges that a child’s recovery will be enhanced by the support that they receive from their parent or family and works closely with families to enhance the parent’s knowledge, skills and capacity to support the child and to advocate for the child. In circumstances where the child does not have a positive, supportive family who acknowledges the abuse/assault or trauma then the Child and Family Advocate clearly works with someone who does. This may be the case manager or social worker in the child protection department, or the foster carer of the child in the care of the state.

To divide child advocacy from family is to deny the importance of the family in providing this support to the child. The Advocate may work closely with the child and family but a prime goal is to strengthen the capacity of the parent and child to work on resolving trauma issues together.
It is a child within family response. The needs of the child are paramount, particularly as he/she may be the main player in the criminal justice system as both witness and victim. Parent/s or caregivers who are informed, capable and able to resolve their own issues are pivotal to the child’s recovery. Grosz, Kempe and Kelly found in their research that a “significant factor in recovery for child victims was the parents’ capacity to resolve their own distress and to support the child victim”. They consider a family centred approach to intervention essential (Grosz, Kempe & Kelly, 2000, p. 21).

The similarity in the nature and purpose of the Victim Advocacy standard and role (USA) and the Independent Sexual Violence Advocate (ISVA), Young People’s ISVA and Child Advocate roles (UK) are evident. These roles focus on the needs of victims/survivors and support to the victims/survivors and their families. The needs of the victims/survivors include:

- those arising directly from the sexual violence and trauma,
- those arising from involvement in many systems responses and
- the broader social issues of the children and family.

The advocate/advisor aims to provide and facilitate practical and emotional support, education, information, involvement in planning and decision making and consistency of care to the victim/survivor.

See Appendix 1 for a comprehensive description of the roles and principles of the WA centre which provides specific and related job roles around child and family advocacy.

**Independence and empowerment**

In a review of victim/survivor support roles, Daly suggests providers and services have an advocacy role in improving the “systems” capacity to meet the broader needs or rights of victims/survivors for assistance and recovery from sexual violence. She argues victim/survivor support organisations may work with the police or other agencies, but they should also be autonomous in providing support and counselling for victims who decide not to engage with the criminal justice system (Daly, 2011). This is also acknowledged within the Stern Review (2010) and, as previously mentioned, further progressed by Parkinson (2012) who argues that key concepts that inform work with victims of sexual violence include independence, belief and empowerment. These themes also resonate with the victim advocacy roles in the USA.

**Empowerment**

Sexual violence is often about the perpetrator exerting their power over the victim’s rights and the victim often feeling both loss of control and disempowerment. Feelings of
disempowerment and loss of control are sometimes exacerbated as victims/survivors go through the criminal/justice and welfare systems.

Advocacy aims to facilitate a sense of control and power and restoration of their human rights to those who have experienced sexual violence. Advocates identify and assess the impact of trauma and associated feelings of isolation, insecurity and fear as well as any other factors such as age, language, disabilities that may impact on the advocate facilitating this empowerment (Substance Abuse and Mental Health Administration 2005):

“Advocacy is about empowerment. It is about supporting their views or presenting their views for them. It is NOT about pressurising, persuading or taking a course of action WITHOUT being mandated to do so by the child or young person concerned…

In cases where a child/young person is unable to give instructions for whatever reason, then the best that an advocate can do is to put forward a rights-based perspective – which may or may not be in their perceived best interests” (Dalrymple, 2012).

**Independence**

Embedded in the description above is the importance of independence; “It is NOT about pressurising, persuading or taking a course of action…”. That is, the emphasis is on the needs and wishes of the victim/survivor rather than the needs of the agency (e.g. to improve conviction rates).

With children, this approach is inclusive of terms such as, “child informed” – hearing the views and wishes of the child and “child centred”, focusing on the needs of the child and in the best interests of the child. That is, while this independence is at times moderated by safety concerns, mandatory reporting and parental wishes, the child’s views are always sought and the child is an active participant in decision making.

**Lobby function at a systemic level**

Advocates lobby at the local systems level, for example helping to deal with grievances about individuals and agencies as well as on a more broad policy level: “Another form of child advocacy happens at the policy level and aims at changing the policies of governments or even transnational policies. These advocates do lobbying, policy research, file lawsuits and engage in other types of policy change techniques” (DeVita & Mosher-Williams, 2001).

**Does support impact on reporting and conviction rates?**

While Parkinson (2012) in her research on support roles for victims across Australia could not identify any Australian evidence to determine if supporting women through the legal process increases rates of reporting and conviction, this evidence was available in the U.K
and in some CACs in the USA. It may be that support roles alone do not impact on conviction rates, but combined with other improvements such as specialist investigators and prosecutors or multidisciplinary teams as in the UK and USA increased reporting and convictions are possible.

**Who provides these support roles in Australia?**

Parkinson (2012) reports “governments have recognised the need for complainants of sexual offences to have support and advocacy as they traverse the justice system” (Parkinson, 2012, pg. 12). She identified that these support roles in Australia are predominantly provided by counsellors but duties vary across states and within states. For example some sexual assault counsellors in Queensland have within their duties preparing clients for court and building their skills to testify, some counsellors prioritise attending court every day with a client, other counsellors attend only on the first day to link clients with the key people involved in their case and other counsellors do not do court preparation or support as part of their role. Counsellors are often based at SARCs or within not for profit agencies.

Victim Support Services across Australia are funded by state governments to provide support to victims and assist them with preparation for court. In some states, support services are provided by not for profit agencies, in Western Australia they are provided by staff of the Department of the Attorney General and volunteers.

**9 Other research areas of relevance**

**Complex needs of families and the role of advocates in servicing these needs**

The family support sector aims to provide support and interventions to vulnerable and high risk families to improve individual and family functioning and to prevent them from becoming involved with the child protection system. While some programs are time limited, supports are generally offered, at least intermittently, for the length of time required by the family. The nature of this work is most often collaborative with service providers acting proactively to broker required service needs including acute and universal services.

In their overview of the changes taking place within family support systems in Australia, McArthur and Thomson (2011) found there is recognition that families who experience a range of issues may find themselves navigating different service systems and multiple service networks. They also identified trends and best practice in the family support sector including implementation of collaborative interventions; support provided in a way that is more family-focused (i.e. focused on all members of the family rather than one individual); strengths-based approaches; improving parents capacity to care for children; strengthening
of family relationships and child-centered care (i.e. where the needs, views, interests and concerns of the child influence decision making).

Changes occurring within the family support service system mirror changes that have occurred with the implementation of the ISVA role and victim advocate roles over the past decade. Professionals working with families undertake holistic assessments, build and maintain relationships with them and sign post or broker specific services as required by families. The ISVA/victim advocate provides specialist support and advocacy to victims/survivors of sexual violence, whilst family support services in Australia are moving to provide support and advocacy for vulnerable and high risk families in a similar way, both sectors aiming to simplify the service system for families. Furthermore both the ISVA/advocate role and family support services are not limited to the presenting issue of sexual violence or trauma or family support issues. In partnership with the victim/child/family the advocate or family support worker develops a case plan to identify strengths, needs and service requirements and links in the appropriate services across primary, secondary or tertiary domain of service provision.

**Advocacy and resilience**

Ungar in his work on resilience in children and young people defines resilience, in the context of exposure to significant adversity, as “the capacity of individuals to navigate their way to social, cultural, physical resources they need for their wellbeing and to negotiate with individuals and groups to get these resources” (Ungar, 2009, pg. 32). He argues the role of services or professionals is one of helping children and young people to recover by developing their skills to navigate, negotiate and advocate for themselves, thereby promoting their resilience.

Explaining further he states:

“Resilience is not an innate individual quality that lies dormant until it is needed. It is not the same as strengths. Resilience depends on a facilitated environment, it needs to be encouraged, nurtured and developed. When we do our job well, provide continuity of relationships with children and coordinate right services at the right time, children will show signs of resilience” (Ungar, 2009).

Ungar (2009) also supports and promotes continuity of care for children and young people including reduced number of relationships of service providers and importantly involving children and young people in decision making and planning by asking the child ‘what will help?’ As in the role of an advocate or ISVA through a relationship with children/young people and families, professionals are to help them navigate and to negotiate resources that are meaningful to them.
Advocacy and the impact of historical sexual abuse experienced by parent/s

In the context of child and family advocacy, strengthening a family member’s ability to advocate for and support their child may also involve building the resilience and skills of the parent. Often parents or caregivers can have their own complex, unresolved personal issues that may diminish their capacity to promote and nurture the needs of their child. For example, research indicates that parenting interventions aimed at preventing and reducing child abuse and maltreatment should include identifying the potential history of maternal and/or paternal childhood sexual abuse (Price-Robertson, 2012; Tarczon, 2012). A parent’s own ability to care for his/her children and interact with services and agencies can be affected by their own complex trauma responses.

Furthermore unresolved trauma can lead to parents having difficulties in connecting with the child, physical contact, displays of affection with their children and/or over protectiveness of their children. A parent may also have a recurrence of issues and trauma from their own experience which may impede their ability to support and advocate for their own child to their fullest ability. Service providers need to consider how to protect and care for abused children and to ensure that proper care and attention is being provided to parents.

In addition, Price-Robertson (2012) asks policy makers and practitioners to pay particular attention to the needs and issues of fathers who experienced sexual abuse as children. While less prevalent, these men represent a substantial group with specific difficulties associated with fatherhood, disclosure and support. Without careful attention, self-reflection, and leadership, these issues can be ignored or compounded by service providers whose orientation, partly through feminist as well as general societal influences, may have their own traditional, Western notions of masculinity such as aggression and dominating power along with repudiation of “feminine” characteristics in men such as vulnerability, emotionality, passivity and homophobia.

Grosz, Kempe and Kelly (2000) state that for the victims of sexual violence Child Advocacy Centres (with their standard of Victim Advocacy) provide an ideal setting for pro-active interventions, including historical child sexual abuse of parents of sexually abused children, because supportive services for the whole family can then be extended in an effective way for cases that will be prosecuted as well as those that are not prosecuted.

Where high quality, timely services are not provided the consequences of child abuse are wide ranging and costly. “Children who are abused are more likely to become victims of violence as adults, develop depression, obesity or high-risk sexual behaviours, have unintended pregnancies, smoke, use drugs and alcohol and be involved in criminal activity and suicide attempts” (World Health Organisation, 2006, pg. 11).
Advocacy and involving women and children in service design.

Given the context and impact of sexual violence, McGlade emphasises that any responses “must be based on the empowerment of women and children and must address re-victimisation” (McGlade, 2012). Ideally future service response should include women and children, most especially the children who have experienced victimisation in their design. She states:

“Children are silenced by abuse but their capacity to speak about abuse should be recognised and respected. Society’s attitude to children has left them with little status, no voice and no political power, and this is especially so for Aboriginal children” (McGlade, 2012).

The need to hear the voices of and to respond to the voices of Aboriginal women and children is also emphasised by the AFVLS who advocate for; “greater attention to ATSI women and children’s law and justice needs, informed by ATSI women at state and Commonwealth levels” (Aboriginal Family Violence Prevention and Legal Services Victoria, 2010b, pg. 2). Furthermore Price-Robertson (2012) recommends the views, experiences and special needs of male victims/survivors of sexual violence are also incorporated into policy and service design.

Limited research about service design based on the views of child victims specifically could be found. However, where the views of victims/survivors are sought, they do appear to make significant impacts to service design. For example, in the policy paper, “Strengthening on-the-ground service provision for Aboriginal and Torres Strait Islander victims/survivors of family violence and sexual assault in Victoria”, (Aboriginal Family Violence Prevention and Legal Services Victoria, 2010b), the following victim/survivor quotes are highlighted prior to service recommendations:

“… Statement made on the same day as assault. I was left to go home on my own with my children after they witnessed assault. I sat at home crying thinking what does it all mean. Aboriginal victim/survivor

… It would be good to have a support person in the legal system to help explain processes … and to give guidance because when you are in crisis all is fuzzy and difficult to understand … need support person to be there to help with explaining information at initial crisis and then follow-up. Need someone to listen … be the person in between to help communication [with police]. Aboriginal victim/survivor.” (pg. 33).
The report immediately follows these victim/survivor comments with specific service recommendations to incorporate these views and reflections:

“Police protocols require victim referrals to after-hours family violence crisis services but anecdotal feedback indicates that take-up of this option by women varies and in some areas is low. Consultation feedback suggests that accessibility needs to be improved…” (pg. 33).

Research specifically on children’s views of a Young Person’s ISVA role or Advocate for children who have experienced sexual abuse could not be found. However, the views of children and young people who have had the experience of a Child and Family Advocate in Western Australia are available at Appendix 2. A 16 year old girl comments on the Child and Family Advocate who worked with her family:

“It was helpful just having someone to talk to and we did some drawing and wrote stuff down... it was easier ‘cause I didn’t really wanna talk about it. She listened and gave me good advice and different things to do. She helped me and my sister with strategies on how to deal with stuff... which was helpful. She just changed it and made everything seem easier to deal with and helped build trust between me and my mum and dad and just made everything easier with having someone to talk to.” (Appendix 2)

10 Conclusion

This literature review has aimed to identify issues faced by the victims/survivors of sexual violence, some of the perceptions and impacts of the criminal justice system on victims/survivors and models of advocacy and related services which aim to address some of the issues faced by victims/survivors.

Some key findings from this review are that despite a range of reforms to the criminal justice system, victims/survivors mostly continue to choose not to report, generally don’t feel justice is served and have variable support experiences depending on how supports are promoted and delivered.

However, while current, this is not news. The Australian Law Reform Commission and Australian Human Rights Commission’s National Inquiry tabled in Parliament in 1997 came to many of the same conclusions including very specific recommendations for advocacy services. Yet these recommendations have largely not been progressed. This review reiterates these earlier findings as well as presenting advocacy models and roles which have been operational in the USA and the UK for some years.
Victims/survivors in Australia have some advocacy type supports through the criminal justice system (witness and victim support) as well as through agencies such as SARC s and Centres Against Sexual Assault (for those over 13 years of age) but it is variable. There are still gaps - such as for children who are victims of sexual violence but no charges are laid by police, who are not eligible for victim support services through the court system. For this same group of children, if they are safe in their parents care they will not be considered at risk or able to receive services from the child protection system. If they have capable, resourceful, proactive parents there needs’ will potentially be met. However, if their parents have their own abuse history, have other social problems or are vulnerable themselves, they are less well placed to find support services and to advocate for their children. Since the implementation of Child and Family Advocate role in Western Australia (available to children from the time of police interview) referred children and families receive advocacy and support services, with very positive feedback about this service.

In comparison with the USA & UK sexual violence services, as well as with other sectors such as disability, mental health and domestic and family violence, advocacy roles within the Australian sexual violence sector for adults or children has not been well defined. While there is a range of advocacy services in Australia, including the George Jones Child Advocacy Centre in WA which is the home of the project team responsible for this review, these services lack agreed standards about the advocacy roles or advocacy within roles.

Clear identification of the nature of advocacy roles through, for example the development of standards may allow for greater consistency across jurisdictions, better job and service descriptions, targeted performance development and training, better allocation of resources and improved overall service delivery and quality assurance. Furthermore articulating advocacy roles and standards will provide clarity to how such roles compliment and work with existing services and systems. Research particularly in the UK articulates that where roles are clear, defined and understood across services, duplication of roles is minimised and multi-agency work is enhanced.

Rather than providing the answer to problems and experiences of victims of sexual violence, this review outlines a number of promising options related to advocacy services. These services may include dedicated positions as well as enhanced advocacy roles within other generic roles. While these roles and positions may or may not end up with titles with the term “advocate” in it, they should reflect key features of the advocacy role.

Regardless of labels, this review does point to an urgent and long-standing need for broad based, victim/survivor focused advocacy roles to complement and enhance (rather than compete with or undermine) existing justice, health and social-welfare services.
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The George Jones Child Advocacy Centre (GJCAC) and the Roles of Child and Family Advocates

The GJCAC is a new model of service delivery in Armadale, Western Australia which provides a purpose built, child friendly space where professionals work together to ensure a child’s comfort, safety, health and recovery from harm. Family support and treatment services are provided to children, young people, adults and families who have been impacted by trauma from sexual and other abuse. The current team of staff includes Child and Family Advocates (CFA), psychologists, a paediatrician and administrative support staff. Police and child protection interviewers who undertake forensic interviews of children at the GJCAC work alongside a Child and Family Advocate. A CFA is also co-located with Police and Department of Child Protection interviewers at their central city building.

Parkerville Children and Youth Care and the Department of the Attorney General in Western Australia have co-funded the inaugural two full-time Child and Family Advocate positions in Western Australia. The CFAs have been working with families since March 2012 with the following goals and role definitions.

Child and Family Advocate Role

The CFA plays a pivotal role on a family by family basis to make sure the child’s needs remain the focus of services provided within the GJCAC. The CFA helps children and families to understand, access, and negotiate services they require, reducing confusion for the child and assisting family members to support their child well. This improves the link to treatment and long-term follow up care and may also assist children and young people to participate in the investigation or prosecution of the crime.

A guiding principle in providing child centered advocacy is to ensure a consistent and comprehensive network of support to the child and family and to help the child and family actively participate in making decisions and accessing services that will assist them. The CFA is uniquely positioned to provide information and support to children and families, who often have a host of concerns and needs when accessing services across Health, Police and Child Protection agencies and during the legal process. The CFA is committed to collaboration with government service providers and community partners to ensure the best outcomes for the children.
Underpinning understandings in establishing the Child and Family Advocate position:

- recognises that it can be more difficult for people to assert and protect their own rights when they are in crisis or have experienced trauma or when in the case of children they are dependent on others to have their needs met;

- recognises that families are central to the wellbeing of their children. Supporting a family well will enhance their capacity to support and advocate for their child;

- supports children and young people to assert their own rights and to advance and maintain their own best interests whenever possible;

- ensures children and families are aware of their rights and sources of help and support in the community and that they have all the information they need to help them make informed decisions;

- supports family members, carers and other interested parties to advocate on behalf of the child and/or families;

- advocates directly to other people or agencies to help safeguard the child’s rights, or to access services and assistance and

- actively promotes the rights of those who might otherwise be more vulnerable because of differences of race, religion or cultural practices.

The role of the Child and Family Advocate includes:

- building rapport with children and families

- providing support before and after the forensic interview (on Police premises) or before and after the forensic interview/medical examination or therapy sessions at the GJCAC

- being aware of the impact of trauma on children of all ages

- being aware of the dynamics of non-offending caregivers

- utilising tools and techniques for intervening with caregivers, providing general support

- building relationships with local service providers to assist in linking families to the right service at the right time

- ensuring that the wider needs of families are met whilst assisting families in determining their most important needs
• assisting families and/or clients to choose the supports that best suit themselves and their child

• helping the child or young person to become more involved in their local community

The CFA is an independent role, available to all children from the time a family self refers or there is a referral for forensic interview or medical examination which may occur months before the outcome of the police investigation is known. The CFA provides a service regardless of whether or not charges are laid or investigation leads to prosecution and for as long as the family require them.

The CFA is not designed to duplicate the role of Child Witness Service staff (employed by the Department of the Attorney General in Western Australia). Child Witness Service staff provides support and court preparation for children when charges are laid by WA Police and advocacy for children within the court system. Where children are engaged with the Child Witness Service the CFA role may also continue to be involved but the CFA focuses on other support needs or community services required by the family.

The CFA role in Western Australia has been implemented based on preliminary research into the Child and Family Advocate Role/Victim Advocacy (USA) and the Independent Sexual Violence Advisor role (UK). Initial funding for a research fellowship was received by N. Hall from the Churchill Fellowship Association (2006 Award).
Appendix 2 – Client views

The views of children and young people who have had the experience of a Child and Family Advocate in Western Australia

George Jones Child Advocacy Centre (GJCAC)

Feedback from Children, Young People and Adults

on the Child & Family Advocate Role at GJCAC October 2012

As part of the GJCAC’s commitment to quality assurance, continual improvement and child and family focused service provision, feedback has been sought from children, young people and families since the centre opened in March 2011. Feedback is always sought throughout service provision to guide involvement with families and informal feedback is sought at the time of closure (this is often recorded in terms of outcomes rather than service feedback).

In addition service feedback has been sought through a variety of means including: a computer based survey available at the centre and by web-link; hard copy format of this same survey; or semi-structured interviews conducted by social work students or independent staff (i.e. not involved in service provision to the family). Seeking feedback has been challenging and time consuming and has been limited, quite rightly by the capacity of and willingness of children, young people and parents to participate.

Further feedback has been obtained by J. Kleinig Honours Social Work student Curtin University Western Australia. His thesis report is expected to be completed by the end of 2012.

The following quotes are responses from eight adults and four children/young people who have provided feedback by formal survey or interview means. A copy of the survey/interview questions follows the feedback.

Feedback from Children

What did you find helpful about your Child and Family Advocate?

- 12 year old girl “my advocate is perfect we do things to help heal things from the past. I had been told I was lying at another place because all I did was play. Here my advocate believes me and that makes me happy”
- 13 year old girl “I like the way she talks to me, she’s just, it’s like almost an older, like, just like a Mum or something, she’s just really caring and stuff. Like, my last therapist, it felt like he was there just for the money, that he was getting paid and not for my interest at all. With my Advocate it feels different, really good, my problems - they just seem to be sorted out easier knowing that I’ve got her support”
- 14 year old girl “The advice she gave was really helpful and she understands me and everything. Like she told me what I could do…. and gave me tutoring and stuff and said I could come here whenever I wanted to if I felt down or anything. She is always happy and smiling, bubbly and everything. She is probably the best person I have ever spoken
to. I could trust her more and felt more comfortable... not under any pressure. She’s really nice and easy to talk to and she is a good listener.

- 16 year old girl “It was helpful just having someone to talk to and we did some drawing and wrote stuff down... it was easier cause I didn’t really wanna talk about it. She listened and gave me good advice and different things to do. She helped me and my sister with strategies on how to deal with stuff... which was helpful. She just changed it and made everything seem easier to deal with and helped build trust between me and my mum and dad and just made everything easier with having someone to talk to.”

**Did you feel that you were involved in the decision making processes?**

- 13 year old girl “People just think because you are younger, what you have to say isn’t as important as what they have to say because they are older, which I don’t believe in at all. My advocate definitely takes what I have to say seriously. She doesn’t treat me as if just because I’m younger that my say isn’t important. She actually does the opposite”

- 14 year old girl “Yeah like she would talk to mum about her communication with me... cause I do have a choice...”

- 16 year old girl “Yeah she always said ‘are you comfortable with that’- she always made sure I knew what was happening and that I was ok with it...”

**What was not helpful?**

- It was all good.
- Everything was helpful that she did or said.
- Nothing

**If you were in charge of the service is there anything you would change?**

- No – three respondents
- Need more toys and play food for the kitchen. I could design the kitchen and the hair salon for you.

**Would you recommend the service to others?**

- Yes – three respondents
- Yeah if I had a friend who needed help I would tell her about my past experiences at other Counsellors and other places that I’ve been to, and I would recommend for her to go to George Jones because it’s really helped me, and if she needed the help, this is where I would want her to come.
George Jones Child Advocacy Centre Kids Feedback

Thank you for sharing your thoughts and ideas about the centre. Anything you tell us will help us to help other kids.

How old are you?     Are you Male or Female?  M  F  

How long did you come to the centre?  

Tell us how happy you were at the centre using the smile scale.

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<td>The centre is a friendly place to come to</td>
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Did you see a Child and Family Advocate? Y  N  If so, who?  

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What did you find most helpful about your advocate?


What was not helpful?


Was anyone else helpful?


If you were in charge of the centre or other services, what would you change or improve?


Would you tell other kids this is a good place to come?


Thank you for helping us make the centre a better place to come.
Feedback from Adults

What was positive?

- Adult Survivor of child sexual abuse “this centre is unique, it streamlines what kids need, after you have been abused you are just trying to survive, let alone get the right support.”

- Mother of girl 5 years – “I don’t think I have ever been more honest with myself. There is stuff that I have said here that I have never told anybody – that’s how safe I feel here. I liked the continuity of the service, the constant reassurance, and the communication – all the time I felt like I knew what was happening. Also I like how she involved the other networks in my daughter’s life – the school, GP, and day-care.

- Mother of girl 13 years “When we first came in, we felt like we were listened to, we felt like they cared, and we haven’t had that from other places. We were a bit loath to come here because other experiences had been very negative and so we were a bit anxious. As soon as we met the Advocate, and it was a very traumatic day, she handled everything beautifully. She was so calm and peaceful and explained the situation and how things would progress down the road, and made us feel very comfortable and we are really blessed that we came here”

- Mother of girl 13 years “The Advocate especially is keeping us filled in on everything, um, and she comes up with some really good ideas that’s helped our daughter with some other past-times that will help her feel good about herself, and she’s not actually just suggested them, she’s actually gone and looked up all the phone numbers. Being an Advocate, she’s looking out for our daughter’s welfare, and other people working with our daughter are going through the Advocate, not just going to our daughter, as they were previously which I think is so much better, and we’re getting feedback on how things are going for our daughter as well. The Advocate does everything very professionally, and in a very calm manner, so you feel calm yourself, you’re not over-awed and that’s the big difference here, it really is”

- Mother of girl 12 years “I feel very comfortable here, it’s easy to be open, here I can be really relaxed, if I want to talk I can just say how it is and I don’t have to be careful about how I say it. When the police interview was on it felt private and comfortable. We were never left alone unless we wanted to be, all the staff are friendly and they care.”

- Mother of girl 5 years “I can’t say how many agencies I have gone through before contacting GJCAC as no one else was prepared to take on this challenge. Since being here I feel like I’m getting my little girl back…..If only they had more of these centres. I
liked how they introduced themselves to both of us – and they included my daughter as much as me in all of our interactions together. She was involved in all the conversations when we were together as a group; you know I could tell they thought she was important. Staff of the Advocacy Centre understand that families go through unforeseen circumstances everyday day”.

- Mother of girl 16 years “I found it very beneficial to be honest. I don’t want to be disrespectful to other companies but the counsellor at #### rubbed us up the wrong way and then said that he didn’t have any answers. The Advocate was like a rock and supportive and listened to us. Basically she listened to all of us individually then worked with all of us and gave us strategies to work through it all. She was a really good mediator between the family, she kept the peace between the family and it was just really helpful. She pointed us in the right direction, giving strategies for the individual and the family. She spoke to me and my husband as well about having time to ourselves to keep our sanity….. it was good how she spoke to us all individually and also as a family.

- Grandparent carer “the Advocate was not only helpful to my grandson but to me as well. I didn’t have to do it alone, she gave me a list of contacts that could help me, like Grandcare. My grandson has gone from a child who was depressed, suicidal and angry to the child now who is so different. I wish the Advocate could see him now, there is such a change.”

- Parent – “The Advocate was wonderful with the kids; the kids just loved going there. She let me know my feelings were normal and was reassuring. One of the most helpful things was learning about appropriate language and Protective Behaviours.”

What was not helpful?

- Nothing – 3 respondents
- Not at the centre but legal limitations were unhelpful
- I just think she does a really good job – I can’t fault her to be honest!
- There was nothing I didn’t like about the service
- I have been really, really happy with the service. It completely exceeded my expectations of what I thought the service was going to do.

What would you change if you were in charge?

- Nothing, honestly nothing
- No changes
• I don’t think there is anything they could change about the service; it’s just been the best experience.
• Don’t know that you could make any. Perhaps talk more freely without legal limitations
• You’ve got it all here, the place is private and comfortable, the staff are friendly, if you want to talk you can just say how it is and don’t have to be careful of how you say it
• Don’t think you can improve anything; I would be no good at being in charge.
George Jones Child Advocacy Centre Feedback Questionnaire

Thank you for completing our questionnaire. We want to get your views about the services and assistance provided to you and your child. This information will be used to improve the way we work with children and families. Please note that responses are anonymous.

What is your age? □ Are you male or female? M □ F □
What is the age of your child? □ Are they male or female? M □ F □

How long did you or your child or family attend this service? ________________________________

Please provide a response to the following questions using a scale of 0 (Strongly Disagree) to 10 (Strongly Agree):

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<thead>
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<th>Strongly Disagree</th>
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Did you see a Child and Family Advocate? Y □ N □ If so, who? ________________________________

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Author: Child and Family Advocate
Authoriser: DajJAC
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What did you find most helpful about your advocate?


What was not helpful?


Were other services involved with you at the same time as our service? Y [ ] N [ ]
If yes, please list them.


Did all these services work together? Y [ ] N [ ] If yes, please provide an example of how:


Was anyone else helpful?


If you were in charge of the centre or other services, what would you change or improve?


Would you recommend the centre to others?


Thank you for taking the time to complete this survey