

The Women's Cottage in Richmond NSW, has been an essential service in the Hawkesbury since 1983. The Women's Cottage is a community-based crisis support and resource centre which supports women experiencing domestic violence, isolation, financial distress, parenting trouble and other forms of emotional distress or trauma. It is also an information, resource, referral, and advocacy service.

During the Royal Commission into Institutional Responses to Child Sexual Abuse, The Women's Cottage was funded to provide support to women who had experienced sexual assault. With the creation of the National Redress Scheme (NRS) this service for survivors of past sexual abuse has evolved into a specific Redress Support Service covering the region of NSW from Parramatta to Lithgow. It is a specialist women's Redress Support Service and as such also provides a response to referrals from anywhere in Australia.

The Redress Support Service (RSS) at The Women's Cottage is a small and stable team with over 60 years of experience working with people affected by sexual assault, childhood trauma, developmental trauma and institutional care.

This is a brief submission because there have been so many reviews, surveys and requests for feedback or comment that we find the time spent away from redress support disproportionate. We would appreciate the recommendations of the previous reports (2019, 2020, and two in 2021) being implemented.

We offer our endorsement of the submissions made to this inquiry by PWDA and knowmore, they have been a lot more thorough than us.

Terms of Reference

That pursuant to Paragraph 1(a) of the Committee's resolution of appointment, the Committee inquire into and report upon:

1. Applications for redress from:

- a. Persons with disability**
- b. First Nations people**

2. Availability of data and information relating to applicants listed in Paragraph (1) above, including:

- a. Total applications received compared to the number of applications expected when the Scheme commenced.**
- b. Possible reasons why current application trends could vary from expectations.**
- c. Time taken to process applications and pay compensation to applicants.**
- d. Whether applicants with disability had a disability at the time of their abuse or whether it was acquired later in life.** The majority of our clients are living with a disability (</>90%). Approximately 10% of those had a severe disability at the time of abuse. The rest have acquired disability because of the abuse, non-institutional abuse, poverty, etc (i.e physical and mental health conditions).

e. Other relevant trends and data.

3. Strategies that could assist applicants listed in Paragraph (1) to access the Scheme. Make much more effort to let everyone know NRS exists. Intervene in social media; actively engage with medical centres, hospitals, mental health services and with community centres (formal and informal) in remote areas. We have recently given information sessions at community services and were disappointed to learn that the overwhelming majority of staff had not even heard of the scheme. The recommendation already exists (2nd year review) and needs to be implemented.

Adjust the procedures for allowing applicants to “prove” their identity. It’s already distressing for many to have their identity doubted, or to be required to supply details in a way that has in the past been part of the institutional take-over of autonomy. Many also do not have access to the bureaucratic version of “identity”. This process needs to be reviewed, made a lot more flexible and responsive to the individual situation.

Aboriginal women we have worked with have said that they value: hearing about us from their communities and then getting to speak with the very same person that they have heard about; not having to turn up at a business or clinical venue to meet with us; assistance with practical matters; that we support them by attending events that are important to them; that we welcome family, friends and community to join them; our understanding that mental health and healing are subject to a variety of understandings; not being bound by a rigid appointment timetable; having us stick with them through difficult times; being able to come back to us; not feeling pressured to do anything; us being honest about our availability and abilities; us having some understanding of the complications of generational trauma and complex care arrangements; having us stand between them and the NRS.

Women with disabilities that we have worked with have said that they value (in addition): our prior knowledge of the condition, or openness about our ignorance; disability support being offered as a matter of course; real flexibility about meeting arrangements; having their support workers welcomed; being able to come and go as their health permits.

4. Availability of legal advice for survivors and their advocates and, in addition:

a. Quality of legal advice. We find that knowmore offers a thorough and high quality service, however waiting times have increased and we’d like to see the service better funded.

b. Opportunities for Scheme applicants to consider available legal options and to exercise their own choices. We have heard from many women who have researched the scheme only to be caught up by exploitative law firms. The government is failing in its duty to the people the NRS was set up to assist by not assuring that choice is truly available and instead allowing the profits of law firms to come first.

c. Strategies to minimise instances of alleged claim farming or excessive fees.

Again we say – the recommendation already exists (2nd interim report) and needs to be implemented. Queensland seems to have got somewhere in dealing with claim farming, the rest of the country urgently needs to follow suit.

Fund knowmore so that it can respond quickly.

5. The performance and effectiveness of support services for Scheme applicants, including:

a. Accessibility. As a service working with many women who are Indigenous and/or living with a disability we aim to be accessible by respo

b. Resourcing and funding levels. Before talking about funding levels we want to say that it is a continual concern of ours as a RSS that we cannot honestly promise what vulnerable survivors need,

which is a familiar service to be with them all through their process with the NRS. Funding for RSS should be ongoing for the life of the scheme.

Issue of the proportion of RSS funding being used for spreading the word about the NRS instead of supporting clients – already addressed in previous recommendations.

Funding levels need to take into account information like:

About 20% of women who have contacted us will probably not be submitting an application. The reasons for that include deciding it is not worth the pain, choosing a civil case, living with violence, illness or homelessness, finding (often after many months of work) that the care was not institutional, institutions not having signed up to the scheme, not being able remember enough to identify an institution, and ironically, the effects of the abuse making it too hard to apply.

Another 20% of women who contact us need intensive support usually with a range of practical, social and emotional/mental issues.

Many clients have never spoken about their past experiences of abuse and are living, unsupported and isolated with the sequelae of abuse. This is not a situation that can be sorted with a referral to a counsellor. Complex-developmental trauma often leads to a life of crises and chaos, lack of trust of people, on top of poverty, substance use, chronic health conditions, lack of transport, lack of tech knowledge. There is a whole lot of work that has to happen, and it can take years, to ameliorate the situation and develop the abilities to attend a regular appointment with a professional and make use of their skills – and that's in the case that the counselling model is culturally appropriate. There is a dearth of funded alternatives to this model.

6. Whether 'Part 4-3 – Protecting information under the scheme' in the National Redress Scheme for Child Sexual Abuse Act 2018 (Cth) enables the Scheme to operate to its greatest potential.

We wonder why section 3 of the application would be revealed to an institution, unless and until an applicant requested that for the purpose of their DPR. Applicants are already asked to share some of the most embarrassing, shame-filled and painful memories possible (and that is naturally preventing many people from making an application).

7. Any other relevant matters. It is our opinion that the scheme is sliding away from its initial resolution to work in such a way that the people who it serves (no matter how disadvantaged, vulnerable, isolated, ill or reluctant to engage with services) could receive redress. There seems to be an underestimation of the support needs of those who are the hardest to reach, most reluctant to engage with any service, fearful of government, bearing the heaviest load of illness, living in poverty, homeless. An understanding of trauma-informed operations - client-centred processes, reliability and consistency, consideration of effects of trauma on memory, warm referrals, positive efforts at support - which the beginning of the scheme seemed to promise - appears to have got lost.

One troubling example of this is the NRS contacting applicants who have asked to be contacted through their nominee.