ORIGINAL ARTICLE

Supporting survivors of institutional child sexual abuse during the COVID-19 pandemic: A qualitative study of not-for-profit community and legal organisations in Greater Western Sydney

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Abstract

Before, during and since the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (2013–2017), not-for-profit community and legal services have been critical in supporting survivors of institutional child sexual abuse. This qualitative study aimed to explore the perspectives of community and legal service practitioners operating in Greater Western Sydney regarding the ongoing impact of the COVID-19 pandemic on the service system for survivors of institutional child sexual abuse. Semistructured interviews were conducted with 21 practitioners at 15 community and legal services. Through thematic analysis, the study identified five areas of concern regarding service provision and COVID-19, including difficulties in navigating shifts to remote service delivery; changes in service accessibility; complications in accessing the National Redress Scheme; safety challenges for clients; and safety challenges for practitioners. The research identified a need for services to finesse frameworks that ensure remote services can be delivered safely for clients and practitioners alike. Priorities include adequate funding for technology and infrastructure, supporting survivors of abuse perpetrated online and encouraging effective coping strategies for practitioners who undertake trauma support work from home. Future research should consider how shifts to remote service delivery

have impacted survivors of different demographic groups and the survivor support workforce.

1 | INTRODUCTION

Supporting survivors of institutional child sexual abuse is critical and complex work undertaken by diverse individuals and organisations across Australia. Alongside public and private sector services, not-for-profit organisations are a key arm of such support. This qualitative study aimed to explore the perspectives of community and legal service practitioners working in not-for-profit organisations regarding the accessibility and quality of the service system for survivors of institutional child sexual abuse during the COVID-19 pandemic. In doing so, this study aimed to highlight the challenges, gaps and potentials within the service system since the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (henceforth the Royal Commission), spotlighting the impacts of COVID-19 and contributing to an emerging body of work regarding COVID-19's impact on the Australian community sector (e.g. Carrington et al., 2021; Coram et al., 2020; Cortis & Blaxland, 2020) and theories of trauma-informed care.

To explore how not-for-profit organisations supported survivors of institutional child sexual abuse during COVID-19, semistructured interviews were conducted with 21 workers at 15 not-for-profit community and legal service providers serving Greater Western Sydney (GWS). GWS is a rapidly developing and highly multicultural region that was home to 2,606,544 people in 2021 (10.3 per cent of Australia's total population, ABS, 2022). In 2021, 40.9 per cent of GWS residents were born overseas, 2.1 per cent were Aboriginal and/or Torres Strait Islander, and 48.6 per cent spoke a language other than English at home (ABS, 2022). GWS is also a region of comparative socioeconomic disadvantage that has been historically under-resourced (Bamforth et al., 2016; Collins & Poynting, 2000). These reasons justify both our funding to operate in GWS and the geographic focus of this study.

2 | THE AUSTRALIAN ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE

The issue of institutional child sexual abuse gained significant attention in Australia through the Royal Commission, which was undertaken from 2013 to 2017. Child sexual abuse is defined as:

> The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society
> (World Health Organisation, 2006: 10).

Child sexual abuse is considered institutional if the abuse was committed in circumstances for which an institution was responsible or should have prevented, such as:

> On the premises of an institution, such as a school, a church, a club, an orphanage or children's home; Where activities of an institution take place, such as a camp or

a sporting facility, or; By an official of an institution, such as a teacher, a religious figure like a priest or nun, a coach or camp leader

(National Redress Scheme, 2019).

The Royal Commission provided an unprecedented examination of the causes, nature, impacts and organisational responses to institutional child sexual abuse in Australia. By its completion in December 2017, the Royal Commission had heard approximately 6875 survivor testimonies, received around 1300 submissions and been informed by an extensive research programme (Royal Commission, 2017a, 2017b, 2017c). Scholars contributed to the Royal Commission's research agenda by providing contemporary insight into diverse topics, including but not limited to institutional child sexual abuse risk factors (Kaufman & Erooga, 2016), impacts (Blakemore et al., 2017), survivor life journeys (Katz et al., 2017), survivor support needs (Breckenridge & Flax, 2016; Saunders & McArthur, 2017) and the importance of trauma-informed care (Quadara & Hunter, 2016). Informed by such evidence, the Royal Commission's final report provided 409 recommendations (Peters, 2017).

A key recommendation of the Royal Commission, which has since been actioned, was the establishment of the National Redress Scheme (NRS). Launched on 1 July 2018 and overseen by the Australian Government Department of Social Services, the NRS serves people who are Australian citizens or permanent residents over 18 years of age (before 30 June 2028) and were harmed by institutional child sexual abuse before 1 July 2018 (NRS, 2020). The NRS operates to recognise abuse, hold institutions accountable and help people to access redress. Distinct from compensation, "redress" refers to setting right a suffered wrong. Redress options available for applicants through the NRS include a monetary payment, access to psychological services and a direct personal response from the institution responsible for the abuse, if desired by the applicant (Royal Commission, 2020). The NRS is made possible by the participation of institutions in the scheme, which, as of March 2021, included the Commonwealth Government, all state and territory governments, and over 450 nongovernment institutions (Kruk, 2021). Survivors can apply to the NRS online or by paper, in a private capacity or with the support of a Redress Support Service—a service funded to support survivors through the application process.

2.1 | The not-for-profit service system for survivor support

The Royal Commission's findings identified that in addition to redress, there was a need for survivors to be able to access a well-functioning service system for long-term, ongoing support. Many survivors of abuse will access a range of service systems to address the multiple impacts of abuse throughout their lifetime, such as health, legal, police, child protection, education, employment, housing, financial, and healing. Yet, survivors face barriers to accessing appropriate supports. Barriers include the prohibitive cost of services, challenges in navigating multiple service systems, the lack of culturally safe and Aboriginal community-controlled services, the restricted availability of specialist services (Grealy et al., 2017; Quadara et al., 2017; Saunders & McArthur, 2017), plus the need for integrated systems and workforce development (Carey et al., 2020).

Community and legal services within the not-for-profit sector, which provide free or low-fee support, play a crucial role in assisting survivors to overcome barriers and receive the support they require. The not-for-profit service system is often comprised of a mix of generalist and specialist services, including but not limited to sexual assault services, child protection, case management, victim and perpetrator counselling, abuse prevention and education, and community legal assistance (Gunby et al., 2020; Smallbone & Rayment-McHugh, 2013). Advocacy support services are also often part of a holistic service response to support and empower survivors and, in Australia, include organisations funded under the NRS to support survivors

through NRS applications (Royal Commission, 2017c). The mix of services is consistent with the public health model of prevention, which encompasses primary prevention strategies (targeting the whole population), secondary prevention or early intervention strategies (targeting risk factors or at-risk groups) and tertiary prevention initiatives that respond after abuse has occurred (McKibbens & Humphries, 2019).

Services within the not-for-profit sector use a range of referral sources, therapeutic approaches, delivery modes and service models to promote survivor recovery and improve legal outcomes (Smallbone & Rayment-McHugh, 2013). Scholars have pointed to several common features that service models for survivors should contain, including being multidisciplinary and coordinated (Hardeberg Bach et al., 2021), encouraging multiagency collaboration (McKibbens & Humphries, 2019), providing individualised client-centred planning and provision (Muldoon et al., 2021; Wood et al., 2022) and, crucially, being trauma-informed (Quadara & Hunter, 2016).

The concept of trauma-informed care has been widely adopted in community services across Australia (Wall et al., 2017). It is an approach to service delivery and organisational functioning that centres on an awareness of trauma and its impact on people's lives (Berliner & Kolko, 2016). While definitions vary, the overall aim of trauma-informed care is to minimise the risk of retraumatisation of survivors (Alexander, 2012; Baird & Kracen, 2006; Hayes et al., 2020). It has six core principles, being safety (including cultural safety); trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice (emphasising strength-based measures that foster healing); and attentiveness to cultural, historical and gender issues such as stereotypes and biases (SAMHSA, 2014). Trauma-informed care, while focussed on survivors, also incorporates safeguarding service staff from vicarious or secondary trauma and burnout. Safeguarding can be supported by fostering vicarious resilience, which focusses on the activities and structures that can be established to help practitioners develop protective strategies to sustain them as they accompany clients through their healing journey, such as training, professional supervision and positive professional relationships (Frey et al., 2017; Pack, 2013). The importance of such resilience and adaptability has been emphasised through recent global crises such as the COVID-19 pandemic.

2.2 | Service adaptability and resilience during the COVID-19 pandemic

Since early 2020, the COVID-19 pandemic has introduced a new range of challenges for community services. Recent research highlights the unprecedented challenges that community-based services and frontline workers supporting sexual assault survivors faced due to COVID-19 (Gunby et al., 2020; Kutin et al., 2022; Michaelsen et al., 2022; Muldoon et al., 2021; Wood et al., 2022). Most notably, the pandemic resulted in rapid changes in service provision, with community-based agencies adapting supports to be delivered through phone calls, videoconferencing and online chat functions in order to meet the needs of clients at home. In this paper, we describe these forms of communication collectively as "remote" service provision. The shift to remote service provision raised several issues that require greater exploration, including the impact on service access and resources, client safety and the health and well-being of practitioners already dealing with occupational stress (Ling et al., 2021; Wood et al., 2022). Through the perspectives of not-for-profit community and legal practitioners who support survivors of institutional child sexual abuse, this study builds on emerging literature regarding COVID-19's impacts on services and how services adapted to ensure service continuity for survivors. At stake here is the sustainability of effective, safe support services in Australia that are accessible to survivors of institutional child sexual abuse, with implications for the ongoing efficacy of the Royal Commission's recommendations, plus the continuity of social

services who must find ways to assist survivors as hybrid service delivery practices become entrenched.

3 | METHODS

To understand how practitioners perceived the impacts of COVID-19 on the support system for institutional child sexual abuse survivors, a qualitative methodology focussed on participants' perspectives was adopted. This study also drew from the principles of action research, which is committed to bring about change through social inquiry (Crane & O'Regan, 2010).

Interviews were conducted, with participants recruited purposively. Accordingly, nonprofit community and legal services that were operating within GWS and addressing institutional child sexual abuse were identified and invited to participate in an interview. Snowball sampling expanded the recruitment effort.

A total of 15 semistructured interviews were conducted between March and August 2021. This sample size was deemed suitable due to the scale of the sector, in addition to the availability of practitioners and study resources. It is a sample not intended to be representative of COVID-19's impact on the service systems for survivors of child sexual abuse but rather contribute to the growing body of literature in this field, through closely examining experiences in GWS.

Interviews were largely with one participant, though four were conducted with small groups of practitioners from the same organisation. As such, a total of 21 individual practitioners from 16 organisations (one participant worked at two relevant organisations) participated in interviews, including not-for-profit community services (10), community legal services (5) and local government (1). Of the 16 organisations represented through interviews, four were working exclusively with or for survivors of child sexual abuse, with the remaining organisations supporting survivors in their broader service remit. Five organisations were funded as a redress support service under the NRS. Most served the Greater Sydney area (6), followed by NSW (5) and Australia (5). Under Australian Charities and Not-for-profits Commission definitions of organisational size (which was available for 14 participating organisations), most organisations were classified as "large" (9) with an annual revenue of $1 million or more, with the remaining organisations being medium sized (5) (annual revenue between $250,000 and $1 million). Participants were split between casework (10) and managerial roles (11), though the boundaries between these positions were not always distinct.

Interviews were conducted via recorded video call to support safety and convenience during the COVID-19 pandemic. Semistructured interview questions were based upon research objectives, covering four main themes, being the activities that organisations undertake to address institutional child sexual abuse; the impact of the COVID-19 pandemic on these activities; client needs and service demand; and reflections on the broader service system. Interviews were transcribed and thematically analysed using NVivo, drawing on Nowell et al.'s (2017) approach to develop an adaptable codebook throughout data analysis. This study was approved by an internal ethics process in our organisation.

4 | FINDINGS

The research uncovered several key implications regarding the provision of not-for-profit support services to child sexual abuse survivors during COVID-19. These implications were grouped into five themes, being: challenges in pivoting to remote service delivery; changing service accessibility; challenges navigating the NRS in a COVID-19 environment; client safety in remote service delivery; and practitioner safety.

4.1 | Pivoting service delivery

In the interest of curbing the spread of COVID-19 and adhering to public health orders,[i] participants applied numerous strategies to adapt to rapidly changing circumstances. A key strategy for many participating not-for-profits was shifting to remote systems of service delivery or "telepractice." This included communicating with clients over the telephone and through videoconferencing, plus what Interviewee 5 called "creative strategies" to communicate with families in person, but at a distance.

For some services, shifting to remote service delivery involved transitioning to working-from-home arrangements. Yet, the process of transitioning to alternative modes of communication for service delivery had its own challenges. New guidelines were developed as services adapted. Even with their adaptation, interview participants identified restrictions on face-to-face service provision as a significant challenge faced by not-for-profit services supporting survivors. However, while transitioning to remote service delivery was prevalent, it was not universal. For this reason, several interviewees explained how their service remained open for face-to-face service delivery or only closed briefly during the pandemic's early stages, with client demand and practices important for effective support necessitating the continuation of in-person service delivery. As Interviewee 10 recounted, "some people initially took up the phone, but it was very quickly they wanted to get back to face-to-face."

Decisions to undertake in-person service delivery during COVID-19 were informed by several considerations for clients and staff alike. Interviewees highlighted their organisation's recognition of the importance of face-to-face human interaction. For example, Interviewee 9's team was "quite concerned [that due to] all the restrictions around contact, a lot of people who were already very isolated and had significant health issues… now they were incredibly isolated and there only type of contact was the telehealth services." It is for similar reasons that agencies like Interviewee 10's "remained open the whole way through, and remained doing face-to-face work." As this participant explained: "we thought risks were greater than COVID risks… we're already managing a level of risk and this just added a new layer of risk on top of that." When circumstances changed, so too did not-for-profit service delivery, in tune with the trauma histories of clients.

4.2 | Access to services during COVID-19

According to participant accounts, shifts in service delivery during the COVID-19 pandemic also impacted the accessibility of services for abuse survivors. This impact was mixed. For some interviewees, pandemic-related shifts to remote service delivery broadened the accessibility of services for clients, while others saw how COVID-19 limited client access. These distinct impacts are shaped by various factors, with critical implications for delivering support.

4.2.1 | Broadened access

It was the view of several practitioners that the expansion of remote service delivery, prompted by COVID-19, had broadened the accessibility of support services for survivors of child sexual abuse. Facilitated by the convenience of online communication methods, service delivery had expanded, as had demand. Practitioners saw a dramatic increase in the numbers of clients seeking to access their services, such as Interviewee 9, who saw monthly phone call numbers double.

Broadened service accessibility impacted practitioners as well as clients. Several participants discussed how COVID-19 had increased their services' capacity to expand professional

networks, collaborate with other agencies, share information and promote their services. Other benefits to accessibility included greater opportunities for professional development and efficient resource use, such as pivoting time and funding earmarked for travel. As Interviewee 8 said, through online platforms, "we have had amazing access to people that you would not really get access to ordinarily… and being able to conduct other meetings back to back online, because you can do five consultations in a day."

In its impacts on accessibility for clients and practitioners alike, the COVID-19 pandemic has raised potentially long-term impacts on the not-for-profit sector and support services. To several services, the shift to remote delivery accelerated their existing intentions to transition to online and hybrid service delivery options. Even with the disruption of a global pandemic, practitioners found opportunities for hope.

4.2.2 | Unforeseen consequences

The effects of expanding online support were not always positive. Unforeseen consequences and new challenges emerged that were significant for practitioners working to prevent child sexual abuse and support survivors' healing. One concern regarded the need for workforce expansion. For Interviewee 9's service, they highlighted that if service supply was to keep up with client demand, "recruitment needs to speed up [otherwise] no doubt it will move into a waiting list scenario for the next several months." There was also concern raised in interviews about how services can provide online support to people harmed in online settings or children at risk of harm online today. In an increasingly digitised world, these questions require further study.

4.2.3 | Limited access

Despite the benefits of remote, telepractice-based service delivery identified by interview participants, practitioners observed how remote service delivery contrastingly hindered accessibility in other scenarios. Factors limiting access to services included technological literacy, technological capacity and barriers to building client–practitioner rapport: factors that were found to be exacerbated when completing written documentation (such as for NRS application) remotely or when supporting clients with additional accessibility needs.

Technological literacy refers to a person's degree of understanding and comfort with using technology, while technological capacity relates to the accessibility of hardware and internet connectivity. For people with low technological literacy or capacity, participants discussed the immense difficulty of connecting survivors and support practitioners, who may both experience such limitations. As Interviewee 12 explained:

> Lots of our clients don't have phones, they don't have data, they don't have reception, they don't have digital literacy… For myself, where I was living… I had very little phone reception and I had even less [internet connectivity] and it was really difficult to provide those services and to be confident to say that when you will be available, that you will actually be available.

Trauma-informed practices emphasise the importance of supporting people in ways that are comfortable and support rapport. Remote service delivery, however, raised challenges for building rapport between client and practitioner, and the overall opportunities to operate in a trauma-informed way. Interviewee 12 explained how:

it's really challenging work for clients to do, to build rapport and trust, to disclose the type of details that clients need to detail to pursue civil remedies, whether that is with the National Redress Scheme or otherwise. It really does require a lot of trust on the part of clients to feel that they can disclose… where there is already going to be huge barriers.

Access limitations, while observed broadly, were especially heightened for clients with disabilities. For people who use Auslan, interpretation may be possible via teleconferencing. However, intersectional disadvantages also arise, with Interviewee 2 pointing out that survivors with disability may not only "have communication issues, but a lot of them are in poverty, so they may not even have a mobile phone, let alone access to a computer or that sort of technology."

Whether limits to service accessibility were due to remote service delivery or circumstances predating COVID-19, the barriers should raise significant concern for decision makers in this sector. The expansion of funding and resource supports to improve technological literacy, technological capacity, accessibility for people with disability, plus access to specialist services need to be seriously prioritised if survivors of institutional child sexual abuse are to be effectively supported and the Royal Commission live up to its aims.

4.3 | The National Redress Scheme and COVID-19

Interwoven among concerns for client and practitioner well-being during COVID-19 were new complexities in accessing the NRS. Participants offered valuable yet contrasting observations regarding changing trends in clients seeking to apply to the NRS. Some interview participants saw demand steadily increase, while many other interviewed services saw NRS applications slow. Participants in the latter group proposed several factors to explain the drop in NRS applications during COVID-19, such as the stress of the pandemic. As Interviewee 6 described:

we didn't get a single [NRS] application done during lockdown. Because everyone who had been at the point of 'oh, I'm ready to turn the page and do the next page of the application' it was like 'nope, can't think about it, don't ask me about it, I don't want to know about that, I don't want to deal with that on top of this [COVID]'.

Another factor that may have prompted survivors to retreat from the NRS application process was the challenge of preparing an application remotely. NRS applications require survivors to submit a detailed recounting of their trauma. Assisting survivors through this process is an important task for many community and legal practitioners in not-for-profit agencies, yet remote communication was seen as potentially undermining the emotional and social supports that are crucial for this intensive and potentially retraumatising task. As Interviewee 12 recounted:

if you've got a client, just say client 'Mary' calls up and Mary's telling you that she's been a victim of institutional abuse… what you would have done pre-COVID times is say 'well you know, let's sit down together and I'll take a statement from you'. You are expecting that that has to happen over the phone. It is a very different scenario to work with a client to take a detailed history of abuse over the phone or electronically… that has been really, really challenging.

Reduced engagement with the NRS was also observed to be influenced by the working-from-home arrangements of other organisations. Preparing NRS applications often entails finding

records. As Interviewee 6 explained regarding accessing records, COVID impacts had flow-on effects: "all those offices that did that work were slowed right down during COVID and that slowed our work as well." Similarly, the shift of NRS staff to remote work, while understood by practitioners, was seen to impact NRS applications. For Interviewee 9, this was particularly critical for NRS case coordinators, who an applicant would ordinarily be able to contact. However, due to security issues, when:

> everyone moved to work from home, the case coordinators basically were not allowed to contact the clients… and so a small group of staff who were not case coordinators I think remained in the office and basically, they were at the forefront of the national service… they created a barrier between the client contact and the coordinator because they could not actually speak to them… [it] became very difficult for clients to really understand where their application was up to.

4.4 | Client safety during COVID-19

As per the principles of trauma-informed care, interviewed practitioners identified the safety of clients as their concern throughout COVID-19. To participants, client safety included physical, mental and emotional safety often tied to concerns for social isolation and the ways COVID was worsening existing disadvantage and ill health. The quote Interviewee 6: "the depression, the anxiety, the fear, the ill-health, just went up and up and up." Interestingly, especially considering the cultural diversity of GWS, cultural safety was rarely discussed. Rather, the two dominant themes raised by interviewees regarding safety were questions of online safety and client privacy.

4.4.1 | Online safety

The expansion of online service delivery was echoed by the growing concern among practitioners regarding client safety in online environments. To ensure clients were safe through remote service delivery, practitioners adopted several approaches. This included rewriting procedures and replicating face-to-face measures in digital settings, such as undertaking pre-assessments, confirming emergency contact details and providing follow-up communication.

Some safety measures required more than replication to be suitable for remote service delivery. Interview participants highlighted the importance of adapting procedures to suit online platforms, something seen as particularly important considering the limited controls available to practitioners when delivering support services through telepractice. As Interviewee 11 stated, "there might be somebody eating… lighting up a cigarette… during the session… You cannot impose those environmental controls as well as you would in-person." Practitioners also reflected on the need to be aware of different behaviours or images that clients may be exposed to in a virtual space, particularly in group support session and if abuse had been perpetrated online. Facing such circumstances in the digital realm, participants recounted the additional safety requirements they were implementing for remote service delivery, including technical controls such as disabling recording functions and screenshare in group sessions.

Despite safety concerns for remote service delivery, some interviewees observed that clients were more comfortable in virtual sessions. At Interviewee 5's agency, "we found a lot of clients who would miss their 9 am meetings were actually arriving, because they were in bed and had access to a phone chat or video conferencing." Similarly, Interviewee 11 highlighted how "some [clients] actually feel more safe because there's a bit of separation and they're dialling in from the safety of their own home."

Comfort when engaging with support services from home was especially central when practitioners were assisting survivors to provide testimony for an NRS application. To Interviewee 13, taking people back to their childhood to provide a detailed statement of their experience of abuse represented "the whole horrible part" of the process. Consequently, such circumstances emphasised the need for flexibility and safety that could be facilitated at home via virtual support. As they explained, while working on an NRS application, there were several times the client wanted to pause for a cigarette or coffee. "That was fine. We just sat and we talked with the support service and waiting for her to come back, and off we went again." Embracing new ways of service delivery, whether by necessity or convenience, was found to be helpful when making slight adjustments to approaches.

4.4.2 | Client privacy

Linked to interviewees' concerns for client safety were concerns for maintaining privacy and confidentiality in remote service delivery. This was a concern held by practitioners and observed among clients. One concern involved practitioners contacting clients via personal phone numbers rather than office phone numbers while working from home, with clients hesitant to answer a phone call from an unfamiliar number. Practitioners were also concerned about ensuring confidentiality when shifting support groups from in-person to an online setting. This evoked the trauma-informed principle of safety and the importance of ensuring online spaces were secure. There was some concern among participants in conducting remote service delivery that they could not necessarily ensure clients were in a physically safe or private environment, as they were unable to "prove who was or wasn't listening, or who was or wasn't around the online systems" (Interviewee 10).

4.5 | Practitioner safety during COVID-19

Workplace safety was found to be another key concern for practitioners as they supported child sexual abuse survivors during the COVID-19 pandemic. Concern for practitioner safety included the safety challenges of isolation, vicarious trauma and burnout. Trauma-informed practice, after all, is not only applicable to clients but to trauma practitioners also. Vicarious trauma was emphasised as a critical concern for practitioners supporting survivors of child sexual abuse, notably as working in isolation from home intensified risks for practitioners. As Interviewee 9 described:

> The team was listening to the stories of complex trauma of childhood sexual abuse. They were doing that within their own homes and not everyone in the team has an office. Like, some of them were working from their bedrooms, kitchens, things like that. So, how do you have that same sort of closure and detachment?

Though working from home has been shown elsewhere to pose protective factors for workers, such as reducing role conflicts and offering greater autonomy (Oakman et al., 2020), the benefits of working from home raised by participants in this study focussed largely on professional networking opportunities and client accessibility, rather than practitioner mental health. This is not to say that working remotely was a negative experience for all practitioners. Rather, it likely reflects the context of the interview period—with interviews conducted during NSW lockdowns—when examining challenges and how to overcome them was a greater priority among the researchers and participants alike.

4.5.1 | Safety mechanisms

To adapt to the new realities of service delivery during the pandemic, including remote work, rising case complexity, and intensified risks of vicarious trauma and burnout, participants described several mechanisms adopted to protect staff well-being. These mechanisms included professional supervision, peer support and grounding activities such as spending time in nature, adapted to a COVID-19 context.

Such safety mechanisms were largely adapted from established practices for face-to-face work. Formal mechanisms adapted by participating organisations included streamlining staff schedules, holding regular team debriefings and increasing the frequency of professional supervision. Interviewee 9 detailed a key change made to their practice—a brief online meeting in the morning and afternoon:

> That was purely about connection, but it was also around maintaining that team-based model, so having that space to talk about clients and also what's happening in the [sector]. And at the end of the day, that was more as a debrief and it was everybody coming together and seeing each other and sharing and talking through the day.

Throughout interviews, participants discussed interpersonal connection and peer support as critical tools for preventing and managing vicarious trauma and isolation. Peer support may involve sharing experiences and practices within internal teams or between agencies. Demonstrating the range of responses, one interviewee highlighted the importance of maintaining connections remotely, while another participant discussed how their organisation established peer support groups, where workers could share how they had adapted their practices, contributing to a group-based learning.

5 | DISCUSSION

The aim of this study was to investigate the impact of the COVID-19 pandemic on the system of support for survivors of institutional child sexual abuse through the experiences of practitioners in community and legal not-for-profit organisations in GWS. Thematic analysis uncovered five key themes, with important implications for not-for-profit service provision and workforce development.

This study echoes emerging research outlining how the COVID-19 pandemic forced many community and legal services to rapidly transition to remote service delivery or hybrid modes where face-to-face contact was still required (Joshi et al., 2021; Kutin et al., 2022). As hybrid modes have become entrenched, the findings of this study reiterate the need for ongoing and adequate funding for policies, guidelines, technology, infrastructure and training that support remote service delivery options in the not-for-profit service system (Wood et al., 2022). Furthermore, longitudinal research and evaluation is needed to understand how the investment in new systems and new ways of working are impacting the service provision for survivors of institutional child sexual abuse and the workers providing this support.

Interviews recorded mixed observations among participants regarding the impact of telepractice on service accessibility—for some clients, remote services eased access, while for others, such as those with limited access to digital communication, service delivery in online settings limited opportunities to engage with support services. These findings add weight to the body of research that has consistently found one-size-fits-all service models as invariably ill-suited to most clients, and a unique mix of digital and in-person strategies are needed for individual situations (Kutin et al., 2022; Wood et al., 2022). While the full impact of remote

service delivery on client outcomes is still unclear, this study confirms the additional complexity that remote ways of service delivery present in assessing and addressing the diverse needs of survivors of institutional child sexual abuse (Gregory et al., 2021; Kutin et al., 2022; Russell & Higgins, 2020).

The need for further action in improving remote service accessibility is especially true for survivors with intersecting access needs, such as people with disability. Research shows that disability is not only a risk factor for child sexual abuse, but can be a barrier to disclosure and support (Breckenridge & Flax, 2016; Katz et al., 2017; Quadara et al., 2017). Through the impacts of the COVID-19 pandemic, this study emphasises the need for ongoing reform in social support frameworks to ensure survivors with disabilities can easily access appropriate supports. Further research into how COVID-19-related lockdowns and shifts to digital service delivery have impacted service accessibility for diverse groups of clients of different ages, genders, disabilities and cultural backgrounds will help ensure that the recommendations of the Royal Commission are upheld and no survivor is left behind.

This study also identified the challenges and delays in accessing the NRS during the COVID-19 pandemic, which have subsequently been acknowledged in official government reporting (Kruk, 2021; NRS, 2020). Participant reflections on the importance of client safety and privacy during remote service delivery reveal further implications, highlighting the need for community organisations and their funders to continue to develop guidance on how to undertake remote service delivery in ways that are safe for clients and practitioners alike. In addition to the dangers to survivors of child sexual abuse, recent research has also noted the serious risks that the pandemic posed to children at risk of harm today, including the increased time that children spend learning remotely and online (Phelps & Sperry, 2020; Ramaswamy & Seshadri, 2020). Future social services work must consider how practitioners may provide online support services to clients harmed by abuse perpetrated virtually.

The impact of the COVID-19 pandemic on practitioner safety and well-being has important lessons for future practice. This study focussed on the challenges of remote service delivery on frontline workers and practitioners during a period of increased client demand, including disrupted communication with colleagues, lack of social contact and the exacerbation of challenges already faced in the sector, such as stress, vicarious trauma and burnout - findings consistent with recent literature (Clair et al., 2021; Deutrom et al., 2021; Hayes et al., 2020; Smith & Lim, 2020). There were, however, some benefits identified for practitioners through remote service delivery, including the effectiveness of virtual platforms in facilitating professional networking, collaboration and information sharing (Wilke et al., 2020; Wong et al., 2020). Overall, this study emphasised the importance of the sexual abuse and assault survivor support workforce to maintain clear boundaries between work and home, something that became more challenging with the pandemic-related public health measures necessitating moving work activities into home environments (Gunby et al., 2020; Salter, 2017). The blurring of these boundaries reiterates the importance of activities that both mitigate vicarious trauma and foster vicarious resilience among practitioners (Pack, 2013). This includes training, access to regular professional supervision and positive professional relationships (Cortis et al., 2021; Frey et al., 2017), as well as informal coping strategies such as exercise, meditation and connection with nature (Gunby et al., 2020). Research moving forward should continue to consider the most effective coping strategies for practitioners in order to prioritise their safety and help them adapt to reformulated hybrid working conditions.

6 | CONCLUSION

Ultimately, this research captured significant insights into how the COVID-19 pandemic impacted the delivery of community and legal support services to survivors of institutional child

sexual abuse. Though participant recruitment targeted services operating in GWS, participating agencies did not only support local residents but were also connecting with clients in regional areas and interstate, sometimes proactively and other times led by client demand. Interviews revealed how service providers have demonstrated their adaptability and resilience, including by adjusting measures to support clients and strengthen workplace safety, while also navigating changes in accessing schemes such as the NRS. Despite service adaptability, challenges remain. As practitioners continue to adjust to a "COVID-normal" and navigate the isolation, disconnection, burnout and vicarious trauma that may have arisen during periods of remote service delivery, it will be critical for community services to support the long-term safety of clients and staff alike. Community services must similarly prepare for the likelihood of greater complexity and intensity of casework due to disruptions to service access during COVID-19 pandemic. How services achieve this will require significant effort, including enhancing vicarious trauma prevention and management, committing to flexibility regarding service delivery methods, adapting long-term measures to support client confidence in privacy and preparing NRS applications remotely. Above all, services must commit to trauma-informed patience and resilience, particularly as practitioners support survivors of abuse who may have disconnected from supports during the disruptive period of the COVID-19 pandemic.

AUTHOR CONTRIBUTIONS

Laura J. Butler: Formal analysis; investigation; methodology; project administration; writing – original draft; writing – review and editing. **Amy Lawton:** Conceptualization; data curation; formal analysis; investigation; methodology; project administration; writing – review and editing. **Parisa Kalali:** Formal analysis; methodology; writing – original draft; writing – review and editing.

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ENDNOTE
i At the time of interviews, relevant COVID-19-related restrictions included requirements to social distance and recommendations to work remotely.

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