

Issues Paper 10

Advocacy and Support And Therapeutic Treatment Services

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Topic A:

What advocacy and support and/or therapeutic treatment services work for victims and survivors?

There are five State and two Commonwealth arms that are best known to service the needs of those known as the Forgotten Australians in Queensland:

- The Forde Foundation
- Micah Projects
- Lotus Place
- Historical Abuse Network
- Aftercare Resource Centre
- Alliance of Forgotten Australians
- Find and Connect Services

This combination of services and support has, since the findings of the Forde Inquiry were handed down in 1999, been at the forefront of the major advancements encompassing the health, welfare and security of many adults who as children were raised in government, church and other non-government institutions.

What does not work or can make things worse or more harmful for victims and survivors?

It is however an unfortunate by-product of institutional antiquated practices, due to funding restrictions and ideological attitudes, that cooperation between these services has been seen to be competitive [REDACTED]. Few of the abovementioned organisations have systems in place that promote either directly or indirectly a support structure that will enable service users to explore the roles of these allied services.

This situation may in part have its origin in Queensland due to a Recommendation of the Forde Report. The establishment of a “One Stop Shop” which, when it came to fruition in 2007 proved inadequate. Indeed, it may have proved more harmful to a percentage of service users whose preference would have been for the continuance of separation of services thereby ensuring confidentiality and anonymity for those who desired it.

Perhaps one way of explaining the abovementioned paragraph more clearly is (though somewhat crudely put), what I refer to as the pack environment (**The individual psyche is influenced by the majority**). In this case I allude to the knowledge that a predominantly negative environment may have made those personal troubles of the individual greater, perhaps even overpowered that individual problem, turning it into an institutional issue.

The personal challenge I have with the current methodology of the management when dealing with the many of issues that Forgotten Australians experience today and into the future, especially those who fall within the parameters of the Royal Commission which include Historical Institutional Sexual Abuse and Indecent Acts committed on children within an institutional setting and the abuse we should assume is still being

practised today is, that the advocacy and support and/or therapeutic treatment is only effective and sought and provided when the victim is at a critical stage.

What do victims need but do not receive?

(1) Critical First Aid, (2) Support and Counselling, (3) Education, (4) Mentorship, (5) Advocacy, (6) Skills Training, (7) Employment

It is a sad fact that only three of the abovementioned needs are provided to victims of Institutional Child Sexual Abuse and Indecent Assault. Critical First Aid, Support and Counselling and Advocacy. Education, Mentorship, Skills Training and Employment are left to the whims of Economic Reality.

I know full well how important these final four needs, had they been met, might have had a more positive and permanent impact on my adult life. I am fortunate in that I have experienced what I refer to as a number of defining moments where conversations (sometimes relatively short) helped me explore and occasionally find ways to experience a slightly better understanding of who I am. I further believe had systems been put in place that enabled me to believe that others knew I would find that way of life that was right for me and provided opportunities and support to follow my dreams I may have enhanced my life further.

Retirement and Aged Care:

In 2010 the Forde Foundation undertook a study of the demographic makeup of service users raised in institutional care in Queensland. The findings showed there is an immediate need to provide different forms of support to that provided to victims who made up the majority of service users to that of those under the age of 60yrs. Though a certain level of cash remuneration was seen to be essential it was seen that there would also be a greater need to provide stronger networks of support was inevitable.

It is my belief that access to extra subsidised support should be provided to victims who chose to remain in their own home. Those who chose to avail themselves to the more practical advantages provided by private retirement villages of added security, comfort and independence should also been given every opportunity to do so. Not, I might add the type of accommodation provided by church based organisations which are mostly boarding house styles of accommodation.

Aged and infirm care should also be more heavily subsidised in a similar fashion. The current policy that individuals should pay around 86% of their benefit and then be required to pay for other essentials separately as well as pay a contribution to relaxation activities is a further dehumanising of an individual especially those who may have grown up in an institutional setting during their childhood.

The simple luxuries of life are often forgone by many residents due to lack of income and might include:

For women, Makeup, perfume, lipstick, dresses and the like.

For men, Cologne, hair care products, nice casual trousers and shirt.

These are simple things but would undoubtedly offer a psychological uplift to the morale of these people. Many as we know who may not have family and friends coming to visit them.

What are the barriers to receiving advocacy and support and/or therapeutic treatment and how might these barriers be addressed?

Trust is the undeniable imperative to be acknowledged when asking the above mentioned question followed by safety. Feeling safe in knowing that the trust is mutual. There seems to be an almost continuous battle between those who provide and administer a support and therapeutic service and those who receive that service that neither party maintains this trust.

Authoritarianism is another serious barrier to seeking advocacy and support and/or therapeutic treatment. It is often felt that paid staff believes they have far more rights to control a service user's environment and expression of emotions than they should have.

Lack of knowledge and experience is also a serious issue. Many paid professionals enter our lives coming straight from the academia at university. Many more have trained in fields of study that bare no relationship with the challenges that service user face. I was recently dismayed when I was told that all workers of a service provider were thought to be quite qualified to act as councillors in the eyes of management.

Topic B:

What would better help victims and survivors in correctional institutions and upon release?

Punishment is the main purpose of correctional institutions. Rehabilitation is a secondary function. As we are aware those who have suffered Child Sexual Abuse suffer many diverse and long term reactions to this abuse and require ongoing support and/or therapeutic treatment. Confinement to a correctional institution is a further challenge that will invariably confront the victim. Not only will this occur during the immediate term of confinement but also the stigma associated with that confinement upon release. It is for this reason I believe a holistic approach should be implemented similar to that which I have outlined earlier, i.e. Critical First Aid, Counselling...etc. as soon as practicable.

Topic D:

There are a range of terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse. We provided our working definitions in the introduction of this paper. Are these any terms adequate and have they been defined appropriately?

I have always felt that stigmatising "Adults who as children were raised in institutions" as Forgotten Australians as a negative connotation supporting a further negative. Many disagree with me on this matter.

I also believe that on such terms as support and therapeutic services especially when critical need of that service has passed limits the opportunity for more creative and proactive self empowerment to be encouraged.

I believe alternate programs and opportunities such as professional and social Life Coaching and Mentorship should also become integral terminologies and practices incorporated within the communication of services provided to service users.

Conclusion:

I have expressed my criticisms of many of the perceived inadequacies I have observed over the years in my dealings with [REDACTED] individual organisations [REDACTED] [REDACTED] I make no apology for this, nor do I regret complimenting these organisations and projects when I believe they have achieved what I believe is a desirable outcome.

I do however believe it is time to take a closer more proactive look at how other programmes can be implemented that reduce a dependency on services that are welfare focused if not today then in the future.

There is I believe considerable evidence to support my argument, I simply do not have the time, skill, **support** or the financial assets to verify my assertion in a detailed way. Yet! Having admitted this weakness to my assumptions I believe the evidence is there. I refer to the matter of non-english immigration as a broad example. When it was realised that Australia would not meet its migration goals after the Second World War it opened its doors to countries like Greece and Italy. It is now recognised that these communities are well entrenched into our society and indeed have paid an important role in creating what we now call our nations greatest and most successful experiment of cultural diversity. If we look more closely at why this occurred we would find that in a non-formal way this achievement occurred mainly due to non-formal social and professional skills coaching.

Mentorship, Social and Professional Life Coaching and the building of trust. In the case of those who have experienced Child Sexual Abuse the rebuilding of that "Trust". We are in fact endeavouring to do this today with the introduction of the "National Disability Scheme". Though on the face of it there may seem little similarity to my examples, I suspect that any differences that critics might argue with my rationale will, in the long term, find that these differences (in the main) are largely superficial.

We as a nation are seeking to move away from the welfare mentality (where humanly possible), whilst retaining our humanity for those less fortunate and less capable to do so. A more self-sufficient approach of individual responsibility is now our main goal. We also know that this will require a critical analysis of what is today, to that of a more creative approach of what could be tomorrow.

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