

Issue paper 10. Advocacy and Therapeutic Treatment Service

Topic A: Victim and Survivor needs and unmet needs

The therapeutic treatment services that I would advocate for survivors are a healing regime that takes into account the brain's ability to heal and the empowerment of the client. In the process of assessing, treating and the healing journey, the client is then relieved from the experience of a hierarchical system that identifies them as a patient that is fixable and not a whole person capable of finding their own answers with careful nurture and support. The client needs to be seen as capable of growth, change and gathering their own healing momentum. I have experienced both long term counselling that provided safety and empathy that allowed me to further enhance my healing through the use of support services and community self-help groups. Courses were also provided through insightful churches that helped me and people around me explore the story of dysfunction and abuse in safety and with consistency. It works if the authorities of the Church are educated in trauma and acknowledge it exists!

The theme of survivors helping survivors at a grass roots level is important as the client's job is to relearn successful interactions that foster healthy interdependency in safe places and safe in safe ways.....

With reference to the support of the family it is important to acknowledge that many people do not have immediate family support due to abuse and dysfunction. So relying on family can often be redundant depending on the capability of the family to join in the healing process. Also the importance from healing from the outside in: community support counselling support groups.

It is so important to provide a safe non-judgemental environment that is able to employ the warmth and positive regard and necessary boundary setting that allows the client to feel Safe. Heal for Life embraces many of these concepts and has been an advocate for abuse survivors for over 15 years. It has provided a therapeutic community that has allowed over 5000 people to experience healing from abuse and trauma myself included. It is worthy of being considered for funding.

What is important is to explore the implicit memory and allow the brain to make new connections. The deeper work can often be avoided by therapists rather turning memories into pathology.

A Trauma survivor can be triggered by unsafe experiences Refer Heal for Life booklet Trauma Informed Care

GPs do a disservice to survivors when they don't integrate the abuse history into the client's medical history so the client feels it is unacceptable to talk about or should only talk to their counsellor there is no room for open dialogue with their GP. Self-esteem suffers when the internal and external issues of abuse are not recognised in GP practices. The client then struggles to find a voice through the lack of acknowledgement of the effects of trauma by the GP.

Things that don't work are the constant retelling of the story as proof of Abuse! Often people are encouraged to tell and retell their story. Research shows retelling can cause re-traumatisation and that includes constant insensitive media coverage.

What also doesn't work is axing the health lines that provided important 24 hour support for survivors like Salvation Army Care line and Care. People don't always want to ring a crisis line their needs to be different grades of non- judgemental help.