

THE COFFS HARBOUR VOICEUP ROYAL COMMISSION REDRESS SUBMISSION

FOR SURVIVORS BY SURVIVORS

VoiceUp Australia was formed in the North Coast regional area of Coffs Harbour NSW in 2013. It is a support and advocacy group for adult survivors of all forms of child abuse – sexual, physical, emotional abuse & neglect in both institutions, families and society generally.

(See attached Draft Framework for VoiceUp Australia 2015)

The following is a submission on behalf of the VoiceUp Australia Organising Committee and its members for redress for those subjected to child sexual abuse within institutions with reference to the Royal Commission with a commentary about encompassing a broader focus.

RECOMMENDATIONS FOR REDRESS:

The following recommendations relate specifically to the area of counselling and psychological care as referred to in Chapter 5, Consultation Paper, Redress and Civil Litigation, January 2015 (pp,).

In addition the following recommendations expand on the area of psychological care by including recommendations for positive discrimination in terms of educating survivors in professional counselling spheres to support other survivors. Furthermore, we include recommendations for the education of service providers in the specialised area of institutionalised child sexual abuse

ITEMS OF REDRESS:

Recommendation 1: VoiceUp Australia recommends the provision of greater availability of choice regarding service provision, in particular psychological models and practitioners. This would include but not be limited to:

- a) Recognition and support of the importance of ongoing counselling/recovery based relationships between client and practitioner.

“Counselling should be available throughout a survivor’s life. The trauma associated with sexual abuse is not a specified medical condition that can be cured at a specific point in time so that it will not reoccur.” Royal Commission Consultative Paper 2015

- b) Culturally specific and sensitive healing/recovery options; for example, access to counsellors and psychological treatment modalities, theories and models of cross – cultural or specific cultural contexts.
- c) Aboriginal counsellors/practitioners being specifically trained, resourced and upskilled to integrate their own broader history, spiritual, cultural healing and listening practices with the practice wisdom of psychological, neurobiological and sociological concepts in the context of healing/recovery based relationships between the survivors and their counsellors/advocates/support people/family members/communities.

Recommendation 2: VoiceUp Australia recommends the creation of Policies of Positive Discrimination for survivors – those with lived experience. This would include but not be limited to:

- a) The development of a survivor directed healing/recovery model that encompasses existing theory and practice and is informed by the relevance of lived experience.
- b) The training and upskilling of survivors to become counsellors/practitioners for other survivors using the proposed new model as a basis for this training.
- c) The development of culturally sensitive and appropriate listening/healing circles of support and training for facilitators who are survivors.
- d) Provision for trained survivors to be given priority in terms of existing funding sources available to clients that are survivors.
- e) The use of the aforementioned model to be used as a reference point and resource in the development of informed cultural practice within the various areas of service provision to survivors.
- f) Specific focus on regional areas.
- g) The waiving of the private healthcare levy

“The commission acknowledges that the response to institutional abuse is just the tip of the iceberg. The same considerations for care and after care must also be available to survivors of family and neighborhood abuse.” Royal Commission Consultative Paper 2015

Recommendation 3: VoiceUp Australia is committed to the importance of survivors lived experiences and the necessity of telling their own story and the right to change meaning over time as healing/recovering begins. This would include but not be limited to:

- a) Extensive development of locally based self - supporting groups determining their own principles and processes to healing/recovering.
- b) Making available resources and trainers to build confidence in sharing stories at local group level.
- c) Developing psycho-educational resources and training opportunities easily understood and culturally appropriate for dissemination to survivor based support groups and to survivors generally.
- d) Extending resources and trained ambassadors of lived experience/survivors above for education and prevention activities in schools, churches, sporting groups and communities generally.

Recommendation 4: VoiceUp Australia is committed to advocating in the broader context of all abuse and all types of services, protocols, principles and practices outlined in this Consultative Paper and would apply to all survivors of childhood abuse. This would include but not be limited to:

- a) Supporting the broad discussion and recommendations of this Consultative Paper as also relevant to all survivors of childhood abuse resulting in complex trauma related impacts throughout life for many survivors.
- b) Promoting a move away from the use of the word **“Therapist”** as many survivors will only hear/see/feel **“the rapist”** in this word and developing a word like practitioner or counselor in the ideal framework of the “wounded healer”/person with lived experience.
- c) Emphasizing the importance of community/public education around impact throughout the lives of adult survivors and their families and in particular address current child protection issues.

**DRAFT 2015 FRAMEWORK OF PRINCIPLES FOR VOICEUP AUSTRALIA
COFFS HARBOUR NSW**

Individuals who have been deeply hurt by traumatising, silencing, non-validating and blaming abusers need access to systems of care, protection and justice that are knowledgeable, understanding, accepting and validating, and which can offer interventions that become part of the solution rather than part of the problem (Cathy Kezelman et al., 2015). Essentially organisations are required to make changes that ensure the environmental and staff practices do not inadvertently replicate the sorts of environs that gave cover to child abuse (Cathy Kezelman & Stavropoulos, 2012). The emphasis is on service delivery at every level from reception to discharge and after care which is reassuring and empowering. It is crucial that adult survivors do not experience feelings of being trapped or powerless as they were when the abuse was taking place, which requires delicate service provision particularly with populations who have been traditionally abused as children by the dominant cultures, such as the stolen generations and Forgotten Australians (Now Remembered).

Theories of illness and healing methods are recognized as an integral part of any cultures presumptive worldview. All healing practices attempt to allay the anxieties that come with illness and despair, producing at times chaotic and mysterious feelings (Frank & Frank, 1961, p. 98).

‘Culture’ and ‘race’ continue to be difficult concepts for clinicians much as they are for the general population. However clinicians and professionals cannot avoid working cross-culturally in contemporary societies and evidence suggests that the most difficult aspect for professionals and clinicians is how to begin to engage with the most fundamental concepts.

Healing underpins indigenous cultures as a fundamental requirement to integrating and enhancing forces. This all-encompassing worldview gives the indigenous healers an advantage over fellow western trained counsellors/clinicians, who have emanated from a pluralistic society, which offers no guarantee of such universal acceptance (Frank et al, 1993, p. 155). Healing works at the levels of the individual, the group and the surrounding environment and

cosmos and this practice, has a strong emphasis on sharing and egalitarianism.

Traditionally western psychological treatment modalities, theories and models are based in assumptions about what may be occurring for clients, on what was occurring at a conscious and subconscious level of the mind at the expense of more holistic considerations. The origins of clients presenting symptoms have been viewed as perhaps biochemical, or intrapsychic, or interpersonal, cognitive, behavioural or anything else for that matter, rather than considering the possibilities of societal pressures including systemic abuse, a client's abilities, expectations, hopes or the clients view of themselves in their world (Miller, Duncan, & Hubble, 1997, p. 61). Alfred Adler, who pioneered a much broader perspective in Psychotherapy said clients "can learn nothing from me that he, as the sufferer does not understand better (Ansbacher et al, 1956, cited by Miller et al, 1997, p. 68).

To become a healer in indigenous societies sees no prerequisites other than whether a person possesses the ability to heal. Wounded healers or those with 'lived experience' are considered by some to have increased potential to empathise with and hold another's pain with more clarity and ease.

Recovery occurs within the intimate relationship that becomes a part of the alliance between client and counsellor/practitioner (ibid). The relationship, or strength of the bond are of almost equal importance and comes about often as a result of the counsellor's capacity to demonstrate empathy, respect and genuineness (Miller et al, p.27).

For indigenous peoples having a healing ritual can create a powerful belief about what is about to occur and its strength to heal (Miller et al, 1997, p.131). But there are also other techniques used for healing. Techniques are seen as vital symbols that have personal and cultural significance and which act to convey a shared understanding of relatedness and communication (Mahony, 1991 cited by Miller et al, 1997, p. 28).

The healer is not seen in isolation, but as a part of a conceptual framework that promotes harmony amongst the ill, the healer the group and the supernatural world. The changes to that culture and

healing practice will be one day seen as a significant loss to the wisdom of the world.

Research into the association between complex childhood trauma and subsequent impact on adult psychopathology indicates that the long term impacts of child sexual, emotional, physical abuse and neglect include dissociation, numbing, substance abuse and risk taking behaviours, social isolation, chronic health issues and somatization, trust issues and criminal behavior.

The ASCA/ Pegasus Economic report into the cost of unresolved trauma in adults recommends that organizations and institutions implement trauma informed practice guidelines at every level of service delivery to minimize the potential for re-traumatization of people who experience the impacts of childhood trauma.

“To make meaning of the traumatic experience is simply not enough. Traumatized individuals need to have experiences that directly contradict the emotional helplessness and physical paralysis that accompany traumatic experiences” (van der Kolk cited by Kezelman & Stavropoulos, 2012)

The aim of an integrated and holistic approach to treatment is to assist survivors to achieve a productive and manageable life at the same time as building strength and resilience that will lead the survivors in recovery towards investigating and healing from the trauma history, at mental, emotional, physical and spiritual levels.

Coffs Harbour has a number of diverse groups that have been impacted individually, within families and culturally from extensive intergenerational trauma (Royal Commission into Institutional Responses to Child Sexual Abuse, 2014). The interim report of the Royal Commission into Institutional Responses to Child Sexual Abuse (2014) has revealed that it is evident that childhood abuse in all forms crosses social, economic and cultural groups including aboriginal and refugee communities (Royal Commission into Institutional Responses to Child Sexual Abuse, 2014).

The Royal Commission has contributed to a social phenomenon, that has seen a discourse of disclosure and recovery emerge in Australia (Hick 2005).

In 2014 Voice up held public information evenings, support groups and healing circles all run by survivors for survivors. These groups seek to facilitate links between those with similar experiences and to increase their agency by engaging survivors in the political process of community development (Cleak & Wilson, 2013, p. 100). Groups help to develop social cohesion and for survivors this is essential as traumatic events in early childhood can destroy the important attachment bonds that sustain healthy relationships in adolescence and adulthood (Herman (1992 p. 244 cited by Harms, 2005, p. 167; McDermott, 2002, p. 12). Working collaboratively with survivors and agencies under a model of community development creates social capital, where there is a respect of differences and resolution of disputes for the sake of the common good (Cox and Caldwell (2000) cited by McDermott, 2002, p. 12).

Researchers working in the field of trauma and child hood abuse (Harms, 2005) recognize survivors vulnerability and recommend the receiving of support can become a foundation for recovery (Tedeschi et al (1998 p.12) cited by Harms, 2005, p. 153). Another part of the rationale for this movement of 'Voice UP' is to lift the veil of secrecy so that children who are currently at risk of harm can be better protected. Inviting the community to participate in a grass roots organisation that is self-representative has proven thus far to be empowering and has the potential to exert further influence on policy makers.

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