

## **Issues Paper 10:**

### **Advocacy and Support and Therapeutic Treatment Services**

**Frank Golding, 20 October 2016**

By eMail to [advocacyandsupport@childabuseroyalcommission.gov.au](mailto:advocacyandsupport@childabuseroyalcommission.gov.au),

#### **Preamble**

I write in response to the above paper. In addition to my personal experience as a ward of the state of Victoria and an inmate of several institutions [REDACTED] [REDACTED] I bring to the discussion more than twenty years experience of working in advocacy and support agencies, [REDACTED]

My response does not directly address the needs of children in contemporary out-of-home 'care'. My focus is on the needs of older-aged survivors who suffered abuse as children.

[REDACTED] [REDACTED] I have focussed on the issues where I feel I have the most to offer.

#### **The problems of an exclusive focus on sexual abuse**

The terms of reference of the Royal Commission oblige it to focus on child sexual abuse. In its advice to government on redress, it has not adequately addressed 'related matters'. However, it is clear that the Commission has amassed a welter of evidence—as have other enquiries—to show that sexual abuse is accompanied

by other forms of abuse such as physical, psychological and emotional abuse, child labour and gross neglect of health and education.

Many children who were victims of these other forms of abuse and neglect continue to be blighted by the consequences of that history in their mature adult years. The harm done in closed institutions was by no means confined to sexual abuse. Care Leavers Australasia Network (CLAN) argued persuasively at the Royal Commission that as well as sexual abuse many children were also physically, mentally and emotionally mistreated. And there is a mountain of corroborated evidence to support that conclusion.<sup>1</sup> Many children were poorly fed, poorly educated, imprisoned in isolation cells, beaten and starved of comfort, care and love. Many children were taken from their family sometimes for their entire childhood. Many were told lies: that their parents were dead, that they had no siblings, that their parents did not want them; that they would never see their family again. Visits from parents were barred, and letters were not passed on. Survivors carry the psychological harm to this day.

It must not be forgotten, too, that in many instances, children in institutions who were not directly sexually abused could not avoid witnessing sexual abuse—sometimes siblings and close friends were the victims. Many lived under the constant threat and fear every night that it would be their turn. The Issues Paper rightly acknowledges the needs of secondary victims including children and others in the institution where the abuse occurred and extends that to victims' partners, parents, children and extended family, friends or community as well.

Current support and advocacy services for Care Leavers around Australia—almost always operating on inadequate budgets—try to address the support and advocacy needs of this wide range of survivors, not just those who were sexually abused. It would be a very grave injustice if the work of the Royal Commission were to result in the provision of advocacy and support services only for survivors of sexual abuse. That would turn the clock back and do irreparable harm to people in great need.

I strongly recommend that in the provision of advocacy and support services, absolute priority must be given to survivors who were abused as children in what

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<sup>1</sup> In addition to the evidence documented in *Betrayal of Trust* (2013) for example, there is a 'litany of emotional, physical and sexual abuse, and often criminal physical and sexual assault' reported by the Senate Community Affairs References Committee, *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* (2004).

I call closed institutions where they lived 24/7. These include orphanages, children's Homes, residential 'care', youth training centres, foster families, and the like. Whether run by government, churches or charitable agencies or some combination of management, children in these institutions were absolutely vulnerable. They endured full-time legal separation from parents, were isolated from the community, and had no capacity for independent reporting to police or other authorities. Abuse of children in these institutions was qualitatively different from abuse in open community organisations—and their needs are significantly different.

### **The most pressing needs of survivors**

From my experience working closely with Care Leavers over the years, I can identify five clusters of priority needs, in addition to the most obvious need for financial redress and ongoing counselling:

1. *Support in gaining priority access to essential mainstream services* which many Care Leavers find difficult to connect into, e.g.
  - a. Housing
  - b. Medical services including mental and dental health
  - c. Centrelink services
  - d. Financial counselling and advice .
  
2. *Age Care services*: in particular supported accommodation services in non-institutional settings; support for dealing with wills and probate; funding for funeral expenses. This is a highly sensitive area because of the abuse and neglect that occurred in institutions in childhood. I have never met a Care Leaver who is happy about spending the last stage of their life in an institution. Some say they would rather suicide.
  
3. *Personal records*: Almost all Care leavers want access to full, un-redacted personal records from childhood. They want free copies of relevant births, deaths and marriages certificates. Care Leavers want sensitive support in

the process of accessing their records of their own and their family's histories. And, where it is still possible, they want assistance with family reunion and reconnection with the community. An increasing number, seeing the inaccuracies and sometimes defamatory comments in their personal files want opportunities to challenge and make right the personal and family records which are inaccurate or incomplete.

4. *Support for personal narrative projects* that enable survivors to document and share their story, to provide testimony about abuse and trauma, to reflect on past and current responses to historical abuse, and to explore therapeutic concepts such as loss and grief, resilience, resistance, personal courage, triumphing over adversity. These projects can take a number of individual and collective forms including oral and written accounts, art, music, and so on. The essence of these activities is giving the survivor a voice and providing the prospect of validation.
5. *Educational support*: this particular need varies greatly. It ranges from help with basic literacy and numeracy, basic computing skills, through to scholarships for TAFE and university studies and related options to compensate for denial of opportunity in childhood. In many cases where the survivor is elderly, scholarships and support could also reasonably be aimed at the children of survivors to help break the cycle of child and family welfare that has developed over generations. This is one area where Australia trails the field by a very long way.

### **Key principles of advocacy and support**

Service provision around Australia has expanded a little since the Senate's *Forgotten Australians* report (2004)—but from a very low base. That report (at chapter 10) called for a national strategy that would lead to a coordinated and systematic approach. That has not yet happened; and so there is a hotchpotch of services around Australia providing piecemeal services using different eligibility criteria and offering varying on-the-ground services.

At the national level CLAN is the only agency serving the support needs of Care Leavers especially those who cannot, or will not, use the state-based or church-based services. CLAN is unique in being a service run for Care Leavers by Care Leavers. It regularly receives complaints from Care Leavers about the inadequacy of localised services and fills an advocacy role for individuals, and systemically, as it seeks to gain improvements in service delivery. It also provides training for

those service providers who concede (and not all do) that they do not have the full set of skills and knowledge to serve the unique needs of Care leavers.

Based on that experience, feedback from surveys of Care Leavers who have used services, and on and free and frank discussions with hundreds of Care Leavers over the years, it is possible to present a set of principles that might underpin support and advocacy for survivors of institutional abuse.

1. The values underpinning the service model should include: mutual respect and trust, genuine consultation, open negotiation and a shared recognition of common purposes.
2. The service model should not be about perpetuating victimhood by providing charitable handouts, but must be about building the capacity of individuals and, where appropriate, their families for self-management and self-care.
3. People who use the services should be encouraged and empowered to contribute to their design and take greater control of the delivery of the services they require. Those who will be affected by decisions and their advocacy groups should be involved as partners in making those decisions.
4. To the fullest extent possible, information must be provided in a range of formats using plain language so that users know what services are available and how they can access them. There should be no wrong-door rebuffs.
5. The people who need the services experience complex multiple disadvantages and so the support services provided should be provided holistically to the individual or family in need, and not be seen as a succession of discrete services.
6. Services should be tailored to the particular circumstances faced by the communities and locations they serve.

7. Services are only effective insofar as they generate recovery from trauma and improve the quality of life of the people who use them both in the short term and into the future.
8. Therapeutic treatment should aim not just to reduce symptoms of ill-health but should aim to bring about measurable outcomes that improve the social wellbeing and quality of life of people.
9. Advocacy and support are always underpinned by emotional support to help reduce social isolation and build connections and trust in relationships.
10. While advocacy and support are provided for individuals, it is also important that groups like CLAN provide vigorous systemic advocacy, advocating for changes to the systems, including advocating for changes to services so victims' and survivors' needs are better met.

### **Factors that facilitate**

1. *Visibility of peers in the service:* The experience of CLAN over 15 years is that many Care Leavers prefer to speak to other Care Leavers because they feel that, because they have shared the experience, they are more insightful and empathetic. One respondent to a CLAN survey put it this way: "When I speak to another Homie I feel there is a mutual understanding".
2. *Services designed with the active participation of Care Leavers:* A few service providers value input from Care Leaver representatives in the design and delivery of the service—and there is greater confidence in the service, and greater take-up, where participation is encouraged and seen to be acted upon.
3. *Stability of staffing:* Where staff are empathetic and competent, their ongoing employment is important in generating trust and confidence in the service. In some cases, staff turnover is so frequent that it is common to be greeted by a different person on each visit. Care Leavers rightly complain that they are forever explaining themselves to new staff.

4. *Professionalism is not enough*: In some cases, the staff are well qualified for serving the general population but have no specific training in, or understanding of, the unique experience and needs of Care Leavers. Care Leavers feel more comfortable in services where Care Leaver advocates have been involved in providing staff training tailor-made to the target group—and where this is openly acknowledged in a respectful manner.

## **Barriers**

Care Leavers in a variety of feedback forums repeatedly mention six barriers that stand between them and what they need:

1. *Information*: A large number say they do not know about services or do not know how to access services. Many are unsure whether they are eligible for services. At times, service delivers are seemingly unwilling to spell out in plain terms what they provide and what a person is entitled to. This leads to rumours of favouritism and speculation about the best time in the budget cycle to make an application for support. Trust is easily lost when the service lacks transparency.
2. *Practical Barriers*: Many mention that services do not exist where they live and the distance they have to travel introduces costs and time they cannot afford. Some say that some existing services are for people abused in a particular state, but they themselves have moved to another state to put distance between them and their traumatic childhood. There is a lack of clarity or seemingly deliberate ambivalence about eligibility.
3. *Emotional or psychological barriers*: A significant number of Care Leavers say that strong feelings of shame or fear prevent them from continuing with a service they may have visited once but would not return to. The experience had reminded them of their childhood and brought back painful memories. One survey respondent said: "Accessing services reminds me of my lost childhood and I see it as going backwards not forwards". Other factors include poor mental health, low self-esteem, lack of social skills and pride that prevents them from accepting "a hand out".

4. *Service provider barriers*: Many respondents say that they prefer to deal only with other Care Leavers. Many do not trust, or lack confidence in, government-run or church-run agencies providing services. "They have already ruined my life once", one said. Furthermore, some find the attitudes of staff to be condescending or patronising. Some complain that they feel they are treated like charity cases or children, with free food, group sing-alongs and contrived dress-ups presumably designed to make them feel good. This is a dubious approach. Care Leavers can smell condescension as soon as they enter the front door.
5. *Bureaucratic barriers*: I have heard a large number of complaints made about the bureaucratic nature of the provision—e.g. requiring them to fill out forms asking for information they have given the service already; insisting that they provide documentary evidence of their time in 'care' when this is readily available in the bureaucracy; having to get quotes from medical officers before any therapeutic or restorative work can be started.
6. *Services were tried and found to be unhelpful or not relevant*. A number of Care leavers have tried services but found them, in the words of one user, "a waste of time". In some services, survivors are expected to slot in to a suite of fixed offerings rather than being given access to services they need. Negotiation about tailor-made services is actively discouraged.

I trust the Royal Commission will find the above helpful in its deliberations. I am happy for this submission to be on the public record.

Frank Golding