

Royal Commission Submission from the Ballarat Survivors Group

Paper 6 Redress Schemes

Introduction

This paper represents the voices of many of the survivors of clergy childhood sexual abuse in the Ballarat area. Within this region there have been at least 45 suicides and many more premature deaths from survivors of abuse by clergy. A scheme needs to be established to assist in compensating people for the years of suffering that the abuse has caused, including the impacts on family, relationships, children, employment and income security. It is recommended that the scheme has inbuilt support services which will greatly assist and address the historic isolation within the community that survivors of this abuse have experienced.

The key recommendations regarding any redress schemes:

- It needs to be administered by the government – rather than a religious or for profit organization. By providing administration through a government funded body, funding through the various organizations responsible for the abuse would be then established through the internal structures of the scheme.
- A redress scheme needs to be available for all people who experienced childhood sexual abuse in an organisational context ie religious, government schools, scouts, government institutions.
- Such a scheme should not limit the options for people seeking civil or criminal options for compensation or redress.
- A lump sum payment needs to be paid to each survivor and this should be assessed according to the normal common law principles and practices of the courts in relation to damages.
- Most likely all who will first come forward will be in crisis and a triage of action would be required to address the emotional and financial needs of the person and their family. That is, there should be an individual treatment plan.

- There will be a larger number of people who are renting, never worked, in and out of jobs and with chronic mental and physical health issues
- With the option of accessing the compensation payments available for all, the extra supports should also be provided to those in need.

How would a survivor qualify for the scheme?

They would access the local service supporting this process. This would enable the worker to establish an Individual Treatment Plan to address specific needs. It is suggested that a minimum of monthly or bi-monthly meetings would be required for this support. Assistance to report to the police (when ready) would also be part of these initial meetings.

The scheme would operate on a three-tiered approach, addressing the present, the past and the future.

The present

The first stage – the survivor would have a contact point for accessing the scheme. This would be with an experienced case manager (with experience working with childhood sexual abuse and trauma). The case manager would set up an **Individual Treatment Plan**. This would assess the survivor's current needs such as medical, financial and emotional supports. The case manager would have the experience to be able to link the survivor in to appropriate services such as medical treatment providers (or work with their current General Practitioner), financial counselling, couples counselling, family support, legal advice, domestic services such as gardening or home help, transport. The case worker would also liaise with Centrelink, enabling survivors to access the DSP, so that survivors could work when they are able but be able to fall back on the DSP when not able to work. The case manager could thereby act as the conduit between the survivor and Centrelink, letting them know when they are able or not able to work, without them having to recommence the application process. The case worker would also have access to stop gap crisis payments based on individual circumstances to minimize further damage, enable some space and maintain strategies.

The purpose of this initial process would be to help stabilize the survivor, build a network of trust, support their coping strategies, and assist them to develop the energy required for the compensation processes.

The Past

When the survivor is ready, the case manager can assist them to process compensation claims through the established processes. The case worker or counsellor can provide support letters through this process to address the ‘burden of proof’ question when investigating claims.

The future

Many survivors of sexual abuse in their childhood experience significant health difficulties throughout their lives. This is mostly due to the violence they experienced as children at the hands of the perpetrators, the years of substance abuse, self-harming and generally neglecting their bodies and minds. Many of them have no superannuation to assist their retirement or death benefits to help their families. If they have had superannuation many survivors have used it to help their families when struggling. The Disability Pension is difficult to survive on with chronic health problems and the need for regular medications and pain management. The Government already had a scheme in place that could be replicated or modeled on to make implementation cheaper or easier—the TPI payment for returned veterans. With this in mind, we recommend that the provision of an ongoing payment of \$250 per week would provide an ongoing support for the survivors, with a health care card to enable them to access health services and hospital services. This would allow survivors to live with more dignity whilst allowing the space to heal.

Please note: The effects of childhood and adult onset PTSD are very similar and there is already an existing scheme in place for the returned veterans. \$250 per week is the difference between the rate paid for a single person on the DSP and a single person in receipt of the TPI. Rental Assistance is the same, but the returned veterans have a better

health care card, while allows them access to better mental health services, including inpatient programs specifically for PTSD.

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