

Thanks for receiving this submission on Issues Paper 10.

I will list some positive experiences of support that I have received. Then I will outline some of the obstructions by individuals to receiving further support.

Firstly, I account and am grateful for many hundreds of unpaid hours of professional support that have been provided to me. This began in a professional setting, but then moved into the context of a privately operated service, where I was able to pay for these services only when I was working and thus able to afford to pay. In the mind of the professional provider of this support, in what was a voluntary capacity, this was a way of “paying forward” to make a contribution. This support was provided to me over a period of more than two decades. I have also been able to avail myself of appropriately offered individual and group therapy through government funded health services.

Further to this, I have evidence of, and I recall incidents of obstructive, publically abusive processes as I have sought support and advocacy within a number of different contexts [REDACTED]

[REDACTED] These were in effect, conduits for the furthering of abuses, resulting in ongoing silencing of me, and continued obstruction of my career and vocation.

I have attempted to seek support from the relevant institution in relation to one of the events of abuse experienced by me in one of the institutions involved, [REDACTED]

[REDACTED] Indeed some have been of significant assistance to date. However, there has not been commensurate energy offered that has been relevant to my specific requirements for advocacy and support in my recovery process.

I am concerned that the various professionals involved in these areas might be reticent to continue in the process of my ongoing support that will assist me to achieve a desired outcome. There are possible matters

here that relate to observed conflicts of interest that exist and restrict the support offered.

Some of the negotiations that I have been involved in give examples of how I have felt deliberately obstructed. Sometimes this has been publically. As I have said already, there have been offers of professional support that have been very appropriate and helpful. However, there have also been significant limits to the support that I have received. This has been in situations where an individual member of an organisation, who initially engages in an advocacy role, encounters certain barriers that in effect are deliberate obstructions from others at higher levels of that organisation. This often results in offers of assistance that later disappear. What was displayed to me was a continual reticence to engage with me and a silence on the part of individual members of the organisation. The resultant impact on me as a survivor of childhood sexual assault was deadening. Not only was it deadening, but in reality, resulted in further occasioning of events of sexual abuse of a violent nature.

My second major concern relates to the financial obstructions in financing regular, fluid and continuous flows of support. It is ongoing therapeutic support that is needed by survivors. The reality is that in so many situations of provided support through various schemes, there are regulated limits. There is clear evidence that much more is needed by way of ensuring that survivors are enabled to avail themselves of services, without being told things like: "You are running out of available hours," or "we only have the capacity to respond to acute need, not chronic ongoing issues."

Related to this is the fact that in many instances, valuable time needs to be devoted to actually administering and maintaining the support levels provided. The amount of time that is needed to negotiate and establish appropriate support over a longer period means that valuable therapeutic time is lost. One of the issues that concerns me is that in the face of these demands, many survivors actually give up, in the kind of hopelessness that leads many to suicide.

A third, and significant issue and one that pertains to me in particular, is the ongoing medical and health issues that arise. For many survivors what is needed is an ongoing and funded plan for their medical care throughout their lives. While I have named this in my meetings with the

church organisations identified by me, the response has been negligible. A failure to respond to the urgent ongoing needs of survivors is totally inadequate.

Further, the subjects raised for me from Issues Paper 10, have (as is likely for others,) evoked recall and re-attending of many complex and related matters pertaining to life amenity, function, productivity, and specifically for me, the compromising of free and safe movement.

Finally, there is no concise conclusion to this discussion. I hope that you have been able to glean the essence of what I have been saying. Being able to contribute means that my time and my life have not been wasted. We can continue to hope for fluid and responsive professional responses to the needs of survivors that are commensurate with their need and desire for restoration.

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