

ROYAL COMMISSION SUBMISSION
Issues Paper 10
Advocacy and Support and Therapeutic Treatment Services

12th November 2015

To whom it may concern.

I am a survivor of child, teenage and adult abuse and trauma and my healing journey began 25 years ago. I struggled for many years with drug addiction, alcohol use, domestic violence and abuse until I attended 3 x 1 week healing weeks at Heal For Life Foundation in 2001 and 2002.

Since then my life has changed and I am now married, paying off a home, have a child and

Heal for Life works, it has for me and for many survivors.

Please contact me should you require further information.

Yours Faithfully

Topic A: Victim and survivor needs and unmet needs

1. What advocacy and support and/or therapeutic treatment services work for victims and survivors?

HEAL FOR LIFE Foundation (HFLF) is based in Quorrobolong, NSW and has been running for 17 years. It provides a week long healing program, created by survivors, for survivors of abuse and trauma that is now validated by project research and recent world wide brain research. The program is conducted in New South Wales and Western Australia as well as the Philippines and United Kingdom.

The program enables survivors to experience workshops and an environment often never experienced before, including safety, support, honesty, integrity, love and care, in a non hierarchical program structure, with highly trained carers and facilitator through a self developed training program.

For many, **HFLF** is the last resort for seeking some resolution to the trauma and/or abuse and the behaviours created.

2. What does not work or can make things worse or be harmful for victims and survivors? What do victims and survivors need but not receive?

Many current western models used by General Medicine, Psychiatry, Psychology and Mental Health, when working with many individual's diagnosed with 'mental health issues' do not meet survivors needs. They often focus on the 'first order change', dealing with the symptoms, not the cause. This was my experience.

There was certainly nothing about dealing with intergenerational traumatic events for Aboriginal and Torres Strait Islander survivors, nor do they generally reflect or respect cultural faith, beliefs and practices.

Many survivors from **HFLF** have stated that appointments with a western medical practitioner or doctor involve talking for an hour and did not involve connecting to and releasing emotions about one of many experienced traumatic events.

Many survivors in the mental health system who are disempowered through

- significant gaps in communication, language practices and barriers
- being labelled with a diagnosis and therefore expected to 'be' the diagnosis
- little or no participation or choice in treatments, medication or therapy and are usually told what is best.

Survivors of trauma quickly work out what is safe to say when undergoing mental health assessments as well as in psychiatry, psychology and counselling appointments. There are risks to being totally honest that includes being shamed, institutionalised, losing children and losing relationships.

3. What helps or facilitates access so victims and survivors receive what they need? What are the barriers to receiving advocacy and support and/or therapeutic treatment and how might those barriers be addressed?

HFLF is accessible to all survivors of abuse and trauma however it is usually recommended as a last resort.

To overcome this, professionals need to be aware of HFLF and trained in the model of Trauma Informed Care and Healing.

Support needs to be provided to HFLF to help with funding, operation and contribute to guest costs.

HFLF has worked with a number of Aboriginal Communities and numerous individuals to get to the point of truly healing from personal traumatic experiences in a way that is not offered by General Medicine, Psychiatry, Psychology, Mental Health, Social Worker and Drug and Alcohol Workers.

University and Certificate courses across Australia need to incorporate the theory, model and practice of Trauma Informed Healing along with an Australian Psychology perspective. The theory model is researched based through international research projects along with recent brain research evidence. It is proven to work for trauma survivors and therefore ought to be taught during professional training.

4. How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors? How could these services be shaped so they better respond to secondary victims?

Western based therapeutic treatment services often do not respond well to survivors or secondary victims of abuse. The models used do not specifically address the true issue of trauma and abuse nor do they use a model that is suitable.

Healing opportunities should not be a response to a criminal, psychotic or addiction episode.

HFLF is extremely suitable for survivors of child abuse or trauma and needs to be better

- a. **Funded** including for establishment and marketing, equipment and facilities, staffing, administration, maintenance, research, guest costs and travel.
- b. **supported** by a professional network, resources and research
- c. **equipped** through Professional service providers adopting the Trauma informed Care and Healing model through modification of professional training courses offered by Universities, TAFE and private training.

HFLF is an appropriate service that needs to be nationally endorsed and promoted through all available channels so that as many people as possible know about its existence.

HFLF and Trauma Informed Care and Healing needs to be included as throughout mainstream and non government organisations mental health services, community health services, Associations for Aboriginal Health Workers, Migrant Health Workers, Counsellors, Psychology and Psychiatry, GP services and Community Health Facilities and non-government organisations.

Topic B: Diverse victims and survivors

1. What existing advocacy and support and/or therapeutic treatment services are available that cater to the specific needs of diverse victim and survivor groups? What types of models and approaches are used to address the particular needs of these populations?

HFLF is a service suitable for the specific and diverse needs of victim and survivor groups using the Trauma Informed Care and Healing model.

2. How could the needs of victims and survivors from diverse backgrounds be better met? What should be in place to ensure they receive the advocacy and support and/or therapeutic treatment they require?

The **HFLF** model addresses trauma. Trauma encompasses personal, secondary and historical trauma, discrimination and abuse, including physical, sexual, mental, emotional, developmental, spiritual, religious and racial.

The **HFLF** healing model was developed by survivors, for survivors and is now being validated by program and brain research.

3. What would better help victims and survivors in correctional institutions and upon release?

Victims and survivors in correctional institutions and upon release should have access to **HFLF**.

Topic C: Geographic considerations

1. What challenges do service providers face when trying to respond to the needs of victims and survivors outside metropolitan areas (e.g. those living in regional, rural or remote areas)?

Travel expenses for guests to get to the venue and costs for attendance at the **HFLF** program are barriers faced by those wanting to attend the program.

The need expressed by communities to have the **HFLF** program running in the area yet there are limited funds available to set up, maintain and run a facility. These include physical facilities, training, staff, administration, maintenance, repairs, marketing and research.

2. What would help victims and survivors outside metropolitan areas? Are there innovative ways to address the geographical barriers to providing and receiving support?

The incorporation of Medicare available coverage for attendance to the **HFLF** program including travel costs.

Topic D: Service system issues

1. There is a range of terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse. We provided our current working definitions in the introduction to this paper. Are these terms adequate and have they been defined appropriately? If not, what terminology and definitions should we consider using?

Suitable

2. Given the range of services victims and survivors might need and use, what practical or structural ways can the service system be improved so it is easier for victims and survivors to receive the advocacy and support and/or therapeutic treatment services they need? What type of service models help victims and survivors to receive the support they need?

Ensure all existing and new professionals in mental health services attend training about the model of Trauma Informed Care and Healing.

Extensive promotion of **HFLF** services.

3. How can we ensure practitioners and workers are sufficiently skilled to provide advocacy and support and/or therapeutic treatment for adult and child victims and survivors, including those from diverse backgrounds?

University and Certificate courses across Australia need to incorporate the theory, model and practice of Trauma Informed Care and Healing along with an Australian Psychology perspective.

The theory model is researched based through international research projects along with recent brain research evidence. It is proven to work for trauma survivors and therefore ought to be taught during professional training.

Trauma Informed Care and Healing needs to be included as throughout mainstream and non government organisations mental health services, community health services, Associations for Aboriginal Health Workers, Migrant Health Workers, Counsellors, Psychology and Psychiatry, GP services and Community Health Facilities and non- government organisations.

Topic E: Evidence and promising practices

1. What promising and innovative practices (including therapies, interventions, modalities and technologies) for victims and survivors of institutional child sexual abuse are emerging from practice-based evidence? Where are these available and who can access them?

The **HFLF** model addresses trauma. Trauma encompasses personal, secondary and historical trauma, discrimination and abuse, including physical, sexual, mental, emotional, developmental, spiritual, religious and racial.

The **HFLF** healing model was developed by survivors, for survivors and is now being validated by program and brain research.

2. What evaluations have been conducted on promising and innovative practices? What have the evaluations found?

HFLF and the Trauma Informed Care and Healing model has been validated by research and found that

3. What other learnings are emerging from practice-based evidence or from grey literature (i.e. published reports and papers that have not been formally peer-reviewed, such as government reports) about supporting adult and child victims and survivors?

Evaluation projects have been conducted for the program and have validated what is known, that the **HFLF** works for survivors all ages, regardless of the individuals background, religion or gender. It has found that destructive behaviours are reduced and relationships improve.

The Healing Foundation endorses the model of Trauma Informed Care and Healing for Aboriginal survivors.