Submission to the Royal Commission
Into Victoria's Mental Health Care System

Responses to Consultation

In Good Faith FOUNDATION
RELIGIOUS INSTITUTIONAL ABUSE RECOVERY

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Responses to Royal Commission Consultation Paper

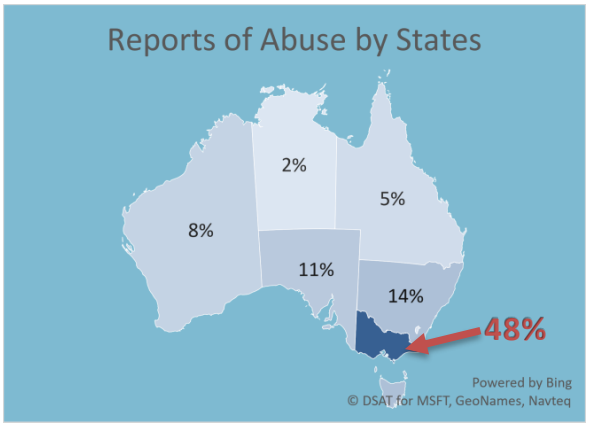
Our Work

In Good Faith Foundation is a national charity and recognised support service providing help, health and hope to institutional abuse survivors, predominantly within religious contexts, for over25 years. We provide a comprehensive and wholistic range of services to individuals impacted by religious institutional abuse including: case management and advocacy, community development, justice pathways, education forums with warm referrals for mental health care, legal representation, police liaison, welfare plus consultation and policy development to improve healing and recovery for our client cohort.

Our Clients

Our client base encompasses primary survivors of childhood sexual abuse alongside vulnerable adult victims, intergenerational familial consequences, long-term costs to whistleblowers (secondary survivors), and broader community members (tertiary survivors). Over the last 25 years IGFF has advocated for hundreds of clients almost half of whom suffered their abuse within Victoria.

Reflecting similar statistics to those of the *Royal Commission into Institutional Responses to Child Sexual Abuse*, IGFF's clients are typically Anglo-Saxon men, assaulted between 1960 and 1979, aged 10-16, in Roman Catholic Institutions. Overwhelmingly, IGFF clients have engaged with mental health care services and supports with over **75% identifying as living with a psychiatric and/or physical/diverse disability.** The actual impact of mental health disorders is anticipated to be significantly higher but remains undiagnosed and/or underdiagnosed throughout our cohort.



Current Contexts

Almost 60% of institutional child sexual abuse reported to the Royal Commission into Institutional Response involved religious institutions. Of those, an estimated 60,000 survivors will engage with the National Redress Scheme with many more opting for other redress or justice pathways, including systemic responses and civil litigation. Swiftly evolving legislative reform within this field (Statute of Limitations, Ellis Defense and amendments to Deeds of Releases etc.) is adding a complex and highly traumatic dynamic that survivors are now seeking to navigate. For many individuals this will mean re-entering the mental health care system, accessing new counseling and calling on support services who have helped historically.

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Our History

Neil Woodger (Psychologist and President of In Good Faith Foundation)

In Good Faith Foundation has experienced the extent and seriousness of the overall mental, physical and social problems endured by the great majority of the victims it has assisted. There is no doubt that within the framework of mental health professional practice victims as a group constitute a "clinical population". The overwhelming majority of victims clearly meet the criteria for a number of mental health problems, often at the severe, or very severe, end of the range, and have had these undiagnosed and unattended problems for a very long time. Many meet the criteria for complex Post Traumatic Stress Disorder, usually accompanied by other mental health problems such as Depression, Anxiety and personality disorders. Substance abuse is common, with a substantial number of victims engaging in self-harm, expressions of suicidal ideation and often to the point of suicide.

The key factor in triggering this complex set of overlapping problems is the exposure of IGFF's clients to traumatic events in childhood (or as vulnerable adults) as an isolated experience or on a repeated basis, and at the hands of a religious representative abusing a high level of trust and responsibility. The very nature of the abuse(s) experienced resulted in a complicated network of problems and symptoms within the survivor, often resulting in substance misuse through self-medication, other physical health problems and severe disruption to relationships caused by personality difficulties.

Also noted through the IGFF's intake process and further contact with victims is the impact on close family members and friends, frequently very severe. Families often experience grief and loss, suffering victimisation and abuse by the victim owing to personality problems. breakdown and subsequent isolation are also identified by the IGFF, constituting another reason to refer people to experts for therapeutic assistance.

Drawing on its store of accumulated knowledge, and acting on advice provided by professionals assisting the Foundation and participating in its governance, the IGFF is determined to advocate for the best possible health care for victims. IGFF remains concerned that a number of institutions have offered to fund "counselling" for victims by way of compensation. Such an offer does not indicate a grasp of the severity and nature of the victims' problems by the institutions concerned. In addition, it does not indicate an understanding of the differences between (professional) people offering to assist victims, to what professional categories they belong if any, let alone whether potential (or actual) service providers possess any of the relevant skills or competencies necessary to assist the people abused within the institutions concerned.

Three examples may serve to illustrate IGFF's concerns, and the reasons for its adopting a firm stance on the issues. A distressingly common observation is that a large number of victims have never actively sought help, or received help, from a professional with appropriate mental health qualifications and training. Secondly, other victims have been receiving assistance from the same professional for many years (a decade and more) with no appreciable benefit, and at considerable cost. Finally, many victims have seen helpers who appear not to have any formal training in mental health or, more seriously, actively reject its findings and practices.

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Of serious concern is the often reported mismatch of severely suffering victims to "counsellors", including religious men and women, priests and sisters, for "spiritual" and other counselling. These referrals can also be from counselling services run by religious institutions and located in places where offenders are housed or have previously performed duties. Such referrals trigger further anxiety and aggravate already dysfunctional attachments for victims whom IGFF believes need to recover through independent help including psychological therapy, particularly by way of developing a better understanding of the powerful impact of institutional abuse. This therapeutic process must take place on neutral ground.

IGFF is not suggesting that the relevant (high level) skills and competencies are the sole preserve of one profession or another. It does strongly maintain, however, that the relevant skills have been identified by mental health research and professional practice, and have been known and available for over thirty years. IGFF works to encourage its clients to be better informed "consumers" of health care services, to question existing services they have been using, and to develop and articulate an expectation of modern mental health care (supplementary document IGFF2019 01 is an outline of the information IGFF provides to clients.). Being offered "counselling" is simply not good enough.

Definitions of Institutional Abuse

Through our advocacy work IGFF seeks to broaden professional and community understandings of institutional abuse beyond that of childhood sexual abuse. Institutional abuse should be understood to comprise of one or more of the following:

- Sexual Abuse
- Physical Abuse
- Psychological Abuse
- Spiritual Abuse
- Cultural Abuse
- Ritualistic/Sacrament Abuse

Its impact extends beyond the primary survivor of the abuse and has lasting ramifications for immediate and extended family (including parents, sibling grandparents etc.), Whistleblowers and mandatory reporters (including teachers, medical professionals and mental health professionals), community members (parish, faith, and local). Intuitional abuse should also be understood in the context of vulnerable adults (those in hospital settings, those who are impacted by diverse disabilities.

Existing commonalities are that institutional abuse occurs almost exclusively in environments where "*behaviour by a person towards another person that torments, intimidates, harasses or is offensive to the other person"* (UTS and UNSW Faculties of Law, 2008)is commonplace and where an

> adult "verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is capricious and hostile. *(Karen Broadley, 2018)*

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An added complexity within religious institutional abuse is perhaps best explored by Mackin, Keane and Kline who define

> *The sexual exploitation of a child by one who has been privileged, even anointed, as a representative of God is a sinister assault on that person's psychosocial and spiritual well-being. The impact of such a violent betrayal is amplified when the perpetrator is sheltered and supported by a larger religious community (Mackin, 2009, p. 1)*

Significantly though, the majority of those impacted will seek access to mental health care, often throughout the duration of their life.

Survivor Issues: Access and Inclusion

IGFF has identified a number of barriers that prevent institutional abuse survivors from effectively engaging with the help and support they need. Significantly, these issues are almost exclusively attributable to access and/or inclusion:

- Out of pocket costs – often engaging with highly skilled practitioners is cost prohibitive. As part of our case management and advocacy, IGFF works with an individual to secure additional funding through Mental Health Care Plans, some institutional responses that offer limited funding to access mental health care of the survivors choice and a variety of other pathways such community health counselling providers (Sexual Assault specialist services) and Victims of Crime funded assistance.
- Regional access – regional services can be under-resourced/under-staffed, with significant travel involved or delivered without face to face rapport via video-conferencing/phone services.
- Religious affiliated services – in increasing proportions foodbanks, counselling services and other peak bodies are linked to religious organisations/institutions. This presents an often insurmountable barrier to survivors with historical abuse trauma and trust issues.
- Incorrect referral pathways – survivors have experienced unskilled professionals with significant service gaps.
- Wait times – those in crisis (including family members) often report lengthy wait times when contacting crisis support lines.
- Support Service networks - survivors have described 'falling through the cracks' when support services do not practice "warm referrals". Similarly, survivors have to recount their lived experiences multiple times, often within the same agency.
- Support services – funding is often insufficient to deliver wholistic case management with wrap-around services to support survivors longer-term.
- Need for Professional Development – survivors have recounted culturally insensitive and unaware practitioners. Particularly the display of religious iconography and wearing of religious vestments or symbols. Additionally inappropriate language and recognition of the importance of spirituality and experiences of shame, family exile and community stigmatisation.

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Mental Health Impacts and complicating issues

Lifelong recovery

IGFF strongly endorses Volume 3 of the Final Report of the Royal Commission into institutional Responses to Child Abuse which highlights common impacts experienced by institutional abuse survivors.

As a support service, IGFF acknowledges that the ramifications of institutional abuse include complex mental and physical health issues, unemployment or underemployment, compensatory behaviours such as gambling and alcohol addictions, substance dependency, family violence, homelessness or homelessness indicators, incomplete education and social isolation. Consequences may also include PTSD, anxiety, major depression and suicidality, self-doubt, eating disorders, sleep disorders, difficulties with personal relationships, broken relationships, nightmares and flashbacks. (Chen, 2010)..

Further symptoms include poor understanding of appropriate personal boundaries thus allowing further abuses including vulnerability to different forms of abuse and exploitation. Criminal histories are also not uncommon. Addressing these impacts, destigmatising institutional sexual abuse, and recognising the diversity of harms done requires ongoing national leadership and immediate action.

Significant trauma, such as sexual abuse, can lead to long-term changes in neurobiological development that may make such psychiatric conditions more likely (De Bellis, 2011). Longitudinal studies have demonstrated that sexual assault early in life (ie childhood and adolescence) impacts cognitive development, both during the first 8 years of life, (Enlow, 2012) and as children become adults (Veltman, 2001).

Most victims will also experience other types of non-sexual abuse and victimization. It is also important to note that many survivors of institutional abuse will be subject to repeated abuse incidents, over an extended period of time and, not infrequently, have multiple offenders sometimes over multiple institutions. In our experience it is not uncommon for a survivor of institutional abuse to experience abuse (sometimes by the same offender) well into their adult life.

Both of these are likely to be important factors in determining longer-term impacts on the individual. However understanding, that institutional abuse remains widely under-reported with some estimates placing 95% of child sexual assault as never reported to authorities. This is very concerning for support services, treating practitioners and those working to develop child-safe institutions, much of whose work has a very specific focus on intervention to prevent and treatment (Lyon, 2011).

Diseases of Trauma

Beyond the mental health impacts of institutional abuses there are a series of medical conditions and physical illnesses that present with a raised risk amongst the survivor

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community. Across genders, these illnesses include asthma, chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, migraines, and chronic pain, among others. (Anda R, 2010) (Scaer, 2005) (Wilson, 2010)Consistent with IGFF's practice experience, it is entirely likely that many General Practitioners will have patients presenting with symptoms of various illnesses with an underlying history of institutional sexual abuse.

Reporting/disclosure of institutional abuse is particularly problematic for male survivors who resist and/or downplay physical and psychological symptoms that may be a result of their abuse. (Sherman NE, 2012)Compounding this reluctance are the very real barriers male survivors confront to disclosure including: shame, betrayal, prior knowledge of abuser.

Male survivors of all forms of severe childhood psychological, emotional, or physical abuse resist disclosure of physical and psychological symptoms. In addition, men are more reluctant to report sexual abuse than are female survivors (Sherman NE, 2012). A contributing factor to nondisclosure may be that men knew the abuser before the abuse, as suggested by literature reporting that the child usually knows the abuser a priori. (Gartner, 1999) In these cases, the abuser is a parent, sibling, other family member, family friend, coach, teacher, clergy, or other familiar person (Gartner, 1999). This increases feelings of shame and betrayal. Adherence to the guidelines we propose when interacting with male patients with histories of trauma can be a powerful tool for helping deliver more beneficial health care to all (Teram, 2006).

Complex PTSD

The Complex PTSD construct is outlined here and identifiable in many of IGFF's clients:

> *"PTSD [sufferers] describe themselves as fundamentally changed after experiencing trauma: formerly enjoyed pursuits and relationships seem less pleasurable, life seems shorter and bleaker, and the world seems far more dangerous (Herman, 1992). For some survivors of trauma, recovery will be challenged by additional traumatic events [for example utilising institutional responses]... feelings of low self-esteem and worthlessness, dissociation from internal emotional states and external reality, chronic physical symptoms and somatization, interpersonal difficulties, and comorbid substance abuse ... This type of presentation is sometimes referred to as "complex PTSD." In addition to these severe psychiatric comorbidities, PTSD has also been found to have a negative impact on physical health ... Health related problems associated with PTSD include diabetes, cancer, thyroid disease, obesity, heart disease and hypertension, high cholesterol, liver disease, arthritis, and asthma and lung disease ... This symptom profile is perhaps better captured by the "complex PTSD" construct posited by Herman (1992) to explain the sequelae of chronic sexual abuse".* (Jason M. Fogler, 2008, p. 281)

Secondary Survivor Experiences

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These first hand accounts of caring for an individual survivor demonstrate IGFF's understanding of the isolation and worse mental health care outcomes and service access known to impact on care givers (secondary survivors).

Systemic Abuses

Much research and extensive inquiries have delved into the systemic abuse survivors describe when encountering religious responses. IGFF commends the finding of the *Royal Commission into Institutional Responses to Child Abuse* and the work of the *Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Organisations.*

Consistently, such inquiries have found that religious institutional responses were seen by survivors as focussed on asset protection, overly legalistic and disempowering thereby compounding the initial instance of abuse. Significantly many survivors contacting IGFF have attributed the distress and trauma they experienced when accessing these systems to the lack of transparency and independence of the structures coupled with a lack of accountability, a systemic inability to provide feedback loops and inappropriate mental health care. This systemic abuse has further compounded and exacerbated the symptoms attributed to the initial abuse however is unrecognised or misunderstood by many treating practitioners.

IGFF is keenly aware that some religious institutions have implemented measures to address these concerns, however a key component of our current work is supporting survivors who have experienced harmful systemic processes.

Justice Pathways, Redress Options and Litigation

IGFF provided extensive consultations to the *Royal Commission into Institutional Responses to Child Abuse* focused on survivors engagement with various justice processes and has provided copies. [redacted]

[redacted]

National Redress Scheme

IGFF does not believe that the outlined Counselling and Psychological Care offered as a component of the National Redress Scheme is sufficient to recognise the lifelong impacts and magnitude of harm done to survivors. Likewise, IGFF remains concerned that counselling and psychological care is not accessible to secondary survivors (partners, children and parents) through this scheme despite the often-traumatic nature of a survivor's disclosure and processes for achieving redress. This is a significant and yet unrealised area of need that requires urgent attention and should be provided by trauma informed practitioners with best practice and contemporary understandings about religious institutional and systemic abuses.

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IGFF does not consider that the current options for counselling outlined through the Scheme sufficiently grasps the severity and cyclical, recurring nature of the impacts of abuse on survivors. In addition, it does not indicate an understanding whether potential (or actual) service providers possess any of the relevant skills or competencies necessary to assist the people abused within the institutions concerned. Relevant professional skills necessary for treatment of institutional abuse survivors are well established through mental health research and professional practice and should be examined when developing this area of the Bill.

Further, IGFF holds great concern for religious institutions participating in the National Redress Scheme and offering Direct Personal Responses to survivors without undergoing the training and utilising the methodology practised by Government representatives. This disparity between institutions leaves survivors open to further systemic trauma particularly if the person delivering the apology was a senior official at the time of a survivor's abuse or has had engagement with previous complaints procedures. A specific provision for legal representation, case management or an advocacy representative should be made available to survivors specifically as survivors have often reported being too traumatised to raise concerns in personal interactions.

Early intervention, child safety and grooming behaviours

IGFF remains a strong advocate for whistle-blowers who have sought to report concerning behaviours by religious institutional representatives. Very often it is teachers who recognize the behaviours of offenders and on reporting concerns have found themselves disbelieved, marginalized and in some cases, this has cost whistleblowers their jobs.

IGFF believes that implementing consistent training and education throughout schools would assist teachers to more adequately identify and address concerning behaviours. Similarly, specific recognition and protection of individuals reporting concerns should be put in place with many whistleblowers reporting significant difficulty in reporting inappropriate behaviours when the allegations concern your employer, a significant community fgure and a formal complaint could be libelous.

An overarching recommendation is the establishment of a training and education packag that specifically address the recognition of healthy/unhealthy adult child relationships, grooming, signs of abuse and dynamics of disclosure.

Recognising Grooming behaviours

Common behaviours described to IGFF that are consistent with grooming include:

- the use of power over, not only victims, but those around them particularly those with a supervisory or parental role;
- apparent grandiose self-perception; (Narcissm)
- flouting of rules- 'these rules don't apply to me'
- manipulation and 'playing off' of one child with another
- understanding of their role as priest - not servant but elite

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- 'immaturity' manifest in the way they 'played', took pleasure in showing others up; making 'cheeky' or politically incorrect comments.
- seeking out the company of boys in preference to age peers
- uncanny ability to identify, engage and segregate the more vulnerable boys and establish opportunities to be alone with them rather than encourage them to mix with their peers; in their 'normalising' of children and young people entering the areas usually considered off limits e.g presbytery areas not usually used by parish, bedrooms, sacristy etc;
- effective use of power over or manipulation of those with roles in the parish. i.e. despite sometimes being friendly with staff, it is made quite clear who is in charge
- 'put downs' (often public humiliation) of those who dared to cross them

Recognising indicators of childhood abuse

As indicators of childhood abuse are similar to those of stressors including other forms of abuse and neglect IGFF feel that it would be inappropriate to utilize only psychological and behavioural indicators to identify abuse. Instead it may be more appropriate to train individuals to recognize general behaviours attributed to stress occurring in a child's life and then follow up with age appropriate questions relating to sexual abuse. This is particularly relevant since studies indicate that many children who experience CSA also experience other types of abuse and neglect (Fellitti, 1994). IGFF suggests that such an approach is the most appropriate as it demonstrates care and concern for the child's well-being, may identify non-sexual instances of abuse and neglect and allows an opportunity for early intervention and treatment.

Possible solutions

Implementing Royal Commission Recommendations

The Royal Commission's Report recommended establishing a "dedicated community support services for victims and survivors … to provide an integrated model of advocacy and support" (Recommendation 9.1). IGFF continues to advocate with State and Federal Government representatives to specifically fund support services specialising in religious institutional abuse recovery processes.

The Royal Commission recommended a "centre to raise awareness and understanding of the impacts of child sexual abuse, support help-seeking and guide best practice advocacy and support and therapeutic treatment" (Recommendation 9.9). Implementing a Centre for Excellence accessible to individuals impacted by institutional abuse that draws on both Royal Commission recommendations and is supported by IGFF's 22-years' practice knowledge identifying and responding to survivors, families, communities, whistleblowers and treating practitioners remains a key strategic direction of In Good Faith Foundation. This proposal is unique in emphasising the development of a safe, comprehensive and survivor-centric community service underscored by a Survivor's Advisory Group, the model is uniquely tailored to work for and on behalf of individuals navigating a recovery process.

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The proposal prioritises responding to identified regions of high need through satellite servicing with five program areas: individual case management and advocacy, augmented by community development works for connectivity, group support and information distribution accompanied by memorial projects and a remembrance archive; supplemented by community education programs accessible to survivors and treating practitioners focusing on evidenced based, best practice care underpinned by a research and treatment program examining best practice therapeutic care methodologies.

A comprehensive submission seeking funding is provided at document: IGFF2019 _ DOC 08.

Education, Professional Development, Research and Treatment

IGFF acknowledges significant contributions to our work in this area by Neil Woodger and also Nigel Denning and Linda Tilgner of Integrative Psychology

Understanding institutional abuse can be considered to be in its relative infancy. It can be compared to the understanding of family violence in the 1980s with its sense of emerging awareness, shock and intention to prevent. It is imperative this early energy and interest does not wane in the post-Royal Commission era.

IGFF is aware of significant gaps in some professionals understandings of the impacts of institutional abuse. This in turn reflects in incomplete or unsuitable therapeutic care of individuals seeking mental health care. To date, treatment of individual survivors is only a partial treatment, leaving survivors feeling that they are the problem, not the institution that created the problem. It can lead to an isolated therapeutic process for survivor and therapist. Survivors need a deep understanding of the complex effect this form of abuse has on the contexts in which they live and operate, such as community, school, workplace or family.

Only a small percentage of the Royal Commission's reports have addressed treatment for adult survivors using a clinical knowledge base informed by current research enable best practice. This leaves a significant gap in current practice knowledge and requires education in factors specific to institutional abuse be disseminated to professionals.

Through our work, IGFF has developed a comprehensive understanding of both the complex needs and barriers for recovery and redress for institutional abuse survivors. Collating data, monitoring institutional responses and identifying risk for survivors has been integral since the Foundation's origins. These extensive practices have ideally placed IGFF to implement effective, multi-layer systems to meet the needs of institutional abuse survivors. These systems incorporate individuals, families and other members of communities and organisations. However this practice knowledge now needs to be provided to other treating practitioners and support services.

As a result IGFF has developed a comprehensive Education Program available to practitioners and is seeking partnerships with research organisations to further research into areas of identified treatment gaps. These documents are available at IGFF2019_DOC08 and IGFF 2019_DOC09.

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Informed Consent and Client Permission

Permission and truly informed consent is perhaps the most important aspect of the treating practitioner-patient relationship. IGFF has identified many instances where clients have sought mental and physical health care but been unable proceed with required treatment as a result of traumatic memories resurfacing and causing significant distress. Of vital importance to survivors is the ability to 'control' these treatment scenarios and have a way of providing feedback to the practitioner. This can be as simple as a noise or gesture during treatment or verbalising that they are uncomfortable.

IGFF therefore recommends that all treating practitioners specifically discuss the various steps involved in treatment at the beginning of the process and ask for permission/levels of comfort as they progress through the treatment. Simple acts of communication can be very effective in reducing the distress survivors encounter when seeking treatment and increasing survivors perceptions and levels of empowerment.

> *Best clinical practices with male survivors of childhood sexual abuse include physicians considering changes in the way they initially identify this patient population, communicate, respond, listen to, involve, examine, and plan for effective and empowering interactions with them. The male survivor population as a health care consumer group requires rigorous scientific research similar to the research that exists on women survivors. This could ultimately improve the medical care and outcomes of male survivors. (Gallo-SIlver, 2014)*

Gallo-Silver (2014) also produced the following recommendations for communicating with survivors of childhood trauma, which IGFF endorses:

> *Communication cluster*
>
> 1. *As part of history taking, ask about adverse childhood experiences of physical and/or sexual abuse, and family violence.*
> 2. *Listen to the patient and stop doing any other nonemergency activity.*
> 3. *Ask your patient about concerns and preferences in the biologic sex of his physicians. If there are gender concerns, allow the patient to discuss them.*
>
> *Control cluster*
>
> 1. *If your patient indicates he is fearful, ask your patient about how to increase his feelings of safety.*
> 2. *For invasive procedures, ensure your patient understands informed consent and that he can change his mind at any point*
> 3. *Help your patient anticipate the stressors of next steps before you order further tests or procedures.*

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4. *Review procedures with your patient that involve undressing and touching.*

Permission cluster

1. *Inform your patient before touching and explain the specific purpose of touching.*
2. *Inform your patient at the beginning of the examination that you will request body positioning before making that request.*
3. *Take a "sounding" from your patient during treatment ("How are you doing? Do you need me to … ?").*

Community Development: The Melbourne Victims' Collective

IGFF established the 'The Melbourne Victims' Collective' (MVC) in 2006 as an action group focussed on survivor empowerment and with the capacity to function as an education and information forum. The MVC was formed by some thirty professionals, primary and secondary victims, whistle-blowers and priests of integrity.

For over 12 years the MVC has met regularly and informed social change, communicating with government, the public, media and religious institutional leaders. Guest speakers from a wide variety of backgrounds are invited to present information to members on topics of interest with MVC members and leaders discussing current issues, possible responses and collective action such as the 'Rally of Hope' in 2013. As an intentional survivors' community, the MVC has also contributed to significant social change in relation to surviving institutional abuses.

The MVC is now made up of over eighty individuals, including a core membership of treating practitioners from mental health care and legal backgrounds. The MVC recognises input from members of other community support groups, support services, an expanded network of concerned professionals, and representatives of other support services such a Tzedek.

The MVC provides survivors with a unique opportunity to provide feedback directly to IGFF and allows for them to contribute to IGFF's Strategic Directions.

The MVC's aims are:

- To empower survivors, families and communities
- To provide survivors with current information and education opportunities
- To raise institutional and public awareness about the mistreatment and ongoing trauma of survivors,
- To open avenues for dialogue, review and change
- To inform treating practitioners and other professionals of survivors needs and experiences

You can view Towards Justice, the charter of the MVC here.

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De-stigmatisation: Everyday Courage

Everyday Courage is a series of stories and first-person accounts of the difficulties survivors of abuses face in every-day life. These include activities that those who have not experienced sexual and other abuses often take for granted as part of routine, such as accessing health services or justice pathways.

It will incorporates case studies (de-identifying victims) and articles from media sources detailing activities such as:

- Visiting the dentist
- Approaching police and other authorities
- Aged care living
- Entering hospital environments
- Accessing education services

The aim of this miniseries will be to educate readers on the lifelong impacts of abuse and contribute to a better understanding of the needs of abuse survivors. Ideally, this will help to generate a more comprehensive appreciation of the daily struggles faced by many survivors. As suggested in the title, part of the motivation for the miniseries is to highlight the bravery shown in undertaking tasks that many consider daunting based on their experiences.

IGFF has commenced this work using our Facebook page and plans to develop this community engagement further. Further information can be accessed via our Facebook page: https://www.facebook.com/InGoodFaithFoundation/

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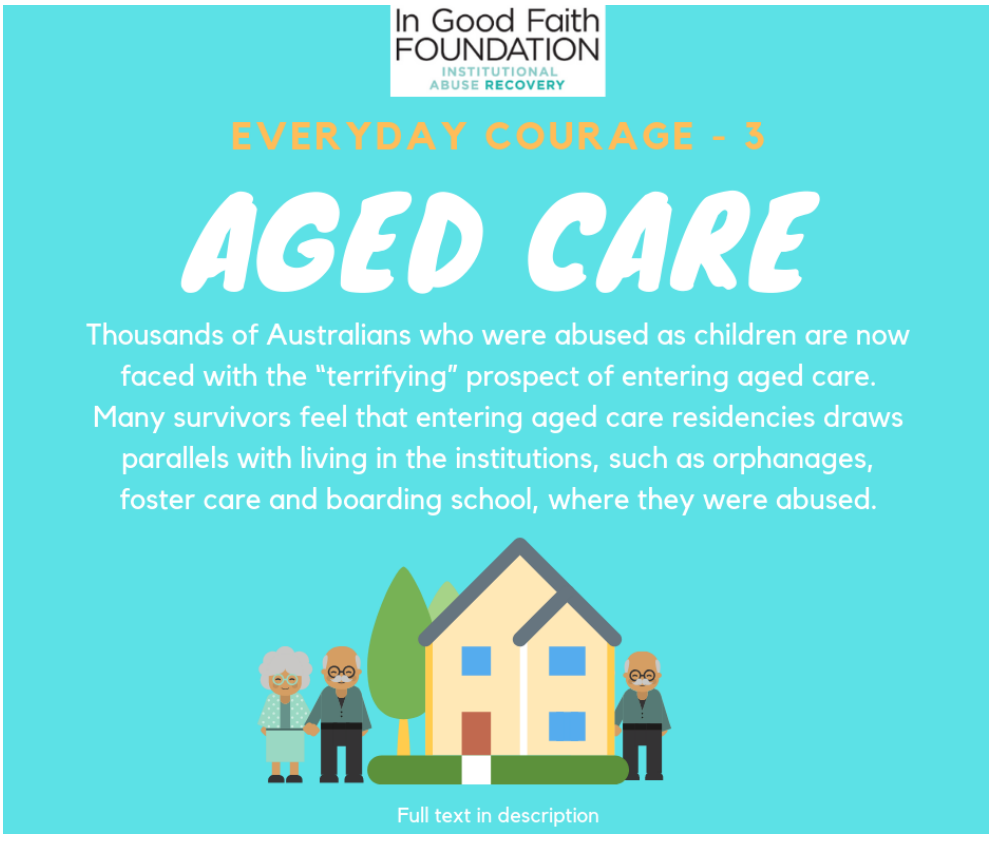

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De-stigmatisation: Self-Care Messages

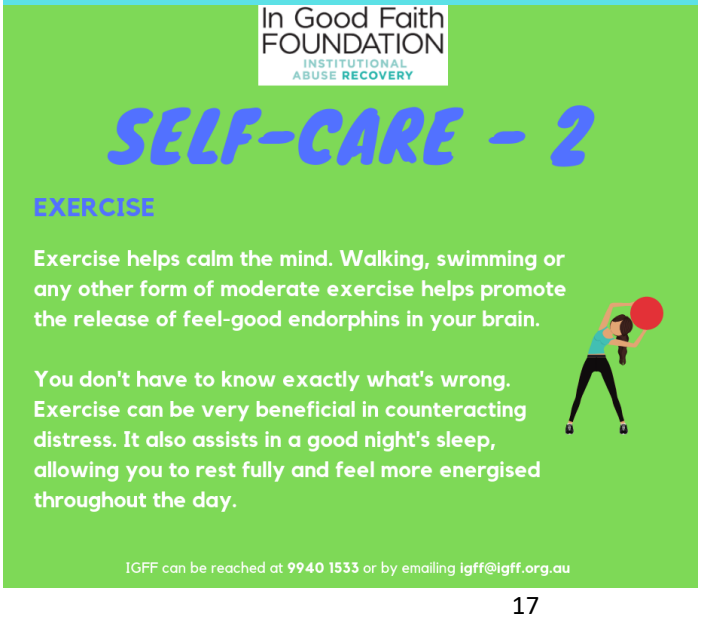
Developed in Conjunction with Neil Woodger

Recent media attention and publicity about the crimes committed by religious representatives against children serves to confirm and validate the experiences of all survivors. IGFF has observed that this process has also caused heightened levels of distress in a process known as "re-kindling", or opening old wounds. The recent elevated media attention covering high profile justice processes including those under investigation, not only for allegedly covering up the crimes of others in the past, but being involved as perpetrators has significant ramifications throughout the survivor community.

People with trauma related problems frequently suffer periods of instability by way of fluctuating emotions triggered by unwanted memories. This cycle of emotional ups and downs causes people to believe they have little control of their inner life, leading them to become pessimistic about the future. Acknowledging that such publicity can work to add a new dimension to the complexities of managing trauma, IGFF has developed and disseminated the following message of self-care throughout the survivor community:

1. Communicate - take care not to bottle up your feelings and thoughts. Let someone you trust as a good listener know what's happening inside you rather than withdraw. Keeping something inside you robs you of an opportunity to work an issue through in your own mind. Communicating is often painful, and is therefore often avoided. A trustworthy person might be a professional, a friend of a family member. A good listener allows you to speak your mind without judgment.

2. Exercise -use moderate exercise to counteract feeling wound up. Walking, swimming, playing golf, going to a gym, are all useful activities but need to be regular and fairly frequent. Exercise serves to make use of the adrenaline that is triggered by exposure to bad memories and their reminders. Exercise also works well as a natural anti-depressant. You don't have to know exactly what's wrong. Exercising helps cell the mind so don't be surprised if things become clearer quite naturally after a good walk.



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3. Diet - take care not to comfort eat, especially sugary and fatty foods.

4. Self talk - helpful self talk does not involve pollyanna style (unrealistic) optimism when dealing with a distressing situation with an uncertain outcome. Telling yourself that help is available, that trauma problems, especially PTSD, are treatable rather than permanently disabling, that the current period of distress is likely to pass, or at least settle somewhat if we let it , are all examples of thoughts that work to get people through a bad situation.

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