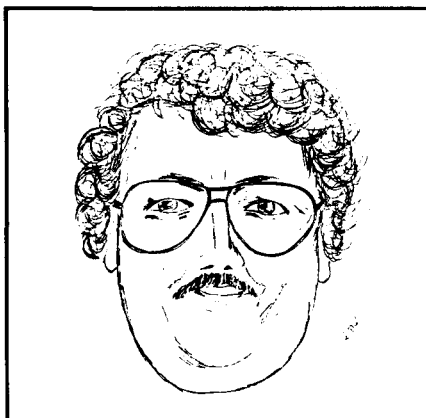


Asking for Help when Nobody is Listening

Chris Goddard

Trying to assist others in resolving their problems can be complex and exhausting. A great deal has been written in recent years about the stress suffered by workers in health and welfare fields, stress that can result in 'burn out'. Without wishing to deny the frustrations and complexities of such work, it is too easy in such discussions to forget how hard it is to be on the receiving end of the activities of the professions. In spite of the many social work authors that appear to believe that all clients are entirely voluntary, few people would choose to be in a position where they require the help of children's and family services.

Having a problem is hard enough; getting appropriate help frequently creates more problems. For many people it is difficult to ask for help. For others it is difficult to find the right place to ask for help. Even then, when the right place has been found, there may be other obstacles in the way. The following examples make these points clearly.



People ask for help in different ways

That people ask for help in different ways was forcefully brought home to me a few days ago. Following up references on child abuse in a university library, I picked up a general child welfare text and turned to the chapter on child abuse. Written across the top of the page was the following message:

I was abused by my brother and no one admits it or talks to me and explains. I'm cracking up. If you know where I can get help please write a number down here.

Underneath this poignant message in ink, and separated by the chapter heading 'Child Abuse', was the following reply in pencil:

Dear Whoever,
Don't blame yourself whatever you do though it is hard not [to]. It's not your fault it happened, and even though you feel guilty, he's the one with the problem not you - you're the victim of his problem. I haven't got a number at the moment, but if you look up under government information at the front of the white or yellow pages phone book there's a few numbers concerning counselling for child abuse.
I'm sure they'll be of help and help you come to terms with this. I hope you find somebody really caring to help and wish you all the best.

God bless - 2 well-wishers

TABLE 1

	Total (1073) %	Capital Cities (640) %	Country Areas (433) %	NSW (395) %	VIC (274) %	QLD (155) %	WA (86) %	SA (115) %	TAS (48) %
Children's Welfare Assoc. Community Services (or its equivalent)	68	67	69	69	66	72	73	59	63
Family Court	29	27	31	28	33	27	31	24	17
Dept. of Health	20	19	21	17	21	23	19	26	9
Aust. Protective Services	14	14	15	11	21	12	16	14	8
Dept. of Social Security	12	12	11	11	15	9	13	12	14
Dept. of Education	11	10	13	11	7	6	23	17	12
Inst. of Family Studies	6	7	5	6	8	6	9	4	2
Ombudsman	4	5	3	4	5	1	5	3	2
Dept. of Admin. Services	2	2	1	2	1	-	4	1	4
Other organisation	1	1	*	*	-	1	-	1	12
Total naming organisations	94	93	94	93	92	97	97	93	87
None	*	*	*	1	-	-	-	1	-
Can't say	6	7	6	6	8	3	3	6	13
	100	100	100	100	100	100	100	100	100

*Less than 0.5%

[Reprinted from Morgan Gallup Poll (1989) 'Community Attitudes towards Child Abuse']

People don't always know where to go to get help

Another obstacle that needs to be overcome is that people who recognise that they have, or someone else has, a problem have to know where to go to get help. The results of a recent Morgan Gallup Pool are interesting in this regard (see Table 1). An Australia-wide survey, conducted on 4-5 February 1989, asked 1,073 people aged 18 years and over a series of questions relating to child abuse.

One of the questions asked concerned organisations authorised to investigate child abuse. Respondents were shown a list of various organisations operating in their state and asked: 'To the best of your knowledge, apart from the police, which of these organisations are authorised to investigate child abuse?' Respondents were encouraged to indicate as many organisations as they felt were authorised.

The correct answer to the question is Community Services or its equivalent (Community Services Victoria in that State; Department of Family Services in Queensland; Department of Family and Community Services in New South Wales; Child Protection Assessment Board in Tasmania; Department for Community Welfare in South Australia; and Department for Community Services in Western Australia).

Overall, just over half of the respondents were aware of the appropriate organisation in their State (52%). Victorians and Tasmanians were the exception. Only 29% of Victorians were aware of CSV's authority to investigate child abuse, and only 37% of Tasmanians were aware of the investigative authority of the Child Protection Assessment Board. Victorians were more likely to name the Australian Protective Service than other states (21% compared to 16% or less). This may have indicated confusion with the department within CSV that deals with child abuse, known as Protective Services. In every State the majority (68% average) believed wrongly, however, that the Children's Welfare Association had authority to investigate child abuse. The Family Court was named by 29%, the Department of Health of 20%, the Australian Protective Service by 14%, the Social

Security Department by 12%, and the Department of Education by 11%.

Sometimes it is very hard to reach help

As we have seen, some people ask for help in different ways, and others are not sure where to get help. Sometimes it can appear that obstacles are placed, deliberately or carelessly, in the way of those seeking help.

It was George Bernard Shaw, in *The Doctor's Dilemma*, who described the professions as 'conspiracies against the

laity'. Architects, I have believed for some time, are amongst the greatest conspirators. Anyone who has lived in, or even visited, the Housing Commission tower blocks that blight our horizons and the lives of the inhabitants recognises this. The architects who designed them and the planners who permitted them should be condemned to live in them, preferably on the fifteenth floor with the lift mechanisms disconnected. The following letter, from a patient with a disability to a hospital administrator with a disabling but shiny new hospital, speaks for itself.

Dear Sir,

I am a disabled person who recently had to attend your new hospital building. I am writing to express my dismay at the obstacles I encountered in order to keep my appointment. In retrospect, and if the problems had not involved me, the whole incident would have made a very funny film.

I arrived at the hospital in a taxi to be confronted by steps that were almost perpendicular, with insufficient room on each step to place my callipered feet and crutches. The rails were too thick for me to grip with my small hands. With the perseverance needed by post-polio victims I managed to reach the top of the steps with God's help. I then tried to proceed through the automatic doors which appeared determined to knock my crutches from my hands, closing too quickly for a post-polio victim by this stage suffering from heat exhaustion. I then attempted to go through the push-pull manually opening door, only to find the automatic door occluding the opening.

By this time I was beginning to feel that there was a plot to keep people with disabilities out of the building. However, grim determination won out, and after waving my crutches in the air I was rescued by a cleaner. Safely in the hospital at last, I moved forward at a snail's pace as the tiles on the floor would not grip my crutches.

My joy at my eventual arrival at the clinic was dampened by the sight of a number of women in underwear covered by very scanty gowns, all in full view of the passing public. Being rather out of shape and overweight my distress was heightened when I was given a gown that failed to cover any of the essential areas. My embarrassment was eased by the other women in the same predicament who endeavoured to reassure me that the passing men were not really looking at me.

Finally I reached the examining doctor. Horror of horrors, the examination couch had been designed for the young, fit and nimble. I had to descend onto the floor to be examined. The adventure was heightened by my trying to arise from the floor in my 'happy coat' and little else. Hopefully there were no hidden cameras.

Worse was yet to come. The experience of sitting in the X-ray department, half-exposed with men trying not to look and women, fearful of the outcome of their mammograms, attempting to be light-hearted and cheerful, was worse. In the presence of males all conversation to support each other ceased.

Leaving the hospital became another exercise in determination and athletic prowess. The stairs proved too steep for safe descent and the only exit was a long distance away. After finally reaching the outside world, I found to my horror that the taxi entrance had been blocked. Another long hike began, and I finally collapsed into another cab.

The service I received from the hospital staff was excellent but I would like consideration given to the plight of your patients with disabilities.

Computers to the rescue

Life for people with disabilities has been described as an invisible prison – a prison because of the restrictions the environment can impose, and invisible because other people do not see these restrictions and continue to create them (Rosentraub and Gilderbloom, 1989). The examples outlined above demonstrate that life can be a prison for people with many types of problems. Help is hard to reach, and constraints are produced unwittingly.

Can a computer help?

I have long been fascinated and yet concerned by the way we think about computers and how they might change our views about ourselves. Sherry Turkle, in her stimulating and provocative book, *The Second Self*, asserts that technology brings about change not only in what we do but in the ways in which we think (1984:3).

There can be no better example of this, surely, than the following story.

In a report in the *Daily Telegraph*, Roger Highfield (1990) reported on some American research on patients

with mild depression. According to the study, a computer can be just as effective as a human therapist in treating mild depression. The computer greets the patient, questions them on their state of mind, assesses their depression and encourages them to talk about their problems. The patient types answers into the machine and sessions last up to an hour. The study compared three groups of patients: those who received computer therapy, those who received a therapist, and those who received no treatment. Those treated by the computer and those treated by the therapist improved significantly more than those who had received no therapy, Highfield states.

Bruce Chatwin, author of *The Songlines*, was once reported as saying that computers concerned him, because although we feel that we are in charge of them they have a way of getting into our souls. Something seems to have gotten into the souls of those American researchers into depression. Such computer therapy would surely only further isolate the lonely and remove them from much needed human contact. I can imagine the notices: 'we apologise for lack of therapy due to computer

malfunction' or 'Psychiatric Services apologises for the delay in allocating your case: industrial action by power supply workers means that no casework is possible.' The really sorry part about Highfield's report is that once again the research he describes makes a number of assumptions: that people know how to ask for help, that people can find the right place to ask for help, and can then manage to get to the right place. In a few years time, it appears, those people will have to remember their welfare card numbers before the computer will help them.

References

- Highfield, R. (1990) 'Confiding in a Computer' Can Help Depressed" *Daily Telegraph* (UK) February 8th.
- Morgan Gallup Poll (1989) *Community Attitudes Towards Child Abuse*
- Rosentraub, M.S. and Gilderbloom, J.I. (1989) 'The Invisible Jail' *Social Policy* 20 (1) : 31 – 33
- Turkle, S. (1984) *The Second Self: Computers and the Human Spirit* London: Granada.

