



THE COLLECTIVE PHENOMENA INCORPORATED.

NON-TRIVIAL POP-CULTURE

ARBN: 609 397 579

collectivephenomena.info

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1. OVERVIEW

Excerpt from the *Anti-Discrimination Act, 1991*.

Declaration of the Rights of the Child

Principle 1: The child shall enjoy all the rights set forth in this Declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

Principle 2: The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

Principle 3: The child shall be entitled from his birth to a name and a nationality.

Principle 4: The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

Principle 5: The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

Principle 6: The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable.

Principle 7: The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society. The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents. The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities, shall endeavour to promote the enjoyment of this right.

Principle 8: The child shall in all circumstances be among the first to receive protection and relief.

Principle 9: The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

Principle 10: The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

What are the repercussions when a child's rights are denied, neglected or abused? What implications does this denial, neglect or abuse of a child's rights have for the short and long term?

2. PERSONAL IMPACT

In 1990 Kelly was born in Victoria to two young parents. Before her first birthday, her mother and father separated and Kelly moved to Queensland with her mother and her mother's new boyfriend. They lived together with his mother and step-father, helping out with the family business.

Her first memory of the abuse is recalled vividly. She was four years old. This continued until around the age of ten.

Kelly frequently spent extended stays, school holidays and weekends, at her step-father's parent's house. Her step-father's step-father would wake Kelly up before he started work on the farm at around five in the morning. He would prepare breakfast, they would feed the pets then he would ask her to sit on his lap so he could tell her secrets. Each time she sat on his knee she recalls being paralysed by fear- fear of the consequences of telling someone, of running away, of something worse happening. He would hold her around the waist whilst fondling inside her pants.

Kelly recalls being hyper-aroused since the abuse started, inquisitive and curious about sexuality, in a secret manner. Stigma regarding sexuality and its variances is a burden that no person should have to bear in silence. The shame and stigma of a paedophile seeking help for their attraction to children inhibits them from seeking help in the same way the shame and stigma of a child who has been abused limits them from seeking help.

Kelly recalls several other occurrences vividly but there is a lot that has been suppressed. Kelly is unaware of the complete extent of her abuse due to her ability to disassociate, sometimes feeling in a haze-like state for weeks at a time. Kelly spent a lot of time on her own as an only child, using her initiative to keep herself entertained. Every time she closed her eyes she would see colours and patterns within the blackness behind her lids. To this day she still sees these colours and patterns and believes this is what has pulled her through many dark nights.

Her mother committed suicide when Kelly was nine years old after years of battling with drug, alcohol and mental health problems. Kelly had withdrawn and learned to put on a brave face already. Kelly's mother had suspicions that Kelly was being abused, observing tell-tale behaviours, but felt she had no one to turn to and no way to confirm her suspicions. Prior to her death, Kelly's mother had worked for the perpetrator and had a supportive and close relationship with him. Kelly had an insecure and tangled relationship with her mother.

Her father, stepfather and maternal Grandmother proceeded, with the family courts, to determine custody placement for Kelly. Kelly remained in shock, hardly able to recall the period of time at all and did not want to make a decision about where to live as she didn't want to hurt anyone's feelings by speaking her truth. Kelly had become so used to hiding her emotions and catering to the needs of the adults around her that she felt that what she wanted no longer mattered.

After the death of her mother, Kelly developed a rare blood disorder that affected the ability of her blood to clot. The risk of haemorrhage was great and she was hospitalised as doctors ran tests. She was sick often as a young child. This was the time where she received the nurturing and attention she so needed. Being looked after by various doctors and nurses inspired her to pursue a career looking after others.

Unbeknownst to her, at the closure of the court case, Kelly was picked up from school one day in Queensland and was living in Victoria by that night. Included in the psychologist report from the family courts was a statement of concern about Kelly's coping mechanisms of internalising her emotions and accommodating the needs of the adults around her. This coping mechanism still exists for Kelly to this day and is part of a painful process moving between denial, anger, bargaining, fear, depression and acceptance to rise above the circumstances, each arousing emotions that were long repressed within her.

Kelly became aware of her body image around this time and was sensitive to comments of people around her as she had put on weight during this time from steroid treatment and a long history of dietary irregularities. This compounded her poor self-image and self-esteem.

Kelly first disclosed the abuse to her stepmother in Victoria, after her biological father was awarded custody. It was as simple as asking about the concept of karma. Kelly remembers her family gathered around before attending the police station to file a report. It was stressful, loud and very confusing for her. A statement was made when Kelly was eleven years old, alluding to the abuse but Kelly was not ready to proceed or disclose more at this time. The compounding of various traumas meant she was unable to express herself and be understood.

Although Kelly does not recall much of this time period she remembers being taken to and from doctors and hospitals by her stepmother, admitted numerous times for her blood condition. Surgery was considered as an option to treat this. At school, Kelly maintained high grades and was able to make friends. Kelly was not able to develop a close relationship with her father and felt the uncertainty and instability early on. She was suicidal by age eleven. Her step-mother had a newborn to raise and the intensity of Kelly's needs became too much for a new family. Kelly went to live in Queensland with her maternal Grandmother.

When Kelly moved to Queensland with her Nana she initially struggled to make friends and even catch the bus to school on her own. Her Nana changed a job she loved to provide more time for Kelly. She maintained her grades and enthusiasm for learning and made some solid friendships. Her relationship with her Grandmother suffered during this time as they both suffered to come to terms with the past. Puberty was a difficult time for Kelly as she became aware of her weight, image and femininity. She began to self-harm, restrict calories and purge, compulsively exercise, obsessing about appearances, cleanliness and school grades- occasionally indulging in risky behaviours. She alternated between assuming a lot of self- control or no self- control. Although mostly secretive about of her troubles, Kelly read various self-help books, spoke with therapists, researched and reached out to friends or services for support during her darker moments.

Kelly has been receiving counselling since she was nine years old. After a long journey of counselling Kelly was able to make another statement to the police in 2004. This statement was more in depth. The matter was left in the hands of the police at this stage. The perpetrator was questioned, he denied the allegations and the case was transferred then left in 'limbo'.

Kelly started to date as a teenager- her grades slipped slightly as she chased what she thought was love. She moved in with a boyfriend and had an intense on-off relationship for almost five years and after graduating high school she went on to university to study nursing. She felt a deep fulfilment for a while by filling her schedule to the brim with study, work, placements, various extracurricular involvements, friends, a boyfriend and partying. She did not have the time, support, age, stamina or knowledge to pursue the court case actively again.

This pressure eventually took its toll and Kelly was hospitalised for self-harming. Kelly has been diagnosed with various conditions over the years- bipolar disorder, borderline personality disorder, schizo-affective disorder, depression and anxiety, by doctors who had spent less than an hour with her. She has been diagnosed with complex post-traumatic stress disorder which accommodates the broad spectrum of complex symptoms of trauma.

Kelly deferred her degree and moved to Darwin to live with a partner shortly after her hospitalisation. She studied Nutrition and Children's Services and stayed with him for a year- gained a lot of weight, was self-destructive and generally unhappy. Kelly had a few supportive friends but had withdrawn from most of her network. Something had to give.

Kelly moved to Victoria in 2009 to cut ties and began to deal with the past slowly as she was developed friendships that supported her and actively began to complete her Nursing degree, aligning with a sense of purpose despite obstacles. She continued to receive counselling, see psychologists and engage with support services and other holistic, alternative therapies.

Due to a spontaneous onset of her childhood blood condition, Kelly made a choice to leave the nursing profession as her immune system was compromised. She had also experienced further violence in the workplace in Victoria. After wanting to be a nurse for 20 years, she found herself quite disillusioned and as she was a casual staff member she wasn't able to receive union support. Kelly moved on to freelance in a web design start-up, to publish and maintain a content delivery service. Service and solution focused advocacy and gaining traction for the support of a not-for-profit delivery method of implementing these applications has been the focus.

Kelly made a comprehensive statement to Queensland Police in 2014. She travelled interstate to provide the account and made a recorded phone call to the perpetrator. He neither confessed nor denied to the abuse and she was not allowed to directly confront the topic. She recalls the overwhelming physical and emotional anxiety of the experience.

Kelly reviewed documents regarding her case when she was at the Police station. Due to administrative and accountability oversights, her initial statement was not followed through. Passed around from department to department for six years the case was re-opened when Kelly re-engaged with Police. She submitted a statutory declaration to the Crime and Conduct Commission in 2014 who acknowledged the receipt and stated there was nothing they could do further.

Statutes of limitations, interrupted feedback processes, legislation, reviews and interstate jurisdiction issues are a few barriers throughout the many systems Kelly has been a participator in. She continues to make progress relating to advocacy and utilizing operational feedback and is prepared for the process, motivated by advocacy.

With statements made and evidence given, the court and as many details provided and other relevant evidence given, the case is now awaiting trial. Kelly is awaiting further advice of the committal hearing 21 months after the re-opening of a historic case.

For 12 years the accused has not been required to receive any treatment. He is currently released with bail conditions. For 16 years she have been in and out of public systems as a professional, a student, for health and income support and as a minor within the family law court.

Kelly has rarely lived anywhere longer than a year and has stayed in caravan parks, units, houses, acreage, home-shares, with partners, in a squat, travelling and friend's sofas. She continues to work on re-stabilising her important relationships and paying attention to her health.

In 2015, she published a poetry zine titled 'Dying: To Meet You' and transformed what started as a hobby into a tangible, deliverable online service platform. After studying Project Management,

Kelly has provided Human Relations consulting encompassing business document procurement, CV and cover letter writing whilst studying a Dual Diploma of Business Administration, Leadership and Management.

In 2016, Kelly resided in Queensland, spending quality time with her extended family and friends after a hiatus from the state, awaited court proceedings, continued on her healing journey, studied, managed various projects, worked, advocating and most importantly, writing.

Discovering the modality of Feldenkrais and exploring it, with the trained supervision of a practitioner, Kelly has unlocked many physical, bodily/ sensory memories of the abuse. After finding a home and work at a trauma and abuse healing retreat centre, she has been able to explore movement as a therapy in a safe place. Completing an adult healing week at 'Heal for Life' - a right-brain, group therapy oriented program; many positive steps toward healing have occurred that are incomparable to 17 years of CBT based therapy. She maintains her nursing registration by reviewing policies and procedures for accreditation purposes, is being mentored by the CEO and founder of the not-for-profit 'Heal for Life' and is making meaningful contributions to the organization and people who come into contact with it. Currently, she is in the process of registering with the NDIS, completing her Dual Diploma, maintaining and adding to the Health and Human Rights database developed over the months and settling in to a new area.

Dear You,

Love is an energy, something that is always inside you. It is a lifetime journey learning what love really is, one that never actually ends but just changes form.

Relationships with others are a good way to learn but no other person can fix what is inside of you. Open up to people, be honest and ask questions.

Self-care is the path to healing and is not a selfish act. Be kind to yourself and others as you heal.

All experiences offer opportunities for awareness, growth, healing and a change of perspective- nothing is a waste, not even the darkest days.

Persevere. Fear is an illusion, it is not real. Practice reflection often, but do not drown in the pool of memory.

Find joy in the small things and look for meaning where it satisfies you. Let kindness humble you.

Love from,

Me

a. Risks to Self & Others

- Shame and Self-blame
- Suicidal thoughts and Self-Harming behaviours
- Disordered eating
- Disordered sleeping
- Alienation and isolation
- Secrecy
- Disordered empathy
- Altered responses and reactions
- Effect on ability to advocate
- Mental and physical dissociation
- Flashbacks and recurring nightmares
- Trigger responses (physical and emotional)
- Unwarranted, unsolicited and unneeded thoughts and feelings
- Unexplainable physical illnesses
- Inability to grieve or process
- Breach of Human Rights
- Entrapment and accommodation to/ of abuse

b. Losses to Self & Others

- Models of accountability and responsibility
- Healthy coping mechanisms
- Appropriate responses to suffering
- Severe financial loss
- Sense of belonging
- Physical & mental health/ costs related to health.
- Security
- Ability to functionally grieve
- Employment/ Income Earning Capacity
- Healthy, functional relationships/ intimacy
- Trust
- Childhood innocence
- Faith in protective services & systems designed to protect vulnerable groups
- Recollection of memories
- Stigmatization
- My Mother to suicide
- Stability
- A healthy sense of self/ personhood
- Autonomy
- Confidence
- Familial relationship breakdowns
- Dignity
- Personal Integrity

c. Rationale for pursuing with Criminal Proceedings

- To hold a perpetrator accountable to his actions
- To have a coping mechanism that is productive
- To gain closure and move on knowing I have done all I can and the best I can
- To break free of re-traumatization and alleviate internal conflict
- To follow through on my initial intentions as a minor now that I am able
- To model to others in a similar situation or circumstance
- To act within my basic human rights and reclaim my sovereignty
- To not perpetuate years of silence, self-blame and familial rifts
- To seek acknowledgement of my suffering
- To align my values of social justice, dignity and health with my actions
- To utilize my skills and knowledge toward a cause much larger than myself
- To eliminate speculation
- To advocate and make an impact on the way we view trauma and abuse

3. COMMUNITY IMPACT & BURDEN OF PROOF

Young children are often not believed when they disclose their abuse. If they have grown to adulthood since the abuse occurred, they are required to remember minute details of events which, probably for the last ten or so years, they have tried to forget. There is no 'scale of offending' to the person on the receiving end of inflicted human rights abuses... regardless, it is a violation of an innocent person's rights. When someone's house is burgled, their car stolen' when pedestrians are mugged or bowled by cars; when citizens are slaughtered by crazed gunmen, we don't hold the victims responsible in any way for their crimes. With sex crimes, however, that regrettably is what happens. If a defendant pleads not guilty, then it is the witnesses who are on trial.

For every reported child sexual assault, there are five that go unreported (Detective Senior Sergeant Chris O'Connor) A public register where a person can type in a suspected persons' name would be an open and accountable system to protect the innocent- not the guilty. A forever 'stained' reputation would serve as a massive deterrent to such actions. Few resources of the state go toward rehabilitation of victims, yet convicted paedophiles are put through programs and are likely to reoffend on release due to the privacy they are afforded at the expense of the safety of the unknowing and unsuspecting community. (D. Coddington. *The Australian Paedophile and Sex Offender Index*, 1997)

With over 300,000 notifications of child abuse (Institute of Family Studies, 2009) reported in 2009 as opposed to 100,000 reports ten years earlier in 1999, we can either determine that the incidence of child abuse is on the rise or the incidence of reporting child abuse is on the rise. Regardless, it is awareness and social accommodation that breaks the code of silence. These figures present challenges to organizations designed to protect vulnerable individuals.

Direct costs and challenges that arise from domestic and sexual violence in the community occur through health care/ poor health, victim services and compensation, housing and temporary accommodation, child protection, violence prevention, juvenile offending, criminality, perpetrator treatment and the criminal justice system. Indirect costs include reductions in household income, social and labour market participation of women, and economic growth and substance abuse.

In his paper, *Gambling with the Psyche*, O'Connell raises a good question- *How do culture, the various characteristics of perpetrators and judicial proceedings, and political and social context, influence the nature and strength of trials' psychological effects on different sorts of victims?*

"Social silence about human rights violations isolates survivors. Under repressive regimes, victims and those around them often can be too afraid to speak about government abuses. If there is little discussion of the atrocities in the media and other public fora, victims may form the impression that no one else has suffered similarly.

Even after a transition to democracy, some or all of the previous regime's atrocities may remain undiscussed due to fear of a return of repression, the desire of those who supported the previous regime to "leave the past behind," selective societal attention to atrocities, fellow citizens' belief that victims were responsible for their own suffering, or a combination of such factors.

When you have to prove the legal status of the terrible events... according to technical criteria— this can undermine the meaning and value of the judicial process for victims. It can make them wonder what the purpose is, and eliminate the validation that the process might otherwise give them. It undermines the possibility of reaching a common basis for acknowledging by others and with others (the larger society, the world) the facts and the harm that they have caused.

Sympathetic policymakers, professionals, and ordinary citizens have worked with survivors to seek ways to alleviate this suffering, and have promoted prosecution of the perpetrators and civil suits against them as one vehicle for healing. This is not the only factor in decisions about whether to pursue human rights violators through the courts. Policymakers and activists choose that course for a wide range of reasons. Prosecution and, less often, civil actions are put forward as means to deter future abuses, promote the rule of law, create public awareness of atrocities, and achieve other purposes, as well as to heal victims' psychological wounds." (O'Connell, J., 2005)

4. RECOMMENDATIONS

1. *Change how we think about and perceive human rights violations*
2. *Initiate social commentary to acknowledge survivors and generate feedback/ suggestions for improvement*
3. *Encourage advocacy and action pertaining to human rights issues*
4. *Respond appropriately and sensitively*
5. *Reinforce communal values and respect of human rights*
6. *Collect anonymous data pertaining to human rights topics of interest to determine response and review processes*
7. *Monitor engagement and outcomes and review lessons learned*
8. *Safe collection and application of data*
9. *Provide easily accessible, relevant & understandable information and services to communities*
10. *Provide intermediary facilitators for children, families, courts and third-parties involved*
11. *Provide specialised training for statutory agency professionals*
12. *Fully consider the long-term impacts of abuse on each child or adult*

Mitigating risks and losses to individuals and the community after the occurrence of traumatic events whilst promoting and upholding the dignity, privacy and human rights of all involved parties is paramount to effective treatment of human rights abuses and assistive to the development of preventative measures.

Collecting data from stories and recollections of those traumatised, either personally or systematically, can assist to develop, maintain and utilize longitudinal, statistical evidence for the benefits of all. Safe data collection is essential for quality assurance analysis of correct responses, service provision and best practice implementation for optimal outcomes- in any context.

A registered, public domain database inclusive of convicted offenders name, suburb, age, job, conviction, plea, time served, sentencing information, the age of the victim and offence, type of assault is a helpful resource to an overburdened system. These can be sourced from newspapers, reports, sentencing directories, internet publishing, courts and DPP records. There are ways for the referral burden on organizations to be alleviated with the use of intelligent communication systems. Communication is the main issue, between anyone who becomes involved in the complex circuitry that is prosecuting.

As there is currently no Human Rights Act in the state of Queensland, service provision, response and utilization of best practice methodologies exist in a limited capacity and at the discretion of

privatised corporations as services and resources are increasingly outsourced.

Organizational implementation requires a reference point of empathy and timeliness to truly provide for the niche needs of vulnerable people in society. Survivors are often unintentionally re-traumatized in the current settings. Until the Human Rights of individuals and communities are upheld in actions and not words alone, survivors will continue to be re-traumatized and stigmatized. Currency, relevancy and efficacy of delivering information and applications are necessary for effective service provision. Feedback and acknowledgement are essential to this process.

Fault lies neither with victims or the perpetrators. The fault is within the system they function in and the mass social perception that glazes over the taboo to maintain a sense of normality at the cost of healing the damage, thus perpetuating suffering. Perpetrators' actively accepting responsibility and accountability for their actions, as the first step to treatment, is more important in achieving restorative outcomes rather than pursuing punitive ones. A 'pain and punishment' mentality and an approach that doesn't ask why has existed for so long and is just as dysfunctional as the settings in which Human Rights violations occur.

An idealised expectation of health professionals is error-free job performance. No system or human is infallible. The complex culture of medical professionals combined with dogmatic leadership styles, adverse to change even in context of best practice perpetuates a disparity causing marked barriers to communication and team work. This leads to inefficient leadership, change implementation and progress in healthcare settings. Protocol and procedures are often regarded as the only means of protecting interests yet are utilized at the discretion of the treating provider. This style of reporting system is based on judgement and not necessity. Health care professionals and policy makers desperately need to address the complexities and challenges they face so the industry and population can progress as a whole.

Public awareness about effective ways to help and contribute is likely to lead to citizen action. Prevention is always better than a cure. Prevention involves changing individual and community attitudes, beliefs and circumstances which perpetuate suffering and human rights violations. A citizen's jury could be applied in this context.

A citizen's jury shares relatable stories, information, advocacy, data, petitions, opinions, communications, connectivity, consensus and research. With planning, adherence to policy and technical know-how, risks can be mitigated to provide safe online access to services and

information. The lack of utilization, cross-communication, uptake, integration and forward thinking relating to the use of technologies as it pertains to health and health outcomes is concerning. Are we to deny and oppress the promising future of healthcare by denying and oppressing information access and utilization in the 21st century?

TCP INC., established in 2013, started by collecting, categorizing and curating information and developing processes to create a platform that offers information and essential service provision to vulnerable people. By translating information and developing information systems that are easy to use, functional, and understandable; provided at no fiscal expense to consumers- the only cost being the anonymous collection of their valuable experiential data that will provide enormous insight into the collective nature of trauma sufferance and assist in tailoring responses and service provision to the individual. Utilizing recent technological developments, this vision is achievable.

With a functional systems approach, each individual's experience is monitored and data is collected, stored and encrypted. Exploration of keywords and content planning based on empirical evidence outcomes can be done by analysing collective, anonymously generated data relating to sensitive topics.

Well communicated follow-through of procedural requirements in an effective and efficient manner that tailors service and information provision to the individual minimizes risks and costs to individuals and society as a whole. A 'one size fits all' approach is outdated as no two are the same. Online systems provide space for anonymity, privacy and safety whilst enabling essential data collection and compliance with governing agencies and authorities.

This community engagement project, as it pertains to advocacy and protection of Human Rights, functions within strength's based approach. It will be well integrated with multiple functions and streamlined for online navigation and collective contribution, will enable social connectivity and value generation, and will work toward the outcome of acknowledging consensus of the community- as it relates to personal experiences, opinions and knowledge.

Cultural, systematic and other barriers to communications can be overcome by acknowledging risks and incorporating pre-emptive planning and action. Provision of information and services, implemented and integrated effectively, by field experts who are well versed in

knowledge and experiences in their area of consultancy makes this project achievable.

The root of the aforementioned concerns and consequent recommendations is communications: between government and private agencies, of victims to support services, of support services to advocates, between police and court officials, communications between families, and of society at large. Providing a safe space to initiate dialogue, share experiences and opinions for validation and consensus, to feel value within a community generates a snowball effect that encourages others to do the same- utilizing current technologies, a system for advocacy and supports can be intelligently designed.

5. PROJECT PROPOSAL

PROOF OF CONCEPT

FRONT END:

Directory: <https://collectivephenomena.info/directory/>

Forum: <https://collectivephenomena.info/have-a-say/>

BACK END:

<https://collectivephenomena.info/link.php>

<https://collectivephenomena.info/org.php>

<https://collectivephenomena.info/scat.php>

<https://collectivephenomena.info/cat.php>

TCP is a collaborative software and responsive design effort to provide a specialized database and directory service relating to health and human rights. Provided is an online repository of resources with access to articles, forum, chat and support that fosters a virtual collaborative community knowledge base with curated content and feedback from its users that contributes to the provision and maintenance of the service. Adjusting to digital trends, providing for consumers needs and ensuring ease of use are at the forefront of this project. Increasing accountability through public participation, experimentations of adaptations to changing environments, improving local administration and better matching of public services to local preferences are aims of this project. With plenty of potential for expansion, TCP INC. has grown organically over the years, expanding its scope in increments to accommodate for the ever changing needs of its collective. Ideally, taking this to the next level through a research degree or research grant to make this project tangible and give it the breath of life in the real world is the next step.

Background

TCP INC. was established in 2013 as a collaborative social justice project.

2013

After having her spleen removed due to the recurrence of a childhood blood clotting disorder whilst working as a registered nurse, Kelly used the opportunity during her recovery time to rekindle her affinity with writing. Inspired by a poem, TCP INC. began to take life with tech-savvy friends instantly developing interest and putting input into the ideation of the platform. Whilst working as a nurse and studying natural therapies part time, Kelly began writing goals and purposeful functions of this conceptual platform. With the assistance of friends turned volunteer colleagues, a Facebook page was established to share links of relevance to the mission and values of the organization. After the first year a basic landing page was developed and traffic was directed to both pages organically.

2014

Research continued, with functionality and trends in mind. Partnering with a web and graphic designer, Kelly left the nursing profession after bureaucratic issues became burdensome. Feeling disillusioned by the profession, she branched out, developing on administrative skills to assist in building a start-up. During this time, cryptocurrency research began along with brainstorming methodologies to implement within a platform. Kelly made her third statement to the police in Queensland mid-year, making a recorded phone call to the perpetrator of her abuse. She continued to receive counselling, deferred her studies and focused on market research, the legal and administrative requirements of setting up both a small business and not-for-profit organization.

2015

Kelly moved 7 times in 2015, having a fixed address for only a short time. She revisited her back-catalogue of writings and made a mock-up version of a poetry zine. After developing several online profiles, she subcontracted her start-up services and used the cash flow to self-publish a poetry zine. Sticker merchandise was made as an alternative to business cards. Kelly began studying Project Management full time whilst outsourcing services to other small businesses. TCP INC. had its first formal AGM where membership became formal, executive roles were defined and platform development was the priority. Toward the end of the year, TCP INC. was registered as an associated incorporation and BIOCENT was conceptualized. While attending a counselling session, Kelly noticed a pamphlet calling for submissions for stories of survivors of abuse. Kelly submitted her story to the organization as the book went to publishing in 2016. Kelly moved to Queensland after Christmas.

2016

TCP INC. was registered as an Australian Body and a public key infrastructure obtained ready to begin collecting relevant health-related data. After defining objectives, saving some money and refining stakeholder relations, database development commenced. It is currently being populated with links collected over the last year as part of Kelly's healing journey. Proof of concept is now available, awaiting responsive design for ease of use by the online community. The database will be synchronised with a forum to encourage open discussion. The project report continues development with the initial draft of the document having been submitted to the Crime and Corruption Commission Inquiry, the Human Rights Commission Inquiry and the Royal Commission into Institutional Response to Childhood Sexual Abuse. Kelly has drafted grant applications, pitched tangential projects to volunteer organizations and has sought opportunities to network with like-minded individuals. Kelly has been studying a Dual Diploma in Business Administration, Leadership and Management with a current application

under development for a Masters by Research in Business (eHealth). TCP INC. became a registered lobbyist in the state of Queensland.

2017

Kelly lives at a trauma and abuse healing retreat centre in New South Wales called 'Heal for Life' and is privy to mentoring with access to reference information, previous studies, clients, stakeholders and volunteers. Database development and integration continues, along with the development of the project plan and business plan. Adaptable infrastructure is being implemented that is already making ripples of positive change, increasing compliance and reducing errors.

She became an NDIS provider as a registered nurse and completed her Diploma. She is currently applying for a Master's of Research in Information Technology; specifically eHealth. Her goal is to have all stakeholders in communication and contributing by the end of the year.

Description of Organization

TCP INC. is a registered not-for-profit aimed at providing equitable information, directory and affiliate services to its users seeking support and connection regarding health and health outcomes, advocacy and issues impacting human rights.

Mission Statement

To provide fair, free and equitable access to information and services in a responsive, safe and virtual community environment.

Core Values

Interdependence, equality, sharing, accessibility, education, collaboration, transparency, expression, feedback, engagement, continuous improvement

TCP INC. as a project is in Phase 2 of its development. This is inclusive of solidifying functionality requirements, database development, building trust and brand reputation, determining aesthetics and layout needs and garnering more market research. Implementation has been possible with stakeholder interest and personal financial investment.

Stakeholders:

- Board Members
- Programmer
- Subscription service providers
- Designer
- Insurance agency
- ASIC
- Queensland Parliament
- Heal for Life
- Embody Wisdom Today
- Users

Strategic Objective: Develop a cross- functional analysis of stakeholders & project viability to determine probability of retention of interest, support, financial running's & input to the project.

Key Result Areas:

Funding & Fundraising: Stakeholder sponsorship, monetary and non-monetary, via various means is integral to the forward momentum of the organization as a not-for-profit- supported by essential documentation of applications and receipts.

Recruitment: The use of & contribution to the development of the organization inclusive of services & information. Collaborative commitment within a collective framework that coincides with organizational values and purposes that promotes the potential for growth through internal and external input.

Stakeholder Engagement: Determining interests, interactions and potential outcomes from the stakeholder matrix is done through analysis of expectations, communications, inputs and outputs, negotiation and conflict styles and priorities. This ensures that directions taken are in alignment with the values of the organization and the

expectations of the stakeholders which in turn minimizes risks to the organization whilst upholding its integrity.

Key Performance Indicators:

Niche Interest Stakeholder/ Target Audience Retention

Cross-Functional Demographic Analysis

Tailored Communication and Translation Strategies

Single Data Repository for Engagement and Feedback

Automated request Process

Social Media Analytics

Internal and External Communication Measurements

Marketing and Branding translation functions

Urgent/ Crisis Communication Process

Data Storage and Information Access

Automated Entry and Approval Functions

Social Media Analytics

<i>Description of KRA's</i>			
Strengths	Weaknesses	Threats	Opportunities
Internalization	Meshing organizational values with (personal or business) stakeholder values	Vagueness or ambiguity	Expansion of vision, values & purpose
Translation and Communication	Informing and updating stakeholders each step of the way	Discrepancy between stakeholders values and organizational values	Systematic development (change log, system updates, feedback)
Document development/ procurement	Accessibility of documentation	Doubling up on work due to filing limitations	Automating processes and access

Strategic Forward Planning Ideation & Implementation	Monitoring outcomes	Unnecessary or unmitigated risk	Review and feedback processes
Risk awareness	Risk avoidance	Participation despite risk	Tailor strategies to avoid/ accept/ mitigate risk
Delegation	Scope definition & follow-up/ support	Stakeholder values taking precedence over organizational values	Definition of roles, scope definitions

Team Performance Goals	Team Performance Target	Individual KPIs	Priority Rating
<i>Software Development</i>			
Obtain open sourced software	Review software & integration process	Obtain coding	2
Obtain designated cloud platform	Integrate open sourced software onto cloud platform	Source quotes Source finance/ sponsorship for cloud platform.	2
Obtain Domain Name tcp.cloud	Extreme amount of traffic to website to guarantee engagement	\$28,000 fundraising	1
Software briefing & requirements	Ability for software developers to quickly grasp project requirements	One week intensive briefing with IT consultant.	1
Development Plan	Plan of action	Key dates, Risk identification processes	3

Work Breakdown Structure:

Task: Phase 1 of Database Construction	Task: Design Brief	Task: Admin & User Experience Definitions	Task: Forum Definition
Task: Website Updates	Task: Quotes for Phase 3	Task: Petition development	Task: Profile Planning
Task: User manual & instructions	Task: eCommerce installation	Task: Social Media embedding	Task: Presentation & Sitemap

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Opportunities:

1. Large Reach
2. Membership
3. Online service provision
4. Data collection & longitudinal studies
5. Utilizing a feedback portal
6. Dialogue Initiator about Sensitive Topics
7. Niche Interest
8. Data Collection
9. Domain Name: tcp.cloud \$28,000 11.7 million Google search results
10. Affiliate Programs
11. Cryptocurrency generation
12. Creative Commons, Deeds Registry & Licensing Opportunity

Impact

- Profiling
- Longitudinal study
- Topographic mapping
- Social currency
- Increased participation
- Best-practice
- Study of lived experience
- NDIS
- How we view community housing

Action Plan:

1. Create contingencies for any risks recognized.
2. Obtain insurance quotes.
3. Identify competencies required to operationalize the infrastructure.
4. Choreograph to ensure competencies are present, brief, and then member firms aggregate and share. Determine social contract.
5. Identify specific business entities with similar competencies, values, mission and ethos- as outlined in the organizations directory or otherwise to recruit member firms.
6. Bring together a community of specialists with incentivised participation.
7. Determine membership derivatives.
8. Implement something quick to learn with a navigable information infrastructure.
9. Plan for Phase 3 of development: data collection and compliance
10. Create or utilize pre-existing templates to support requirements
11. Pull archived information to pre- fill templates
12. Create framework for data applications through assessments: face-to-face & electronic

13. Make baseline outcome assumptions to measure collated data against
14. Analyse collated application data against baseline outcome assumptions
15. Update organizational plan to reflect known/tried/tested data instead of data assumptions
16. Data stored according to privacy/ confidentiality requirements for research and development purpose

Process: collect-collate-translate-present-provide-evaluate-improve

Location:

- mobile connectivity
- mobile service provision
- internal, local, national focus first
- promotion and marketing

Equipment & Resources:

- technology & technological developments
- communications
- mentorship
- software for mobile development
- national frameworks and guidelines
- contracts

Labour:

- recruitment & training of staff and volunteers
- national outsourcing
- rewarding innovation
- Work for the Dole Program
- collective mentality
- recognition for contribution
- website and systems development
- cataloguing of research to present to engineers
- clearly defined

Budget/ Financial Objectives:

Costs:

- development of tailored technologies
- beta-testing of technologies
- staffing & labour
- document development and procurement
- resource acquisitions
- implementation of technologies
- contract development
- consultancy
- trademarking
- insurances

Revenue:

- alternative, tradable cryptocurrency
- membership “fee” of data or donation (public or private member)
- financial donations
- capital investments

- social enterprise venture funding
- crowdsourcing
- clientele revenue
- affiliate marketing and programs
- sponsored advertising
- social currency
- multitudinous qualitative and quantitative data
- aligned with current government rebates, programs, funding and supports

Risks:

- Ease of use
- Financial lending and fundraising
- Legal structure compliance
- Delays to Scheduling
- Outsourcing Requirements
- Finding Contributors
- Online safety and login
- Compliance with policy
- Copyright and licensing consideration
- Schedule Delay
- Lack of stakeholder/ clientele interest or involvement

Contingency:

- Provide non-monetary incentive for participation and referral
- Infographic Development reflecting updates
- Progress report, updated project charter, sitemap and operations manual instead of actual phase completion at time of presentation.
- Engagement through micro- tasks
 - o Voting, petitioning, showing support/ solidarity
 - o Social Media Engagement
- Personalized Instant Recognition of Client
 - o Pre-emptive profile development: optional picture/ brand upload, name upload, URL upload, micro-tasks
- Automation of processes
 - o Linkage of pre-emptive processes

Technology and Systems:

- Website updates
- Website questionnaires/ feedback forms
- Board Forum
- E-mail
- Social Media
- Publishing of Prospectus (downloadable)
- Cloud storage
- Cryptocurrency and security algorithms
- Google Forms/ Apps for Work
- Templates for cross-technological conversion

Customer Service Policy Statement:

We will provide equitable access to information and services within a collaborative framework to users seeking support regarding issues of health and human rights. In an open source environment reliant on user feedback each experience shared is

acknowledge, account for and assimilated to contribute to a providing a tailored experience to all clients in an online environment. Should a client wish to make recommendations, provide feedback or make a complaint, we welcome their input and do all we can to incorporate it into our forward planning. We are committed to providing a quality customer experience and are continuously ensuring our actions and forward planning are aligned with our values and organizational mission.

Procedures to Manage Quality Customer Service:

1. Online feedback processes encourage contribution to assist in forward planning of the organization and help us tailor online experiences to meet client needs and assist in garnering important information about clients experiences. To meet users' needs in a holistic, equitable way we encourage feedback through online forms or forums, via telephone, email, in writing or direct contact.
2. Performance of the organization and its employees are monitored frequently. The organization makes public statements and keeps secure records of performance metrics and goals.
3. All requests and responses will be attended to within 24 hours during normal business hours. Consumers and staff will be notified and updated of progression of process accordingly. Courtesy and professionalism infuses all interactions.

Customer Service Monitoring and Review:

- Clear escalation procedures
- Service standards in place
- Customer expectations are solidified when there are clear procedures and responsibilities defined
- Employees understand the scope in their role regarding customer service provision
- Continuous improvement procedures considered when data is collected regarding customer service
- Standards developed are reasonable, realistic and achievable
- Ratings and comments system regarding customer service
- Suggestion/ improvement portal
- Acknowledgement, documenting and follow up of feedback
- Regular monitoring of feedback channels
- Logging and reviewing of performance metrics
- Beta testing amongst initiated clients
- Accessible manuals containing policy and procedures
- Maintain standards for conduct and appearance
- Service achievements are recognized

Complaints Handling:

- Channels for complaints are easily accessible
- Repeat liaison is considered as a strong objective for outcomes
- Complaints and feedback are welcomed as part of the continuous improvement policy of the organization
- Accountability incorporated into overall philosophy
- Staff are trained in complaint handling
- Delegate authority to staff with the training to provide a remedy for a complaint

- All complaints and suggestions are taken seriously and followed up on in a timely manner
- All complaints are logged in client management system, reviewed and actioned at the time of complaint and reviewed during quarterly reviews
- Remedies are logged and followed up by customer service liaison officer
- Review and make updates to policy as required
- Involve staff in policy making process, taking into consideration their unique experiences with customers
- Complaints and resolutions take Australian Consumer Laws into consideration when considering outcomes
- Communicate with users and stakeholders regularly

Documenting and Maintaining Records:

Full and accurate records are:

- | | | |
|-------------|--------------|--------------|
| · created | · adequate | · authentic |
| · captured | · complete | · inviolate |
| · retained | · meaningful | · accessible |
| · preserved | · accurate | · useable |
- Information governance framework in place to assist in providing direction and consistency across the network
 - Provide a logical structure and layout to stored data
 - Implement restrictions and authorities to direct types of access to information
 - Establish responsibilities for management and maintenance of records
 - Quarterly review conducted with issues raised or lessons learned recapped
 - Employee accreditation, certifications and licenses are monitored
 - Insurances are regularly reviewed and updated to reflect current circumstances
 - Records are legible, dated and easily identifiable
 - Customer satisfaction is monitored
 - Documents maintained in accordance with ISO9001
 - Systematic processes for data storage and developed
 - Records are maintained privately and confidentially- only staff with authority can access this information
 - Continuous improvement processes utilize relevant information that has been documented and stored within the organizations systems for forward planning and review
 - Sales, complaints, feedback, financial, employment, banking, proof of purchase, occupational health and safety and occupational training records are kept within the organizations management systems
 - Equipment, systems and tools used in customer transactions are in good working order and up to date

Open Invitation for Tender

Develop and Supply Administration System

TCP INC. is a registered not-for-profit providing the general public with curated health and human rights information categorized by advocacy, artistry, government resources, media, clinical trials, children and young people, products, prevention, treatment and support services. This is provided in the context of a searchable database and a forum for public discussion and social sharing. The next phase of development is to incorporate a social media platform and develop an online system to provide the functions of counselling, programs and interactivity in a holistic, safe, online space and utilize data collected to contribute toward studies that contribute to the aims and purposes of this project and to assist in best practice methodology refinement.

System

TCP INC. aims to deliver a mesh network to allow applications and programs to exchange data with in-built cryptographic functions and currency generated from user and administrator input. The real-time sharing of multiple media's, privately and publicly, to benefit the forward causes of health and human rights is the simplified aim of this system development

System Requirements

- Sessional and information security and encryption
- Booking and registration function
- Profiles for providers and users
- Template creation, document sharing and upload
- Operations and navigation manuals
- Chat, Skype and E-mail interface
- Filing and storage solutions
- Application of Public Key Infrastructure
- SSL certification
- Payment and rebate processing systems
- Sales platforms for products
- Digital signature capabilities
- Interactive waiting room (music, games, surveys)
- Content publishing
- Live streaming

Timeline

3 years until complete implementation

6 months of strategizing system design, matching requirements, building a wireframe

2 years of initiation, development and installation of requirements (at least one month per system requirement)

6 months of testing, reviewing and pre-launch preparations

Submitting

To submit, please prepare the document in the following format:

- Include a cover page that matches the title of your response to the procurement title
- Your contractor details, summary of work and credentials for the job
- A table of contents
- A summary
- A response to criteria and requirements
- Value and benefit statement
- Skills and management capabilities
- Price and cost schedules as line items and total cost
- Post-purchase, maintenance and ongoing costs of operations
- Risk or issue identification
- Any appendices

Please express your interest either through e-mail at admin@collectivephenomena.info or through the contact form on the website at www.collectivephenomena.info

Action Plan

- Develop change plan identifying needs and readiness
- Reflect on previous project lessons learned
- Determine planning area and resources
- Building the planning team
- Review community capabilities, affiliations and impact
- Available communication platform
- Stakeholder consultation and analysis
- Risk matrix, assessment and contingency planning
- Policy and procedure development to reflect changes
- Assurance of compliance with standards
- Determine training needs and develop training program accordingly
- Determine approval processes for decision making and financing
- Set new team and individual goals
- Beta-testing requirements
- Launch and marketing strategy

Risks

Lack of continuity of staff: Hire contractors or permanent staff for the duration of the project. Have casual staff as back-up with briefing prepared including stage of the project, responsibilities and expectations. Engage in other areas of development, if possible.

Failure to launch in time: Prepare press releases, have content and information regarding the project available for viewing of the general public, spend time working on marketing strategy throughout that duration.

Training Needs

- System navigation
- Codes of conduct
- Standards of use
- Updated policy and procedure
- Ensuring privacy
- Financial system use
- Booking and registrations

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Please contact admin@collectivephenomena.info to express your interest.

This document has been compiled by Kelly Lawn as the Director of and on behalf of TCP INC. and as a Registered Lobbyist with the Queensland Integrity Commissioner.

6. SUPPORTERS & REFEREES

1. TCP INC. Board Members:
Carly Culpin
Lachlan McGilvray
Robin Marsh
Caitlin Hendy
Adrian Ptaszek
2. Musicians: local Melbourne & Australian Hip Hop scene
3. Kim Elzaibak - President @ Restoring Hope Inc. Book Project Publisher
www.restoringhope.org.au
4. Beverly Fitzgerald - Founder of the Abused Child Trust
5. David Hugall - Social Worker & Regional Coordinator, Child Dispute Services
Family Court and Federal Circuit Court

'It is part of my role to assist other bodies/ agencies in the child and family welfare area with program and policy development. Being on consultative committees and advisory panels is part of this. This relates in part to what Kelly is doing pertaining to the development of specific services. The structure of the organization TCP INC. does not limit my ability to be consulted on ideas for the progressive development of this organization.

I extend my support to Kelly and this project as I share beliefs in the underlying principles: that this project and her efforts will help people who were abused as children and help prevent further abuse of children if the taboos surrounding these issues are brought to the community for discussion and feedback in a supportive and caring way. Whilst it is important that offenders be held responsible for their crimes, victims and survivors should be able to talk about their experiences without fear, guilt or shame. It is time to remove the social taboos that seem to keep these issues in the shadows.

I admit that I do not understand much of the workings of the internet and many people in my generation fear it- but I do understand that developments in the area as they relate to social and personal services and progress are promising. With combination of knowledge of the internet, service provision and knowledge of the needs and feelings of

adults who were abused as children I believe Kelly is well placed to play a role in the development of such services.'

6. Liz Mullinar – Heal for Life

7. Bravehearts

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