

Att: Richard Leder

CARELINK



1st Floor, 163 Victoria Parade ♦ Fitzroy Vic 3065
Phone (03) 9419 9118 ♦ Fax (03) 9419 9295

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Most Reverend Denis J. Hart D.D., V.G.,
Auxiliary Bishop,
James Goold House,
228 Victoria Parade,
EAST MELBOURNE. 3002

Dear Bishop,

We write with regard to the matter of Emma Foster, and we do this at the request of her parents. As you will be aware, this is a complicated case and we at Carelink have had no direct contact or dealings with Emma herself. Her prior and present assessment and care has been handled by a variety of others, as outlined in detail in the appended documentation.

We have however seen her parents on a few occasions, and heard their story in some detail. I could make this letter inordinately long, but it would be essentially repetitious, and will instead summarise the issues which in the main are supported by the appended documentation, though some new developments may not be recorded here.

The essential issues seem to be as follows:

Mr. O'Callaghan is convinced as a result of his enquiries, and the voluminous documentation which has been made available to him, that abuse of Emma Foster did occur by Father O'Donnell. Emma has had a long and stormy history, including a variety of experiential and behavioural disturbances, now over several years. These include major eating disorders, particularly of an anorexic/bulimic nature at times atypical, which have been life-threatening and have also led to what sounds like acute brain syndrome on occasion.

There has also been considerable mood instability with quite serious depression, and at other times paradoxical euphoria associated with some (?) illusional and at other times clearly hallucinatory experiences, which could be a product of the emotional disturbance and the depression, at times together with the consequences of the eating disorder.

There have been numerous parasuicidal behaviours and a number of attempts at what could have been successful and completed suicide, had intervention not occurred. In addition there has been a clear history of substance misuse documented, essentially with regard to glue-sniffing. Other behaviours have included deliberate self-deprivation of sleep. These are all on a background of pervasive mood instability and general unhappiness. I should point out that many of these features are well-known in some individuals to be associated with the fact of having had sexual abuse.

The interventions which have occurred so far have had variable effect. None have worked very much for very long, and no persisting stability has yet been achieved. In fact, the most recent development, as we are informed, is that there has been a resort to illegal preparations - narcotics.

All of these problems, as you will be aware, have had a major damaging effect on Emma's relationships with her parents, with her siblings, and with her peers. It has been massively disrupting to her education, and the family has certainly been exposed to an enormous degree of stress. The costs have been very great, and are probably the greatest that Carelink has yet had to bear, and certainly as yet there is no end in sight. Unfortunately, such a situation is not unique in this field of work with victims of trauma and/or sexual abuse, especially when they have occurred in special circumstances as this did, with someone like a priest who has a particular role, not only in a fiduciary sense, but also symbolic, spiritual and cultural.

We have been asked to write to you by the parents because as yet there is no end in sight, and these problems may continue, if not indefinitely, at least for a very long time. This has consequences both with regard to ongoing educational costs, because of the damage and disruption to the schooling; hospitalisation and related costs, and in the light of the new development of narcotic abuse, the problems consequential upon that, and the possible need for detoxication admission and related aspects of that management.

The costs are likely to be major, and we are unclear whether these should be a direct charge to Carelink, or whether they should be handled in some other way. If they are not strictly medical or psychological, and also if and when Carelink no longer exists, should special arrangements be made for that situation? An additional aspect is that relating to help which the family may need to deal with these problems. We presume that where direct counselling is necessary, then this could be a charge against Carelink, but again, it may have long term implications.

Your advice on this matter will be appreciated.

Kindest regards,



Professor Richard Ball,
Director - Carelink