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PSYCHOLOGIST'S REPORT
Victims' Compensation Tribunal



Client : Amy Gibson
Ref. No.: 128469
D.O.B.: RE 69
Address: REDACTED
Telephone: REDACTED
Initial Session: 23.5.07

CRITICAL INCIDENT

Ms Gibson said that she had been sexually assaulted by her mother's nephew between the ages of 7 and 12 years about 4 times per week while living in a foster home run by Bert and Edith Gordon. She said her mother's husband also tried to sexually assault her between the ages of 12 and 16 years. She said she brought the matter to the attention of Orange Police and sufficient evidence was gathered to lay charges against the perpetrator. She said it had taken 6 years before it came to court and she had appeared as a witness to give evidence. She said 12 girls made statements and 5 other girls went to court to give evidence in this matter. She said the matter was concluded in October 2006 and the perpetrator was found guilty.

Ms Gibson said that she had been diagnosed with a borderline personality disorder during a 2 month period of hospitalisation at John Fletcher Hospital from December 2006. She said she had also had a number of previous hospitalisations for depression, suicidal and violent behaviour.

TRAUMA SYMPTOMS

Ms Gibson said she was experiencing the following symptoms:

- o Severe Depression
- o Smoking marijuana to reduce tension and improve mood – she said she had previously given up marijuana however had taken it up again after the court case in October 2006
- o Insomnia
- o Social withdrawal
- o Agitation
- o Suicidal – last week tried to cut herself with scissors, suicidality exacerbated if her partner threatens to leave her
- o Anxiety and distress in her primary relationship exacerbated by any physical intimacy

RECOMMENDED INTERVENTIONS

In this initial interview Ms Gibson discussed her long history of abuse and its sequelae. Ms Gibson is of indigenous background so we discussed other services which she could access. Due to the recency of her attempt to cut herself with scissors a suicide risk assessment was conducted and we discussed appropriate

responses. Ms Gibson said she did not want to go to hospital and we verbally contracted for her to not self harm overnight. She was accompanied to the session by her partner and she was staying at the family home overnight. We discussed the importance of her attending a mental health service and psychiatrist. Ms Gibson has previously attended Redfern Aboriginal Medical Centre so agreed to attend that service. I agreed to contact the mental health team at the centre the next morning. We also discussed Ms Gibson's social supports and coping strategies. The following day I contacted Barbara Kennedy of the mental health team who agreed to contact Ms Gibson and I also contacted Ms Gibson and gave her the name and contact details. Ms Gibson was asked whether she wished to continue with VOC counselling as well as indigenous services or would prefer to only access indigenous health services. We discussed the complexity of her history and needs and that she will need to access a range of services to adequately address all those needs.

Ms Gibson's needs for further counselling were discussed and the issues requiring further intervention identified.

The needs identified were:

- Depression and suicidality
- Anxiety triggered by trauma reminders
- Loss of safety
- Coping with flashbacks
- Insomnia
- Identifying range of support services

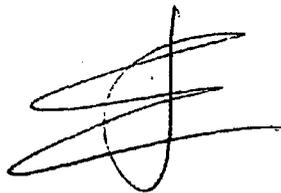
Further counselling is recommended to provide her with assistance in managing her depression, anxiety and post trauma symptomatology. She has access to a psychiatrist through Redfern Medical Service.

RECOMMENDATIONS

It is recommended that a further 8 counselling sessions be made available to implement the cognitive behavioural therapy, and provide appropriate follow-up.

Thankyou for this referral. Please do not hesitate to contact me should you require clarification of any matters arising from this report or any further assistance.

Jacki Elphinstone
Clinical Psychologist.
25.5.07



Approved
Gibson
28/5/07

