

14 November 1996

Ms Jane Buhler  
ProActive Psychological Services Pty Ltd.,  
103 Castlereagh St  
**PENRITH 2750**

Dear Ms Buhler,

**RE:**

I acknowledge with thanks the psychological report on the above.

I note that thirteen sessions have been conducted and ask that a final report be presented following the fifteenth session when we will assess whether The Salvation Army will continue funding sessions and how many.

Your own opinion and reasons in this regard would be appreciated in that report.

Yours sincerely,



 Derrick Jessop  
Lt. Colonel  
**SECRETARY FOR PERSONNEL**



# ProActive Psychological Services Pty. Ltd.

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## STRICTLY CONFIDENTIAL

For the attention of Colonel Derrick Jessop - Secretary for Personnel

### Psychologists report: Confidential and without prejudice

Re: FV [redacted]

FV [redacted] has attended for thirteen sessions of therapy to date, since the 24th June 1996, at approximately weekly intervals.

At the first session, FV [redacted] described his experiences of being subjected to emotional, physical and sexual abuse while he was resident at Bexley Boys' Home in 1974. FV [redacted] attempted to speak of his experiences of sexual abuse, but was unable to do so. We attempted to explore the impact of these experiences on FV [redacted]'s life. At this interview, FV [redacted] described and showed evidence of all of the cardinal symptoms of trauma, that is, hyperarousal, intrusion (of distressing memories) and constriction or numbing. I felt on the basis of what FV [redacted] told me and I observed, that FV [redacted] was experiencing a chronic post-traumatic stress reaction to traumatic abuse suffered in childhood.

Therapy has been conducted using a Narrative approach, based on the work of Michael White. Guided by this approach, I have been attempting to explore, with FV [redacted], the impact of the abuse he experienced while resident at Bexley Boys' Home on his life, and also the ways in which he has been able to escape the influences of abuse over his life.

I have been very careful to avoid completely the use of techniques such as hypnosis and EMDR, partly because I am aware that litigation may result from these claims. I have made use of techniques including relaxation and meditation, to try to provide FV [redacted] with some relief from his chronic hyperarousal and from the very distressing nature of the memories and thoughts that at times seem to threaten to overwhelm him. Contracting has also been used to attempt to create a sense of safety and control.

Report: FV [ ] ; Page 2 of 2

One of the effects of therapy that FV [ ] has reported is a sense of being overwhelmed by memories and dreams of his time at Bexley. Not all of these are memories of abuse, and not all are bad memories.

For the most part, we have not gone into the content of these memories.

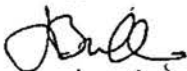
Therapy has focused largely on the impact of the abuse suffered by FV [ ] on his sense of himself, and the task of reclaiming FV [ ]'s sense of self from the effects of abuse. I believe that FV [ ] has worked very hard at the often very painful tasks of therapy, that he has shown great courage in confronting the pain that he has pushed aside up to this point in his life, and that he is totally committed to achieving positive change in his life. I believe that FV [ ] has made excellent progress in therapy so far, and in this he has been greatly assisted by a very supportive relationship in which he has been engaged for the last four years.

At this stage, I feel it is difficult to predict the course of therapy. FV [ ] is continuing to undergo a sense of ongoing upheaval and major change in his life.

While FV [ ] is reporting positive changes in his life, particularly a lessening of anger and aggression, more harmonious relationships at home, and positive changes in his self-esteem and sense of himself, he is still very much in the midst of therapy, and experiencing a sense of being overwhelmed by painful memories and feelings. I believe that Ross will continue to benefit from therapy, particularly given his commitment to therapy, and that the ideal course of therapy is likely to be relatively long-term, at least another several months. It may be possible in the future to move to longer spaces between visits, though I feel that that is not advisable at the moment, given the degree of distress that Ross is experiencing.

At the same time, it will be difficult for FV [ ] to achieve closure with these issues while the legal proceedings instituted by himself and others in this matter remain unresolved.

Please feel welcome to contact me if further information is required.



Jane Buhler  
BA (Hons), DipEd, MA, MAPS  
Psychologist and Counsellor  
8th November 1996

Report: FV [redacted]; Page 2 of 2

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