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Issues Paper 10

## SUBMISSION TO TOPIC A: VICTIM AND SURVIVOR NEEDS AND UNMET NEEDS

1. What advocacy and support and/therapeutic treatment services work for victims and survivors?

The EMDR Association of Australia (EMDRAA) respectfully provides this submission on EMDR Therapy, an internationally recognised treatment for Posttraumatic Stress Disorder (PTSD).

The criteria for PTSD (DSM 5 Diagnostic Criteria 309.81) which are relevant to sexual assault victims include:

- Directly experiencing a traumatic event (sexual assault);
- Witnessing the event as it occurred to others;
- Recurring memories or distressing dreams;
- Flashbacks, Psychological distress when exposed to cues that represent the event;
- Avoidance of thoughts and external reminders of the event;
- Negative alterations in cognitions or mood; and
- Marked alterations in arousal and reactivity.

The ongoing effects of the traumatic event persist more than a month and causes impairment in social, occupational or other important areas of functioning.

In 2013, the DSM 5 also recognised and published criteria which included children.

EMDR therapy has been validated by over two dozen randomised controlled trials and numerous meta-analyses. Importantly, EMDR therapy has been recommended as an empirically validated effective trauma treatment by the World Health Organisation (WHO, 2013), US Substance Abuse and Mental Health Services Administration (SAMHA, 2011) the International Society for Traumatic Stress Studies, (ISSTSD 2009) and Phoenix Australia (formerly the Australian Center for Post-traumatic Mental Health, 2013).

According to the recent World Health Organization (WHO, 2013) Guidelines for the management of conditions that are specifically related to stress, trauma-focused cognitive behavioural therapy (CBT) and EMDR are the **only psychotherapies** recommended for children, adolescents and adults with PTSD.

As indicated in the WHO guidelines:

EMDR Therapy is based on the idea that negative thoughts, feelings and behaviours are the result of unprocessed memories. The treatment involves standardised procedures that include focusing simultaneously on (a) spontaneous associations of traumatic images, thoughts, emotions and bodily sensations and (b) bilateral stimulation that is most commonly in the form of repeated eye movements. Like CBT with a trauma focus, EMDR therapy aims to reduce subjective distress and strengthen adaptive cognitions related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework”.

Hence, EMDR Therapy is especially useful working with sexual assault clients as it directly addresses the traumatic memories in a concise manner to reduce the current stress experienced by the client. In some cases, the client does not have to describe in detail what happened to the therapist which can be quite shameful and embarrassing; they are able to work through the memories visualising the events while maintaining their privacy.

In Australia we have over a thousand EMDR therapists. All therapists must have a minimum of four years training in mental health and two years working in their field before they can undertake training in EMDR therapy. Most are registered psychologists and psychiatrists. There are also a small number mental health nurses, counsellors and psychotherapists who must meet the training requirements equivalent to those required for AHPRA registration. This ensures they have a solid clinical background before they work with the complex issues of PTSD which include sexual assault.

EMDR Australia would like to have the support of EMDR Therapy by the Royal Commission in recommendations for treatment.

Recommendation 1: That EMDR Therapy be specifically named specifically as a Focused Psychological Therapy under the Better Access to Psychology Scheme under Medicare.

Recommendation 2: That the Royal Commission publicises the two treatments recommended by the World Health Organisation Guidelines for the treatment of trauma and funding of treatment should specify these treatments which have been researched and endorsed internationally.

Recommendation 3: That the Royal Commission fund EMDR Training Programs for psychologists, psychiatrists and other mental health practitioners qualified to work with this group of victims and survivors.

Respectfully Submitted

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