This organisation started by helping women who had been sexually abused as children and has slowly spread its clientele base as it recognised that sexual abuse of children is just one sub-section of the other abuses and trauma to which children are subjected when they are in powerless and dependent positions. The new group of refugees will bring a new and significant traumatised group to Australia and therefore findings of the Royal Commission could well form the basis for addressing these other groups.

**Therapy models.**

In understanding the problems besetting the abused and traumatised is the difficulty in recognising and understanding the situations from the child’s perspective demonstrated by fatuous statements such as “I know just how you feel” or “I know where you are coming from” when that would be impossible for the utterer unless they have themselves had had a similar experience. That is why solely intellectual and taught models of therapy so often fail. To quote Oscar Wilde: “Education is an admirable thing, but it is well to remember from time to time that nothing that is worth knowing can be taught” and the experiential models succeed for only ‘I’ know what is inside me and that knowing may have been distorted by suppression or repression.

*E.g. As a child at a boarding school in WW II when the bombing started we were herded into a ground floor room and any expression of fear was suppressed by the adult in charge. We cried alone. Later there were the V1’s, V2’s and in the Army Training Corp being battle hardened under live HE artillery fire. As a result I continued to repress my feelings well in to adult life.*

Thus I submit that from the perspective of the public purse supporting a particular model of help for the victims of childhood sexual abuse the need would be to satisfy the credentials and validity of both the experiential and academic models which is not easy. As CG Jung, one of the founders of the discipline of psychology, said way back: “Only the hurt physician can heal”. The Heal For Life Foundation meets these criteria with substantial independent longitudinal evidence to confirm significant lasting improvement after four years.

**Personal background to substantiate the authority which I write:**

I am a retired medical practitioner with varied experience as a family doctor with thirty years of obstetrics, anaesthetics and a Master equivalent in psychotherapy and published papers on psycho-socio-somatic medicine.

In 2014 aged eighty three I participated in a Healing Week and then the Trauma Informed Healing training module with Heal For Life searching for possible connections between my early childhood trauma and my emerging Parkinsons Disease. I am satisfied that such a connection exists and that for me the experience was very positive as it seemed to all who attended. For me positive elements of my experience included:

- A safe non-hierarchical, anonymous non-judgemental environment.
- Focus on the damage resulting from the trauma and not the cause of the damage. This seems to be consistent with the medical model where the cause of the injury may be helpful but is the actual damage that is in need of attention and the focus of the ‘damage’ being identified in ‘Feelings’ system.
- The absence of an elitist academic authority.

The emerging verifiable sciences of neuro-physiology such as described by Allan Schore *et al* support the validity of the Heal For Life model. With my eclectic personal and professional experience including qualifications in psycho-
therapy I believe that the principals under-pinning this model could be incorporated in many agencies involving human relationships for trauma is a universal process and to which the response is not predictable.

Gerald [Gerry] Cartmel

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