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## ISSUES PAPER 10

### ***TOPIC A: VICTIM AND SURVIVOR NEEDS AND UNMET NEEDS***

It is difficult to separate out past child sexual abuse in institutional contexts from family contexts. Sometimes from within a functional and stable family, a child is abused within an institutional context. Other times it happens within both, or just within the family. When it is in the distant past and there are no conscious memories, yet a plethora of impacts on a person in the present, it is also difficult.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

When my middle son was a teenager, he started using marihuana at 14 years of age, having gone to live with his older brother in a flat about a block or two from where I was living with my youngest son. It is here when I become extremely distressed and feel my inadequacy in knowing how to deal with the situation, though to some extent my fears were allayed due to having been informed in one of my psychology classes that marihuana was much less damaging than alcohol. I was complete naïve and believed what I was told without question.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

This is definitely where at the time, I felt lack of advocacy and support for myself as a parent dealing with my sons, my primary experience with a male from the time I was 18 being abusive. My middle son still attended high school, but by the time he was 15, was struggling. His relationship with my eldest son had broken down and he was now living in a garage at a friend's home, the occupants of whom were into devil worship, marihuana use and who knows what else. It was his choice not to live with me when I needed to move from the large, old former farmhouse where I had moved to when all my sons were living with me, where my middle son could play his drums for which he was having lessons, but which was a nightmare for me to keep clean and the lawns mowed. My requests for help from my sons fell on deaf ears. I was burnt out and exhausted and felt completely ineffectual in my dealings with them.

My eldest son and I experienced conflict at times, and I was advised by the youth worker who was involved with Talkies, a program at the time for young people at the YMCA which my son attended, to give him a deadline for change, otherwise advise he would have to leave. Which he did. This happened on a couple of occasions as far as I can remember.

At this time too, I did attempt to deal with my issues – counselling, attending workshops, even though having no memory of sexual abuse there were indicators, and I was accepted at the community health SACS<sup>2</sup> program. However, I would find myself becoming reactive and with a seething anger in relating to my sons. I just did not have the inner resources or the outer support that I needed.

In trying to support my middle son, using money held in trust as previously mentioned, a married couple of psychologists said they could assist. In my naivety, I believed them when they said they could assist with the sexual abuse issues. They were educational psychologists. It was identified that my son was highly intelligent and theoretically could “do anything he wanted” and as he wanted to be an electrical engineer, they encouraged him to go for this. I can't remember if he had finished Year 10(!) He was accepted into TAFE and student accommodation was found close by, however he failed and dropped out. Once a certain level of maths was being used, the foundation for which my son had not obtained, of course he failed. This of course shattered his confidence and he relapsed into drug use.

The counsellor I was seeing at the time for myself, saw no reason for concern for my son, saying a generation ago, boys of 15 had gone away to do apprenticeships and they'd been okay. I believed him. Of course, I believed anyone in authority. Especially males.

In telling this, I do not know what advocacy and support and/or therapeutic treatment services would have assisted me and my sons. I subsequently qualified as a social worker, so it is not as if I am not aware of what is available. Maybe it is because of that, I know any ideal will not be possible. Programs that work are cut, funds are withdrawn with a change in government, it all

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<sup>2</sup> Sexual Abuse Counselling Service



The irony is that where I had been living, an office of Relationships Australia existed in the next suburb. Now the nearest office is nearly 200 km away.

Since moving [REDACTED], and trying to access mental health services prior to the Royal Commission Case Study [REDACTED], I have found there can be services 15 minutes away [REDACTED] but which I was told, “You live out of area” and therefore cannot access.

Something which I am so heartened to see happening, is the re-recognition of the needs of people having suffered trauma, and that it is not something that can be dealt with short-term using CBT<sup>3</sup>. Over the years I have sought and paid for psychologists, counsellors, psychiatrists – and yes, it has all helped to a greater or lesser degree – but since my son’s rejection of our relationship, and my subsequent breakdown both physically and mentally, it has all been hugely inadequate. When I was younger, I used to wish I had the time and space to go into therapy or a private psychiatric hospital, but knew without support, there were too many unconscious triggers, particularly with my sons.

I consciously chose not to put the proceeds of property settlement into another mortgage (though when I did make enquiries at the bank about a loan to purchase a unit, I was told I was ineligible due to being the recipient of a sole parent pension) so that I could access suitable counselling, family therapy and attend workshops to assist in my healing and therefore ability function as a person and to be a better parent. Of course, I also naively expected (based on popular entertainment at the time) that I would soon find a good relationship with a man who would be a loving husband to me and positive role model for my sons.

### ***TOPIC D: SERVICE SYSTEM ISSUES***

The terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse and current working definitions provided in the introduction of the paper certainly are more than adequate and defined appropriately in my opinion.

Though having worked in the system as a social worker [REDACTED] in both Australia and the UK, I am cynical about how realistic the application and provision will be. Whilst I have been amazed at the professional and comprehensive way the Royal Commission has been established and implemented so far, the appropriate resources available, the respect and dignity shown to the victims/survivors whilst restlessly bringing those responsible to account in a calm and steady approach, I have been around long enough to know the passing nature of these “flavours of the month” and how resources dry up long-term. And yet, for healing to occur, long-term solutions are required. Many victims will not be ready now to access support. What happens some years in the future when they are desperate for appropriate therapy as a crisis arises?

I love the TED Talk in 2014 by Paediatrician Nadine Burke Harris:

[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime?language=en](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en)

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<sup>3</sup> Cognitive Behaviour Therapy

*Childhood trauma isn't something you just get over as you grow up. Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain. This unfolds across a lifetime, to the point where those who've experienced high levels of trauma are at triple the risk for heart disease and lung cancer. An impassioned plea for pediatric medicine to confront the prevention and treatment of trauma, head-on.*

She calls it “a movement” and is coming from a physical health point of view. All kudos to her, I appreciate her excitement at making this connection. Of course, this knowledge has been around for decades though now there is neurobiological evidence to confirm what was once more research, experience and observation. Working in child protection and foster care in the mid-1990's to early 2000's, the knowledge of short and long term effects of physical, psychological, emotional abuse and neglect informed our practice. I had made the observation and personal connection between ADHD behaviours and early exposure by the child to domestic violence and abuse.

I have only recently though, with all my personal reading, counselling, work experience and knowledge applied the term “trauma” to my background. I'm not sure when it happened, but the realisation has been relatively recent that certainly for the first 35 years of my life I lived in survival mode, just existing, detached from what happened, feeling powerless and stupid.

Recently I read a book written in the mid-1800's by Elizabeth Gaskell called “Ruth” in which, in my opinion, a comprehensive and realistic description of someone's mind who is experiencing trauma and PTS<sup>4</sup> is given.

Due to my denial of my own past history of trauma until recently, I have only just read “Trauma and Healing” by Judith Herman (original book 1992 now with 1997 afterword and 2015 epilogue). Having first read pop-psychology books during the 80's and been a tertiary student in the early 90's when there was a transition from the awareness of domestic abuse, child sexual abuse and their effects to the tidal wave of economic rationalist economic policies as well as the false memory lobby shutting down research and acknowledgement of childhood sexual abuse, I too allowed my own understanding to dissolve and tried to adjust. I also had started working in the area of aged care in my career, so as the occasion and need arose, I would seek counselling and CBT had become the state of the art therapy delivered in roughly six sessions.

I was fortunate enough in 2002 to receive almost a year of psychotherapy with a male social worker who had undertaken post-graduate studies in psychotherapy, funded through the employee assistance program and then by my employer, which was very helpful. It was just as I had built a level of trust with the therapist though, that the opportunity arose for me to work in the UK, and I took it, having just turned 50 years of age.

As noted in Judith Herman's 2015 epilogue, the validity and acceptance of the impacts of trauma and PTS are now undeniable and have been confirmed by the experiences of soldiers returning from conflicts such as in Afghanistan and children sexually abused by Catholic priests who had

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<sup>4</sup> Post-Traumatic Stress

become adults and able to successfully bring the perpetrators to legal account through group actions.

## ***TOPIC E: EVIDENCE AND PROMISING PRACTICES***

After a long wait as a suitable therapist was found, I have had my first session with a counsellor at Relationships Australia. She has lived experience of trauma, has studied counselling, family therapy, trauma-informed therapy, psychotherapy and mindfulness practice. All these seem to add up to a compatible fit for me, as she is also very down to earth and experienced. I feel that I am in safe hands and that she “gets it”. I feel hopeful and cautiously optimistic about the potential for healing and reconciliation with my sons through this therapeutic relationship and am extraordinarily appreciative that I have the opportunity to receive this therapy for as long as I need it.

Earlier this year after 4 phone sessions with me, a peer support person through the Cancer Council, who had subsequently qualified as a counsellor after her experience of cancer, identified that I needed a trauma counselling given the ongoing unresolved traumatic experiences I had suffered, without love or support, through half of my life. I was able to get a mental health care plan with a psychologist found through APS<sup>5</sup> “find a psychologist” search. After the assessment session, she announced that it would be pointless me going back over my past, and that I needed CBT and hypnotherapy. I attended for the hypnotherapy session which was simply a relaxation for which I had CD’s at home. This was a cost I could not afford, as she charged \$40 above the Medicare rebate per session, informing me that she had to pay for her new heated swimming pool.

As you can imagine, I was almost at my wit’s end. I was certainly suicidal in January of this year, at the time I sought this help, and had a plan in place. Fortunately, one morning I just woke up and the deep despair had lifted somewhat, anyway it was enough for me to discard my plan though the depression continued.

[REDACTED]

[REDACTED]

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<sup>5</sup> Australian Psychologists Society

[REDACTED]

Theoretically, Judith Herman's model of therapeutic intervention consisting of building skills, then once trust is built, allowing the traumas to be worked through and connected with safely followed by recovery seems to be a promising model. She is currently successfully using it with groups of women who have experienced domestic violence.

Paediatrician Nadine Burke Harris in her TED Talk identifies early interventions with families at risk – nothing new in that from my experience. It is a shame that their provision is patchy and inevitably don't last.

In the 1990's it was recognised that working in the areas of DV and adult survivors was tough on professionals due to the difficult clients and vicarious traumatisation. Since my son's rejection of me, I know I have increasingly found relationships difficult to maintain and have no motivation to keep going. There are complex reasons for this, but the result is my relationships with my other 2 sons are extremely strained, I have not had the physical and emotional energy I need to have much contact with my family living close by (son, daughter-in-law and granddaughter) and that I am missing out on valuable time as they move [REDACTED] in December this year. Yet it is all too hard. Sometimes I just long for a friend who will "do things" with me, provide feedback on my interactions with others (as it just goes round and round in my head) and give me a hug when I need it. Is there a program or practice that could deliver that? I don't think so.

One of the reasons for my ability to continue working in social work as long as I did, I believe, was the ethic of supervision – not as I found out in the medical system where people were fearful, and which was all about accountability – but in an open, mentoring-type arrangement of encouragement.