

## **REFLECTIONS FROM THE REDRESS WA EXPERIENCE IN LIGHT OF THE ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE**

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The Royal Commission into Institutional Responses to Child Sexual Abuse (RC,) (<http://www.childabuseroyalcommission.gov.au/>) instituted by the Commonwealth Government of Australia, commenced hearings in May, 2013. Previously three states, Queensland, Tasmania and Western Australia, had undertaken Redress schemes for people who had experienced neglect and abuse as a child whilst in the care of the State. The Redress programmes followed the reports of the Senate Inquiries: 2003-4 “Forgotten Australians: a report on Australians who experienced institutional or out-of-home care as children” and 2005 “Protecting vulnerable children: a national challenge” (Parliament of Australia, 2009).

The RC Letters Patent are focused on how organisations managed and responded to claims of sexual abuse and any related unlawful or improper treatment of children and whether that response was sufficient (Royal Commission into Institutional Responses to Child Sexual Abuse, 2013). Evidence will be partly supplied by victims of child sexual abuse whilst in institutions. Whereas the focus of the Redress Schemes was to apologise and provide a degree of recompense to children who had experienced neglect, physical, sexual and emotional abuse whilst in the care of the states.

The New South Wales Special Commission of Inquiry into matters relating to the Police investigation of certain child sexual abuse allegations in the Catholic Diocese of Maitland-Newcastle ([http://www.lawlink.nsw.gov.au/lawlink/Special\\_Projects/ll\\_splprojects.nsf/pages/sisa\\_index](http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/pages/sisa_index)) commenced May, 2013 and the Victorian Government has announced a Parliamentary Inquiry into the handling of child abuse by religious and other organisations (<http://www.parliament.vic.gov.au/fcdc/inquiries/inquiry/340>). Vulnerable people will be attending and presenting to the commissions and inquiries.

The authors have reflected on the work they did in Western Australia assisting applicants to the Redress WA Scheme over a 12 to 30 month period. The article is brief, looking at systemic errors, some of the difficulties for applicants, and brief counselling techniques which assisted in creating change. These reflections may provide assistance throughout Australia to those involved in the government investigations and providers who will have contact with:

- the individuals who address or have submissions to the government investigations,
- the wider community of abused sufferers,
- their families and friends, and
- professional supporters who will be affected by the media exposure.

Commissions and Inquiries can become a turning point for positive change however, if the process is not conducted with skill and empathy a vulnerable population is at risk of re-traumatisation and even of suicide and self-harm. Appropriate concepts need to be embedded in all public statements and verbal and written communications with individuals

including how questions are asked, in relationships developed when stories are recorded, and even how phones are answered because the impact upon a vulnerable person can be central to creating positive or negative change.

## **PUBLICITY**

Poor planning and ineffective publicity can create unintended consequences. In the case of Redress WA a year, from May 2008 until April 30 2009, was allocated for applicants to make a claim. In March 2009, 2100 inquiries had been received with a further 600 expected by the closing date (The West Australian, 2012). Initially full page advertisements were placed in newspapers. It would appear the advertisements had little impact for two reasons; poor design and a vulnerable population which may not read newspapers. In April 2009 (two months before the original closing date) radio and television advertising occurred; the inquiries rocketed from 2100 to 10,200 of which 5900 were eligible (Ellery, 2012) and the support system was overwhelmed.

More recently the reporting of the Royal Commission has referred only to further information being available on the RC's web site. Many victims are unlikely to access the internet and if they do, may not have the skills to find the appropriate websites.

## **SHIFTING THE GOAL POSTS**

The WA Labor Party proposed the Redress WA Scheme in 2007 budgeting for the initial funding. A top level ex-gratia payment of \$80,000 was nominated. The Labor Party lost the next election. The Liberal Party decided to legislate the Scheme but, at a later period, after the Scheme had been opened to applicants, refused to provide a second stage of funding. Consequently in March 2009 a four level payment system was instituted reducing the publicised ex gratia payment of \$80,000 to:

- Level 1 up to \$5000
- Level 2 \$13,000
- Level 3 \$21,000
- Level 4 \$45,000

The level of anger generated by altering the payment figure from \$80,000 to \$45,000 was palpable (Ellery, 2012). Applicants and advocates had their expectations dashed and were overwhelmed by the effects of re-traumatisation.

Applicants, many of whom had experienced significant trauma, expressed high levels of anger and frustration toward the Government at the reduction in ex-gratia payments. Many applicants stated the reduction perpetuated thoughts and feelings of distrust and anger towards the Government. For some the changes maintained feelings of worthlessness, hopelessness, of being tricked and then being betrayed.

Financial remuneration is not a consideration of the Commissions or Inquiry however; the significant trauma caused when Redress WA altered the payment level is a warning that altering core promises and parameters may cause unexpected personal and social damage.

## **TIMING**

Another decision that may have far reaching consequences has to do with the timing or order of processes. In the case of the Redress WA Scheme applications were not assessed in the order of receipt. Applications were randomly selected for processing meaning that some early applicants were kept in a state of heightened anxiety for up to 18 months whilst some later applicants were processed almost immediately. For the RC, it would be equivalent to people nominating to make a submission today and being asked to wait for half of the proposed length of time of the Commission before giving evidence. Without support, this would be difficult for many people

Redress WA did have an appropriate positive practice of contacting applicants before receiving notification of their payment options. Some were terrified of opening the registered mail.

## **ELIGIBILITY**

The Western Australian State Government confirmed on September 2, 2011 the last of 5,333 approved ex-gratia payments had been made. (McSweeney, 2011). Over 500 applicants were determined to be ineligible because they did not meet the criteria for payment under the Redress WA Scheme.

- Many were not advised until near the end of the Scheme. Some applicants experiencing re-traumatisation when relating their distress, only to be told many months later they were not eligible.
- Each Commission, Inquiry or Scheme will have different criteria. Applicants will find it hard to establish whether their experience meets the criteria. This information needs to be made repeatedly and very clearly. In the Redress WA Scheme it was often impossible to define a child's status without access to records. This meant an applicant may have been abused when fostered only to find the status of the placement did not meet the protocol.
- No allowance was made for people who were ineligible to access counselling or support.

## **TRANSPARENT DECISION MAKING**

The authors felt the Redress WA programme contained a number of unstated factors which appeared to play a part in decision making.

- Discussion about, and measurement of abuse, trauma and its consequences are extremely subjective. Many applicants did not fully understand the actuarial nature of the assessments in the Redress Scheme, requiring some measurable evidence of abuse. Many did not feel capable of providing this evidence either because they had never articulated it before or had not connected "symptoms" to their abuse as children.

- Siblings from the same family sometimes received different levels of payments as a result. Although raised in the same environment of abuse, placed in various institutions, having the willingness or inability to speak of sexual abuse, then receiving different levels of ex-gratia payments created further anger and feelings of distrust. One sibling received \$45,000, the other \$13,000 thus creating guilt and resentment but mostly rejection, shame and not being believed. Not redress but re-traumatisation. Another level of anger and despair was created in families, many already affected by transgenerational neglect.
- “Copers” were penalised. It is known some applicants who were more successful in life or who had managed eventually to find outwardly an equitable style of living were penalised even though they had sometimes experienced horrific abuse or very distressful family disturbances when in the care of the State.
- It was noticeable that some applicants associated with institutions who had either already instituted a form of redress or had received public acknowledgement such as the Roman Catholic Church’s Towards Healing programme and the Child Migrant Scheme received high levels of payment.
- The anecdotal reports of applicants who had experienced severe abuse but who completed their own reports and did not receive high levels of payment.
- It did appear that fully supported referenced applications were more successful.
- Some applicants saw advocates who were not fully versed in childhood trauma and therefore may have had more limited reports written resulting in financial consequences.
- Some applicants used lawyers who charged fees thereby reducing the payment received.

## **ADVOCACY VERSUS COUNSELLING**

The Redress WA contract with advocates and counsellors was worded to provide report writing and counselling separately. Many advocates/counsellors were able to integrate counselling into the process, however, anecdotal reports of advocates asking if applicants wished for counselling as a separate item generally experienced negative responses. Anger towards and distrust of government systems is not easily overcome in a brief period of association.

## **THERAPEUTIC ASSESSMENT**

Redress WA contracted 26 established services to conduct advocacy and counselling assistance. (McSweeney, 2011). The services used employed staff or sub-contractors. The Redress WA contract allowed report writers to spend up to 12 hours per applicant on interviewing and writing up a report. The writers did, for most applicants, turn the “application process” into a “therapeutic assessment” which provided a strong counselling-based influence in a very brief period of association.

One factor enabling this was one of the author's involvement in ASTSS. Gail Green was aware of PTSD tests/assessment tools which could be used to assist in providing some level of objectivity of damage for applicants. The PCL-C and the DASS21 tests were chosen as they could be administered by all helping professions and were simple to use and score. Thanks to Associate Professor Grant Devilly, sub-contractors associated with CBERS (REDRESS) were able to access his electronic scoring tools. Scores and also brief information about the tests were added into all the reports and report writers were able to make reference to beliefs, thoughts and behaviour which bore out the test outcomes in the body of the report.

Other factors enabling therapeutic assessment were:

- the stated aim of Redress WA to say sorry for all that was done,
- understanding the therapeutic value of saying sorry,
- accepting as valid all of the applicant's experience,
- the report writers' knowledge of the history of abuse in care in Australia
- psycho education, particularly about attachment theory, the widespread effects of grief, the effects of trauma on the limbic system and the knowledge that thought repetition and its opposite, secrecy, maintains anxiety and consequently the fight, flight and freeze responses.
- Incorporating and conveying an understanding of how the wider effects of the fight, flight and freeze responses are manifested as alcohol and drug dependency, poor schooling, risk taking, self-harm, anger, inability to love, poor decision making, domestic violence, inability to parent and have healthy relationships, loneliness, anxiety disorders such as agoraphobia, depression, disassociation, etc.

These factors combined to become a therapeutic process as the application's questions were answered, when administering the tools and taking the applicant's statement.

Even allowing for the limited time allocated to each client, the process of establishing rapport and trust is well known but for change to occur the client will also need to desire or be ready, at both an intellectual and emotional level. Without these, change is difficult. A great deal of skill and perseverance is required during the development of a relationship so that exploration of life experiences can take place, making the relationship of events to outcomes clearer, and at the same time, working towards a more successful outcome. This process takes time and perseverance. Particularly on the part of the client who finds this process difficult, frightening and often impinging on their sense of safety and therefore inducing desire for fight, flight or freeze responses.

In this case time allocated for each client was limited and applicants were often ambivalent about being re-immersed in their childhood trauma despite wanting to be involved in the process. Issues of trust and distrust are complex however the above factors enabled advocate/counsellors to:

- emotionally hear and respond appropriately to applicant's stories
- elicit detail of the stories and in writing reports used the applicant's own words thereby acknowledging and accepting the applicants' world view,
- use the scope of the report writing to explore the applicant's understanding of how the trauma affected their lives.

- use the tools to show an understanding of the widespread results of trauma manifesting as PTSD, anxiety and depression and how it had impacted on function,
- illustrate with descriptive, emotive psycho-education the mental and physical responses in the brain and the body when the brain is affected by trauma and how they manifest as fight, flight and freeze reactions,
- enable the applicant to gauge their emotional age, allowing the report writer, with the applicant, to make some connections between their childhood experience and their adult self thus enabling a sense of distance from the childhood experience. This created a separation from the trauma and an opportunity to move forward, and
- assist applicants to understand there are known recovery processes.

Counsellors were able to express regret, to re-iterate the apology aspect of Redress WA and to validate the applicant's experiences and to encourage applicants to review their previous shame and self-blaming thinking and behaviour. Most listened intently when these feelings were explained to be consequences of the abuse. By doing this the "unacknowledged wound" which has been a source of sorrow, fear, grief and anger was heard. This process reflects the 5 stages of apology of being heard and responded to appropriately.

During this therapeutic process the applicant was provided with the information to understand why they felt, thought and behaved as they did and to reframe their experience in the future. This enabled the applicant to go out the door with their story having a future as well as a past.

The fully referenced reports provided to Redress WA enunciated the applicant's traumatic childhood and discussed sequelae. Not only did the reports assist Redress WA but also proved a powerful therapeutic tool for applicants who were provided with a copy. It was concrete evidence 'someone' had understood their story, their experience, and the impacts on their lives. Applicants used the report to communicate to loved ones what happened to them and why they were as they were. It is not known how many applicants would have had a report such as this. Those who completed their own applications or had their applications conducted by non-professionals may not have had access to this additional information and therefore may have been less able to use the process therapeutically.

Consequently some applicants made significant changes in their lives daily lived. However others didn't. Other influences are co-morbidity and/or the issue of trust.

### **BOUNDARIES: TRUST AND DISTRUST**

"Core principles of trauma-informed care are 'safety', 'trustworthiness', 'choice', 'collaboration' and 'empowerment'." (Kezelman & Stavropoulos, 2012). The adult who has experienced childhood abuse experiences broken trust yet has a strong need for attachment resulting in personal boundaries which are regulated by fear and a need for love.

Consequently applicants variously experienced:

- an expectation that Redress WA would somehow 'cure' their lives once they had told their story,
- re-occurring co-morbidity issues as they attempt to trust the advocate/counsellors

- a lack of support, after the process for applicants had re-opened old wounds and had nowhere to go with them.

The above principles are relevant when establishing a relationship with any individual and are most important in this area of work.

### **CO-MORBIDITY**

It is often forgotten that trauma symptoms rarely stand alone, they are most often further expressed in substance misuse, other mental illnesses, criminal behaviour and the like.

As stated the funding formula allowed limited time to spend with each applicant. To complete a report at least two face to face sessions were needed. The authors and others chose to contribute extra time and saw clients on three to six occasions, however, even with extra time it was impossible to ameliorate lifetime issues of co-morbidity which may have been triggered or exacerbated by re-experiencing the past.

### **RE-TRAUMATISATION**

Telling their story, often for the first time, sometimes for yet another time, was deeply re-traumatising for many applicants. Hearing about the Redress Scheme or multiple Commissions and Inquiries and now almost daily reporting of people who have been abused, on radio, television or other media stirred up memories and feelings and many repeatedly re-experienced their trauma at this time.

Not surprisingly then, many viewed the change in ex-gratia payments as creating another layer of anger on top of that felt towards the 22 institutions named by applicants, the people who abused the applicants, the anger they felt against themselves and those around them who hadn't helped.

### **POTENTIAL FOR SUICIDE AND SELF HARM**

There were unintended consequences for many people telling their stories. It is known some applicants used the ex-gratia payment for their alcohol and drug dependencies. The writers knew of several who died doing this. The potential pitfalls of encouraging someone with long standing mental health and addiction issues to recount their history of abuse are a responsibility which needs careful ongoing consideration.

### **EDUCATION AND CLINICAL SUPERVISION**

All staff associated at all stages of the establishment, procurement and operation of any commission, inquiry, scheme or legal action need to have:

- extensive education regarding the widespread effects of childhood trauma,
- provision for clinical supervision for all staff, and
- access to employee assistance programmes.

These measures would help towards

- maintaining for staff the integrity of the inquiries,
- ensuring that best practice quality assurance was delivered,
- understanding the tension between legal and therapeutic demands of the inquiries and the benefits and costs of each, and
- assisting in reducing vicarious and secondary trauma of applicants and staff.

## **MANAGING EXPECTATIONS**

Some applicants came to the Redress process expecting it would change their lives, and some were bitterly disappointed when their life did not change appreciably. Others expected little to change and were surprised to find relief in being open about their history. It was difficult to predict these effects five years ago but now the authors feel that the potential negative outcomes of investigations could be taken into account more when planning and instituting commissions, inquiries and schemes associated with a vulnerable population.

It is true many people were very grateful for the personal assistance, the ex-gratia payments and the letters of apology they received. Many applicants used the money wisely and felt believed and validated. However, what may not have been adequately taken into account was that an implicit expectation was created that simply telling their story would change their daily lives. It was deeply saddening that some woke up at the end of the process with their lives still broken and deeply impacted by trauma.

## **SOCIETAL COSTS OF TRAUMA**

During the last decade the profile of childhood abuse has been raised publicly. In this time awareness of the traumatic outcomes such as

- crime,
- alcohol and drug dependency,
- domestic violence,
- perpetrating further abuse,
- difficulties in schooling,
- poor parenting and relationship skills,
- negative mental and physical health outcomes, and
- transgenerational and intergenerational issues

has also been raised. Investment in prevention and support would reduce outcomes and reduce budgeting costs for policing, hospitals, education and building of goals.

There have been major breakthroughs in the fields of neuroimaging, neuroscience genetics and epigenetics, which have assisted in understanding the mechanics of what is happening for the individual during traumatic events. Nature and nurture are intertwined affecting families trans generationally.

Research in Canada, which has a similar history to Australia, shows a vulnerable group, the Indigenous population, experience substantially higher rates of depression (Stewart, Gucciardi, & Grace, 2004). Research into the development of the brain in children who have

mothers who have depressive symptomology and low paternal involvement developed larger amygdalas and had increased levels of glucocorticoids (Lupien et al., 2011). Conclusions were that the development of a larger amygdala, particularly in the early years of life, and increased stress level hormones are risk factors for mental health problems by the age of 9 (Lupien et al., 2011). These are a few examples showing that if Australia really wishes to have a society with less mental health issues, less crime, less drug and alcohol dependency, violence, poor schooling, poor health and transgenerational issues that placing appropriate trauma informed policies in place into all government agencies and institutions is of paramount importance. Institutional commissions and inquiries could positively influence this outcome.

## **CONCLUSION**

From the start of the Redress WA Scheme in May 2008, and Prime Minister Rudd's Apology to the Forgotten Children in November, 2009 there seemed to be a feeling of change in the wider community and amongst applicants about abuse and trauma. However this energy needs to be tempered by developing knowledge and awareness of potential negative outcomes when planning and undertaking commissions, inquiries and schemes associated with a vulnerable population.

The authors noted several key areas from their experiences with Redress WA which they consider were major challenges for staff, contractors and applicants. We are mindful of the potential to re-traumatise clients, and our experience has highlighted to us the 'retelling' of trauma and abuse without measured support and consistent government policy can potentially amplify a variety of longstanding and painful emotions including shame, abandonment, distrust, anger, fear and hurt.

Our experiences with Redress WA has also made us aware there are significant risks for some applicants in recounting their narrative as many had co-morbidity with other issues including mental and physical health problems.

We would also highlight the importance of timely and widespread promotion of the Commissions and inquiries, allowing adequate time for service providers to fully support all members of the public who come forward to tell their stories. Consideration also needs to be made for an 'all inclusive approach', ensuring that there is wide eligibility and access for those wishing to tell their story. Furthermore, all outcomes need to be transparent. It is also critical that all staff are adequately trained in trauma, trauma informed care principles, and management of trauma sequelae.

Finally we showed only one example of how depression in a vulnerable traumatised population becomes transgenerational causing mental ill health. The re-traumatisation not only affects the individual but is a rippling pool which has genetic, environmental, emotional and physical effects on their immediate relationships and then the wider community.

The Royal Commission, the New South Wales Special Commission and the recently completed Victorian Government's Parliamentary Inquiry present the wider community with opportunities for both public discourse and validation of those individuals abused as

children. With thoughtful and planned support for traumatised and/or maltreated sufferers to tell their story, including follow-up support they have the potential for significant individual and national healing. The consequences of ignoring preventative responsibilities are fraught with sadness.

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## FOOTNOTE

This article was written and submitted for publication in an Australian Trauma eJournal in 2013 which has not gone to press. The article has been published in the AASW WA newsletter and referenced by various speakers and authors.