

Introduction:

I write as a survivor of sexual assault in my toddler years. And indecent assault at two state schools. I was victimised but I am not a victim.

I am an educated pro active Christian survivor applying Biblical principals, prayer and ministry .are core ingredients of my recovery., in the context of an interdisciplinary approach.

God's love cast out fear. When I hoped in God I overcame despair. When I handed shame back to the abuser I broke the shame barrier.

I just keep praying for God to release recovery to survivors.

I am an advocate.

I am an Ordained Minister of Religion. I pioneered the application of Mandatory Reporting and fulfilling my Duty of Care within a congregation where the power base was held by the enablers.

I have advocated for a national 24/7 helpline for survivors manned by male and female counsellors (callers choice).

I am advocating for sexual assault counselling to be recognised as a stand alone discipline apart from mental health. The impacts of sexual assault are not primarily psychological matters but neurological, physiological, spiritual, emotional and sexual.

I research recovery pathways and models of recovery.

I apply Biblical Theology to principals and processes of recovery.

I would like to undertake a post graduate degree by research into interdisciplinary approachers to recovery from child sexual abuse.

I am a Graduate in Anthropology / Sociology at Macquarie University and a member of the Alumni.

I have not only been a member of many Committees in the Church and the Community but have Chaired Committees which included being a P & C President and President of a Chamber of Commerce. I maintain an interest in Social Planning and am developing the theology for ministry to survivors. I write as a Colleague of Graduates in the humanities. There are many unacknowledged graduate survivors and survivors who are Professionals or Business People.

Many of us are highly functioning and more than qualified to serve on Boards and Committees and Advisory Panels or a round table.

Topic A: Victim and Survivor needs and unmet needs.

In 1997 I was talking to my counsellor when suddenly I said "I was sexually abused" as I recalled that when I was 14 the male [REDACTED] indecently assaulted me. In his office.

I asked her 'What are the 12 steps of recovery?'

She replied "there are none"

I replied "What books are there?'

She replied "there are many"

but gave me no books nor any suggested reading.

I felt devastated and abandoned

During the Course of the Royal Commission I identified post disclosure abandonment as a significant issue.

As I made enquiries I found a pattern of directories listing services which didn't actually assist adult male survivors at all. Some listings were out of date. I was not referred to those who could have assisted me. I received ONE hours counselling with a male social worker at a Sydney Hospital sexual assault unit because I was out of zone and that is all I was allowed.

Royal Commission funding has enables ASCA to man their lines with professionally trained Counsellors and 1800RESPECT with other services increasing availability. However I have noticed a tendency creeping in of referring on rather than focusing micro issues then and there as they arise. The one hour a week counselling model does moderate counselling however support is needed as questions or issues arise.

1. Advocacy

What advocacy works?

Background.

Most of the major advocacy organisations were set up and are driven by concerned individuals. Some of us self advocate. I advocate as a survivor sensitive member of the Clergy.

ASCA has put a lot of resources into developing trauma informed. I would like to see this rolled out to be a part of the training of all health care professionals, teachers, social workers hospitals and Centrelink. Part of clergy training ought to be to be trauma informed. Whilst many survivors are so traumatised by sexual abuse within religious organisations, there is also a vast number of survivors in places of worship seeking Pastoral Care, prayer, and solace and in many cases, healing. Clergy need to be trauma informed. Many Clergy these days are educated – many with two degrees and Post Grad Qualifications. More time ought to spent reading available material and writing Journal Articles Clergy to Clergy.

Advocacy groups such as Broken Rites and CLAN are organised special groups of survivors.

It is curious that Protestant survivors and survivors of state schools have not networked to date.

Self advocacy. individual survivors who look at deficiencies in the system and, like me, advocate for more services and increased funding of existing services.

for example the need for at least one but preferably 3 Sydney sexual assault units for men.

Whereas, say 25 years ago very few male survivors disclosed, more male survivors are comfortable to disclose and seek counselling and avail ourselves of the services available.

At the end of the first year of the Royal Commission it was reported that 64% of survivors disclosing to the Commission were middle aged men or older. There had been a massive under reporting with resultant miss information circulating in the health professions and the community. Based on the statistics of reported sexual assaults where men were under reporting.

Weaknesses.

- ⤴ Government funding needs to require the inclusion of survivors on the board and not limit board membership to "experts".
- ⤴ The value of peer support is undervalued by the majority of professionals.

- ⤴ there needs to be funding for survivors using services and survivor members to provide feedback, reflections on effectiveness of services and deficiencies in the delivery or lack thereof health services for survivors.
- ⤴ most advocacy groups are special interest groups so there are many unrepresented groups of survivors. I would suggest ethnic communities in particular are under represented. I have mentioned that survivors of Protestant Churches and Government State Schools are lacking advocacy groups. Though I do what I can myself.
- ⤴ the almost silence of Christian lobby groups, rightfully vocal on other matters, are almost silent on sexual abuse and recovery. (with few exceptions such as the late Rev Dr Hon. Gordon Moyes) I am an Ordained Minister, though without a Parish these days, and am committed to advocacy for survivors. I have some affirmation but often notice I am strangely alone in advocating increased awareness of Child Protection issues and the needs of survivors Child Protection Policies appear to be drawn up by “experts” (closed Committees)
- ⤴ There is an absence of advocacy from any group of Protestant Christian (evangelical or Pentecostal) survivor network to articulate our needs and perspectives.
- ⤴ there appears to be an undue deference to the psychology profession without the usual, expected advocacy from survivor groups for more survivor focused research and training as would normally occur. Counselling models appear to be driven by the prevailing schools of thought in psychology whereas normally advocates and clients would be driving the agenda. This has produced a one hour a week face to face counselling model which whilst it has benefits, has many weaknesses, particularly as the guidelines lack the flexibility to respond to the many variables experienced by survivors, such as the age the sexual abuse started and ended, the power imbalance, the sex of the survivor and the abuser etc. The very model, meant to be facilitating a recovery of loss of control has a power imbalance.
- ⤴ In my advocacy I would like to see a new insurance product where claims are assessed by an assessor without litigation.
- ⤴ In my advocacy I would like to see Post Graduate Courses specifically on sexual assault counselling of at least one year full time or two years part time. I would like to see sexual assault counselling to be a recognised profession. Likewise trauma counselling ought to be a Post Grad Course.
- ⤴ All degrees in Psychology, social work and theology ought to contain at least one subject in trauma counselling and sexual assault counselling to prepare professionals for inadvertent counselling and to equip professionals counselling survivors. Relevant electives would be helpful.
- ⤴ I would like funding for neuropsychologists to be researching the neurological impacts of sexual trauma on survivors.
- ⤴ The Redress scheme recommended life long funding of psychological counselling. This should not be limited to funding sessions with psychologists whose degrees do not in most cases cover subjects in sexual assault counselling. UNSW now has ONE lecturer in trauma. Redress funding should fund a range of professions including: Music therapy, physiotherapy, therapeutic massage, reflexology, kinesiology, and trauma release practices such as EDMR, tapping, shaking etc. and services such as ASCA and Bravehearts and 1800rspect helplines but also drop in centres with sexual assault counsellors on duty. Funding should include access to health care professionals such as music therapy, kinesiology, reflexology etc. ALL health care professionals should be empowered to write referrals to other health care professions and to write reports and be legally protected from over aggressive lawyers for institutions. Whilst survivors of Clergy abuse have an understandable anger towards church and religion, the respecting and accommodate their needs, ought not to deny the needs and support of survivors who find our place of worship and the Pastoral Care of our Clergy to be an integral component of our recovery. There is a place for integration of the secular and the religious for the benefit of survivors finding support within our religion and our religious

community. I hear the hurt and anger of those who are deeply hurt and betrayed by abusing Clergy and lay abusers. I am offended by those who breached the trust given to them. I offer my support. I will not excuse sexual abuse in places of worship. It is reprehensible. However, those of us practising our religion when it is our place of safety and healing. That healing takes place in Churches and places of worship is greatly under-reported, under acknowledged.

- ⤴ There is a need for churches, places of worship and informed Clergy to be protected from intimidation from Insurers. One Church said they would not be able to set up survivor services because of insurance issues when they had registered Psychologists in the Congregation Insurers should be legally be required to provide professional indemnity insurance to religious organisations providing informed Pastoral Care and / or survivor services to survivors wanting a religious based recovery programme where a place of worship has members who are relevant health care professionals including psychologists and sexual assault counsellors. I understand some churches who have the expertise are warned off by insurers who ought to be providing professional indemnity insurance to professionally run programmes. Traditionally Clergy WERE the Counsellors. Many congregants desire spiritual counselling from Clergy. It is reprehensible that many have been warned off when theological colleges and Bible Colleges should have been providing training in sexual assault counselling. Whilst this is offensive to survivors of clergy abuse it is a fundamental support for many survivors. Seminars on sexual assault should be open to Clergy who want to increase their skill set. Many Clergy are in fact graduates in the humanities As a survivor I have overcome fear, despair, aloneness and shame though the support of Church and my clergy pastoral care and prayer.
- ⤴ I have commenced writing a theology of those sinned against based on the Parable of the Good Samaritan where the wounded man was given first aid and taken to a place of rest and safety without any obligation being placed on the wounded man to forgive the robbers.
- ⤴ Religious ritual has applications for survivors. Baptism by emersion for cleansing (with adequate safety measures in place). I personally pray as I take Communion for healing and cleansing. I have also felt the power of the surf emerging myself in its greater power.
- ⤴ I have applied the message of salvation to include being saved or rescued from the complex issues of sexual trauma whilst concurrently receiving treatment from health care professionals.
- ⤴ I have proposed a recovery from CSA Sunday my site being the subject of ongoing development.
- ⤴ <http://01sun10.tower20.com/>
- ⤴ Most Churches now have Child Protection Policies. The next step is the development and proliferation of models and theologies of ministries for survivors.
- ⤴ Such of the content has applications for survivors it would be helpful to include prayers for survivors and the renunciation of sexual abuse in Services.
- ⤴ Passages of scriptures such as “He restores my soul” in Psalm 23 may be helpful to survivors of csa.
- ⤴ An end to victim blaming would be of great assistance as it's presence in too many churches has been observed.
- ⤴ I am trying to balance critical analysis and acknowledging what I have found to be of assistance.
- ⤴ The presentation of sexual morality ought to include the concept of informed, consensual choice by adults who feel safe as opposed to sexual abuse in a situation of power imbalance and sexual assault which is forced It is time for religions to teach the need for

sex to be informed and consensual in a place of safety. In other words to go beyond traditional teaching based on selective Biblical prohibitions. Teaching ought to include teaching against incest (most of Leviticus Chapter 18 and 19)

- ^ preventative teaching to protect children from the lies of abusers who twist religious teaching. Word of Jesus such as “you generation of snakes and vipers” and “wolves in sheeps clothing” are surely applicable to sexual abusers in positions of power who abuse their position. It would be extremely helpful if it were taught that God does not judge survivors. A theological treatise may be more applicable elsewhere.

Needs of Survivors:

- ^ Acknowledgement by the institution that the sexual assault/ sexual abuse occurred.
- ^ health care professionals to be trauma informed
- ^ for the Royal Commission to invite us to do an on line detailed survey for the computers to generate statistics, correlations based on over 3,000 survivor sample to end the misinformation about survivors which circulates in the community for want of statistical data from a wider sample than psychology students doing compulsory hours or the intake centres for drug rehab centres and prisons. In particular it would be helpful to provide statistics of our educational and occupational achievements in overcoming adversity. Whilst the Royal Commission data base of survivors is limited to survivors of sexual abuse during childhood in institutions who disclosed to the Royal Commission, it is probably the widest cross section of society available and more reflective of the wider community than other sampling that I am aware of.
- ^ acknowledgement that one in six men have been sexually abused by the age of 16. www.lin6.org
- ^ research papers to be more widely accessible and for editors / writers to popularise the research with acknowledgement of sources.
- ^ As many Journals are obscure, it would be helpful if the Royal Commission published a list of Professional and Academic Journals related to sexual trauma, sexual abuse and survivor issues. Collation of Journal articles by subjects would likewise be helpful.
- ^ Funding for Post Doctoral research into the impacts of sexual abuse and the development of relevant treatment. In particular research by neuro psychologists into the neurological impacts of sexual trauma.
- ^ The building of interdisciplinary treatment programmes.
- ^ The integration of secular health sciences with the religion of survivors whose religious practice is important to us. Whilst tragically survivors of sexual abuse within religious institutions were dis empowered and betrayed and all too often abandoned by religious institutions in a reprehensible manner, some of us were fortunate enough to be nurtured in our churches, empowered by our faith in God. Whilst survivors of sexual abuse within religious institutions were subjected to the dark side of religion, some of us found redemption.
- ^ At the age of 16 God rescued me from nearly rebelling and a self destructiveness where pain numbing using alcohol and nothing would have kept me from drug addiction etc would have caused me to be dead by 25. I was spared that path. It has only come to my mind recently. Instead I absorbed myself in the scripture, in the music therapy of inspiring hymns or comfort and vision. I sensed God had a purpose for my life that overcame what might have otherwise been despair and being overcome with post csa symptoms. Even though my memories of csa were locked in a memory vault deep within me I brought my need to God and He gave me comfort and hope. Sure I have had a life of intrusive memories (vague as they were) muscular trauma, reduced memory which made studying languages excruciating. During those years I was and continue to be strengthened. God gave me a capacity to endure and to take on new challenges which I previously avoided. I those days counselling was rare. Lifeline was new in the sixties. I had my struggles but I now had hope

and comfort of the scriptures. I sincerely believe that the fundamental answers are found in Jesus Christ. This is certainly my story. Out of that comes the other professions with their insights, treatments and support. It is through my trust in God that I cope with the abandonment when a professional says "I can't help you" I hope in God and pray for the right professional or search out the answer myself.

- ^ Our need is for the significance of our faith in God to be acknowledged and integrated into suitable models of recovery. For example I was encouraged when after a counselling session with a hospital based sexual assault counsellor, I called into the chapel to pray or talk to the Chaplain who was more equipped than the sexual assault counsellor. Many clergy go to Seminars and read books and Journals.
- ^ The respecting the moral beliefs of survivors observing our religion as our boundaries which protect some of us from re-traumatisation and facilitate our safety.
- ^ Whilst religious belief can create blind spots which need to be challenged, during the stage of overcoming denial, this ought to be done respectfully and carefully targeting the area needing to be challenged whilst keeping the survivors belief system intact.
- ^ Where our faith is part of our healing for guidelines for professionals to cease discrediting or dismissing our faith in God who some of us see as our source of healing and recovery. I am happy to debate and discuss religious philosophy in university tutorials where there is academic freedom, but not in the Counselling room where there is an imbalance of power. Some have abused their power by attempting to impose their secular or religious views after agreeing to show mutual respect for our religious or world view of life.
- ^ Large places of worship with the resources, including members with professional qualifications ought to be encouraged to set up programmes for survivors which integrate the religious belief and professional training. This would be enormously beneficial to survivors.
- ^ Empower Health Care Workers to write reports / referrals between the professions when we request it without fear of being challenged by the defence lawyers for abusers and / or institutions during any future Criminal trial or Civil Litigation. (If there was a fair Redress scheme then the expensive cost of litigation could be avoided.) There is a need for Legislation to legally protect Professionals notes and patient confidentiality. There is a need for legislation to prohibit institutions from requesting their expert witness see the confidential notes of other health care professionals. I would argue that Graduate Social Workers ought to be accredited to summarise the reports of other health care workers. Fear of being cross examined by over aggressive institutions lawyers causes a denial of service or refusal to write report in too many cases. This adds to the stress on survivors and hinders interdisciplinary responses.
- ^ Victims Services and Redress Schemes ought to fund ALL relevant health care professionals where we can demonstrate the effects of CSA is being acknowledged and treated. Non offending Clergy who provide Pastoral Care to survivors should be included as Professionals eligible to write referrals (when referring a survivor to a health care professional) and reports. Part of the post disclosure abandonment issues is that one is left to pass messages between professionals - often with imprecision.
- ^ Legislation empowering ALL health care professionals to diagnose the relevant impacts of CSA within their field - or at least to be able to list "symptoms consistent with PTSD".
- ^ Funding of time off work to travel to and from treatment including post treatment time out. Employees should not have to use up holiday leave for therapy. Many survivors are in the casualness workforce and have no paid leave. The cost becomes cumulative.

Unmet needs

- ^ information – little or no books in public libraries, even university libraries or major bookshops.
- ^ access to Journal articles
- ^ encourage the authors of articles written by service providers / advocates to reference

sources to facilitate further reading.

- ^ funding for treatment when we need it not waiting periods of months or years.
- ^ over restrictive professional guidelines which deprive survivors who have progressed beyond the management of sexual trauma, who have a support system, who have coping strategies. There needs to be a means of being accredited as a "mature survivor." where deeper and more complex issues can be explored.
- ^ reports many professionals are fearful of writing for fear of being attacked / questioned by over zealous defence lawyers for the institutions in what has been referred to in Public hearings as legal abuse.
- ^ Lack of interaction between psychologists and counsellors and our Clergy for survivors who see relevant, informed, protective Clergy as a key part of our support system.
- ^ the fragmentation and lack of coordination between the Police reporting stage, the Sexual Assault Units and Victims of Crime Services.
- ^ the need for legislation to prohibit lawyers from discouraging us from going to Victims Services and interim state Redress Schemes as alternatives to Civil Litigation.
- ^ Legislation to preclude any payment from Victims services precluding later Redress or Civil Litigation though the former would be taken into account or part of the larger amount used to repay the former e.g. Victims Services.

Support for survivors families.

There is a need for advocacy for survivors families and for separate support services.

One service does mediation between adult survivors and their parents (reliant upon both parties willingness to participate.)

There are almost endless permutations of the nature of the interactions between survivors and our families. In my life I had a lot of support from my extended family. Others have not. When survivors disclose the response from family and friends can range from supportive and understanding to hostility and attempts to go into denial or keeping the silence. Parents may be innocent third party to the sexual abuse or directly or indirectly complicit. Although outside of the Terms of Reference of the Royal Commission, in terms of the overall context of survivors in the community there is a prevalence of incest, incest by proxy and even instances of a child being prostituted.

For families desiring to be supportive to survivors I noticed a fact sheet from South Eastern CASA

<http://www.secasa.com.au/information-sheets/information-for-family-and-friends/>

1. therapeutic treatment services

I would argue that the present system, though great at managing early stage survivors to manage trauma, the guidelines either lock survivors into this stage or abandon us after the provision of limited service.

Many professionals have limited training and so to progress it is necessary to seek out the relevant service oneself. A more interdisciplinary approach would be desirable.

In particular, whilst I found psychologists very helpful during my disclosure stage at assisting me to manage the trauma as I released my sexually traumatic memories,

I found the generality of Psychology Undergraduate Degrees to put a ceiling on the support they were providing. I also found that the Guidelines which were so helpful in the early stages of my journey, to be a hindrance in the more advanced stages of recovery as an informed survivor, with professional training and transferable skills myself. I would like to see a system of accreditation or certificate of achievement or coping mechanisms for those of us who are well resourced and

resilient.

Need for a greater diversity in treatment services:
and an interdisciplinary approach.

Music Therapy and inadvertent music therapy.
the benefits of music therapy for survivors is largely unexplored.

I discovered this during the Sunday hymns or choruses and Christian music recordings.

Some survivors find trance music or loud rock music helpful.

Others use classical music

The science of applied Music Therapy would be to match the music for the survivor.

Trauma Release techniques.

[Babette Rothschild](#) “ The Body Remembers : The Psychophysiology of Trauma and Trauma Treatment is a significant advancement in understanding the physiological impacts of sexual assault.

I found **body memories** are not Accessed nor released nor proceed through talk therapies.

body memories require body work - physiotherapy, therapeutic massage, kensiology etc.

but only after a survivor has reached the stage where he or she can be touched.

Many survivors find being touched re traumatising. Once again we need flexible guidelines to accommodate the variables of sexual assault and our journey of recovery.

Many survivors have found the following trauma release techniques to be beneficial:

EDMR, tapping, shaking etc

The following are examples of some work being undertaken into trauma release.

I have taken what I found useful and modified or adapted or developed some of the insights and added a Christian perspective. G prayer instead of meditation. And added playing selected Christian Music as music therapy.

Peter Levine wrote “Healing Trauma” his website is <http://www.traumahealing.org/peter-a-levine-phd.php>

David Berceci wrote "The Revolutionary Trauma Release Process”

David Wise and Rodney Anderson wrote “A Headache in the Pelvis”

Some survivors have found EDMR and Taping to be useful.

Results may vary according to intensity of use, adequacy of training, applicability etc.

all are locatable on a Google search.

some survivors find meditation, yoga etc to be of assistance.

I find prayer, searching the scriptures for principals to apply Sunday services, small groups and Pastoral care are an integral part of my resources for recovery.

I would like to see all health care professions to be trauma informed.

ASCA has written fact sheets such as Trauma Informed Practice

<http://www.asca.org.au/WHO-WE-ARE/Our-Documents/Fact-Sheets/Fact-Sheet-for-Workers>

Receptionists in hospitals, sexual assault units professional suits should be also trauma informed as they take our calls. they greet us on our arrival. When they are officious it can impact of the treatment.

Sexual assault has many impacts on the body, particularly rape at an early age.

Dentists, Optometrists, Behavioural Optometrists, Physiotherapists, Therapeutic Massagers, Colonopists in particularly need to be trauma informed and have asses to briefing sheets prepared by advocacy groups and training seminars.

(I have a Post Trauma eye condition which affects my typing accuracy which I am preparing to have addressed by Behavioural Therapy)

There is a need for multiple links and in any order between:

- ^ disclosures to institutions
- ^ making a statement to the Police
- ^ sexual assault units
- ^ state Victims Services
- ^ Redress schemes.
- ^ survivor services.

At the moment the services tend to be fragmented,

the training of most health care professionals inadequate with little or no understanding of sexually traumatised patients / clients. / members

funding is limited and if increased would be of great asistance

that post disclosure abandonment and disempowerment are all too prevalent.

many services, stretched to the limit thought their assistance deeply appreciated

Secondary survivors are largely left to fend for themselves without support services or groups.

I would argue that if survivors were given recovery focused treatment rather than management of trauma then most of the load carried by secondary survivors would be lifted axiomatically.

Advocacy groups for secondary survivors would be helpful.

the current situation of friends and family and the community carrying the burden of supporting survivors is reprehensible and ought to be included in the cost / benefit of funding health care

services for survivors.

Whilst organisations such as ASCA provide seminars for families of survivors I feel that a family and friends service focused on supporting family and friends of survivors would be helpful as survivor services need to be survivor focused.

I would like to see services such as: drug and alcohol programmes address the underlying issues such a sexual abuse rather than simply treating the symptoms.

Our recovery as survivors is limited by:

stereotyping and mis information in the community

victim blaming

focusing on the cost of services rather than the cost to the institutions and government

the need to see the cost of Redress as a cost run up by the abusers and the enablers not survivors.

"I don't want to know" "It's too terrible" is understandable but reprehensible when accompanied by denial that CSA occurs in institutions by otherwise trusted professionals such as Clergy and teachers and coaches.

I have noticed a nativity in churches. 'It couldn't happen here.' but it does. The risk of the occurrence of sexual abuse is in any institution. Every institution needs Child Protection Policies and Mandatory Disclosure to the Police accompanied by internal discipline and policies to separate the accused from alleged victims. There is an obligation to protect children in our institutions.

Topic B Diverse victims and Survivors

Significant categories:

- ^ toddler abuse
- ^ infant abuse
- ^ primary school age abuse
- ^ teenage abuse

Gender issues:

When I commenced my journey of recovery in 1997 most books were written by females for female survivors.

Most services were for female survivors.

Over the last two decades services have become more balance though at last check the NSW Health System is not employing one male sexual assault counsellor.

However NSW Health has produced a booklet "Who can a man tell?"

In recent years resources for men have increased.

Geography.

States vary in the adequacy of survivor services.

More Commonwealth Funding should be allocated for services with specialities to assist interstate survivors.

The state based system delivers a much needed diversity.

National telephone helplines provide an equality of service to metropolitan and rural

communities. Whilst rural communities are under serviced by face to face counselling, the internet has opened up opportunities such as:

- ^ on line social media
- ^ Skype counselling
- ^ and articles to read.

Communities with slow dial up services are the most left out of existing services.

Fast, reliable internet services for rural communities would greatly assist survivors.

Topic D Service system issues

1. That the Royal Commission has adapted the original terminology to be representative of how we as survivors see ourselves, rather than the labels of the legal system is appreciated.

- ^ We are survivors not victims. I for one will not re victimise myself.
- ^ nor will I state the impact of sexual abuse on my life in a manner which confines one to perpetual victim hood.
- ^ I am a survivor on a journey of recovery and healing.
- ^ the latter very much being an expression of the exceptions I have as a Christian exercising faith in God and the recipient of the services of relevant health care professionals.
- ^ Counsellors have complemented me on my resilience and perseverance. I thank God and my Pastors and my family support.
- ^ I am fortunate to have had positive experiences in my church, Sunday school and youth group and churches I currently attend. many survivors have not and do not have such support.
- ^ I am fortunate to have had supportive members in my extended family during my childhood. many survivors do not.
- ^

1. appropriate terminology:

survivors rather than victims. Survivors progress to be thrivers.

Warning. Sexually / biologically precise terminology.

Some survivors see "abuse" as euphemistic. Whilst in a Marxist or Feminist model "abuse" is apt in describing power imbalances and abuse of power,

I am not the only survivor who would prefer to call a sexual assault, sexual assault or rape.

Legal imprecision all too often produced vagaries which blur the nature of the sexual assault.

What does "molestation" mean? exactly what crime is it?

I used to think "indecent assault" meant stroking private parts through clothing. Apparently it is more generic hence imprecise.

The neuropsychological, neuropsychological and sexual impact of anal penetration, oral penetration, a female having her breasts stroked or a male having his private part stroked through his clothing or a male being aroused by the hand of an abuser are all fundamentally different in

nature and impact. It is time for mature and biologically accurate legal and medical definitions. It is time to objectively define and discuss (as in sexual assault counselling or when presenting for medical treatment) the exact nature of the sexual assault to facilitate a more accurate understanding of the survivors needs. It is curious that scenes of oral sex have been on commercial free to air television and yet in medical and counselling and therapeutic situations all too often imprecise euphemistic descriptions are used where too many symptoms are not being recognised and our real needs invalidated. Treatment needs to be in the context of acknowledgement that the sexual assault is acknowledged. The injury from being hit by a cricket ball or falling off a push bike is fundamentally different to the impact on ones body of being raped. Sexual trauma is a unique and distinguishable trauma. The impact and treatment needs for survivors of sexual harassment is different to indecent assault (external) from penetrative sexual assault. There is a fundamental issue of which body parts were sexually traumatised?

2. Treatment options and services for survivors.

open access to:

sexual assault units

helplines

drop in centres for survivors with sexual assault counsellors on duty.

Community Health Centres or Hospitals should have sexual assault wards where a range of services are provided. For both emergencies and support for survivors of historical sexual abuse.

3. I have already mentioned the need for Post Graduate (or Post Diploma) Courses in Sexual Assault and Trauma Release and for subjects in undergrad courses.

4. Seminars covering services to survivors for professionals

5. Interaction between trauma informed non abusive Clergy and other Professionals would be helpful.

There ought to be more alternatives to numbing the pain at the local pub or being a client of the local drug dealer. Likewise War Veterans should have more support than the use of alcohol. Drinking to the state of drunkenness to numb the pain ought not be the default option made available by society.

Topic E Evidence and promising practices.

I am extremely critical of "evidence" because of the limited sampling and the use of drug rehab and prison intake centres to gather "evidence" from bias sections of the population.

The use of undergrad students in psychology as subjects (compulsory hours) is hardly representative of the student population let alone the population as a whole.

I have participated in some research as a subject. Typically a Post Grad student is writing a thesis to gain a qualification. The Post Grad student typically is curious or fascinated by one aspect. After writing the thesis typically the interest in us ceased there. This is producing ad hoc papers without due regard for context and without tracking us in the long term. All too often the investigation of one issue or the correlation of two factors is conducted to the exclusion or non recognition of the many other variables. Whilst there is a proliferation of literature on the negative

influences of religion, there is too little on the positive influences of faith in God.

Basically, there is a lack of evidence gathering.

The Royal Commission has one of the largest and diverse sample of survivors available - over 3,000 survivors plus those waiting for a Private Hearing.

Once again I implore the Royal Commission to prepare a detailed on line survey for us to complete to provide a more reliable set of statistics and correlations

and in particular to recognise the Educational Qualifications and Professional standing of many survivors.

and to do some tracking of survivors and to hold a second Private hearing for a sample of survivors from the first year of the Commission to track our progress or lack of progress.

Many of us could be on advisory boards having comparable qualifications to existing board members.

Many of us could be on committees drawing up guidelines.

Many of us could be on Child Protection Policy making committees as we are not naive nor do we minimise the risks being managed.

We have much to contribute to round tables with professionals, academics and policy makers. Existing advocacy organisations are not representative of all survivors and in one case members complain the executive are not responding to many members concerns. It would be helpful for individual survivors to be included in consultation processes.

Funded organisations ought to be required to have 25% of Board members being survivors.

2. Survivors ought to be involved in evaluation processes of service delivery.

Why are evaluations limited to the Professionals providing the services?

3. I question the validity of "evidence based practice" as the evidence to date has come from limited sources. There is a need for evidence to be collected from a larger pool of survivors as suggested above.

Survivors ought to be invited to be on data bases for researchers and evaluators to invite to participate in research and information gathering inclusive of the maximum number of identifiable variables. A greater use of open ended questions to achieve this outcome.

Funded services ought to be required to provide evaluation sheets or on line evaluations for survivors to provide feedback.

After 5 sessions a psychologist writes a report on us.

Why are we not providing feedback on the services provided to us?

Professional Bodies and University Professors / Course Directors ought to have feedback mechanisms from their graduates clients.

3. Professional Journals are too inaccessible

▲ on line searches only provide abstracts

▲ articles written by advocacy organisations are generally not acknowledging their sources for survivors who want a deeper understanding.

▲ There is a need for Professionals and researchers to "popularise" the academic research.

▲ Public libraries, mainstream booksellers and even some university libraries are lacking a range of books for survivors to purchase or read or borrow. e.g. the few books on sexual abuse held by Sydney University when I last looked were not in the psychology section of

the Fisher Library but out at Lidcombe health sciences.

I am continually reminded of my feeling of abandonment that afternoon when I disclosed to my Counsellor that at the age of 14 I was indecently assaulted by the Deputy Principal of my high school and asked her "What are the 12 steps of recovery/" and she answered "there are none". I have not ceased searching out and collating articles and books and my own research including writing recovery models. Whilst there are many variables there is scope to develop both recovery models, to systematise the processes with inbuilt flexibility and to build innovative tools, such as the Grid of Issues <http://grid.aussiesurvivors.com/>

The concept is to have a grid of issues with links to articles for survivors to access as they arise - in no set order.

and exploring multidimensional frameworks such as

<http://dimensions.aussiesurvivors.com/>

Promising Practices:

- ^ Asia's work on trauma informed Guidelines and Briefings
- ^ Drop in centres for survivors such as Wattle Place
- ^ Trauma Release therapies - beyond "talk therapies" If the body remembers, surely it is time to let the body talk. Oh that professionals would take a more interdisciplinary approach. The fact is that many survivors benefit from trauma release. Authors such as Peter Levine "Healing Trauma", David Berceci "The revolutionary trauma Release Process"
- ^ South East CASA has produced a Fact Sheet for Dentists.
<http://www.secasa.com.au/information-sheets/information-for-dental-workers/>
- ^ It is hoped that fact sheets will be produced by some one for: optometrists, Colonopists, physiotherapists, therapeutic massagers, Clergy etc.
- ^ A greater use of the 8 week small group programme. The SAMSN model could be replicated by woman's survivor organisations.

Conclusion.

I have sought to articulate my observations, experiences and recommendations from the last 18 years.

I have included criticisms and suggestions in order to advance survivor services and resources and raised issues of professional training, guidelines and procedures.

Whilst I have included criticism I acknowledge the contribution of all professionals mentioned - even where there have been negative experiences I see potential for each profession.

There have been significant advances made over the last twenty years however we ought to aspire to make further advances in the future. We can all learn from our mistakes.

I trust this Paper is of assistance to the Commission and the Community.

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