

SUBMISSION TO THE ROYAL COMMISSION ON INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE; ISSUES PAPER 10

Background

I was a ward of the state in Victoria [REDACTED]. Whilst I was in care, I was sexually abused on multiple occasions by older children who were also in state care or in juvenile detention and by adults, including a worker from Community Services Victoria. A much older male, who was another client of a support service I was accessing, also sexually abused me.

[REDACTED]

As a consequence of my childhood experiences, I have been a long term consumer of mental health services. I have also used an alcohol and other drug treatment (AODTS) service.

[REDACTED]. My response to Issues Paper 10 is based on my personal experience and that of others with whom I have had contact as an advocate for mental health services.

I have provided input into a number of public inquiries into child sexual abuse. I consider the need to contribute to these and to Issues Paper 10 as a part of my own recovery.

Topic A: Victim and survivor needs and unmet needs

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

1.1 Advocacy

Specialist Legal Services

I have been provided with excellent legal advocacy services by knowmore and Waller Legal who as specialists in the field of institutional child sexual abuse have been most helpful.

Information

Find and Connect have been able to help me in tracing my family history. I would have struggled otherwise to go through the processes required to obtain my records.

1.2 Support

Royal Commission

I have found the Royal Commission Intake and Support Team to be an excellent source of support during the process of my engagement with the Royal Commission, along with the services of my counsellor (Rosalie King) from the Relationships Australia Royal Commission Support Service.

Services for Forgotten Australian

Open Place in Melbourne have provided practical support in the form of assistance with optical and dental costs.

Psychiatric Care

I have been fortunate in receiving good care from psychiatrists. I have found them to be more open and non-judgemental than some of their colleagues in other professions within the mental health system. I also feel safer in accepting their management of my medication than I would otherwise feel if that was being managed by a General Practitioner. I also appreciate their ability to get things done, i.e. to order various forms of assistance.

In-home helpers

I have found services which visit me in the home particularly useful;

- Mental Illness Fellowship of WA (MIFWA) provide visiting peer support workers from whom I have received advice and occasionally constructive criticism;
- Personal Helpers and Mentors (PHaMs) have provided professional workers who work hard to make me feel comfortable and provide good support. In coming to your home they see things first hand.

Alcohol and Drug Treatment

I have had extensive involvement with Palmerston; a [REDACTED] organisation providing alcohol and other drug treatment services. While I do not consider alcohol and drugs to have been my primary problem, they recognised that I could benefit from their services.

At Palmerston I benefited from Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) offered by the professional staff there.

The CBT based 'SMART Recovery' program is used by Palmerston. Dialectical Behaviour Therapy combines CBT with aspects of Buddhist mindfulness techniques. DBT has been useful to me in preventing dissociation, in other words the tendency to deal with painful emotions by lapsing in a numb and detached state.

Therapeutic Community (Live-in)

In particular, I was assisted by Palmerston's therapeutic community at [REDACTED]. Here I felt safe and had a sense of belonging. I appreciated being on a mutual self-help journey with others,

Palmerston have been very good in that they continue to provide me with 'aftercare'. They recognise that from time to time I need a top-up from their service.

Colour Therapy and Mindfulness

Long before it was popular in the wider community, I have been in the practice of scribbling and colouring to lower my stress levels and focus me on the here and now (the activity) rather than past memories. Indeed many activities that may seem quite child-like have the same effect, such a building a sand castle.

Survivor Groups

Groups that are specific to survivors of childhood sexual abuse are better than generic groups for people with common symptoms (but not necessarily the same life experience).

Volunteering

I currently volunteer in an organisation that stages a large world music festival near [REDACTED]. The festival organisation prides itself on being inclusive of a wide cross section of the community, so I feel safer than I otherwise might to be involved.

Making a contribution to my community has improved my self-esteem. I think it will eventually lead to an expanded social network, outside of my peers in the mental health system.

2. What does not work or can make things worse or be harmful for victims and survivors? What do victims and survivors need but not receive?

Compassion without direction, pity

People who hear my story often feel sorry for me, but I don't find it helpful unless it comes with some direction, i.e. some help to move forward. This could be proposing new ways to cope with strong emotions, or practical ideas that might change my life.

Mental Health Services that are time limited

As a consequence of being away to attend the RC hearing, I missed several appointments with my local mental health service psychologist. I was shocked and disappointed to find that I was then considered to have terminated my contact and (initially) denied further treatment.

The pressure on public mental health services to get people through the system and exit them as soon as possible seems to come from their limited resources, but doesn't suit my needs or that of other survivors.

In this environment, the only way to regain access to the mental health system is by presenting at Accident and Emergency and starting over!

Complex health and welfare systems

As someone who was denied the opportunity to learn the skills needed for life in a modern society, I struggle to deal with large organisations like Centrelink and Medicare. I need help with this but people who can help me with it are hard to find.

As mentioned earlier, volunteering has been helpful to me. But it leads to the question, 'why then can you not work?' People often don't understand that volunteering is different.

Some medications

Sometimes medications are ordered according to what I call 'text book prescribing'. This is where symptoms are matched to medications in a 'one-size-fits-all' kind of way. I have found mixed reactions to such medicine and believe it has to be tailored to the individual.

Medications which just knock you out, either as an intended effect or a side effect, are unhelpful and prevent you moving forward.

3. What helps or facilitates access so victims and survivors receive what they need? What are the barriers to receiving advocacy and support and/or therapeutic treatment and how might those barriers be addressed?

Generalist

Counselling services where staff are not trained in dealing with trauma and in particular child sexual abuse, will struggle to provide what a survivor needs.

I have found that in many cases, while service providers may have an understanding of the impact of sexual assault in and of itself, they may not understand (or even believe) the impact of the context in which it has taken place in institutions. By this I mean the extent of the physical brutality and emotional deprivation that stood alongside sexual abuse.

4. How well do advocacy and support and/or therapeutic treatment services currently respond to the needs of secondary victims and survivors? How could these services be shaped so they better respond to secondary victims?

There is almost no recognition of the needs of secondary victims.

Services aimed at re-building fractured family relationships are very limited or non-existent.

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