Wednesday, 25 February 2015 12:58 PM redress Redress - RC IR CSA As a survivor, I have recently been informed that my private session "is expected to be sometime in as comforting as this may be, I am having to devote more time to my various Counsellors/Mediators/Psychological/Therapists to tide me through the coping-process. A direct personal response by the institution Aside from legally-monitored payments (aka "hush money"), it would be relieving if the institutions could be required to make both direct personal responses & a publicly-displayed/open resource available as to a strategy of how these CSA events will not be permitted in the future (Care vs "personal blame"). Counselling and psychological care As I am in need of an increasing amount of Counsellors/Mediators/Therapists in keeping match with my personal growth (Bach. commencement, b- I am disappointed by negative comments similar to "you should (dumb-down and) think about simpler things & not get so wound up". In the same week I received this "family advice", I was fortunate to receive some proactive motivation from a Mediator. Also inline with this Counselling and psychological care scenario, I believe would be more effective if a mutual understanding were shared amongst each of the involved bodies. In the instance of my own ituation, I have had most of my family emotionally challenge the slight differences in understanding from each of my involved Counsellors/Mediators/Therapists. Monetary payments As involved as I am with each of the meetings/Appointments of my coping-processes, I am awaiting further advice coming from my private session one facilities, however costs may be increased in other arenas (e.g. Psychiatry & Psychology). A am yet to experience what may be shared at my private session I am unaware of what kind of formula could ever be possible to assist other survivors of CSA to truly move on with their lives. Support before hese RC IR CSA sessions is appreciated, but some form of continual facility should be available for all CSA	NAM REPORT		
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