From: Annie Vidler <avidler14@optusnet.com.au>
Sent: Wednesday, 4 March 2015 4:29 PM
To: redress
Subject: Submission regarding Redress

Dear Royal Commission
I have been an allied health practitioner for over 15 years, providing counselling and psychotherapy to survivors of childhood abuse including sexual abuse (which includes abuse by clergy and other 'carers'). I am currently in private practice in Sydney.

I am sure you will have other representations about counselling as a measure to help redress the impacts of childhood sexual abuse (CSA) but wished to add my voice to urge for adequate provision of resourcing for psychological therapy for survivors (both child and adult).

Unfortunately, given the timeframe to respond, I do not have time to provide a detailed submission. But there is a body of literature that supports the role of psychological therapies in helping people manage and heal from the trauma of CSA. There is an emphasis in the public domain on the efficacy of short term therapies such as CBT in treating symptoms. This method can be useful, certainly but it is an unfortunate reality that many CSA survivors have deep impacts of trauma and multiple mental health issues that affect them for their whole lives which short term therapies do not adequately address. Often people access a series of therapies in a kind of revolving door model as there is not longer term support available unless they can afford to access it privately.

There is literature (see for example Jonathan Shedler's work) that highlights effectiveness of psychotherapy, and increasing literature detailing the neuroscience of trauma (affecting brain circuitry and its impacts on a person, including damaging a person's capacity to self-regulate and have positive relationships) and also the neuroscience impact of psychotherapy (in helping build new neural circuitry enabling a person to develop self regulation and gain symptom relief etc) (See for example Allan Schore's and Dan Siegel's work). Austrailan health worker's are taking to a more trauma-informed model of care (such as was evident at the Australian Childhood Foundation's Trauma Conference in August last year attended by some 2000 delegates). Trauma-informed care draws on this new understanding of impacts and healing from childhood trauma such as CSA.

I applaud the Commissions's discussion paper on recognising the need for counselling/psychotherapy and the lifetime nature of some of the impacts of childhood trauma on survivors. The reality is that support for survivor healing ('psychological redress') can need to be extensive, long term and therefore costly, including the fact that for some people, multiple interventions and offering a choice/range of supports is needed - no single approach works for everyone.

I note the discussion paper refers to provision of therapy in an episodic way. It is true that people might need to access support in this way but I would like it to be recognised that such 'episodes' of counselling might include periods of several years at a time. A key issue in treatment is developing trust and going at a pace that the client can tolerate and to allow integration of changing psychological states. Again the discussion document states the need to not 'time limit' therapy by specifying a certain number of sessions and I support this. It can be counter-productive to the process if, from the outset a client (and therapist) know there is a limit to that particular 'episode' of therapy. There can be mechanisms implemented - such as reporting requirements - to curtail therapies that are continuous over a long term without being productive, yet funding also needs to not be predicated on specific outcomes for its continuation in any particular case.

I think the Commission has been groundbreaking in giving survivors a voice and highlighting the issues of CSA in institutions. (There is of course a wider problem of intra-familial perpetrating of CSA). I know the resourcing of redress measures is difficult in terms of quantity and political considerations. Please though do not miss this opportunity to acknowledge and push for adequate funding and support measures to enable survivors to access the care they need over the time period they need it. This will sound like a bottomless pit of money but adequate measures to offer high quality care is likely to be more cost effective than short term solutions which look like

something is on offer but which does not in fact ultimately support a person adequately. Unfortunately, CSA abuse creates such a need.

Thanks for the opportunity to respond.

Annie Vidler

Annie Vidler
Social Worker/Psychotherapist