

## *Christabel Chamarette Clinical Psychologist*

Royal Commission into Institutional Responses to Child Sexual Abuse

GPO Box 5283

Sydney, NSW2001

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### **RE: Submission on Issues Paper 10**

#### **Advocacy and Support and Therapeutic Treatment Services**

I would like to respond to the issues Paper 10. My qualifications and experience are included at Appendix 1 and a more detailed CV is available if required. A description of a currently operating community-based group treatment program for men with charges, history or risk of child sexual offending and child exploitation material offences is at Appendix 2.

I am interested in providing a response to Topics A, B, C and E. However, I need to do this in person because, although what I have to say is relevant to the Topics mentioned, it does not fit neatly within those categories, but is a specialized area of work, namely a specific treatment approach to child sexual abuse for all victims, some of whom have become offenders. I would be very grateful if the Commission would consider providing me with the opportunity to address one or more of the Commissioners in a confidential hearing on the topics of treatment and prevention of child sexual offending. I have been engaged in providing such treatment over the past 40 years.

#### **My professional history in this area of work from 1971 to 2015:**

I am a Clinical Psychologist with over 40 years of experience working with men, women and children who have experienced childhood sexual abuse, exposure to violence and neglect. My first 10 years of work (between 1971 and 1985) was with adult men who were in Fremantle Maximum Security Prison in Western Australia. From 1984 to 1992 I worked in a Private Clinical Psychology Practice with many adult women survivors of childhood sexual abuse. My work was informed by the work I had done with the men in prison who also had experienced childhood sexual abuse. In 1989 I was one of the founders of the Sexual Assault in Families Program (SAIF) funded by the Western Australian Government Department of Community Welfare (now Dept of Child Protection) to address treatment of all family members where

child sexual abuse had occurred or was at risk of occurring, including the perpetrators of child sexual abuse within the family. Over the 20 years of its operation from 1989 to 2009 SAIF (renamed SafeCare in 1997) provided support and therapeutic treatment services to over 700 families. For 12 of those years (1997 to 2008) I was Clinical Director of SafeCare, having been on the founding Board of SAIF since 1989. I re-entered part-time Clinical Psychology Private Practice in 2005 and when SafeCare closed in 2009 I continued providing treatment services for men who had a history or were at risk of child sexual offending either within their own families or outside the family. I also treated men who had been charged with child internet pornography offences and were referred for treatment by their arresting police officers as they represented serious suicide risks. This child internet pornography aspect of the work (which started in 2004) increased dramatically in 2010 when the head of the Child Abuse Unit reported that four men within a two-month period had killed themselves between arrest and going to Court. As a consequence I and a group of colleagues who had been working in the Offender treatment Program in SafeCare set up the Pathological Internet Use (PIU) community-based treatment group program. This program is described in Appendix 3 and 13 groups have run over the past five years providing treatment to approximately 120 men. The Police have continued referring men and have reported a drop in the suicide rate of men being charged.

In the past year, with a group of colleagues an Interest group of the Australian Psychological Society (APS) has been formed on the topic of Child Sexual Abuse: Treatment, Prevention and Research. There are approximately 150 members both nationally and internationally. The Chair is Dr Genevieve Milnes and I am a founding committee member. There is also a group of West Australian practitioners in this area who are members of the CSA Treatment and Prevention Network and are listed at the website:- [www.preventingchildsexualabuse.org](http://www.preventingchildsexualabuse.org)

Since 2010 I have also been working in a related way with remote and regional centres and providing treatment program training for Aboriginal community members in the area of healing of childhood trauma and suicide prevention. The Program I have been running in Fitzroy Crossing and Halls Creek communities for a week a month over the past 3 years is called Helping Families Heal.

Another aspect of my work has been to provide individual psychological treatment to participants of the Tuart Place organization and presenting regular workshops on Healing from Childhood Pain. Through this work I have come into contact with many people who have experienced child sexual abuse trauma and neglect through being in institutions and out-of-home care. Several of these people have been recipients of the WA Redress schemes or received compensation payouts and apologies from various non-government organisations and churches.

I am also a consultant to various Government Departments (Prisons, Child Protection) and not for profit organisations (Anglicare, Tuart Place and Mayumari) as well as working for Yura Yungi Aboriginal Medical Service at Halls Creek and Marninwantikura Women's Resource Centre at Fitzroy Crossing.

#### **Reason for requesting the opportunity to make a presentation**

I hope this brief outline of my experience in the area that is the topic of issues paper 10 will make it apparent that my responses to the paper's questions would be better presented in person, in direct response to the questions of the Commissioners, and address specifically those areas felt to be relevant and important to the work of the Commission.

**Offer to present:**

I would be very grateful for the opportunity to present on some or all of the following areas: \_

SafeCare philosophy or Powerpoint.

Helping Families Heal Program

Community-based treatment group for child sexual offenders and Internet pornography offenders.

Individual and Group Treatment methodologies.

**Recommendations:**

Confidential helpline specializing in treatment referrals (will need funding)

Campaign for self help and disclosure to protect children (similar to DV approach)

Australian StopItNow Education for public

Support for Treatment Services for victims: Mayumari ASCA

Support for treatment for offenders, particularly adolescents who have acted inappropriately to children, and men with child exploitation material charges as alternatives to prison.

Research Recidivism study utilizing 20 years of data from SafeCare

Specialised virtual CSA court (similar to Drug court and Mental Health Court) with professional team of legal, Psychological etc experts).

Restorative Justice approach for families who don't want Legal involvement (esp for adolescent offenders in families)

Develop a range of alternative community-based treatment and supervision regimes as alternatives to Prison.

**Conclusion**

I would be very grateful for the opportunity to discuss with the Commission any or all of the topics under consideration.

Yours sincerely

Christabel Chamarette M.Psych. MAPS ANZAPPL ISPCAN

Clinical Psychologist and former Clinical Director SafeCare Inc

## **APPENDIX 1**

### **BACKGROUND EXPERIENCE AND QUALIFICATIONS**

Christabel Chamarette is a registered Clinical Psychologist with 40 years' experience in the treatment of violence and sexual problems and adult victims of child sexual abuse. She was Clinical Director of SafeCare from 1997 - 2008, an expert consultant to the Ministry of Justice and member of the WA Parole Board from 2002 – 2006. She is currently in private practice and is a single expert witness appointed by the Family Court of Western Australia, Consultant to the Department of Child Protection, the Department of Corrective Services, Acacia Prison and a member of the WA Board of Professional Standards of the Anglican Church.

She qualified as a Clinical Psychologist in 1974 having completed a Bachelor of Psychology at the University of WA in 1970 and a Master of Psychology (Clinical) at the University of W.A in 1974. She has been a Registered Psychologist with a Specialist title (Clinical Psychologist) since 1980, a Member of the Australian Psychological Society (MAPS) since 1985 and is a member of the Australian and New Zealand Association of Psychiatry, Psychology and Law (ANZAPPL) and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN).

During the years 1971-1975 and 1980-1985, Christabel worked as a Clinical Psychologist at Fremantle Prison for the WA Department of Corrections / WA Prisons Department which included extensive psychological assessment and psychotherapy with offenders and their families within the prison and in community settings, mainly providing psychological services at Fremantle Prison and three months at Bandyup Women's Prison and the provision of Psychological pre-sentence reports to Courts and to the Probation and Parole service.

From 1983-91, Christabel was a partner in a group Clinical Psychological Practice in Como, WA, where her responsibilities included provision of psychological assessments and individual, family and group psychotherapy, provision of Court reports, Psychological Pre-sentence Reports and appearances as expert witness in Children's Court.

From 1992 to 1996, Christabel was a Senator for Western Australia in the Federal Parliament as a member of The Greens (WA).

From 1997 to 2008 she was the Clinical Director at SafeCare (formerly known as the Sexual Assault in Families Program) which provided counselling, support and group therapy to families where child sexual abuse had occurred or was at risk of occurring. SafeCare was a private non-profit organisation partly funded by a WA Department of Community Development grant until September 2008. As SafeCare Clinical Director she provided psychological reports for Courts, Community Corrections and lawyers, risk assessments to the Family Court and

both group and individual psychotherapy with individuals responsible for Child Sexual Abuse and those who have experienced child sexual abuse as children. She also presented papers on the work of SafeCare at International and National Conferences.

Since the closure of SafeCare in 2009, in addition to her more general Clinical Psychology private practice, Christabel provides a referral and treatment service for men who are seeking the SafeCare offender treatment program and co-facilitates a community-based treatment group for men charged with internet offences involving children. In mid 2013 she commenced a part time consulting and teaching programme in Halls Creek and Fitzroy Crossing in which Aboriginal community members learn about healing of childhood adversity and problems with drug addiction, violence and suicide.

## **APPENDIX 2**

### ***Problematic Internet Use and child sexual abuse Group Treatment Program:***

The PIU Men's Group is designed to help individuals who have used the internet to interact improperly with a minor (or someone purporting to be a minor) and/or to access child-related pornographic material; or who have otherwise demonstrated that they are at risk of sexually abusing a child.

#### **The Facilitators**

The group is offered as an adjunct to the private practices of Ms Christabel Chamarette, in Fremantle and Mr. Peter Dunlop in Shenton Park, who are both Clinical Psychologists with over 40 years' experience in the treatment of sexual offending against children. They are assisted by a team of group Co-facilitators including Janice Paige and Rick Underwood, Registered psychologists and Jonathan Kester and Patricia Robertson.

#### **Background Information**

The group has its origins in the SafeCare Men's Treatment program, which operated between 1989 and 2009. SafeCare Inc provided a family counselling service for all family members where child sexual abuse had occurred or was at risk of occurring. 700 families were treated over the 20 years it operated. It was clear from the continual requests for help received by Ms Chamarette, (as the former Clinical Director of SafeCare Inc) after the closure, that access to treatment for this problem was vital for those affected and their families, and so she set up this new group program as an adjunct to her private practice. Her co-facilitators are Ms Janice Paige and Mr. Rick Underwood, Registered Psychologists. The first group treatment program commenced on 7 January 2010 in Fremantle and has run each year since then.

Due to the high demand, it was decided to offer the program also through Shenton Park Psychology Services, the private practice of Mr. Peter Dunlop, as well as in Fremantle. Mr. Dunlop worked as a facilitator in the SafeCare program between 2002 -2007.

### **Course Structure and Therapeutic Approach**

Different aspects of the group program utilize different therapeutic models, all of which are grounded in recognised theory, research and practice. The 25 week course consists of 4 modules of 5-6 weeks each, and there is usually a short break (1 or 2 weeks) between modules 2 and 3. (See overleaf for more detailed information on course content and therapeutic approach of the modules).

The participants are required to enter into a contractual arrangement that has child protection as its focus and to contribute financially for their treatment (\$100 per weekly session). At this stage, Medicare rebates are available for up to 10 sessions a year where the participant is referred by a doctor. The group meets one evening a week for 2.5 hours and the number of participants is limited to 10.

### **Course Content**

#### **Module 1: INTRODUCTION –Psycho-Educational approach**

The participants are assisted to recognize the sexually abusive nature of their behavior in relation to children, and to accept responsibility for it. The group also provides support for the men, most of whom are facing major upheavals in their lives. The topics covered include:- What is Child Sexual abuse and why Internet offending and viewing child pornography are treated as indicators of risk to children; sexual addiction; cognitive distortions – e.g., rationalizations, minimizations and denials; factors which may have led to the offending, the effects of sexual abuse on victims and other family members as well as coping skills needed during a crisis. This module draws on Finkelhor's Precondition Model of Sexual Offending.

#### **Module 2: CHILDHOOD ISSUES - Psychodynamic/Developmental approach**

This module recognizes that many men who have offended have themselves had a traumatic or damaging childhood that has blocked their emotional development. We believe it is vital for men to heal from the effects of their own childhood trauma if they are to fully accept responsibility for their actions. This module enables offenders to examine childhood issues that have impacted on their lives and also teaches them skills to help restore the inner child, enabling them to mature emotionally.

#### Module 3: EMPATHY –Psychosocial/ Role Modeling (Gestalt, Art and Drama)

The work in this module is primarily experiential, and builds on the self-knowledge gained in Childhood Issues. Participants are introduced to the concepts of personal rights and boundaries using aspects of gestalt therapy to elicit some of the painful feelings and emotions which may have been suppressed. Accessing their own painful emotions from childhood is essential for the development of empathic understanding of children in general and victims of child sexual abuse in particular.

#### Module 4: RELAPSE PREVENTION /POSITIVE SEXUALITY – mainly CBT

The relapse prevention and positive sexuality module initially focuses on identifying more clearly the risk factors associated with offending and on developing strategies to avoid high risk situations in the future. It has a very practical approach which provides participants with greater confidence and skills in preventing re-offending. The second part of the module focuses on developing positive, sexual relationships and healthy sexual attitudes and behaviors.