

The Royal Commission
GPO Box 5283
Sydney 2001

5th October 2015

Dear Commissioner,

I am a survivor of childhood sexual assault (CSA). It has taken me nearly 50 years to be able to say those words aloud. [REDACTED]

[REDACTED]

Prior to attending the Royal Commission (RC), my story was known only to my psychologist and members of the RC plus two friends who were recently taken into confidence in order to have one act in the role of support person at the RC meeting. I have since told three other trusted friends. My family is totally unaware of the abuse and until late last year, my struggle was faced alone.

On several occasions, I have been prescribed antidepressants by GPs who were ill equipped to either diagnose or deal with issues of trauma other than by 'masking' the symptoms. On each occasion there was no exploration into why I was having difficulties coping, instead I was merely handed a prescription to 'make me feel better' – it didn't.

In my late 30's I sought the assistance of a counsellor through the Employee Assistance Program provided by my then employer. While I met with this counsellor several times, it was evident through her inappropriate comments that she had neither the skills nor experience to deal with survivors of CSA and I ceased further appointments.

Around ten years later [REDACTED] I again reached out for help. With age and experience on my side this time, I specifically requested a referral from my then GP to a psychologist. It took immense courage to ask my GP for this referral as I was afraid I would have to disclose the true reason in detail; fortunately this was not required. Rather I was handed a mental health assessment form to complete while my GP explained that I would be provided with up to 10 visits through a government mental health plan. I was then handed a referral to a local psychologist.

On my first meeting with this psychologist, I was extremely uncomfortable with his manner and subsequently cancelled all scheduled appointments. I found the entire referral process both confronting and demeaning. Being asked to tick boxes and rank my feelings in order to assess whether or not a referral was justified left me thinking that regardless of the process one has to ask, how much can a GP do when they have a 10 - 20 minute consultation window and a line of patients sitting outside the door waiting to see them.

During my childhood it was commonplace to have a 'family doctor', however the move to medical centres and the associated revolving door of GPs means there is little or no opportunity to build a relationship of trust with a GP before they move on. Additionally, given it took 5 or 6 appointments with

my current psychologist before disclosing the real reason for seeing her, why would anyone 'disclose' to a GP they barely know. Even when still seeing our 'family doctor' during my teens and early adult life and whom I had known since a very young age, I did not feel able to discuss the CSA. As the person who assaulted me either was, or portrayed themselves as a doctor, perhaps this is unsurprising.

In late 2014 things really started to unravel for me – I thought I was going crazy. I was having difficulty functioning with uncharacteristic outbursts of either temper or tears, short-term memory loss and frequent panic attacks. Finally, I sought assistance but not through a GP and the mental health system, instead it was through an already trusted friend and psychologist living in the country. Although this friend is unaware I am a survivor of CSA, her recommendation has resulted in my being able to build a trusted and supportive relationship with a psychologist whom I've been seeing for the past 11 months. As previous attempts at gaining assistance by going through 'the system' were unsuccessful, without guidance from my friend and her recommendation, I would most likely not have sought help but continued to battle on alone. I have however, chosen to bypass the Medicare system and continue to fund these appointments privately. While this is a large drain on my finances, I find this more agreeable than going through 'the system'. However, of great concern to me is what happens to those CSA survivors who can neither face 'the system' nor afford private sessions – is this the reason many don't survive?

As indicated above and unbeknown to family members and all but the most trusted friends, I have sought support and assistance at various times throughout my life. Sometimes this need has been triggered by a specific event as in the case of the death of my mother, but most often it has come out of nowhere. Subsequently, from personal experience I see a number of issues for survivors in gaining access to much needed support. While some are already mentioned, they are repeated below:

- Lack of both trust and a relationship with GPs
- GPs are not specialists in treatment of trauma survivors; they are unskilled in trauma assessment and time poor, tending to mask the problem by prescribing anti-depressants rather than treating the real issue
- As it takes a trauma victim 5-6 appointments with a mental health professional prior to disclosing the real issue, the 10 visits to a psychologist initially permitted under a mental health plan is inadequate
- The requirement to ask for a referral in order to gain access to assistance again reinforces a key fear of many survivors – that of not being believed; plus the fact that they will have to again face the shame and humiliation of the event when they are not ready to.
- That not all counsellors and psychologists have the specialist skills required to work with survivors of CSA.
- For those who chose not to go through Medicare the system is a huge drain on funds however it removes the need to justify your request for help
- While it is improving, there remains a lack of understanding by the general public of the impact of CSA on survivors throughout their entire life
- Survivor support services are not well known. It was not until seeing my current psychologist that I became aware of support groups such as ASCA.
- Due to the demand for specialist services, the time between appointments can be lengthy leaving survivors feeling 'stranded' and without support for what can seem a very long time

Therefore, I would like to make the following comments and recommendations:

- That psychologist services are readily accessible to CSA and other trauma survivors without first going to a GP for a mental health plan and referral. The psychologist should be in a position to make the initial assessment and recommend treatment to the GP, rather than a GP making the assessment.
- That the restriction of 10 visits is lifted for CSA and other trauma survivors.
- That Medicare is available to CSA survivors who have elected not to go through ‘a system’ that fails to provide their much needed support.
- That a permanent support line is provided and well publicized where survivors can seek initial support and be provided with a referral to a counsellor or psychologist with the necessary skills to deal with the survivors particular issues – unfortunately picking up the phone and setting up an appointment can be the most difficult part of seeking help.
- That some form of accreditation is introduced for counsellors and psychologists to set apart those who can assist trauma survivors, and more specifically CSA survivors from those without the necessary skills (as in the case of the counsellors I initially sought help from).
- If not already in place, ensure that all school counsellors and psychologists are specifically trained in early recognition of CSA and recognised treatments.
- Most importantly, that no child is left alone in a hospital wardroom. [REDACTED]
- That parents/guardians of children, in particular are provided with information prior to admission to hospitals and institutions to make them aware of CSA in such environments and what to do if it should occur.
- That awareness campaigns focus on whole of society. Many appear to believe CSA only occurs in lower socio-economic environments whereas abusers do not differentiate when selecting their target.

[REDACTED]

[REDACTED] as my psychologist confirmed, it doesn't matter how many times it occurred, CSA is wrong. CSA impacts survivors whether it occurred once or multiple times. This needs to be better understood by the community – and survivors.

Thank you to the Royal Commission for providing me, and other survivors with the opportunity to be heard and to be believed. Only by providing survivors with a voice, as the RC has done will it lessen ‘the power of the secret’ we have all held for far too long.

Sincerely