



# Institutional Child Sexual Abuse Complex Trauma

Tuesday 26 February 2019



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Understanding  
and supporting survivors  
of institutional child sexual abuse

I would like to acknowledge the traditional custodians of this land and pay my respects to Elders past, present and future, for they hold the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander Australians.

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## Trauma Support Directory

The Trauma Support Directory has been developed with funding from the Australian Government as part of the National Redress Scheme for survivors of institutional child sexual abuse, and forms part of the psychological counselling component of the scheme. Eligible practitioners are able to register.



**This series of webinars** complement the Directory by supporting health practitioners to better understand the needs of survivors and how best to provide appropriate support.

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## Learning outcomes

At the end of this webinar, participants will have:

- Describe complex trauma experiences following institutional child sexual abuse
- Outline physical, mental and psychosocial presentations related to institutional child sexual abuse
- Implement referral systems to enable interdisciplinary collaborative ways to work therapeutically with survivors of institutional child sexual abuse.
- Outline the process of creating a safe, trauma-informed environment in which to respond to indicators and disclosure of institutional child sexual abuse.

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## Tonight's panel



Craig Hughes-Cashmore  
CEO SAMSAN / Survivor



Yvona Nouzova  
SASS  
Senior Practitioner



Julie Blyth  
Clinical Advisor  
SAMSAN



Facilitator:  
Dr Lyn O'Grady  
National Manager,  
Strategic Projects,  
Australian  
Psychological  
Society

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## Ground rules:

To ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants adhere to the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face professional development activity.
- Be mindful of taking care of yourself during the session. Hearing about childhood sexual abuse can trigger distress for all of us.
- Post your comments and questions for panellists in the 'Ask a Question' tab.
- For technical assistance please visit the technical support FAQ tab or call the help desk on 1800 291 863.
- Your feedback is important. Please complete the short exit survey at the webinar's conclusion.

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## Introduction to the webinar series:

- For many years, allegations of sexual abuse of children in institutional contexts had been emerging in Australia.

In 2012, the Australian Government announced the Royal Commission into Institutional Responses to Child Sexual Abuse in response to those allegations.

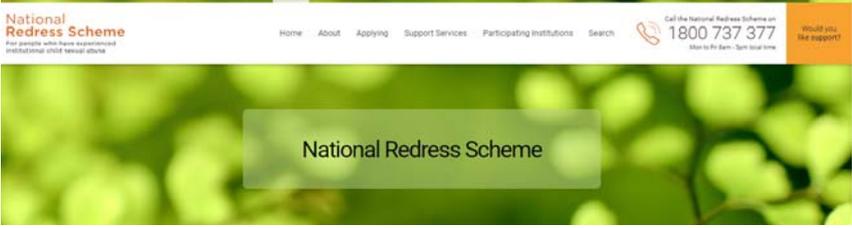
- The Final Report of the Royal Commission (2017) stated that tens of thousands of children had been sexually abused in a wide range of Australian institutions over decades and that survivors often experience lifelong and cumulative impacts which can affect any aspect of their lives.
- In responding to the impact of sexual abuse on the mental health and psychological wellbeing of survivors, the Child Litigation and Redress Report (2015) of the Royal Commission recommended that counselling and psychological care should be supported through redress.
- It recommended support, counselling and psychological care should be trauma-informed, accessible and of high quality. In response, the Australian Government announced the establishment of a National Redress Scheme for survivors of institutional child sexual abuse to which States, Territories and non-government institutions have joined. The redress scheme includes a component of psychological counselling.

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## The National Redress Scheme:

- Began 1 July 2018 and aims to provide support to people who were sexually abused as children while in the care of an institution.
- For information, visit [www.nationalredress.gov.au](http://www.nationalredress.gov.au) or call the National Redress Information Line on **1800 146 713**.



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## John's story - case study summary

- 56 year old man referred by General Practitioner for low mood and anger management issues which are placing his employment at risk.
- John presents as sad and isolated. He is overweight, appears unkempt at times and is often late.
- John visits the pub most nights. While he doesn't believe his drinking is currently problematic he is reluctant to share details of how much alcohol he consumes.
- He has been attending sessions for approximately one month and you feel confident that you've built a good rapport although you have concerns about how comfortable John feels to share personal thoughts, beliefs and emotions.
- John avoids answering questions about his childhood. He says he doesn't remember his parents at all.
- John has mentioned a number of siblings who he does not keep in touch with.
- John has negative belief systems in relation to authority figures, including his employer and police.

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## Clinical Advisor's Perspective

### Private Sessions Snapshot

- 8,013 Private Sessions
- 1,344 written accounts
- 64% male 36% female
- Av age 52 years
- 10% first disclosure
- 14% Aboriginal & Torres Strait Islander people
- 10% inmates



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## Clinical Advisor's Perspective

### Barriers to Disclosure

- Power of perpetrator to define reality
- No one to disclose to
- Poor responses when do disclose
- Shame & self-blame
- Beliefs about abuse-victim to offender myth
- Trauma impacts

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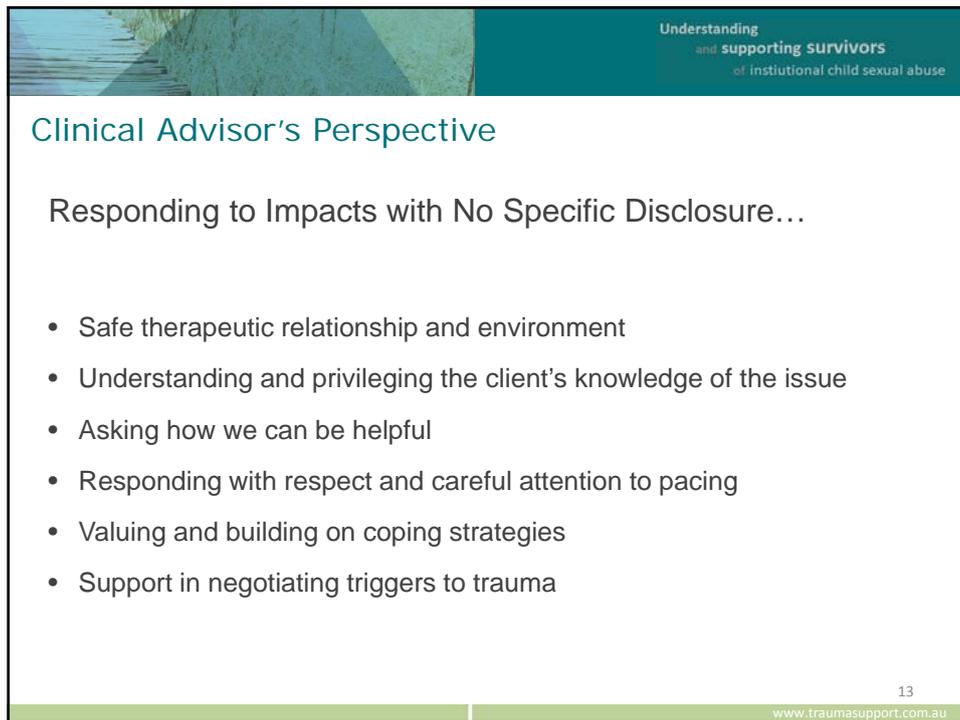
## Clinical Advisor's Perspective

### Long-term Impacts of CSA in Institutional Contexts

*Australian Centre for Child Protection 2015*

Powerlessness, Betrayal & Isolation	Adverse Health & Wellbeing Impacts	Institutional Complicity
<ul style="list-style-type: none"> <li>• Distrust of authority</li> <li>• Re-victimization</li> <li>• Disrupted attachment</li> </ul>	<ul style="list-style-type: none"> <li>• PTSD</li> <li>• Poor health</li> <li>• Economic</li> <li>• Education</li> <li>• Relationships</li> <li>• Spiritual</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of hope &amp; meaning</li> <li>• Re-traumatization by institutions</li> </ul>

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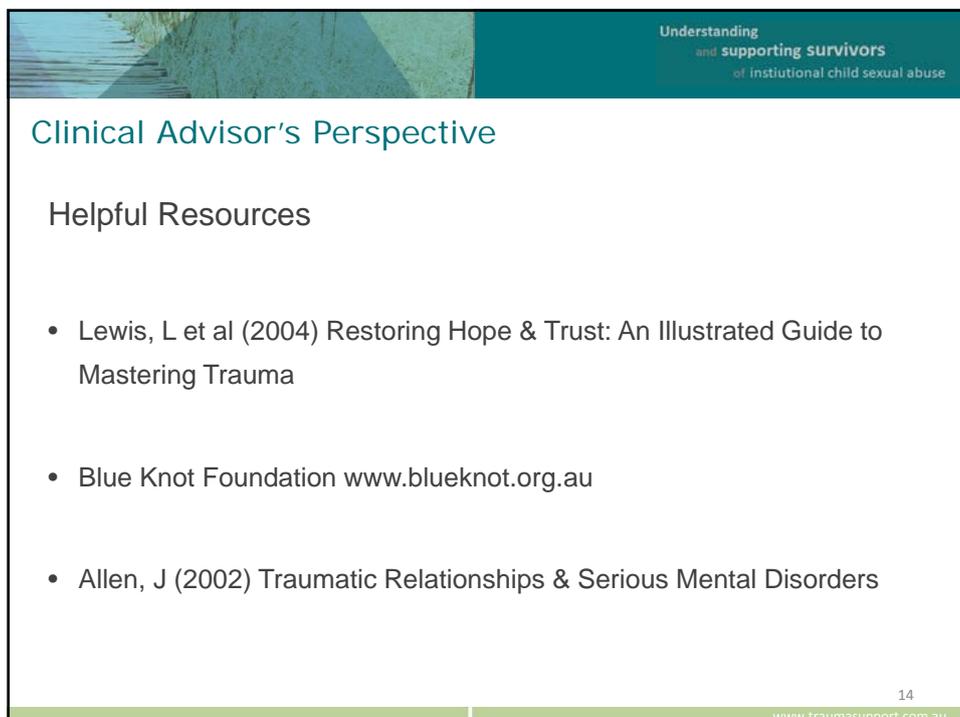
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## Clinical Advisor's Perspective

### Responding to Impacts with No Specific Disclosure...

- Safe therapeutic relationship and environment
- Understanding and privileging the client's knowledge of the issue
- Asking how we can be helpful
- Responding with respect and careful attention to pacing
- Valuing and building on coping strategies
- Support in negotiating triggers to trauma

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## Clinical Advisor's Perspective

### Helpful Resources

- Lewis, L et al (2004) Restoring Hope & Trust: An Illustrated Guide to Mastering Trauma
- Blue Knot Foundation [www.blueknot.org.au](http://www.blueknot.org.au)
- Allen, J (2002) Traumatic Relationships & Serious Mental Disorders

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## SAMSN CEO & Survivor's Perspective

### Listening to Survivors

- Listening well and not rushing to 'fix' is critical
- All survivors are individuals with differing experiences & challenges
- Survivors are more resilient than they, or others, realise
- There is a growing Survivor Community finding their voice and strength

**SURVIVORS & MATES SUPPORT NETWORK**  
Ground Floor, 8 – 10 Palmer St Parramatta NSW 2150  
Tel: (02) 8355 3711  
Helpline: 1800 4 SAMSN (72676) | [www.samsn.org.au](http://www.samsn.org.au)



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## SAMSN CEO & Survivor's Perspective

### SAMSN Services

- 1800 number answered 9-5 Monday to Friday
- Eight-week Groups for male survivors
- Drop-in monthly peer support meetings
- Ongoing access to SAMSN's Planned Support Services
  - Co-advocacy
  - Connecting with counsellors for ongoing therapy
  - Legal support
  - Liaising with government services
- Supporters workshops – for partners, friends, family and survivors
- Service provider workshops

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## SASS Senior Practitioner Perspective

“The essence of the childhood trauma is that it is overwhelming, unbelievable and unbearable”  
*The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. Bessel van der Kolk, 2015.*

- To survive the traumatic experiences in childhood, children had to develop a range of creative, effective strategies
- However, strategies that worked in childhood don't work so well in the adult world. This means that survivors have to cope not only with the effects of the abuse, but also the with the unwanted side-effects of the developed strategies.

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## SASS Senior Practitioner Perspective

**Adverse Childhood Experiences and Health and Well-Being Over the Lifespan**

This chart shows the sequence of events that unaddressed childhood abuse and other early traumatic experiences set in motion. Without intervention, adverse childhood events (ACEs) result in long-term disease, disability, chronic mental problems and early death. 90% of public mental health clients have been exposed to multiple physical or sexual abuse traumas. Importantly, intergenerational transmission that perpetuates ACEs will continue without implementation of interventions to interrupt the cycle.

Adverse Childhood Experiences	Impact of Trauma and Adoption of Health Risk Behaviors to Ease Pain of Trauma	Long-Term Consequences of Unaddressed Trauma
<p><b>Abuse of Child</b></p> <ul style="list-style-type: none"> <li>Psychological abuse</li> <li>Physical abuse</li> <li>Sexual abuse</li> </ul> <p><b>Trauma in Child's Household Environment</b></p> <ul style="list-style-type: none"> <li>Substance abuse</li> <li>Parental separation and/or divorce</li> <li>Monthly ill or suicidal household member</li> <li>Violence to mother</li> <li>Imprisoned household member</li> </ul> <p><b>Neglect of Child</b></p> <ul style="list-style-type: none"> <li>Abandonment</li> <li>Child's basic physical and/or emotional needs unmet</li> </ul>	<p><b>Neurobiological Effects of Trauma</b></p> <ul style="list-style-type: none"> <li>Disrupted neurodevelopment</li> <li>Difficulty controlling Anger - Rage</li> <li>Hypertension</li> <li>Depression</li> <li>Panic reactions</li> <li>Anxiety</li> </ul> <p><b>Multiple (6+) somatic problems</b></p> <ul style="list-style-type: none"> <li>Sleep problems</li> <li>Impaired memory</li> <li>Flashbacks</li> <li>Dissociation</li> </ul> <p><b>Health Risk Behaviors</b></p> <ul style="list-style-type: none"> <li>Smoking</li> <li>Severe obesity</li> <li>Physical inactivity</li> <li>Suicide attempts</li> <li>Alcoholism</li> <li>Drug abuse</li> <li>Sex sex partners</li> <li>Repetition of original trauma</li> <li>Self-harm</li> <li>Eating disorders</li> <li>Perpetrate interpersonal violence</li> </ul>	<p><b>Disease and Disability</b></p> <ul style="list-style-type: none"> <li>Ischemic heart disease</li> <li>Cancer</li> <li>Chronic lung disease</li> <li>Chronic emphysema</li> <li>Asthma</li> <li>Liver disease</li> <li>Skeletal fractures</li> </ul> <p><b>Poor self-rated Health</b></p> <ul style="list-style-type: none"> <li>Sexually transmitted disease</li> <li>HIV/AIDS</li> </ul> <p><b>Social Problems</b></p> <ul style="list-style-type: none"> <li>Homelessness</li> <li>Prisonization</li> <li>Delinquency, violence and criminal behavior</li> </ul> <p><b>Inability to sustain employment - welfare recipient</b></p> <ul style="list-style-type: none"> <li>Re-victimization: rape, domestic violence</li> <li>Inability to parent</li> <li>Inter-generational transmission of abuse</li> <li>Long-term use of health, behavioral health, correctional, and social services systems</li> </ul>

Data supporting the above model can be found in the *Adverse Childhood Experiences Study* (Center for Disease Control and Kaiser Permanente, see [www.acestudy.org](http://www.acestudy.org)) and *The Damaging Consequences of Violence and Trauma* (see [www.NASIRP.org](http://www.NASIRP.org)). Chart created by Ann Teasdale, PhD, [www.annafoundation.org](http://www.annafoundation.org)

Adverse childhood experiences are often unrecognized and the signs associated with childhood experiences are misconstrued  
*Adverse Childhood Experiences study, 1998*

John

Possible symptoms of and expectable and adaptive reactions to traumatic childhood experiences:

- Avoidance to talk about his childhood, absence of parents in his childhood, references to his childhood, i.e. "kids like us" or "poor kids"
- Distrusting of men in authority, negative belief systems regarding authority
- Low mood and sadness
- Emotional reactivity - difficulty regulating emotions
- Disconnections from emotions (shuts down when prompted to talk about his thoughts, emotions or beliefs)
- Hyperarousal: poor and restless sleep
- Daily use of alcohol
- Isolation
- Absence of significant relationship/s, relationship issues
- Unkempt presentation

<https://www.theannainstitute.org/ace-chart.html>

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## SASS Senior Practitioner Perspective

### Therapist's Role Harnessing the Power of Neuroplasticity to Heal

- Developing a safe foundation
- Collaborative approach of two "experts"
- Developing a road map: plan that reflects John's goals and, prioritises his safety & wellbeing
- Using psychoeducation and user-friendly resources that will empower John, i.e. resources developed by Living Well (information and resources for men who experienced sexual abuse/assault)
- Tapping into and developing John's own inner strengths, and his own resources for healing
- Developing and strengthening skills for managing painful and unwanted experiences, and minimizing unhelpful responses to them
- Engaging in practical, problem-solving discussions and modelling open, respectful communication
- Developing an effective support team that will assist John to reach his goals.



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## SASS Senior Practitioner Perspective

### Few Thoughts and Tips for Consideration

Provided by survivors

- Don't rush, I need time, I need to be heard, believed and validated, and I need to know that you understand/acknowledge my pain.
- Please invest into me, get to know me as a whole person, who I am as a person, don't see just my presenting issues.
- Knowledge is power but the experience of the applied knowledge in real life feels like a huge victory.

Provided by therapists

- Slow is fast.
- Moments of shared humour and laughter are special and important. They have connecting and healing power.
- Wait for the right opportunity to provide psychoeducation with a view to normalising distressing/problematic internal experience and responses.
- Stay in the present; focus on here and now.
- When discussing goals and therapy plan, consider all factors including time/number of sessions available, your expertise in the relevant area, client's current situation and their current capacity to engage in therapy and to resolve their symptoms and distress.



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## Panel Key Messages



**Craig Hughes-Cashmore**  
Survivor / CEO SAMSA



**Yvona Nouzova**  
SASS  
Senior Practitioner



**Julie Blyth**  
Clinical Advisor  
SAMSA



**Facilitator:**  
**Dr Lyn O'Grady**  
National Manager,  
Strategic Projects,  
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## Applying for the Trauma Support Provider Directory

- Self-assessment – to meet accreditation for inclusion on the directory, practitioners must meet the following criteria:
 

**CRITERIA A:** Inclusion in the Blue Knot Foundation database

OR

  - Have a recognised health qualification - minimum undergraduate level
  - Registration with relevant professional body for those professions regulated by AHPRA
  - Membership of relevant professional association for self-regulating professions (For Counsellors: ACA Level 3 or 4 Member or PACFA Clinical Registrant; For social workers: Accredited mental health social workers)
  - Minimum of 3 years' professional experience delivering clinical services to adults affected by complex trauma
  - Specific qualifications or completed professional development in relation to clinical skills for treatment of complex trauma
  - Specific qualifications or completed professional development in relation to skills and competencies in the delivery of trauma-informed approaches

**AND**

**CRITERIA B:** Willingness to undertake CPD relevant to complex trauma and/or trauma-informed approaches  
Receive 10 hours peer consultation per annum related to your practice in complex trauma  
Have a current network of appropriate community referral sources
- Registration
- Approval

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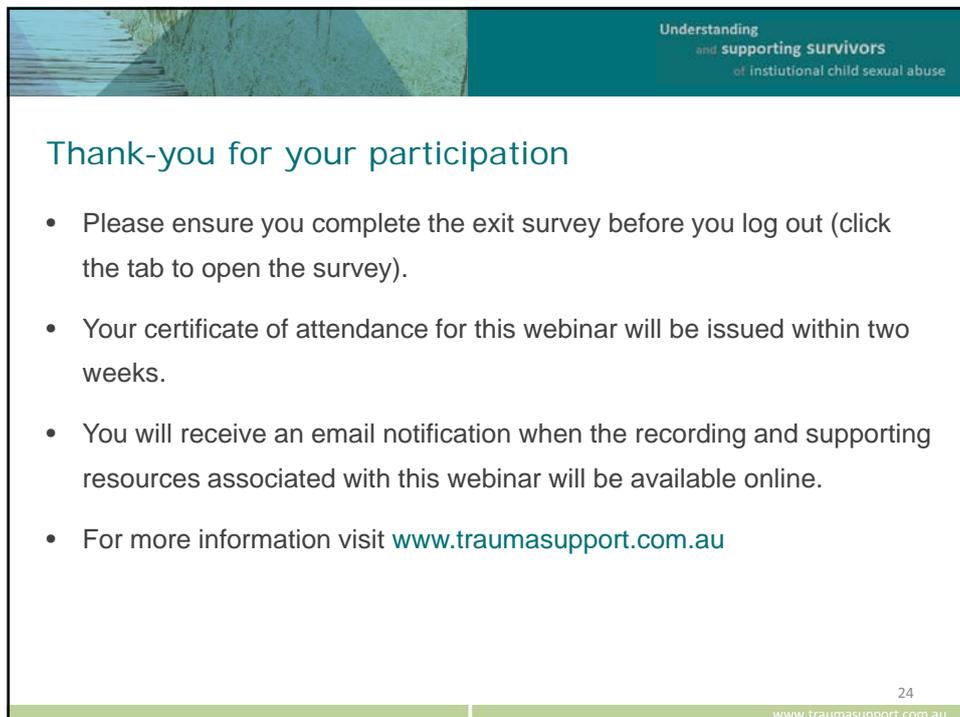
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## Upcoming webinars in this series

April – June 2019:

- Trauma informed practice – organisational and individual principles
- Vicarious trauma and self-care for health practitioners

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## Thank-you for your participation

- Please ensure you complete the exit survey before you log out (click the tab to open the survey).
- Your certificate of attendance for this webinar will be issued within two weeks.
- You will receive an email notification when the recording and supporting resources associated with this webinar will be available online.
- For more information visit [www.traumasupport.com.au](http://www.traumasupport.com.au)

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Good evening

 APS Australian Psychological Society

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