Public hearing Productivity Commission

Hello Commissioners and Productivity Commissioners thank you for letting me have this opportunity to speak have a voice

PLEASE GET GOVERNMENT TO CREATE AN EDUCATIONAL TOOL TO RECOGNISE FAMILY SCAPEGOAT ABUSE OF CHILDREN

Identified patient is a clinical term often heard in family therapy discussion. It describes one family member in a dysfunctional family who expresses the family's authentic inner conflicts.

Usually the "designated patient" expresses their physical symptoms unconsciously, unaware they are making overt, dysfunctional family dynamics, which have been covert and no one can talk about at home. Occasionally the identified patient is partly conscious of why and how they have become the focus of concern in the family system.

As a family systems dynamic, the overt symptoms of identified patient draw attention away from the "elephants in the living room no one can talk about" which need to be discussed, such as a pending separation or divorce. If covert abuse occurs between family members, the overt symptoms can draw attention away from the perpetrator(s).

The identified patient is a kind of diversion and a kind of scapegoat. Often a child, this is "the [split-off](https://en.wikipedia.org/wiki/Splitting_(psychology)) false carrier of a breakdown in the entire family system," which may be a [transgenerational](https://en.wikipedia.org/wiki/Transgenerational_trauma) disturbance or [trauma](https://en.wikipedia.org/wiki/Psychological_trauma).[[1]](https://en.wikipedia.org/wiki/Identified_patient#cite_note-1)



**Symptom bearer**

In psychology, the term ‘family symptom bearer’ essentially refers to a **scapegoat in the family who displays psychiatric problems brought on by the extreme dysfunction**, especially with regard to communication, of the family as a whole. In other words, the family symptom bearer is a kind...

Awareness is the ability to directly know and perceive, to feel, or to be cognizant of events. More broadly, it is the state of being conscious of something.

Who is best person (give intellectual, moral, and social instruction to (someone), typically at a school or university to create awareness of this?

as a way in to educate people about family scapegoating, or identifying the symptom bearer in a toxic, maladaptive or addicted family system.

**Scapegoating** is a serious **family** dysfunctional problem in which one member of the **family** or a social group is blamed for small things, picked on and constantly put down. It's a generational pattern of abuse that is passed down to the children.

The **Lost Child** is the invisible **child**. They try to escape the family situation by making themselves very small and quiet. ... Everything seems fine in his life, so things can't be too bad in the family.” This **child** avoids interactions with other family members and basically disappears. They become loners, or are very shy.

If there isn't any obvious academic or athletic reason for one child to be the favourite, **narcissistic parents** will sometimes **choose a scapegoat** because they remind them of their own failings. ... By reflecting back their own humanity, the **narcissist's** sense of self **is** threatened, and so they lash out.Jan 24, 2019

As a result, of the silence and silencing of the family scapegoat system of child abuse and it continues in adulthood, and sometimes compounded by mental health services to support the abusive parent to identify the family symptom bearer as the sick one, in need of medication is it perhaps

some people are given a diagnosis of **BPD** or another personality disorder when **complex PTSD** fits their experiences more closely. It's also possible to experience both **complex PTSD** and **BPD** at the same time.

The key **difference between BPD and C**-**PTSD** is that symptoms of **BPD** stem from an inconsistent self-concept and **C**-**PTSD** symptoms are provoked by external triggers, the injustice and continuation of family scapegoating and identifying the victim as the ill and sick one, when the whole family and extended support system are invested in blaming the scapegoat.

A person with **C**-**PTSD** may react to or avoid potential triggers with behaviors similar to those that are symptomatic of **BPD**.Aug 2, 2018

What will the new diagnosis of Complex PTSD add as the assessment of mental health problems in children following early maltreatment has changed, is changing and the knowledge that CPTSD complex post traumatic stress disorder is a new diagnosis which has been developed for the forthcoming international classification of Diseases 11th Revision criteria.

This is in recognition of the impact of repeated, interpersonal trauma and an emerging evidence base supporting a distinction between PTSD and CPTSD, with it’s disturbances in self-organization in addition to the core features of reexperiencing, avoidance, and hyper vigilance.

The new diagnois is discussed in the context of assessing children who have experienced

Assessing the role attachment in family scapegoat children is not a skill many people can even comprehend let alone recognise as it is hidden in plain sight. Family scapegoat abuse is much more prevalent than understood, and difficult to see as often the abusive or neglectful parent is able to portray themselves as a higher functioning and caring parent that many people like and respect, a parent that scapegoats one child can be a nurse, a doctor or even a social worker, they are highly skilled in hiding what they are actually like. Like a paedophile a parent that scapegoats one child will groom and fool everyone around them, including mental health services so as to be able to abuse the child and get the mental health services to identify the family scapegoat as the mentally ill patient, I have seen this many times over in my work and life experience and engaged in and been complicit in compounding the trauma of family scapegoats in our mental health system in SA.

I believe we do need a training and awareness campaign to highlight how family scapegoat abuse has created a damaging system of blaming the kid who was probably the most well in the family system.

In conclusion, I don’t wish any child to experience what I experienced, and I don’t want any adult to be stuck in complex **posttraumatic stress disorder** , I think it is preventable and is possible to get the village and community to help reduce the intense stress placed on the individual family scapegoat kids and to support them publicly and privately.

CONCLUSION

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