

Disability Discrimination Act Inquiry.



This submission has been prepared on behalf of ASCA, (Advocates for Survivors of Child Abuse) a national not-for-profit organization. Our organization, established in 1995 is run by survivors for survivors on a voluntary self-help basis with minimal support from the public purse. As well as healing survivors from child abuse, we aim to help raise community awareness to issues that are specific to our members. We do this through awareness nights, education program designed both for professionals and communities, advocacy and political lobbying.

Currently we have 1300+ members throughout the country and run more than 50 support groups nationally. However we represent a far wider cross-section of the community than our current membership shows. Many survivors have been helped by ASCA and have moved on; many still need to be identified and helped. Others simply cannot afford ongoing membership. The group we represent has specific needs and we are best suited to represent them. Survivors of childhood abuse and this includes emotional, physical, ritual and sexual abuse and neglect have been largely ignored by governments and communities in the past. We are their voice and we are determined to be heard. We are thrilled to be involved in your inquiry and are anxious to state our specific needs.

Child abuse is an issue of enormous political and community concern. The then Governor-General, in a speech at Mayumbarri (ASCA's centre for healing near Cessnock in NSW) on October 4 1999, cited figures that there were 98,500 child abuse notifications in 1997-98.¹ His Excellency said:

"Now these figures, as we all know, are not only the tip of the iceberg – they're a public indication of an underlying grave problem, because most child abuse takes place in the family. In most cases the perpetrator is a member of the family and in most cases it goes unreported."

The fact that child abuse is such a secret crime means that notification statistics profoundly under-estimate the size of the problem. The most reputable research in Australia indicates that approximately one in four girls and one in ten boys will be

¹ Source: Aust. Institute of Health & Welfare. Latest figure: 120,000

sexually abused before the age of 16.² This is consistent with the figures in other western countries, although experts indicate that the abuse of boys may be as high as one in eight.³ Reports of sexual abuse account for less than 25% of all reports of abuse and neglect to child protection authorities,⁴ which suggests that the total numbers of children affected by various forms of abuse and neglect is a very substantial proportion of the population. It is also clear that child abuse carries an enormous cost to the community, and this is particularly the case where victims of abuse do not receive help. Of all the children about whom reports of abuse and neglect were made, the vast majority will receive no help to heal, and the effects and cost of their abuse will only show up fully as they become adults.

Long-term social consequences of child abuse

Health professionals acknowledge the lifetime effects of child abuse, impacting not only on the health of individuals but straining the health budgets across the country. Research on childhood sexual abuse, for example, has shown that it is associated with depression,⁵ anxiety disorders,⁶ poor self-esteem,⁷ sexualised behaviour in children,⁸ aggressive behaviour,⁹ suicide attempts,¹⁰ eating disorders,¹¹ use of hard drugs,¹² and alcohol

² Ronald & Juliet Goldman, "The Prevalence and Nature of Child Sexual Abuse in Australia" (1988) 9 *Australian Journal of Sex, Marriage and the Family* 94; Jillian Fleming, 'The Prevalence of Childhood Sexual Abuse in a Community Sample of Australian Women' (1997) 166 *Medical Journal of Australia* 65.

³ D Finkelhor, G Hotelling, I Lewis and C Smith, "Sexual Abuse in a National Survey of Adult Men and Women: Prevalence, Characteristics and Risk Factors" (1990) 14 *Child Abuse and Neglect* 19-28.

⁴ The national figures for 1995-96 give an indication of the proportions of different forms of abuse. The breakdown of substantiated cases of abuse and neglect by the most serious type of abuse found in each case was as follows: physical abuse 28%, emotional abuse, 31%, sexual abuse 16%, neglect 25%. There are variations between States in the levels of different kinds of abuse as a proportion of the total in each jurisdiction, especially in relation to emotional abuse. Broadbent A and Bentley R, *Child Abuse and Neglect, Australia, 1995-96* (Canberra: Australian Institute of Health and Welfare, 1997) p. 15.

⁵ Silverman, A.B., Reinherz, H.Z., and Giaconia, R.M. (1996). The long-term sequelae of child and adolescent abuse: a longitudinal community study. *Child Abuse & Neglect* 20, 709-723.

⁶ Lynskey, M.T. and Fergusson, D.M. (1997). Factors protecting against the development of adjustment difficulties in young adults exposed to childhood sexual abuse. *Child Abuse & Neglect* 21, 1177-1190.

⁷ Oates, R.K., O'Toole, B.I., Lynch, D.L., Stern, A. and Cooney, G. (1994). Stability and change in outcomes for sexually abused children. *J.Am.Acad.Child Adolesc.Psychiatry* 33, 945-953.

⁸ Friedrich, W.N. (1993). Sexual victimization and sexual behaviour in children: a review of recent literature. *Child Abuse & Neglect*, 17, 59-66.

⁹ Silverman et al, op.cit.

¹⁰ Riggs, S., Alario, A.J., and McHorney, C. (1990). Health risk behaviours and attempted suicide in adolescents who report prior maltreatment. *J.Pediatr.* 116, 815-821.

¹¹ Moyer, D.M., DiPietro, L., Berkowitz, R.I., and Stunkard, A.J., (1997). Childhood sexual abuse and precursors of binge eating in an adolescent female population. *Int. J. Eat. Disord.* 21, 23-30.

¹² Johnsen, L.W. and Harlow, L.L. (1996) Childhood sexual abuse linked with adult substance use, victimization, and AIDS-risk. *AIDS Education & Prevention* 8, 44-57.

abuse.¹³ These kinds of problems are not only related to sexual abuse. All forms of child abuse have been shown to have long-term negative effects.¹⁴

There are other social costs apart from health costs. It has been demonstrated in numerous studies that victims of child abuse and neglect are more likely to commit crimes as juveniles and adults.¹⁵ ¹⁶There is also a tendency for some victims of abuse who have not received help to continue the same patterns of behaviour in their own parenting, creating an inter-generational cycle of violence.¹⁷

The needs of victims of child abuse are largely ignored within the community. Although State governments have traditionally classified abuse as a health issue counselling (except psychiatrist's fees) is not covered by Medicare. The health ministry only funds prevention and the current programs have not proven successful according to recent statistics. In helping ourselves as survivors heal we can directly reduce the number of drug addicts, alcoholics, psychiatric patients, problem families and dole and sickness benefit beneficiaries.

The economic and social cost to the Australian community of child abuse is enormous. Apart from costs in the provision of community services (Research by the NSW government in 1999 revealed that 875 detainees of Reiby House Detention centre for male youths had been notified to DOCS as child abuse victims. 635 had been notified to DOCS as being at risk on 3 or more occasions.) the long-term effects of abuse lead to extra costs in law enforcement, and criminal and family court systems. 75% of prisoners have experienced child abuse. (Safecare Committee, Western Australia) It is estimated that 85% of women in Australian prisons are victims of incest or other types of abuse (Austeval, P. (1994). Don't Talk, Don't Trust, Don't Feel. *Alternative law Journal*, (19,2)

Perhaps the greatest measurable cost of childhood abuse is to hospital and medical services. Survivors are disproportionate users of the health system. The government's expenditure on treatment of such problems as depression, alcoholism, and drug abuse is substantial. There are also costs of hospitalisation. A significant proportion of survivors in ASCA have spent periods of time in psychiatric hospitals. 76% of women and 72% of men with severe mental illness have been abused. (Ritschler, J & Coursey, R., 1997. *A survey on issues in the lives of women with severe mental illness*.) In most cases traditional psychiatric approaches have not proved effective as survivors have been treated with drugs to stabilise them and insufficient has been done to promote healing.

¹³ Wilsnack, S.C., Vogeltanz, N.D., Klassen, A.D. and Harris, T.R. (1997). Childhood sexual abuse and women's substance abuse: national survey findings. *J Stud. Alcohol* 58, 264-271.

¹⁴ Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., and Herbison, G.P. (1996). The long-term impact of the physical, emotional and sexual abuse of children: a community study. *Child Abuse and Neglect* 20, 7-21.

J., ¹⁵ Homel, R., Cashmore, J., Gilmore, L., Goodnow, J., Hayes, A., Lawrence, Leech, M., O'Connor, I., Vinson, T., Najman, J. & Western, J. (1998). *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*.

¹⁶ Research by NSW Government in 1999 revealed that 87% of Reiby House detainees had been notified to DOCS as child abuse victims. 63% had been notified to DOCS as "at risk" on 3 or more occasions.

¹⁷ Widom CS (1989). The Cycle of Violence. *Science* 244:160-166.

Without addressing the issues of abuse in many patients' lives, there is a risk of treating only the symptoms without addressing the underlying problems.

Healing Retreat in Cessnock, NSW, 'Mayumarri', set on 300 acres of bushland we run extensive programs including parenting and life skills programs, nurturing weeks. Our programs are unique and have been developed over time to meet the specific needs of our members. Our healing program, a program, which was designed by professionals and is now coordinated by professionals and volunteers, encourages survivors to acknowledge prior abuse and work through the emotions associated with it.

When abuse issues are not tackled appropriately, the implications are life-long. Repercussions of untreated abuse include chronic depression, anxiety disorders including phobic states addictive conditions: drug and alcohol dependency, eating disorders, relationship problems: difficulty with intimacy and trust, sexually dysfunction, innumerable somatic conditions, sleep disturbances and dissociative disorders. Typically abuse victims exhibit poor self-esteem, suffer despair, isolation and frequent suicidal ideation and are prone to revictimisation, such as rape and domestic violence. This vast section of our abuse community is suffering in silence and needs to be identified and helped. Many disabilities that present in one guise or another are the result of unacknowledged underlying abuse.

Case Study

Andrea, a 43 year-old woman who was sexually abused by an older brother from ages 7 to 13 presented with episodes of severe depression and anxiety. Her first psychiatrist treated her for eleven years with 'supportive psychotherapy', tranquillisers and occasional trials of antidepressant medication with minimal improvement. Andrea believed she was mentally ill and would need medical care for the rest of her life. Three years ago when Andrea's therapist retired, a female psychiatrist helped Andrea recognise that she had been abused. Andrea, initially resistant to the notion of abuse eventually recognised its impact; "the problems aren't all me". In the last two years Andrea hasn't had any major depressive episodes. "I was asleep all those years, and afraid – I was afraid to rock the boat, to complain or speak out. I'm getting stronger now, and more mad than scared, and I'm still growing."

Bessel Van Der Kolk, professor Harvard Medical School initiated a five-year research project studying 528 trauma patients from five different hospital sites around The United States. This study, the largest, most comprehensive ever undertaken on trauma patients identified a range of symptoms, which correlated well with prolonged, severe childhood sexual abuse. "These symptoms were the inability to regulate emotions like rage and terror, along with intense suicidal feelings; somatic disorders (mysterious but debilitating physical complaints); extremely negative self-perception (shame, guilt, helplessness, self-blame, strangeness); poor relationships; chronic feelings of isolation, despair and hopelessness; and dissociation and amnesia".

"The implications are that real-world childhood...trauma may be responsible for many psychopathologies usually considered to have endogenous origins, including various

kinds of phobic, depressive, anxiety and eating disorders, not to mention borderline personality, antisocial personality and multiple personality disorders.”

The closer the relationship that has been betrayed, the greater is the psychological damage. This is true whether the trauma occurs on the battlefield or in a small child's bedroom (American Psychiatric Association, 1994 Diagnostic and Statistical Manual of mental disorders (4th ed.) Washington, DC; author.; Freyd, *Betrayal trauma*. Cambridge, MA: Harvard university press. 1996 ; Shay, (1994). *Achilles in Vietnam*. New York; Antheneum.

John Briere, PH.D, a researcher and clinician in the area of child abuse found in a study of psychiatric emergency room intakes that 70% of female patients had a history of sexual abuse (Briere, 1989). Briere, J., (1996). *Therapy for Adults Molested as Children*. This history was associated with a range of problems including suicidality, substance abuse, sexual difficulties, multiple psychiatric diagnoses and personality disorders (Briere, 1989).

He stated; “If we could stop child abuse and neglect tomorrow, two generations from now we'd only have organic disorders, schizophrenia, bipolar affective disorder, adult trauma reactions and a couple of kinds of major depression. Or, at least, there would be so much less distress than now that the DSM would shrink down to a pamphlet” (Whitman, 1994).

“I am a survivor of childhood abuse. For many years I have been unable to find the words to say what happened. I have experienced periods of severe depression and anxiety, and ‘mysterious’ physical ailments, too numerous to mention. Two years ago I was asked the question by a medial professional “Have you suffered any trauma in your childhood?” I burst into tears with relief. I was silenced as a child, and as an adult, I could not break free of that pattern without assistance.”

Childhood abuse can profoundly affect a child's physical and/or emotional health or development and when left untreated the repercussions can last a lifetime.

In 1998, The National Center for Chronic Disease Prevention reported results of major ongoing study of the link between adverse childhood experiences including various forms of child abuse and adult health problems (Felitti et al, Relationship of adult health status to child abuse and household dysfunction, *American Journal of preventative Medicine*, 14,4), 245-258 (1998). The population studied of 9508 revealed a strong relationship between the number of adverse childhood experiences and health risk behaviours in adulthood (e.g. alcoholism, smoking, sexual promiscuity, depression and suicide attempts). Moreover as the number of childhood adversities went up, the number of adult risk behaviours increased as did the likelihood of poor physical health and serious heart, cancer, diabetes and skeletal fractures. The investigators viewed the adult risky behaviour as coping devices arising from childhood trauma. The effects of abuse are compounded throughout life.

These symptoms may indicate unresolved child abuse / trauma

(¹ Child Protection and Care, Community Care Division, Victorian Government Department of Human Services (2000), *Child Sexual Abuse: Understanding and Responding*.)

¹ Kelly, E., (1995). *Surviving Sexual Abuse*. Gore & Osment Publications, Woollahra, NSW.)

- Physical symptoms of any nature including common psychosomatic symptoms / headaches / backaches
- Depression including pre & post natal
Anxiety, panic attacks or phobias
Post Traumatic Stress Disorder (see below)
A range of mental disorders
Suicidal thoughts or actions
Self-injury and neglect
- Sleep disturbances
- Alcohol, Drug or Gambling addictions
Eating disorders
- Social Isolation
Poor self esteem
Parenting issues
Marital or relationship problems
- Revictimisation in the form of domestic violence, rape or systemic abuse
Abuse or neglect of own children (Abuse often follows an intergenerational cycle)
- Sexual dysfunction (difficulty in arousal, impotency, avoidance of, or phobic reactions to sexual intimacy)
Gynaecological or prostate problems
Prostitution or promiscuity

Post Traumatic Stress Disorder develops in some people as a response to trauma. The effects of childhood abuse are comparable to the effects of other severe trauma. e.g. war experiences (The Australian Psychological Society Ltd, (2000). Managing Traumatic Stress Symptoms & Stressful Events).

Survivors experience symptoms similar to returned veterans e.g. intrusive thoughts and flashbacks alternating with avoidance of reminders of the past; number affect alternating

with hyperalertness – these are the cyclical symptoms of PTSD. (Resolving Childhood Trauma, Catherine Cameron. (2000) *A Long-Term Study of Abuse Survivors*) Those who have survived by denying their abuse are forced to face symptoms daily while survivors of the secret war have to deal with returning memories of abuse. As the professional understanding of trauma survivors has increased they have become the object of intensive study. (Curtois, C.A. 1998 *Healing the Incest Wound*. New York: Norton; Forward & Buck, (1987) *Betrayal of Innocence*. Los Angeles: Penguin ; Gelinas (1983) Persisting negative Effects of incest. *Psychiatry*, 46, 312-332. ; Herman, (1992) *Trauma and Recovery*. New York; Basic books.) rather than simply continuing the study it is now time for society to acknowledge the disability invoked by this condition and do something about it.

Abuse survivors are also subject to a range of conditions known as Dissociative Disorders. Many people who have been abused do not remember their abuse. The trauma that they experienced was so extreme that the experiences were buried deeply within their subconscious. This phenomenon is referred to in lay terms as ‘Repressed Memory’ or ‘Traumatic Amnesia’.

Dissociative Disorders are caused by severe psychosocial trauma i.e. from personal or interpersonal experiences. Dissociative Amnesia is ‘an inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness.’ (APA, (1994) *Diagnostic and statistical manual of mental disorders* (4th. Edition). Washington, DC: Author, p. 478). In addition to causing dissociative amnesia, psychosocial trauma can produce Dissociative Identity disorder (formally called multiple personality disorder) or fugue states (memory loss combined with sudden, unexpected travel away from one’s customary locale, and sometimes even with the assumption of a new identity)

Dissociative amnesia in abuse victims can last for many years. In the study by Catherine Cameron, *Resolving Childhood Abuse*, (2000) forgetting lasted from 12 to 55 years from the start of the abuse. Amnesia had lasted through all or most of the developmental periods of childhood, adolescence and young adulthood and when it was recovered, it returned in fragments, which slowly fitted together and seldom provided a complete picture. Long years of ignorance had obscured the origin of sufferers’ distressing personal and interpersonal problems. And with the return of memories sufferers were subjected to many years of struggle as they identified and dealt with the trauma of their childhoods and the mechanisms they had used to survive it.

We as a society are redefining the concept of human rights as a powerful construct for addressing human needs. The Disability Discrimination Act Inquiry as well as other current government and community initiatives shows that we as a society care. Shay, J. (1994) *Achilles in Vietnam*. New York; Atheneum. asserted that ‘the understanding of trauma can form a solid basis for the science of human right’ (p.209) Nowhere is this point more pertinent than in considering the implications of child abuse. Survivors have diverse and complex needs that warrant particular consideration and support. Thank you for hearing us.

ASCA (Advocates for Survivors of Child Abuse)

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