

Stephen Kilkeary

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To Whom It May Concern,

I write this letter in support of the case for Australia to ratify the Optional Protocol to the Convention of the Rights of Persons with Disabilities (CRPD). I myself live with complex post-traumatic stress disorder (C-PTSD), a consequence of having been subjected to immense abuse across my entire childhood and adolescence. That abuse is detailed in a supplementary document which I initially drafted for another purpose. As you will see from that document, my disability was directly caused by the gross and wanton neglect of child protection authorities in Victoria and to a lesser extent, in NSW. Both governments have eschewed all responsibility for the grievous harm their neglect caused to me, demonstrating yet again that public officials in Australia are rarely held accountable for their acts and omissions, no matter how serious the consequences.

C-PTSD is, outside of Australia, a clinically recognised neurological disability that elicits a host of critical psychological and physical symptoms. The National Center for Posttraumatic Stress Disorder in the United States of America, citing the work of noted psychiatrist, Dr Judith Herman, states that 'pro-longed, repeated trauma' can lead to life-limiting alterations in emotional regulation, consciousness, self and other perception¹. As with post-traumatic stress disorder (PTSD), the core feature of C-PTSD is intense fear. It has been proposed by many clinicians that the traumatic impact of experiencing adverse life events needs to be conceptualised along a spectrum². However, here in Australia, medical orthodoxy is averse to acknowledging the reality that such adverse life events directly leads to PTSD, C-PTSD or other, trauma-related disabilities.

Having worked in the mental health field for nearly 30 years now, it is my considered view that women who were traumatised as children are likely to be misdiagnosed and mistreated as suffering from borderline personality disorder. For men who were similarly traumatised, they are typically told by health and community service professionals to get over it or, their symptoms are ignored because of the maladaptive coping mechanisms that they often utilise. Given that child abuse is a common phenomenon in Australia and that adult survivors are statistically, greatly over-represented amongst the homeless, imprisoned and otherwise socially excluded, it would seem logical that there would be a raft of services provided for C-PTSD sufferers³. In fact, there is next to nothing⁴.

In my own case, the inability to access appropriate, affordable health services to ameliorate the symptoms of my C-PTSD, which of course is a clear breach of Article 25 of the CRPD, has been devastating. Despite my considerable strengths, notably my intelligence, my

¹ http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_complex_ptsd.html

² See, for example, 'DSM-V: Should PTSD be in a class of its own?', by Miller, M., Resick, P. & Keane, T., *British Journal of Psychiatry*, Vol.194(1), Jan 09, p.90.

³ See, for example, 'Trauma and Post-Traumatic Stress Disorder Among Homeless Adults in Sydney', by Taylor, K. & Sharpe, L., *Australian and New Zealand Journal of Psychiatry* 2008, 42: 206-213.

⁴ See, for example, 'The Cost of Child Abuse in Australia', by Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. & De Bortoli, L., *Australian Childhood Foundation, Melbourne, 2008* [<http://www.childhood.org.au/research/reports.asp>].

resourcefulness and my propensity to at least temporarily recover, my adult life has been pockmarked by periods of excruciatingly painful despair. Such is the nature of C-PTSD, seemingly innocuous events can trigger a flood of unbearable feelings and emotions. Further, for reasons that are too complicated to relay in shorthand here, adult survivors are highly vulnerable to being re-traumatised by the reckless or purposeful acts of others. The therapeutic interventions that I have long required to lessen the symptoms of my C-PTSD are both time consuming and expensive. The groundbreaking work undertaken by Dr Bessel Van Der Kolk and his colleagues at the Trauma Center in Brookline, Massachusetts, provides some insight into the necessary degree of commitment⁵. It seems odd, thus, that our Federal Government can divert hundreds of millions of precious taxpayer dollars to fund short-term counselling for the wealthy, worried well, while the adult survivors of child abuse such as myself are denied access to focused, specialist counselling.

In closing, I reiterate my support for Australia to ratify the Optional Protocol to the CRPD, without qualification. The Australian Human Rights Commission (AHRC), when it was called the Human Rights and Equal Opportunity Commission (HREOC), on two separate occasions determined that unless I could provide current, clinical evidence for the existence of my disability, then my disability would be deemed not to exist. That it was impossible for me then as it is now to access that clinical support was irrelevant to HREOC. In effect, I have and can be discriminated against without any recourse to justice. That is a breach of several articles contained in the CRPD, for example, Articles 12, 13 and 14. Barring a Charter of Rights being enacted in Australia any time soon, the Optional Protocol will at last give me the opportunity to have my concerns about the human rights abuses to which I have been subjected in this country, listened to and addressed.

Sincerely,

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⁵ <http://www.traumacenter.org>