

16th Dec, 2009

Submission to the Senate Community Affairs Reference Committee Inquiry into Suicide in Australia

Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

ASCA (Adults Surviving Child Abuse)

ASCA is the key national organisation working to advance the health and wellbeing of people and communities affected by child abuse. Since 1995 ASCA has worked with thousands of adults who have suffered sexual, emotional and/or physical abuse and neglect as well as the impacts of experiencing or witnessing domestic violence in childhood. Amongst other services ASCA is currently delivering psycho-educational workshops to adult survivors throughout Australia as well as education and training to health care professionals and frontline workers. The response to these workshops has been resoundingly positive but our capacity to reach the more than 2 million Australian adults surviving child abuse is severely limited due to lack of funding.

ASCA also operates a 1300 line information/support line which provides short-term counselling, information and support to adult survivors and those who support them as well as information and support to the health care professionals who see them. This line is manned by qualified experienced trauma counsellors 9-5 Mon- Friday.

As a result of these and other services ASCA has developed considerable expertise and experience around issues affecting and the needs of the more than 2 million Australian adults surviving child abuse.ⁱ ASCA is a signatory to the Joint Submission prepared by Lifeline Australia, Suicide Prevention Australia, The Inspire Foundation, OzHelp Foundation, The Salvation Army, The Mental Health Council of Australia and the Brain and Mind Research Institute, University of Sydney.

Childhood abuse, mental health and suicidality

Research studies from Australia and overseas consistently demonstrate that adult survivors of child abuse and neglect are at risk of a range of mental health problems, such as depressive and anxiety disorders, substance abuse, eating disorders, post-traumatic stress disorders and suicidality.^{ii iii iv v vi} The severity of these disorders is frequently compounded by the unusually high rates of physical illness experienced by adult survivors of child abuse.

A number of possible pathways linking childhood abuse with adult health outcomes have been hypothesized.^{vii viii} Amongst adult survivors, the physiological basis for emotional wellbeing is often disrupted by abuse and trauma, resulting in increased risk of mood disorders and the development of aggressive or impulsive personality traits, thereby impairing the individual's sense of personal control.
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Research has established that mental illnesses associated with suicide are very prevalent amongst adult survivors of child abuse, particularly:

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Mood disorders: It is estimated that approximately 60% of all suicides are committed by people experiencing mood disorders. It is pertinent to note that adult survivors are 3-5 times more likely to experience a major depressive episode during their life.^{xiii}

Post-traumatic stress disorder: It is estimated that approximately 30% of suicides involve other psychiatric disorders, including PTSD. One large US study suggests that child sexual assault (male and female) is more likely to cause PTSD than other types of trauma, with 54% of survivors of child sexual abuse being diagnosed with PTSD compared to 38.8% of returned servicemen postcombat.^{xiv} However a diagnosis of PTSD does not always reflect the severity of psychological harm experienced from the protracted, repeated trauma associated with CSA.^{xv} Chronic trauma can negatively impact a victim's concept of 'self' and also affect the ability to adapt to stressful events. It has been suggested that the term Complex PTSD (CPTSD) be used to describe the symptoms of long-term trauma.^{xvi} Complex PTSD as well as a diagnosis of Borderline Personality Disorder are amongst the most severe psychiatric disorders. It is estimated that up to 75% of individuals with Borderline Personality Disorder (BPD), which is characterised by emotional dysregulation, inter-relational difficulties and self-harm, have experienced some degree of sexual abuse in childhood.^{xvii}

Alcohol and drug abuse: Behavioural pathways link childhood abuse and adult health outcomes through health-related behaviours, such as smoking, substance abuse, overeating, high-risk sexual behaviour, and suicidal behaviour.^{xviii, xix, xx} There is a significantly higher rate of suicide among people who abuse alcohol and/or drugs with alcohol being involved in an estimated 30% of suicides. Alcohol causes depressed mood, lowers inhibitions, and impairs judgment, any or all of which may set up vulnerable people to act on suicidal plans. These same factors (lowered inhibition and impaired judgment) are also associated with domestic violence and abuse, another factor that increases the likelihood that suicide will occur. One study found that sexually abused females in crisis centres were four times more likely to have a history of substance abuse and twice as likely to be alcoholic than those who hadn't been abused.^{xxi, xxii}

Suicidality and self-harm amongst adult survivors of child abuse

The psychiatric diagnoses most often associated with suicide are also commonly associated with a history of child abuse, and adult survivors of child abuse are therefore amongst the most vulnerable groups to suicide^{xxiii}

The high prevalence of suicide amongst survivors has been established by a number of studies, which demonstrate that adult survivors of child abuse are between three and thirteen times more likely to attempt suicide than others in the community.

^{xxiv, xxv} Self-mutilation is also consistently described among survivors.^{xxvi} In one study, 70% of survivors with a history of child sexual assault who had suffered from anorexia or bulimia had self-harmed by overdosing, poisoning, cutting or burning themselves or by head-banging.^{xxvii}

Services for adult survivors to address the increased suicide risk

It is crucial that this Inquiry acknowledges and make provision for services which better meet the often complex mental health needs of adult survivors of child abuse as a group that is at high risk of suicide.. A crucial first step would be the development of community awareness and stigma-reduction campaigns in relation to the link between child abuse and mental illness coupled with mental health promotion initiatives.

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Across Australia there has been a systemic failure to provide appropriate trauma-informed services to the majority of those needing them. This has been compounded by a failure to translate advances in trauma research into education and practice. The composite failures in service provision and expertise, as well as in access and equity significantly exacerbate the risk of suicide and self-harm in adult survivors of childhood trauma. Information on the psychological impacts of abuse and trauma and tools to help address them must be introduced nationally into core mental health training and curricula as a priority. Responsive and effective crisis management must be matched by affordable accessible ongoing care so that the core issues of abuse, which directly contribute to increased risk of suicide and self harm are adequately addressed.

Not only do we need to see widespread education and training within generalist services and the expansion of specialist services but there must be a comprehensive improvement in referral pathways, including direct access to community-based services. Affordability issues also need to be addressed as the impacts of childhood abuse on education and work prospects often restrict the capacity of adult survivors to access services, even when they are available. Private services are often unaffordable and the provision of therapeutic services through the MBS scheme for trauma survivors while a start, are generally grossly inadequate given the long-term care and support needed by the majority of these clients.

ASCA would like to thank the Senate Committee for its work in this most vital matter. We would be delighted to be further consulted at any time.

With kind regards,



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- ⁱ Draper, B., Pfaff, J., Pirkis, J., Snowdon, J., Lautenschlager, N., Wilson, I., et al. (2007). Long-Term Effects of Childhood Abuse on the Quality of Life and Health of Older People: Results from the Depression and early prevention of Suicide in General Practice Project. *JAGS*.
- ⁱⁱ Bryer, J. B., Nelson, B.A., Miller, J.B. & Krol, P.A. (1987) Child sexual and physical abuse as factors in adult psychiatric illness. *American Journal of Psychiatry*, 144, 44-68.
- ⁱⁱⁱ Briere, J. & Zaidi, L.Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry*, 1989,146, 1602-1606.
- ^{iv} Bagley, C. & Ramsay R. (1986). Sexual abuse in childhood: Psychological outcomes and implications for social work practice. *Journal of Social Work and Human Sexuality*, 4, 33-47.
- ^v Briere, J. & Runtz, M. (1987). Post-sexual abuse trauma: Data and implications for clinical practice. *Journal of Interpersonal Violence*, 2, 367-379.
- ^{vi} Nurcombe, B. (2005). Paper Presented at Ausinet Workshop. Brisbane. Online.
Available:<http://auseinet.flinders.edu.au/resources/auseinet/workshops/csapre51.php>
- ^{vii} Dube SR, Felitti VJ, Dong M et al. The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. *Prev Med* 2003;37:268–277.
- ^{viii} Kendall-Tackett K. The health effects of childhood abuse: Four pathways by which abuse can influence health. *Child Abuse Negl* 2002;26:715–729
- ^{ix} Springer KW, Sheridan J, Kuo D et al. The long-term health outcomes of childhood abuse. *J Gen Intern Med* 2003;18:864–870.
- ^x Kendall-Tackett K. The health effects of childhood abuse: Four pathways by which abuse can influence health. *Child Abuse Negl* 2002;26:715–729.
- ^{xi} Mann JJ, Bortlinger BS, Oquendo MA et al. Family history of suicidal behaviour and mood disorders in probands with mood disorders. *Am J Psychiatry* 2005;162:1672–1679.
- ^{xii} Irving SA, Ferraro KF. Reports of abusive experiences during childhood and adult health ratings. *J Aging Health* 2006;18:458–485.
- ^{xiii} O'Brien, L., Henderson, C., & Bateman, J. (2006). *Reframing Responses: Improving Service Provision to Women Survivors of Child Sexual Abuse who experience Mental Health Problems*. Literature Review, Report & Recommendations: A project funded by Victims of Violent Crime Grants Program . Mental Health Coordinating Council, NSW: Australia.
- ^{xiv} Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Post-traumatic Stress Disorder in the National Comorbidity Survey. *USA: Archives of General Psychiatry*, 52, 1048-1060.
- ^{xv} Cozolino, L. J. (2002). *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain*. New York:W. W. Norton & Company.
- ^{xvi} Herman, J.L. (2001). *Trauma and Recovery: From Domestic Abuse to Political Terror*. USA: Pandora, Rivers Osram Publishers Ltd.
- ^{xvii} Linehan, M. (1993). *Skills Training Manual for Treating Borderline Personality Disorder*. New York: The Guildford Press, p. 4.
- ^{xviii} Springer KW, Sheridan J, Kuo D et al. The long-term health outcomes of childhood abuse. *J Gen Intern Med* 2003;18:864–870.
- ^{xix} Kendall-Tackett K. The health effects of childhood abuse: Four pathways by which abuse can influence health. *Child Abuse Negl* 2002;26:715–729.
- ^{xx} Mann JJ, Bortlinger BS, Oquendo MA et al. Family history of suicidal behaviour and mood disorders in probands with mood disorders. *Am J Psychiatry* 2005;162:1672–1679.
- ^{xxi} Briere, J. & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse and Neglect*, 14, 357 - 364.
- ^{xxii} Nurcombe, B. (2005). Paper Presented at Ausinet Workshop. Brisbane. Available:
<http://auseinet.flinders.edu.au/resources/auseinet/workshops/csapre51.php>
- ^{xxiii} Saakvinte, K. W., Gamble, S., Pearlman, L., & Tabor, B. (2000). *Risking Connections: A Training Curriculum for Working With Survivors of Childhood Abuse* Baltimore: The Sidran Press.
- ^{xxiv} Saunders, B. E., Villepontoux, L. A., Lipovsky, J. A. et al. (1992). Child sexual assault as a risk factor for mental disorders among women: A community survey. *Journal of Interpersonal Violence*, 7, 189 -204.
- ^{xxv} *Suicide Risk Following Child Sexual Abuse Ambulatory Pediatrics*, Volume 1, Issue 5, Pages 262-266
A. Plunkett, B. O'Connell, Toole, H. Swanston, R. Oates, S. Shrimpton, P. Parkinson
- ^{xxvi} Lindberg, F. H. & Distad, L. J. (1985). Posttraumatic stress disorders in women who experienced childhood incest. *Child Abuse and Neglect*, 9, 329-334.
- ^{xxvii} Laws, A. & Golding, J. (1996). Sexual Assault History and Eating Disorder Symptoms Among White, Hispanic, and African – American Women and Men. *American Journal of Public Health* 86, 4, 579 – 582.

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