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Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra
ACT 2600

7th May, 2005

Dear Sir/Madam,

Re. Senate Select Committee of Inquiry into Mental Health.

I have enclosed with this letter, a document that has been prepared on behalf of the organization. This is our submission to the Senate Select Committee Inquiry into Mental Health. Our submission focuses upon the health situation of a specific group of Australians; the subjects of the recent Senate report "Forgotten Australians". Executive members of the organization decided to make this submission because so many of the people that we come into contact with, spent childhood years in care.

We have observed that many of these people, and particularly the ones who experienced various forms of abuse, deprivation and neglect, show clear signs of a psychiatric illness that we believe is a direct consequence of their treatment. We are of the opinion that many of these people need specific forms of psychiatric treatment which at present, are not available to them.

Since published data about the mental health status of older Australians who spent childhood years in care is very patchy, it is our hope that the Select Committee will be able to use some of the resources that are available to the Senate to make specific inquiry into this matter and to consider some appropriate recommendations in the final report.

Various parts of this submission relate to individual terms of reference and the respective term of reference is stated at the start of each section. In order to maintain some sense of logic and coherence in the overall document, the responses relating to specific terms of reference are not always in the alphabetical order. A set of recommendations has been formulated and this is presented at the end of the submission.

If it was necessary, I would be happy to suggest the names of medically qualified people whom the Committee might approach to give expert opinion.

Yours sincerely,

Chris MacIsaac

President
Broken Rites

SUBMISSION TO THE SENATE SELECT COMMITTEE OF INQUIRY INTO MENTAL HEALTH.

“...all these grotesque and yet tragic incongruities [*child molestation/ child abuse*] reveal themselves as stamped upon the later development of the individual and of his neurosis, in countless permanent effects.....

Sigmund Freud

Background Information.

On Monday August 30, 2004, the report “Forgotten Australians” was tabled in the Senate chamber.

The morning of that day was emotion-charged and in the evening millions of people across Australia saw television coverage of what had occurred in the National Parliament. From this landmark report they learned (most for the first time) that during the last century, some 500,000 Australian-born children had spent all or parts of childhood years in situations of care. They learned that many of these persons had experienced the most extreme cruelty, abuse, deprivation and neglect at the hands of their carers. Three religious organizations, the Salvation Army, the Anglican Church and the Catholic Church featured prominently in the report as well as state agencies with responsibility for child protection. They also learned that the Community Affairs References Committee of the Senate had made some thirty four carefully considered, far-reaching recommendations based upon what they had discovered and been told in the course of its Inquiry into Children in Institutional Care.

It is not a purpose of this submission to go over much of the material that is now on the public record. Instead the submission aims to inform members of the Senate Select Committee about the continuing plight of too many of these people who are now adults in their middle to late adult years in respect of their chronic mental illness. The submission aims to inform the Senate Committee about their very poor mental health status which is causally related to their terrible childhood experiences and the fact that their various psychiatric illnesses have been suffered, and have remained untreated, for years. The submission makes recommendations for these people to be provided with specialist services.

Specific Issues.

Term of Reference (b). – The adequacy of various modes of care for people with mental illness.....etc.

The Senate Select Committee will no doubt receive volumes of personal stories as well as documentation that points to the fact that public mental health services across Australia are totally inadequate in respect of meeting the current level of mental disease burden in the community. Furthermore, it will be told of the high demands for treatment of a limited number of mental illnesses namely, schizophrenia, cannabis-induced psychosis, other forms of dual diagnosis as well as major depressive disorder where the patient presenting is assessed to be suicidal. The Committee will be told that these demands are now so high as to prevent most patients who present with any other form of mental illness and who are in an acute phase, from getting any form of treatment. This post de-institutionalisation phenomenon has created a situation where specific groups of patients miss out completely and one particular group is persons who are care leavers and who experienced as children extreme trauma, isolation, cruelty, abuse and neglect within institutions.

There is no accurate data available on the number of care leavers who are living in Australian society today. However, considering estimates of the numbers of Australian children and former child migrants who were placed into care during the second half of the last century, and taking into account current actuarial data about life expectancy, **the number in this specific group who are living must be tens of thousands.**

Mental Health Status of Careleavers

My own observations leads me to conclude that every one of these persons has been affected by their childhood experience(s), a high proportion have psychiatric illness and a significant number of the ones with psychiatric illness have co-morbid conditions. Tragically for most their illnesses have remained untreated for decades.

I consider that when the child or young teenager experiences extreme abuse, the equivalent of an “emotional landmine” is set deep in the victim’s psyche. It just sits there and at a young age the victim is usually unaware of this. Memory of the trauma may or may not be repressed and where repression is achieved, this can last for decades. Often emotional and behavioral problems will be encountered during early years and these can

include sadness, low self-esteem, anxiety and depression, poor school performance, early interest in drug and alcohol experimentation as well as eating disorders. These are not reported because of the person's shame and fear about the abuse event(s) and his/her increasing awareness about the level of stigma in the community towards persons who have or may have a mental illness. In the absence of early intervention, treatment and counseling programs, there are long-term consequences with victims as adults having low self-esteem, anxiety and depression, and impulsive behavior. They can also resort to drug and alcohol use, high levels of risk-taking and sometimes criminal behavior. In the course of a life journey other normal, day-to-day stresses take their toll and the "emotional land mine" can be set off at any time. People present with high levels of social dysfunction, major psychiatric illness and too many choose to take their own life.

The main psychiatric illnesses that they are experiencing are:

- Anxiety and depression
- Phobias
- Post Traumatic Stress Disorder (PTSD)
- Borderline Personality Disorder (BPD)
- Co-morbid Depression with drug or alcohol dependency
- Co-morbid PTSD with BPD

I consider that these categories of illness are directly attributable to the childhood experiences and the care leavers' lives have been blighted all the way through life's journey as a result.

Another tragic and disturbing feature is the very high rates of suicide that are found amongst males in particular. Limited information is available here and one set of calculations was presented in the written submission that Broken Rites provided to the Senate Inquiry into Children in Institutions. This part of that submission is reproduced below.

(1) An estimate of the scale of any unsafe, improper or unlawful care or treatment of children in such institutions.

A very noticeable and tragic phenomenon that is encountered within groups of adults who experienced an institutional upbringing is the frequent reporting of a suicide. We are not aware of any forensic analysis that has attempted to define this in any way or to establish possible cause and effect situations.

From interviews with men who were in the Cheltenham Home it has been possible to get some rough calculation of the risk of suicide. There is one group of about 69 boys who would have been in the Home at the around 1960 and who were in the age range of 10-12 years at this time. The number from this group who have died as a result of suicide is at least seven. These figures can be compared with the male population in Victoria. The most recent ABS publication on suicides (Cat. No. 3309.0) gives a figure of 25 male suicides in the age cohort 50-54 years. The total number of this cohort in the Australian population was 611,864 males.

Since the exact year of death of the seven deceased is not known, a reasonable comparison might be say, three age cohorts, 40-44, 45-49, 50-54 years (an interval of 15 years in total). Using the relevant coronial figures, it can be calculated that the suicide rate of men who experienced a childhood spent in the Cheltenham Home is 17 times that for age-matched men in the broad community. We acknowledge that because of the differences in the sample size, any absolute comparison may equate to a comparison of apples and oranges. However we do believe that the figures bear out the anecdotal observations of unusually high rates of suicide amongst persons, who as children had these terrible experiences.

Since writing that submission a second set of estimates has become available. These relate to four successive classes of Grade 6 boys who attended the St Alipius Parish School in Ballarat East in the late sixties (see Appendix 1). For this group the suicide rate is probably about 8-10 times what could be expected in the age-matched, male population at large.

Modes of care available to care leavers.

Unfortunately, specialized modes of care are not available to these persons. Lack of education, lack of employment opportunities and the effects of their long-term mental illness mean that they usually only have the public mental health services to go to. As already considered, these services are seldom available to them. **In addition there is systemic failure on the part of organisations that in the past accepted these Australians and child migrants into care, to come to any appreciation of their real treatment needs.** This is particularly so with regards to the Salvation Army, the Anglican Church, the Catholic Church and state government agencies.

In this respect, it is worth the Committee considering just one simple illustration. For some careleavers, when they attempt to seek justice from the organization and/or agency that took responsibility (and was often paid) for their care, they are offered psychological counseling that is paid for by the respective organization. This arrangement is rarely an open ended one, a proper psychiatric assessment is seldom conducted and all too often the psychologist doing the counseling has little and sometimes no clinical training. I have observed that these counseling sessions rarely go beyond 10-12 and they may have involved a cost to the organisation of \$1500-2000 maximum. This can be compared say with the situation of a person who is a veteran and is presenting with PTSD. The veteran (and his/her partner) will be able to access a dedicated PTSD treatment program that is conducted over 18-24 months at a cost the Department of Veterans Affairs, of about \$85,000.

I consider that the current modes of treatment being offered to abused careleavers by religious organisations and by some state government agencies are totally inadequate, often inappropriate and in some cases they can actually be harmful.

The long-term consequences of the current situation for careleavers.

Unless something is done to change the current arrangements and provide opportunities for careleavers to get treatment for their mental illness, too many of these people will remain living on the edge of society as they proceed from middle age to their older years. For many, without the right social supports and without access to appropriate treatment, the “emotional landmine” will be triggered. This is particularly the case for those that would be assessed to have co-morbid PTSD and BPD.

The emerging picture in the psychiatric literature for this group is worth considering here. In American patients diagnosed with BPD, 40-70% report the childhood experience of sexual abuse alone. In persons with co-morbid PTSD and BPD and who have experienced various forms of childhood trauma and abuse, the suicide rate is double that for persons with PTSD alone.

In the report “Forgotten Australians” some excellent recommendations have been made. Specific recommendations (# 21,22,23,25,26, 27 and 28) relate to the provision of services to careleavers

Term of Reference (f). - The social needs of groups such as children, adolescents and the aged, Indigenous Australians.....etc.

A great amount of material relating to this term of reference was presented in written submissions and in testimony to the senate's Inquiry into Children in Institutions. This material was presented by various organizations that support careleavers. Members of this Senate Select Committee could be briefed on this material. In the report "Forgotten Australians", some parts of recommendations # 21,22,23,25,26,27 and 28 also cover this area.

Term of Reference (j). – **The overrepresentation of people with mental illness in the criminal justice system and in detention.....etc.**

The Committee will receive expert opinion about the mental health status of inmates in the various correctional systems around Australia. What may not be disclosed or become apparent to members of the Committee is that many of these same inmates spent childhood years in care and many experienced years of abuse and neglect.

In testimony given during the Inquiry into Children in Institutions, it was suggested that various official forms etc should be changed so that a person could voluntarily disclose whether he/she could disclose whether they were a careleaver. In the report "Forgotten Australians", recommendation # 31 covers this matter.

I encourage the members of the Senate Select Committee to read submission No 329 made to the Senate Inquiry into Children in Institutions. This submission, written by Ms. Kerry Rees, a female prison officer in the Queensland correctional system is based upon her interview of one and later two male prisoners, each serving a life sentence for murder. It provides some excellent insights into the plight of abused careleavers who enter the criminal justice system.. One of the concluding paragraphs reads as follows:

"Both Ben and James told me that between them they could recall the names of about thirty boys who had been in institutions with them. They knew of twenty of them who had been incarcerated for murder. Both James and Ben have been sentenced for murder. One of the more notorious figures who had spent time as a boy at Tamworth Boys Home with Ben was James Finch (the Whisky Au GoGo Bomber). Ben said that he was a "poor sod" who never had a chance as he had ended up in Tamworth Boys Home some time after coming to Australia as a "leaving Liverpool" boy."

Recommendations.

1. The Australian Government must take all necessary actions so as to ensure that the recommendations made in the report “Forgotten Australians” are implemented by forthwith.
2. In respect of recommendation # 21,22,22,25,26,27 the Australian government must require that religious organizations and state governments to put into place appropriate intervention programs and specialist psychiatric services as a matter of urgency.
3. Careleavers who may be diagnosed with co-morbid Borderline Personality Disorder and Post Traumatic Stress Disorder must be provided with access to suicide prevention programs and appropriate community support.
4. The Australian Government must implement, as a matter of urgency, recommendation #31.

Prepared by Dr Wayne Chamley.

APPENDIX 1.

This “Opinion Article” that was published in the Brisbane Courier Mail.

A Royal Commission is needed.

Scarcely a month passes without reporting somewhere in Australia about sexual abuse of children in institutions, schools and parishes. Most of these stories have reported upon activities of persons within the Christian denominations. Repeated calls for a Royal Commission are met each time by the Prime Minister’s response that this is not necessary.

As a member of Broken Rites, a support group for victims of sexual abuse by clergy and religious, I have spent countless hours listening to stories, advising victims of their rights, writing letters, speaking to family members and advocating for victims at mediation. I believe it is necessary now to identify some of the matters that could be expected to come before a Royal Commission with the appropriate terms of reference.

There will be personal accounts of criminal sexual abuse, criminal assault and sustained psychological abuse, disclosed by victims, family members and legal guardians. For some, these experiences are secrets that will be revealed for the first time because the narrator has come to understand that a Royal Commission can assure his/her protection and anonymity.

A Commission will observe that amongst victims there are distinct groups. There are aboriginal Australians who were raised on isolated mission stations or taken from their mothers and put with a foster parent who turned out to be an abuser. There are former child migrants; several hundred of these men and women are victims. There are the Australian-born, white children. This group might now number 30,000- 50,000. Many were orphans and others were “Wards of the State” who were often placed by government agencies into the same institutions and foster arrangements as child migrants. Others were girls passing through puberty who were left “unofficially” at some convent-run Home following this suggestion by a family member, a local priest or some other person with community standing. Others entered government-run institutions. There will be children who lived within families and were sent to parish and boarding schools.

A Commission will observe that many of these people have very poor literacy skills and as adults, many have lived on the edge of society, their

childhood experiences having destroyed their lives. It will also come to identify a recent period in the nation's history when engagement in child slavery was alive and well.

Revealing facts and figures could be presented and might also be sought. A Commission would be encouraged to examine in detail the repeated failure by church hierarchy and government bureaucracies to take responsive and responsible action. It will hear of internal omissions that enabled and allowed abusers to remain concealed and active in their crime. While many of the paedophiles operated individually, in some situations they have worked in rings, and for decades.

There will be testimony from advocacy groups about the "lottery" nature of current, church-run processes, the lack of transparency, intimidation of some victims and the instruction of lawyers at mediation to refuse to consider the victim's needs. There will be accounts of attempted civil litigation. Some church authorities, through their lawyers contest each case relentlessly and every possible legal maneuver is used along the way. The mind set appears to be that the church estate is to be protected at any cost.

Those conducting a Royal Commission would be encouraged to visit and to hold hearings within local communities that have been affected. The parish of St Alipius in Ballarat East might be a starting point. That community has been devastated by the past activities of a paedophile ring that targeted its sons, brothers, nephews and cousins. From just one Grade 6 class, nearly one quarter of the past pupils are now deceased and several of those living suffer from major depression, alcohol and substance abuse and the experiences of dysfunctional lives. Four decades after their childhood experiences some have post-traumatic stress disorder that is so severe that they can't walk past a church - any church.

Advocacy groups believe that victims number in the thousands and the consequent social impacts and costs to society are not being fully appreciated. Independent analysis is needed here about dependence upon welfare and other support programs, public housing and accommodation and

mental and general health services. There is also a need to examine the links between these experiences and some victims later entering into the criminal justice system. The costs here are significant.

The child abuse issue requires objective investigation at the national level. Government-initiated Commissions of Inquiry have been completed in

Canada and in Ireland and the many victims and their families in this country, deserve nothing less.

A Royal Commission, with the powers to call witnesses and subpoena documents, would be able to find out what has really been going on. It would provide victims and their families with legal indemnity and it would enable the nation to come to terms with what has happened, to better understand the real needs of those affected and hopefully lead to re-evaluation of existing policies, processes and services. I hope that the Prime Minister might now reconsider his position.

Nelson Mandela once commented that any nation that does not look after and protect its children does not deserve to be called a nation. I believe that most Australians share this view.

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