

**“Working with government to achieve positive outcomes for Australian adults affected long term by child abuse.”**

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Thank you for joining us here today in honour of Forget-me-knot Day, a national Australian day on which ASCA asks all Australians to unite in support of the more than 2 million Australians who as children did not receive the love care and protection that every child needs and deserves.

Sadly to date in Australia the needs of adults abused, neglected, violated and other wise traumatised in childhood, have not been prioritised by policy makers and governments.

This Forget-me-knot Day ASCA is calling on governments to urgently implement a co-ordinated public health response to trauma with the recognition, treatment and funding of trauma and particularly the repercussions of childhood trauma to be made a national priority.

As a society we are confronted by issues of trauma and would rather deny them. Yet trauma is common. It affects not only those who experience it but those with whom they have contact. Childhood trauma affects not only the child, but the adult they become and the children they may go on to have. Yet trauma often goes unrecognized and presenting problems are considered in isolation from the trauma which underlies them.

Additionally in Australia we characterise all trauma in terms of single incident trauma, often diagnosed as PTSD - a one off event such as a flood, fire or physical assault in adulthood. These events can have major impacts and people experiencing them need good support.

However the majority of people with trauma-related issues, and the vast majority seeking help have experienced multiple unacknowledged and unresolved traumas from childhood. The trauma of child abuse is generally intentional, prolonged, repeated and extreme. We call it complex trauma. It is interpersonal - perpetrated by another human being, often the very person charged with a child's care. Responses to complex trauma, erroneously characterised solely as PTSD are substantially inadequate. Responding to these adults necessitates new policies and different service responses.

It is common sense that a child, who is subjected to daily criticism and humiliation, who is bashed or molested, week in, week out, who grows up in an environment which is unsafe or violent may well be left carrying the scars of that trauma. In fact 30 years of research has established the profound effects of extreme experiences on the developing brain not only in infancy but *throughout the life cycle*. It affects *the physical and mental health/wellbeing and social functioning of not only the child, but the adolescent and the adult they become.*

Although many adults abused as children show remarkable resilience and function well; many are left struggling day to day with their mental and physical health, self esteem and relationships. Adults abused in childhood are up to 18 times more likely to commit suicide, 3-5 times more likely to experience major depression, more likely to smoke, abuse substances, be obese, live alone, be homeless or welfare dependent. Child abuse survivors fill our prisons, our hospitals, our detox units and our welfare queues.

Yet there is good news. Substantial international and national research has now shown that trauma, even severe compounded early trauma of childhood, can be resolved with appropriate working through. Just as damaging experiences change the brain in ways that are negative for subsequent functioning, new, different and positive experiences also change the brain in ways that are conducive to health. With the right support adults abused as children can make sense of their lives and reclaim their health. And their children can also do well.

An estimated 2/3 of patients presenting to public mental health services have experienced multiple unresolved traumas. They often have severe and persistent mental health and/or substance abuse problems and are frequently the highest users of costly inpatient, crisis, and residential services. They may carry any psychiatric diagnosis, and frequently carry many.

The significant impact of abuse on physical health is also not appropriately acknowledged or addressed. Abused children adopt certain behaviours to cope with the pain and distress of their childhoods. These often continue into adult life and many become risk factors for later disease. As adults, people so affected may eat to excess, abuse alcohol or drugs, smoke, have multiple sexual partners – these behaviours bring short term relief but emotional and physical health consequences many years later, many of which become public health problems.

Survivors of childhood abuse adopt other extreme coping strategies to manage the impacts of overwhelming traumatic stress. These include suicidality, self-harming behaviours such as cutting and burning, dissociation, and re-enactments such as abusive relationships. Although their complex trauma may be core to their illness and central to their recovery, it is seldom asked about or viewed as pivotal. The majority of these people have never received screening, assessment or treatment for trauma.

As adults, survivors are often re-traumatised through domestic violence, sexual assaults, drug related violence, homelessness, and poverty, or by coercive interventions in inpatient or institutional settings, jails, and prisons. As parents, adults with multiple unresolved traumas may participate in or witness the intergenerational effects of violence, abuse and exploitation.

4 out of every 25 adult Australians have been abused in childhood. We all know someone, even if they have not told us about it. A friend, a family member, a neighbour, a work or a parliamentary colleague. I'm one of more than 2 million Australians adults who has a lived experience of complex trauma. For 10 years in childhood instead of being loved, cared for and nurtured I was repeatedly brutalised.

But I've been lucky. I received the support I needed to make sense of my life and find a life worth living. Even then it was far from easy and it took many very painful years. I spent 2 years in bed immobilised by a blackness of mood that saw no light, stood on the edge of the Gap more times than I'd like to remember, and was decimated by flashbacks for close on a decade. I have lived the effects of trauma and know only too well how my trauma affected my 4 children but I also know that with the right support I have found a way through and so have they.

Together we have the capacity to facilitate changes which will enable other trauma survivors to find the help they need to live healthy constructive lives, and be able to nurture their children. If we work together we can achieve positive outcomes for Australian adults affected long-term by child abuse. So what do we need to do?

We need to urgently adopt a public health approach to trauma including complex trauma. A public health approach works on the principle that caring for the health of an individual protects the

community and in turn, caring for the health of a community protects the individual. Forget-me-knot Day is about communities uniting in support of individuals; we must all unite to see the substantive research of the last 30 years translated into practice – from health interventions and therapy to organisational functioning and service provision. We must acknowledge and respond to the centrality of trauma in presentations to health, mental health and welfare settings.

Groundbreaking insights and innovative recovery-orientated approaches to service-provision are now available. We need to move from an illness/symptom-based model to an injury/trauma model and shift from asking the question, “what is wrong with you?” to “What happened to you?”

This is called a trauma informed approach. It means recognising potential trauma in clients/patients and implementing organizational initiatives which do not exacerbate it. It means moving away from a focus on diagnosis or presenting problems in isolation to collaborating with individuals in their care. It means listening, empathising, validating and respecting individuals. It means understanding health risk behaviours and behavioural and mental health responses in the context of the lived experience of individuals.

Overseas studies suggest that trauma-informed interventions cost no more than current treatments and reap proven benefits with a reduction in mental health, trauma and substance abuse presentations, as well as fewer hospitalisations and crisis interventions.

Together with a trauma-informed approach we also need to focus on trauma specific services – services with the specialised capacity of addressing trauma per se. ASCA is the key national organisation advocating for and providing services to adult survivors of child abuse. It is trauma specific in its core business and trauma-informed in its approach.

ASCA wishes to work with governments and other partners in prioritising policy reform to trauma and complex trauma as a national priority. Doing so will substantially improve the health, cohesiveness and productivity of Australian communities and individuals of this and future generations. It will also reap significant long-term economic savings as people return to work and help rebuild their communities, and as hospitals, jails, detox units and eating disorder clinics empty out.

I would like to thank my co-presenters Corinne Henderson and Professor Beverley Raphael for joining me here today with a particular thanks to Minister Skinner and her Ministry for facilitating this seminal briefing session.