FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into the handling of child abuse by religious and other organisations

Melbourne — 1 March 2013

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Dr J. Poznanski.

The CHAIR — On behalf of the committee I welcome Dr Joseph Poznanski. Thank you for your willingness to appear before this hearing.

All evidence taken by this committee is taken under the provisions of the Parliamentary Committees Act 2003, attracts parliamentary privilege, and is protected from judicial review. Any comments made outside the precincts of the hearings are not protected by parliamentary privilege. The hearing today is being recorded, and you will be provided with a proof version of the transcript. Following your presentation the committee members will ask questions of you, and we look forward to hearing from you this afternoon. Please commence when you are ready.

Dr POZNANSKI — Thank you Ms Crozier, and members of the committee for giving me the opportunity to talk today. I understand that my time is short so I have written down the most important points that I want to put across.

I work as a counselling psychologist, specialising in trauma. My evidence today is based on my professional experiences with adult victims of childhood sexual abuse in religious contexts. Most of these individuals were born into Catholic families.

For all my clients it took much courage to step forward and to seek help, to seek justice through the existing channels like Towards Healing or the Melbourne Response, which on paper was meant to offer compassion and healing and bring validation and some closure to victims' suffering.

For all my clients the traumatic memory of abuse is painful and shrouded in internalised feelings of shame. Most of these individuals, prior to coming to therapy, have suppressed a traumatic memory for decades. Often there is no one close in their lives to understand their past and its relationship to their present circumstances, which almost always are marked by a reduced quality of life.

My clients are people who are stuck in their trauma and cannot move away from living a life of loneliness, having no family of their own, no lasting friendships, and no plans for the future. The intensity of their adverse psychological consequences, I would say, varies, but it is clear to me that the emotional impacts of the abuse, no matter how subtle they are, reverberate through my clients' lives.

These survivors internally cope by avoiding and minimising the significance of their abuse experiences. From my clinical experience I would say that the more a victim suppresses, minimises or denies the significance of his abuse history, the greater is the victim's psychological and social dysfunction. Those internalised feelings of shame and disconnection from social contacts and depleted emotional resources are the reasons why many victims do not come forward and report their complaints through the Towards Healing or the Melbourne Response processes. I do believe that the church hierarchy is well aware of the tendency for victims to live their lives in isolation. The victims' symptomatic patterns of avoidance and dissociative behaviours, I believe, have been exploited by abusing priests and religious institutions for centuries. There is a shared tacit unspoken understanding within the Church hierarchy that the victims of these hideous crimes are unlikely to talk or come forward, as they are heavily burdened by the social stigma that they carry as a result of their abuse.

A large proportion of my clients suffer a condition known as Complex Post-Traumatic Stress Disorder. One of its critical symptoms, if left untreated — as is the case most times — is the loss of core beliefs that previously sustained the individual. These core beliefs refer to a person's fundamental values that are instilled during one's social development within a family environment, and these beliefs usually relate to faith, moral and cultural values. Clergy abuse not only attenuates a victim's psychological capacity to cope with the demands of everyday living, but it also attenuates the person's spiritual beliefs and his sense of belonging to family, to the church and the local community. This loss of spiritual beliefs and the loss of one's sense of belonging is yet another factor that keeps victims away from their families, church and the local community.

Now, I would like to speak about the church complaint process that my clients often discuss with me during the sessions. All of my clergy abuse clients have entered at some stage the Towards Healing process or the Melbourne Response process. All of them are fearful of church authorities and mistrustful of their intentions. They have all found the complaint process very stressful, given that they have experienced abuse at the hands of priests, who were moral authority figures with considerable power at the time of abuse. My clients'

ambivalence, fear and anger towards the church and towards the representatives of Towards Healing and the Melbourne Response is not surprising. I believe that the church authorities ought to be explicit in their commitment to healing and justice for victims, not only in their documented policies, but also in their actions. There needs to be transparency and visibility that this espoused commitment is applied in real practice. The church's commitment to healing, in my experience, has not been apparent. Most clients with whom I have had the privilege of working appeared to feel that these internal processes had been geared towards denial and minimisation of their suffering. I will now give some examples.

- My clients who have gone through the Towards Healing process found the initial step extremely difficult. They had to make an 1800 phone call to a professional standards office located in a Victorian country town and register their complaint in detail. To be expected to disclose sensitive personal information at a distance to a completely unknown representative of the church authority is a reflection of insensitivity rather than compassion on the part of the administrators of the Towards Healing process.
- The most critical issue for my clients is the protracted nature of the complaint process, and in many instances a lack of pastoral care during its lengthy duration. In my experience, no representative of Towards Healing has ever approached any of my clients to inquire about their wellbeing and whether or not he or she would like to accept a pastoral meeting with the provincial of the relevant religious order.
- As a psychologist, I am often exposed to clients' despair and helplessness that comes from their experience of the Towards Healing or the Melbourne Response process as being protracted and also legally oriented rather than a process that places an expression of compassion and concern for the client at the heart of the espoused Towards Healing or Melbourne Response objective. In my experience I have rarely witnessed any sign of compassion or empathy on the part of attending church representatives. On most occasions they appear to attend the mediation session together with a lawyer and on some occasions with representatives of church insurers. From a psychological perspective this silent treatment that victims are subjected to over an extensive period of time in a process that is legalistically flavoured causes my clients a significant degree of distress rather than emotional relief that comes with the experience of therapeutic healing.
- To give an example — and this is not an uncommon example; it is just one example — one of my clients waited almost three years for his Towards Healing process to be completed. On the day of his much awaited mediation he was offered a pastoral session from a Marist Provincial, who came along with his lawyer. After this pastoral session had finished, the lawyer acted in an adversarial, bullying manner towards my client and my client's advocacy team. The lawyer stated that there would be no more negotiation and that he was not going to miss his lunch.

If I have some little time left, I want to talk about the problems in defining trauma experienced by people who are victims of clergy abuse. It is not unusual for a psychiatrist appointed by the Towards Healing authorities to see an adult victim of childhood clergy abuse for less than an hour. It is not uncommon for the appointed psychiatrist to conclude that there is no evidence of a severe psychiatric condition, such as schizophrenia, in my client's presentation and that the client's apparent problems of living are more related to his or her childhood family experiences, rather than experiences of the alleged abuse. It appears that the reported absence of a severe psychiatric condition persuades the church authorities to conclude that the abuse has not had a considerable impact on the complainant's life. The psychiatric report will often indicate that the abuse has accounted for roughly 5 per cent of the complainant's psycho-social dysfunction. Such assessments are used as a yardstick for quantifying the compensation, which in the majority of cases is more like salt to a festering wound.

The mental health research literature indicates that there is an increased prevalence of childhood abuse in most psychiatric conditions; that is true. However, research data is highly inconsistent with regard to the relationship of childhood sexual abuse and very severe psychiatric conditions, such as schizophrenia. There is a profound amount of consistency in the available research data with regard to childhood sexual abuse and the onset of traumatic personality disorders such as Borderline Personality Disorder, Adjustment Disorders, Dissociative Disorders and Complex Post-Traumatic Stress.

As I already mentioned, in my experience of working with clergy abuse clients, the most common psychiatric problem is Complex Post-Traumatic Stress Disorder (PTSD). Individuals with this condition are unlikely to present as delusional or disconnected from reality. A single assessment session is unlikely to uncover the cluster

of common symptoms of Complex PTSD, which include: feelings of being permanently damaged; not being able to plan and maintain basic life goals; not being able to regulate emotions in stressful situations; having considerable difficulties with trust and interpersonal relationships; having impaired ability to form attachments and long-term relationships; having intermittent suicidal ideations; feeling often highly stressed and irritable; feeling utterly worthless, with no vision for the future; having no beliefs or values that would internally support an individual in his or her daily struggles with loneliness and lack of connectivity to the mainstream society.

Whilst there is considerable evidence that sexual abuse in childhood results in the onset of Complex PTSD, to date the condition has not been included in the world's established psychiatric diagnostic manuals. And so this presents another complication that increases the likelihood that the trauma - related psychological and social effects among the victims of clergy abuse are going to be left unrecognised by the Towards Healing process, the Melbourne Response Panel, and even our current judicial system.

Finally, I would like to say that I do not believe that the Church organisations wish to know specifically about the array of psychological consequences that burden individuals who were abused in their childhood by a priest. They claim that compassion and healing are important, without showing any commitment to understanding of the psychological, emotional and social nature of the consequences of abuse perpetrated by clergy.

Thank you.

The CHAIR — Thank you very much indeed. I will go to the point you raised about Complex Post-Taumatic Stress Disorder. I think you just told the committee that there is no real authority, or there is no great depth of understanding, on that complex PTSD with the critical symptoms that you outlined. Is that correct?

Dr POZNANSKI — That is my professional opinion. From my experience of working with clergy abuse individuals and the way they experience the Church complaint processes, I do not think there is any interest on behalf of the Church authorities to understand the emotional consequences of Clergy abuse and how these consequences affect victims' lives. Much has been written and researched about the existence of Complex PTSD, however it is also true that to date this particular diagnostic condition has not been written into the existing world diagnostic manuals.

The CHAIR — I think earlier in your presentation you said there was a loss of beliefs, faith, and cultural and moral values, and this happens at a very crucial developmental stage in a child. Is that perhaps why sometimes they do not come forward and report for years, or decades, and still carry those symptoms you described right into their later years? Is that part of the Complex PTSD?

Dr POZNANSKI — I think the loss of beliefs definitely keeps them at a distance, but the primary reason why members of the community, who have been violated by clergy do not come forward with their complaints, is because they carry enormous shame and they also minimise and deny the impacts of their abuse, despite the fact that they have enormous social difficulties. Distorted sense of self underpins victims' poor self awareness and how their past traumatic experiences have led them towards considerable relational life difficulties in the present. Yes, delayed insight into how past trauma shapes their life in the present is a feature of Complex PTSD.

Mr McGUIRE — Thank you, Doctor. It is important for us to get a better understanding of these critical issues. If I can sum up your presentation and other evidence that we have heard, there really is an 'us and them' mentality at play here. The evidence we are getting and that you have given is that the church will see abuse in a narrow legalistic way and will just want to deal with it at that level. Just so I understand, are you saying that the church is wilfully taking that position — that it actually does not want to know at any deeper level what is happening? Is that because of the fear of loss of reputation, the loss of money in compensation or the impact that would have?

Dr POZNANSKI — I do believe that that is the case.

Mr McGUIRE — And it is wilful — that is your testimony?

Dr POZNANSKI — Wilful? It is more like trying to deny that there is a problem. Is denial wilful? When people or organisations experience a threat to their reputation, often a denial is their automatic response. Whether they all wilfully endeavour to cover up and whether they are manipulative like that, I cannot comment.

Mr McGUIRE — But given the vast evidence and testimony from a Christian brother who was before us today saying it is irrational — he said that himself, and he is still a serving Christian brother. Given the volumes of evidence, you have to get to that position where you cannot ignore it; it is on the public record. Is this wilful?

Dr POZNANSKI — Sure; my view is that it is a wilful and strategic act in the upper echelons of the church's organisational hierarchy. I am willing to stand by that. But, I must say that I do know people who are clergy, and they certainly are compassionate caring individuals, who are on the other side, away from that extreme position along the moral continuum.

Mr O'BRIEN — Thank you, Doctor, for your evidence. It is ironic; we have had a number of victims speak of their own struggles to identify their reasons and identify post-traumatic stress syndrome. One of particular note was in fact a former soldier who was able to make the comparisons, but he was very clear that it is not the same as what a soldier goes through. But in terms of the impact, the trauma, it is a question of the difficulties — a lot of the symptoms are the same. You seem to give some reference to that. I was just going to ask you about a particular aspect: a number of the victims were very close to the church at the time they were victims and also very young. They did not understand what was happening, they had very strong faith, they were from Catholic families and they were the ones who were selected.

What is the impact of this loss of faith? I am not asking you to be a priest, but in terms of their own beliefs from a psychological point of view, particularly with the fact that as young people they did not understand what was happening, they had that shame and guilt that you have identified and also with particular reference to flashbacks — which we hear from them about that — and a loss of confidence when they are trying to walk back into society.

Dr POZNANSKI — I think a lot of those victims would have great difficulty interacting with their local parish community because they carry a deep secret that they do not want to share. I think they are also fearful of the church and religious environments, because the abuse causes them to be hyper-vigilant and very anxious and fearful in such environments. Victims simply avoid, I would say, not only the Church and anything to do with the Church but also their local community. Victims' avoidance is anxiety based, but also there is loss of core beliefs, spiritual beliefs, and loss of family based values which amount to a victim's loss of identity. It is like their identity has been disintegrated and misshapen, distorted, and this is a very characteristic feature of Complex Post-Traumatic Stress Disorder, where the stress results from sexual abuse or trauma inflicted by another individual, most often within an existing relationship with that individual and during childhood. As a result of this type of inter-personally based trauma, the victim suffers a permanent distortion or loss of coherence in the sense of self, and with that comes loss of beliefs — not just spiritual beliefs, but values about the community and life in general.

The primary difference between PTSD and Complex PTSD is that in Complex PTSD there is a breakdown or a considerable disruption in emotional attachment formation. As a result, victims of clergy abuse, or childhood victims of sexual abuse in general, have great difficulty forming attachments with other people in their adult lives. That is the most significant difference between Chronic PTSD and Complex PTSD symptomatology.

The CHAIR — Thank you. Is that physiological as well as psychological — that breakdown that you talk about in that developmental stage?

Dr POZNANSKI — I would say the physiological aspects relate to sensory traumatic memory. If you look at the traumatic memory, or any memory, there is integration of sensations, linguistic, factual events and memory of visual events — visual memory or iconic memory. So memory exists and functions in an integrated, coordinated fashion. During a traumatic event, there is a fragmentation between those elements of memory, and I would say that sensory memory is encoded most firmly. This is, the memory of a racing heart, feeling shaky, feeling weak, feeling sick, or feeling dizzy. In daily life there are innocuous, subtle triggers which trigger the sensory traumatic memory, whilst the person may not have a factual recollection of what this unexplained nervousness or anxious feeling may be about. This is because their linguistic memory during the time of trauma had been attenuated or suppressed. Often children have no capacity to explain what happened to them, but they

have those iconic visual flashbacks evident in their nightmares and those unexpected unpleasant sensory sensations that are accompanied with very stressful emotions.

The CHAIR — Thank you for that clarification.

Ms HALFPENNY — In terms of Towards Healing and the Melbourne Response, we have had a number of people come in who were victims and have gone through the process, and they talk about receiving, say, five treatments with a psychologist. That is what the church process offers them. In your opinion is that in any way a suitable treatment for what we are talking about? The follow-up to that is: what is your view? What do you recommend in terms of programs to support people in terms of their health, mental health and wellbeing that perhaps government could look at?

Dr POZNANSKI — To be totally objective, I would say that Carelink often provides a lifetime of funding for counselling for a person who has been recognised as a victim of clergy sexual abuse. I think that is a very appropriate measure. I do not think 10 sessions or 16 sessions a year, under Medicare would be sufficient. The established number of sessions under the Medicare system is based on research into cognitive behavioural therapy, which has been proven effective in reducing specific anxiety and depressive symptoms. With regard to psychological problems of people affected by childhood sexual abuse experiences, for many individuals, their emotional coping reactions had become integrated into their personal schemas. 10 sessions are not sufficient for someone with a history of such a trauma, because the psychological impacts are pervasive and durable, and they represent psychological functioning changes that become embedded in one's personality. The social, emotional and interpersonal dysfunctions are not something that can simply be treated through the Medicare process in a small number of sessions, like 10 sessions.

Carelink provides long term assistance, and I would say that Towards Healing in some instances also provides an ongoing counselling assistance, after the client has gone through the entire process. I think that is a good thing, as my view is that these clients need psychological maintenance for their whole lives, and they need the kind of therapy that is supportive, that offers them unconditional regard and respect and a genuine therapeutic relationship. These are important elements in the kind of counselling that these clients need.

Mr WAKELING — Doctor, thank you very much for your presentation. I would like to ask about the clients you deal with and their experience in dealing with the police. Obviously we have heard about a range of outcomes in terms of the way the police have dealt with claims that have been brought forward by various victims, but I am also interested in the psychological outcomes in that process of being involved with the police. Some say it has been a cathartic exercise just to be able to talk to the police. However, the way in which the police receive that information often makes it worse for them because they are not believed. I am interested to hear what has been your experience.

Dr POZNANSKI — I really cannot comment because the majority of my clients have not gone to the police.

Mr WAKELING — They have not in the sense that they do not wish to?

Dr POZNANSKI — They did not wish to.

Mr McGUIRE — On that, what does that say to you?

Dr POZNANSKI — I think perhaps many of them did not choose to go to the police because they were informed that if they went to the police the process of Towards Healing or the Melbourne Response would be suspended. That would be one thing.

The other reason why they did not go to the police is because they are fearful of authorities — fearful of anyone having some sort of position of power. That is another factor.

Mr WAKELING — Just in regard to that, Doctor, who, apart from you in your position, is best placed to have those discussions with victims — to talk to them about what options are available? Because it appears from what you are saying that unless the victims feel comfortable and confident enough to go to the police that in fact nobody is providing that advice.

Dr POZNANSKI — All of the clients that I have been involved with were referred to me by an advocate, who was providing that support and was listening to what the clients wanted to do about the matter. Also, most of my clients had their lawyer, and their lawyer would advise them of the pros and cons of going to the police. Basically my clients were advised that they cannot take the church organisation to a Court of Law as you cannot sue the Church. Often their perpetrator is dead so there is no possibility of suing the perpetrator.

The CHAIR — Doctor Poznanski, you mentioned that the Melbourne Response psychiatric reports are used as a yardstick for compensation. Could you elaborate a bit more on that?

Dr POZNANSKI — In my experience Towards Healing —

The CHAIR — Not the Melbourne Response?

Dr POZNANSKI — I do not know about the Melbourne Response. But I would say that they all use a psychiatric assessment to define the extent of trauma.

The CHAIR — And that is used for their compensation payouts and the number of counselling sessions that victims may receive?

Dr POZNANSKI — Yes, and most of the time victims receive a fair number of counselling sessions — sometimes a limited number. But in terms of financial compensation, I believe it is linked to these specialist reports.

The CHAIR — Thank you very much for that clarification.

Mr O'BRIEN — I just want to pick up on Mr Wakeling's question about the police. We are considering a range of mandatory reporting recommendations that have been put to us by various people. It has been said that there needs to be reports to police in these cases because of the secrecy that has occurred at the abuse end, and crime can be suppressed, and particularly further crimes are capable of being committed while victims understandably do not want to report because of their shame. I am not sure where your present obligations sit in relation to referred cases, but if I could ask, firstly, what is your present practice and what do you think should be your particular practice? Say, for example, you were treating a patient who had not been referred about clergy sexual abuse or institutional sexual abuse, but you became aware of it in your treating and that offender was still in a position of authority and capable of abusing further.

Dr POZNANSKI — That is a difficult problem. In the majority of cases the offender is already dead, so going through the civil legal process is of very little consequence. In fact, my clients are advised by their lawyers that civil litigation or going through the County Court is not going to result in any compensation. At the end the Melbourne Response and Towards Healing are the only processes where the clients can achieve some compensation, so they are somewhat cornered into this situation. If they want to address their complaint of clergy abuse through a restitution process they can really only do it through the existing channels i.e. Towards Healing or Melbourne Response. If they go to the police these options are then closed to them.

As a psychologist I do not have an obligation in terms of mandatory reporting, but of course if I come across a client who discloses a history of sexual abuse, I will say, 'You have been subjected to a very serious crime and it should be reported to the police, and maybe you need to follow up with some legal action'.

Mr O'BRIEN — Just a final extension. There are references to a universal mandatory reporting even in situations of doctor - patient confidence because of this further crime aspect. I am not talking about particular people; it may be theoretical so that you are removed from any particular case. What is your view about that general obligation?

Dr POZNANSKI — My view is that all psychologists, even though we have a Code of Practice, should be subjected to mandatory reporting, and doctors as well, and definitely the clergy.

Mr O'BRIEN — Thank you.

The CHAIR — Dr Poznanski, on behalf of the committee, thank you very much indeed for your appearance before us this afternoon. Your evidence has been most helpful. Thank you again.

Witness withdrew.