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RE AE

Date of birth:

Address:

Telephone:

AE was referred to me by Father Ron Pickin, Catholic parish priest of Beresfield, after it was reported to him by BD (husband) that AE had been raped three times when she was eleven years old by a Catholic priest. I began seeing AE on 10th October, 1999, and have been seeing her at least once a week since then except for a period of a few weeks when she and her husband were absent from the district on holidays.

AE is seriously hearing impaired and this makes working with her somewhat difficult. It is necessary to sit directly in front of her, fairly close, and to speak loudly and slowly and as clearly as possible. Her facial expression usually signals when she has not heard something that has been said to her. Some bad experiences with medical practitioners and others who do not deal with her deafness adequately have made AE reluctant to seek consultations as often as she possibly should, though she appreciates the care of her general practitioner and trusts him.

The account of AE's multiple rape experience has been told only in the last eighteen months, first to her husband, then to her two children (though she has not told all the details to her daughter). This is in no way a recovered memory. Beset by the usual guilt and shame such women often experience and certain that she would not be believed by church authorities because the perpetrator was a priest, AE has kept her secret for more than forty years, except for her parents (both deceased) who took some ineffectual action at the time. AE came forward with her story only when there was abundant media publicity about sexual assaults which reassured her that she was not alone.

AE's deafness began about forty years ago. It is tempting to connect the deafness and the rapes, but her mother was also deaf, so it is probably rash to do so.

Once AE's story was made known to her family she saw a community health psychologist and made a complaint to police (Maitland) and to the Regional Professional Standards Committee of the Catholic Church. Apparently the alleged perpetrator's name is well known but other victims have so far been unwilling to bring charges and the former priest is no longer in the country. The police treated AE very kindly and took her statement, warning her that it could take quite a long time to bring the accused person to justice because he was skilled at evading police. She accepted

this, but later withdrew the charge because she found the tension of waiting for something to happen too much to bear.

~~AE suffers depression and has done so almost all her adult life. She has been prescribed a variety of antidepressant medications with what she sees to have been only minimal results. Following a recent family dispute (mainly with her daughter-in-law who offers advice such as "You've got to pull yourself together") AE flew into a rage and left the house and was not heard from for hours. Her alarmed daughter took AE to a Mayfield doctor who gave her a starter pack of Efexor. Prolonged sleeplessness associated with this led to a return to her former medication, Zoloft.~~

AE suffers almost all of the symptoms of major depressive illness as defined by DSM-IV: persistent sadness, insomnia, fatigue, feelings of worthlessness, rage, lack of concentration, frequent tearfulness, a sense of isolation (exacerbated by the social limitations of deafness).

Some suicidal ideation without a specific plan is now beginning to appear. Referral for sustained psychiatric treatment is warranted. My suggestion is that this be done through one of the major public hospitals. AE + BD have no private insurance. I have begun to prepare AE for this referral and she is willing to do whatever needs to be done.

My rapport with AE is good and I am willing to continue to support her if this is acceptable. I am currently working with her to seek compensation for the damage inflicted on her.

Evelyn M Woodward Ph.D.
(NSW Psych. Reg. PS0012895)

We met again on 13th December and AE₁ seemed to have lost some of her energy to attempt change. She commented that coming here regularly gave her some sort of outlet. It is a very small gain and its possible value, beyond what AE₁ says, is that it may spare the rest of her family, especially BD, from some of her irrational blame and anger. Here, she is heard without blame and hopefully may become more and more at ease, but I doubt it. After all these years since the rapes, there is an established behavioural pattern and sense of victimhood that is not going to change easily.

I have informed Bishop Michael Malone 15th February, 2000, of AE's story and of the crime committed against her and the ramifications for her family, her faith and her friendships. Nobody seems to know where Dennis McAlinden is. He seems to have disappeared. However, whether he is found and brought to justice or not, I will pursue the granting of compensation to the AE's and, of course, a profound apology from Bishop Malone on behalf of the church. I feel I have been listened to but nothing has yet been said about compensation. Bishop Michael raised a question about the statute of limitations on such cases, to which I was not able to reply. There is to be some investigation of this and I assume that I will be informed.

During February appointments I have witnessed some examples of AE₁'s rages and they are truly alarming. She suddenly regresses to age 11 and relives the rapes. She throws herself around and shouts and screams, kicks and swears. This lasts for several minutes and then, gasping and sweating she becomes her usual self, though exhausted and confused. She appears to remember little about the rages except she knows they happen. I have learned that trying to intervene and calm AE is useless. I find it better to wait beside her quietly and calmly, and as she recovers to give her a chance of some quiet time before trying to understand or discuss what has just happened. She has agreed, however to try to map the frequency of the rages and keep a log of them. We are trying over time this month to find ways of displacing thoughts of McAlinden by doing something positive. One of the things AE suggests is to go out and buy little gifts for her young grandchildren. It sounds trivial but it is a small gain.

From late February through to mid-March I have tried the suggestion of using a transitional object to forestall her rages. She or I (I can't remember which) chose her wedding ring. She chose to try to focus on how much her husband loves her, to feel and look at the ring and what it symbolises and to accompany this exercise with some breathing exercises which we have practiced. I don't think it is working.

On March 14, there was a victory that AE reported. She decided the previous Saturday to go to the evening Mass. Entry into a church has been a reminder of the priest who coerced and terrified her so she ceased attending church services some time ago (date unspecified). She spoke about being overwhelmed by fear as she entered the church but she did it. She broke down but stayed till close to the end of Mass and saw this as progress. She fears being asked about her absence by other parishioners and we sorted out some responses that AE could be comfortable with. When she told me of this small victory, I asked her if she felt good about it and replied with one sentence that has stayed in my mind ever since: "I don't have good feelings".

11/4/00 Bishop Malone informed me today that he will pay for all the counselling sessions for AE and that he would also consider paying for a number of psychiatric consultations. I communicated this to AE and her husband and they were grateful for it, especially as BD quite often has to be absent from work to care for AE and finances are difficult.

Appointments from 2/5/00 to 25/5/00 have been cancelled. AE informed me by phone that she could not be here because a car accident made travelling from Beresfield too difficult. Any conversation about the accident was made impossible by AE's deafness.

25/5/00 It has been becoming more and more obvious that AE needs psychiatric treatment for further investigation and treatment of her depression, anger and traumatic flashbacks. I am becoming more and more convinced that there may be other issues - perhaps of a neurological origin - that should be explored and of which I am ignorant and not qualified to deal with. I broached the subject of seeing a psychiatrist with AE and suggested that her GP should be asked for a referral. She reluctantly agreed.

Appointments for counselling sessions from 30/5/00 to 27/6/00 cancelled because of the serious illness of my mother for whom I am a part-time carer.

11/6/00 my father died very suddenly and my mother was hospitalised two days after his funeral.

A new appointment for AE on 4/7/00 has been postponed because AE is having some surgery (unspecified) and will need time for convalescence.

There is now some talk of seeking financial compensation from the diocese for the sexual abuse of AE at age 11 by Father D. McAlinden. Getting this settled may be a healing thing for AE and I encouraged it. I suggested to her and to her husband that it would be good to have a wise negotiator. I proposed Mr. Michael Salmon, who has a legal background and experience with the National Catholic Professional Standards committee. A little hesitantly, AE agreed and I suggested that she talk it over with her husband and if they still agree I will arrange for a preliminary meeting with Mr Salmon.

1/8/00 Michael Salmon was here today for AE's appointment. AE was nervous, but willing to tell her story. I had warned Michael of AE's deafness and the possibility of one of AE's flashbacks and that is indeed what happened. Michael was very gentle with AE when she eventually settled down again and explained the process he would facilitate. I can see that she was becoming more comfortable with him. No date was set for further action at this stage.

During this month, (August) the AE + BD engaged Palmieri Lawyers (104 Tudor Street Hamilton 2303) to act for them in the process of seeking compensation. A letter dated 31st August, 2000, was sent to me from Mr. John Palmieri informing me that he was acting for AE who had told him of the plans we had made to meet with Bishop Malone in a mediated effort to arrive at a compensation settlement. He asked that this meeting be delayed until such time as he was able to gather enough information about

the case, estimating that this would take from 6 to 8 weeks. AE was disappointed about this delay but had to accept it.

~~In the weeks since the arrangement with Mr Palmieri AE has vacillated often and has wanted to back out. She is often rather cranky with me for not being able to solve everything! Whenever she is under stress, as she has been during this process and also was with the police process in October, 1999, her solution is to withdraw "because it's too drawn out to put up with".~~

Information sent by me to Mr Palmieri about AE's condition was deemed insufficient - quite rightly, I accept- and a second opinion sought. A local psychologist, Mr Roger Peters, for whom I have great respect, was asked to handle this and a copy of his assessment was sent to me. It is a relief to me to read his belief that there is little chance of complete recovery for AE, who has not seen the report. I have for quite while felt the impossibility of seeing much real improvement of such a damaged woman. Nevertheless, appointments continued. I asked AE if she wished to keep seeing me and she very firmly said that this was a place where she could "be herself" without blame.

Counselling sessions during the rest of the year have been more spasmodic and AE's condition shows no sign of real change. I keep wondering is there something organic that we have all missed, so I have raised once again the prospect of referral to a psychiatrist and she agreed and a referral was made by a Maitland doctor to Dr Larry Brash. In the interim, AE and BD took a holiday for a few weeks.

Following the holiday from which AE seemed to have derived real pleasure, we arranged a meeting with Bishop Malone, AE and BD and Michael Salmon and myself. This has taken place at 5.00p.m. on Wednesday, December 13, 2000. Michael Salmon facilitated this meeting and, to save AE from having to tell her story yet again, gave a summary of what he had learned from me and from AE at his earlier visit. She immediately regressed into one of her violent flashbacks, her husband in tears beside her, trying to hold on to her as she thrashed about violently. At one level I do not regret the outburst because it allowed the bishop to see some of the damage for himself. After a short break to allow AE to recover, the bishop offered a profound apology in the name of the diocese and himself and although no settlement about compensation was reached, the promise of it was made.

On 15th February, AE had her appointment with Dr Brash and I have received a copy of his report. He disagrees with me that AE is depressed, but I hold to my opinion, especially knowing that his conclusions have been made after only one appointment which AE herself terminated. I believe that Roger Peters has a much more comprehensive understanding of AE's condition.

Appointments with AE finished in March 2001 (27th). I had shoulder surgery and was incapacitated for some time and we agreed that we had done all we could but left the door open if AE ever wanted to return. There were occasional phone calls from AE over the next few years, but only one visit which was not a professional one, but a chance for AE to apologise to me for being angry with me about something or

other about a year before! Compensation was eventually paid to the ~~NE + BD~~ by the diocese

On November 13, 2007 ~~BD~~ ~~phoned to tell me that AE had died in Maitland Hospital on 11th November. She had succumbed to a viral infection. Not long before this she had finally been diagnosed by tomography as suffering from Hutchinson's disease which is a genetic condition in which a single rogue gene joins the short arm of chromosome 4. It has symptoms of depression, irritability and anxiety. It is a progressive degenerative disease of cognition, emotion and movement. Offspring of sufferers of this disease have a fifty percent chance of developing it. AE's son and grandson are showing early signs of it. The question of whether the childhood trauma played some part in the emergence of the symptoms of a disease already in AE's system. Sadly, we may never know.~~