

VICTIM IMPACT STATEMENT

NAME OF VICTIM: Ms. MICHELLE La ROUSSE.

DATE OF BIRTH: 29TH JANUARY, 1964.

NAME OF OFFENDER: [REDACTED]

**CHARGES TO WHICH THIS STATEMENT RELATES:
SEXUAL INTERCOURSE WITHOUT CONSENT.
SECTION 61 I CRIMES ACT.**

SENTENCING COURT: PARRAMATTA DISTRICT COURT.

SENTENCING DATE: 21st MAY, 1997.



The following report was compiled from counselling notes and records of interviews with Ms. Michelle La Rouse dating from 13th May, 1996 (three days after she was sexually assaulted) until the present time. Ms. La Rouse has been a client of the Sexual Assault Service at Royal North Shore Hospital over that period. She has been examined by the Doctor at the Centre, Dr. [REDACTED] and she has attended weekly counselling with [REDACTED]. [REDACTED] went on extended leave from this service in March 1997.

My name is [REDACTED] and I am a Sexual Assault Counsellor at Royal North Shore Hospital Sexual Assault Service. I have been Michelle's counsellor since [REDACTED] went on leave. I have been seeing Michelle weekly since 3rd April, 1997.

This report is compiled from casenotes made by [REDACTED] and myself from interviews held with Ms. La Rouse between 13th May, 1996 to the present day.

Details of Personal Harm Suffered as a Direct Result of the Offence.

Life Prior to the Assault.

Ms. La Rouse describes herself, prior to the assault as being a person who was "out - going, social and never afraid of people".

Ms. La Rouse's professional and career history has been colourful and varied. She has been involved in sales and promotion, has been a personal assistant, a project officer, a typist and more recently she has had several media research positions which have placed her in quite high profile situations. Prior to the assault most of her jobs involved her in situations which required confidence and competence in approaching and working with other people. A work injury in 1992 led to a prolonged period without employment, but prior to the assault she had just completed a challenging assignment with a television current affairs program and had no reason to believe that other such work would not be possible for her.

She had a particularly close relationship with the assailant's family who she describes as being "almost family". She was especially close to his wife and had been closely involved with his two children since their births. She had known the family for eight years.

Sexual Assault History.

On 9th May, 1996 Ms. La Rousse stayed the night at the home of her friends, the [REDACTED] family. She shared the room of the [REDACTED] younger child - a son, who was, at the time, three and a half years old. Early on the morning of May 10th she awoke with intense abdominal pain and discovered that the assailant was sexually assaulting her. She was extremely shocked but eventually managed to kick him away.

Initial Impact of the Assault.

A. Physical Bodily Harm.

Ms. La Rousse was seen immediately after the assault at Westmead Hospital. She was examined by Dr. [REDACTED] at Royal North Shore Hospital Sexual Assault Service on May 15th, 1996. At this time she reported severe abdominal pain at the time of the assault and on going discomfort in the lower abdomen. The doctor noted that Ms. La Rousse was "extremely tense". Ms. La Rousse talks about the medical examination as having been a huge ordeal for her and the period of waiting to discover whether or not she had any sexually transmitted infections as having been almost unbearable.

B. Mental Illness / Nervous Shock.

Ms. La Rousse presented at Royal North Shore Hospital Sexual Assault Service on 13th May, 1996. At this stage it was noted by the counsellor who saw her, that Ms. La Rousse was "extremely agitated, confused and very emotional".

Counselling notes mention a large number of difficulties that Ms La Rousse talked about over the early contact period. These issues she saw as being a direct consequence of the assault. These difficulties were consistent with symptoms of Post Traumatic Stress Disorder. These symptoms are:

1. Sleep Disturbance

Until July 1996 Ms. La Rousse constantly mentioned that she was having difficulty sleeping. On her initial contact she talked about "very restless sleep" and subsequently she spoke of frequent waking, followed by lengthy periods of insomnia and frightening sensations of having the assailant there in the bed with her "on her back". These would suddenly happen as she was trying to go to sleep.

2. Hypervigilance

Ms. La Rousse talked about a constant feeling of vulnerability, of not feeling safe in crowds unless she was with people known to her and of feeling unsafe and frightened when with men. She said "I am afraid of everything" and "have an overwhelming need to protect myself". She was disturbed by self protective behaviours that she had never experienced before.

3. Anxiety Leading to Social Isolation

Whereas before the sexual assault Ms. La Rousse had led an active social life, following this event she reported finding it extremely hard to go out. Sometimes, she said, not only did she find that she could not leave her flat, but also she was afraid to even answer the telephone.

4. Relationship Difficulties.

An on-going theme of Ms. La Rousse's discussion with [REDACTED] centred on the fact that the assailant was known to her and in fact married to one of her closest friends. Ms. La Rousse talked about her dilemmas around concern for her friend and her friend's children if she reported the assault to the police. On the other hand she felt a great sense of responsibility to report as she feared that if she did not, the assailant might feel free to attack other women. She then decided to approach the police and as a result has lost her relationship with the assailant's family. She has described this as a devastating consequence of the assault and a situation that has left her feeling immensely isolated.

In counselling sessions Ms. La Rousse has frequently commented on the context of the assault as being particularly horrifying for her. She says that she is appalled that in a situation where one could normally expect such safety - a close friend's home with a small child sleeping in the same room - her trust could be so betrayed. That the child's father should be the attacker has enormously challenged her sense of security in an on-going way.

5. Alterations in Consciousness.

At times Ms. La Rousse has talked about feeling "disconnected" and "split in two", "numb" and "removed from myself". She described times of having a sense of her own life being completely out of her control and of not being able to think or function clearly.

On-Going Effects of the Assault.

Ms. La Rousse continues to experience a number of effects which can be seen to be as a consequence of the sexual assault. Particularly in relation to relationships, personality difficulties and employment

1. Relationships.

Ms La Rousse reports many instances of confusion in relationships both with those close to her and with casual acquaintances. She finds it difficult to work out what are appropriate boundaries in relationships with men and finds intimacy difficult as she is plagued by flashbacks to the sexual assault and anger which she recognises as being misplaced on men other than the assailant. She also talks of aggressive reactions as being a response to her feelings of vulnerability. She recognises that she now has a great need to be assertive so that she does not feel "walked over" by people. She is sensitive to abuse and inequality.

2. Changes in Personality.

A further extremely distressing result of the assault is that Ms. La Rousse talks about "hating myself for feeling vulnerable and frightened" and because "I was so affected and couldn't function properly".

Ms. La Rouse still talks about being constantly frightened and especially of a lack of confidence with people.

Ms. La Rousse has suffered considerable loss of self esteem as a result of the sexual assault. She has spoken extensively about having "lost myself" at the time of the assault. She has a sense of her personal boundaries having been so challenged that she is now having to completely rebuild an understanding of her own identity.

3. Employment.

Despite attending several interviews and various other attempts to re-enter the work force, Ms. La Rousse has found herself unable to do so. She sees this as stemming not only from her physical limitations, but also from her difficulties in relating to people. This general fearfulness has adversely effected her ability to seek employment.

Conclusion & Prognosis.

The effects of the sexual assault on Ms. La Rousse's life have been profound. These effects are commonly experienced by victims of sexual assault and are consistent with Post Traumatic Stress Disorder (Herman, J.:1992)

Despite this she has put a great deal of work into dealing the traumatic effects of the assault. She has attended counselling and participated in a survivors group.

It is likely that Ms. La Rousse will never forget the sexual assault. Unfortunately much of the trauma remains and she continues to struggle with many aspects of daily living that, prior to the assault, she had no difficulties attaining. Ms. La Rousse restricts her social life and her movements. She suffers anxiety and fear and her basic sense of trust in others has been impaired. She continues to struggle to regain control of her life despite the immense challenge to her mental health.

It is my opinion that she will continue to need counselling for quite some time and that it is possible that some effects of the assault will never be completely resolved.

Reference:

Herman J. (1992) Trauma and Recovery
Basic Books. New York.

This statement is true to the best of my knowledge and belief.

Signed: *Michelle LaRousse*
Ms.

Date: 8 5 97

I do not object to this statement being given to the court.

Signed: *M. LaRousse*
Ms. Michelle La Rousse.

Date: 8 5 97