

After the Rupture: Art as Soul Repair

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Abstract

This paper is about an arts project, The Forgotten People, undertaken in the first half of 2022 with a group of former clients and staff of a Melbourne sexual assault service which underwent an aggressive structural and cultural change that had profound negative effects on both. Whilst the service, and its parent, a major Melbourne public hospital, refused to engage in any form of respectful conversation addressing the pain their Carelessness was causing, a creative community formed to express their feelings in art. Our aim was to create together, to initiate 'soul repair', to communicate with the health providers, and for the project to be of service in other organizations where client needs can easily be overlooked. It is a paper about the transformation of those involved from feeling isolated and intimidated by their experiences with the service and hospital, to feeling part of a collective of people doing something positive and uplifting as an act of Care.

Keywords: arts, trauma, healing

Artists delve into shadowy places, we gaze, we wonder and we make. An enduring question, 'How might art and an artist be of service to wellbeing following trauma, loss and grief?' first raised in my PhD research, is at the heart of the project and story I am now writing about. Some years ago I asked this question a part of a PhD which I undertook with the South Eastern Centre Against Sexual Assault (SECASA), a respected service in Melbourne, where I worked creatively with women with complex trauma or PTSD after sexual assault. It is a question not asking whether art is of service, but how. What does it uniquely contribute?

This project, The Forgotten People, is 'also' about art, that same sexual assault / family violence service, a public hospital, carelessness and rupture. It is, however, mostly about the power of art in the expression of meaning beyond words, to create a community of care, and a collective creative response to institutional failures of care, and soul repair.

The emergence of the CASAs (Centres Against Sexual Assault) in Melbourne in the 1990s was a step

forward in acknowledging sexual abuse experienced across all sectors of society, and in providing specialist services to support victims. SECASA was at the forefront in Victoria, providing child and adults victim/survivors with a suite of supports, including various forms of talk therapy, art, yoga, a significant range of on-line services, and more. It recognised that just as its clients are diverse, so too the services to support them, the warp and the weft in the fabric of Care, need to be diverse. It was highly regarded for its innovative approach, as one client comment

The Art group literally lit my life up for that period of time. I don't know if you noticed (Riggs, 2022).

Melbourne writer Arnold Zable, a tireless advocate for refugees, speaks of trauma as a continuum: the 'Before' or 'Once upon a time', the 'Rupture', and the 'Long Aftermath'. These terms are useful metaphors to convey our story.

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In the ‘Before’, SECASA operated in service to the community.

The collapse of purpose and the reputation of this once highly respected sexual assault and family violence service, the ‘Rupture’, came with the arrival of a new director, structural change, and unprecedented shifts in priorities and in how services were delivered. It has been as swift as it has been inexplicable, independent of, yet exacerbated by COVID. The Rupture has left both clients and staff reeling, traumatised and utterly bewildered.

I went in with a really positive attitude about it (the change of Director). I knew that whenever we

go through change there will be some challenges and I was looking forward to the adventure of that (Riggs, 2022).

Expectations that the change of leadership would nurture innovation, care, and expand on the quality sexual assault and family violence service and advocacy being provided, proved to be unfounded. Clients’ files were closed without consultation, calls unanswered, clients speak of being left isolated and in active domestic violence situations with no support, court support withdrawn, one describes ‘being thrown under a bus’ by the service (Riggs 2022). Without access to any, or timely, counseling clients became

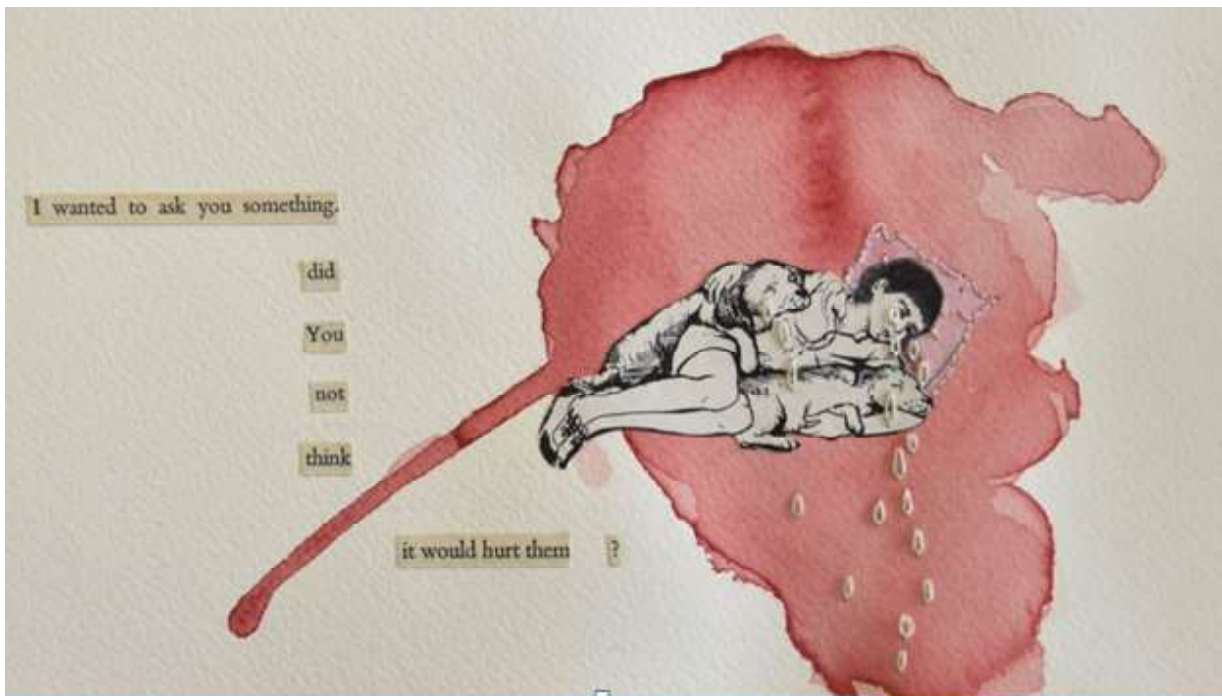


Figure 1

mentally unwell, with some being admitted into hospital. Former clients describe their feelings of abandonment, despair and betrayal, and their loss of trust in the service. The sorrow when community artworks were willfully destroyed and the devastation when a support group was abruptly closed were profoundly felt.

Brutality, pain, ‘they just don’t care’, and traumatizing are words used by every staff member with whom I spoke. Horrible is the most commonly

used. They are not describing the abuse, the violence, the late night call outs to support victims of rape, or any of the physical, mental and emotional injuries they witnessed as part of their jobs. They are speaking of an untenable workplace. Former staff recounted witnessing Carelessness “on a daily basis”. Staff integrity was questioned without cause; and an alarming number, especially those highly experienced in the field, left.

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Figure 2

As a casual arts contractor with the service for over 12 years I sit at the edge of the Rupture; the clients, some of whom now attend my studio arts program, did not, neither did the staff. Incredibly for a trauma service, former staff describe being so traumatised by their experiences and by what they witnessed, that they felt unable to peer into the memory of it, or speak about it, even months later. One former staff participant of this project was diagnosed with Post-traumatic stress disorder and not been able to work since leaving six months ago.

The concept of Moral Injury relates to staff being compelled into, or witnessing behaviours and actions that transgress personal and professional morals and ethics and which they are powerless to prevent (Norman and Maguen, undated). It has particular relevance to two major industries, one is the military, the other is healthcare. Many symptoms of moral injury, such as shame, guilt and anxiety, withdrawing from others, as well as severe psychological distress, self harm, and suicide ideation mirror the mental injuries that sexual assault clients experience (Norman and Maguen, undated). It is explained as a 'soul in the anguish' (Nakashima and Lettini 2112).

I went from looking forward to going work, to hating going to work.

It was no longer about service. Clients were just numbers.

Loyal staff were treated like they were the enemy.

I still have nightmares about some of the things that happened there (Riggs, 2022).

A culture of Care was being erased without enquiry, insight, ethics, compassion, and certainly without wisdom. Staff recounted being compelled to act in ways that were potentially, as well as actually, harmful to clients, which challenged their ethics and the Codes of Practice of their profession. Clients describe conversations with counsellors clearly ill at ease, and felt the organisational conflict seep into the therapeutic space:

My counsellor told me that she was getting pressure from her managers. After six months of providing service to us then they need to start closing client's files as they have other clients to see ... I had been hospitalised, two hospitalisations and I really needed help. My counsellor has provided excellent service to me... I felt very sad that that her managers were putting her under pressure to close my file (Riggs, 2022).

This had become an organisation separated from its authentic self and its reason for existing.

Concerns raised with the service and Monash Health, its parent, were largely ignored, or minimized. Instead of engaging in the constructive dialogue requested, the responses came directly from the Head of Legal Services. Alarmed by the indifference and contempt, and that no-one, from the CEO down was prepared to engage in a conversation which may have elucidated the decisions being made and then brought people along with them, some of us collaborated in what one described as a "super group" to continue drawing attention to the damage being done. We formulated a three point plan as a constructive offering; it set out



Figure 3

we believed was now needed and expected of a sexual assault and family violence service, and a public hospital operating at the highest level. In summary these are: (i) improvement in Governance of both Monash Health and SECASA, (ii) the provision of sexual assault services that meets clients' needs and is client driven, and (iii) clear guidelines and procedures that are followed in closing client files. Concerns have been raised to government, statutory bodies and the media (McArthur, 2021). However, despite many private conversations acknowledging the widespread problems, with a few exceptions, it has proven to be extremely difficult to activate any meaningful response. Meanwhile more and more clients and staff were revealing their distress and declining mental health. I saw my own participants suffer as they had no access to trauma counseling, the specialist care they needed.

SOUL REPAIR

Several years ago I was invited by artist Gali Weiss to participate in a book arts project as a creative dialogue between Australian women artists and women in Afghanistan. Each Australian artist contributed three concertina books which were sent to Afghanistan for the women there to creatively interpret. Over many years, *Unfolding Projects* and later *Making Marks*, two remarkable projects, one individual's call to action, grew as did the relationships between the women. The collaborative artworks made have been acquired by two Australian Public Institutions, enabling on-going support for women disadvantaged by war to learn and gain skills (Weiss, Kamaniar and Tomcak, 2013, Weiss, and Kemanier 2021). I fell in love with artists books

then and they have since been part of my studio and community arts practice, which is why early in 2022 a social media post from book artist, Darian Goldin Stahl about her book arts project in the health sector caught my attention. In conversation with Goldin Stahl I learned about her research and the book projects she runs with patient participants in public hospitals in Canada and the US. The books express to medical staff how dehumanising the treatments for life-changing and life-ending illness had felt (Riggs 2022 b).

The conversation represents a light bulb moment for me. After receiving yet another letter from the Head of Legal Services (7 January 2022), this time stating "It remains open to you to pursue such other avenues as you choose ... Monash Health does not intend to engage in further correspondence with you regarding SECASA", I felt released from this combative complaints procedure, but not from wanting to communicate. Why had I not already thought to use my own language, the visual arts, for this? Taking a lead from Weiss and Goldin Stahl, and reflecting on the central characteristic of artist Pip Stokes thesis, *The Poetics of Care*, 'that art made by Care, makes Care' (2010, p24) I proposed to a small number of clients and staff, a project for each to create an art book expressing their personal experiences with either/ both organisation since the rupture.

As a way of describing the project, I suggested participants thought of their book as 'a letter to SECASA and MonashHealth'. One counsellor who had left the organisation disheartened by the lack of care that she saw as mirroring the brutality of the wider world, became inspired by the collective, this small and growing group who had decided to act, and the project. "Why not a letter to the world?" she asked, exposing a shift in her thinking from "We can't do anything" to "We must" (Riggs, 2022).

So, yes, this is indeed a letter to the world, and a collective act of 'soul repair'.

HANDMADE BOOKS

Handmade books are enticing. They are designed to be held. To be opened. To be smelled, seen and experienced. They are a connection between art, words, the maker and the viewer, and to express something beyond image and text. Handmade books rely on intimacy to convey visual, emotional and intellectual information. They are testimonies, they are witnesses. As such, handmade "books can be

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considered primary research objects, useful across a range of disciplines, from the arts, to health to education” and for deep intensive learning says book artist Marshall Weber (undated).

As a first step, a research component in the form of a conversational interview captured the voices of participants to include this paper, to use in future projects, and to deepen our own understanding of individual experiences. Participants described their disheartening and damaging interactions with the service and hospital, how this had affected them, the steps each had taken to communicate with the health providers and others, and their hopes for the art project to communicate a message:

I hope it is transformative. I really hope that they can see something that they have never seen before ... even if it is just snippets in each and every one, perhaps it can build a picture for them in better understanding (Riggs, 2022).

The conversations helped clarify participants’ thoughts, shape the content of their book and develop an approach to creating it. It helped empower them to feel less overwhelmed or impotent by their sorrow and anger, and by their interactions with the sexual assault service or the hospital. This was especially so, I believe, for former staff who recognised the personal harm that being stuck in the hurt, pain and the brutality of their experience was causing them. They understood that revisiting it, with fresh eyes and in a creative way, and as part of this collective, might be useful in acknowledging their suffering, and regaining a positive regard for the contributions they had made to those impacted by sexual abuse and family violence, and the organisation, over many years.

When we are doing these types of things we are actually trying to make the world a better place and that includes our clients; helping our clients, but it also includes all of us (Riggs, 2022).

Most of the project’s fourteen participants have been engaged in some way with creative practice, through art and writing groups, as participants at my studio, in computer graphics, and private creative pursuits. Although none except me had created a book before, all had strong ideas about what they wanted theirs to communicate. My role as the facilitating artist was to equip makers with the know-how needed to bring their ideas to life. We discussed image and text, and how to place each on the page to strengthen ideas, intrigue viewers and entice them to connect with the content.

Describing the role of the artist (which I extend here to include participants and their art practice), Stokes says that we make art not knowing what it will be, but we need to see what it is. We are responding to a need to bring to light something that matters. Sitting alongside the need to express the individual experience, is the belief that there is also a need for it in the world and therefore it will matter to others (p12-13). That is matters to ‘me and to others’ is certainly behind the desire to participate in this project, although we have yet to discover where this may lead. All of us feel compelled to create in order to share an individual story, knowing that collectively, our artwork can do something more. “It is the seriousness of intention that insures the work will also have meaning for the world”, says Stokes (p12).

During a time of great isolation, angst and confusion around the treatment at the hands of MonashHealth, I made a small book depicting this leading health organisation seemingly acting without a heart or soul. I used what limited supplies I had at home including fabric I’d previously used for making masks (Riggs, 2022, client).

Some of us created a concertina book, made by folding long pieces of paper into a fan, whilst others used a Japanese binding technique to sew individual pages together to form a book. Some decided that the book form did not serve their creative purpose, and ventured elsewhere - a claymation, a fold out card, a

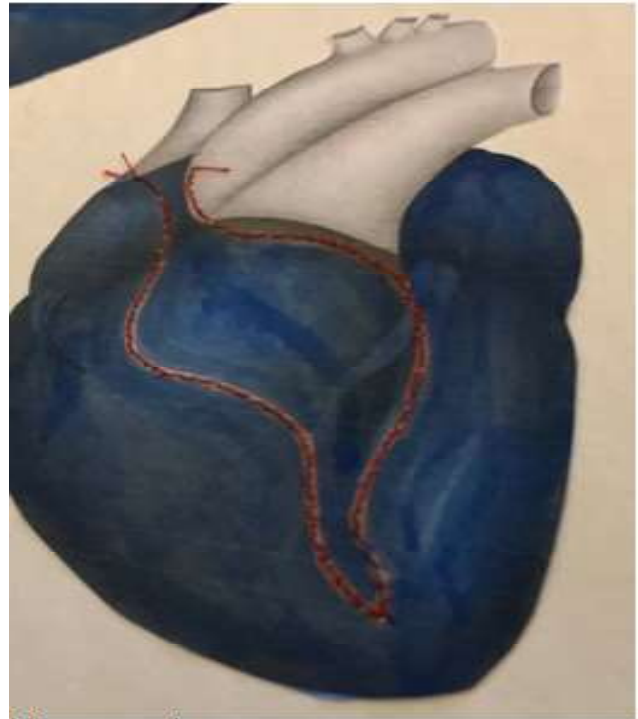


Figure 4

booklet, a time-lapse video and a small clay installation emerged to convey their stories. I was very excited by this as it spoke of each participants deep consideration of how best to communicate, and of the comfort they found in our process.

Making this book provided a creative outlet where I could channel my confusion and frustration. The book asks the questions Where is the heart? And why is it so cold and uncaring? The pictures I used were painted, drawn and copied over and over. A bit like the questions that went unanswered over and over. I likened it to talking to a stone wall. Cold cold heart, hardened by You (Riggs, 2022, client).

Themes emerged. The most consistent expressed is the wilful lack of care. Another is the strong and positive relationship with the ‘old’ service, the Before as Zable describes. Clients felt SECASA had been “a safe place where I felt supported”, heard, and connected, whilst staff felt their work was important and had value. All felt they had been treated with respect. “I really believed in the organisation” expresses a common feeling. Clients told me that the rupture “caused more harm than the original trauma” for which they sought help.

... because this was a space that I trusted. This was a space that I built a relationship with, that as a person and anyone in society would expect, was a space that going to protect me and do the right thing. But it failed. It failed me and not only did it fail, me it broke me. I don't think I would ever trust, or recover from the damage of the last two years.

Clients described feeling they had been

Lured into trusting, only to feel betrayed ...

I was blindsided. I feel like I have been brainwashed for years and I have come out the other side to realise that what I thought, and felt in the beginning, is what I should have felt and thought all along (Riggs, 2022).

The former premises of SECASA, a mid-20th century timber house in suburban Melbourne had large garden with two huge eucalyptus trees. From one viewpoint, the building and garden were outdated, impractical, and unsophisticated, from another it felt comfortable and accessible in its homeliness.

Solace from a lifetime of trauma is often found through art and in nature. Counselling sessions that were regularly held under the canopy of the eucalyptus trees whose majesty, fragrance, and hospitality to myriad birds and insects, grounded one client and taught

her how to utilise the things she most loved in her recovery. A series of clay works and a book in which she places herself and others in the shelter of these huge trees sorrowfully portrays the connection and care, and the people who have been discarded and left to fend for themselves.

Artworks made by clients, staff and supportive others were inside and out, filling the place with the presence of others in similar situations. Nestled in and around the garden were mosaics, and small ceramic pieces. The walk down the driveway to the front door took you past a chimney breast decorated with ceramic plants and birds, and a garage wall alive with mosaic birds in flight.

As a sexual assault and family violence service, the house occupied an anonymous place in the street. There was no identifying sign. For some, the walk to the front door, where clients first saw the name of the organisation, and where they were about to ‘confront the worst experiences of our lives’, was daunting. In one of our 12-week art programs, participants suggested we create a welcoming entrance. Together with the counsellors who supported the group, participants and I made these artworks. All of it ended up in the rubbish.

Clients wept as they recounted:

(Seeing) the starkness of the driveway, I said ‘oh my god where has the artwork gone ? I walked around to the back trying to find it, thinking maybe they had relocated it. Hoping against all hope. I went in and asked the receptionist and she just said it had gone. I just felt like something heavy. It was like someone had ripped a piece of your hair off and let your scalp exposed.

It was just awful. It was such a rotten and revolting thing to do. No explanation and no forewarning, not even the offer of “would you like to come and collect your art, we couldn't even have a ritual to say goodbye to it (Riggs, 2022).

One participant depicts her grief surrounding the destruction and disposal of the artworks, as well as the sense of community that had created them, as a claymation, an art form that combines modelling and animation. It begins with an isolated and lonely figure. Soon joined by others, they form a creative community and together make art for the wall. They are happy and connected. A new broom arrives and sweeps the art into the bin. The three return to their original states of isolation and despair.

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This had been our hard work, done by a group of women who have poured their heart and souls into making this artwork. (It) was a culmination of weeks and months of us sitting together, as women, being able to work on something together. The aim was to make the area more welcoming for women, for victims of sexual assault to come into (Riggs, 2022).

The Rupture is expressed in a number of ways in the project, as the new broom, a long claw, and an ill wind. A short video of a community of brown paper women is another potent work portraying this. Faces are blank, female bodies nondescript, they are nobody and everybody. Reminiscent of a child's game, as well as the dolls sexual assault counsellors sometimes use with children, the cutouts call to mind the child most of these client-participants were when they were abused. They are a community; they hold hands in a gesture of

care, connection and solidarity they found and gained with the 'old' organisation.

The maker and I went one quiet Sunday to temporarily install her cut-outs onto the timber fence of the old premises (SECASA moved to clinical style premises in 2021). It was a beautiful autumn day. As she solemnly tacked the paper women onto the fence, placing a small flower in their joined hands, the sun shone. It was not long before a light breeze interacted with the figures, gently at first. As some seemed about to lose their balance and fall, the group held them up. The breeze intensified into a wind that the little figures could not withstand, despite the support of the others. One fell, then another, until all fell and lay scattered across the footpath. It was an installation neither of us expected yet it so perfectly describes the sense of struggle and loss that prevails.



Figure 5

Feeling traumatised by the brutality of the incoming leadership who criticised and minimised the value of her work, one former staff member who resigned as a result, chose to use the project to bring some perspective back into how she viewed her time with the organisation. Her concertina book portrays the innovative and client focussed approach she had taken to connect with, inform and support people about sexual assault and family violence issues, for which she had won awards and grants, and which astonishingly was criticised as being 'old fashioned' by the new leadership. The book reminded her of her contributions, that the work was important, meaningful and it had

given her purpose and satisfaction. Towards the end of the book the colours shift to black as a clawing arm appears and destroys it all.

The sadness expressed in so much of the artwork describes a depth of feeling about what is needed in a service of this nature, and what has wilfully been destroyed in countless acts of carelessness.

In one of the most significant changes, the service has shifted to a clinical model, and provided clients with up to six months counselling. That complex trauma and PTSD can be adequately addressed and managed in the six month model now in place wildly "underestimates how much work you have to do", says a client (Riggs,

2022). Long-term complex trauma clients (of 8-10 years) participating in this project recall being in such a traumatised state when they began their therapy that they could not properly speak for the first six months; the hard work, and building the therapeutic relationships crucial in their recovery, takes years, they all asserted.

A former counsellor explains “you are guiding them through the developmental milestones for recovery - there is no one way, there is no one size fits all” (Riggs, 2022). Although this seems to be statewide practice, applied with various degrees of flexibility, SECASA closed the files of long term clients, and many others.

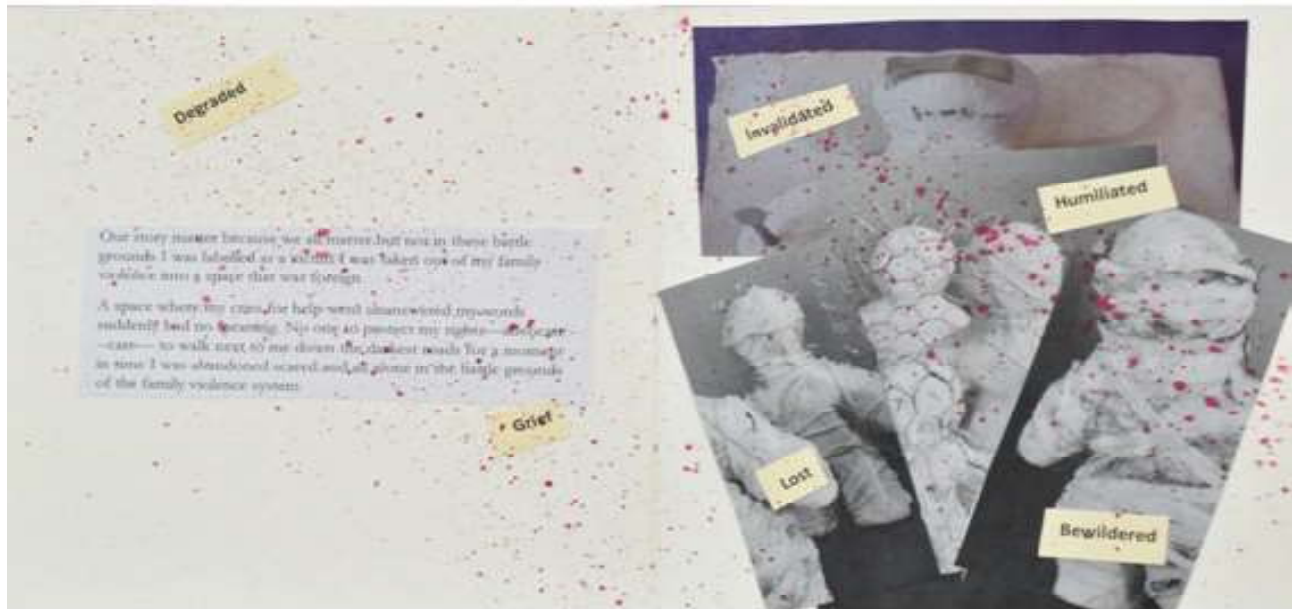


Figure 6

Despite years of therapy and therapeutic interventions, wellness and complex trauma occupy a delicate balance; on-going or intermittent support will be always be required by some. “Now there is no space in within the Public system for sexual assault clients to fit for that medium to long-term counselling”, says a client, “There is nothing beyond six months and anyone who has had a sexual assault or childhood trauma would know that it takes years for people to recover and without that support and without processes in place I feel like we are the forgotten people. No one cares. We are being lost in a system, and our voices are silenced” (Riggs, 2022).

Clients voiced feelings of abandonment as previously available support services were withdrawn as court case approached; of feeling so broken they believed that “even this service won’t help me”, and of being cast adrift with no way back without going through an intake process then waiting six months for an appointment.

Another engaged directly with the hospital executive:

I mean you must be listening to the news. You must have a friend or somebody you know, somebody else who has gone through this to know that it’s an ongoing thing to deal with. You must know that the system is not adequate. At least 200 people in the social services must have heard me speak at SECASA’s 40th anniversary because I spoke up about what I had gone through. And we have put on an exhibition and we have told you how it feels to our best ability. How can you guys be there for us? I am putting the question back on you ... (Riggs, 2022).

Although neither the sexual assault service or hospital health may not fully welcome it, long term clients participating in the project considered themselves “a SECASA success story” describing that lessons learned in therapy were now propelling them to speak out and advocate for themselves and others. As one wryly says, “Thanks for giving us our voice, this is what we have done with it!”

Themes of abandonment and betrayal are pervasive amongst the client artworks. The feelings expressed are personal yet aim to incorporate others who have been abused and abandoned by the

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service. Makers particularly fear for people seeking support now and into the future who will not receive the range of therapeutic interventions we know to be beneficial and needed, which had helped them. Some believe this new model would not provide enough support when individuals questioned themselves about staying alive, or not.

The loss of her sexual assault support without consultation in 2021 was bad enough for one client. However, when her psychologist, one of her critical care team, left without organising a replacement, she arrived at the studio: “Show me how to make the book!” She has complex health and emotional needs after multiple sexual assaults and an accident from which she has chronic injuries and is in debilitating pain.

Making her book late at night amid the sleeplessness of pain was the only thing that could soothe her. Acts of carelessness such as failures to hand over, to read notes, to ask questions, and multiple examples of decisions being made about her without including her, were poured onto the pages of her book; these

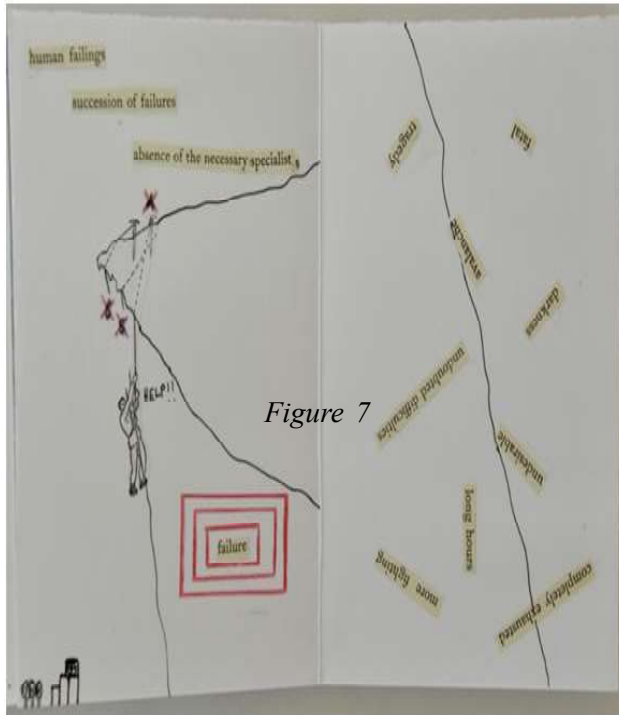


Figure 7

Figure 7

omissions of care mirror similar experiences of others in the project. The books, as document and testimony, have become vehicles to open up important conversations; for this client it was with her departing psychologist, for another it is with the family court.

Themes of system failures, and failures of care are widespread. At the time I told a participant about the *Forgotten People* project she had just been informed by the sexual assault service that her file was now closed. We were in the sixth Melbourne lockdown. She was blindsided. Deeply affected by long term work-based sexual assault, two suicide attempts, and a court

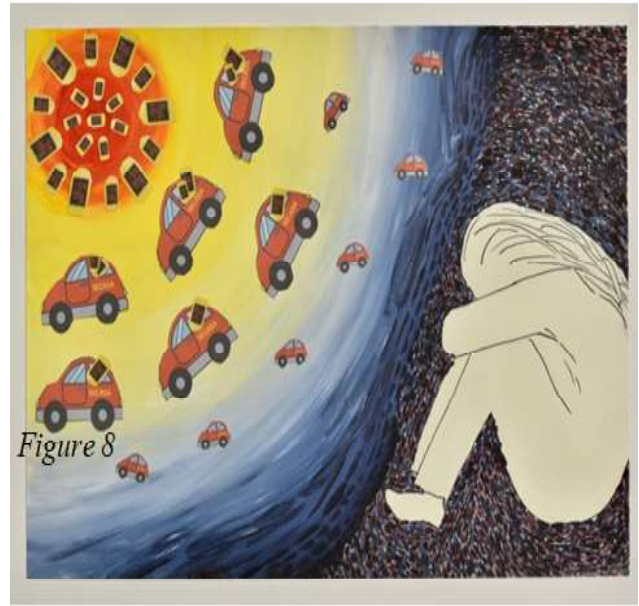


Figure 8

Figure 8

case yet to be heard, she is another who felt abandoned and in despair. She then became angry as she learned that the sexual assault service was effectively closed as staff were deployed to deliver oximeters¹ and provide non-related and non-medical support at COVID testing stations. Clients and staff saw this as deployment as a troubling lapse of perspective by decision makers, “I feel very disappointed, why can’t they just get someone else to deliver them?” she asks.

Images in her Japanese bound book reference the work of Vincent Van Gogh, an artist who lived with mental ill health. She picks up the style of his brush strokes and the swirling *Starry Night* (1889) sky to illustrate her distress, the overwhelming presence of medical staff when she was so vulnerable, and counsellors delivering the oximeters circling around a Corona virus as a client sits outside this activity in despair. She collages from his painting *Prisoners Exercising*, 1890 to describe her horror she was confronted with highly medicated and very unwell patients as the doors to P-Block opened and she is forcibly committed to the psychiatric unit.

Participants with recent experiences of the Monash Health Accident and Emergency Department, and the Psychiatric Units, each say the same thing: “No-one asked how I was”. This client added “they don’t even care about why I attempted to suicide or what I have been through” (Riggs, 2022). I learn in these stark and shocking stories that upon entering the health system, patients with mental illness can so easily lose their autonomy. Hospital policy is that personal prescribed medications are taken from patients as a precaution, yet none receive authorized replacement medication despite these being essential for pain, and mental and physical health management. Still carrying the distress of her hospital stay some months later, she spoke as if in direct conversation with the executive:

You just think about your responsibilities, you don’t understand how I feel and what I have been through and what I have suffered and that is why I tried to escape and then I got caught by all the security. They are all men and there was so many of them. They stopped me and brought me back to my little cubicle in the emergency department ... I was on the ground and in the corner of the room against the wall (Riggs, 2022).

CONCLUSION

Books and artworks of the *Forgotten People* art project are the creative testimonies of clients and former staff wounded by institutional and individual carelessness, and who were left orbiting in their individual distress. Each took up the invitation to join in this arts project and be part of something that is needed. We made a space and gave time to create something that matters, in response to something else that matters and which has been harmed. As with similar research I have undertaken, the revelations contained in the artworks and the conversations were deeper, more moving and more powerful than I

anticipated. Raw emotions gave way to nuanced, highly considered, creative, potent, and sometimes humorous works. In becoming one of this creative collective of care, participants felt less isolated by the pain.

I doubt any decision maker involved in this sad and unedifying tale of carelessness, and becomes witness to this project of care, could fail to be moved by the contents of the artworks and what it has taken to create them.

As they leave us and go out into the world, we are ambitious for the books, our art, this project to be a vehicle for exploration, learning, dialogue and change. We are ambitious for the voices of clients and staff to be included in decision making and review processes; “No decision about us, without us” as the call for shared decision making demands. And we are ambitious for the project to enhance present and future services for people affected by sexual abuse, complex trauma and family violence.

We are ambitious for the *Forgotten People* project to stimulate wider conversations about ethics, governance, compassion and care with people inside and outside these particular health service providers and who, in the pursuit of their own goals, can so easily lose sight of clients. Our books and our artworks, with their ideas, thoughts and feelings, extend an invitation to decision makers and others to embark of a course of intellectual and emotional enrichment, of critical reflection, and more and deeper understanding and action.

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Note : more images and video with excerpts from the interviews are available on anneriggs.com.

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