Denise: Today I'm with Nita Roshanzamir. She's a Case Worker, working with survivors of child sexual assault. She did her Bachelors of Psychology and Honours at UNSW. Hello, Nita, thank you for being here.

Nita: Hi Denise, thanks for having me.

Denise: So, Nita, can you describe a little bit about what you do in your job?

Nita: Yeah, sure, so I'm a case manager and I work with adult survivors of child sexual assault and specifically with male survivors. So, it's quite a niche area, I would say. I guess in terms of what I do in my like day-to-day work, it's I guess a lot of just talking to the guys, hearing their story, and doing a bit of an assessment of kind of what support they may need. So, this can be not just psychological but legal, social, economic or financial support. So, I guess the best thing that we do is we connect guys with legal support and they can look at their options for justice in the criminal justice system in Australia and also financial compensation for what they've been through. And then, we do a lot of stuff, so I guess the second thing that I do the most is that I help them with applications for whatever they're applying for to get that compensation for and to seek justice. So, lot of application work, a lot of advocacy, and whatever they need. Whatever they need, essentially.

Denise: What is it that you find really rewarding about doing this work?

Nita: I guess like, just as people that these guys have just been dealt a really bad hand of cards and they struggle a lot. And I guess with male survivors it actually takes on average 26.5 years until they come forward after their abuse, compared to women who take, you know, maybe five or six years less to come forward. So, I guess the best part about this role is just being with the person in that moment where they're finally disclosing this, like horrific thing that they've experienced and just letting them know that that's not their fault, that it's OK, and that there is hope that things will get better, even though it feels horrible when they finally get in contact with me or the organization.

Denise: I imagine that this must also be emotional for you, being on the receiving end of working with people who have suffered all kinds of abuse before and are now talking about it and seeking help. How do you balance things for yourself? How do you balance helping the people that you're working with and also helping yourself taking care of yourself?

Nita: Yeah, so I guess when you work in trauma or just like, any kind of clinical work in general, taking care of your mental health is a part of the role, it's part of your responsibility. And I guess it's just very important for you to stay grounded as well, that this is not your life. For example, like this is not your story personally, that you know, like vicarious trauma, there's a significant risk in the line of work that I do. But just keeping that boundary of at the end of the day, like you're not this person and you don't have all that on your shoulders, you're helping that person. So, just keeping that boundary is really important and just I guess yeah, like debriefing after calls, having a really good support network around you, especially at work. And to just be like 'that call was crazy,' or 'that meeting was crazy' or 'that story was super intense' and just being able to like get it out instead of just holding onto it and sitting with it. And I guess when you work in mental health, I guess it's like the best part of working in mental health is just how much they value mental health. So, we've got flexible hours if we need to take time off to like

see our friends or even just like chill out or go surfing or whatever you like to do, you can do that. And you can go up to a supervisor and say, like 'I'm not coping that well, I don't want to take this meeting, you know, I'm not in the right headspace to do.' And they will be like, 'yeah, that's fine, thank you for telling me.' Like, it's kind of valued to be very open and honest about what you're experiencing, and that's I guess like why I love working in this space is that you can just be yourself and express negative emotions. And that's okay. That's part of the role.

Denise: Yeah, that is really, really refreshing. Not a lot of organizations have that really. So, Nita, did you know that this was the kind of work that you wanted to do when you started studying psychology?

Nita: No, not at all. Not at all. It's a funny story how I got into this exact role. When I started my degree in psychology, like I really just thought, like, OK, I'm 100% going to become a clinical psychologist. I'm gonna do my PhD. And for the most part I still would like to do those things, but I think the difference is that after I graduated and then I took a year off to just kind of reflect on what's important to me and what my next step is going to be, and what my values are, and if I really want to jump into this huge commitment of doing the combined program. So, I was just like, yeah, just slow down and have a think about is this what you really want to do like you've just been studying, you know high school and then a really competitive degree. And do you really want to just jump into like this insane commitment that can really take over your life in in many ways and can sometimes be a mental health sacrifice as well. And I guess I just wanted to get a feel of like if I really enjoyed clinical work and if this was the right thing for me, or if I liked research more. Or was there something else that I really liked and I guess you really just don't know until you try because a lot of people just do the degree in psychology and they're like okay, all I can be is the psychologist or a researcher. And there's so much more you can do with the degree, I guess when you're learning about people and the mind and the brain and how to think and stuff. But yeah, just it's important to just take a breather, take a step back, and just really ask yourself, have the courage to ask yourself like: Is this what I want to do? Does this make me happy? Is this in line with my values? Is this what I want my story to be? So I did that and first I did some research work at a psychology practice and that was really like cool, but very isolating and I'm very extroverted. So I really needed that clinical one-on-one interaction. And after doing heaps of literature reviews and designing like a little model of wellbeing that was going to be used at the at the practice to help some of the clients. I was like, well I really miss like speaking to people face-to-face and previously I worked at Lifeline as a crisis supporter and that was lovely. And I really missed that human interaction, so I just made the decision to get back into clinical work, find a role that didn't require me to treat anyone. It just required me to like sit compassionately with somebody in their, like darkest, you know, moment and just talk to them and build that hope and listen to their story and connect and have that window into clinical issues without needing to treat because I don't have the qualifications for that yet. And I looked around and I was looking at a bunch of roles that I didn't think would be suited for me. So, like social work roles or like disability support or case management, stuff that which we don't really get taught that that's what we can also do. But then I found my current role, and I did the interview, and the vibe was really good. I could feel it in the interview that it was exciting and interesting and complicated and important and fun so it would fit with my personality.

Denise: So, do you need to have studied psychology and to have an Honours in order to do the kind of work that you're doing?

Nita: It's not essential, if I'm honest, but it gives you that advantage. I don't really use a lot of the things that I learned in my degree specifically in this role. I mean there are new projects that have come up that I've kind of connected the dots and said, hey, I've got the skills for this project. I can offer this support even though it's not part of my role. But I don't really design experiments in in my work, or I don't really manage data. But what I have noticed is that because I have this understanding of psychology and science, and I understand that on a philosophical level, even like we are massively influenced by our biology, our genetics, our environment, and a lot of the things that we think and say and do are influenced by these things. And as a result, it just has made me I guess more of a compassionate person. Because some of the guys I work with have committed like really serious crimes for example, and I just understand okay, that was not right and I can hold this person accountable for what they've done in society. But they were also abused as a child, and they had a really terrible upbringing. And I know that that has influenced their development as like a person their brain development, their emotional ability to emotionally regulate and I just understand like that's that person acted that way because that's an impact of trauma versus like they are inherently a bad person. So, I think that that attitude and that understanding is important in clinical work. You just end up being nonjudgmental and I think that's a great personality trait to have.

Denise: So, Nita, I imagine that even if you don't technically need an Honours degree in psychology to get the role that you have, that having done all of your psychology study is really helpful in this role. I'm wondering how. How has studying psychology helped you in the role you have now?

Nita: Yeah, it's in a nutshell, I think it's made me a more compassionate and nonjudgmental person. Just because I guess what you learn in a degree in psychology is that our behaviour, our thoughts, our feelings are influenced by our genetics or biology or biochemistry, the environment, other people. All of these things that typically aren't really in our control. And so, for example, in my specific role, like I work with a lot of guys who obviously are survivors of child sexual assault, but also, for example have had a history of criminal behaviour. And I guess studying psychology has made me realize like that person acted in that way because, basically, because of their trauma. Because it's an impact of their trauma. Because they were disadvantaged by their experiences and that it impacted their ability to emotionally regulate, to be able to cope with life challenges without drugs and alcohol or externalizing disorders and stuff like that. So, it just made me realize, like yeah, that person acted in that way, not because they're inherently a bad person, but because they've been influenced and affected by their early adverse childhood experiences. So, I guess yeah, just in a nutshell, just makes you a more compassionate person, which is a great thing to have in life. Even for your own relationships.

Denise: Absolutely yeah. Yeah, I think compassion is so important. And there's a lot of research that shows that compassion is a key driver of physical health as well as mental emotional health.

Nita: Yeah, yeah, for sure.

Denise: So, I imagine that compassion is something that's very important for you to have in the role that you have. What would you say are other kinds of skills or personality traits that someone really would have in order to do this job and do it well?

Nita: I would definitely say being self-reflective is very important, so being able to not only have an understanding of how the mind works from the degree that we learn, but being able to apply that to yourself and to actually see yourself not as a person who is like 'up here' because they understand psychology and how the brain and the mind works, but actually someone who is a person and is also suffering from the human condition and is affected by these same things. And so, when you're selfreflective, when you're able to recognize that you're not like above other people because you understand how the brain and mind works. But you are a person who is influenced by the same biases and thoughts, feelings, emotions and etc. You get to check in with yourself a lot and be like OK. Am I being triggered by this person or has this person triggered me in a certain way that would then make me respond differently to them and maybe less compassionately. So, it's important to be self-reflective and to be checking in and seeing if yeah how you're feeling in the interaction with this person so you can best provide the best support to them. And also, being very flexible and adaptive in the role is important. So, like no person that I work with in this role has the same story. They all have very different stories. I mean like the youngest guy I work with is 18 years old and the oldest guy I work with is 72 years old and they're both disclosing for the first time. And some people are Aboriginal and some people are Middle Eastern and some people are Australian like just born and raised in Australia. And it's important to be flexible and adaptive to the people that you work with and to adapt your style. I'm working with an Aboriginal man and he's from the NT and he was forcibly removed from his family as a small child and brought to New South Wales and then experienced sexual abuse in the home he was placed in, which is just horrible, horrible devastation. And I really took my time to work with this person and for example have him get to know me to trust me before we started dealing with the heavy stuff versus with some for example, with Western cultures I've noticed that the guys just jump right in and tell me their stories. But with my Aboriginal clients, it's more of a slow burn and gaining that trust and rapport. And you just adapt to the person in front of you, and you change your language, or you change your style. So, being adaptive it's quite important too.

Denise: Thanks, Nita. I'd love to clarify a little bit more about what you actually do in your role to make sure I understand. As a case manager, you're not providing therapy, but you are sitting with people in a moment of intense personal disclosure and vulnerability. And supporting them emotionally through that. And my understanding is that your main objective would be to make them feel comfortable to share, so that you can help identify the kinds of support they need and encourage them to actually get that support. Is that right?

Nita: Exactly, yeah, that's exactly what it is.

Denise: So, it sounds to me like this is essentially a social work job. Is that right?

Nita: Yeah, precisely.

Denise: So, you were able to get a job in social work from having studied psychology. You don't actually need to go and do social work as a degree?

Nita: Yeah.

Denise: Yeah, that's interesting. I didn't know that.

Nita: Yeah, I didn't either! But I guess the way I was thinking was that I wanted to gain clinical experience to try and understand if this is the right career pathway for me and then. I just looked at different roles that were outside of psychology as well, but would provide me a window into certain clinical populations. So, I work with guys who would probably have complex PTSD and it's allowed me to get close and try to understand some of the clinical issues and what these guys experience, but without having to treat them because as an undergrad, or with just a degree in psychology, you can't treat anyone. You shouldn't be. So, this is the best I could do to get close enough, but not so close. So yeah, that was my line of thinking.

Denise: So, you took this job to test out whether you might want to go into clinical psychology. Having done this work now, do you think you might actually want to pursue clinical psychology in the future?

Nita: Totally. Totally. Yeah, definitely after doing this. It's so funny because right after I graduated, you know, I just thought that there would be like some sort of red carpet into the clinical program. Or like you know it was just like this straight pathway and like you know you're just kind of graduated and then you would walk on into your preferred program and everything would be unicorns and rainbows. And it wasn't like that it was. If I'm honest, I applied after my Honours year. I applied, I got a couple scholarships. I was ready to go. I had a supervisor, you know I had a project I was really interested in, which was ironically actually in women's mental health and now I'm in men's. But you know, I did the interviews and I wasn't successful. Like, I didn't get in. And I remember just how devastated I was. I felt sick, like 'Oh my God, what am I going to do?' I didn't have a Plan B really in mind. Like this was it. I didn't really think creatively about like the other roles I could, you know, do and I was like, 'Oh no, this is painful.' Just in this world of despair. And then, funnily enough, like that was the best moment of growth for me because at the time I was seeing a psychologist, still am, but I unpacked why I was so devastated by that. And at the end of it, I just realized, like if what's important to me is just learning and connecting with people and fighting for a cause that I believe in and helping people, which is really that what it comes down to, I don't need to be in the clinical program to do that. Or I don't need to be doing a PhD to do that. Like, that could be anything and I just boiled it down to those things and I was like 'Okay. It's okay. We're good.' Like, it's a disappointment that I didn't get into the program. But I still am staying true to what is important to me. And I've just realized like the clinical program will always be there. You will try probably a few times to get in. And it might not happen, but that's fine as well. Like, you can still have a really fulfilling, interesting, exciting career doing a bunch of other things. You know, I have friends in tech who did a degree in psychology and they're loving their lives. I didn't think of that! Like, they're so brilliant, thinking of that! But yeah, there's so much you can do and you just have to be a little bit creative about where you can apply your skills and really reflect on what you got out of the degree and where you can apply that. And you learn so much in this degree that you really can apply it anywhere. You understand people. Like, what makes them tick, why we are the way we are, and how we can think

more critically about problems, you know, so you can apply those skills anywhere. So yeah, that's what I'm doing now and I feel okay, but I was really devastated after being rejected.

Denise: Well, rejection is a hard feeling, right? And we know this. From psychology, we know that you actually have the same parts of your brain that light up when you feel physical pain light up when you feel rejection. It's a physical, difficult thing. But it sounds like you have really done the work of figuring out what's at the core of what you want to be doing, and that's helping people in a mental health space. You studied psych, and it's helping you now. You're doing that work. And it sounds like you're providing a beautiful, important service to people who really need it. So, that's great, Nita. I'm happy for you.

Nita: Thank you, thank you.

Denise: Thank you for doing that for our community.

Nita: Yeah, not a problem. I think I get more out of it than maybe I offer.

Denise: I don't think that's true. That's a beautiful humility, but I'm free to offer a lot all right. Alright, thank you so much for talking with me today, Nita, that was really interesting and informative and I really appreciate it.

Nita: Not a problem. Thanks so much.