blue knot foundation

National Centre of Excellence for Complex Trauma

Welcome to the February edition of Breaking Free

This month our feature article focusses on trauma, triggers and flashbacks. Do you know how to recognise your biological survival and stress responses? Do you understand how trauma can cause this response to stay turned on and how this can impact your daily life? This article helps you to recognise the effect that this can have on your mind and body and the importance of seeking the right support. It also includes some strategies that may help you manage better.

Are you interested in learning more about how your abuse and trauma may have affected you and how to build your coping strategies? Our Survivor Workshops are extremely popular. We have scheduled some extra workshops nationwide to assist demand. As these workshops are free of charge and are unfunded we are limited in the number we can currently schedule. The workshops book out very quickly so be sure to secure your place at your preferred location.

We are also providing separate workshops for supporters and carers. If you are supporting a survivor or know of someone who is, please book or share this information to secure a place.

We feature a personal account of one woman's experience of childhood trauma, dissociation and hearing voices. It helps us understand more about how some voices develop and why, while exploring the inherent meaning behind them.

Ever broken into a sweat, noticed your hands shaking or felt your heart racing in a crowd, a queue, or the cold and not known why? Our book review this month examines Babette Rothschild's "The Body Remembers, Vol 2: Revolutionising Trauma Treatment", and may have the answers you are looking for. Her book holds out hope to survivors that recovery from trauma, allowing a return to a more normal experience of life, is always a very real possibility.

If you have any comments about what you have read in this issue, contributions for the My Story section, or suggestions for future issues, please contact the editor at newsletter@blueknot.org.au

With warm regards,
The Blue Knot Team.

Trauma, triggers and flashbacks

When we experience trauma, and particularly repeated trauma, or when we are in danger, (or feel that we are), our biological survival or stress response stays turned on. This means that we are unable to return to a feeling of calm.

When this happens our body and brain are flooded with stress hormones such as adrenaline and cortisol. This makes us hypervigilant, looking out for danger and keeps us in survival mode . Not only does it mean that we can't return to a state of calm, but it also means that we can't return to a state of restoration. It means that we spend a lot of energy of simply surviving. This leaves us with little capacity to explore, play and learn. It also makes it harder for us to engage socially and in the community around us. Our internal systems are busy making sure we are safe.

People who experience complex trauma i.e. repeated often extreme ongoing trauma which is usually interpersonal (between people) swing between being hypo and hyper aroused. With changes in arousal come strong changing emotions. These strong emotions can bring a range of different coping strategies and behaviours. When a person experiences ongoing trauma it makes them susceptible to different triggers. These triggers easily set off their stress response or fuel as stress response which is already overactive.

With triggers come feelings of fear, panic and distress. There are a lot of different triggers which can make traumatised people react. Some triggers stimulate our senses – smells, sounds, sights, touch and tastes. Some people, including people with disability can be particularly sensitive to loud noises and bright lights. That's because some disabilities can affect the way people process sensory input.

Sometimes it can be someone yelling. At other times it can be people getting too close. Some triggers are cues in our environment. Sometimes it's a particular time of the day or night. It can be bedtime. It can be what happens at a particular time of the day e.g. room checks. Sometimes it is an anniversary date. Or an experience which reminds our brain of a trauma we experienced from before. It can be big women. Or men with beards. It can be as simple as a tone of voice, a look on someone's face, body language. It can be contact with our family. Or feelings associated with our families (eg feelings of uncertainty). It can be any situation which our body registers as us not feeling safe. These triggers

can throw us back into feelings which we experienced at the time of past trauma/s. When this happens, our head can know that there is no danger however our body still responds to the 'sounds like, feels like, smells like etc. - sensory triggers') (Bessel van der Kolk, 2011).

"People who have experienced childhood trauma often find that seemingly unrelated events, sensations or sensory cues such as a scent or sound, happening in day to day life can trigger unwanted thoughts, feeling and memories of their traumatic experience to come flooding back. Strong associations with past experiences can persist and the survivor can relive details of the abuse, the environment in which the abuse occurred, or be reminded of the perpetrator of the abuse. For the survivor this can feel like the trauma is occurring in the present and can be frightening, confusing and overwhelming. It is not possible to predict and avoid every trigger in advance – this is often not possible even for the survivor themselves. Triggers are words, symbols, situations, items, sounds, smells, colours – just about anything that the mind correlates to a negative past experience and causes a reaction based on it." Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report, Volume 9, p.126

Dan Siegel, professor of psychiatry and a leader in trauma coined the term "Window of Tolerance". This term helps us understand and describe normal brain/body reactions when we have experienced trauma. The concept suggests that we have an optimal level of arousal. This is called being within the window of tolerance. When we are within our 'window' we function at our best. The 'window of tolerance' is a concept which allows for the ups and downs in emotions that all human brings experience. We can all experience strong feelings of hurt, anxiety, pain and anger. These strong emotions can bring us close to the edges of our 'window of tolerance'. Most of us have strategies that we can use to keep us within this 'window'. When we have experienced complex trauma, we can be more easily triggered out of our window of tolerance. This is because our 'window' is narrow. This means that we are using the survival part of the brain i.e. fight, fright and freeze, more often.

Sometimes people experience flashbacks. Flashbacks are the sudden reliving of trauma memories. Some experiences trigger flashbacks. Flashbacks can come with strong feelings. These can include fear and distress. They can also come with strong sensations and body movements. This is because trauma is stored in the body. It can be hard to put these memories into words because they are 'implicit'.

It is not possible to 'reason' traumatised people out of feeling overwhelmed when their bodies are experiencing strong somatic (body-based) responses. Past trauma defines the present as well as perceptions of the future. We do also know about neuroplasticity of the brain. This means that over time we can rewire our brain to work in new ways. We can settle our trauma responses with practice, and with the right support over time.

The following strategies can be useful to help a person who is triggered to return to their window of tolerance

A simple 'grounding' exercise can help a person who is overwhelmed to return to their 'window of tolerance'.

There is no 'one size fits all' exercise. The following suggestions may be useful. They need to be adapted for each person:

- Suggest that the person takes a 'rest' break. Suggest that they might want to stretch, walk around or take some time outside
- Suggest that the person gently stamp their feet on the ground/floor
- Suggest that the person takes some long, slow breaths (if doing this makes them more agitated rather than soothing them, you can suggest a physical movement)

IF A PERSON BECOMES VISIBLY AGITATED (hyperaroused; e.g. sweats, face changes colour, pupils dilate, voice is raised, pace of speech accelerates):

- Make the above suggestions (i.e. rest break; movement; focus on breathing more slowly)
- Suggest the person focuses on a calming image (i.e. this needs to be a relaxing image for them)
- Suggest that they have a calming object with them – something that is meaningful to them and which helps soothe through one of their senses e.g. photos, image of safe place, soothing music or friend's voice; essential oils, favourite scent; woolly socks, teddy bear etc.
- Ask what you can do to help

IF A PERSON 'ZONES OUT' (hypoaroused; eyes glaze, on automatic pilot, 'shut down'):

- Suggest that the person takes a short break (if their attention has wandered and doesn't quickly return, don't keep going as if nothing has happened)
- Voices can help people regulate: speak calmly and slowly to help bring the person back to an awareness of where they are ('I am xx; it's Tuesday morning; we're sitting in a café...')
- Assure the person they are safe (taking care to ensure that they are)
- Suggest a simple stretch (the focus should be on an external movement rather than on an inner sensation)
- If the person has lot the sense of their body, suggest that they rub their arms and legs to help them feel where their body starts and ends.
- Suggest they wrap themselves in a blanket or towel and feel it around them.
- Ask if the person can name 3 objects that they can see in the room (this engages the person and helps them focus their attention on something outside of them)
- If the person is sitting down, suggest that they stand up for a moment (and stand up with them)
- Engage one or more of the person's '5 senses' (i.e. sight, smell, sound, touch, taste; the feel of a velvet cushion; the smell of coffee beans, the taste of a peppermint lolly)

Survivor Workshops - New dates added

This full-day educational workshop, informed by current research, provides a safe space for people who have experienced abuse or trauma in childhood, to learn more about abuse and other traumas and how trauma experiences can affect people, at the time of the trauma, and afterwards.

It will raise awareness about survivors' strengths and resilience, the role of coping strategies, how the brain responds to stress, and, most importantly, research which shows that recovery is possible.

There are still places available for Survivor Workshops in the following cities:

Launceston	14 Mar 2020	last places available
Parramatta	28 Mar 2020	last places available
Brisbane	23 May 2020	available
Melbourne	30 May 2020	available
Darwin	20 Jun 2020	available

Go to https://www.blueknot.org.au/Survivors/Support-through-connection/survivor-workshops to book or call (02) 8920 3611

Sydney, Melbourne, Perth, Adelaide sessions are now full. Please email training@blueknot.org.au if you would like to be added to the waitlist.

Supporter/Carer Workshops Announced

This workshop acknowledges that trauma from childhood – including all forms of abuse, neglect and other adverse childhood experiences – can have substantial impacts both for the adult who has experienced it as well as people around him/her.

Partners, friends, family and loved ones of adults who have experienced any form of childhood trauma and/or abuse would benefit from attending this workshop. This includes emotional, physical and sexual abuse, neglect, growing up in domestic violence situation, growing up with a parent with a mental illness and/ or is depressed, suicidal or abuses substances, when a parent is imprisoned or other forms of separation e.g. divorce, grief and loss. These workshops have plenty of availability and participants can register via the website.

Melbourne	28 Mar 2020
Brisbane	18 Apr 2020
Parramatta	16 May 2020
Perth	13 Jun 2020

Visit https://www.blueknot.org.au/Training-Services/In-House-Training/survivor-support for more information and to book your seat.

National Redress Scheme – Joint Selection Committee Updates

On 19th February the Federal government released its response to the Joint Select Committee on oversight of the implementation of redress related recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse report.

Getting the National Redress Scheme right: An overdue step towards justice acknowledges a "clear need to improve the service delivery of the Scheme, particularly its interaction with survivors". It notes that the bulk of the evidence was collected in the first 6 months of the scheme's operation and that some positive changes have occurred. These include:

- increasing the numbers of institutions participating in the Scheme
- streamlining the assessment process so that Independent Decision Makers are considering matters earlier
- increasing the number of Independent Decision Makers
- introducing a case manager approach whereby the same staff member handles the application from beginning to end.

The Scheme is the first of its type and scale established in Australia and a number of complexities were managed in its first 12 months of operation. As more applications are processed, the Scheme has had to reassess some of its initial assumptions. Application complexity, particularly around institutions, has been greater than originally envisaged. Remedying the disparities between the Scheme and the recommendations of the Royal Commission will require substantive legislative change or changes to key policy.

The Government will continue to engage institutions to join the Scheme and actively monitor performance. The Government is also committed to a review of the Scheme following the second anniversary of its commencement.

To read more about the government's response to the 29 recommendations click here.

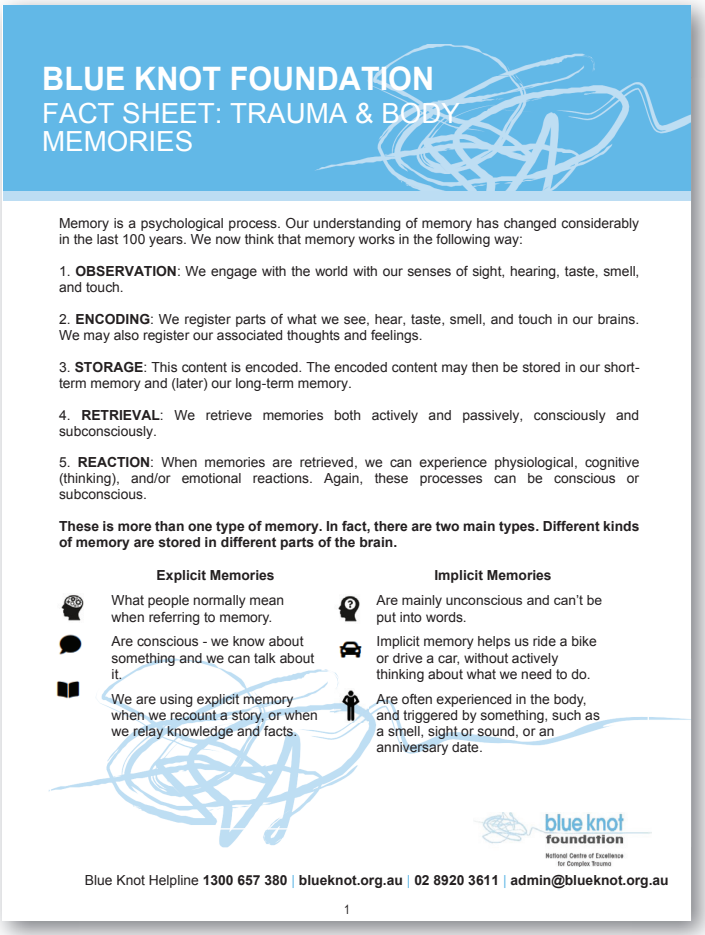
In recognition of its commitment to the transparency of the operation of the Scheme, the Government has also supported the establishment of the Joint Select Committee on Implementation of the National Redress Scheme, which was appointed by resolution of the House of Representatives on 10 September 2019 and resolution of the Senate on 11 September 2019. The Government will work with states and territories and non-government institutions to address the issues identified by witnesses to the inquiry, and is committed to the effective operation of the Scheme in support of people who have experienced institutional child sexual abuse.

The Chair of the new committee, Senator Dean Smith has indicated that hearing from survivors and those who are navigating the process of applying to the National Redress Scheme will be a key focus for the Committee in starting its consideration.

Announcing New Fact Sheet

This fact sheet explores the different types of memory, and how memories are stored in the brain and body. Trauma is often experienced in the body and remembered by behavioural re-enactment.

Download the Fact Sheet at: https://www.blueknot.org.au/Portals/2/Newsletter/February%202020/Trauma%20and%20body%20memories%20fact%20sheet.pdf to learn more.



BLUE KNOT FOUNDATION
FACT SHEET: TRAUMA & BODY MEMORIES

Memory is a psychological process. Our understanding of memory has changed considerably in the last 100 years. We now think that memory works in the following way:

1. **OBSERVATION**: We engage with the world with our senses of sight, hearing, taste, smell, and touch.

2. **ENCODING**: We register parts of what we see, hear, taste, smell, and touch in our brains. We may also register our associated thoughts and feelings.

3. **STORAGE**: This content is encoded. The encoded content may then be stored in our short-term memory and (later) our long-term memory.

4. **RETRIEVAL**: We retrieve memories both actively and passively, consciously and subconsciously.

5. **REACTION**: When memories are retrieved, we can experience physiological, cognitive (thinking), and/or emotional reactions. Again, these processes can be conscious or subconscious.

These is more than one type of memory. In fact, there are two main types. Different kinds of memory are stored in different parts of the brain.

Explicit Memories	Implicit Memories
What people normally mean when referring to memory.	Are mainly unconscious and can't be put into words.
Are conscious - we know about something and we can talk about it.	Implicit memory helps us ride a bike or drive a car, without actively thinking about what we need to do.
We are using explicit memory when we recount a story, or when we relay knowledge and facts.	Are often experienced in the body, and triggered by something, such as a smell, sight or sound, or an anniversary date.

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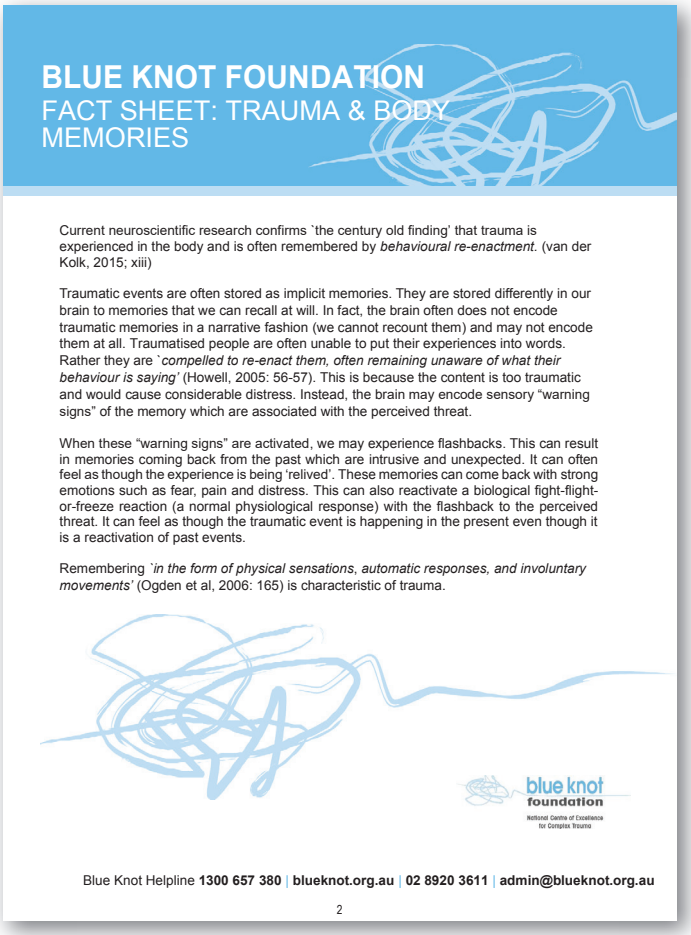

BLUE KNOT FOUNDATION
FACT SHEET: TRAUMA & BODY MEMORIES

Current neuroscientific research confirms `the century old finding' that trauma is experienced in the body and is often remembered by *behavioural re-enactment.* (van der Kolk, 2015; xiii)

Traumatic events are often stored as implicit memories. They are stored differently in our brain to memories that we can recall at will. In fact, the brain often does not encode traumatic memories in a narrative fashion (we cannot recount them) and may not encode them at all. Traumatised people are often unable to put their experiences into words. Rather they are `*compelled to re-enact them, often remaining unaware of what their behaviour is saying*' (Howell, 2005: 56-57). This is because the content is too traumatic and would cause considerable distress. Instead, the brain may encode sensory "warning signs" of the memory which are associated with the perceived threat.

When these "warning signs" are activated, we may experience flashbacks. This can result in memories coming back from the past which are intrusive and unexpected. It can often feel as though the experience is being 'relived'. These memories can come back with strong emotions such as fear, pain and distress. This can also reactivate a biological fight-flight-or-freeze reaction (a normal physiological response) with the flashback to the perceived threat. It can feel as though the traumatic event is happening in the present even though it is a reactivation of past events.

Remembering `*in the form of physical sensations, automatic responses, and involuntary movements*' (Ogden et al, 2006: 165) is characteristic of trauma.

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National Centre for Prevention of Child Sexual Abuse announced - Survey Responses Sought

The Department of Social Services has announced a public consultation process to inform the design of the National Centre for the Prevention of Child Sexual Abuse (the National Centre). The establishment of a National Centre was a recommendation (9.9) of the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission). Read the report here. The Royal Commission recommended the Australian Government, along with state and territory governments, establish a National Centre to address child sexual abuse by reducing stigma, promoting help-seeking and supporting good practice. The National Centre will provide a national strategic focus to coordinate research and build service capability to both respond to and prevent child sexual abuse.

The voices of people with lived experience, along with those who work in the sector will be key to the future success of the National Centre. The consultation opened on Monday 17 February and will run until Sunday 15 March 2020.

The survey and the information paper can be accessed here. Please feel free to add your voice to the consultation. If you have any enquiries please contact the department via NationalCentre@dss.gov.au.

Trauma Training Calendar

Book your professional training for next year and lock-in early bird discounts

Launceston	13 Mar	Intro to Working Therapeutically with Complex Trauma Clients (L1)
Melbourne	16 Mar	Foundation for Trauma Informed Care and Practice (L1)
Adelaide	19 Mar	Working Therapeutically with Complex Trauma Clients (L2)
Sydney	20 Mar	Trauma-Informed Care and Practice: Working with Aboriginal and Torres Strait Islander Peoples
Melbourne	24 Mar	Trauma-Informed Transgender and Gender Diverse Affirmative Care - Masterclass
Canberra	27 Mar	Embedding Trauma-Informed Care and Practice for Managers
Perth	30 Mar	Trauma-Informed Care and Practice (L2)
Townsville	1 Apr	rauma-Informed Care and Practice (L2)
Sydney	2-3 Apr	Working Therapeutically with Complex Trauma Clients (L2)
Melbourne	17 Apr	Trauma-Informed Care and Practice: Working with People with a Disability
Melbourne	22 Apr	Introduction to Working Therapeutically with Complex Trauma Clients (L1)
Melbourne	23-24 Apr	Working Therapeutically with Complex Trauma Clients (L2)
Parramatta	29 Apr	Trauma-Informed Care and Practice (L2)
Melbourne	30 Apr	Embedding Trauma-Informed Care and Practice for Managers

Blue Knot's trauma training is informative, interactive and engaging, and is facilitated by experienced clincians and trauma trainers around Australia. Professionals may claim CPD hours/credits/points as a pre-approved or self directed learning activity. Go to https://www.blueknot.org.au/Training-Services/Training-for-you to learn more and book

Making Friends with Voices
Hearing Voices and Dissociation

(* Trigger Warning) This article may contain content that could disturb some readers. You may choose not to read it. If you do read this story and reading it causes you distress and you need support, please call the Blue Knot Helpline on

1300 657 380 (9am-5pm AEST, 7 days). Calls that cannot be answered directly will be returned as soon as possible, so please leave a message with your phone number, and state of residence.

I remember the day well. It was a Thursday afternoon late in May, and we were sitting in her flat talking, and watching the walls. Amy looked frightened, distracted. I asked her what was wrong, but she didn't respond. She had her back to me, and her shoulders were hunched around her ears. I waited. `I know this is going to sound crazy,' she whispered, giggling softly, `but I think I've been possessed by Ted Bundy.' She had a bottle of wine clamped between her knees, trying to force it open with a tiny penknife. I watched her struggle. For a moment there was silence, then Amy turned to face me. I knew that she was serious because of how terrified she looked.

Amy has been hearing voices for years. She does not see it as an illness. Neither do I. It makes perfect sense, in the context of the rest of her life. As a child, Amy was physically abused and neglected. In order to cope, the voices later explained, she created imagined identities to withstand the different aspects of abuse, splitting her mind, so that Amy herself, or rather, Amy's conscious self, could dissociate from the trauma she was experiencing. The identities were created by Amy's mind as a child, so that she could mentally escape the pain of being abused. But though she viewed them as being separate to herself, these identities originated in her mind, and are still a part, albeit a dissociated part, of who she is. The voices that Amy has been hearing for years, are not some abstract phenomena, neither are they an indication that Amy is `mentally unwell'. The voices that Amy hears, are simply the voices of these dissociated

parts of self; the voices of the ingenious defence mechanism that enabled Amy to survive her childhood. In adulthood, it is the voices, not Amy, that hold the bulk of the traumatic memories and associated emotions.

When Amy first began to listen to the voices, to try to understand what they might want and why they might exist, rather than shutting them out and trying to ignore them as she had previously, the relationship she had with her voices began to shift dramatically. The first noticeable change was that the voices began to present in person, by 'coming out' in her body. In truth, this was not a new thing, but it was something which Amy had previously been unaware of. For many years, Amy had been accustomed to losing huge chunks of time, and to finding things that she had bought, in particular, toys and sweets, that she had no recollection of buying. She was frequently told by others of things that she had said and done, that Amy had no conscious awareness of herself. But she had never associated any of this with the voices, or with the experiences she lived through as a child.

Two years ago, the voices, or dissociated parts, began to 'come out' and talk to me. They introduced themselves to me gradually, over a period of several years. Some were shy and nervous at first; others angry, distrustful and hostile. However, as we reassured them that they were safe, and as they, in turn, learned to trust, even the most hostile parts softened, revealing themselves to be the identities of small, frightened, abused children; each with their own name, age, personality, voice, feelings and memories, of both past and current reality.

That day in May, the day that Amy thought she was possessed by the spirit of Ted Bundy was a frightening day for both of us. But then, anything can be frightening if we don't take the time to understand it. Hearing voices threaten to 'slice you into pieces', or to do unspeakable things to those that you love is terrifying, especially if you believe that the voice threatening those things is in some way a part of yourself. The conclusion Amy reached that day was that she was 'evil'.

But she isn't evil. And neither is she possessed by Ted Bundy. Behind all of the other voices, we had found only frightened child identities, aged between four and eight years old; the ages that Amy was when she first experienced the trauma and split her mind to survive. And this time, however scary, was to prove no different.

It is hard to respond in a loving and nurturing manner to a voice that threatens to kill you and/or the people you love, including all of the other frightened parts of yourself. It is easier to detest this voice, and whatever lies behind it, because in some way this voice, and the others like it, allow the abuse and the fear to continue. But if you can imagine this voice as belonging to a hurt, child part of yourself, a part that protected you when you were small, then perhaps it can become a little easier to respond kindly, to care, and to try to understand.

As a child, Amy's mother had forced her to watch horror movies, in an attempt to keep her in a constant state of fear. What better way to protect herself from feeling afraid, than to create within herself, the very thing that she was afraid of. If she was Freddy Krueger, if she was Ted Bundy, then she could watch their images on screen without becoming paralysed by fear. Of course, Amy is not really Freddy Krueger, or Ted Bundy, which is why, when 'Ted' and 'Freddy' learned that they were safe, and that they were not 'evil', they revealed the vulnerable child parts behind their terrifying personas. Nowadays 'Ted' and 'Freddy' prefer ice-cream and cartoons to the idea of chopping people into pieces, and life for Amy is much less chaotic as a result.

Once, Amy was advised to seek outside help; to present herself at a hospital, or to undergo a psychiatric mental health assessment. I can only say I am thankful that she did not follow any advice. A system that still understands the pain and trauma of people's lives, and their subsequent response to this, in terms of mental illnesses such as Schizophrenia, and Borderline Personality Disorder, is not a system that can understand, let alone truly help, someone such as Amy.

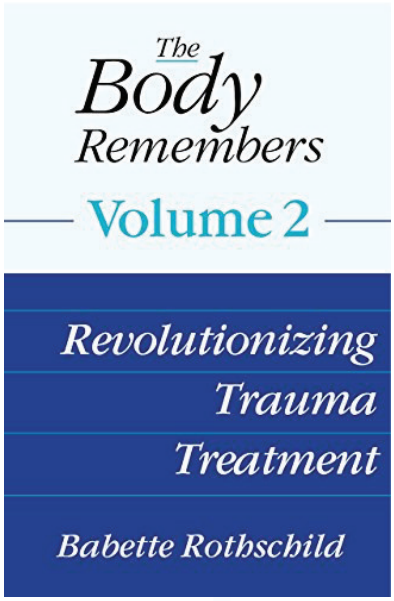
For my part, I believe that there are lots of Amys, lost somewhere in a system that needs to change drastically before it can ever really hope to meet the needs of abuse survivors. If people like Amy could be given ice-cream and trust, as readily as they are given medication and stigmatising labels, perhaps the depressing pattern of long-term psychiatric involvement for survivors of childhood trauma and abuse, would soon be a thing of the past. And surely that can only be a good thing.

By Bambi (the author has written article under name of 'Bambi' for reasons of confidentiality)

Article originally published by Intervoice - The International Hearing Voices Network

Book Recommendation

Babette Rothschild's The Body Remembers, Volume 2: Revolutionising Trauma Treatment



Ever broken into a sweat, noticed your hands shaking or felt your heart racing in a crowd, a queue, or the cold and not known why?

The book we're reviewing today, which is written by a trauma survivor herself, may well have the answers you've been looking for.

An easy and informative read for counsellors and survivors alike, Babette Rothschild's (2017) The Body Remembers, Volume 2: Revolutionising Trauma Treatment, picks up where volume 1 left off, with an in-depth exploration of the effects of trauma on the body.

Further, this book can help survivors and their supporters better grasp why body memories are so overpowering – given that as much as they may strike survivors as current threats, they are in fact fragments of trauma memories – which with the right support and loving care, may be able to recede over time.

Indeed, the central strategies this book advocates to help survivors feel calm and safe are critical to all of the complex trauma counselling that we do here at The Blue Knot Foundation.

Importantly, Babette Rothschild also cautions how and why many grounding techniques often recommended for trauma survivors – including mindful breathing, meditation, cardio exercise and more - can act as trauma triggers, and are therefore not recommended for all survivors.

And just as importantly, her book holds out hope to survivors that recovery from trauma, allowing a return to a more normal experience of life, is always a very real possibility.

With author Babette Rothschild widely considered a leading theorist on trauma effects and recovery, The Body Remembers, Volume 2 will hopefully not disappoint readers.

Purchase the book here: https://www.amazon.com.au/Body-Remembers-Revolutionizing-Trauma-Treatment-ebook/dp/B06XGM1QMP

Thousands of child abuse survivors suffered in multiple institutions

Sally Whyte

More than 70 per cent of applications for redress for survivors of sexual abuse have named more than one institution where they experienced abuse.

Of the almost 6000 applicants, more than 1800 people, or about 30 per cent of applications have named four or more institutions where they experienced child sexual abuse, a parliamentary inquiry has heard.

That figure is "devastating," Department of Social Services officials said, and the high number of cases with multiple institutions had increased the complexity of processing applications leading to blow outs in waiting times.

Twenty-three people had died while waiting for their redress payment, officials said.

While 116 organisations have joined the scheme, more than 540 applications have been stalled because the organisations named are yet to sign up.

While dozens are in the process of joining up or communicating with the department about joining, nine institutions with applications from child sex abuse survivors have refused to join up the scheme.

The nine institutions are among 284 non-government institutions that have not joined and are therefore stalling more than 540 applications made to them by abuse victims.

More than 40 of the institutions are now defunct.

About 280 of the applications being held up are linked to just 15 institutions.

But senior officials from the Department of Social Services wouldn't say who the nine organisations were.

"Unfortunately because of the nature of the legislation, that is protected information," the department's deputy secretary Liz Hefren-Webb told a parliamentary committee in Canberra on Wednesday.

The department officials said they were working "very closely" with the institutions that have not joined and expected more to sign up before the June 30 deadline.

The committee is looking into how the redress scheme is being implemented and will travel across the country over the next few months to hold public hearings.

The government has named institutions, such as Jehovah's Witnesses and Football NSW, that were identified in the Royal Commission into Institutional Responses to Child Sexual Abuse that have not signed up to the scheme.

As of mid-February, payments had been made to more than 1100 abuse survivors.

About 25 per cent of applications are from indigenous Australians, the officials said.

The scheme can offer counselling, a direct response from responsible institutions and a redress payment.

The tick-a-box GP – a bureaucrat's dangerous fantasy

By Elizabeth Oliver

Last week the Department of Health sent letters to 341 general practitioners, accusing them of inappropriately claiming Medicare funding for managing both a physical and a psychological issue in one consultation.

Essentially, Medicare will pay for one or the other problem, but not both, and the department was warning these GPs to cut their consultations short, bill the patient privately for one of the matters, or tell the patient to come back another time.

Hopefully we all know a GP like this. This is the GP whose books are closed, who is popular because they are thorough, up to date and engaged. This is the GP to whom other doctors take their kids, who sees that the eating disorder affects the bones, that family violence has an impact on a child's weight gain, that the social isolation of an elderly widower worsens his iron deficiency.

This GP sees that fatigue could be depression or cancer or many other things, and takes the time to find out. This the GP who, when a patient's lip trembles at the end of the blood pressure consultation, goes further to explore a gambling addiction.

We should be supporting GPs in treating both physical and psychological concerns together because the distinction between them is a myth. The idea that we can put people into boxes marked with different body systems, and itemise and bill those boxes accordingly, is a bureaucrat's fantasy.

A good GP is often booked up three weeks in advance. Should the firefighter who attends for PTSD come back another time for the shoulder injury? A woman's relationship is becoming increasingly violent. Should we address her suicidal thoughts today, or her contraceptive needs? Or the kid with anxiety. His eczema is flaring partly because of the financial stress flowing through his parents to him, and now it's infected because he's so anxious he can't stop scratching. Are these two different problems?

The fascination that successive governments seem to have with defunding primary care and giving incentives to hospital care is not new. Of the entire health budget, a mere 7 per cent is spent on general practice. General practice is where you prevent the

cancers, heart attacks and psychotic disorders that end up chewing through the other 93 per cent of the health budget. Primary care is the tap you turn off to stop the bath overflowing.

Why do they think that savings are best made on that measly 7 per cent? Why are they so fixated on spending the money mopping the floor?

In 2010 the government took your money and gave you back $34.30 to pay your GP practice for a standard appointment. Today it allows you $38.20, an increase of $3.90 in a decade. The actual cost of an appointment, the amount the AMA recommends practices charge, is $83.

By way of comparison, in 2010 the base salary of a federal politician was $136,640. This year it's $211,250, and a minister makes more like $350,000.

Last week, the department – on behalf of the Health Minister – wrote to the 341 GPs who are trying to provide holistic care on an effectively shrinking budget, and threatened them with having to pay back the funds they'd claimed from Medicare for doing that job.

This action targets female GPs, who do the heavy lifting in mental health. It targets female patients, people with disabilities, the chronically ill, the elderly and the poor.

And it doesn't save money – more will be spent down the line in emergency departments, police and legal services, and mental health inpatient units. But that was never the intention of these letters. Medicare doesn't need to save money.

It just needs to shift the financial burden onto patients, or trust that GPs will continue to do more for less. It just needs to teach the Australian community to accept that a two-tiered medical system is coming, where the rich get boutique care and everyone else gets bankrupted by cancer, and insurance companies run the table.

To anyone who uses healthcare, I'd advise you demand the government allocate you more than $38.20 from your tax to see your doctor. To the government, I'd say do the job for which you are paid so well – fund primary care, and let GPs do their jobs.

To those excellent GPs, I'd say they have three choices. They can take a pay cut of up to 40 per cent for a job that gets harder, more complex and more draining every year. They can stop practising medicine and instead compartmentalise patient's concerns into those mythical boxes, then make them attend a different appointment for each box.

Or they can increase their fees. What would you do?

Elizabeth Oliver is a fellow of the Royal Australian College of General Practitioners and a palliative medicine trainee.

Spike in mental health distress calls since start of bushifre crisis

By Amy Sarcevic

Suicide prevention charity Lifeline has received a "sustained spike" in distress calls since the onset of the Australian bushfire crisis in August 2019 and has just launched a purpose-built helpline to support those affected.

The charity — which provides a 24/7 relief service for those suffering acute psychological distress — said that on "tough days", calls have increased by as many as 250 per day (15%). It is the first time the 57-year-old service has seen a call volume increase of this scale, for a prolonged period.

John Brogden, Chairman of Lifeline Australia, said that those directly impacted by the bushfires are likely to experience a range of symptoms — including anxiety, confusion, insomnia, panic, loneliness and withdrawal. In extreme cases, they may experience suicidal ideation or the desire to self-harm. These are the hallmark symptoms of post-traumatic stress disorder (PTSD), which affects 12% of Australians.

Complex trauma specialist and President of the Blue Knot Foundation, Dr Cathy Kezelman, added that even for those who have not been directly impacted by the bushfires, the sense of threat imposed by a nationwide recurring natural disaster will have likely stirred up anxious feelings. Particularly among those with underlying mental health conditions or a history of trauma.

"People living with anxiety, depression, complex PTSD and other mental health disorders can be triggered by situations in which they feel unsafe. When people feel as though their surroundings are under threat, it can challenge their sense of peace, security and wellbeing," she said.

Lifeline's purpose-built helpline will serve to not only ensure that an increased number of volunteers are on hand to respond quickly to instances of distress, but also to ensure that specialist advice is given.

"Trauma can be quite complex in nature, and is less well understood than more common disorders like anxiety and depression. Our motivation for the helpline was to ensure that we are supporting victims in the best way we can. This means offering tailored advice and providing the right kind of referrals to meet people's complex needs," Brogden said.

"From the calls that have come in, and from our teams on the ground, it's clear to us that people need to talk through their experience. They also need simple and clear information about what is available to them in their local community when they need it.

"This service will run for as long as people need it. The crisis may be over but the enormity of the recovery is only beginning to hit. Many people won't experience trauma for months, even years to come. We aim to be there for them 24/7."

If you have been impacted by the bushfires you can contact the helpline on 13 43 57.

Image credit: ©stock.adobe.com/au/jamenpercy

Harvey Weinstein convicted of rape at New York trial

Film mogul found guilty of a criminal sex act in the first degree and rape in the third degree, and acquitted on three further charges

Harvey Weinstein, the fallen titan of Hollywood whose sexual abuse of aspiring young female actors sparked the #MeToo movement, has finally been brought to justice after a New York jury found him guilty of two of the five charges he faced.

The jury of seven men and five women at the New York supreme court took five days to reach their verdict. They found the defendant guilty of a criminal sex act in the first degree for forcing oral sex on the former Project Runway production assistant Miriam Haley in 2006.

The count carries a minimum prison sentence of five years and a maximum of up to 25 years.

The jury also convicted Weinstein of rape in the third degree. This relates to him raping a woman the Guardian is not naming, as her wishes for identification are not clear, in a New York hotel in 2013. This count carries a maximum sentence of four years in prison and no minimum, though it requires Weinstein to register as a sex offender.

The six women who accused Harvey Weinstein at his trial, and what they said Weinstein was acquitted of three further charges, including the two most serious counts of predatory sexual assault which carried a possible life sentence and an alternative count of rape in the first degree.

After the verdict Weinstein was handcuffed and remanded into custody ahead of sentencing on 11 March. He was taken from the courthouse in an ambulance and first taken to a locked unit at Bellevue hospital. The judge said he would ask that Weinstein would be held in the infirmary at the Rikers Island jail. Weinstein's lawyers had argued he needs medical attention following an unsuccessful back surgery.

Weinstein's lawyer, Donna Rotunno, said her client would appeal. "He took it like a man. He knows that we will continue to fight for him and knows that this is not over," she said.

Meanwhile, the New York district attorney, Cyrus Vance, hailed the courage of the victims who had spoken out. "Weinstein with his manipulation, his resources, his attorneys, his publicists and his spies did everything he could to silence the survivors. But they wouldn't be silenced, spoke from their hearts, and were heard," he said.

The movie mogul's epic fall from grace is now complete, toppled from the pinnacle of independent cinema where he helmed films such as Pulp Fiction and Shakespeare in Love, amassing a total of 81 Oscars. The glamorous Manhattan and Los Angeles lifestyle he once enjoyed will soon be replaced by a New York state prison cell.

The conviction marks the final comeuppance for a towering figure who wielded his power in the movie industry – as well as his commanding physical presence – over vulnerable young women seeking his help.

Though Judge James Burke cautioned the jury not to see the case as a referendum on #MeToo, Weinstein's conviction is certain to have far-reaching consequences for gender relations in the workplace, in Hollywood and far beyond. The world of powerful men who deploy their seniority as tools of sexual control is much less secure in its wake.

Michelle Simpson Tuegel, an attorney representing victims of sexual assault, said she expected to see a wave of women coming forward with complaints against other sexual abusers. "No matter how powerful a person is, no matter how much mud or dirt may be flung at those who have the courage to come forward, we are in a new time. The #MeToo era has thankfully started to unmask these systems of abuse of power, and now women can be heard and believed."

The guilty verdict could also have a profound impact on the way sex crimes are prosecuted. The New York district attorney's office took an enormous gamble in how they set up the trial.

Prosecutors chose as main accusers two women, both of whom continued to have close – and at times sexual – contact with Weinstein after they were attacked. In the past, prosecutors have almost always balked at such cases where coerced and consensual sex exists side-by-side, considering them too messy to secure guilty verdicts.

The fact that the tactic succeeded with the jury is a sign of the shifting sands of #MeToo. It suggests that prosecutors might have far more leeway in the future to take on cases where victims continue to be in the thrall of their attackers after sexual assaults – a scenario which sex crimes experts say is all too common and yet up till now has been almost entirely neglected by the criminal courts.

As psychiatrist Barbara Ziv told the jury in expert testimony, "it is the norm to have contact with the assailant".

Such a striking victory can be credited to the two intrepid prosecutors, Joan Illuzzi-Orbon and Meghan Hast, who meticulously laid out the defendant's culpability. They did so against the headwinds generated by Weinstein's lawyers led by the Chicago-based sex crimes defender Rotunno who was so aggressive towards witnesses that she induced in one of the two main accusers a fully fledged panic attack.

The prosecutors called 27 witnesses over 12 days, building up a profile of the movie producer as a cold and calculating sexual predator that ultimately overwhelmed defense arguments. They emphasized the vast gulf in power – and girth – between Weinstein and his victims.

He was a "famous and powerful Hollywood producer living a lavish lifestyle that most of us will never know", Hast said, pointing out that he counted among his friends not only the elite of Hollywood but also world leaders like Bill Clinton. By contrast, the unnamed rape victim was brought up on a Washington state dairy farm.

Weinstein, 67, meticulously planned his attacks, carefully selecting his victims for their vulnerability and neediness. He set them loyalty tests that if they passed would then lead on to the next stage of his predatory grooming.

He hooked Miriam Haley, now 42, his second main accuser, by helping her secure a production assistant job on Project Runway. Then on 10 July 2006 he lured Haley up to his SoHo apartment on the pretext of a business meeting.

Once inside things were normal until the film producer suddenly lunged at her and tried to kiss her. She rejected him, but he kept on coming, pushing her backwards into a bedroom and on to the bed.

She remembered the room being dimly lit and with children's toys in it.

"I tried to get up and he pushed me down. I just said, 'No, I don't want this to happen.'" She kept protesting, telling him she was on her period, but "it was as if he didn't believe me"; he yanked the tampon out and carried on attacking her.

Eventually she stopped resisting. "I figured it was pointless," Haley told the jury as she cried.

The rape victim described the defendant as a Jekyll and Hyde. "If he heard the word 'no', it was like a trigger for him," she said.

As the evidence unfolded in courtroom 99, through the eerily similar accounts of all six women, it became clear that sex for Weinstein had nothing to do with seduction, romance and affection, let alone intimacy or love. As the rape victim testified, her attacker had to use a needle to inject himself in the penis with an erectile dysfunction medicine before he could carry out the assault.

One of his friends, Paul Feldsher, who was called as a defense witness, said Weinstein had a "sex addiction". But a much more accurate analysis of his behavior was given by Illuzzi-Orbon, who told the jury that "ultimately this trial is about the defendant's desire for conquest".

In the end, what will stick in the mind of many of those people who sat through the trial – witnesses, jurors, court officials, reporters and public alike – was the terrifying violence of the attacks.

Haley related in court how Weinstein had ripped out her tampon before forcing oral sex on her. Tarale Wulff, a model 43, who was one of three witnesses called by the prosecution to show a pattern of "prior bad acts" by the defendant, recounted how she was attacked in his SoHo apartment in 2005.

"He took me by the arms turned me around and threw me on the bed then got on top of me," she said. "He put himself inside me and raped me."

Several of the witnesses told the jury that Weinstein appeared to think he was entitled to abuse women given his status within the movie industry. When Dawn Dunning, another of the "prior bad acts" witnesses, declined his demand for a threesome in 2004 when she was 24, he screamed at her: "This is how the business works. This is how actresses got where they are."

Weinstein's new role as a convicted sex criminal is not the end of the story. He will now face sentencing at the hands of Burke, a judge who throughout the trial has shown himself to be immune to the complaints of Weinstein's lawyers about the way the trial was conducted.

In turn, those complaints were likely to have been designed as seeds for future appeals. Rotunno and her defense team complained repeatedly that the trial was unfair, calling for it to be moved out of New York because of the city's concentration of anti-Weinstein media coverage, claiming that the jury had been tainted, and objecting to elements of the evidence – including a set of official photographs of the defendant's allegedly deformed genitals.

Before he gets to lodge any appeal, Weinstein could face further legal jeopardy. Los Angeles authorities have charged him with raping and sexually assaulting two women over a two-day period in February 2013.

It remains to be seen whether those prosecutions will proceed or whether they will be allowed to wither now that he is certain to face prison time in New York. One of the two women in the LA case was a "prior bad acts" witness in New York – Lauren Young, who told the jury how Weinstein had groped her in a hotel bathroom in Beverly Hills in 2013.

Beyond Weinstein's fate, several big questions are likely to rise up as a result of the verdict. In particular, how was it possible for a serial sex attacker to evade justice for so many years?

Books written by the Pulitzer-prize winning journalists who exposed Weinstein in 2017 – She Said by Jodi Kantor and Megan Twohey of the New York Times and Catch and Kill by the New Yorker's Ronan Farrow – outline an elaborate network of lawyers, private detectives and other paid advisers and assistants who worked diligently on the movie mogul's behalf. These enablers repeatedly rallied to Weinstein's cause, silencing his accusers and ensuring that for decades his wealth and power effectively rendered him untouchable.

Nobody is above the law, the truism says, but Harvey Weinstein was above the law for at least a quarter of a century. Until this week, when justice finally caught up with him.

‘Mum, I want to go home’: heartbreaking testimony of health system failing children with disabilities

Rachel Browne tells royal commission that when a nurse rolled her eyes at her son, she knew he wouldn’t get the help he needed

Rachel Browne was choking back tears as she remembered how her son’s life slipped away.

“He kept saying ‘Mum, I want to go home’,” she told the disability royal commission this week. “He wanted to go back to school. I wanted to get him home. But it became evident that if he did recover he would have no quality of life.”

On 10 December 2016, 16-year-old Finlay finally did leave Sydney’s Westmead hospital. “I said to Fin ‘I’m taking you home today’,” Browne said. “He said ‘yes Mum’. He died that day with his siblings, myself and my husband all there with him.”

Browne, who is a nurse, recounted the tragic lead-up to her son’s death at this week’s hearings, which are examining the experiences of people with cognitive disability in the healthcare system.

Opening the session, chair Ronald Sackville said the neglect and abuse experienced by those living with cognitive disabilities should “shock the conscience of all Australians”.

He added that the commission would hear about the huge gulf in life expectancy between people with an intellectual disability and the general population.

Those in NSW with an intellectual disability lived to an median age of 54, compared with 81 for the general population.

Browne told of the dismissive treatment that Finlay, who lived with Down syndrome, had faced as he battled the serious bowel obstruction that would eventually take his life.

When she arrived at the emergency department at Bathurst hospital, Browne immediately became anxious about the treatment Finlay was going to receive.

“I was holding him up and he collapsed onto the ground into a prone position on his stomach,” Browne said. “The triage nurse, when I looked up, rolled her eyes, and I thought, ‘That’s it. We’re not going to get the help we need.’”

Once Finlay was admitted, a CT scan had revealed an intestinal obstruction. Finlay was taken into theatre and Browne said she was led to believe her son would be airlifted to Westmead that night.

But he wasn’t. Browne was worried about a “distinct lack of urgency”. Finlay arrived at Westmead the next morning. He would spend the next 71 days there; 65 of them in paediatric intensive care.

Choking back tears, Browne told the commission how, as Finlay became sicker, “his ability to make himself heard

improved". "Finlay fought on for 71 more days," she said. "No one expected that."

Browne is now fighting for a coronial inquest into Finlay's death and is awaiting the outcome.

Toowoomba woman Toni Mitchell recalled that her difficulties navigating the health system as the mother of a child with disabilities began before her child was even born.

When she had an ultrasound in 2000, she was told that her baby had a heart condition and she would probably miscarry in the next few weeks.

She was also told "it's highly likely your son has Down's syndrome". Mitchell added: "… I was still crying. And he finally turned around. He said, 'So here's your appointment for a termination.' Gave me a piece of paper and walked out. Everybody else walked out.

"And that was our introduction to it. And it set the whole tone for Joshy's life. Because in that moment they completely disallowed his life. They said he wasn't worth living."

Mitchell told the hearing she threw the paper in the bin. Joshua joined his mother at the royal commission this week.

Prof Julian Trollor from UNSW told the commission he estimated that about 400 Australians die annually from a potentially avoidable death.

UNSW research found 38% of deaths of those with a cognitive disability were from potentially avoidable causes, twice as likely as in the general population.

"I know the commissioners have heard quite significant stories and understood them and their impact on people with disability and their families," he said.

"Of every one person who has a tragic outcome of death that the commission will hear, there are many more nationally."

The healthcare system was not equipped to adequately care for people with cognitive disabilities, Trollor said.

"This lack of preparedness manifests on every level – primary, specialist and acute care settings – and in services across the lifespan, from childhood to later life," he said.

The commission also heard from Kim Creevey, whose son died in 2015, and Sydney woman and advocate Kylie Scott, who gave evidence about how how doctors should communicate with people with intellectual disability.

Scott said it helped her when doctors asked short questions in plain English, spoke clearly, were patient and helped build trust with their patients.

Scott also drew attention to the need to assess the mental health and wellbeing of people with Down's syndrome and for doctors to be across current research.

"I want to speak up for people who can't speak up," she told the commission. "We all need to be understood and supported."

Creevey told the commission that a paediatrician had questioned her about the cost of keeping her son alive.

Her son had been hospitalised and the paediatrician had assumed that his breathing difficulties were related to his disability. It turned out they were caused by acid reflux.

"He was very quick, like I said, to point out it was Harri's disability. It wasn't anything else," she said.

"And while he was standing over Harri's bed – who can understand and hear everything that's going on – he said, 'How much more money are we going to spend on him keeping him alive? You know, do you have an end of life plan for him?'

"That had other consequences by way of we couldn't go back to that hospital because he was the paediatrician that would have been allocated to Harrison. Yes, and then we had to spend a lot of time talking Harri through what he'd actually said."

The counsel assisting, Kate Eastman, said the case showed the unconscious bias experienced by people with disabilities within the health system.

Mitchell told the commission her son Josh had been cleared of Hirschsprung disease – a congenital condition that causes problems with passing faeces.

One specialist blamed his chronic constipation to him being "lazy" and having low muscle tone as a result of his Down's syndrome.

They later learned he had the condition. Mitchell said her son had lived in agony for 14 years due to the misdiagnosis. "He had no life. He couldn't move, he couldn't eat," she said.

Earlier, Browne recalled another occasion when she felt an emergency room doctor dismissed Finlay as a "whingy child".

She has kept the discharge summary she received that day. "It referred to Finlay as a grizzly child with Down's syndrome who had poor dental hygiene," Browne said.

His death certificate, too, still causes her distress. His Down's syndrome is among the listed causes of his death.

Browne told the commission that she did not believe it should be ordinary for a person's intellectual disability to be listed on their death certificate if it was not part of the cause of their death.

As the commission extended its thanks and condolences to Browne, she asked to add one more thought to her evidence.

"Just in closing, I think a famous Australian ophthalmologist, John Colvin, once said that more is missed in medicine by not seeing than not knowing," she said.

"I think that summarises what has happened to Finlay. And I hope that everyone sees him now."

The commission will continue in Sydney next week.

Andrew Bolt apology to Paris Street

Andrew Bolt has apologised to Paris Street, the victim of grooming by a sports coach at St Kevin's College, who was the subject of a recent ABC investigation.

Mr Bolt said he regretted the way he discussed the case because he should have more carefully considered how Paris might interpret his words.

"I should have thought of Paris Street, the boy, how he might have heard it," Mr Bolt said. "I'm really sorry to you Paris,

I'm really sorry ... I should have thought about how you would take it. I regret it, I've spent every hour since thinking about it. I hate what happened".

Mr Bolt said he had spent "every hour since" thinking about the way his comments were interpreted and that they may have made it seem like he was downplaying the seriousness of the offence.

"You might have noticed that I was really angry yesterday about the way my comments on the ABC's stories about St Kevin's had been misreported, I even saw headlines today like 'the offender defender', when of course I hadn't done that," he said.

"I used the phrase he had 'hit on' this boy, that (he) had been obviously sentenced for grooming, and a lot of people took that, particularly people who I've criticised before in the media, took this opportunity to say 'you're soft on pedophiles and you're excusing this-and-that' and I was so angry and so disappointed thinking I should have phrased it better and shouldn't have used the term 'hitting on'".

The apology follows an open letter published by Paris Street criticising the recent interview with Gerard Henderson regarding the ABC broadcast.

Blue Knot Foundation responds to reports of misconduct of teachers at St Kevin's school in Melbourne

In response to the Four Corners program that aired on Monday night in relation to new claims of inappropriate behaviour by several current teachers at St Kevin's school in Melbourne, Dr Cathy Kezelman AM, President of the Blue Knot Foundation offers the following comments:

The allegations of sexual harassment – including potential grooming and inappropriate behaviour towards boys – raises serious concerns and a myriad of questions.

The Royal Commission into Institutional Responses to Child Sexual Abuse released its final report in December 2017 and the redress scheme has been in operation for some 19 months. It is about taking responsibility and being accountable.

The Royal Commission looked at systemic failures in preventing and reporting grooming and abuse, supporting survivors, transparency and holding perpetrators to account, institutions in which child sexual abuse has occurred are expected to join the scheme to be made accountable for their failures and provide appropriate redress for countless victims impacted.

While St Kevin's has joined the redress scheme under the Trustees of the Christian Brothers, the Royal Commission found the Christian Brothers were among the worst perpetrators of child abuse, with 22 per cent of its religious members being identified as alleged abusers.

Last year St. Kevin's hit the news headlines with revelations of sexist attitudes with reports of misogynistic chants practiced by herds of boys. These allegations revealed serious systemic cultural attitudinal issues within the school.

A sports coach was convicted because of grooming behaviours – their seriousness subject to new criminal laws. However, the sports coach received character statements and support from the Dean of Sports and the Headmaster while the victim, a child at the time, received no support and was subjected to two days of cross examination by a barrister Robert Richter, who coincidentally was on George Pell's defence team.

When the victim's lawyer sought counselling notes from the school, they were heavily redacted.

Now, the current allegations of inappropriate behaviour of current staff – and staff concerns about possible grooming behaviour and allegations of sexual harassment – appear against a backdrop of inaction, cover-up, and misogyny.

One has to ask the question – What has really changed?

About Blue Knot Foundation

Blue Knot Foundation is Australia's National Centre of Excellence for Complex Trauma, empowering recovery and building resilience for the five million adult Australians (1 in 4) with a lived experience of childhood trauma (including abuse), their families and communities. The organisation played a pivotal role supporting the work of the Royal Commission into Institutional Responses to Child Sexual Abuse and in advocating for fair and equitable redress.

NDIS Commission received more than 1000 reports of abuse and neglect over three months

The agency tasked with overseeing providers of the National Disability Insurance Scheme received 8595 incident reports regarding people with a disability over three months last year.

The reports were made between July 1 and September 30 2019 from across all jurisdictions except Western Australia, figures released by the NDIS Quality and Safeguards Commission to the Senate have revealed.

Of these, there were 6694 reports of unauthorised restrictive practices, such as seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.

There were also 1236 reports of alleged abuse and neglect, 437 reports of known serious injury (including accidents), and 228 reports of deaths.

During that period, 531 matters were referred to police.

A commission spokesperson told The Mandarin that not all incidents reported to police were criminal in nature, and the commission has been working with registered NDIS providers to help them understand when incidents need to be reported to police.

The spokesperson noted that reportable incidents could have included expected deaths, with multiple reports on the same person.

"In some cases, further information reveals that the death of the person with disability did not occur in connection with the provision of NDIS supports and services," they said.

They said an activity report for July 1 to December 31 2019 would be published on the commission website once the collation and verification of data has been finalised.

A 2019 report from the Australian Institute of Health and Welfare found that 47% of Australians with disability experienced violence — including sexual, physical, and intimate partner violence — after the age of 15, compared with compared with 36% without disability. Of adults with disability, the most likely to have experienced violence after the age of 15 have psychological disability (65%), intellectual disability (62%), head injury, stroke or brain damage (60%).

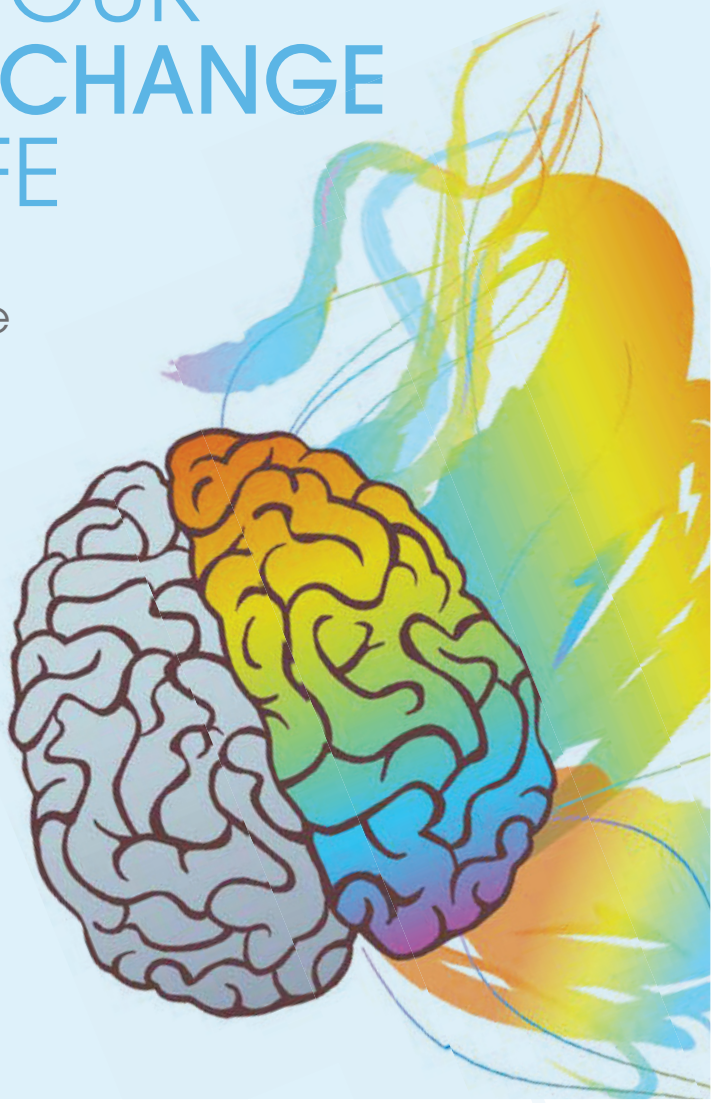
The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability resumes this month. The process has been accused of being rushed by disability advocates, while concerns have been raised over the potential conflicts of interest regarding two of the commissioners.

NEUROPLASTICITY MEANS THAT OUR **BRAINS CAN CHANGE** THROUGH LIFE

Every interaction we have with another person can help this process

People can and do heal from repeated trauma

With good support including positive interactions with others



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National Centre of Excellence for Complex Trauma

Breaking Free is Blue Knot Foundation's monthly eNewsletter for survivors of childhood trauma, their supporters and community members. For feedback or to contribute, please email newsletter@blueknot.org.au or call (02) 8920 3611.

In-house Training for the second half of 2019

You can browse through our In-House training options for the second half of 2019 here. Please email trainingandservices@blueknot.org.au or call (02) 8920 3611 to find out more.