



National Centre of Excellence  
for Complex Trauma



## Welcome to the April edition of Breaking Free

Welcome to this month's edition of Breaking Free. Without doubt the recovery journey for survivors is challenging and ongoing support from trusted family, friends and professionals is so crucial. It's a path that can't be taken alone, but often we forget about the impact that sharing trauma can have on our network of supporters. As they help survivors along that path, supporters also need support and self-care for their own health and well-being.

This newsletter is focused on providing information and support which we hope will be helpful to people who are supporting survivors on their recovery journeys. It is important to know that there is help and support for you too, whether it is from other family members, friends, peers or a counsellor or group. As a supporter you can also call the Blue Knot Helpline on 1300 657 380, 9am – 5pm Monday to Sunday AEST or if you or the person you are supporting is living with disability, please call the NCRS on 1800 421 468 9am – 6pm AEST Monday to Friday, or 9am – 5pm on weekends and public holidays.

Until next time, take care.

The Blue Knot Team



## Caring for yourself – for supporters of survivors

Supporting a person, you care about who is living with the impacts of complex trauma can be both inspiring as well as challenging. It can be easy to ignore your own needs when you're prioritising those of another person. It is important to support yourself through the process. It can be especially hard during times of crisis, or when the survivor is overwhelmed. That's why it's important to look after yourself. The first step is to look after the basics – eating well, staying hydrated, getting plenty of sleep, having regular exercise and making time out for a break and to enjoy yourself.

Here are some tips which may seem obvious but are areas which are easy to ignore at times.

- Try to choose healthy food which nurtures you and gives you the energy you need. When we don't eat well, we don't have the fuel we need.
- Make sure you drink enough water or herbal teas etc. Sometimes when we are stressed, we forget to
- drink enough. Everything works better when we are hydrated. Fewer headaches, better digestion etc.
- Are you getting enough sleep? It can be hard to sleep when you're worried. This can happen when you're not sure what to do or how to help. All of us need sleep. It helps keep us mentally and physically healthy. A routine can help. Try going to bed at the same time every night. Try to relax before bed. Breathing and

mindfulness activities can help with this routine. Also doing some exercise through the day or stretching/ yoga in the evening can help relax us. Take your electronic devices – phone, laptop, ipad out of the bedroom. More uninterrupted sleep will help prepare you for the day’s challenges.

- Remember to move. This doesn’t mean a gym membership or personal trainer. Something small – maybe 10 mins every day. And if you can’t manage that, do whatever helps to keep your body moving. Try simple stretching. A short walk in the fresh air. Even dancing to the beat of your favourite music. It all helps.
- Go outside into the fresh air. Into nature. See the sun. Feel the warmth on your face. Enjoy some time in the calm of a field or bush, where you feel safe and nurtured. Take your shoes off and feel the grass or sand under your feet. Swimming in the sea is particularly energising.

Sometimes when you are supporting a survivor, it can be hard to make time for yourself. And when you do it can be hard to relax and stop worrying. It’s also easy to feel guilty. Guilty that you want some time out. Guilty that you’re taking some time out. That’s why it is so important for you to take the steps you need to keep yourself as resilient as possible, for you and the person you are supporting.

## YOU WILL FIND SOME MORE INFORMATION

- in the section of the Blue Knot website for supporters here: <https://www.blueknot.org.au/Survivors-Supporters/Supporters>
- by downloading the fact sheet for supporters, as well as one which focusses on how to have trauma-informed conversations (safe conversations with survivors) here: <https://www.blueknot.org.au/Resources/Fact-Sheets/Fact-Sheet-for-Family-and-Friends>
- viewing our video for supporters here: <https://www.blueknot.org.au/Resources/Videos/Supporters>



## Secondary trauma – how to be aware of the possible impacts of hearing about other people’s trauma

Secondary or vicarious trauma is well recognised as a risk for people in the helping professionals who work with survivors. However, family members, partners and people who have a significant relationship with a survivor of complex trauma can also experience secondary trauma.

If you are supporting a survivor who you care about, you may hear disturbing stories of their traumatic experiences. At times, hearing these stories may overwhelm you. This can make you feel the sorts of feelings the survivor you are supporting is feeling. You may even find that you lose your faith in the world and challenge your own beliefs. This may mean that you are experiencing secondary trauma. The more you are exposed to traumatic material, the greater the risk you have of experiencing secondary trauma.

Compassion fatigue is another real risk of caring. It is the emotional and physical fatigue that you can experience when you support a survivor. This happens because you

have compassion for them. This is different to secondary trauma. It does not usually cause trauma-related symptoms or you to change your world view.

For this reason, we recommend that anyone who is supporting a survivor on their journey needs to take enough time out for themselves. It is important to attend to your own self-care and build a strong support network around you, if you can. Connecting with other people who are also supporting survivors and building a peer network or seeking professional help can also be of assistance.

If you are supporting a survivor on their journey of recovery and start to feel overwhelmed, anxious or depressed, can't sleep, feel exhausted or isolated, find it difficult to concentrate or are feeling hopeless or helpless you may be experiencing secondary trauma. It is important for you to be able to identify the signs early, take whatever time out you need and seek support, including from a counsellor or therapist if you need to.



# Using Anchors to Support Self Care

In this article we will consider the concept of anchors and their use as a self care practice. We will provide some ideas around finding your own anchors and explain how to use them.

“Painful feelings can be like a tidal wave; they rise up and bowl us over and carry us away often before we are aware of it...Developing a mental state of expansion, by stepping back and looking at the waves with curiosity, we can become like the sky, vast open spacious. And then we have created room for the waves no matter how turbulent they are. We can do this by keeping ourselves anchored.”  
p.92 The Reality Slap; Russ Harris

## Anchor found from memories

An anchor is a concrete observable resource which is usually drawn from your own life. Try to find your own anchor to create positive memories in both your mind and body. Your anchor may be a person, (grandmother, partner, teacher) or an animal/pet, a place, an object (boat, tree, stone) or even an activity.

A suitable anchor gives you a feeling of relief (in body & emotion) and well-being.

## Anchor found from supports

Support systems are important as they can help us overcome difficulties in life. How do you communicate your needs to get the help you need? What are some of the ways you can nurture and foster your support systems? Phone calls, postcard, text message, facebook message, share a photo, arrange to meet up, book an appointment – we all use different modes depending on the relationship.

Can you relate to the anchor... what anchors you? And where do you draw your strength from?

You might like to draw or write out your anchors. Think about new sources of anchors for yourself. Think about how to strengthen anchors which are weak. Perhaps you can write down the names of people in your support system and the specific ways they help/support you.

## Using the body as an ANCHOR

Drop an Anchor:-

Take five to ten seconds to do the following:

Push your feet hard into the floor and straighten your spine. As you do this, take a slow, deep breath.

1. Look around and notice five things you can see.
2. Listen carefully and notice four things you can hear.
3. Touching - can you feel three things?
4. Becoming aware, can you smell two things?
5. And what one thing can you taste?

Notice where you are and what you are doing.

When we use anchors consistently in our day to day life we usually feel more grounded and less overwhelmed.



# NDIS: A disability scheme that leaves people with disabilities out of the picture

**Originally Published: New Daily Apr 18, 2021**

The National Disability Insurance Scheme was born to bring equity to health care and give a voice to Australians living with disability, who represent a significant proportion of the population.

One in six Australians – or about 4.4 million people – are estimated to live with disability.

However, from policy conception to implementation, people with disability still find their needs have been overlooked and ignored, time and time again.

The recent proposal for independent assessments is the latest example of how the NDIS and government are continuing to miss the mark.

The proposed legislation, due to rollout later this year, involves the person completing a single form within a

timeframe of up to three hours to determine their eligibility for the NDIS, and what funding and support they can access.

To get a complete understanding of a person's full needs in this time is not only unrealistic but in many cases, simply not possible.

Fundamentally, the approach takes little to no consideration of other complexities including personal and cultural differences among our communities.

In some cultures, answering direct questions and participating in a rigid Q&A format is considered rude and inappropriate.

This can deter those who need support from participating, or result in misleading profiling of people as difficult or not co-operative.

For others, sitting through assessments for multiple hours can be physically or mentally challenging, and some may have personal factors that limit them from providing full or even truthful answers.

In addition, allied health professionals are being asked to assess people in areas that are outside their areas of expertise.

This could have serious ramifications for people whose access to funding and support depend on the independent assessment.

These reasons are only a few among many others, but enough to show how the proposed changes can negatively influence participation.

What does this mean for Australians with a disability? It makes exercising choice, control and certainty of access to appropriate services a privilege instead of what it should be – a human right.

It risks making inaccurate and incomplete assessments of people's full needs, meaning many will not be adequately supported and many who need support will simply go without. It also means hundreds of thousands of Australians will be left further behind in a world that oversimplifies what it means to live with a disability.

If we go down this route, we risk having the very solution that was originally set out to improve the lives of the disability community instead become the gatekeeper to the full and effective participation of people with disability.

It's time to overhaul the NDIS assessment process. Now is the time to step back and put a halt on the rollout of the proposed changes.

It is vital that people with lived experiences are put at the front and centre of how services are designed and iterated over time.

This includes being involved in the development of services and building access to those services.

Consultation is the first step, and representation is the end goal.

And with this, there is no doubt still a long way to go when not one member of the NDIS board has lived experience of disability as of August.

It's time for a commitment to inclusive policy making and processes that put people with disabilities at the heart of the conversation, to ensure equal access to disability services for all Australians.

As well as giving people with disabilities a seat at the table to inform decision-making processes, it is necessary we rethink how we care for our communities and put efforts

toward significant reforms to the NDIS.

Various research and reports have been conducted to better understand the needs of Australians with disabilities and how they are being addressed – including the Tune Review, which put forward 29 recommendations to improve the participant experience and support service delivery.

One issue highlighted in this report includes how confusing, frustrating, and difficult the NDIS can be to navigate and use.

This is further proven by the heavy underutilisation of the NDIS budget, reflecting the extensive challenges many Australians face in simply accessing funds and services.

But it's not enough for the research and data to be available, if the findings and recommendations aren't acted upon.

That's not to say that this is a small or easy task.

Changing a system, particularly one as big as the NDIS, naturally will take both time and effort and cannot be viewed as a linear process.

Medicare, as an example, was introduced as a landmark reform to health care in Australia in 1984, but had many changes including the Medicare levy surcharge in 1997 and the National Health and Hospitals Reform Commission in April 2008. It underwent many structural reforms before getting to where it is today.

But if we get it right, the cost is little compared to the benefits that will come out of it to better serve our disability community.

In fact, research shows that when we achieve equity among our communities, everyone benefits.

That is, fewer inequalities among communities will allow for better overall living conditions and an advanced society.

By making sure all individuals can lead the healthiest lives they can live, we will enable an efficient economy and stronger workforce.

So, the more we delay efforts to work toward solutions that advance equity for our communities, the greater the future health and economic costs will be.

The disability community deserves a commitment from the government to live up to their promises and build a system that enables equal access to disability services for all Australians. When this happens, we will all be richer for it.

**Claire Salter Parry is the clinical services manager for Umbo**



## New Fact Sheet

# Understanding Impacts

People who have experienced complex trauma can be affected by the impacts in many different ways. There is no 'one size fits all' and many people blame themselves for the challenges that they face, their negative feelings and the possible physical health problems that trauma can cause. This fact sheet outlines many of the impacts that survivors face when overcoming complex trauma.



### Impacts

- Trauma can have many different impacts, especially if it occurred in childhood, and was repeated. There is no one size fits all.
- Trauma can be especially damaging if a child is young, when the brain is growing and developing. Trauma in childhood can affect the way the child develops as well as how they attach or bond.
- Complex trauma (repeated often extreme interpersonal trauma) stops people from feeling and being safe.
- Trauma often includes betrayal. This can make it hard for people to trust, or lead people to trust too easily.
- Trauma can lead people to feel worthless which in turn leads to struggles with their self-esteem and identity.
- Trauma can cause strong feelings e.g. sadness, anger, fear, distress, and can lead some people to be impulsive.
- Many people blame themselves for their challenges. Being abused is never a person's fault and is certainly never the fault of a child. Many people also feel deep shame which can stop them reaching out for help.
- Many people don't ever tell anyone about what happened to them as a child or as an adult. This is for many different reasons including fear of not being believed.
- People with trauma experiences can find it hard to make friends and build solid relationships, including intimate relationships. Trauma can make it harder for us to engage socially. This limits connections and can leave people isolated and alone.



- Many survivors experience feelings of anxiety and depression, disconnection, being 'spaced out', confused and other forms of mental distress. Physical health problems are common as well.
- When children need to focus on survival they miss out on learning and exploring. This can affect their education and work opportunities later.
- Trauma can affect our thinking, concentration and memory.
- Trauma can make us less flexible and more rigid. We can be less able to respond to new experiences and more likely to want to control things.



# Australians with a disability ‘forgotten’ in coronavirus vaccine rollout, advocates say

## Former commissioner and other sector leaders condemn decision to prioritise aged care over disability care and workers

Australia’s former disability discrimination commissioner and disability advocates have condemned the failure to prioritise disability care in the Covid-19 vaccine rollout, saying residents and support staff were blindsided by a lack of information.

Health department officials this week revealed just 6.5% of disability care residents have been vaccinated in the two months since the rollout began, despite their inclusion in the government’s highest priority cohort. The government deliberately prioritised aged care residents over those in disability care, leaving about 6,000 facilities without even a first dose of vaccine.

The Guardian revealed earlier this month that many disability care providers were being forced to circumvent the system and go to general practitioners to obtain vaccines for their residents, because commonwealth in-reach teams were simply not showing up.

On Wednesday, Labor accused the government of having “abandoned” those in disability care while the Greens described the disability care rollout as “shameful”.

The government now says it intends to vaccinate all vulnerable populations by mid-year and has indicated vaccination numbers in disability care will pick up from next week.

Graeme Innis, who was disability discrimination commissioner for almost a decade, was critical of the lack of urgency to distribute vaccines in the sector. He said providers were given no information that their supplies had been redirected to aged care, leaving them blindsided.

“The decision by the government to give priority to people in aged care over people in disability care is disappointing, and I think there could have been some greater attention given to those most in need, and some better prioritisation,” he told the Guardian. “However, the worst problem is that people were not informed, and so work was done in preparation to no avail.”

Innis said he hoped the vaccine rollout would accelerate now supplies were increasing.

People with Disability Australia’s systemic advocacy

leader, Giancarlo de Vera, said his organisation had broader concerns around the information and support being given to residents by disability care providers. De Vera said residents must be given the information they need to make a decision about whether vaccines were suited to them, given the often complex health issues involved.

“Part of the feedback that we’ve gotten is that maybe they’re not even being told that the vaccine is something they can access and who’s helping them make those decisions, given the conflicting advice around the AstraZeneca and Pfizer vaccines?” de Vera said.

“I think there is a question of awareness but also how much of a role are these providers playing in trying to ensure that people within their group settings are getting the right information.”

Greens senator Jordon Steele-John, the party’s disability spokesperson, said the government had “forgotten” people with a disability and their support staff.

“Last year, the disability royal commission heard that the Morrison government hadn’t included disabled people in their emergency response plan for Covid-19,” he said.

“Now, we learn that a decision has been made to exclude disabled people, and our support workers, from receiving priority vaccinations despite placing us in phase 1a of the vaccine rollout!”

Labor’s shadow health minister, Mark Butler, criticised the government for its continued failure to release specific data on the vaccination of staff in both aged and disability care.

“More than 99% of residents of disability facilities still have not been fully vaccinated,” he said. “Australians living with disability have been abandoned by Scott Morrison in this vaccine rollout.”

“Still the government won’t release data on how many of the frontline workers caring for Australians in aged care and disability facilities have been vaccinated.”

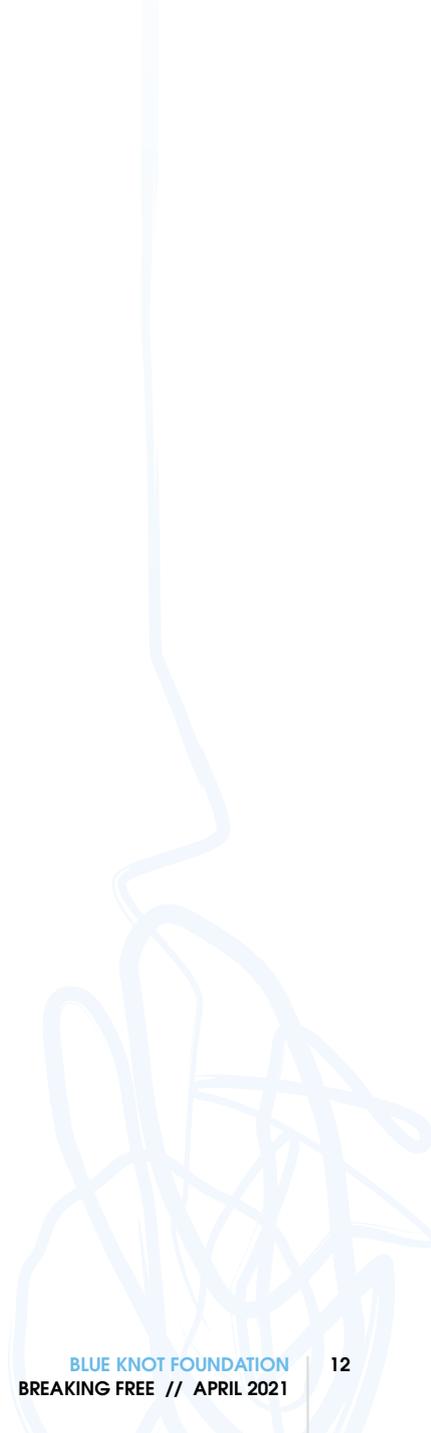
Earlier this week, health department associate secretary, Caroline Edwards, said aged care vaccinations had been prioritised because elderly people in care were “the absolutely greatest risk”. She said outbreaks in disability care settings were easier

to control because they were generally smaller than aged care facilities.

She said about 1,448 residents in 93 disability care homes had received their first dose. Only 192 people in 17 facilities had received both doses.

“When we discovered aged care was more difficult, we did focus on aged care – not because people with a disability are any less of a priority, but the experience of Covid-19 has been that the absolutely greatest risk are elderly people in aged care,” Edwards said.

Department secretary Brendan Murphy said disability care residents would be vaccinated “very soon”.



# Survivor Contribution

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## I Am Your Pain

I come into every life and in many different ways:  
Small hurts, little worries, frustrations and  
disappointments, shame and regret;  
Great grief, tortured thoughts, despair, bodily  
trauma, niggling doubts and grave fears;  
I come as loss and aloneness, bleakness, confusion,  
weariness and depletion;  
Sometimes vague, other times defined; passing  
quickly or persistently present.

I am your pain.

Please do not neglect or reject me  
Please do not curse or condemn me  
Please don't run, please don't hide  
Please don't deny or pretend  
I need your care, I need you to be there.

I am your pain.

Open your ears, open your eyes  
Open the door, open your heart.

I am your pain.

Please do not dramatise me  
Please don't use me to define yourself  
Don't hide behind me  
Don't become noble because of me  
Or use me to hurt or manipulate others.

I am your pain.

Hold me until I no longer need holding  
Let me come, let me go  
Let me be a lesson in love.

By Adrian



## Australia's \$1bn disability employment service criticised over poor outcomes and reduced employment

New issues paper by the royal commission raises concerns about the 'lack of support' and 'specialised disability knowledge' for clients

The federal government's outsourced employment services scheme for people with disabilities has come under fresh scrutiny, this time from the disability royal commission.

An issues paper released by the royal commission on Wednesday said the inquiry had received several complaints about the disability employment service (DES) program, worth about \$1bn a year in contracts paid to private companies and non-profits.

"The problems most frequently raised were a lack of appropriate support, poor client outcomes, and clients being placed in jobs that did not match their skills, interests or abilities," the paper said.

"Responses described experiences with DES consultants who lacked specialised disability knowledge or failed to act in the client's best interests," the paper said.

The royal commission asked a special adviser, emeritus professor Ron McCallum, to seek the views on why people with disability are less likely to be employed and are more likely to have lower incomes than people without disability.

McCallum said the workforce participation rate for people with disabilities was about 53%, compared to about 80% for those without disability.

"Those rates have not moved for 20 years," he said.

The paper noted employment among people with disability had fallen by 3% over the past decade, according to one submitter, while the labour force participation of people without disability increased by 23% in that period.

People with disabilities faced attitudinal barriers – such as discrimination when applying for jobs or working with an employer – as well as structural barriers, which included problems with the DES program.

Jobseeker payment recipients who have an illness or disability can be referred to the DES program, and must engage with the provider to continue to receive welfare payments.

Those on disability support pension payments can also be referred to or receive services within the DES program, where they are supposed to receive more specialised job training and referrals to suitable jobs.

But McCallum said people who had responded to the paper were "not very satisfied" with the DES program.

According to the Western Australian Association for Mental Health, most DES providers do not require their consultants to have disability specific qualifications, the paper said.

“Some responses spoke about DES providers having high caseloads, being under-resourced and having high staff turnover rates,” the paper said.

“Responses also described the administration burden on service providers and punitive measures for participants who are considered ‘non-compliant’.”

National Disability Services, a peak body for service providers, blamed “excessive regulation and increasing compliance requirements”, which it said resulted in “the misdirection of DES provider resources away from services for participants”.

Some people referred to the DES program with significant barriers to work were “parked”, with providers instead focusing on placing more job-ready clients into work in order to receive an “outcome payment” from the government.

The paper also examined views on the controversial Australian Disability Enterprises (ADEs), where people with disabilities receive employment opportunities but can be paid well below the minimum wage.

Critics said ADEs were exploitative, led to an increased risk of abuse, and some said they should be phased out.

The paper noted data showing less than 1% of ADE employees transitioned to the open labour market.

Peak body National Disability Services suggested ADEs played an important role in a spectrum of employment options, while one ADE, Greenacres, claimed many of their employees would likely live without a job if it wasn't for their business.

The commission will hold further hearings on employment later in the year, when it is expected some DES providers will be questioned about the quality of their services.



## Addiction almost killed AFL star Rod Owen, but he was hiding the agony of abuse

As evening approached on October 21, 2018, an emaciated, sickly man with hollow eyes and an agitated manner staggered along Bay Street in Port Melbourne, limping and muttering, scattering startled passers-by.

Could it really be him? The once-great AFL footballer? Was it really Rod Owen?

Times had been tough, sure, but everyone still knew the face and the name. In a bayside town of wharfies, dealers and toughs, he could out-drink and out-brawl them all. They knew him as "Rocket", the perfect nickname for a human missile.

On good days, Owen could hide his problems and carry on like everything was fine. But this was not a good day. He was unemployed, disoriented and angry. Those who still cared about him feared the end was close.

For 36 years he'd been a gambler, a fighter and an addict: alcohol, amphetamines, marijuana, cocaine, morphine, Endone.

This time it was OxyContin.

Owen was taking as much as he could get his hands on. Doctors thought it would help with his broken body — his hip and lower back were the latest to go. Instead it scattered his mind. He endlessly replayed his darkest memories, succumbing further to the self-destructive lifestyle he found impossible to escape.

Did the passers-by know he'd taken every pill in the container? Were they looking at his swollen, deformed knuckles for signs of fresh blood? Could they imagine the fist-shaped indentations in the wall of his tiny rented apartment? Did they know he'd recently tried to take his own life again? Had any of them seen him unravelling at the MCG a few nights earlier?

Owen only remembers that he was off his head again and letting people down. Back then, he'd say so in tearful, self-lacerating tirades: "I know I'm insane ... I know I'm on another planet ... I know you're sick of me ..."

So there he was on another lost afternoon, feeling more desperate and disturbed and other-planetary than ever before. Only now he stood on the brink of total catastrophe, pacing around town with a knife down his pants.

But he hadn't counted on the figure approaching him from behind.

Warning: This story contains details of child sexual abuse which may disturb some readers, as well as references to suicide.

'He has the ability to be a devastating player'

The traumatic secrets Rod Owen spent five decades running from can be found inside a shabby, beaten-up briefcase that has followed him from town to town, state to state, through 38 years of fame, partying, addiction, illness and despair.

The briefcase is insignificant to the naked eye, made of leather-look plastic in mission brown, with a stained cardboard interior. Its greatest qualities are its undesirability to a thief and its indestructibility. In the 1970s, it belonged to Graeme Owen, Rod's father, the man of whom he has said: "When he died, I died too."

One wonders what Graeme would make of its contents now. His two great loves were his family and the St Kilda Football Club, so it's filled with reasons for cheer — medals and newspaper clippings which confirm his wildest dream, which he died two months short of seeing for himself: his boy really did become a Saint.

There are also clues from which he would piece together a life of quiet desperation: paltry income statements; pub loyalty cards; gruesome X-rays; stained business cards from lawyers and physical therapists; scraps of paper with unfulfilled promises of jobs; an expired licence to perform "high risk work"; a certificate of completion for a drink driver

education program; character references from a criminal trial; an AFL Players' Association membership card; letters to and from prison.

Most arresting is a pair of black and white photographs taken a fraction of a second apart at Arden Street Oval on March 26, 1983, when St Kilda played North Melbourne in the first round of the VFL season: Rod Owen's league debut.

An Australian rules player jumps for a mark, the ball at his fingertips.

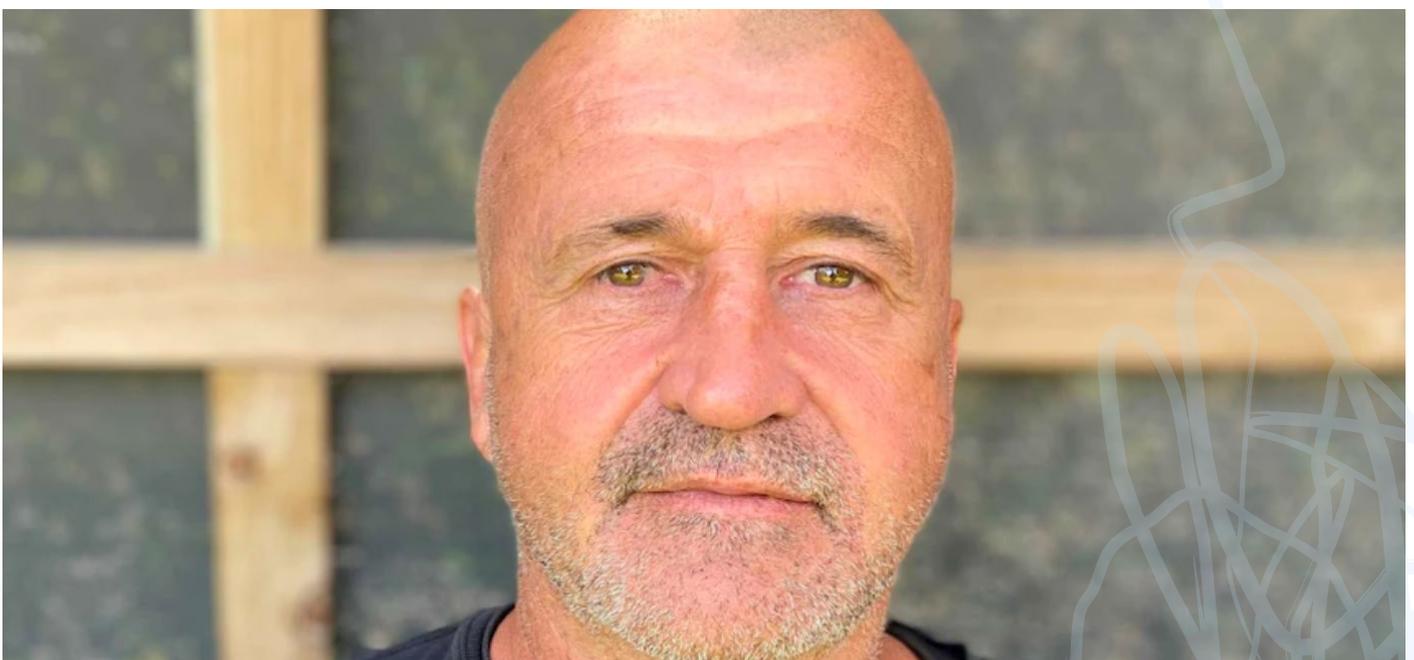
It is hard not to be swept up in the aesthetic purity and obvious symbolism of the first photograph. Owen leaps for a mark with feline grace. The ball, as it might have been painted by a master of the Renaissance, hovers perfectly at his fingertips.

Likewise, he is depicted at the cusp of the life he's been promised: fame, fortune and football success are within his grasp. A day earlier, Herald football writer Peter Stone had spoken to St Kilda coach Tony Jewell and written:

"Jewell stops just short of saying Owen is better than Royce Hart at the same age, but only just. Instead, he says: 'He is as exciting a player as I have seen burst onto the scene. He has the ability to be a devastating player.'"

In the second photograph, Owen descends to earth, an opponent lamenting being beaten by his man. But the man is not a man. He is a fragile boy. Owen is two months past his 16th birthday. He's the 11th youngest player in league history. No player will ever appear at such a young age again, for reasons that become obvious when Owen starts talking about his life.

Read more here: <https://www.abc.net.au/news/2021-04-03/written-off-as-an-addict-afl-star-rod-owen-hiding-dark-secrets/13255584>



## Former Labor MP Kate Ellis leads group of female politicians lifting lid on 'toxic workplace culture' in Parliament House

It was a cause for celebration when 30-year-old Kate Ellis was appointed as the youngest Australian to ever become a federal minister. But within 18 months things had turned ugly and her career was on the line.

Key points:

- Former Labor MP Kate Ellis has gathered accounts of a large number of female politicians
- Former Liberal MP Julia Banks says the workplace culture in Parliament House is the "most unsafe in Australia"
- Ms Ellis expects there are "hundreds more stories" of misogyny

In November 2009 she found herself in the "ridiculous" position of telling a national newspaper editor, "I promise I've never even kissed him," as she pleaded for her political life.

"I still cringe when I think how pathetic it was that I was begging," she says.

She says weaponised gossip in Parliament House and a rumour that she and her female chief of staff were both having a sexual relationship with a male adviser in their office "was everywhere".

A major newspaper was going to print the story that the alleged love triangle was "destabilising" the government.

If published, she knew it would be career ending. "I would be labelled as a slut and as someone who isn't really up for the job," Ms Ellis tells Australian Story.

Not only was there "zero" truth to the rumour, Ms Ellis also says the inside knowledge of the workings of her office meant the story could only have originated from within her own party. "The only reason was to undermine me," she says.

The pleas worked and the newspaper editor agreed not to publish, but there was no cause for celebration knowing: "Someone was actively fabricating a story to make sure that it looked like I was some flippant floozy who wasn't really serious about the job that I'd been promoted to do."

During her tenure as a minister, Ms Ellis was credited with introducing national quality standards for childcare and finalising the national plan to end violence against women and children. But she says throughout her career she and her female colleagues faced harassment, sexual slurs and destructive gossip designed to stop them being politically effective.

Now they've had enough.

It wasn't until Ms Ellis left politics in 2019 that she realised how "toxic" the culture in Parliament House had been.

"It's really strange how when you leave the parliament and re-enter normal life that you slowly start to realise how the rest of the world operates," she says.

"Things that I used to accept were part of the job are really not OK."

She decided to reach out to other women — MPs and staffers across the political spectrum — to compare notes, and what came to light "would horrify the public".

The stories tell a tale of systemic inequality, sexism, casual misogyny and sexual harassment.

"Focus on physical appearance is much greater for women, focus on their private lives, issues around motherhood, slut-shaming, personal attacks, rumours and gossip used to undermine women in a way men don't have to face to the same extent in parliament," Ms Ellis says.

"It makes it harder for you to actually focus on doing your job. There's this casual misogyny that shows up in a whole range of ways.

"People are rewarded in politics for bad behaviour. If you undermine someone, then you're more likely to be promoted."

'How many blokes have you f\*\*\*ed'

Ms Ellis was 27 when she was first elected to parliament in the 2004 federal election. In 2007 she eclipsed Paul Keating's achievement, becoming the youngest Australian government minister when then-prime minister Kevin Rudd appointed her minister for youth and minister for sport.

"I know that would have put a lot of noses out of joint and so it's probably no surprise that there were people who wanted to undermine me," Ms Ellis says.

"We just had this great election result which meant that we had a backbench brimming with people with ambition.

"You can only get promoted when there's a vacancy and some people might think it helps to hurry along those vacancies."

Over the course of her 15 years in parliament, she would take on the ministries of early childhood education, sport and the status of women, among others.

She says she never spoke to other women about the sexism she was facing.

"You don't want to have a focus on, 'Hey, do you know who thinks I'm a stupid bimbo? Who thinks I've slept with half the parliament? Do you know who is spreading rumours that I was caught naked in the prayer room?'" she says.

But gendered stereotyping and gibes were a constant throughout her political life, beginning from day one.

"I'd only been an MP for a couple of weeks and we were out for drinks and this Liberal staffer quite aggressively just said, 'Kate, the only thing anyone wants to know about you is just how many blokes you f\*\*\*ed in order to get into parliament.'

Just the fact that he came up and said that to my face when I was an elected MP and he was a staff member, that he still had the confidence to do that," she says.

When she first came to politics, Ellis says most of the MPs were men, most of the senior staff were men, and all of the factional powerbrokers were men.

"I remember being a young staff member and being hit on by MPs," she says. "That wasn't uncommon."

"But I know of much worse stories. Certainly when I was a staffer and a volunteer, I saw a lot of things but I also heard allegations of what I'd call serious sexual assault and misconduct from an elected Labor MP.

"This is something that isn't new. We've seen a number of stories recently, but I suspect that there are hundreds and hundreds more."

Now that Ms Ellis has left politics and "taken off her armour", she is ready to add to the national conversation around women in Canberra by penning the stories of high-profile current and former female politicians in a new book, *Sex, Lies and Question Time*.

"I just wasn't quite sure what I was going to hear," Ms Ellis says. "Every conversation just started to build this picture that there is something seriously wrong in Parliament House."

Former prime minister Julia Gillard spoke to Ms Ellis about her arrival in parliament and her naivety in thinking that it would quickly develop into a place of gender equality.

"I was a student at Adelaide University when I first woke to feminism, and if you'd said to me then, 'When is there going to be a gender-equal world?'" I would have said, 'Oh, you know, 10, 15 years' time, no problems,' but I was wrong about that," Ms Gillard says.

Greens Senator Sarah Hanson-Young was appalled by the treatment of Ms Gillard but was herself caught in the crossfire of sexual slurs and sledging.

"It's like you can't win either way. There's no nice balance. Some days you're a bimbo and other days you're a bitch," she says.

Ms Ellis's Australian Story coincides with a wave of discontent about the treatment of women in politics, triggered by former Liberal staffer Brittany Higgins, who alleges she was raped by a colleague inside then-defence industry minister Linda Reynolds's office two years ago.

Prime Minister Scott Morrison has apologised to her for how the matter was handled, and announced a series of inquiries into the adequacy of support measures for women in the building, as well as how to improve the broader culture.

Once the former staffer broke her silence, stories of abuse

and bad behaviour started pouring out of the national capital. Perhaps the most shocking surfaced last week when a federal Liberal staffer was sacked for allegedly masturbating on a female MP's desk.

Minister for Science Industry and Technology Karen Andrews told Australian Story the events of the last few weeks were "absolutely the worst I have seen here".

"We are collectively a disappointment to the people in Australia, and that's appalling," she says.

"Things that I would never have imagined would have would have gone on in this building are now being played out in national media."

Changing an entrenched and destructive culture in a workplace where women are still a significant minority isn't simple. But Ms Ellis believes silence is no longer an option.

"I've long said that no boys' club has ever voluntarily dismantled themselves. That's just not going to happen," Ms Ellis says.

"But women are standing up, we're going to call it out and we're going to demand change. And I want to be a part of that."

When she started writing her book six months ago, Ms Ellis says she thought it would be "controversial to suggest there might be cultural issues" within Parliament House.

"I now share the sense of rage that women across Australia have," she said in a recent tweet.

"I know a lot of us feel at the moment that we want to burn the place down, but if that sense changes to we want to take over the place then I hope that women will be able to learn from the experiences of those who've gone before."

Here are the stories of current and former female politicians, in their own words.



### **Sarah Hanson-Young Senator, Greens 2008-current**

"Parliament is there for the people, it shouldn't be a protection racket for the boys' club."

I ran in the 2007 election. I was 25 at the time and had an 18-month-old baby on my hip

I was shocked at the aggression in the parliament itself. I was genuinely confronted by the deep tribalism in that building.

You're walking into parliament every day and needing to prepare for sexist slurs that will be thrown across the chamber. It is designed to both silence and shame women at the same time. It takes a lot of energy to put your armour on, you're going to battle every day.

If we drew the curtains back even further I think the public would be horrified.

I've had names of men that it was rumoured that I slept with whispered to me as they walk past me in the chamber, as we're sitting down to vote. All those things that are designed as mind warfare.

I became anxious of standing on my feet, particularly in Question Time. We'd been debating a motion in relation to violence against women in the Senate chamber and Senator (David) Leyonhjelm yelled across at me in the chamber, 'You should stop shagging men, Sarah.' I was quite shocked. I walked over to him and I said quietly, 'What did you just say to me?' And he confirmed that he had said this. I told him he was a creep. And he told me to f\*\*\* off.

For years I thought it would be weak if I responded, if I allowed anyone to know that this was happening to me. I asked him publicly in the chamber for an apology. He refused, went on national television, national radio and slandered me even further. I decided I had to take him to court. And I won.

The amazing thing is that calling it out and naming it is taking all the power away from the bullies. I feel like I'm 100 times stronger than I ever was.



### **Julia Banks Former member for Chisholm Liberal 2016-2019**

"You don't have to wait for the Christmas party or the sales conference for misconduct to happen."

I entered parliament relatively late in life. I was in my 50s and I had behind me a career in the legal and corporate sector. I was immediately struck by the fact that it reminded me of when I first entered the workforce in the late 80s in terms of its attitudes to women.

It is very much an environment that is frozen in time. You go into there and think, 'Is this really happening?' I really believe our federal Parliament House is the most unsafe workplace culture in our country. And not only do women have nowhere to go to report misconduct, but they are subject to misconduct every day. I'm less talking about the MPs, I'm talking about the 5,000 other staff that are there.

When I announced I wasn't going to recontest, I also called out the entrenched anti-women culture. It reached peak toxicity and I thought, 'I'm going to exit. And if I'm going to exit this place it is going to be on my terms.' I wasn't going to limp out.

That was just the beginning of a three-month period of reprisals, retribution, abuse. This behaviour in Parliament House is so endemic and entrenched that men and women can often be blind to it.

If only our leaders would take accountability, rather than hoping that an issue would go away, if they introduced structures that would address this problem, then that is what gives me hope.



**Karen Andrews**  
Federal Member for McPherson  
Liberal 2010-current

"The level of sadness, disappointment and anger is something that I probably haven't seen before. Women feel as if they've been let down."

My early days here were a real eye-opener in terms of the way that parliament operated, but also in terms of the environment in which I was working. I started my working life as an engineer. And you were always treated on the basis of whether or not you could do the job.

It's very adversarial. There is a lot of constant low-level stuff — you just put up with it day after day. It's the remarks about how you look, how you speak, how you present yourself. Comments that are really just unacceptable to anyone in any environment, let alone in the national parliament.

And that's what I'd really like to see change. The parliament should reflect the Australian population, and that means that we need people with a wide range of experience, different ages, different genders.

The circumstances in which we find ourselves cannot continue. We are collectively a disappointment to the people in Australia.



**Tanya Pliibersek**  
Opposition Minister for Education and Women  
Labor 1998-current

"I felt protective knowing that Kate (Ellis) would encounter the dumb sexism that I had in those early days."

I came in 1998 with a big group of women. I think you learn pretty early on that not all your enemies are on the other side of politics, and you need to be able to deal with that.

I think one of the reasons that female parliamentarians aren't focused on calling out sexism on our own behalf is we think, 'Well, you know, we've got power, we've got a voice. Our focus isn't and can't be on ourselves. Our focus has to be on the people that we're serving.'

What does sexism look like in parliament today? It looks like being spoken over, it looks like having your ideas repeated back to you like they're somehow original. It looks like an assumption that if you're not aggressive in the same way as a bloke would be aggressive in the same circumstance that you are somehow letting down the team. A lot of it is unconscious. I think there's a generation of men who don't even realise that they're doing it.

I try and call gossip out as soon as I hear about it or it spreads like a cancer. The simple truth is members of parliament staff have very few protections.



**Natasha Stott Despoja**  
**Former senator**  
**Australian Democrats 1995-2007**

It doesn't take much to look back at how prominent women in Australian politics have been treated.

When I first started working in federal parliament I was relatively young, and clearly in a very male-dominated environment.

I look back and I remember the ire of men, be they politicians or others, who were upset if you wouldn't go out with them. There's one married MP who pursued me as a staffer and then bullied me as a senator.

In my day you were called "princess" or "precious" when you complained about bad behaviour of male colleagues or their staff members or indeed members of parliament.

It wasn't so much a culture of silence, it was a culture of silencing women who complained.

When it comes to our nation's parliament, I want our leaders to play a leadership role. This has to be top-down and bottom-up, but particularly it has to be led by the people in whom we give power.



## Domestic violence shock waves reach way beyond the home

Gary\* has been supporting his employee, Sara, who is being subjected to domestic violence. Gary is very supportive of Sara's plans to leave her partner and ensures access to her entitled support such as paid leave and flexible working arrangements to make this happen. A few weeks later, however, Gary finds out that Sara returned to her abusive partner. Feeling frustrated that Sara did not follow through, he asks Sara to leave the organisation.

This true story of one domestic violence victim's experience with a workplace highlights an important, yet complex, issue: access to workplace support for domestic violence is vital, but misunderstandings about such violence hinder effective implementation, potentially hurting victims further.

Gary holds common assumptions about domestic violence: it is a discreet event that ends when a victim leaves a relationship; violence happens in the home (not through institutions); and victims must take individual responsibility for violence. None of these assumptions are true.

Domestic violence is a complex social problem embedded in gender inequality. Victims are subjected to violence from abusers and institutions for years after a relationship ends. Domestic violence spills into work, friendships and communities. We must protect individual victims, but the violence is not individual; it is woven into the fabric of our society.

Workplaces need frameworks to understand their role within this broader social picture. While legislation gives us the base for employee rights, it alone does not determine how workplaces enact their responsibilities.

Our research, recently published in the *Journal of Industrial Relations*, aims to bridge the gap between the written policy and its implementation, in line with gender equality objectives.

A Framework for Workplaces

### 1. Domestic violence is both public and private

The 'domestic' of domestic violence is misleading. While violence does happen at home, it spills across arenas of victims' lives. Research has shown that abusers use workplace time and resources: they might ask colleagues to report on a victim's activities or call victims excessively during work hours. Victims carry the exhaustion, fear and pain of abuse into the workplace.

Most importantly, these arenas are not separate. We work from home, check our emails on the train, connect with colleagues online. Workplaces need to understand that violence can be outside workplaces, inside workplaces, in digital spaces around work and to and from work. These arenas are interconnected.

## 2. Domestic violence has far-reaching and long-lasting impacts

It can be difficult for victims to leave an abusive relationship. Victims may be economically dependent on abusers or dependent on them for their visa. Victims may face consequences from their community if they leave. Requesting victims to leave partners can be dangerous.

Domestic violence does not end when a victim leaves an abusive relationship. Research shows domestic violence makes a victim less likely to have access to housing, healthcare and employment. The mental and emotional scars of violence can be with victims across their lifetime.

Workplaces must recognise their role as walking alongside victims. Domestic violence leave is not just allowing a break from work, but to actively provide support for victims at all stages. This is a long-term commitment.

## 3. Domestic violence is a gendered, social problem

Workplaces themselves are gendered in ways that privilege (cis) men over women and gender minorities. Other gendered workplace issues such as the pay gap, the uneven distribution of care work, or precarious work sit alongside domestic violence. A critical part of ending violence is promoting gender equality. Workplaces must holistically address workplace gender equality issues. To this end, workplaces must also hold abusers accountable. Ending domestic violence is a collective responsibility, not the victim's responsibility.

This framework starts the conversation on what still needs to be done to safeguard victims of violence at work. There is significant opportunity for workplaces to have a positive impact on the lives of victims, but only if we recognise domestic violence as a socio-political, gendered issue.

Dr Ruth Weatherall is a lecturer at UTS. Dr Mihajla Gavin is a lecturer at UTS. Dr Natalie Thorburn is principal research and policy adviser at the National Collective of Independent Women's Refuges.

\*Gary and Sara are pseudonyms

The final version of this article has been published in the Journal of Industrial Relations. Weatherall R, Gavin M and Thorburn N (2021) 'Safeguarding women at work? Lessons from Aotearoa New Zealand on effectively implementing domestic violence policies'.

## ‘She’s a slut’: sexual bullying among girls contributes to cultural misogyny. We need to take it seriously

In an online petition launched by Chanel Contos in February, thousands of women have now disclosed instances of sexual harassment and assault when at school parties. The petition’s author was calling for sexual consent to be taught better, and earlier, in schools.

But the petition was quickly swamped with personal testimonies, feeding into the broader national discussion about sexism and misogyny that had emerged after former government staffer Brittany Higgins alleged she had been sexually assaulted by another staff member at parliament house.

In an opinion piece in *The Guardian*, Contos wrote that everyone contributes to rape culture, including herself. She said:

Of course I called girls sluts (...) of course I called people frigid and of course I made my friends feel insecure about their level of sexual activity. Of course I did, because everyone I knew did.

Such behaviour among girls can often be dismissed or trivialised as “just being bitchy”. But it is also a sub-type of bullying — what some researchers refer to as “sexual bullying”.

Sexual bullying is not something we can ignore. It is an aggressive behaviour and overlaps with sexual harassment, which we often hear of as being perpetrated by men against women. But as Contos pointed out, women and girls may also perpetuate unhealthy sexual attitudes. This may especially be the case among teenage girls, who are just discovering their sexual identity and place within peer groups.

### What is sexual bullying?

Bullying happens when a person abuses their power in a relationship to aggressively and repeatedly hurt another person.

Sexualised bullying is not recognised officially in Australia. But in the United Kingdom, it’s defined as:

any behaviour which degrades someone, singles someone out by the use of sexual language, gestures or violence, and victimising someone for their appearance. Sexual bullying is also pressure to act promiscuously and to act in a way that makes others uncomfortable.

## Examples include

- abusive, sexualised name calling and insults (such as calling someone a slut, or frigid)
- spreading rumours of a sexual nature online or in person. This includes using homophobic language and insults
- unwelcome looks and comments about someone's appearance or looks, either face-to-face or to someone else
- inappropriate and uninvited touching
- pressuring someone to sext and using emotional blackmail, such as threatening to end a relationship if they don't send an image. Sending the image to others without consent
- inappropriate sexual innuendo that is persistent and unwelcome
- its most extreme form, sexual assault or rape.

In Australia, the above behaviours reflect our understanding of sexual harassment. We usually understand most of the above as harassment in the context of a workplace, and most often as males directing it toward females.

But the gender of the perpetrator and target is not so relevant if the behaviour is weaponised and the impact is deliberately destructive.

In this way, sexual harassment may shift to become ongoing sexual bullying. And while we most often hear about this being perpetrated by boys, it happens among girls too.

## What we know about it

Most studies on sexual bullying among young people have explored sexual harassment.

In 2019, an Australian study aimed to provide the first estimates of the prevalence of sexual harassment among teenagers. It involved more than 4,000 teenagers aged 11-19. Around 42% of boys and 40% of girls reported having experienced some form of sexual harassment in the previous school term.

The authors wrote sexual harassment was a pervasive problem in Australian high schools. They suggested teenagers seemed to use sexual harassment to enforce their learned cultures of masculinity and femininity, to police heterosexuality conformity and to establish power in peer groups.

An Australian study in 1994-5 collected data on the bullying behaviours of nearly 1,000 girls aged 10-15. They wanted to see whether girls could sexually harass each other and if they did so as a form of bullying.

Around 72% of girls said verbal sexual harassment was bullying, around 24% were unsure and only 4% said it wasn't bullying.

The survey also invited girls to anonymously record the name-calling they used when bullying each other and the types of rumours they would spread.

The analyses showed girls made crude statements about people's sexual status, sexuality and about other girls' bodies as part of their bullying.

The authors suggested girls denigrated other girls to elevate their own status in the group. They did so by making other girls look bad, as either promiscuous (slut shaming), frigid, or through saying they were gay.

A 2007 survey by the UK National Union of Teachers (NUT) suggested sexual bullying is most often carried out by boys against girls. But they also noted girls were increasingly harassing girls and boys in a sexual manner.

The survey's findings showed:

- 45% of teenage girls have had their bottom or breasts groped against their will
- 38% of young people have received unwanted sexual images
- 37% of young people hear "slag" used often or all the time
- 65% of gay or bisexual young people experience homophobic bullying in school
- 48% of teachers have witnessed sexist language from one peer to another
- 66% of LGBT young people suffer from bullying at school. 58% of them never report it and half of them skip school as a result.

## Sexual bullying is serious

Sexually derogatory behaviours among girls are not always deemed as sexual harassment in the school context. Nor are they explicitly recognised as contributing to the larger cultures of misogyny and sexism.

But if we do not tolerate such behaviours from boys towards girls, we should not be ignoring it if girls use the same sexual put downs.

If schools are mandated to have policies in place to protect young people from bullying, then the role sexualised forms of aggression play in the peer dynamic must be highlighted and explicitly addressed.

Sexual bullying is serious. It forms part of the continuum of aggression, power and violence. Schools need to acknowledge sexual bullying exists within and across gender and that it hits at the time when young people are their most vulnerable: as they are developing their sexual identity and orientation.



## Domestic violence survivors share why MAFS has been triggering this season

Warning: This article describes experiences of domestic violence.

For many, reality television is a way to wind down after a long day at work or hectic witching hour with the kids.

But this season of Married at First Sight (MAFS) hasn't been the usual escape.

Viewers have expressed outrage over what they believe is toxic and harmful behaviour from several male contestants.

There is also a public petition asking for the Nine Network to apologise for failing duty of care regarding the relationship between Bryce Ruthven and Melissa Rawson. The petition claims the relationship portrays "an excessive amount of domestic violence".

John Walsh, the network executive producer of MAFS, responded saying at no time did the network consider the relationship to be of a violent nature.

"If that had been the case we would have intervened immediately," Mr Walsh said in a statement.

However, the show's relationship experts have acknowledged gaslighting behaviour a handful of times on the program's commitment ceremony couch.

It is viewers who have experienced abusive relationships in

the past who are finding this season particularly tough to watch.

But as these three victim-survivors who have shared their views with us point out, it can also be a positive teaching moment for audiences.

'I've been triggered, but I hope some good comes of it'

Kirsty\*, 35:

I fled from my ex who was very controlling and has been convicted for intervention order breaches.

He would track everywhere I went using my phone. All of my purchases.

He would accuse me of cheating and isolated me from seeing people he found to be a threat, like my family.

I've found this season of MAFS to be very triggering, not just because of Bryce, but James and Cameron also.

I do have a bit of PTSD and it brought up a lot for me.

I was pleased the experts call out the gaslighting behaviour from James.

But with Bryce and Melissa, the way they put them on the couch and ask her to speak up while he's sitting next to her and tapping her on the shoulder, reminding her he's right

there, that has been really triggering.

How do you expect this woman to talk about how she feels knowing she has to go home with him?

The girls night she didn't go to — the amount of times I was isolated just like that.

My now-partner was asking, "Why isn't she going?" and I said, "Trust me. It's not worth her going."

The fallout of her being around those women who are a threat to him, because they speak the truth, he knows she will question their relationship.

While I've been triggered, I hope there is some good to come of it.

It's raising awareness. There are so many people talking about it in the context of this behaviour — and very little of this type of violence is discussed — because everybody thinks abuse is just physical violence.

Actually seeing it play out in front of your eyes, I think is good for people to see it. But I don't think it's good at the women's expense.

'It has showed viewers that domestic violence isn't just physical'

Hannah\*, 35:

I had a relationship with a man who was a narcissist and borderline sociopath, and abused me psychologically and emotionally, as well as financially, and verbally.

I had to remove myself completely from his life and also remove our son, due to the persistent aggression and severe psychological abuse, particularly gaslighting and other associated domestic violence acts.

I was upset and triggered by this season of MAFS due to the narcissistic abuse displayed by two of the male contestants.

At first I was horrified that it was happening, and that it was aired.

I felt that it was irresponsible and unethical initially, however I then realised that it is a good thing they aired those scenes, as it allowed for thousands of viewers, in the right demographic, to see very clearly what domestic violence can look like — i.e. not always physical violence.

I was pleased one of the experts identified and explained to the contestants (and the viewers too essentially) what gaslighting was, and how it was displayed.

I was able to get more validation and acknowledgment for myself, that DV does actually happen to all sorts of people in all sorts of lifestyles.

It helped me to gain more reassurance that what my ex was doing was in fact domestic violence, and that was quite informative and therapeutic.

I would have preferred this kind of awareness to have taken place on a TV format of a soapie-type show rather than a reality show, where the contestants are real people, who are in actual dangerous situations.

'I see the red flags I missed'

Kelsey\*, 35:

I was in an abusive relationship with a man I was convinced was perfect, despite the red flags.

During a domestic episode a neighbour of ours who was a forensic officer came and told me that I was so stupid for putting up with something he dealt with for over 15 years and I remember being angry at him, not my partner.

When I watched MAFS, in regards to Melissa and Bryce, I felt like I was looking at myself, missing a lot of signs.

To be honest, I started to feel gaslighted and couldn't figure out their relationship either.

I thought, maybe all the other contestants are lying, maybe they have no life, maybe he had a good excuse. As a past victim of domestic violence, I started to believe Bryce myself.

I related to Melissa's deep sense of loyalty, but I also knew that her need for someone to be by her was deeper than whatever way he was treating her.

I felt relieved that I was not in that position anymore.

The problem is, when they isolate you like that, you feel special.

You really thrive on the sickness of their making you feel special all the time.

You become so willing to be hurt just to be loved.

These kinds of relationships are real, and I think Australia needed to see that.

\*Names changed for privacy reasons.

## Women with disability face more violence

Women living with disability are almost twice as likely to experience partner violence, figures released by the Australian Bureau of Statistics show.

Although three in four women with disability experienced anxiety or fear following their most recent incident of physical assault by a man, fewer than one in three reported it to police.

Women living with disability were also more likely to have experienced physical violence, sexual harassment and stalking over a 12-month period, analysis of 2016 Personal Safety Survey data found.

"The greatest disparity in risk was found for partner violence, with results showing that women living with disability were nearly twice as likely as women without disability to have experienced violence by a partner over a 12-month period (2.5 per cent compared with 1.3 per cent)," ABS director of the National Centre for Crime and Justice Statistics Will Milne said.

The data showed almost six per cent of women and 5.6 per cent of men living with disability or a long-term health condition experienced violence in 2016.

It found intellectual disability raised the risk of violence for both men and women.

"Women with an intellectual (or) psychological disability were nearly three times more likely than women with a physical disability to experience violence (15 per cent compared with 5.2 per cent). For men the figure was over

double (12 per cent compared with 5.8 per cent)," Mr. Milne said.

The analysis follows a report commissioned by the disability royal commission and released in March that also examined data from the Personal Safety Survey.

It found women with a disability were more than twice as likely to report sexual violence in the past year compared with women without disability.

Women can be exposed to violence specific to their experience of disability, one of the report's authors Georgina Sutherland told AAP.

"It could be about breaking assistive devices or withholding medication, reproductive coercion, we know those things are happening," she said, noting these issues were not well captured by this data.

"It's most useful to think about the drivers of violence against women, and also the drivers of violence against people with disability ... it's inequality, it's discrimination, social and economic exclusion, ableism, devaluation of people with a disability."

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Australian Associated Press

## Floods can worsen inequality. Here are 4 ways we can ensure people with disabilities aren't left behind

Disasters like flooding can worsen social inequalities around health and housing. For people with disability, however, the effect can be especially profound.

Research led by the University of Sydney's University Centre for Rural Health has shown, for example, that after flooding people with disability and their carers were more likely than others to:

- have their homes flooded and be evacuated
- still be displaced six months on
- experience disrupted access to food, support networks and essentials such as healthcare and social services
- continue to be distressed about the flood six months after it happened
- be at relatively high risk of post-traumatic stress disorder six months after the flood.

As communities on Australia's east coast recover from recent flooding, it's more important than ever to engage with concerns raised at the recent Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

As revealed in the University Centre for Rural Health's submission to the Royal Commission, people with disability

are too often overlooked or left behind during emergencies.

We surveyed people with disability and carers after a major flood in the Northern Rivers region of New South Wales in 2017. Some of the stories were shocking. One person told us:

Me and my housemate are disabled (...) We were unable to leave our house as we had no transport to get to the evacuation centre.

Another identified barriers with communication, saying:

Didn't know what evacuation meant eg what to take, would I have to stay there, where to go (...) Had no idea what river levels meant, eg Tweed River is 4.3m.

People with disability reported feeling they had been left to "fend for themselves":

The disgusting way people were left to fend for themselves and then the lack of proper response from our federal government. The scammers who surfaced during the flood. The lack of help for the homeless and vulnerable. The anxiety and stress that occurred and the amount of people left homeless and still trying to find a home five months later. Services that were desperately needed but were very hard to find.

Carers are affected, too. One told us:

I didn't realise how depressed I got or how upset I was until I talked with the flood recovery team and then it all hit home and has taken six to 12 (months) to recover and I was only minimally affected.

Respondents described people with disability living in places that should never have been rented in the first place due to flood risk:

It would have been impossible to get possessions to safety quick enough. And people who rent these type of places have the least resources (mental emotional physical (cars etc), financial) to cope.

One carer described her harrowing flood experience by saying:

I got no warning but TV said evacuation for Lismore CBD, and when I rang SES for information I could not get through. I needed clarification for my family and I have three special needs kids and I needed help to evacuate. I rang the police station (and) they said I was fine where I was. I was getting more scared and finally got hold of (the) SES who told me leave now as "we expect catastrophic loss and genuine risk that your house will collapse because it's in direct path of flood when the levy tops". I said I need help! I was told no help for me as I was under order to evacuate hours before but no one rang, no one knocked on my door! Even the police said my house was fine! It was completely destroyed. Knocked off the pylons, condemned (to) a horrific night of hell getting the kids out by myself.

A common experience was people with disability or carers feeling like their expertise and insights were ignored.

Change is urgently needed. Here are four things that could be done to ensure purposeful inclusion of people with disability and carers in all stages of recovery.

## 1. Work with peak (and local) disability advocacy organisations

When disaster strikes, people with disability need emergency housing in the short-term and more secure housing in the long-term.

Our research highlighted a lack of affordable accommodation for displaced carers and people living with disability. People were living in unsafe accommodation with mould, no cooking facilities and structural damage. Some were left homeless.

It is vital all levels of government work with peak (and local) disability advocacy organisations to understand and respond to disaster-related housing vulnerabilities.

People living with disability should be supported to plan for disaster risk. This should include programs to help people learn about their flood risk and what to do in an evacuation.

## 2. Ensure continuity of support and services

Disaster recovery plans should consider how, for people with disability, access to support and services can be disrupted by long-term displacement.

Disruption to support networks can leave people with disability isolated. Access to high-quality personal care, transport, food and health services must be continued during and after a flood.

The Disability-Inclusive and Disaster Risk Reduction Framework and Toolkit provides direction to service providers to ensure the safety of staff — and the people they support — before, during, and after a disaster.

## 3. Make long-term investments in mental health and well-being

Floods can have enduring psychological impacts. For people with disability, however, the risk of prolonged distress and post-traumatic stress disorder is higher.

Mental health conditions may take some time to emerge. Longer-term tailored supports are required - possibly for years after the flood.

Mental health services should be evidence-based, with additional training for primary care providers on how to identify and treat post-traumatic stress disorder.

Research has shown being connected to your community, for example through volunteering, clubs or informal gatherings, can reduce the risk of mental health issues after a disaster.

## 4. Develop person-centred preparedness plans

Too often, people living with disability are not adequately included in community-level disaster preparedness. Governments at all levels — but especially councils — must invest in helping people prepare personal emergency plans.

The Australian-designed Person-Centred Emergency Preparedness Workbook is a guide used by people with disability to tailor emergency preparedness planning to their needs. It steps people through the planning process and includes tips from people with disability help to get the conversation started.

Emergency services also need to be well supported, and nobody should lay the blame on any particular agency. These organisations, many of which rely on volunteers, are doing the best they can in extremely challenging circumstances. But there is an opportunity here for broader systemic change to better meet the needs of disaster-affected people with disability and their carers.

The severity and frequency of flooding is likely to increase as the climate warms. So too will the human impacts. We urgently need to find ways to improve how we prepare and respond.

## Fears NDIS assessment model could re-traumatise domestic violence survivors and put them at risk of harm

There is concern about how controversial proposed independent assessments could impact domestic violence survivors and those at risk of it.

A domestic violence prevention group fears the proposed model of National Disability Insurance Scheme (NDIS) independent assessments could result in survivors being re-traumatised and placed at “imminent risk of harm”.

In its submission to a parliamentary committee inquiry into independent assessments, Domestic Violence Victoria/ Domestic Violence Resource Centre Victoria said it had major concerns about how the contentious assessments could be carried out.

The assessments, which have been put on hold amid a sector-wide backlash, would see participants outsourced to a single contracted assessor they do not know to determine their eligibility for the NDIS, and the level of support they receive.

New NDIS Minister Linda Reynolds has said the assessments are designed to provide people with disability with “true choice and control over a flexible support package to achieve their goals”.

But in its submission to the parliamentary committee, the recently-merged DVV/DVRCV said the outsourcing of assessments to people with potentially little understanding of family violence would cause problems.

“If the assessor does not have an understanding of family violence ... it may result in family violence and associated risk factors not being identified and the impact of trauma not being recognised and acknowledged during the assessment process,” the submission said.

“If family violence and risk factors are not identified, it could put a victim-survivor at imminent risk of harm and is likely to lead to an inaccurate assessment and plan that does not consider the specific support and safety needs of a victim-survivor.”

DVV/DVRCV also said an assessor’s potential lack of knowledge about family violence may place someone at more risk of violence if they can’t assess whether a carer or family member is the perpetrator.

“The current independent assessment design allows family members or carers to participate in the assessment process,” it said.

“The presence of the perpetrator during the assessment presents a significant risk to a victim-survivor and causes

additional challenges as victim-survivors could mask or downplay their needs in the presence of the perpetrator, or their responses to questions may not be indicative of their support needs (resulting) in reinforcing violent and abusive behaviour.”

Research shows that people with disability, particularly women and girls, experience higher rates of family violence than the general public.

The government and the National Disability Insurance Agency – which runs the NDIS – has repeatedly said independent assessments would make access to the scheme more consistent and transparent.

But critics say the move is a cost-cutting exercise that will make it harder for people to access the NDIS, leave existing participants worse off and force vulnerable people to be assessed by practitioners they don’t know or trust.

There is also concern the model will undermine participants’ choice in and control over the support they receive.

“The right to exercise choice and control over decision-making is critically important for victim-survivors of family violence as violence and abuse perpetrated against them takes away their power and autonomy,” DVV/ DVRCV said in its submission.

The group said survivors may also feel hesitant to share details of trauma with a stranger, and the assessment process could be re-traumatising.

“If a victim-survivor does disclose experiences of family violence to an assessor and they do not get an appropriate and safe response, it is likely to deter them from seeking help and safety in future as it may result in them not trusting the ‘system’ and feeling anxious to seek support again.”

DVV/DVRCV is calling for a redesign of the assessment processes to make sure adequate safeguards are in place to allow survivors to “safely engage” with it, and for assessors to complete training in identifying and responding to family violence.

Senator Reynolds has promised to closely review feedback before drafting laws to lock in the assessment rollout.

As of Monday afternoon, the parliamentary committee had uploaded more than 150 different submissions online. Advocates for people with disability from Indigenous and culturally diverse communities have used submissions to voice alarm about the controversial reforms.

On Monday, the committee announced it would be holding public hearings in the coming weeks. Hearings in Melbourne, Perth, Hobart and Geelong have been scheduled to begin from 23 April, with more dates and locations to be confirmed.

Independent assessments were announced last year after a version was recommended in an independent review of the NDIS Act in 2019 - known as the Tune review - and by the Productivity Commission at the scheme’s inception.

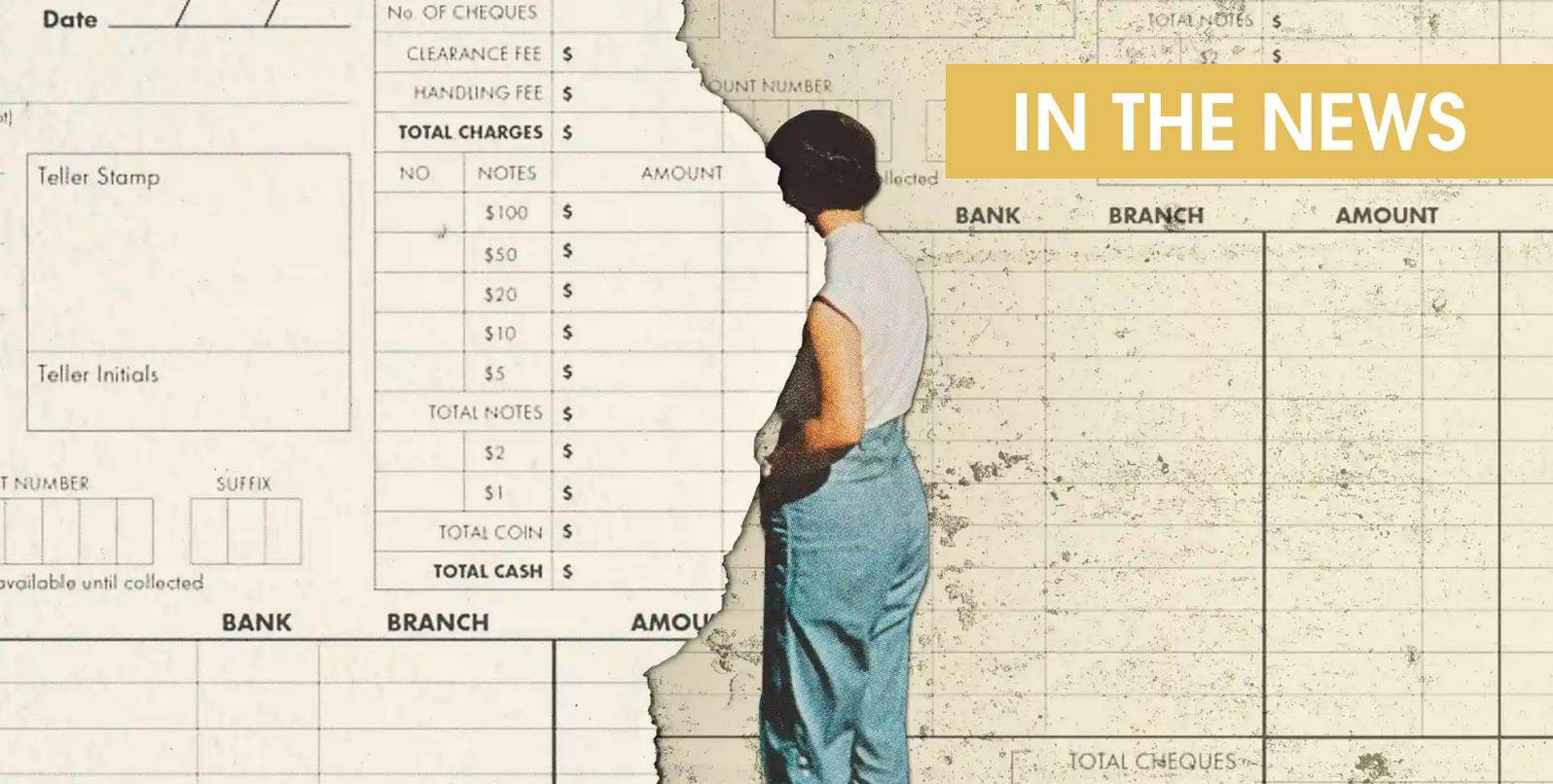
However, documents obtained under freedom of information laws earlier this month appeared to show that the government inserted a chapter on introducing independent assessments into the review. Senator Reynolds has defended its independence.

The government has described the assessments as a “consistent, transparent and equitable” way of gauging a person’s capacity that would support fairer decisions about NDIS access.

The NDIA said in February that “tailored training” would be provided to assessors.

Senator Reynolds has been contacted for comment.

If you or someone you know is impacted by family and domestic violence or sexual assault, call 1800RESPECT on 1800 737 732 or visit [1800RESPECT.org.au](http://1800RESPECT.org.au). The Men’s Referral Service provides advice for men on domestic violence and can be contacted on 1300 766 491. In an emergency, call 000.



# IN THE NEWS

## ‘Like hunting for unicorns’: Australians on the search for adequate, affordable mental healthcare

Countless inquiries have found the same problems afflicting the mental health system, but cost and access barriers still leave those seeking and providing care in despair

Many Australians experience the country’s mental health system as inadequate, dangerous and financially punishing, saying they often feel unsafe in hospitals, are dismissed by health professionals and are hit with prohibitive costs that government subsidies do not come close to covering.

And practitioners in turn have spoken of burnout and their frustration with misplaced funding, inadequate quick fixes, overmedication of patients and inconsistencies and duplication in the system, while acknowledging that many seeking help find the system “deeply traumatic”.

Many who responded to Guardian Australia’s call-out asking readers to share experiences of the mental health system are the face of the “missing middle”, a term often used in reports and inquiries aimed at assessing the gaps in the mental health system.

The Orygen youth mental health service in Victoria says the “missing middle” refers to those who “are often too unwell for primary care but not unwell enough for state-based services”. In other words, their care is too complex

for a GP but not severe enough for admission to hospital.

So where do these people go? Some readers told us they had opted out of the system altogether, instead attempting to self-medicate and relying on support from family and friends. Others fell into unemployment and more severe illness. Some reported eventually finding helpful treatment from psychologists and psychiatrists after many years and at great expense.

A public servant working in Canberra described anxiety so severe that he began self-medicating with alcohol, drinking at least a bottle of liquor a night to sleep.

“My nights were racked with horrific nightmares,” he told Guardian Australia. When he attended a local GP clinic to get a mental healthcare plan, required for government-subsidised psychology sessions, he was told by the doctor that he was not eligible because his issue was alcohol abuse, not mental health.

“As I tearfully explained that drinking was a side-effect and not a cause, I was sternly chastised and asked to leave if I couldn’t admit my drinking was the problem,” he said. “On the car ride home, I was in complete hysterics.

“I was screaming and crying so hard I could barely see. I nearly wilfully crashed the car twice. Ultimately, the

experience was so negative that I didn't wish to pursue professional help again. My mental state continued to degrade."

### High fees pose a 'wicked problem'

People who need mental healthcare in Australia often start by going to their GP. This can be the most affordable option, with Medicare data showing 86 out of 100 visits to the GP in 2019 were bulk-billed (paid for by the government). A GP can assess the patient and make suggestions for treatment, including prescribing medication or organising regular check-ups. Or they can refer the patient to a psychiatrist and write up a mental health plan which allows the patient to claim up to 20 sessions with a mental health professional each calendar year.

But as one reader told Guardian Australia: "Finding a good psychologist or psychiatrist who bulk-bills and has appointments available is like hunting for unicorns while blindfolded."

Psychiatry costs in particular are prohibitive. One reader reported paying \$300 for 20 minutes with a psychiatrist, while another said they paid \$900 for the first session and \$500 for subsequent sessions. Another reader said her one-hour psychiatry session cost \$435, and the Medicare rebate "didn't even cover half". Another reader, Jamie, said she had paid \$220 and received \$76 back from Medicare, but that her initial appointment was \$600. Another, Skylar, said they paid a \$126.95 concession fee for a 15-minute appointment and received \$76.95 back from Medicare.

Each psychiatrist sets their own fees and their criteria for who they will bulk-bill. The Medicare safety net provides extra rebates only once an individual's out-of-pocket medical costs reach \$480 in a calendar year. Extended freezes of the Medicare rebate have only made things worse.

Many psychiatrists do not take on new patients or are booked out for months. For those who need a medication plan or review by a specialist, this wait can prove excruciating. The only other option for immediate help may be to attend a hospital but many patients are not unwell enough and do not want to go there.

"I saw a psychiatrist in December after booking in August – that was the earliest appointment available," one reader, Megan, told Guardian Australia.

"The cost was \$472 for a single session. I was lucky enough to get \$300 back through Medicare, but the upfront cost could be very prohibitive if you don't have access to that kind of money.

"I was diagnosed with bipolar and opted to have a treatment plan sent to my GP so I could be treated by her, which is obviously preferable in terms of getting regular appointments and the cost. But despite chasing

multiple times, the treatment plan still hasn't been sent to my GP and no one knows the correct dosage of medication I should be on, and I'm trying to get another appointment with the psychiatrist to get it sorted out.

"I want to let people know how difficult and costly it is to access these services – I had no idea before I needed them."

The chief executive of the Consumers Health Forum of Australia, Leanne Wells, said high psychiatrists' fees "pose a wicked problem for many people living with serious mental health conditions".

"Too often the people most in need of ongoing psychiatric care are unable to afford the fees of the specialist while also facing barriers to hospital and clinical care because of the chronic dearth of services," Wells said.

"It is unacceptable that so many, often younger, people have their lives disrupted due to lack of access to the right care that could make a difference."

Wells said the level of the inadequate Medicare rebate and shortages of psychiatrists in some areas were among the factors that led to high out-of-pocket fees.

"The profession and the government should be showing more leadership in seeking a proactive response to this issue."

The fees that psychologists charge depend on the type of service offered and the setting in which they work. The Australian Psychological Society recommends a standard fee of \$260 for a 45- to 60-minute consultation.

### Those who need a little, those who need a lot

"There is no support for those of us who do not need to be hospitalised," a 50-year-old with post-traumatic stress disorder told Guardian Australia. "The system seems to be set up for the extremes of mental health – those who need a little support, and those who need a lot of support."

But those who were more acutely unwell and required hospital admission also spoke of inadequate care. They told Guardian Australia stories of feeling fearful while in psychiatric wards, and of a reluctance to return to acute care. But there are few alternative models of care to support them.

Eva, a 39-year-old admitted to hospital after suffering a psychotic episode after being injured during the 2017 Bourke Street attack in Melbourne, said: "It was so confronting and confusing walking through the emergency department in the initial presentation.

"Being mixed in with all the other emergency patients exacerbated my heightened state and made me completely shut down. In the high-care ward I was the only woman. Some of the other patients looked very

threatening and dangerous. It was a very scary time. I am still dealing with my memories from hospital, more so than my initial trauma.”

A 26-year-old who was first admitted to hospital as an adolescent with anorexia and after a suicide attempt said she did not remember much of her first admission, “except that I was admitted with adult men, who would sometimes find their way across the ward to me, screaming threateningly”.

“My mother witnessed this, and soon after I began being admitted to a private hospital a few hours away from home,” she said.

“At this hospital, a male staff member used the excuse of my anorexia to check my fingers for signs of dehydration. When holding my hand, he would move it towards his genitals, and then place it against his scrub pants. The easy accessibility of my body through the non-tear gown meant that he could touch my body non-consensually, and there was no way for me to wear more clothing.”

The woman now works in mental health and said there should be separate wards for men and women, and for adolescents and adults, in public psychiatric units.

“The mental health system, for the most part, made me more unsafe. For almost a decade, my trauma was an afterthought. For almost a decade, no one offered specific trauma treatment, even though I had experienced multiple forms of childhood trauma.”

### More inquiries, more recommendations

Numerous government reports and inquiries have analysed the barriers of cost and access. Frequently, they have recommended boosting community-based mental health services and increases in staffing at hospitals and psychology clinics.

The final report from a parliamentary inquiry into mental health services, tabled in December 2008, found a system in strife, including “inadequate resources and underutilisation of existing resources, inadequate community-based care, acute care services in crises, inadequate focus on prevention and early intervention, great geographic disparity in the quality of care, and service silos and gaps”.

“Consumers and carers struggled to have their voices heard in the design, conduct and evaluation of treatment,” the report found. The submissions to the inquiry “were depressingly similar” to those presented in a report 10 years earlier.

More inquiries have followed. The final report of the Productivity Commission’s inquiry into improving mental health to support economic participation was made public in November 2020. It estimated that mental ill health and suicide cost Australia up to \$220bn a year in treatment, caring costs, lost economic opportunity and lost productivity. Again the commission found treatment and services were not meeting public expectations.

Victoria’s mental health royal commission, which tabled its final report in March, made similar findings, recommending more holistic, integrated and linked services, more person-centred care, improved care for people in crisis, greater support for families and carers, better support for younger people, greater support for people in the justice system and a strengthened workforce.

Just \$10.6bn, or \$420 per person, was spent on mental health-related services during 2018-19, the latest data available. This is about 7.5% of government health expenditure, down from 7.8% in 2014-15.

A 2019 report from the Australian Institute of Health and Welfare found mental illness was the second largest contributor to years lived in ill health, and the fourth-largest contributor (after cancer, cardiovascular disease and musculoskeletal conditions) to a reduction in the total years of healthy life.

One Brisbane doctor, who wished to remain anonymous, told the Guardian: “As someone who also works in acute-care medicine, I am dismayed at how much money can be poured into medical interventions and equipment, often for dubious indications, yet mental health, which is relatively cheap per unit of time as its main cost is labour costs, cannot be made more of a priority.”

### When does reform actually show up?

The co-director of health and policy at the University of Sydney’s Brain and Mind Centre, Prof Ian Hickie, said the May budget would reveal whether the government was serious about reform.

The Consumers Health Forum has also called for a “comprehensive, well funded government response to the two recent commissions”. The federal government did not respond to a request for its plans for a national strategy on mental health.

Hickie said the federal government had made several welcome investments in mental health throughout Covid-19. But he said fundamental problems had not been adequately addressed over many decades, and government investments had often been piecemeal. A report he co-authored that examined mental health funding priorities called on the federal government to invest \$3.76bn over four years to address the immediate impacts of Covid-19 on mental health and contribute to longer-term improvements.

That funding would cover just a few areas: a national aftercare service to follow up and check in on people after an attempt on their own life; a personalised care service for community mental health needs, particularly for clients in the “missing middle”; nationally distributed complex care centres to provide properly integrated support for GPs and other primary care services; and improving digital health services and properly integrating them with traditional services.

The proposed funding would also be allocated to proper evaluation of services. Hickie said the mental illness response was hampered by a lack of useful outcome data such as the number of admissions for self-harm, the number of hospital admissions for suicide attempts, and the number of people accessing multidisciplinary mental health teams for complex care support.

“The system was bad pre-Covid and it is now even worse,” Hickie said. “The question is: when does reform actually show up? I’ve said before all we get is just more reports and more talk.”

He said it was disappointing that the response to the Productivity Commission report had been for the government to establish a select committee to inquire into mental health and suicide prevention. Yet another inquiry.

“We thought the prime minister was going to announce some sort of action at the end of last year following the Productivity Commission report,” Hickie said. “Now he’s saying he will wait for the parliamentary committee, which is due to deliver a final report by November this year. That’s another year of discussion.”

In that time more people will drop out of care. “They give up,” Hickie said. “We found that particularly in more disadvantaged areas. If you haven’t got money, you can’t arrange care. They get out of the public hospital and get no continuing care. Especially those who can’t pay. We have a tendency then in the public sector to de-diagnose them and send them home with families as there is nowhere else to go. This is the perversity we get into in a dysfunctional system ...

“Now it’s been two years at least for the Victorian royal commission to come up with a state-led solution again. At least the commission recognised the system is catastrophically broken and we need to invest a lot of money to fix it, but it’s not clear what the commonwealth might commit to this. The government say they’re in yet more conversations with the states and territories about it all.

“But what does it mean? And when will we get change? How is it going to happen? I’ve been talking about these issues for about 30 years, and I’m still waiting for reform.”

## Children who see mothers abused 'more likely to suffer asthma, language problems'

Children exposed to family violence from infancy are up to three times more likely to develop asthma and have a psychiatric diagnosis, emotional behavioural difficulties or impaired language skills by the age of 10.

These are some of the grim findings from a decade-long study led by the Murdoch Children's Research Institute, which documented the experiences of more than 1500 first-time Victorian mothers.

The study which has been published in the prestigious British Medical Journal, also found children who saw their mothers endure intimate partner violence over an extended period during the first 10 years of life fared much worse than those who received intervention by the age of five.

Poor health outcomes surged for children with experience of family violence in the year they turned 10, with researchers finding they were up to three times more likely to experience poor mental health, elevated blood pressure and sleep difficulties than children who had not seen such abuse. Exposure to violence in the first four years of life also put children at three times higher risk of developing asthma and language difficulties before the age of 10.

The researchers say the findings highlight the critical urgency of effective intervention, with health outcomes

for children greatly improving when they received support early or were taken out of a family violence situation before they turned five.

As part of the study, 1507 mothers were recruited from six Melbourne hospitals. They were questioned in the first year of the child's life and then in the child's fourth and 10th years. Data collated from maternal questionnaires was analysed retrospectively by the researchers.

More than one in four women and children were exposed to intimate partner violence during the first 10 years.

Last year it was revealed an increasing number of women were coming forward for the first time to report family violence as COVID-19 lockdowns worsened the potential for abuse in many homes.

One of the study's lead researchers, Stephanie Brown, said the findings showed clear evidence that when intimate partner violence was addressed before middle childhood, adverse health outcomes such as a psychiatric diagnosis or emotional behavioural difficulties were less likely.

"The children that were exposed to intimate partner violence in their household when they were under five, in that early part of their lives, but not exposed when

they turned 10 were doing much better in terms of their mental health than the children who had recent exposure to intimate partner violence,” Professor Brown said.

But the scientists found irrespective of early intervention, if a child was exposed to intimate partner violence in their early years their risk of developing language difficulties and asthma was unchanged.

Royal Children’s Hospital paediatrician Harriet Hiscock said delayed diagnosis could be behind some of the asthma cases, but she pointed out that studies have shown children exposed to intimate partner violence were more likely to have higher cortisol levels, a marker of stress.

“Stressful events in general have been implicated as predictors of asthma,” she said.

“We know that asthma is linked with inflammation in the body and perhaps growing up in these sorts of environments, which we know leads to very heightened brain responses, that maybe it’s leading to heightened immune or inflammatory responses.”

After being exposed to family violence since birth, Evie’s five-year-old daughter has sensory issues, is prone to emotional outbursts and has a preference for dressing up in costumes.

“I think that comes from this idea of, ‘I don’t have to be scared, I can be a superhero.’ ” said Evie\*, who left her husband last year after 10 years together.

“Sometimes it can be really difficult for her to feel her arms and legs due to her sensory issues and her emotions escalate from zero to 100 instantly.”

Professor Brown said intimate partner violence was not limited to physical and sexual violence. Often, it was characterised by a pattern of psychological control and coercion.

“Children can pick up on this and experience constant fear or anxiety at home,” she said. “What’s most striking from this study is just the scale of of the issue for our community. One in three children’s lives were impacted by this issue by the time they turned 10.”

While there had been significant focus on family violence during pregnancy and the early postnatal period following a royal commission on the issue, “we were still completely missing the fact that this issue continues in the lives of children and their mothers”, Professor Brown said.

“We need to have service responses that encourage women to seek support for themselves and for their children and feel confident that services will not judge them and will have pathways of support,” she said.

“All the evidence suggests that women of all ages and social and cultural backgrounds strive really hard to support and protect their children.”

Since separating from her husband, Evie said, she had noticed a marked improvement in her daughter’s mental health and she has applied for assistance from the National Disability Insurance Scheme to help with her behavioural challenges.

“I didn’t realise until recently, but you can apply for help for children, even if they don’t have a diagnosis, if they’re under the age of seven, so that has given me big peace of mind,” she said.

“I believe trauma is one of those things that you can recover from the sooner that it’s dealt with. We are in a rough patch at the moment as I’m starting to see a lot of her trauma unravel. But that’s probably a good thing, because she’s in a place where she feels safe to express herself for the first time in her life.”

If you or anyone you know needs support, contact the National Sexual Assault, Domestic and Family Violence Counselling Service on 1800RESPECT (1800 737 732).

\*Evie’s real name was withheld at her request.

## Addressing rape culture to prevent sexual assault

Patriarchal conditioning responsible for the increase in sexual violence against women needs to be addressed in children to prevent aggression, writes Anushka Britto.

**\*CONTENT WARNING:** This article discusses rape and sexual abuse

MARGARET ATWOOD once famously said: "Men are afraid women will laugh at them. Women are afraid men will kill them."

There lies a sad truth in one sentence. You can tiptoe around it, you can scream it, you can dress it up and make it look like something else but upon that four-posted bed of patriarchy lies a mountain of assaulted women. And we as a society make our bed in it every night.

Our news feeds are flooded with stories, both local and international, of alleged sexual assaults in Parliament, of women never making it home from an evening walk and men killing their partners. Instead of the incensed vitriol questioning the character of victims of sexual violence and the #notallmen hashtags, perhaps we should pause for a moment and consider what it will take to break down a culture in which we teach men and women that masculinity and being male is power and domination over women, that "real men" cannot show weakness or shame.

What could a public policy look like, with the aim of systematically breaking down the patriarchal teachings passed down from one generation to the next?

The issue of sexual violence against women is currently addressed by the Office for Women which claim that one in four women have experienced violence by an intimate partner since the age of 15 and one in five women have experienced sexual violence since the age of 15. The figures are even worse for Indigenous women, with them being 34 times more likely to be hospitalised for violence.

The National Plan to Reduce Violence Against Women and their Children 2010-2022 is now implementing the fourth phase of this plan. The plan states that it seeks to implement a primary prevention approach — that is preventing violence against women before it occurs.

Yet all the actions within the plan focus on addressing the three heuristics consistent in young people aged 12-24 as part of the plan's focus group:

- blame the victim;
- minimise the behaviour of males; and
- empathise with, and protect, males.

When we talk about sexual violence against women we say “one in five women have experienced sexual violence since the age of 15” as if it simply happened to them, as if there is no perpetrator. The way that we talk about sexual violence needs to call out who is committing these offences. For example, “in Australia in 2015-2016, 71 in every 100,000 males had committed a sexual assault offence, while six in every 100,000 females had committed a sexual assault offence”.

While the number of female perpetrators only accounts for a small portion of total perpetrators, the number of female victims to male is an inverse proportion. In 2019, there were 26,892 victims of sexual assault officially reported — of these, 83% were female.

Why is women’s safety an issue for the Office for Women? It’s because we expect women to alter their behaviour and take accountability for their own safety from sexual assault. Granted, the current perpetrators of sexual violence should go through Men’s Behaviour Change courses and address their own deep insecurities and shame that has led them to feel a sense of entitlement over women’s bodies.

But might I suggest an alternative approach? If we are to truly reduce sexual violence against women and the omnipresent fear that women feel in daily life, we need to start with education about bodily autonomy and consent and it needs to start with mandatory age-appropriate lessons from pre-school age onwards.

In its Fourth Action Plan, the National Plan will focus in part on ‘raising awareness and understanding of issues such as gender equality, consent and healthy sexual relationships, particularly for young people’. While this is a great initiative, there is a gap in the way we address sexual violence through education. Schoolgirls Tamsin Griffiths and Chantel Contos have called for it in their respective interviews and petitions.

In her petition, Tamsin writes that education around consent came too late in year ten, with half her friends already being raped or sexually assaulted by boys from neighbouring schools by then. If we do not teach consent about bodily autonomy to young children, long before they reach an age where they know about sex or feel sexual desire, how can we expect to teach them consent in relation to sex when they have not yet been taught consent to their physical space and person, or felt ownership of their own body?

Perhaps you believe this does not apply to you and your social circle, that it is “other” men who are sexually violent towards their partner or other women. However, the attitudes that give rise to perpetrators of violence believing that their actions are acceptable are borne by a significant number of us.

The 2017 National Community Attitudes towards Violence Against Women Survey (NCAS findings) on knowledge and attitudes towards sexual assault in Australia found that for Australians aged 16 and over:

- one in five (19%) were unaware that non-consensual sex in marriage is against the law;
- one in ten (11%) believed that women were “probably lying” about sexual assault if they did not report it straight away;
- two in five (42%) agreed that “it was common for sexual assault accusations to be used as a way of getting back at men”;
- one in three (33%) believed that “rape resulted from men not being able to control their need for sex”; and
- one in eight (13%) agreed that a man is justified in having non-consensual sex if the woman-initiated intimacy in a scenario where a couple had just met and one in seven (15%) agreed this was justified in a scenario where the couple were married and the woman-initiated intimacy (Webster et al. 2018).

Jess Hill explores the relationship between shame and power and abuse in her award-winning book, *See What You Made Me Do*, a book on intimate partner violence in Australia. If we wish to raise our children in a world where men are allowed to show emotions like shame and sadness without fearing that women will laugh at them and women can live a normal life without fearing that men will kill them, then we need to address the patriarchal conditioning of our children so that they do not continue to have the attitudes present in Australian society today.

We need to do it with the faces of Saxon Mullins, “Clare” (from the Four Corners report ‘Code of Silence’), Lynette Daley, Eurydice Dixon, Jill Meagher, Aya Maasarwe and Courtney Heron emblazoned in our minds because we failed them and if we don’t do it now, we will only have more blood on our hands.

If you would like to speak to someone about sexual violence, please call the 1800 Respect hotline on 1800 737 732 or chat online.

Anushka Britto is a day-time auditor, night-time philosopher, writer and creative spirit who lives in Melbourne.

## COVID vaccine rollout delays frustrate vulnerable Australians in priority group

Any Australian over the age of 50 will be able to get a COVID vaccine from May 3, but many vulnerable Australians are frustrated that they are still yet to be vaccinated despite being in the priority group.

### Key points:

- Margaret Ruff is angry her son who lives in a disability care home has not been vaccinated yet
- Jess Kapuscinski Evans says she doesn't understand why all people over 50 will be given access before many people with a disability
- The Health Department says vaccinations in the disability sector will ramp up this week

Margaret Ruff's son Raymond, 45, contracted meningitis as a child and is now intellectually disabled and cannot talk, he also has hemiplegia and epilepsy.

He lives in a disability care home in the Melbourne suburb of North Fitzroy with four other residents and their carers but Mrs Ruff said no-one there, including staff, had been vaccinated.

"I'm going to lay it right on the line: what country gives their politicians injections when people with a disability and the staff looking after them still haven't had them?" she said.

"It's disgusting. I have morals, I have ethics, and I can't believe that people are disregarding Ray."

Ms Ruff's mother contracted COVID in an aged care facility during Melbourne's second wave. Her mother survived and has now been vaccinated, but Ms Ruff said she will not have peace of mind until her son is vaccinated too.

"I was absolutely terrified, because on one hand, I knew mum was really sick, and while all this was happening I was terrified I might also lose my son," she said.

### Vaccines for disability sector to ramp up

In a Senate committee hearing on COVID-19 last week, officials from the Department of Health admitted just 6.5 per cent of residents in disability care had received a vaccine.

Disability care residents and workers are considered a priority vaccination group under the Commonwealth's rollout strategy, along with the aged care sector and frontline health and border workers.

Brendan Murphy, the department's secretary, told the committee the risk of death if another COVID outbreak

was to occur was greater for residents in aged care, which is why that sector was prioritised.

“While we did originally intend to do disability and aged care together, the complexity of aged care meant we had to prioritise to get that group protected at the same time as trying to get disability started,” he said.

Professor Murphy said vaccinations in the disability sector would ramp up this week.

“The plan is to get all of phase 1, the vulnerable people, done by the middle of the year but that doesn’t mean disability in 1A isn’t a priority,” he said.

The Government has also announced vaccinations for the general public for anyone over the age of 50 will begin on May 3.

Ms Ruff said she was speaking out to ensure authorities keep their commitment to disabled people as the broader rollout gets underway.

“I’m absolutely disgusted but I’m not surprised at all. Most residents in aged care facilities don’t have an advocate,” she said.

“So when I speak for Ray I’m speaking for all the people with disability, whose parents are either too sick, too old or too scared to say anything.

“I would like to see everyone in a disability home, including the staff, treated with respect and vaccinated as soon as possible.”

Jane Halton, chair of the Coalition for Epidemic Preparedness and former secretary of the Department of Health, defended the Government’s decision to prioritise elderly people in care.

“I understand why they (authorities) took that decision and that it was sensible, based on the epidemiology,” she said.

“I think we need to remember that we can actually do the two things at once — the priority population in 1A are absolutely important but we do need to lift our game, particularly on people with disability.”

University of Melbourne epidemiologist Tony Blakely agreed that while the decision was tough, authorities were right to put elderly people first.

“The aged care sector includes older people who are much more likely to die,” he said.

“People with disabilities are more likely to die compared to someone of the same age without a disability, but they won’t be as old on average.

“It’s all about averages and trying to get your vaccine to where it will have the most affect, so age before disability, yes, is the right decision.”

The latest government figures showed 201,848 residents in aged and disability care have been vaccinated, up 24,328 from the same time last week.

## Frustration over the rollout

Jess Kapuscinski Evans, a quadriplegic who requires the support of a carer, runs an arts company in Melbourne that supports artists with a disability.

Ms Evans said she is not upset that elderly people in aged care were prioritised.

However, she is frustrated that the general population will soon have access to the vaccine when the 2A phase of the rollout begins on May 3, while many disabled people are still waiting for their jabs.

“People in nursing homes were vaccinated faster than people in disabled care and I don’t feel that’s a problem per se, because the (elderly residents in aged care) face some of the same health and social justice issues that disabled people do,” Ms Evans said.

“More what I’m concerned about is the fact that perfectly healthy non-disabled people, and people who aren’t elderly or part of marginalised communities, are able to get access to the vaccine before people who are at higher risk.

“The pandemic exacerbated or made clear to people various social justice and health problems for marginalised communities, and for that reason marginalised communities should be prioritised for being vaccinated as opposed to the general population.

“It seems like the general public are getting vaccinated at a faster rate for some reason.”

Commodore Eric Young, the new operations coordinator for the government’s Vaccine Operations Centre, said jabs for at-risk populations were increasing.

“Critically last week, over 350,000 doses of vaccine were administered to vulnerable Australians, up from 330,000 the week before,” he said.

“Our focus every single day is making sure all vulnerable Australians are offered the vaccine as soon as possible.”

In a statement, a spokesperson for the Department of Health said “the vaccination of people with disability and disability workers eligible under phase 1a remains a high priority”.

“We understand and appreciate that many people in this group are eager to access the COVID-19 vaccine.

“The vaccination of people with disability in residential settings is a complex logistical operation which has commenced with a small number of sites, in consultation with disability providers, carers and the broader sector.

“This has provided the Government opportunity to refine the delivery model for disability to ensure, as we now ramp up, the model is appropriate and able to meet the needs of people with disability.”

Some aged care homes still waiting for vaccine

Florence Estepa manages Cumberland Manor, an aged care home in Melbourne’s west that was hit hard by COVID — 53 residents there contracted coronavirus last year and nine died.

Ms Estepa said residents and staff there were still waiting to be vaccinated, and is surprised they were not considered a priority given the severity of the outbreak at Cumberland Manor last year.

“We were the most hit, we were the vulnerable ones, and I would think we were first on the queue (for vaccines),” she said.

“We have got consents (for residents to be vaccinated), we are prepared when they (vaccination workers) turn up. We only got the date last week that they will be coming, on the 12th of May.”

However, Ms Estepa said only the residents will be vaccinated, and staff are expected to go to their GPs or state-run vaccination sites across Melbourne.

“It is very frustrating for them, because they thought that they were forgotten,” she said.

Karen Hollis, who has worked as a general services manager at Cumberland Manor for 20 years, said she was surprised over 50s in the general public would soon get vaccinated while frontline workers were still waiting.

“It seems funny that people that haven’t been in the frontline with COVID seem to be getting the vaccinations, and the ones that have been here working their butt off, day in day out within the COVID, have still got to wait,” she said.

“It just doesn’t make very much sense.”



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