



National Centre of Excellence
for Complex Trauma



Welcome to the June edition of Breaking Free

Welcome to this month's Breaking Free. COVID-19 continues to affect the nation and this month we focus on what this means for everyone but especially survivors of complex trauma. Continued lockdown, uncertainty around employment, isolation, and the subsequent impact is taking its toll on many of us, including on our mental health. Whilst we are all affected to varying degrees, survivors of complex trauma often are already coping with the effects of stress and anxiety. Our feature article acknowledges these challenges, and offers some strategies to help and support yourself and others around you during this really difficult time.

We've also included our COVID-19 fact sheets that go into more detail around Taking Care of Yourself and Others, COVID-19 for Practitioners and Health Care Workers, and Face Masks and Complex Trauma. These were released last year when the pandemic first emerged in Australia, and many people found them helpful.

The National Mental Health Commission has also acknowledged that pandemic fatigue is real. They have just launched a campaign to help raise awareness around recognising the signs of pandemic fatigue in yourself and others, and ways to overcome those feelings. If you or someone you know is feeling overwhelmed it can be useful to talk to someone you trust, your GP or a family member, or contact Coronavirus Mental Wellbeing Support Services on 1800 512 348.

We'd also like to thank the many donors and supporters who contributed to our end of financial year campaign fundraiser. We are humbled by the response, and grateful to the wonderful community that continues to support the life-changing work that we do at Blue Knot. Thank you again for helping us help others. And a special call out to our Ambassador Damien Rider for rising to the heights for a cause he believes in and for his support of Blue Knot and our work.

Until next time, take care.

The Blue Knot Team



Coronavirus and Complex Trauma

Experiences of trauma are common. It is estimated that about 75% of people will experience a traumatic event during their life. Each of these events can affect the person in all sorts of ways and their pathways to recovery and growth beyond the trauma vary enormously. Complex trauma, however, often has greater impacts than the trauma of a single incident. Complex trauma is repeated, often extreme, and in many cases ongoing. This includes experiences of violence, abuse, neglect and exploitation – experienced as a child, young person or adult or complex trauma. Many people, with the right support, also recover from the effects of their complex trauma showing remarkable resilience and for many finding new meaning and connection in their process.

The reality is that new traumas often additionally affect people who have experienced prior traumas. Of course, trauma affects us all in different ways but those living with the impacts of complex trauma, can be affected more than people whose lives have been less affected by traumatic stress. And the effects of the different sorts

of trauma can build on one another over time. The last almost 18 months have been a time of uncertainty for the whole world, and we, in Australia, although relatively protected by sea, have not been immune from Coronavirus. While the periodic closing of borders to keep us safer overall, it has also, for many, created additional stresses and disconnection from loved ones and supports.

The COVID-19 pandemic has brought fear, illness and ongoing threat. It has been an emotional merry-go-round, not knowing where the next outbreak might occur, who might be infected and how badly. It is to be expected that we might feel overwhelmed at times. The good news is that there are improvements in treatments for COVID and vaccines are being rolled out, although somewhat slower than we would hope. The pandemic has been and remains traumatic, and many of us have experiences assaults to our mental health - through fear, anxiety and enforced physical distancing, social isolation, lockdowns, restrictions and the ever present not knowing. Businesses have closed, and jobs have

been threatened or lost. Services have shut and the supports many people depend on, are no longer as readily available. Life as we knew it is less predictable than it once was. The time of COVID-19, and this is still a time of flux, has created numerous additional stresses for many.

While the sense of uncertainty and threat can be hard for anyone, it can be particularly hard for people who are already living with the effects of previous traumas, especially complex trauma. That's why it's important for us to be as gentle on ourselves as we can be and do what we can to look after ourselves, those we care about, and our communities. We also need to support one another and ourselves to stay as grounded as possible, and to walk alongside one another through this difficult time as much as we can.

As always, and even more so during these times, it's important to focus on the activities and daily routines which we have found have helped to support our sense of wellbeing before. Doing this is not a straight path for many but this is about doing what is achievable, and what has helped before and can help again.

Although some familiar practices may need to be varied during this period, because of restrictions, the following may be helpful. It's up to you to choose what to try, and to know that you might not be able to do all of these things, and for some people, any of them. So be kind to yourself and see if any of these suggestions are helpful for you:

- trying to get some restful sleep – as much as possible for you
- eating as well as you can and drinking lots of water
- staying active and exercising within your capacity and restrictions
- doing things that you find supportive for you – being creative or stepping outside. Whatever helps you feel better and keeps you safe as circumstances change
- staying informed from reliable sources but taking a break if and when you are feeling overwhelmed. Be careful not to follow misinformation
- making a plan around how to stay connected to the important people in your life and reaching out when you need to, and are able
- regularly practising strategies which help you to calm your nervous system and self-soothe such as yoga, mindfulness, meditation – we are all individuals so whatever works for you
- trying not to use too much medication when doing so has not been prescribed or recommended
- limiting your use of alcohol and drugs as much as possible

- reaching out in safe ways as public health advice changes
- listen to music, watching or reading something you find uplifting or distraction

It is understandable to feel concerned during this time. These are stressful times, and they can be anxiety provoking. Current anxiety can also trigger strong feelings and memories of previous traumas and can be a time when additional support may be needed. If you or someone you care about would like to speak to one of our specialist trauma counsellors, reach out and please call the Blue Knot Helpline on 1300 657 380 between 9am and 5 pm Monday to Sunday AEST.

If you are living with disability and are seeking emotional support, please call our National Counselling and Referral Service on 1800 421 468 between 9am and 6pm Monday to Friday AEST and between 9 am and 5pm Saturdays and Sundays.

For more information about how to care for yourself see <https://www.blueknot.org.au/For-Survivors/Survivor-self-care>



Pandemic Fatigue

While we can all experience pandemic fatigue in different ways, it is possible to counter its effects. Look out for some of these signs in yourself and those around you and take practical steps to be kind to yourself, stay connected, check in with each other, and seek professional support when needed.

Some of the feelings and behaviours you, or someone you know may be experiencing include:

- Tiredness
- Frustration
- Low in energy
- Restlessness
- Irritability
- Hopelessness
- Difficulty looking forward to tomorrow
- Dread
- Not wanting to be with others
- Increased use of alcohol or other substances
- Lack of enthusiasm for things you would normally enjoy

Some of the most effective ways to overcome these feelings include:

- Identify and practice self-care strategies that work for you 
- Keep kids communicating
Let children know it is ok to be worried, and talk it out 
- Get sweaty
Exercise is great for mental health 
- Reach out
To those who may not have connections 
- Follow facts from trusted sources 
- Take a break
Do the things you've been putting off for a rainy day 

If at any time you feel overwhelmed by any feelings, it is important that you talk to someone you trust. A GP, family member or friend, or make contact with any of the services (available 24/7) below:

Coronavirus Mental Wellbeing Support Services: 1800 512 348

Lifeline: 13 11 14

Kids Helpline: 1800 551 800

www.headtohealth.gov.au



Call for Survey Participants - Canadian Centre for Child Protection

*Trigger Warning - Child Sexual Abuse

Learning from survivors of Child Sexual Abuse Material (CSAM) and their protective family members is crucial to understanding the gaps in supports and services. We have been approached by the Canadian Centre for Child Protection for their support around two surveys.

The first survey is an international survey seeking responses from survivors who had their child sexual abuse recorded. The second survey is for protective parents/guardians whose children experienced child sexual abuse that was recorded. Other family members impacted by the trauma are also welcome to complete the survey.

The goals of these surveys is to help the world better understand the impacts of this crime and the challenges survivors and their families face. Not only is it an endeavour to keep children safe, engage survivors in driving change but it will also share insights with law enforcement, child protection workers, lawyers, judges, educators, and mental health professionals. To find out more about the initial outcomes of this survey and how to participate [click here](#)



New 2021 Professional Development Calendar Out Now!

Blue Knot Foundation is pleased to announce its new professional development training calendar for the second half of 2021. This calendar includes face-to-face trainings, webinars and virtual classrooms. The trainings which are on offer for the second half of the year include:

- Foundations for Building Trauma Awareness (one day)
- Trauma Awareness: Supporting People with a Disability (one day)
- Using a Trauma Lens when working with Domestic and Family Violence (one day)
- Trauma Responsive Leadership (one day)
- Managing Wellbeing and Recognising Vicarious Trauma (one day)
- Three Phased Approach: Safety and Stabilisation (one day)
- Three Phased Approach: Processing and Integration (two days)
- Trauma Informed Diversity Awareness - Masterclass
- Building Trauma Awareness Webinar Series

Click here to view our full training calendar: <https://www.blueknot.org.au/Training-Services/Calendar-of-Events>



Congratulations Damien Rider on smashing the balloon jump world record

Hearty congratulations to our Ambassador, Damien Rider who jumped off a hot air balloon at the Bluff City Balloon Jamboree in Collierville, Tennessee. Damien is an Australian from the Gold Coast – an ultra-endurance athlete, author, speaker and humanitarian. Damien was only the second person in the world to do the jump, having meditated on the top and enjoyed the sunrise prior to parachuting off.

The jump which broke three world records was breathtaking. Planned to go up to 13,000 feet, the height was limited to 7,500 feet as the balloon started to overheat. Damien is still planning to attempt the 13,000 feet record at a later date.

We would like to thank Damien for his support and also for fundraising on behalf of Blue Knot and the survivors we support. To put your support behind Damien please donate here: <https://chuffed.org/project/help-damien-rider-raise-funds-for-blue-knot-foundation>



Fact sheets for COVID-19 (Coronavirus)

In response to the outbreak of COVID-19 (Coronavirus), Blue Knot have prepared some fact sheets to help members of the community, as well as health professionals take care of themselves and others during this challenging time:

- Taking Care of Yourself and Others
- COVID-19 For Practitioners and Health Care Workers
- Face Masks and Complex Trauma

BLUE KNOT FOUNDATION

FACT SHEET: Everyone in the Community

COVID -19 – Taking care of yourself and others

Looking after yourself and those you care about in uncertain times...

Grappling with Coronavirus is undoubtedly a challenging time for us all. This is as individuals, communities, countries, and globally. While the sense of uncertainty and threat can be hard for anyone, it can be particularly hard for people who are already living with the effects of previous traumas and anxiety. That's why it's important for us to do what we can to look after ourselves, those we care about, and our communities. We also need to support one another to stay as regulated and emotionally grounded as possible, and to walk alongside one another through this difficult time as much as we can.

We understand that this is easier said than done. But we also have very recent experiences of ourselves and our fellow Australians doing just that. During the recent bushfires and the flash flooding which followed, we saw communities, and indeed the whole country, unite with a common sense of purpose. That purpose was to help and support our fellow Australians. We saw the best of the human spirit - despite and during adversity, people showing remarkable courage and compassion to pull together to help rebuild a safe cohesive community. It was a time of resilience and recovery, with the fresh growth we've seen literally sprouting around us and the hope this embodies.

Already now we are seeing some incredible efforts from our health and community services. This is as they seek to guide and support us, and as we all try to understand and practise the best ways to stay and be safe and well.

1. Media and social media

As always, the media plays a critical role in keeping us informed. However, the flip side of this is that we are subjected 24 x7 to a constant barrage of information. Some of this information is considered and some less so. It is also the case that there are simply some things about Coronavirus that *no-one* knows. Not knowing is hard and can fuel further anxiety. But the good news is that the world's scientists are collaborating on an unprecedented scale. This means extraordinary ongoing efforts to study the virus, how to contain it and its impacts, and 'round the clock' work towards a vaccine and treatments for the future.

During this time, it is important for us all to stay informed. But limiting our exposure to social media and some media platforms may be advisable. This particularly applies to media which is opinion rather than fact, which may not be trustworthy, and which can additionally fuel our existing anxiety, distress, and the risk of overwhelm.

2. Looking after yourself

As always, and even more so during these times, it's important to focus on the activities and daily routines which help support feelings of wellbeing. Although some familiar practices may need to be varied during this period, as well as self-isolation or other imposed restrictions the following will be helpful:

- getting as much restorative sleep as possible
- eating well
- exercising to keep healthy
- doing things that are enjoyable – being creative and always safe as circumstances change

BLUE KNOT FOUNDATION

FACT SHEET: Everyone in the Community

COVID -19 – Taking care of yourself and others

- keeping informed from credible sources (resist being bombarded with anxiety-provoking misinformation)
- making a plan e.g. if quarantine is necessary for how to stay healthy and connected
- regularly practising strategies to self-soothe
- which minimise extra use of medication, alcohol and drugs as much as possible
- staying connected in safe ways with friends, family and other support networks
- reaching out in safe ways for help and support as public health advice changes

It is understandable to feel concerned during this time. Current anxiety can also trigger strong feelings and memories of previous traumas. It can be a time when additional support may be needed. If you or someone you care about would like to speak to one of our specialist trauma counsellors please call the Blue Knot Helpline on 1300 657 380 between 9-5 Mon to Sunday AEDT. For more information about how to care for yourself see <https://www.blueknot.org.au/For-Survivors/Survivor-self-care>

Here is some general advice to help prevent the spread of coronavirus

Practising good hand and sneeze/cough hygiene is the best defence against most viruses:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser
- if unwell, avoid contact with others (stay more than 1.5 metres from people)

More Information

For the latest advice, information and resources, go to www.health.gov.au

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. The phone number of your state or territory public health agency is available at www.health.gov.au/state-territory-contacts If you have concerns about your health, speak to your doctor.

As an alternative to the helplines, answers to many questions are available on the [healthdirect website coronavirus hub](#). This is a first point of reference for reliable information about COVID-19. The [healthdirect Symptom Checker](#) provides self-guided triage to find out what to do next. This is a first point of reference for reliable information about COVID-19. The [healthdirect Symptom Checker](#) provides self-guided triage to find out what to do next.

BLUE KNOT FOUNDATION

FACT SHEET: Everyone in the Community

COVID -19 – Taking care of yourself and others

Coronavirus (COVID-19)

healthdirect

How to avoid infection or spreading the virus



Wash your hands regularly with soap and water for at least 20 seconds



Avoid touching your eyes, nose or mouth



Cover your mouth or nose when coughing or sneezing



Use only disposable tissues, and dispose of them immediately after use



Avoid close contact with anyone showing respiratory symptoms



Monitor travel advice on Smartraveller smartraveller.gov.au



Stay at home when you are sick

BLUE KNOT FOUNDATION

FACT SHEET: COVID -19 – For practitioners and health and welfare workers – calming the storm



The COVID-19 pandemic has heightened real anxieties around the world. The situation we face changes daily. These are uncertain times for us all. COVID-19 does not discriminate by geography, race, religion, gender, sexual preference. Whoever we are, whatever we do, wherever we live – we are being affected and arguably will be for months, perhaps years, into the future.

As practitioners and health and community workers, the demands on us will be manifold. Not only will we face the stresses of our own personal situations, for ourselves, our families and communities. We also have a critical role to play in influencing the individual and collective response. We will be asked to support the vulnerable and those experiencing cumulative mental distress on top of pre-existing mental health and psychosocial challenges. And we will be asked to do this in the absence of the usual human connections which help promote relational healing.

Many of us will experience significant financial strain ourselves, as clients cancel, organisations shrink and close, and our loved ones, and indeed ourselves, lose work. We will try to maintain our practices and services using tele-health options, which are established to have significant benefits in many ways but which are also alien to many clients and practitioners. These are uncharted waters, but it is important for us to navigate them together with as much mutual support and reliable information as we can muster.

These are times of substantial threat – to our health and wellbeing, our social fabric and our very lives. There is still a lot of uncertainty about how the outbreak will evolve in Australia and many opinions about how best to try to contain it. This uncertainty, coupled with the very real existential threat it poses, is creating a pervasive sense of anxiety, panic and distress - in the first instance for those infected or in contact with people who are infected but also for the rest of us obsessively reading, watching and waiting.

A number of realities are fuelling this:

1. The plethora of media and social media flooding us and our clients with information and misinformation 24 x7
2. The practice of self-isolation - a crucial mechanism for slowing the spread of COVI-19 but the recipe for exacerbating feelings of isolation and disconnection in a climate of fear
3. An individual and collective hypervigilance as we seek to ascertain our future
4. A fundamental lack of safety – intrapersonal, interpersonal, environmental and systemic
5. Uncertainty on multiple levels – about what to do, what will happen, our own health and that of loved ones and communities

BLUE KNOT FOUNDATION

FACT SHEET: COVID -19 – For practitioners and health and welfare workers – calming the storm



What can we do, as practitioners and workers to assist and support people presenting to us with emotional distress?

1. Stay informed so you can respond to people's basic questions and concerns

Answers to many questions about Coronavirus are available on the [healthdirect website coronavirus hub](#).

For people needing to explain more about the Coronavirus to children go to: www.mindheart.co/descargables. Direct link here: https://660919d3-b85b-43c3-a3ad-3de6a9d37099.filesusr.com/ugd/64c685_319c5acf38d34604b537ac9fae37fc80.pdf

2. Provide only credible sources of information to those seeking it

For the latest advice, information and resources about COVID-19 see www.health.gov.au
The National Coronavirus Health Information Line on 1800 020 080 operates 24 hours a day, seven days a week. The phone number of each state or territory public health agency is available at www.health.gov.au/state-territory-contacts.

3. While the media and social media can provide insights into trends, developments and changes to public health advice, excessive exposure - particularly to opinion and conjecture - can fuel stress further. The advice is to limit your exposure, and to discuss with your clients and service users as needed
4. If you and your client/s are using telehealth technology for the first time through either video-conferencing, chat or phone, it can take time to grow accustomed to the new mediums. The change to technology also changes the *experience* for both you and your client. So it is important to consider, notice, and track how this might be impacting you both, and to respond accordingly. This includes the challenge of assessing whether a client is regulated and grounded when many of the usual cues are missing
5. Social distancing is highly recommended and a proven way to slow the spread of the virus. However, it creates disconnection and isolation. For people who have prior experiences of trauma, and often interpersonal trauma, relationships are critical for healing. *It is important to be aware of the added risks of isolation for people who are already vulnerable and alone*, as well as for us all. We will all need to learn how to build meaningful connection during times of separation from loved ones and physical contact. Escalating risks of depression, despair, suicide and self-harm are substantial and necessitate active risk assessments, intervention, referral and support.

BLUE KNOT FOUNDATION

FACT SHEET:

COVID -19 – For practitioners and health and welfare workers – calming the storm



6. This is a highly stressful time. Acknowledge it and your client's feelings and reactions. In addition to the usual stressors people experience, and for those with existing mental health and psychosocial challenges, there are the additional stressors of employment, housing, health, and finances which for many already needing support will be compounded.
7. People cope with stress differently. This means that as stress heightens, different coping strategies will come into play. We may see tempers fray, interpersonal violence erupt, and the use of alcohol and drugs to calm a dysregulated nervous system heighten. Be alert to these possibilities, including an exacerbation of discrimination, systemic abuse and coercive practices.
8. Regularly check in with clients to see how they are doing. Also consider providing additional strategies around grounding and regulation for them to enact at home. Support clients to acquire the skills to check in with themselves as well. This is a time for true empathy, compassion and understanding. We are all in this together. It's just that we react differently, especially when threatened, and our primal survival responses can be repeatedly triggered. So it is important to understand both the common features of the stress response (e.g. fight, flight, freeze) and that individual coping strategies will also differ in ways we need to attune and respond to appropriately. .
9. During this time of recommended relative physical isolation, support and connection have never been more critical. Encourage clients to identify their support networks and reach out in safe ways to trusted friends and family as well as to broader support networks.
10. Look after your own health – physical and emotional. Continuing to provide support to others at a time of personal stress necessitates resilience and adequate supports. These include ongoing peer connections, debriefing, supervision, and practices to mitigate vicarious trauma and stress/burnout for which health professionals may be at higher risk in the current period.

BLUE KNOT FOUNDATION

FACT SHEET: FACE MASKS AND COMPLEX TRAUMA



Masks are increasingly being recommended within Australia as well as globally. In some areas they are now mandatory. But it is important to understand why many of us with trauma histories may be triggered when we are asked to wear a mask, or even when we see them. A trigger is an internal or external cue which stimulates our senses to throw us back into a time of earlier trauma experiences.

Such experiences vary enormously. For some people it may be as a result of medical or dental procedures. For others it may reignite feelings of not being able to breathe, such as in the recent bushfires. Some survivors may have been assaulted by a person wearing a mask. For many survivors, the feeling of being trapped and helpless is all too familiar. It can cause feelings of panic and of being suffocated. So too is the discomfort of not being able to see another person's face to help us read the non-verbal cues so we know what is happening. For others, a mask may be a symbol of being silenced, or of not trusting.

Many survivors are on high alert looking for cues of present danger in a world which was previously dangerous. Masks mean that we cannot pick up facial cues as we usually do, or hear voices clearly as they may be muffled, and a person's tone may be harder to identify. For some people such as people who lip read, wearing a mask may stop them being able to communicate at all.

For many survivors as well as many people who have not experienced trauma before, this time of physical isolation raises feelings of stress and anxiety. With the COVID-19 pandemic there is a pervasive threat and a feeling of not knowing. Many survivors of complex trauma have long struggled to be and feel safe. Many of us are anxious and feeling unsafe, with the very real fear of infection and illness. Having rules imposed - even for our own protection and wellbeing - can feel disempowering. This feeling can trigger prior traumatic memories of times during which we had no power or choice. Face marks are a very visible sign that things are not normal and that there is a threat around us.

Many survivors are sensitised to threat and live with nervous systems which are on high alert. This means that we are easily triggered by reminders of previous trauma and thrown back into a fight, flight or freeze survival response. When this happens, our thinking brain goes off-line, and we are in reactive mode. Our body remembers the trauma we experienced before.

It is important to be as tuned into your body as you can be. This is so you can pick up the early signs of being triggered and use different grounding and breathing techniques to help calm your nervous system. This helps to turn off the stress response. Also remember that we are all different and that what helps one person calm their nervous system may not be helpful to someone else.

BLUE KNOT FOUNDATION

FACT SHEET: FACE MASKS AND COMPLEX TRAUMA



Here are some suggestions which we hope you find useful:

- When you are triggered try to recognise your body reactions and identify that you have been triggered, and that you are now wearing a mask to help you stay safe
- At first, try to limit the amount of time which you wear a mask, and increase it gradually to see how your body reacts
- You may like to decorate your mask to see if it feel less of a threat when it has your design on it
- Be gentle with yourself if you are triggered and understand that this is a normal reaction for you to have
- Breathe mindfully: breathe deeply down to your belly; put your hand on your tummy and breathe so that your hand gets pushed up and down. Breathing slower and deeper can help reduce any panic
- Wear headphones and play soothing music or some of your favourite tune while you are wearing your mask to help calm yourself
- Chewing, humming, chanting or singing can get key muscles working to stimulate an important nerve (vagus) which can help calm your nervous system
- Building your own resilience through daily walks, long baths, meditation (if it suits you), connection with pets and nature – we are all different. You choose.
- Connection with others remains important. Even when we are physically distanced, we can stay connected with people we trust and with whom we feel safe

The following video explains the importance of using a mask as well as how to use one

<https://www.facebook.com/watch/?v=633531920628361>

Health advice around masks can be found here: <https://www.health.gov.au/news/should-i-wear-a-face-mask-in-public>



Sibling rivalry or sibling abuse? The warning signs for parents

Siblings and squabbles go together like peas and carrots. Most of us can chuckle over being picked on by a sibling when we were young.

For Bryan*, a 31-year old IT professional from Sydney, it's a different matter.

Warning: This article describes physical abuse.

Quarrels with his older brother, Marc*, left bruises when he was young.

"He would only hit where our parents couldn't see, but it was still pretty bad," he says. "He wouldn't try to break anything because that would be it for him."

Bryan still remembers sneaking into the family home so his brother wouldn't realise he was there.

"When he found out, I remember him getting one of the bamboo sticks from the backyard and beating me."

That was just one of the weekly beatings Bryan experienced from primary to high school.

At school, Marc would change his tactic to humiliation.

"As soon as we got off the bus, he would make me carry his bag, then he would get all his friends to dump their bags on me," he says.

Bryan never told his parents. They were busy working multiple jobs and often left the children to themselves. There was also a cultural expectation to respect his older brother.

"(Our parents) always said, 'Listen to your kuya (Filipino for 'older brother'), he's the father figure whilst we're gone.'"

More than a decade later, he says the experience has left him introverted and withdrawn.

"I'm quiet and barely talk," he says of himself now. "I think it did have an effect on me."

Sibling rivalry or bullying?

Sibling maltreatment is often overlooked because 'fighting' is considered common in siblings.

But when does normal rivalry cross over into bullying?

According to Dr Rachael Sharman, a lecturer in child psychology at the University of the Sunshine Coast, bullying is characterised by a repeated effort to obtain power and control over another person.

"It's not a one-off spat over a toy," she explains. "It's a real, repeated campaign to force someone into submission and keep dominance over them."

A 2019 study in the UK showed 30 percent of children experience sibling bullying. Like peer bullying, it can include physical, sexual and psychological abuse, as well as spreading lies and rumours, stealing and destroying property.

It occurs across all social classes, and parents being overstretched with attention and resources are a contributing factor. Likelihood also increases when there are older male siblings and in larger families, especially when parents play favourites.

"Some parents set up this dynamic where they have what we call a 'golden child', the favourite sibling who invariably turns into quite a big bully," says Dr Sharman.

The effects are far-reaching. Victims of sibling bullying in childhood have a doubled likelihood of depression and self-harm as adults.

"If your home, your place of safety, has your abuser in it, you have no secure, stable basis in your life," says Dr Sharman.

"Victims can go on to suffer problems with anxiety, fear and a disturbed family dynamic."

What to do if you suspect there is sibling bullying

Worried that your children's constant squabbles could be morphing into bullying? The key is to watch for a one-way pattern of aggression, says Dr Elizabeth Seeley-Wait, a clinical psychologist in Sydney.

"(If the aggression) is always coming from one kid as opposed to both, that's usually a sign of bullying," she says.

You should also look for clues in the bullied child's behaviour.

"You might see withdrawal and anger. They might retaliate a lot, have lots of outbursts, and have low self-esteem," she says.

But if the harm has already been done, parents need to reassure the bullied child that they will be protected.

"The victim really needs to be affirmed, listened to, and acknowledged around their experience," she says.

"They also need to build up their self-esteem, and (learn) behaviours that can help protect them from their sibling."

Parents should make it clear to the bullied child that they didn't do anything to cause the bullying behaviour.

"(The victim) might be confused as to what's normal and what's not," she says.

But what about the bully? Though we may want to paint them as the villain, Dr Seeley-Wait says it doesn't address the heart of the problem.

"The bully also needs a lot of attention. Those bullying behaviours are communication that something's not right," she says.

She explains that the bully could be acting out feelings of powerlessness, or re-enacting harmful behaviour that they themselves experienced from their peers.

"The bully is certainly crying out for help," she says.

Though she believes there's a place for punishment, it would be more effective for parents to sit with each child individually and model appropriate behaviour.

"(For the victim), it's learning to stick up for themselves, and what to say and do in those moments of bullying," says Dr Seeley-Wait.

"(For the bully), it's brainstorming with that child about other behaviours they could use that would result in a better outcome."

A whole family approach

Dr Seeley-Wait says finding the real cause of bullying might involve examining the entire family dynamic through family therapy.

"You can't really reconcile unless you know what's going on in the family," she says.

"Sometimes the family environment can be fostering some bullying because the parent is modelling it or the family feels oppressive in some way."

Dr Sharman agrees and says that change starts with the parents.

"Parents do need to be honest with themselves," she says. "Are you favouring a child? Because that will set up a bullying dynamic very, very quickly."

But even after all efforts have been made to reconcile, the reality is that some siblings are like oil and water.

"They will be unlikely to form close bonds, and that's OK," says Dr Sharman. "Don't buy into the 'happy families' myth."

*Names changed for privacy reasons.



Hospital admissions up to eight times higher for Australians with intellectual disability

Disability advocates say study findings point to urgent need for improved preventative healthcare

Potentially avoidable hospitalisations occur at a rate up to eight times higher for people with intellectual disability than the general population, according to new research.

Advocates say the findings point to an urgent need for improved preventative healthcare in people with intellectual disability.

The report, published in the Medical Journal of Australia, analysed New South Wales hospitalisations between 2001 and 2015 that could have been prevented by adequate treatment, either by general practitioners or other health professionals in the community.

These included acute conditions such as pneumonia and urinary tract infections, as well as chronic conditions like asthma and high blood pressure.

Linking the statistics with data on 92,542 people with an intellectual disability in NSW, the research found a significant difference in the rates of hospital admissions for acute conditions, which were between five and eight times higher in those with intellectual disability.

Hospital stays for vaccine-preventable conditions, such as the seasonal flu, were three times higher.

Prof Julian Trollor, the chair of intellectual disability mental health at the University of NSW and the study's lead researcher, said the discrepancy in vaccine-preventable admissions was particularly concerning as rates of those hospitalisations in people with intellectual disability appeared to be increasing.

"We know that a lack of vaccination for some of those

conditions can actually be a factor in the death of a person," Troller said.

The disability royal commission last year found "formidable barriers to quality health care" for people with intellectual disability in Australia, "often with serious and sometimes tragic consequences".

"We're seeing huge gaps for this population, which essentially suggests that the health inequality is so great that it eclipses that of Aboriginal Australians," Troller said.

Admission rates were six times higher for dental conditions and three times higher for chronic lung conditions, excluding asthma, in people with intellectual disability.

Potentially preventable admissions for convulsions and epilepsy were 22 times higher, but Troller said the difference could be partly attributable to the high rate of seizure conditions in people with intellectual disability.

"These are common conditions and so they're presenting more often, but they may also not be managed as effectively or optimally as possible in the community," Troller said.

Jim Simpson, a senior advocate at the Council for Intellectual Disability, said the research confirmed years of anecdotal reports from people with intellectual disability and their families.

"All too often, health conditions are not prevented or diagnosed early, which means that people end up in hospital with acute conditions that could have been

avoided," Simpson said. "Urgent and robust action is needed."

Prof Christine Bigby, a disability researcher at La Trobe University who was not involved in the research, said better diagnostic skills and specialised training were required of health workers to adequately treat people with intellectual disability.

"If you live in a group home, for instance, you'll have staff that work on shifts," she said. "There may not be good tracking of behaviour that indicates there's problems."

Jack Kelly, a 25-year-old man in Sydney who has cerebral palsy, quadriplegia and an intellectual disability, was hospitalised in March this year. Kelly told Guardian Australia he was admitted overnight for suspected aspiration of fluid into his lungs, a condition normally managed by his regular GP.

Kelly lives in an assisted living facility, but a registered nurse was not on shift to make a health assessment at the time. He was sent to hospital out of caution. "It ended up being unnecessary because there wasn't anything on my lungs," Kelly said.

"I've definitely had situations in the past where support workers haven't necessarily taken it seriously and it escalated my health issues," he said.



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Grace Tame says change is a marathon effort. But Australia Talks data shows our perception of sexual assault is changing

Since Grace Tame was first allowed to speak out in 2019, there's been a major shift in Australians' attitudes towards sexual assault survivors.

But the Australian of the Year says there's still a lot of work to be done to reckon with a culture that protects perpetrators of abuse.

Extensive research shows allegations of sexual assault are overwhelmingly true. Despite this evidence, a myth that victims (most commonly women) lie about sexual assaults has persisted.

Data from the Australia Talks National Survey 2021 has revealed a significant increase in the proportion of people who believe survivors: 55 per cent of Australians now agree that allegations of sexual assault are almost always true.

That has risen 14 percentage points since the last Australia Talks survey in 2019 — the same year Ms Tame spoke publicly about her own abuse and Tasmanian laws that prevented survivors of sexual assault from self-identifying.

The laws have since been changed.

Ms Tame described the shift in public opinion as "a huge symbol of progress".

"It's incredibly hopeful and encouraging," she said.

"What we've seen is a stark increase in the value of speaking up, using our voices to call out injustice, and through that, we've seen an increase in awareness and an understanding of these issues, which clearly, as the metrics prove, produces change in attitudes.

"To actually have metrics to quantify that change is incredible. It's powerful.

"We're still only at 55 per cent, which shows that there's a lot of work to be done in this space."

The Australia Talks data showed 18 per cent of the population felt neutral or didn't know where they stood on the topic, but 22 per cent still disagreed that allegations of sexual assault were almost always true.

"I think that is indicative of the remaining victim-blaming cultures that are a product of systemic injustices that continue to protect perpetrators," Ms Tame said.

"(Those views) are hard to shift. But change is a marathon effort, it's one step at a time. In two years, to see that increase, it shows we have the capacity to change."

It's a culture Ms Tame has been working to dismantle since she began her fight to speak about her own abuse. She has continued to be a public advocate for fellow survivors, and

inspired many to share their own stories of assault and abuse.

Brittany Higgins credited Ms Tame's powerful Australian of the Year acceptance speech as part of what galvanised her to come forward with the allegation that she was raped in Parliament House while working as a staffer for a senior government minister.

Their stories, and their bravery in recounting them publicly, acted as a lightning rod that sparked nationwide protests against sexism and gendered violence, and encouraged many others to speak up.

Criminologist Bianca Fileborn, who specialises in researching sexual violence and harassment, said it was this sustained conversation that has contributed to changing attitudes picked up in the Australia Talks survey, which was fielded in early March, just before the March4Justice protests.

"It's a reflection of quite a sustained conversation over a number of years, particularly since the Me Too movement took off, and the fact that we're hopefully having a more nuanced and accurate conversation about the realities of sexual violence as a country," she said.

There's been a spike in sexual assault reports since survivors spoke out

In the same month Ms Higgins spoke out, there was a historic spike in the number of reports of sexual assault being filed with New South Wales police, according to data published today by the NSW Bureau of Crime Statistics (BOCSAR).

There was a 61 per cent surge in women reporting sexual assaults in March this year, compared to the monthly average of reports in 2020, which BOCSAR executive director Jackie Fitzgerald has linked to the national discussion around sexual violence.

"I really have never seen anything like this before and I've been working with data for 20 years in this criminal justice space," Ms Fitzgerald told the ABC's The World Today program.

"The increase in sexual assault reporting synchronises almost perfectly with that increased public discussion of sexual violence."

Ms Fitzgerald said the increase amounted to about 300 more sexual assaults being reported than in the previous month of February 2021.

Chanel Contos, the former Sydney school student who began an online movement of current and former students discussing sexual assault, said the news of the spike filled her with mixed emotions.

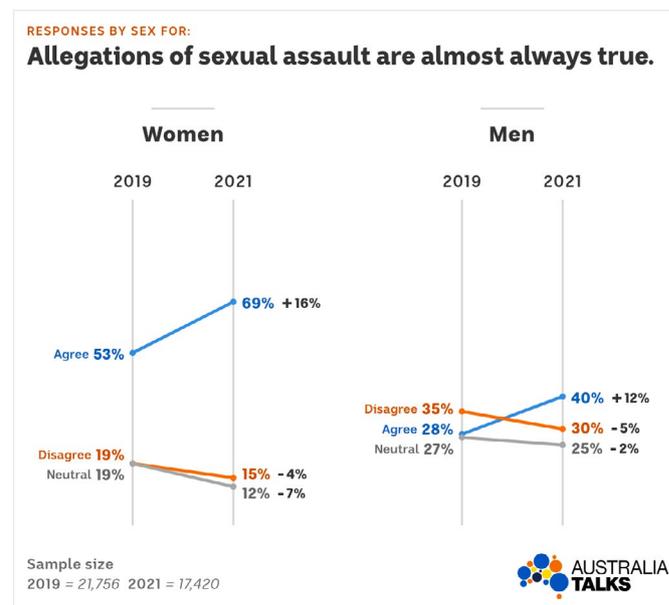
"I'm obviously so sad that this has happened to so many people, but I'm also so happy that it's it's been reported people are feeling empowered to tell their story to authorities," she told The World Today.

Men are less inclined to agree sexual assault allegations are

almost always true

The Australia Talks data showed a considerable divide in how women and men perceived allegations of assault.

While nearly 70 per cent of women agreed that allegations of sexual assault were almost always true, just 40 per cent of men did.



Dr Fileborn said this split reflected the broader perceptions of rape culture and stereotypes.

"Whether or not people believe survivors is itself often tied to rape myths and misconceptions," Dr Fileborn said.

"Research has very consistently shown gendered differences in terms of the extent to which people blame survivors for their own experiences or minimise the attitudes of perpetrators."

The survey also showed age was a factor. Agreement was strongest among young women, with 83 per cent of 18-24s and 81 per cent of 25-29s saying they believed sexual assault allegations were almost always true.

Ms Tame observed that part of the reason for the split could also be attributed to personal experiences of abuse.

"This is a crime that affects both men and women, both men and women are victims of sexual abuse, but survivors are predominantly women, and perpetrators are more often than not, men," she said.

"So I think this data shows women are more likely to relate to the experience of being a survivor."

According to the Australia Talks survey, 30 per cent of women said they had experienced sexual assault and 8 per cent of men said the same.

Women were also more likely to say they had experienced sexual harassment (52 per cent) and discrimination on the basis of sex (51 per cent).

Those who were disinclined to believe assault allegations made up 1 in 5 Australians, according to the survey.

Dr Fileborn said in reality, false allegations were rare.

“It is much more likely that survivors won’t disclose or report than for them to make a false report or false allegation,” she said.

The figure varies across studies, but on average, around 5 per cent of reports made to the police are deemed false. Dr Fileborn said even that figure was problematic.

The vast majority of sexual assault survivors don’t report to the police, and Dr Fileborn said there were also issues in terms of how allegations were labelled as false.

“So even that 5 per cent figure isn’t necessarily false reports that are flagrantly made up, or wild accusations that have no basis in reality. They reflect the process of police decision making.”

Tame says we still don’t understand how assault really works

Ms Tame said Australia still had a lot of work to do to address the gap in our collective understanding about sexual violence.

She said victim-blaming stereotypes that represented sexual assault as cases of ‘he said, she said’ created a false impression that perpetrators and the people they abuse were equal.

“It feeds into this idea that there are these two equal characters. It’s really not like that,” she said.

“It’s two characters, one of whom has a clear power advantage over a target. They manipulate that power, psychologically, in order to abuse their target.

“Less is understood about the psychological manipulation that underpins a lot of these crimes. It’s the stuff that you don’t see.

“There’s also a lack of understanding about how much coercion is involved in taking advantage of someone and that imbalance of power.”

Ms Tame said she wanted to prioritise teaching Australians about these less understood facets of sexual abuse, like grooming, coercive control and gaslighting, through refocusing conversations in the media and changing sexual education.

Beyond that, she said institutional change was required. She said inconsistency across state and territory jurisdictions around the definitions of consent and sexual assault was undermining progress.

“Unless you’ve got a solid concept of something, how can you properly educate around it and understand it?” she said.

Ms Tame said she wanted states to get together and work towards a standardised uniform approach to sexual assault laws.

“Let’s get a uniform definition of consent. Let’s get a uniform definition of sexual assault. Let’s get a uniform definition of sexual intercourse. Let’s get a uniform definition of what it means to be a child,” she said.

“There’s all these grey areas that perpetrators of crimes are often aware of and will use, they’ll capitalise on any ambiguity to perpetuate unhelpful victim-blaming stereotypes.”

Ms Tame said her focus was on supporting other survivors of sexual assault to continue speaking out where they feel safe and comfortable to do so, and changing the systemic injustices that protect perpetrators.

“It’s incredibly encouraging and hopeful. But I’m never one to stop and rest on their laurels. I’m always looking for ways that we can improve,” she said.

“So we’ve still got a lot of work to do.”

The Australia Talks National Survey asked 60,000 Australians about their lives and what keeps them up at night. Use our interactive tool to see the results and how your answers compare.

Then, tune in at 8:00pm on Monday, June 21 to watch hosts Annabel Crabb and Nazeem Hussain take you through the key findings and explore the survey with some of Australia’s best-loved celebrities.

Disability Royal Commission hears of shocking threats to disability care resident in SA

A South Australian family have told the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) they were sent an anonymous letter threatening abuse against their nephew, who lives with an intellectual disability.

The Disability Royal Commission is continuing to look into how disability service providers prevent and respond to violence, abuse, neglect and exploitation as part of a week-long hearing in Adelaide.

The hearing is focussing on evidence pertaining to two particular case studies that detail the experiences of people with disability in segregated congregate living situations (also called group homes) operated by the South Australian Department of Human Services.

As part of the hearings, the commission was told on Monday that South Australian authorities failed to investigate the threats against Mitchell*, who is 38 years old and lives with

an intellectual disability. Mitchell has been living in one of several adjoining units run by the Department for Human Services since 2016.

Senior Counsel Assisting the Royal Commission Kate Eastman SC, told the hearing that during the first few months of Mitchell living at the residence, his uncle and aunty, James and Victoria*, raised concerns about the level of care Mitchell was receiving.

"In 2017, Victoria raised some of her concerns and her perception based on the way in which her concerns were responded to was that she felt she might be targeted in relation to allegations made about her and they may have been designed to discredit her reputation," Ms Eastman says.

"But Victoria and James put Mitchell at the forefront of their concerns and they agreed with new communication strategies to improve the flow of communication, including fortnightly meetings."

On March 3, 2018, Ms Eastman says Victoria discovered an anonymous letter in her letterbox.

"It is deeply distressing but in summary, the letter contains threats to Mitchell's life, his safety and wellbeing," Ms Eastman says.

“Victoria and James were shocked and horrified.”

The letter, which Victoria read to the commission, mentioned that the site manager of the facility had been moved and claimed staff were opposed to her departure, meaning they were “angry and pissed off, which now puts your nephew at risk”.

James and Victoria took immediate action and raised the letter with the department and filed a report with the police.

“Obviously, you know, we were just completely shocked with what had happened... our whole family was,” she said.

“We all agreed that none of us felt that it was his core team of support workers that would do such a thing.

“Because of that, we had some time that we could actually stay calm, work through this, while investigations were taking place to remove this hugely toxic element from around any disabled person.” The inquiry heard the author of the letter was never identified. In the years that followed, an ombudsman’s investigation concluded that the department failed to properly investigate the letter.

Death of NDIS participant to be investigated later this week

The Disability Royal Commission will also hear evidence regarding the death of Ann-Marie Smith, an NDIS participant who died in April last year after being neglected in her home by her support worker.

Ms Smith is reported to have been left, for an extended period of time, in a chair before passing away from a combination of septic shock and organ failure caused by malnutrition.

The Royal Commission is investigating what changes have been made by the South Australian and Commonwealth Governments since the incident, to safeguard people with disability from violence, abuse, neglect and exploitation.

Disability rights and advocacy organisation People with Disability Australia (PWDA) President, Samantha Connor, is

pleased to see that the Royal Commission is investigating South Australian disability accommodation services.

“For many years, violence and abuse against disabled people has been perpetrated behind closed doors, in segregated environments... often due to a lack of adequate services and supports,” Ms Connor says.

She also emphasised the importance of ending segregated housing arrangements for people with disability, in line with Australia’s human rights obligations.

In its submission to the Disability Royal Commission on quality and safeguards, PWDA has also urged the Royal Commission to examine whether complaints bodies, such as the NDIS Quality and Safeguards Commission, are treating cases of violence, abuse, neglect and exploitation in group homes as regulatory breaches, rather than criminal matters which should be referred to police.

PWDA Chief Executive Officer, Sebastian Zagarella, expressed concern that incidents of violence in group homes are not being dealt with appropriately.

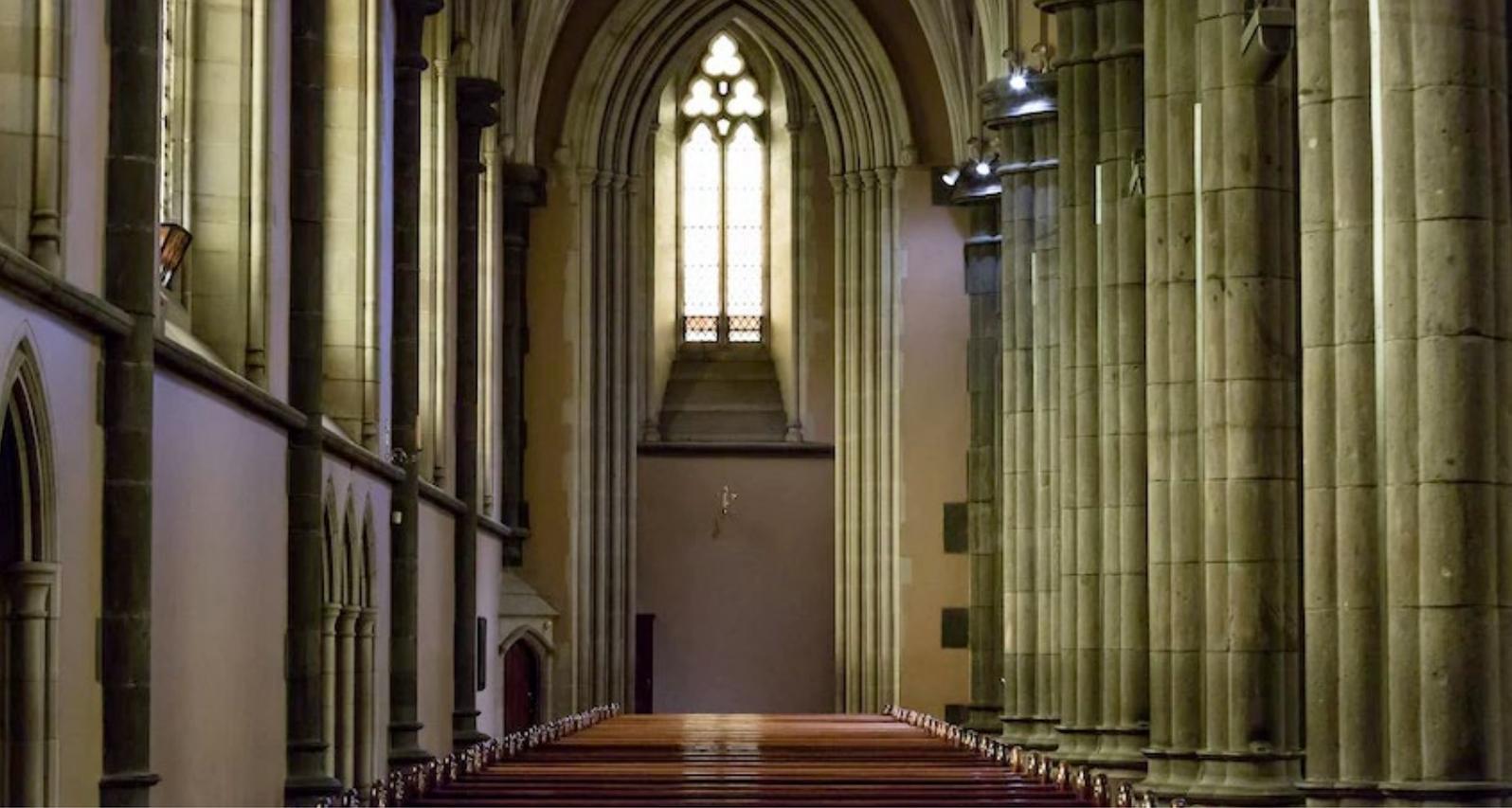
“We see situations where providers are simply being issued with fines, while the perpetrators of violence and abuse are moved on from the service without further repercussion,” Mr Zagarella says.

PWDA has advocated for the establishment of an independent national body to oversee safeguarding and complaints mechanisms in disability services.

“Right now, we have different State and Territory governments applying their own safeguarding systems to a national NDIS, and we have a woefully under-resourced NDIS Quality and Safeguards Commission, who also have no power to address incidents if service providers are not NDIS registered,” Mr Zagarella says.

“The system is complicated, and people with disability – people like Ann-Marie Smith – can end up slipping through the cracks, with tragic and horrifying consequences.”

*Witnesses names have been altered



The Catholic Church just overhauled its laws on sexual abuse. What effect will this have?

Fundamental changes around how the Catholic Church deals with sexual abuse have been cautiously welcomed in Australia as an important step to addressing this crisis within its ranks.

On Wednesday, the Vatican announced revisions to the Code of Canon Law, with major reforms relating to sexual abuse.

Changes included criminalising grooming; acknowledging that adults, not only children, can be victims, and; extending punishment to lay people employed in church institutions.

The church will also eliminate the discretion that has allowed bishops and other leaders to ignore or cover up abuse.

Daryl Higgins, director of the Institute of Child Protection Studies at the Australian Catholic University, said his reaction to the changes was “very positive”.

“What struck me around these changes to canon law, was it actually goes to the issue of perpetration and what enables perpetrators to get away with this,” he said.

“(It addresses) using a position and abusing a position of

authority in order to engage in sexual acts with both children and also other adults.

“I was very heartened to see there is explicit recognition of the idea of power being something that individuals use in order to manipulate children and vulnerable people in engaging in sexual acts.”

His sentiments were echoed by Beth Doherty, a Catholic author of several books about the church and former communications director for the Australian Catholic Bishops Conference.

“What’s really positive about the changes is it’s a no-holds-barred approach to the situation around clerical abuse,” she said.

“It makes it very clear that in no circumstances is clerical abuse to be tolerated and it will lead to harsher penalties for those who abuse minors.

“It’s a really good thing that the church is making a very clear and definitive statement about the evil that is sexual abuse ... And it’s an example of where the Vatican and Pope Francis are getting better at listening.”

Why do these changes matter?

Canon law is the legal structure that governs Catholic Church matters.

The law covers the church's 1.3 billion members around the world.

"It's the overarching mechanism for the governance arrangements for all of the different Catholic entities — it basically tells them how they need to operate," Professor Higgins said.

Wednesday's revisions have been more than a decade in the making and are set to take effect in December.

So what does this mean for Catholics in Australia?

"To be honest, it probably matters less to Australia because we have already undergone the (Royal Commission into Institutional Responses to Child Sexual Abuse) and we already have very strong child-safe organisational principles and in some jurisdictions those principles have been translated into law," Professor Higgins said.

"(The announcement) won't change or extend that, but it does align the organisational responsibility of the church and calls out what is clearly identified as a number of factors that could lead to child sexual abuse occurring."

But he said the announcement could have significant impacts on Catholics in many other countries.

"It's very positive that we are now seeing this worldwide move, as very few other countries have had the opportunity to have sexual abuse explored in the same depth that we've had here in Australia.

"However, my cautionary tale is that this has to be supported by grassroots, ground-level change."

A 'long-overdue' move

The changes have also been welcomed outside Catholic circles in Australia.

Dr Cathy Kezelman, president of the Blue Knot Foundation, which works with adults who have experienced complex trauma, said it was "a significant move, a long-overdue move".

"The Vatican is recognising the crime of grooming and also the (effects of) power imbalance," Dr Kezelman said.

"It's very symbolic we're getting these changes from the top.

"It has fallen short of automatically defrocking clergy who are found guilty of some of these crimes, but it is a big step in the right direction."

She said some abuse survivors will welcome the announcement, but there remains a long way to go.

"Survivors are going to be understandably cautious until they see it makes a real difference to the safety of children's and people's lives."

'Frustrating' change on ordination of women

Another of the amendments adds excommunication or laicisation as penalties for when clerics attempt to ordain women.

The church has historically barred the ordination of women, but this spells out the particularly harsh punishments.

"This announcement in the same breath as the one about clergy sex abuse still does suggest a church that doesn't quite understand women," Ms Doherty said.

"We already know women can't be ordained and perhaps it's not the best look for the church, having all of this to be bunched together."

She said the change was unsurprising.

"We're being reminded again, despite the failures of mostly men in the church, women are still being put in our box and told 'you're still women and you're still subordinate to men'," Ms Doherty said.

"It's just frustrating."



Vatican laws changed to toughen sexual abuse punishment

Pope Francis has changed the Roman Catholic Church's laws to explicitly criminalise sexual abuse.

It is the biggest overhaul of the criminal code for nearly 40 years.

The new rules make sexual abuse, grooming minors for sex, possessing child pornography and covering up abuse a criminal offence under Vatican law.

The Pope said one aim was to "reduce the number of cases in which the... penalty was left to the discretion of authorities".

- Sex abuse and the Catholic Church
- Ex-nuns share stories of Church abuse
- Pope condemns sex abuse 'atrocities'

The changes to the Code of Canon Law took 11 years to

develop and included input from canonist and criminal law experts.

The Catholic Church has been rocked in recent years by thousands of reports of historic sexual abuse by priests, and cover-ups by senior clergy, around the world.

Victims and critics had complained for decades that the previous laws were outdated, designed to protect perpetrators and were open to interpretation.

The new code replaces the last major changes made by Pope John Paul II in 1983. It is designed to have clearer and more specific language, and dictates that bishops must take action when a complaint is made.

The new rules come into effect on 8 December. They also prohibit the ordination of women, recording confessions and committing fraud.

What are the changes?

The Vatican's law also now recognises that adults as well as children can be victimised by priests who abuse their authority. Previously, the Church believed adults could give or withdraw consent because of their age, and did not take into account that adults could also be victims, especially if there is a power imbalance.

The code says a priest can lose their position if they used "force, threats or abuse of his authority" to engage in sexual acts.

For the first time, laypeople working within the Church system, such as administrators, can also face punishment for abuse, such as losing their jobs, paying fines or being removed from their communities.

The new rules criminalise "grooming" of minors or vulnerable adults to pressure them to take part in pornography. It is the first time the Church has officially recognised grooming as a method used by sexual predators to exploit and abuse victims.

The law has also taken away the discretionary power that had previously allowed high-ranking Church officials to ignore or cover up allegations of abuse to protect priests. Now, anyone found guilty of this could be charged with negligence in failing to properly investigate and punish sexual predators.

Monsignor Filippo Iannone, who leads the Vatican department that oversaw the changes, said there had been "a climate of excessive slack in the interpretation of penal law", where mercy was sometimes put before justice.

The sixth commandment

The changes come under the new heading of "offences against human life, dignity and liberty," which replaces the previously vague "crimes against special obligations".

The new laws do not spell out sexual offences against minors, but instead still refer to offences against the sixth commandment, which prohibits adultery.

Advocates have long demanded the Church remove the reference to the sixth commandment, and define the abuse as a crime against children instead of a violation of priestly celibacy.

"Describing child sexual abuse as the canonical crime of 'adultery' is wrong and minimises the criminal nature of abuse inflicted on child victims. A canonical crime relating to child sexual abuse should be clearly identified as a crime against the child," said a 2020 report into child sexual abuse, sponsored by the UK government.

Pope Francis has worked to tackle sexual abuse allegations involving Catholic priests since he became pontiff in 2013.

He led a landmark summit on clerical sex abuse in 2019, and lifted the controversial rule of "pontifical secrecy" in a bid to improve transparency.

The Church previously shrouded sexual abuse cases in secrecy, in what it said was an effort to protect the privacy of victims and reputations of the accused. Critics said some Church officials abused the rule to avoid co-operation with police in abuse cases.



Review puts parliamentary bullying, sexual harassment and assault on the table

Parliamentary staff, including interns, subcontractors and contractors, will be given a voice about their treatment in the workplace as part of a review led by Australia's Sex Discrimination Commissioner Kate Jenkins.

The review was established by the federal government with bipartisan support following recent public revelations about an alleged rape that had occurred in a minister's office in 2019, and that had involved ministerial staffers. Brittany Higgins, the alleged victim of the ordeal, who came forward to tell her story, met with the Prime Minister in April and plans to release a memoir that further outlines her experience.

The review is being overseen by the Australian Human Rights Commission (AHRC) and will travel to capital cities between June and July to hear in person about the workplace experiences of these employees.

Jenkins said that she hoped to hear from all workers at Parliament House — there are more than 3,500 people who

presently work in the building — about their negative and positive experiences.

"Their contributions will both inform the review and help to build a safer, more respectful workplace for everyone," she said.

Over the next two months the AHRC will meet with interviewees in Canberra, Adelaide, Perth, Parramatta, Sydney, Melbourne, Hobart, Townsville, Brisbane and Darwin. It will also conduct phone and videoconference interviews should witnesses experience difficulties attending the meetings in person due to travel restrictions.

Questions to current and former employees will be asked about the workplace culture of commonwealth parliamentary workplaces, risk factors contributing to bullying and harassment behaviours, and the worker's understanding of what policies and processes exist to support them.

Not only does the AHRC seek to understand the

'experiences and expectations' of current and former parliamentary staff, but it will also examine the adequacy of current support available.

The review terms of reference indicate that it will consult widely. In addition, a number of current or former MOP(S) Act staff will be nominated to act as reference points for Commissioner Jenkins.

"This doesn't just mean politicians and their staff, though we obviously encourage them to contribute. We want to hear from anyone who works within the Parliament or electorate offices, in any role," Jenkins added.

People contributing to the review may have previously worked in electorate offices, and include volunteers, interns and students in federal workplaces. The terms of reference for the review also welcomes testimony from workers within the Parliament of Australia who have been employed by hospitality, retail, cleaning, security and other service providers.

Parliamentary employees can lodge a written submission or participate in an interview for the review. In person interviews will take approximately 45-60 minutes and be recorded with the permission of participants. A support person is also welcome to attend the interview process with the main interviewee.

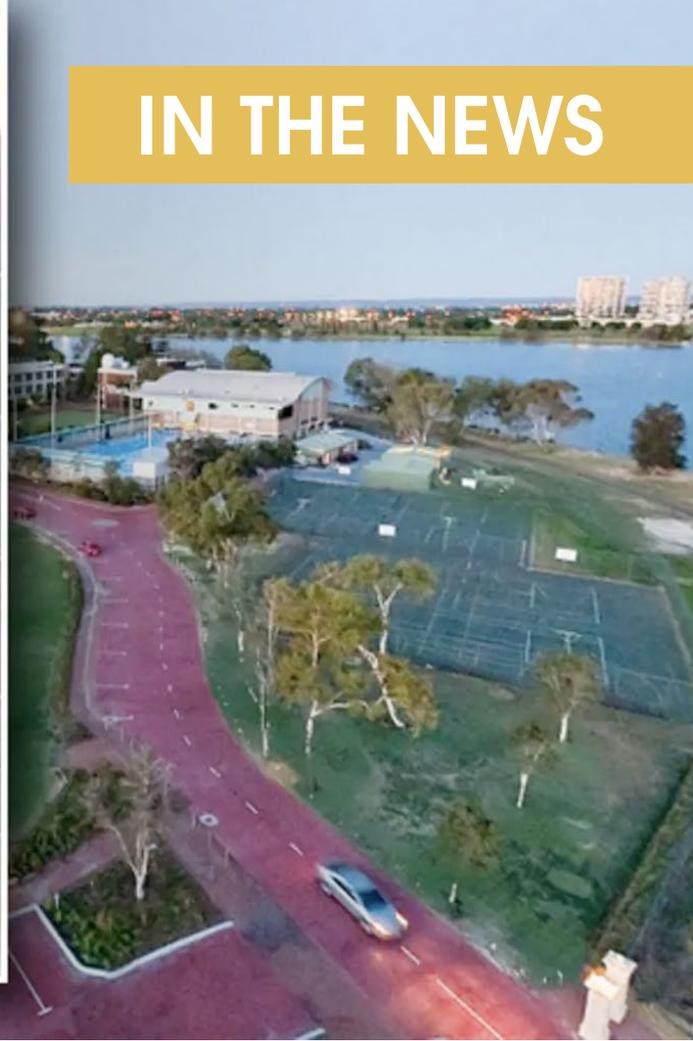
"The commission will transcribe your interview recording so that it has an accurate account of the information you share. All transcripts will be kept confidential," an information flyer about the process reads.

"If you experience distress or discomfort while participating in this review, you can choose not to answer certain questions, skip questions, or stop participating at any time. You may also choose to have someone you trust be present with you during your interview."

Submissions to the review will not be considered to be a complaint or official report of misconduct but will be used to produce Kate Jenkins' final report. The AHRC will publish a report in November setting out the commissioner's findings and recommendations. A progress update will be made available in July.

The AHRC said that referral pathways to counselling and other support would be provided to participants where needed. Specialist trauma counselling or other support services would also be offered where appropriate.

The review will be accepting submissions until 31 July 2021.



‘It was a cover up’: Perth mother of Trinity student sexually assaulted by peers breaks silence

A mother whose teenage son was sexually abused by fellow students at one of Perth’s most prestigious private boys’ schools claims the school’s response was one of “silence and secrecy”.

Speaking to Radio 6PR, Carolyn* said her son was sexually assaulted with a carrot by between 12 and 15 of his peers during an overseas school sporting trip in 2017.

The Trinity College student told two teachers the next day, but they did not report the incident or inform his parents. They were later fined for failing to report sexual abuse under mandatory reporting requirements.

“We were stunned and horrified about how we were treated by the school,” Carolyn said.

“I think they thought they could just cover it up. We met them at the airport on their return from Japan and the teachers told us he’d had a great time on the camp.”

Six months later, and amid “horrendous bullying” including boys chanting “carrot, carrot” at the victim and leaving carrots on his chairs, someone reported the incident to the acting headmaster.

“The school received the report ... on a Wednesday ... they left it over the weekend and called us on the Monday to let us know that our son had been sexually assaulted by his teammates in Japan,” Carolyn said.

“If my kid’s got nits, you call me to pick him up that afternoon, but sexual assault can wait ‘til the next week?”

“As parents, as primary care givers, we expect to be told when our children are not safe, or something has happened.

“In this case they spent those days getting their ducks in a row basically, getting top cover, getting other people to manage me and my husband when we were eventually given the news.”

Carolyn said she was not told what happened to the boys accused of assaulting her son, but was aware some were suspended and two were given the opportunity to leave the school before being expelled.

The two teachers who knew of the abuse were fined \$1200 in the Perth Magistrates Court and granted spent convictions in 2020.

It's understood they were the first people convicted for failing to report suspected sexual abuse under WA's mandatory reporting laws.

Education Minister Sue Ellery said non-government schools were required to report "certain types" of critical incidents, such as school lockdowns, hospitalisations and student harm, to the Department of Education within 48 hours of the incident occurring.

A Department of Education spokeswoman said non-government schools were also required by law to report incidents of sexual abuse to the Department of Communities, which encompasses the child protection division.

"The role of the department in this regard is a regulatory one to ensure that the school handles incidents in the best interests of the safety and wellbeing of students," she said.

"Where there are any incidents reported at public schools, these schools are supported by the department to submit a mandatory report to the Department of Communities as required by law."

Trinity College has been contacted for comment.

*Carolyn's name has been changed for legal reasons.



Britney Spears case highlights issue of reproductive coercion, which causes suffering for many Australian women

An Australian women's advocate says many in this country do not have control of their own reproductive rights, in the wake of Britney Spears's evidence at her conservatorship hearing in the US.

Spears told the hearing the people who controlled her affairs had prevented her from removing a contraceptive device, called an IUD.

The 39-year-old pop star said she wanted to try for a third child, but those in control of her conservatorship would not let her.

What Spears has described is reproductive coercion, which is behaviour that interferes with the autonomy of a person to make decisions about their reproductive health.

And it has put a spotlight on what is an ongoing issue for women in this country, according to Carolyn Frohmader from Women With Disabilities Australia.

"The public outcry because this has happened to a high-profile person like Britney Spears is warranted, but this is not new," she said.

"This has been happening to women and girls with disabilities for decades."

In Australia, guardians are legally appointed to make decisions on behalf of someone who does not have the capacity to do so by themselves because of a disability, which can be intellectual or physical, neurological, mental illness and dementia.

Ms Frohmader said reproductive coercion was a particular issue for intellectually disabled women who live in segregated settings like group homes.

She told the ABC that "forced contraception is rampant".

Some advocates have raised concerns about the extent of guardianship powers in Australia, particularly in relation to women's reproductive rights, especially around contraception.

Dr Linda Steele from the Faculty of Law at the University of Technology Sydney told the ABC that for some women with disabilities the law allows for “violence” against them.

“As far as less serious measures like long-term contraceptive, it can be consented to by a guardian,” Dr Steel said.

“Ultimately, guardianship law enables disability-specific lawful violence against women with disabilities.”

It is an issue that has been raised with the federal government in the past.

International bodies like the UN have made recommendations to the Australian government to enact national legislation to prohibit forced sterilisation, most recently in 2018.

Dr Steele said gender equality and sexual and reproductive rights must be inclusive of all women with intellectual disability.

“To deny them this control is ableist, it exposes them to violence and inequality, and feeds into eugenics logics about whose lives and bodies do not matter,” she said.

Reproductive coercion common in domestic violence situations

Women suffering from domestic violence are also at risk of losing control of their reproductive health, according to some experts.

Despite not having legal guardians, thousands of Australian women could be suffering from reproductive coercion according to one Australian study.

The 2019 study by the University of Queensland and Children by Choice found one in three women who are experiencing domestic violence we also suffering from reproductive coercion.

It was a statistic that did not surprise family planning organisation Marie Stopes, which has educated its staff to recognise reproductive coercion.

“Among the clients we speak to, people are not always clear if they have been coerced. Sometimes coercion can be very subtle, sometimes it is overt,” according to Sophie Keramidopoulos, head of counselling at Marie Stopes.

“We help clients to identify the coercion and have the power and autonomy to make decisions about their own health.”

Examples of coercion can be as subtle as continuously sending information about IUDs to a woman who had made it clear they were not interested.

More overt coercion would be calling a doctor and booking an appointment for the woman.

It also can be violent according to Professor Angela Taft, social scientist from the Judith Lumley Centre, Latrobe University.

“It can occur in partner violence, for example when a man throws away or controls his partner’s contraception, or forces sex with or without it, or prevents or coerces the woman to get an abortion,” she said.

Despite the prevalence of the problem, reproductive coercion is not yet well defined or recognised in the National Plan to Reduce Violence Against Women and their Children.

It is something that many advocates, including Professor Taft believe must be done.

“We still have a long way to go in reproductive coercion being recognised by policy and program makers in each state, let alone knowing how they can best respond,” Professor Taft said.



Indigenous survivors add voice to growing concerns over National Redress Scheme following critical review

After decades of living with trauma from the sexual abuse he suffered at the hands of Catholic institutions, Nyul Nyul man David Francis received compensation earlier this year through the National Redress Scheme.

Mr Francis does not like to talk about what happened to him in the church-run missions where he was raised but like almost 10,000 Australians, he wrote down the intimate details of his experience for the application process.

"I didn't really like it much but you've got to give them all the details ... when you're looking for compensation you've got to answer the hard questions," he said.

But the findings of a second-year review that showed Aboriginal survivors were often not getting equal access to the scheme has caused him to question whether the painful process was genuine.

"It's all just for show really, it's to show the world that (the government) care ... I don't think they care," he said.

"It doesn't resolve anything for anybody."

More likely to have payments reduced

Mr Francis decided to add his voice to growing concerns that Indigenous people were being left behind.

The review, commissioned by the federal government, called for a "significant and urgent reset".

It found that Aboriginal and Torres Strait survivors were poorly serviced due to cultural and geographical factors, and they were more likely to have their payments reduced than their non-Indigenous counterparts.

The findings have been echoed by Aboriginal organisations tasked with reaching out to victims, and prompted an interim response from the government detailing its commitment to improving the scheme.

'Why aren't more Indigenous people making applications?'

Mr Francis is one of 2,685 applicants who identify as Aboriginal and Torres Strait Islander, a group that makes up almost 30 per cent of the total claimants.

Throughout the redress process, there have been concerns about the lack of engagement with Aboriginal communities.

The review found current communication methods were not appropriate and there was a lack of cultural sensitivity.

Indigenous survivors were also more likely to live in regional or rural areas, considered a "service gap" for the scheme.

In Western Australia's north, Kimberley Stolen Generation is one of the Aboriginal organisations reaching out to local survivors.

Chief executive Tania Bin Bakar said there had long been concern within these groups as to the level of support for Indigenous survivors.

"They keep saying, 'Why aren't more Indigenous people making applications?' The reason is that we're not supported to allow them to do that," she said.

Her organisation is only funded to service the town of Broome and nearby communities in a region the size of the state of Victoria.

'Unfairly excluded'

Aboriginal survivors were also more likely to have their payments reduced than their non-Indigenous counterparts, the review found.

Members of the Stolen Generations had their payments reduced because they were found to have received prior compensation, an upsetting finding for Mr Francis.

"I reckon that's crap — the state and the federal government are both responsible so I don't see why they can't both pay separately" he said.

The review called for legislative amendments to correct this "anomaly".

In its response, the government committed to improving training for scheme staff but would not guarantee legislative change.

Mr Francis said it was another sign that efforts to create meaningful change were a long way off.

"Every report is the same (and) when government respond they respond slowly or not at all," he said.

"When they first started this process they gave us a sorry day and an apology, but what the hell is that? It's just words, nothing to follow up the apology."

Changes planned

The government said it was prioritising action on 25 of the 38 recommendations and would invest \$80 million over four years to support this.

Some \$4.1 million would be spent on "targeted communication activities ... to increase access to redress amongst Aboriginal and Torres Strait Islander people, disability and culturally and linguistically diverse populations," the report stated.

From July 1, the Kimberley Stolen Generations will receive funding to expand their outreach beyond Broome.

Ms Bin Bakar said a recent roundtable meeting between the government and Aboriginal organisations showed promise there would be improvements going forward.

"A lot of the issues raised (at that meeting) were in the recommendations so that was good to see," she said.



NDIS users call for overhaul of ‘traumatic’ process amid reviews

Toni Mitchell’s 21-year-old son, Joshy, lives with Down syndrome, autism, hearing and vision impairments and organ failures, as well as early onset dementia.

Ms Mitchell relies on the National Disability Insurance Scheme to help with that care, but she says she feel it has “lost its way”, with funding applications so “traumatic” she is paying out of pocket instead.

Ms Mitchell recently needed urgent renovations to her bathroom at their home in Toowoomba to make it safe for Joshy as his mobility declines, but chose to dip into her superannuation rather than apply for funding.

“We signed up for help, not to be constantly fighting,” she said.

“It’s so emotionally draining and stressful to go through that process.

“To get a therapist to come out and do their assessment reports would mean he’d miss out on weeks and weeks of therapy.”

‘Find another way to breathe’

The Mitchells were one of the first families in Australia to access the NDIS when it rolled out five years ago.

Ms Mitchell gave evidence about navigating the nation’s health system at the Disability Royal Commission in early 2020.

She is now calling for an overhaul of the NDIS, including better training for assessors, more flexible criteria and a simplified appeals process, to make the system more user-friendly.

“I think they need to go back to the bare basics and just rebuild it,” she said.

She said one of her early experiences involved a worker declining her request to have Joshy’s oxygen tank serviced.

“(The worker) said , ‘No, you’ll have to find an alternative way for him to breathe’ ,” she said.

“I said, ‘Well, next time I’m talking to the doctor I’ll inquire about a gill implant’.

"And she said, 'Oh, you should do that'. She was serious.

"We've got people making decisions about my son's life and they don't even know you need oxygen to breathe."

Cost unsustainable

The NDIS is expected to cost more than Medicare by 2024-25, with a price tag of \$30 billion and more than half a million clients.

National Disability Insurance Agency (NDIA) spokesperson Shannon Rees said NDIS packages had increased by 12.5 per cent each year for the past three years on average – a situation that was unexpected and unsustainable.

"What we would expect is to see the impact of the investment and seeing those plans, where possible, really level out," she said.

The most controversial of the reforms flagged by the NDIA is the introduction of independent assessors to evaluate funding applications.

The federal government has defended the changes as making the system fairer, but many in the disability community have argued allied health professionals would not understand the breadth of some people's complex conditions.

NDIS Minister Linda Reynolds had sought more community feedback about the proposal and had indicated there was an opportunity to change the way independent assessments might eventually be implemented.

Mixed results

It took Toowoomba disability advocate Alyce Nelligan a year to access the scheme when it was introduced, despite being in a wheelchair and needing help with daily activities like going to the toilet and showering.

"They rejected my application ... They basically said that my diagnosis (of minicore myopathy and scoliosis) is too old," she said.

"I was diagnosed at three. I'm not going to go and get re-diagnosed every five or 10 years.

"There is no doctor in the world that is going to go in and unnecessarily put me to sleep, cut a piece of my muscle out ... to satisfy a government department."

She said while her experience using the scheme had been poor, it had worked well for her young daughter.

"She gets adequate visits with her therapist every week and so she's actually making improvements," Ms Nelligan said.

"So we know that this system can work.

"I shouldn't have to spend every year begging again for an adequate plan."

Review underway

The Disability Royal Commission recently held a series of hearings around the country on the NDIS, with a hearing scheduled for Brisbane this week moved to August, due to COVID concerns.

National law firm Maurice Blackburn made submissions to almost every inquiry into the scheme.

"We've increased plans by over \$200,000 a year in some circumstances," principal lawyer Tom Ballantyne said.

"Often the planners don't have the background, the experience, the expertise to really understand someone's needs."

He said clients were also frustrated with the scheme's communication and appeals processes.

"A lot of people describe it being really fast or formulaic," he said.

"We're talking about the big commercial law firms acting for the agency against often self-represented participants."

The NDIA's Shannon Rees said she acknowledged frustrations with the planning process and inconsistencies in decisions.

"While it's not working well for some, for many it's been life changing," she said.

"The scheme is at a stage where it's actually reforming and reviewing the processes."

Government response to National Redress Scheme review welcomed

A review of the National Redress Scheme, commissioned by the federal government, has today been released by Social Services Minister, Anne Ruston.

Blue Knot Foundation has publicly welcomed the response, with a special thank you to independent reviewer Robyn Kruk.

Dr Cathy Kezelman AM, President of Blue Knot Foundation, explains their stance.

"It is time that the Scheme reflected the Royal Commission and its processes, spirit, depth of understanding, equity and fairness. There have been improvements to the Scheme over time, but implementing these recommendations – if implemented in full – will go a long way to making this the sort of Scheme that the Royal Commission envisaged.

It is positive to see twenty-five of the thirty-eight recommendations accepted and the others, many requiring legislative change and review by State and Territory governments as well as the federal governments, still under consideration.

It is noted that the government will respond fully in early 2022 – this timeframe must be expedited; the third anniversary for the scheme is fast-approaching. Survivors have waited too long since the Royal Commission for the Scheme that they were promised – one which is truly survivor-focussed.

The proposed changes must simplify the application process and, crucially, speed it up. A review of the assessment matrix and greater transparency around this is critical. The current matrix is ill-conceived, ill-informed and its behind the scenes application is traumatising.

The advance payment to older applicants and those with terminal illness is welcomed, as is consideration of equity for all survivors applying. These recommendations also provide more robust and ongoing trauma-informed and culturally sensitive support & counselling from better-trained practitioners and services – as well as support for Direct Personal Response process.

Training and quality improvement processes for Independent Decision Makers are a must. Decisions must be fair, equitable and informed by current knowledge of institutional child sexual abuse.

Enhancements to scheme staff, around workforce including recruitment, training, supervision and support are long overdue. The Scheme must deliver the empathy and compassion all survivors desperately need and deserve and wellbeing for all staff.

It is over time to rebuild trust and show that the institution of government is truly there for survivors.

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Disability royal commission privacy concerns still not addressed after two years

Important amendments to the Royal Commission Act designed to protect the identity of witnesses beyond the end of the inquiry still haven't been enacted despite the belief they will result in a large number of fresh submissions.

Key privacy reforms that the chair of the disability royal commission believes will bring in a flood of new submissions are still yet to be enacted, more than two years since the inquiry began.

The amendments to the Royal Commissions Act, first promised by the government in October, would address a loophole that allows the identity of witnesses to be released following the conclusion of the inquiry.

But more than 16 months since the changes were first requested by Chair Ronald Sackville, the bill - which is intended to function similarly to legislation put in place for the child abuse royal commission - still hasn't been debated in parliament, despite concerns important evidence is being missed from whistleblowers who fear their identity could be revealed.

In a letter to the government dated 11 March, obtained by SBS News under freedom of information laws, Mr Sackville said: "The intent of this legislation is to encourage people with disability who have not felt safe enough to engage with the royal commission to do so. "The legislation, when passed, can be expected to generate large volumes of fresh submissions and other information to inform the Commission's work," it continued.

The inquiry was originally scheduled to end in April 2022, but has since been extended until September the following year. As of Thursday, it had received more than 2,500 submissions and completed almost 400 private sessions.

"For many of us in the disability community, our royal commission hasn't begun yet because we haven't been able to tell our story," said Greens Senator Jordon Steele-

John, who long campaigned for a commission into the experiences of people with disability in Australia.

"We've sat in fear, and anxiety, and waiting for our government to do the basics, to say: 'it is indeed safe now to tell your story'. They've failed to do that for two years."

The government first introduced the privacy amendments into the Senate in March, after vowing the legislation would ensure the inquiry was truly reflective of people's experiences.

But Senator Steele-John said the draft legislation did not go far enough, leaving people who wish to give anonymous evidence about systemic abuses vulnerable.

Currently, the draft bill covers information given by someone about themselves or another person's experience of violence, abuse, neglect or exploitation, which identifies the subject of the evidence.

The Greens say this would leave out anyone giving evidence about wider issues in the sector and have suggested amendments to the proposed bill.

"It would mean nothing for me," said a former senior member of the disability sector, who spoke to SBS News on the condition of anonymity, of the proposed changes.

Nicky*, who worked for decades in the disability sector, said they feel they have important evidence about systemic issues around abuse and its reporting, but believe the incoming changes can not guarantee their identity will be protected.

"I've not just seen the individual cases and dealt with the complexities of unravelling them, but I have also had the opportunity to look at the scope or spread of that across the broader sector and the gaps of understanding and knowledge," they said.

"What is the point in having a Royal Commission if it's only going to be asking certain people ... the whole thing is such a disappointing waste of time and energy."

SBS News understands the government is considering the issues raised by Senator Steele-John and is expected to act on them shortly.

In October, Senator Steele-John introduced his own private senator's bill to increase privacy protections at the commission, which passed the Senate last month before it was blocked in the House of Representatives.

A disability royal commission spokesperson said they had heard ongoing concerns from the disability sector around the need for greater privacy protections "since the early days of the commission".

Amending the act "will reassure some people with disability, who may previously have been reluctant to share their story, that there are now further protections in place and encourage them to interact with the Royal Commission," they said.

In the meantime, they reassured people who wished to make a submission to the inquiry that their information "will be treated as confidential until at least the end of the Royal Commission".

In a statement to SBS News, a spokesperson for the Attorney-General said the government has always maintained the legislation will be in place by the end of the commission "when it is required".

They said the proposed changes were in addition to other ways the inquiry can already protect people's information, including private sessions, private hearings, the use of pseudonyms, and non-publication orders. The commission is exempt from providing information under Freedom of Information (FOI) laws.

But concerns remain that without the amendment, organisations - who may be responsible for the care of people with disability - may seek to obtain submissions through FOI application once the records are transferred to the Attorney-General's Department following the conclusion of the inquiry.

The commission also encouraged people who want their story to remain confidential to apply for a private session "while we wait for this amendment".

Information provided in private sessions is protected from disclosure by law, during and after the inquiry has ended except in very specific circumstances.

Disability advocates, including peak body People With Disability Australia, have previously said the amendments should have been implemented before the commission commenced, while Labor has written to the Attorney-General calling for the changes to be prioritised.

Last week, SBS News revealed the government had initially rejected the Commission's urgent request for a 17-month extension to the inquiry, despite concerns it would not be able to complete its work during the allotted time, before backflipping on the decision a month later.

*Name has been changed.

A free national legal service has been established to assist people to share their story with the commission. The service, called Your Story Disability Legal Support, is independent of the inquiry and funded by Legal Aid.

People with disability who are impacted by violence, abuse, neglect or exploitation are also able to contact the National Counselling and Referral Service on 1800 421 468 for counselling support or to be connected to a counsellor or advocate near you. Support is free, independent and confidential.



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