

## Royal Commission into Victoria's Mental Health System

SUB.0002.0028.0531

The Federal Member for McMillan,  
46c Albert Street,  
WARRAGUL, VIC 3820

7<sup>th</sup> October, 2018

Dear [REDACTED] and [REDACTED]

Thank you for following up with the President of the Human Rights Commission. When I received your letter with her response my initial reaction was to be very upset. It has taken until now for me to overcome my distress sufficiently to respond. Now I am very angry. Her response reflects the same attitude on which the earlier conclusions and decisions of the Commission were based. These attitudes tell a story that seems to be founded on untruths, and on expectations and demands that, because of my disability, I could not, and still cannot, meet. From her letter, I conclude that the President has either not read my letter of 23<sup>rd</sup> September, 2014, or has read it and chosen either to not believe me, to ignore the facts, or does not accept the symptoms of PTSD. The expectation that I could cope with the process of a court case, and thus had this choice, demonstrates this. It illustrates what seems to me to be a severe ignorance of this disability and how it impacts on the victim, or a brutal disregard of such that ignores the contents of the medical reports and my many pleas for some understanding. Thus I believe that to state that I had this choice is discrimination, as I did not.

Also, she wrote that my other option was to lodge a new complaint. This is where it becomes weird. In my eyes, this suggestion is quite irrational. Why would I expose myself to a repeat of the same treatment that I have found to be so cruel and the subject of the complaint the Commission refused to accept?

Whatever the basis of her attitude, I believe that, by the definition, "*Disability discrimination occurs when a person is treated less favourably, or not given the same opportunities, as other in a similar situation because of their disability*"<sup>i</sup>, it is discrimination; and by the definition "*Bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence of power over someone else, or who want to make someone else feel less powerful or helpless.*"<sup>ii</sup>, it is bullying. Time and time again I indicated that I could not cope with the behaviour, attitudes and decisions of the Commission, particularly those I perceived to directly target the symptoms identified in the medical reports and typical of PTSD. I found this process to be intimidating and humiliating, and I became traumatised and frightened as the Commission continued to relentlessly pursue the adverse behaviour.

I note that she states, "*Although we were unable to assist her further, as she did not have an open complaint, ...*". What is 'an open complaint'? No one explained or discussed this point with me. I do not understand it. No one from the Commission discussed my case against the University with me. As I understand bullying, harassment and discrimination (I lectured, wrote study materials and was an examiner, on this topic for many years at all tertiary levels and MBA programs for several universities; I was a consultant for several organisations; and I worked with the AIRC), I believe that I have a very strong case against the University. Difficulty in structuring and articulating thoughts, and filtering relevant information and facts, are symptomatic of PTSD. Some empathetic discussions in a safe environment with me and my psychologist, or simply heeding The Statement of Expectation<sup>iii</sup> of the Commission (with which, from my perspective, the Commission did not comply) could have resolved this anomaly, as well as giving the Commission the opportunity to gain some understanding of PTSD and thus avoiding the adoption of what seem to be adverse attitudes.

[REDACTED] I appreciate that your power to influence this situation is limited. However, surely she is accountable to someone. Given the content of the letter 23<sup>rd</sup> September, 2014 and of other letters, including those to which that letter refers, I believe that you cannot deny that the way in which the Commission has treated me, and the President continues to reinforce that treatment, is deliberate and quite blatant. For me, their ongoing avoidance of an independent investigation and/or a meeting with a suitable representative, and of discussion with my psychologist, tells the story. They seem to me to be running away, to be very defensive. Innocent people have no need to duck and weave as they have no reason to avoid open investigation and discussion. Also, I believe that the Commission has been, and still is, in direct defiance of [REDACTED] instruction as quoted in the letter of 23<sup>rd</sup> September, 2014.

As predicted, this experience has had a severe permanent impact on my life. As [REDACTED] and I discussed with you, no one should be subject to the sort of treatment that causes such anguish and harm, particularly from the very people in whom victims should be able to trust to support and protect. Is this how we should treat those who are vulnerable, those who struggle with psychological disabilities? The Australian Government cannot condemn other countries for what we see as human rights abuses while knowing that organisations that are perceived by the Australian public to teach and to carry out government policy on human rights could be adversely treating those who are vulnerable in this way. Again, I ask for an independent investigation into how the University and the Commission have treated me, based on fact and evidence. If not, I will pursue this further, one way or another, seeking to ensure that those with psychological disabilities, particularly PTSD, are not subject to adverse treatment in the future.

Yours sincerely,

[REDACTED]

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<sup>i</sup> "Disability discrimination" *Australian Human Rights Commission*.

<https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/disability-discrimination> accessed 23/9/18.

<sup>ii</sup> "What is bullying?: Violence, Harassment and Bullying Fact sheet" *Australian Human Rights Commission* <https://www.humanrights.gov.au/what-bullying-violence-harassment-and-bullying-fact-sheet> accessed 23/9/18.

<sup>iii</sup> "We investigate and resolve complaints of discrimination and breaches of human rights.

"In providing our service you can expect us to:

- treat you with respect and courtesy;
- provide you with clear and accurate information;
- collect, store, use and disclose your personal information in accordance with Australian law;
- keep those involved in a complaint informed about the progress of the complaint;
- provide a flexible service that is responsive to individual needs;
- be impartial and fair to everyone involved;
- progress enquiries and complaints in a timely manner; and
- provide reasons for our decisions."

(<http://www.humanrights.gov.au/complaints-information> accessed 15/3/14)



**Australian  
Human Rights  
Commission**

**President**  
**Emeritus Professor [REDACTED] AM**

20 August 2018

Mr [REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr [REDACTED]

Thank you for contacting me with respect to one of your constituents, Ms [REDACTED], including some of her correspondence with your letter of 13 August 2018.

The Commission finalised Ms [REDACTED] complaint concerning [REDACTED] University over five years ago, in June 2013. Although we were unable to assist her further, as she did not have an open complaint, we did correspond with her for a further 12 months.

As seen in the correspondence that you attached with your letter, in June 2014 the Commission's Executive Director, [REDACTED], wrote to Ms [REDACTED] setting out in significant detail the Commission's conciliation process and the events leading up to the closure of Ms [REDACTED] complaint. As Ms [REDACTED] noted, in her letter of 23 September 2014 included in the attachments, the tone of Ms [REDACTED] letter was appreciated.

Ms [REDACTED] acknowledged Ms [REDACTED] disappointment that her complaint was finalised without resolution. Ms [REDACTED] also noted that it is not possible for the Commission to keep matters open indefinitely where there is a significant impasse between the complainant and the respondent and the prospect of resolution is unlikely.

Ms [REDACTED] was advised of her options to lodge a new complaint and also of her right to take the terminated matter to court within 60 days. It appears that she did not pursue either of these steps.

Sincerely,

[REDACTED]

**Emeritus Professor [REDACTED] AM**  
**President**



From: [REDACTED]  
To: [REDACTED]  
CC: [REDACTED]  
Subject: Request to keep complaint open

Date: Mon, 27 May 2013 11:01:17 +1030

Dear Ms. [REDACTED]

It has taken me some time to write this response as I am angry and upset. I have looked back on the emails [REDACTED] has received from the Commission stating the details of the agreement she and [REDACTED] made, and the emails from the Commission since then. They are very confusing and contradictory. Also, since the conciliation meeting it seems that the Commission has been putting [REDACTED] under pressure by trying to change the agreement, while knowing that [REDACTED] psychologist has not been available to support her and will not be until mid-July – this is why it was arranged for her to not recommence her study until then. Consequently, [REDACTED] is again experiencing depression and other symptoms I understand to be characteristic of unstable PTSD. I know that you have copies of the medical reports that provide clear warnings and instructions, and the Commission has countermanded them. These symptoms mean that [REDACTED] is unable to try to work through the confusions and contradictions and make a decision. In fact, she is unable to make any decisions in this condition and yet you expect her to finalise this matter by mid June.

[REDACTED] came to you in good faith, trusting that her case would be managed appropriately and confident that, after some 6 years of struggling on her own, the Human Rights Commission would provide the guidance and authority to [REDACTED] so they comply with the relevant legal requirements that should have been enabling her to study, and also protect her from any further threats to her psychological health.

As I have seen, PTSD can be a very debilitating condition, severely impacting on the quality of life of both the victim and family. Also, inappropriate management can have dangerous consequences.

I thought that the Commission, of all people, would at least take note of the medical reports' instructions and warnings, and have the sensitivity to ensure that [REDACTED] would not be further damaged by her seeking her rights, and certainly would not have made demands on her that she is unable to meet because of her disability. I understand that [REDACTED] intends to contact you, or has already done so. I hope that you listen to and heed her.

Why do you want to close [REDACTED] file in June, when the agreement [REDACTED] made with [REDACTED] have given her 6 months to carry out her part of the agreement? If the Commission did not agree with this aspect of the agreement the conciliator should have said so at the time, and explained why, so that the parties could try to come to another agreement acceptable to the Commission. Also, why would [REDACTED] need to submit another complaint against [REDACTED] to you after June? This requirement should be totally unnecessary. Furthermore, given the nightmare of the last few months, [REDACTED] is unable to do this, and we (I, [REDACTED] and her medical advisors) are fearful that the commission could subject her to further setbacks and make demands she cannot meet.

[REDACTED] intends to honour the February agreement, but is currently struggling to cope with the confusion and the ongoing contradictions by both the Commission and, it seems, the [REDACTED]. Am I correct in saying that now [REDACTED] is refusing to honour this agreement?

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The Human Rights Commission is the very organisation [REDACTED] believed she could, and should have, been able to trust. No wonder she is devastated and severely distressed.

Yours sincerely

[REDACTED] [REDACTED]

My name is [REDACTED] I have PTSD, having been bullied in an emergency service organisation. Whilst I appreciate that the purpose of the Commission does not include addressing individual cases, I ask that you read my case to understand how those with mental disability such as PTSD are being treated by a university, our 'leaders', and the Australian Human Rights Commission.

Several years after I left that emergency service organisation I commenced study for a PhD. I did not experience any difficulty, and my disability did not impact on my academic performance, until my supervisor retired, when I had only about three months work to complete my thesis. The university selected another supervisor, but she lacked expertise in the method and had no understanding of the topic. The arrangement was that, as I had just about completed my final draft, expertise and knowledge of the method and knowledge were not required. However, she and other staff started to criticise the method, on the basis of the qualitative versus quantitative debate. This was followed by several years of aggressive tactics that, I believe, were to prevent my thesis from being published.

I suggest that this experience would have an impact on most. But, being vulnerable, I struggled and I reverted back to PTSD symptoms that had stabilised many years before. In summary:

- I informed the University that I was struggling and reminded them of my disability 24 times.
- I asked the University to comply with my disability needs 20 times; the University is in receipt of 5 medical reports.
- I asked for an investigation, based on the evidence and facts, 16 times
- I asked for a meeting to discuss my needs and develop a plan of management 11 times
- I asked for a closure arrangement 6 times

In the meantime, my thesis was judged by those with relevant expertise as being sound, innovative and could significantly contribute to society.

During this time, I had 12 supervisors, none of whom fitted the required criteria. Thus unsound decisions and unrealistic expectations were demanded, the instructions of the medical professionals were contravened and their warnings ignored, and the requirements of the Disability Discrimination Act as formulated in Ruddock 2005 *Disability Standards for Education* were not met. Eventually, I submitted a complaint to the Australian Human Rights Commission.

This proved to be a decision I was to deeply regret. Given the principles of sound conflict resolution, the technique used by the HRC to manage my case was unsound, and the manner, decisions and expectations of the staff were contrary to the instructions in the medical reports. I became severely traumatised as I struggled to meet the demands made of me by the staff. When I could not meet their requirements the staff behaved in what I believe to be bullying, wrote a statement of events that is factually incorrect but has been taken forward as being the true account, and made decisions that are discriminating. My husband became so traumatised that he contacted to them, begging them to help. They did not reply to him. My letter to [REDACTED] [REDACTED] [REDACTED] 7/10/18 provides some more detail.

I wrote to several members of Parliament, State and Federal, all to no avail. Time and time again I was instructed to write to someone else. Not one assisted me in any way, nor accepted that the system is broken for those with mental disability. Recently, with the support of a friend, I met with [REDACTED] whom both of us have known for many years, in the hope that we could have a frank discussion. Again, to no avail. In fact, during a meeting he made statements that I believe to be harassment. I attach relevant correspondence.

Given my experience and from what I have read, it seems to me that those who have been making judgements and the decisions that impact on those with mental disabilities such as PTSD have no understanding of how such disabilities affect sufferers' lives and their families, or they do not care. It seems that most, if not all, of the staff of the HRC appear to lack the knowledge, compassion, and the empathy to manage and make decisions that accommodate the needs and limitations of those with a mental disability. Rather, I understand that most have legal backgrounds. Certainly, my situation was severely exacerbated by my involvement with the HRC. In addition to my worsened condition as a consequence of the needless trauma, my situation with the university deteriorated further and I was utterly powerless. There was no one to whom I could turn for help.

This is a very brief summary. Should you require such, I can provide more detail and/or evidence (I have several hundred catalogued letters and emails).

[REDACTED]

**SUB.0002.0028.0527\_0002**

Attached:

- (1) [REDACTED] to [REDACTED] email 27/5/13
- (2) [REDACTED] to [REDACTED] and [REDACTED] email 13/8/18
- (3) [REDACTED] to [REDACTED] letter 20/8/18
- (4) [REDACTED] to [REDACTED] letter 7/10/18