
SOAPBOX SYDNEY

QUARTERLY

№02 - WINTER 2020
FREE



Improve your
spaces

MIC IT BETTER

(OUR WORK IS NEVER OVER)





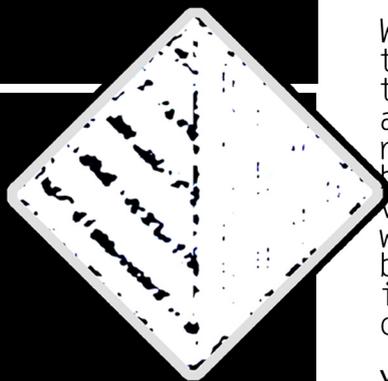
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Soapbox

Quarterly

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What we are:

Soapbox is an experiment in design: Mental health solutions through culture change.

Soapbox's principles operate when a resource exists and people volunteer their time or expertise to create something from it to benefit others.

We measure success by the quality of our every moment, and define it by sharing our success with others.

What we want:

One conversation at a time, we seek to reinstate the humanity in our culture.

Why:

Most current solutions alleviate the effect of our situation but do not treat the deep roots of the cause.

How:

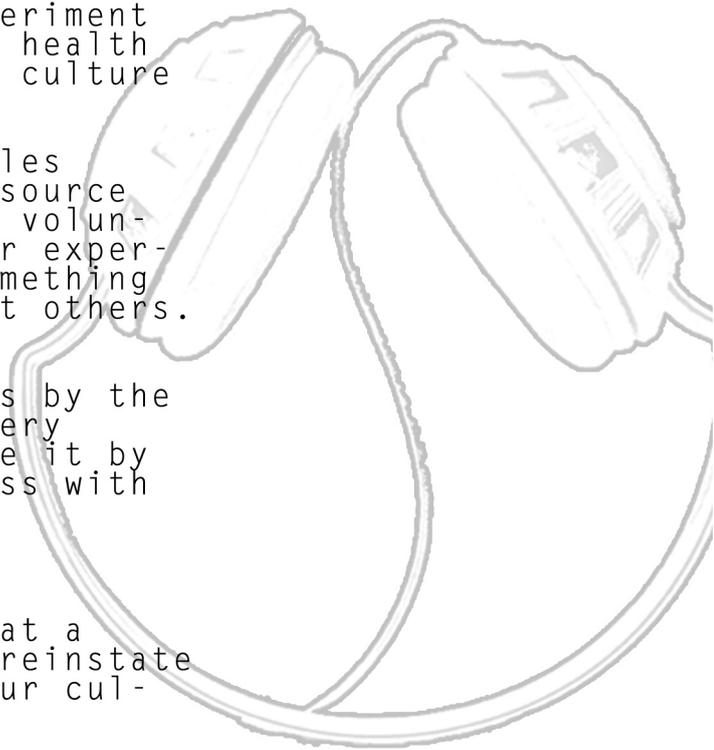
We don't claim to have the answer, but we wish to provide a space to safely create and test the myriad of solutions we dream up together.

We will be curious about the problem and access or create independent research.

We will link those with the capacity to dream with those with resources, such as time, popularity or finance, to create evidence based changes in the most visible way. Through this we will re-empower, person by person, the ability to improve our home, our city, our common spaces.

Your invitation

If you believe in this vision, We invite you to be passionate about it. Come to the party; @soapbox.sydney, and enter your email. Invite others to build the mic!



EDITORIAL

“Things sure do happen, but we can choose whether the effects of tragedies ripple on forever, or stop at us.”



Yearill Fam
Editor

Dearest reader, we managed to get to the second edition! Between floods (in the Hawkesbury at least), fires and the flu. after all this is through, and the trees have grown back, the banks have receded and the herd immunity is achieved, we still have our own behaviours and the consequences of those behaviours to reckon with.

It wasn't the fires that caused us to become violent over that last piece of bacon at the supermarkets in Albury, it wasn't the flu that caused many people to overstock and leave others wanting. It wasn't the floods behind the wheel of the dangerous driving that led to multiple accidents on Bells Line of Road driving back around the Hawkesbury River.

Things sure do happen, but we can choose whether the effects of tragedies to ripple on forever, or stop at us.

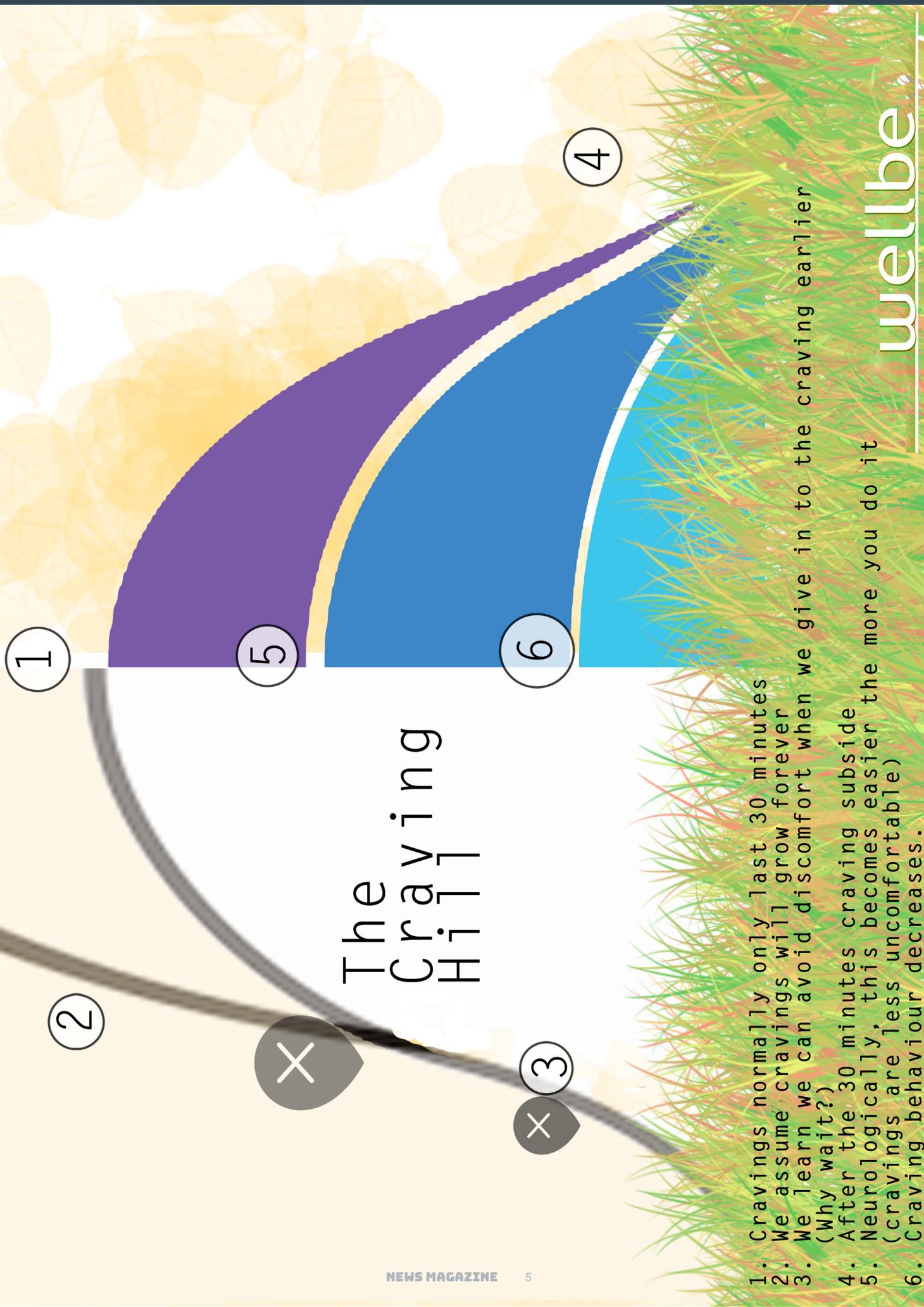
When we assume the worst, the worst finds us, not because of some magical cosmic effect, but simply because the world is how we see it, and often how we choose to see it. The problem focussed tend to find problems, and the solution focussed tend to find solutions. What does this have with toilet paper shortage, you might ask? Its about lack and abundance. One hypothesis, that life is lacking, means we need to fight to claw at enough resources to survive. We assume that, without enough, we will not make it. Lets take the second perspective, that life is abundant, and that there will be enough and we will make it. In short, pessimists are often right, but realists

and optimists are happier.

This edition you have was built at a time when we could not source articles from friendly organisations, and we were not sure we could have an edition at all! So we did the best with could with what we have, we reached out to friends, conducted our own research, and threw together original ideas not present in the first edition. So I am proud to present to you the creative edition, the resourceful edition.

Thank you for your readership and your continuing resilience.

The Craving Hill



1. Cravings normally only last 30 minutes
2. We assume cravings will grow forever
3. We learn we can avoid discomfort when we give in to the craving earlier (Why wait?)
4. After the 30 minutes craving subside
5. Neurologically, this becomes easier the more you do it (cravings are less uncomfortable)
6. Craving behaviour decreases.

wellbe

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PRESENTS:

MAS

(OF NONE)

I used to work at a private school

The area where I teach there were a lot of competing private schools

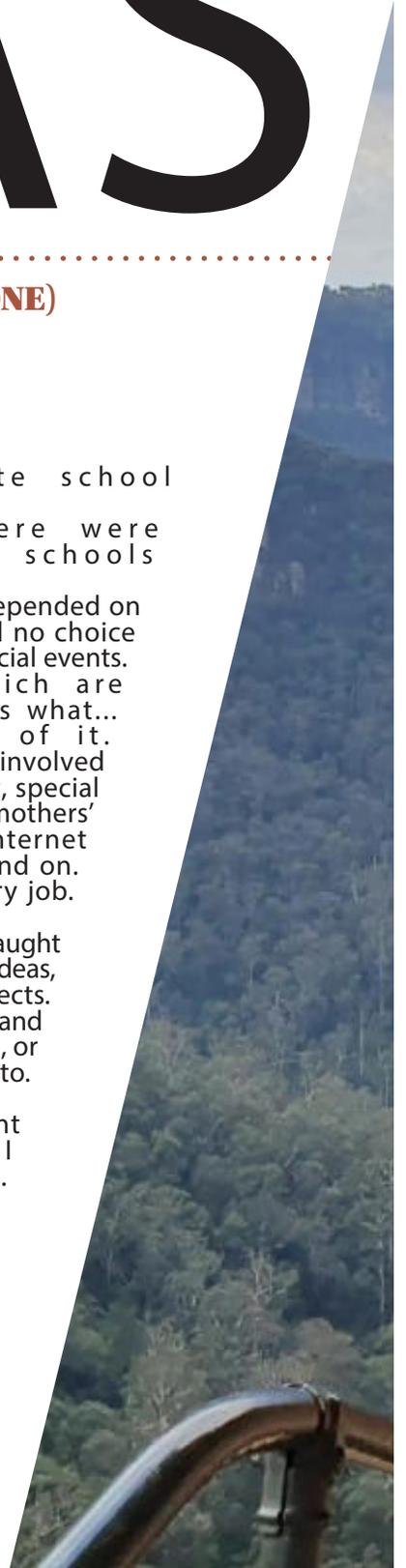
And of course since each schools revenue depended on the number of students enrolled, the school had no choice but to advertise its programs and activities and special events. Strangely enough, not many of which are designated to a specific job title. So guess what... We were all expected to be part of it. So aside from teaching, we were expected to be involved in school musicals, extracurricular activities, sport, special projects, open days, open nights, fathers' nights, mothers' nights, parent information evenings about internet safety, special breakfasts and the list goes on and on. I know what you may be thinking. That's in every job.

But I've done a lot of jobs, and even in other schools I taught at it was nothing similar to this. Every year we had new ideas, and had those added to the existing ideas and projects. So in essence we had more and more and more work and it grew year by year. Never was an old idea removed, or an old task deleted, it was just updated and added to.

Work became a constant overloading , constant stress and constant deadlines until one day I stopped dead in my tracks and realised something.

I had become a bad teacher.

I'll admit it. I was so stressed from all the extra curricular crap I had to do that I didn't want to relate to my students as human beings, it was easier to look at them as names on a page and marks in a fancy excel spreadsheet



ATER



just so I could get home at a decent hour.

And I was so overloaded with the sheer amount of assessable work that I had to do that I had lost my drive to teach well. So I taught the curriculum, or the parts of it that I had the energy and time for (my gosh there are so many assemblies and special days that kill off the time) and the rest didn't get taught.

And then as I had my sudden realisation I looked around the staffrooms and saw that I wasn't the only one.

I had a look through the results of the HSC of the past 15 years.

Our school used to perform quite well. That was before all the extra extra curricular activities. That was before the excessive number of sports gala days and excursions to fancy random

"I had become a bad teacher"

useless places, and before the days where everyone had to dress up as this or that or MAKE FREAKING CARS OUT OF CARDBOARD BOXES for our annual box car rally (what the hell was the point of that waste-of-a-day anyway)

That was before teachers had to spend their weekends coming in and doing walking tours for prospective parents and standing guard over the carpark while parents watched the musical (3 hours security guarding on a Saturday night... Seriously?)

Our PD days had turned into photo opportunities with fancy soup vans and "special guests" from overseas, but the content has



almost nothing to do with teaching at all.

We had become the masters of nothing.
The paper shuffling champions.
The school of hot air.

“Come to our school, we will
literally do anything but teach”.

Your kid will come out full of fun experiences
and opportunities, but lacking in the one
thing school was meant for. Education..

Not only did we become masters of nothing, but we
were producing students who were also masters
of nothing. Master jugglers of balls of rubbish.
Dolled up clowns with all the gadgets and gizmos
but without any kind of skill or talent to create,

understand, manipulate, design, dream or know.

As I took the time to ponder
these things, I decided to stop

To stop wasting my own time

To stop filling my life with the over bloated
useless chip bag air crap that I had filled it up
with pretending it was useful and worthwhile.

And then I stopped going to
things that weren't worth my time.

I stopped going to meetings.

I didn't lie and say I'm sorry I couldn't go and make up
excuses either, I told the truth. “I won't be attending
these meetings because I have other priorities.”





I took sick days when I needed a mental break. And I stopped doing extra crap that I hadn't signed up for and didn't want to do.

And after a while I started to have my life back.

I saw the sun after work.

I woke up Saturday mornings whenever the damn hell I pleased.

I spent evenings talking with my wife and going for walks and just doing nothing. I played Mario kart on the wii. I bought a beehive.

And it's fantastic.

My bosses weren't too pleased until I showed them my exam results.

It was clear as day. I was a better teacher. I out taught the other teachers in my faculties and I had dozens of parent letters and phonecalls praising my classes.

My classes were innovative and fun, not because I was trying to make them that way, but because I was happy and relaxed.

Art takes time, time to meditate and reflect and to produce.

And so does teaching.

And so does life.

Turn your phone to silent and sing your guts out in the car.

Then take your wife or husband or whoever out to dinner and just chill out.

Take tomorrow off.

And then do something you used to do when you were young and free.

You might think society values the word "busy" over the word efficient?

But that's bullcrap.

Society values the word "worthwhile"

So stop being a master of nothing.

And go do something worthwhile.

"My classes were innovative and fun, not because I was trying to make them that way but because I was happy and relaxed"

Planning and Having a baby

BY PANDA (PERINATAL ANXIETY AND DEPRESSION AUSTRALIA)

Planning and having a baby is a time of adjustment and change. LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) families are like any other when it comes to starting a family, sometimes the community, family and friends, may not understand the journey undertaken in bringing a baby into the world. While there is an expectation of joy, sometimes these feelings can be overridden with stress, difficulties in adjusting to a new way of life, sleep-deprivation, anxiety and depression. Perinatal (during pregnancy and the year after birth) anxiety & depression can be confusing and distressing, and for families who are suffering it is often hard to speak about. It's important to know that help is available and seeking support early leads to a faster recovery.

PANDA recognises that whilst perinatal anxiety and depression can affect families from all cultures and socio-economic classes, there may be some significant added risk factors for parents who identify as LGBTIQ. In fact there is research to suggest that LGBTIQ parents may experience higher levels of perinatal anxiety and depression than other population groups.

Society: Discrimination and Isolation

Many people may assume that because you have a baby, you are in a heterosexual relationship. In reality, 22% of lesbian couples and 3% of gay male couples have a child or children living at home with them. It may be hard to find the professional, non-judgemental help that you need. Sometimes LGBTIQ parents face discrimination or have their roles, methods of conception or abilities to parent questioned. As well as this, some LGBTIQ families or intending parents struggle to find friendship group that support their parenting role.

Social Stigma

Worry about social stigma can also impact LGBTIQ families. Many members of the LGBTIQ community grew up with bullying, harassment or discrimination. Some people may believe that children of LGBTIQ parents are disadvantaged when actually the research is clear that this is not the case. Family Parenting issues can be compounded by the fact that some members of the LGBTIQ community may have experienced difficult relationships with their families of origin. Often when people have their own children they rely on, or desire, the support of their family. New parents also often think about how they would parent differently, and this may bring up unresolved past issues concerning their own families of origin.

Previous History of Mental Health Issues

A previous history of mental illness is a risk factor for developing perinatal anxiety and depression. A lack of positive coping and support strategies may become problematic during pregnancy or early parenthood, especially if previous mental health issues have been untreated. Conception Complications Difficulties and the stress of IVF, surrogacy, donors or co-parenting arrangements can contribute to parents developing perinatal anxiety or depression.

Non-Biological Parents

Non-biological parents can experience perinatal anxiety and depression as well. In heterosexual relationships around 1 in 10 men experience anxiety or depression following the birth of their baby. It is frequently harder for the non-biological parent to access support services and help, and they may feel invisible or neglected in the process of having and caring for a family. Worries about extra responsibilities, role changes, financial burdens and changes in sexual relationships may also impact on the non-biological parent. LGBTIQ non-biological parents may experience insensitive ques-

tioning or assumptions from family of origin, friends or service providers (or not have their role as a parent validated) and they may experience high levels of anxiety about their future parental role in families where separation occurs. Non-biological parents may also be unsure of how to assist their partner if they are suffering from perinatal anxiety and depression.

Getting Help

If you or someone you know is experiencing signs of perinatal anxiety or depression for two weeks or more, its important to seek help.

You might:

- Contact PANDA for support, information, referrals and telephone counselling.
- Let your GP or other trusted health professional know what you're experiencing. (PANDA may be able to provide referrals to an LGBTIQ friendly GP)
- Look for local playgroups or parenting groups for LGBTIQ families. These websites may be helpful:
 - www.rainbowfamilies.org.au
 - <http://playgroupaustralia.org.au>
 - www.gaydadsaustralia.com.au
 - <http://www.samesame.com.au>

Remember, you are not alone. There is help available and with the appropriate treatment and support you can begin to feel better and enjoy your new family member. Sometimes, accepting LGBTIQ families and embracing their uniqueness works as effectively as medication or counselling. "A lesbian mother shared her story, where she was questioned frequently about being a parent. Her experience did not go well in heterosexual motherhood group as the group could not relate with the client. Later, she got better after visiting LGBTIQ friendly clinic and had a wonderful time with counsellor and support group. She claims that she felt better not just because of the support she received, but also because the practitioner accepted her family and understood the unique difficulties she faced."



WHAT IS OUR National IDENTITY?

Cultural heritage and national identity are terms that seem to have a double-meaning in our society.

One on hand we have post colonial Australia, as part of the Commonwealth and a larger global economy, with all the growth and technological progress it provides, as well as quality of life for many Australians.

On the other we have a much older, and culturally rich Aboriginal heritage, whose lands supply wealth for the former, at the expense of the latter.

Why is one valued above the other?

Is money more valuable than culture? Culture informs identity, and identity is a key part of living in accordance with our values. Without values, all the money in the world does not equate to human happiness.

Lets take the example of recent events; the Rio Tinto blowing up of a 46,000 year old sacred site of the Puunu Kunti Kurrama people, a place not only of cultural significance, but also one of significant archeological significance, including the earliest use of grindstone technology in Western Australia.

Going back to the question of national identity; did you know that Aboriginal people had access to complex farming technology long before colonisation?

Bruce Pascoe in 'Dark emu, Black seeds' suggests the myth of the noble savage, nomadic bush expert was invented to dehumanise aboriginal people to easier justify the crimes committed against them.

When a mining company obliterates a cultural site for profit, and we enjoy the fruits of the economy growth their activity creates, are we not the ones with our hands on the explosive trigger? By condoning such behaviour we may as well encourage it and therefore perpetrate it.

Look at recent events in America with Police officer Derek Chauvin who murdered black American George Floyd, who was also acqui-

tted of shooting unarmed Native American Leroy Martinez. Dr. Huey Percy Newton, co-founder of the Black Panther Party once said "In America black people are treated very much like the vietnamest people or any other colonized people, because we are used."

There is national uproar and riots regarding the matter, but absolute silence from us on Rio Tinto's activities. Are the situations not similar? Taking from the lands of custodians to build economies is colonial power in a nutshell, and for all our talk of sorry day, there is still not an Aboriginal voice enshrined in our constitution, the basis of all laws in our country (Radical Heart, Shereen Morris)

Sources:

- ABC News,
- Bruce Pascoe 'Dark emu, black seeds',
- Sheereen Morris 'Radical Heart'
- Transformers, Paramount Pictures and Dreamworks Pictures



Research article

DEVELOPING POSITIVE ATTITUDES IN CHILDREN AND BUILDING CONNECTIONS

MANISHA PANDEY

Mental health affects the wellbeing of individuals, families, societies, and nations, without discrimination. not sparing our most innocent and vulnerable; children.

Mental health disorders in children are scarily common with one study finding 14% of all children aged 4-17 had experienced a mental health disorder in the previous 12 months (Young Minds Matter, 2013).

The concept of mental health may be difficult for children to understand. They may not have the knowledge or experience to accurately identify their symptoms as a mental health disorder. A child may report 'my tummy is sore', when they are feeling anxious or afraid.

Carers have the unique opportunity to play a significant role in improving their child's mental wellbeing as they know their child best. Often children find these big feelings of anxiety or depression confusing and overwhelming.

Emotion coaching for caregivers can help children become aware of their own feelings:

Step 1. Be aware of your child's emotion

Step 2. Recognise your child's expression of emotion as a perfect moment for intimacy and teaching

Step 3. Listen with empathy and validate your child's feelings

Step 4. Help your child learn to label their emotions with words

Step 5. Set limits when you are helping your child to solve problems or deal with upsetting situations appropriately

Anxiety and depression in children may be caused by a combination of biological and environmental factors such as stressful life events including neglect, abuse and violence, loss of loved ones, disharmonious family-life and/or relationship with carers, bullying, discrimination, and family hardship.

Additionally, parents who suffer with their own mental health may pass on genes to their children, that make their children more likely to have a mental health concern too.

Studies also show that if a mother is stressed, anxious or depressed while pregnant, her child is at increased risk of having a range of mental health concerns including anxiety and depression (Glover, 2011).

Interestingly a study by Ogundele (2018) found that poor parenting skills contribute to the occurrence of anxiety and depression in children.

Here are some suggestions for how to develop a positive attitude in your child and build a connection:

LOVING KINDNESS MEDITATION

Engage your child in loving kindness meditation. It involves thinking of loved ones and sending them positive thoughts. The four traditional phrases are, "May you feel safe. May you feel happy. May you feel healthy. May you live with ease".

RECORDING AWE MOMENTS

Encourage your child to create an Awe Journal. In the journal, they will record sights or moments from their daily lives that they find beautiful or extraordinary: a rainbow, a kind act, or even the smell of freshly baked cookies. Your child can record these moments with drawings, descriptions, poems, etc.

SETTING AND ACHIEVING GOALS

Encourage your child to set goals and visualise and plan for obstacles in advance. This is called the WOOP approach: Wish, Outcome, Obstacle, and Plan. This approach makes it more likely that your child will actually achieve their goals, resulting in increased confidence and a more positive attitude.

SHARING POSITIVITY

Share positive experiences with your child. Laugh with your child, hug your child, set aside time to provide your undivided attention, and enjoy positive experiences together.

DEVELOPING NEW SKILLS AND TRYING NEW ACTIVITIES

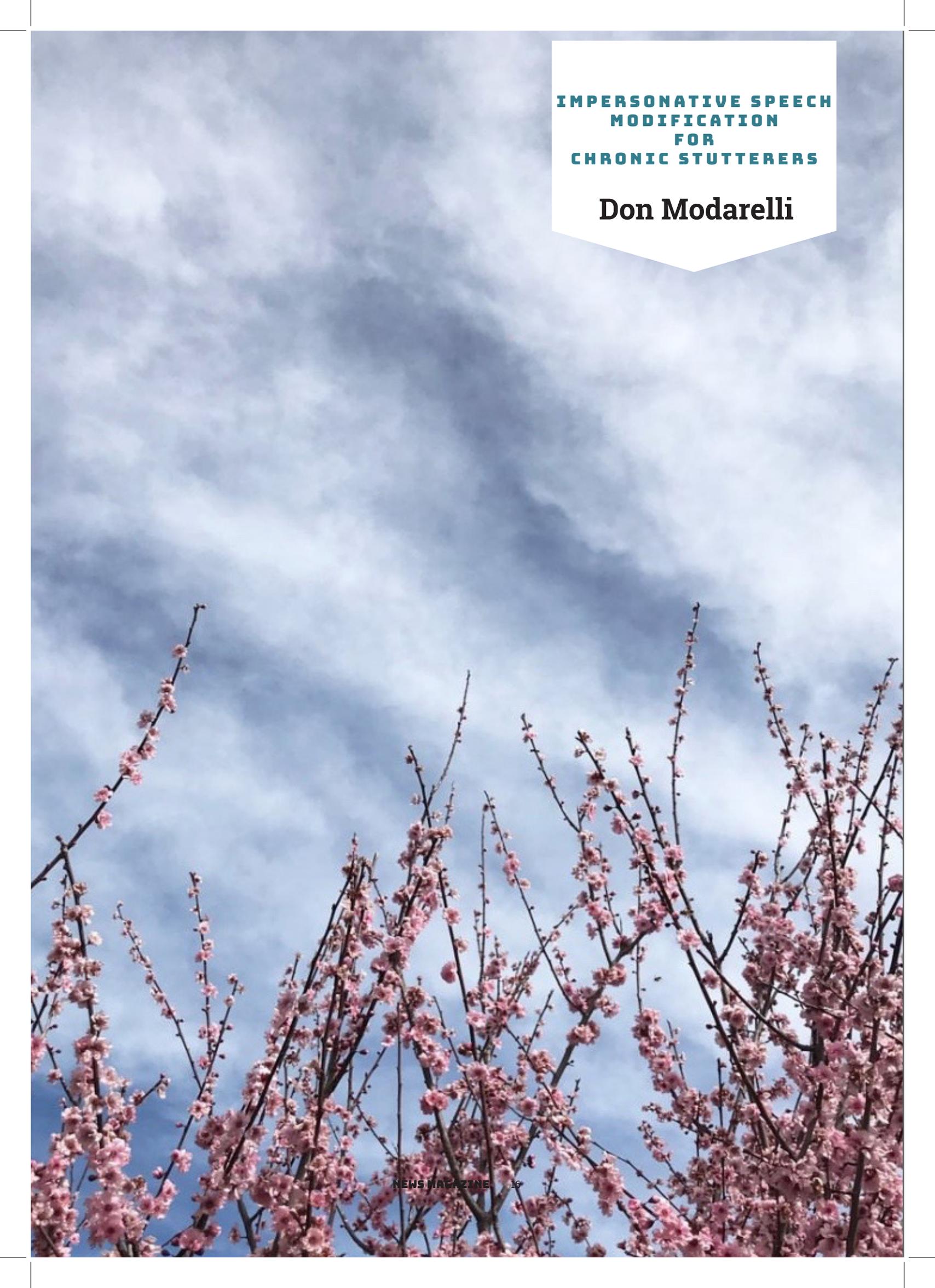
recognise your child's strength and give her opportunities to develop them and experience success. If your child expresses interest in a new activity, let her try it out. You can even find new activities to try with your child in order to increase your shared positive experiences.

PRACTICING POSITIVE AFFIRMATIONS

Guide your child to come up with affirmations that are short, positive, and present tense: I am kind. I am enough. I am loving. Instead of giving your child instructions or requiring her to say affirmations, try to use them in a playful manner. (Big Life Journal, 2020).



.....
“Emotion coaching for caregivers can help children become aware of their own feelings”



**IMPERSONATIVE SPEECH
MODIFICATION
FOR
CHRONIC STUTTERERS**

Don Modarelli

Research Initiative for Soapbox
Sydney

Perkins described stuttering as a neuro-physiological speech disorder that involuntarily disrupts the smooth flow of spoken utterances. The three main speech abnormalities caused by stuttering are: repeating words or syllables, awkward pauses, and elongation of syllables. The frequency of stuttering may be affected by audience and/or context, and the severity of stuttering may be influenced by unrelated situations in life that cause additional stress. Stuttering occurs in about 5% of children, of whom 70% recover naturally with or without intervention. This leaves about 1% of adults affected throughout their remaining lives. The cause of stuttering eludes the most intuitive research teams, so most therapy is directed towards reducing the symptoms of stuttering, and dealing with the emotional impact of such an obvious social deficiency.

Curious Aspects of Stuttering

One of the initial things discovered about stuttering is the seeming resistance to most forms of therapy. Most treatments are limited in their ability to reduce stuttering, with relapse at very high rates, so most programs focus more on the emotional and anxiety aspects to improve quality of life with the disability. On the other hand, it was found that stuttering has weaknesses that are begging to be exploited: the stutter disappears when the client sings, or speaks with external pacing assists, or cannot hear oneself speak, or when speaking to oneself, to an animal, or to a child. The causes of stuttering elude scientists as well. Several aspects of brain function or development have been suggested, but it cannot be determined if these dissimilarities to other brains are causes or results of the dysfunction.

Anxiety is also heralded as a possible culprit, but when anxiety is dealt with in therapy, it appears incidentally to be a result of the stuttering, and not the cause.

Parkinson's disease shares some of the physical abnormalities of the basal ganglia. Scientists have speculated if Parkinson's and stuttering are a subset of one or the other. That would provide helpful clues to the cause of stuttering. Other scientists have noticed similarities between stuttering and Tourette syndrome. Both diseases affect males much more so than females, the symptoms also disappear with singing and animals, and severe stutterers seem to express other involuntary, repeated physical gestures that resemble tics.

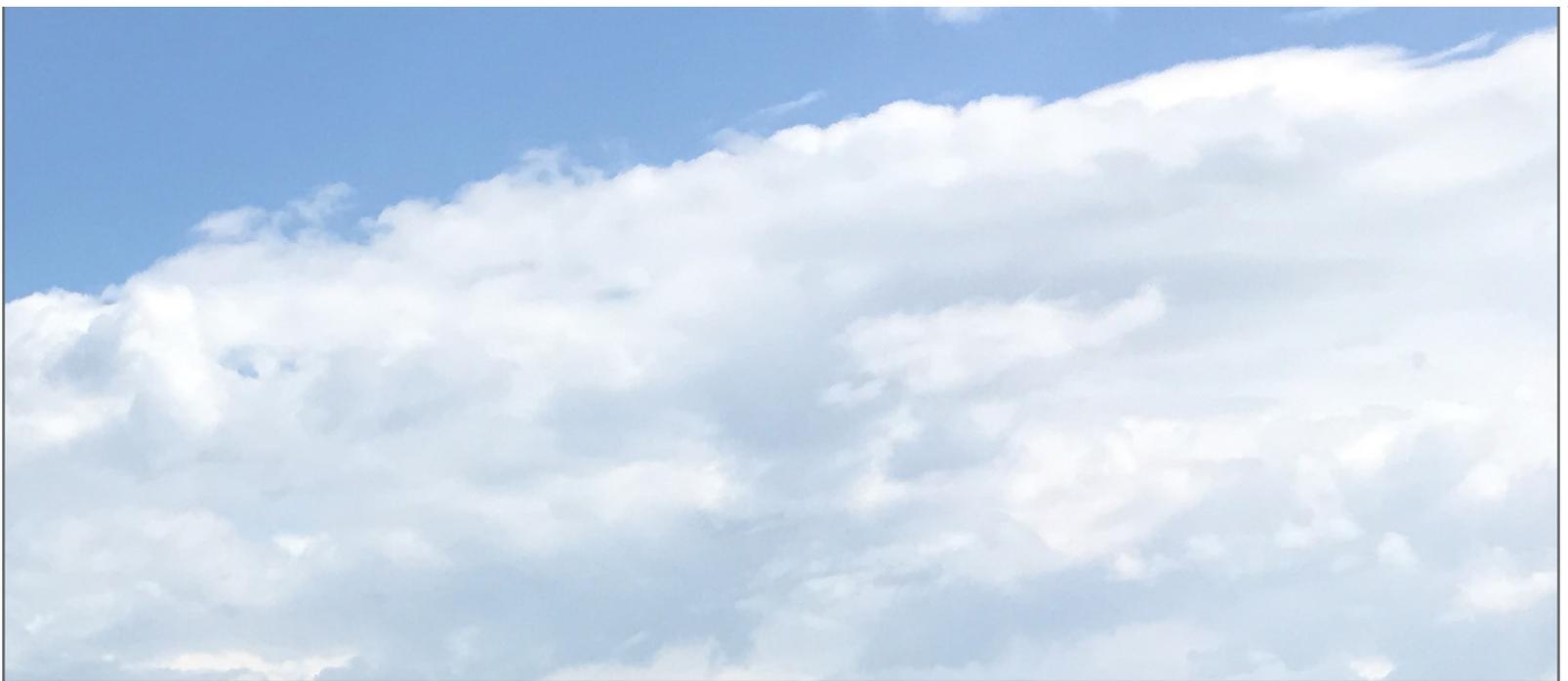
Chronic adult stuttering stands as an inviting mystery for those who enjoy a good, intellectual, neuropsychosocial challenge. When stuttering lasts into adulthood, the client is doomed to a lifetime of continual speech dysfunction with few therapeutic benefits which typically relapse sooner or later. It has received a significant amount of competent, and incompetent, research and therapeutic attempts to solve it. Finally, it was found that many mildly successful methods of treating stuttering were related to the sensation of hearing one's own voice when speaking in a spontaneous, natural manner. In order to circumvent this situation, audio feedback devices have been created to delay or modulate the playback of one's voice to eradicate stuttering. Programs designed to teach the client to modulate their voice have been tested to see if stuttering can be eliminated. None of them were 100% effective. In

fact, the best numbers reported were a 12% improvement in reduction in stuttering incidents. There is plenty of room for a new and more effective solution to stuttering.

Impersonative Speech Modification

Very few past methods have worked, and they were awkward, because they required headphones or some other device to modify the sound of the stutterer's own speech. These methods take advantage of the "trick" that if a stutterer doesn't hear his or her voice when they attempt to speak, the speaking will proceed without impairment. The problem of stuttering does not reside in the "speech composition" or the "speech delivery" portions of the brain and body! Stuttering seems to be most active when one is speaking freely to another individual at one's own pace. Delayed auditory feedback simply plays back the sound of the speaker's voice late enough so that don't hear themselves speak until a designated pause later. Frequency altered feedback modulates the sound of the speaker's voice up or down so that the speaker cannot determine that it is his or her own voice. Stuttered syllables are typically reduced 50-90% during these sessions.

Another assist for stutters are pharmacological agents, mostly dopamine-blocking drugs. This approach is a result of attempting to treat the similarities between stuttering and Tourette syndrome. The drugs are too extreme in order to make it a feasible permanent solution.



The one method that comes close to Impersonative Speech Modification (ISM) in the literature reviewed is speech restructuring. Using a method called prolonged speech, the clients were taught to speak at a slower rate than they naturally would. Reduced stuttering of 12% was reported a year after the initial training (11% if the training was coupled with CBT). This appears to be the most effective solution reported so far.

Clients were encouraged to imitate a clinician or to imitate a video model, but that was for the purpose of mastering speech prolongation. There have been many important aspects of stuttering discovered in the review of existing literature, but there seems to be a gap where ISM may be able to help stutterers. In conclusion, it appears that nothing like ISM had been tried or tested in a professional environment. This method has not been mentioned, nor has anything similar to it been attempted.

Discussion

The hypothesis being tested is Impersonative Speech Modification (ISM) which may be the best way to alter the feedback (trick the ears) and bypass the resultant involuntary disruption of smooth spontaneous speech. No form of psychotherapy

is necessary because self-esteem is anticipated to naturally occur once fluid speech has been achieved. Clients are encouraged to modify their speech to mimic another person (impersonate a movie star, etc) when they speak for the full session of therapy. In the beginning, they are expected to “ham it up” so that the experience begins as repeating (and enjoying) written monologues. In time, it is expected that the accent will diminish slightly over time as the client gets more comfortable speaking their own words and holding conversations, in an adjusted or modified voice, without stuttering. With the natural voice “masked” without the use of bulky technology (headphones), this solution should prove portable. People may, at first, mention the change in accent in positive or negative ways, but the client will be encouraged to continue obstinately. This solution has only been applied to one client with 100% success, and we are seeking more subjects to test this method for efficacy and scope.

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The pandemic of violence

BY NASARIN AGLODIYA

Domestic and Family Violence (DFV) is a major pandemic that has been disrupting society for generations. It is the driving force behind homelessness, financial insecurity, divorces, social isolation, sexual violence and poor mental and physical health (Chung 2018). Although DFV isn't necessarily linked to a specific gender, research shows that it is most common towards women by a male perpetrator (Webster, 2007). This form of abuse is more than just a few arguments between partners. It is a form of emotional, mental, verbal and physical abuse which impacts the victim's wellbeing and quality of life.

DFV affects millions of Australians every year. The Australian Institute of Health and Welfare (AIHW, 2019) states that one in six women have faced violence by a current or former partner since the age of fifteen. In addition to this, AIHW (2019) also states that one in six women have experienced physical abuse before the age of fifteen. On average, one woman is killed every week as a result of DFV in Australia. These statistics clearly indicate that DFV is not just a private matter between couples, but a major public issue. It impacts our nation at large and breaches human rights as well as social justice notions. This is a pandemic that we cannot self-isolate ourselves from. This is one virus that we must face and work together as a society to eradicate.

People often ask the question "why doesn't she just leave him?" or "why didn't she involve the police?". Well, most women do try to leave and end up in even worse situations where they are threatened, abused and sometimes even killed by their partner for trying to leave.

One example is that of the recent case in Australia of Hannah Clarke. She had escaped the abusive relationship with her husband. She had moved far away from him and tried to start a new life. She had contacted the police for help. She exasperated all possible options but it still didn't stop her partner from finding her and her children and subsequently murdering them. This isn't just a fictional story. This is a reality for thousands of women in our city who are trying their best to escape, are too terrified to speak up, do not know where or how to reach out and get help. Despite the government's 'National Plan to Reduce Violence against Women and their Children 2010-2022', Centerlink to provide welfare support, housing and shel-

ters for women, counselling services and the justice system, it is not enough to prevent the abuse from reoccurring every single day. In fact, due to the current COVID-19 crisis and social isolation, women are at an even higher risk of experiencing DFV (Nine News 2020).

So, what can you do as a reader to help with this crisis? Two words. Community advocacy. Do not underestimate the power of advocacy whether it is done individually or communally. We need to let these victims know that we are here to listen to their narratives. We are here to help whether it is financially, emotionally, physically, or socially. We need to push for educational programs for both men and women regarding DFV, mental health, and trauma.

We need to work together to treat the root cause rather than just plucking the leaves off the stem each time it grows. Better policies and rights for victims need to be in place. We need to remove the cultural taboos, shaming, and stigma around DFV and mental health. At the individual level, if you know someone who is a victim of DFV or are a victim yourself, please talk to someone and do not be afraid to speak up. If you are a bystander, you can advocate and empower victims to help themselves by listening to them, believing their story and comforting them. You can even go a step beyond that by letting them stay at your home if they are unsafe and contact authorities for safe housing options. Most importantly, remember, you are helping save a human life which is equally as valuable as yours.

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Australia's National Research Organisation for Women's Safety Limited (ANROWS)

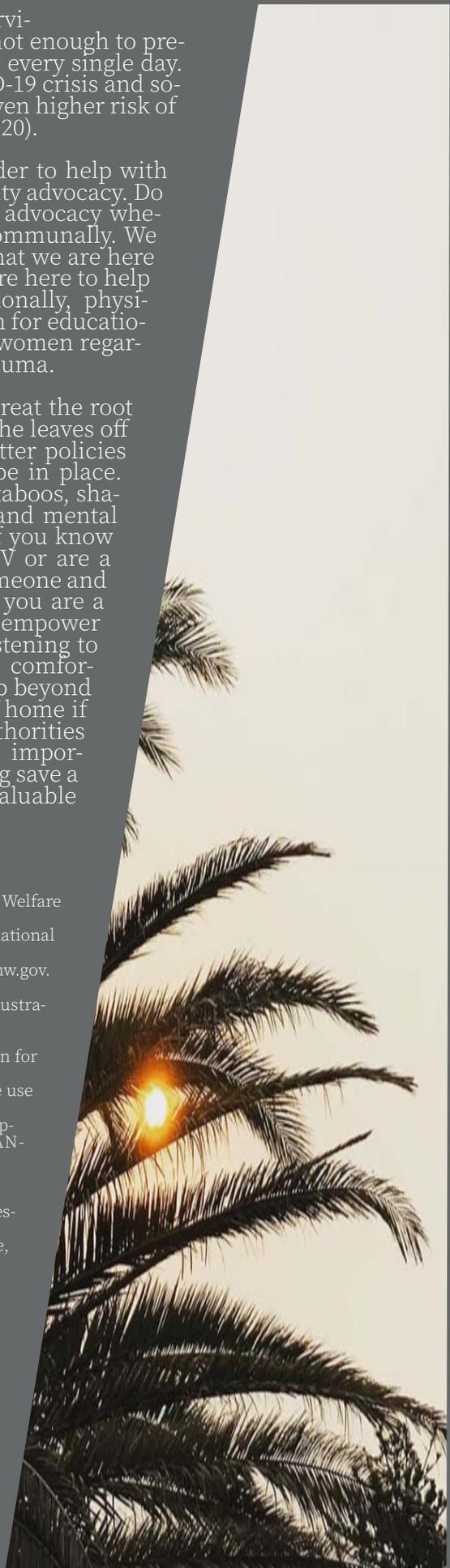
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NDIS Proving to be Tough for those with Psychosocial Disabilities

Macarthur Disability Services

Macarthur Disability Services (MDS) has extensive experience supporting people with mental illness in South West Sydney. In recent years, we have worked very closely with the mental health community supporting people to transition to the National Disability Insurance Scheme (NDIS). At the outset, it must be said that for some people the transition to the NDIS has been a positive experience and these individuals are making great progress towards achieving their goals. However, MDS has also found some instances where the transition to the NDIS has been problematic.

The NDIS is a complex system that has proven to be overwhelming for some people. In some instances, the NDIS may have even negatively affected people's mental health. For example, the application stage requires people to attend numerous medical appointments to collect evidence as well as learn a new language of NDIS acronyms. Additionally despite recovery being central to contemporary support models, people are required to admit to having a permanent psychosocial disability in order to meet the NDIS eligibility requirements. This has left some people feeling like they have to give up hope of any chance of recovery.

If deemed eligible for the NDIS, participants must then attend a 'planning meeting' with a Local Area Coordinator (LAC). Over the course of meeting, the LAC asks personal and intrusive questions about a person's capacity to care for themselves and complete simple tasks. These questions are very focused on physical and intellectual disabilities, so often people with a psychosocial disability don't feel the questions are relevant to their situation. Additionally, people with a psychosocial disability sometimes have trust issues, so being asked intrusive questions by a stranger can cause them to close down and not fully participate in the 'planning meeting'.

Once a NDIS plan is received, the participant may be allocated funding for support coordination. The support coordinator aims to offer the participant greater choice and control over their supports. The participant, who is challenged by every day decisions like "Can I get out of bed today?" and "Can I survive today?" is now asked to make decisions regarding services entering their life and the privacy of their home. It has become apparent that for some people, open choice and control under the NDIS can be very overwhelming.

MDS has shared these challenging moments with our participants. We have been present during crisis and have been the only familiar face people have reached out to when lost and overwhelmed. MDS continues to advocate on behalf of those with a psychosocial disability and we continue to lobby government for changes to address the issues with the NDIS scheme.

If you would like to find out more we encourage you to get in contact on (02) 4621 8400 or visit: www.md-services.com.au



SHARE

Share your
story

[\(Click here\)](#)

a narrative life

August 8, 2017 | Year11 Fam



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Some things find you

May 12, 2017 | Year11 Fam



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his journey to date has been as though written by a terrible author (not me), there are too many fortunate coincidences and last minute saves. Lucky I'm documenting all this as it happens otherwise one might think I made it up. Long story short, life has magic if you...

[Read More](#)

Let your heart right,
some things find you,
orient yourself up, align,
and the creative guides you.
Whose ties are to this land?
Where circles meet with circles,
but we trace meandering,
no one way seeming lost,
no other ways, found?
We're not here for long,
welcome...

[Read More](#)

The pain within,
It can't always be seen,
Don't hold it in,
You're not alone.

A seriousness of pain that
others cannot see

You hold the key to get
through that door

Structure

Meaning

Figure it out, step by step,

To pull yourself out of the hole
build an unbreakable ladder,

Don't let social media get you
down its not as good as it
looks or seems.

Don't be afraid to speak up,

Believe in yourself.

Stretch.

It's only a wave , u can ride
with it or you can swim out of
the ocean

But sometimes you need to

learn to swim first.

Maybe I was put through
this pain to help others
make healthier choices

You can be in control of your
emotions: Try detaching
emotions for a short time so
you do not make irrational
impulsive decisions.

Emotions can control
reactions.

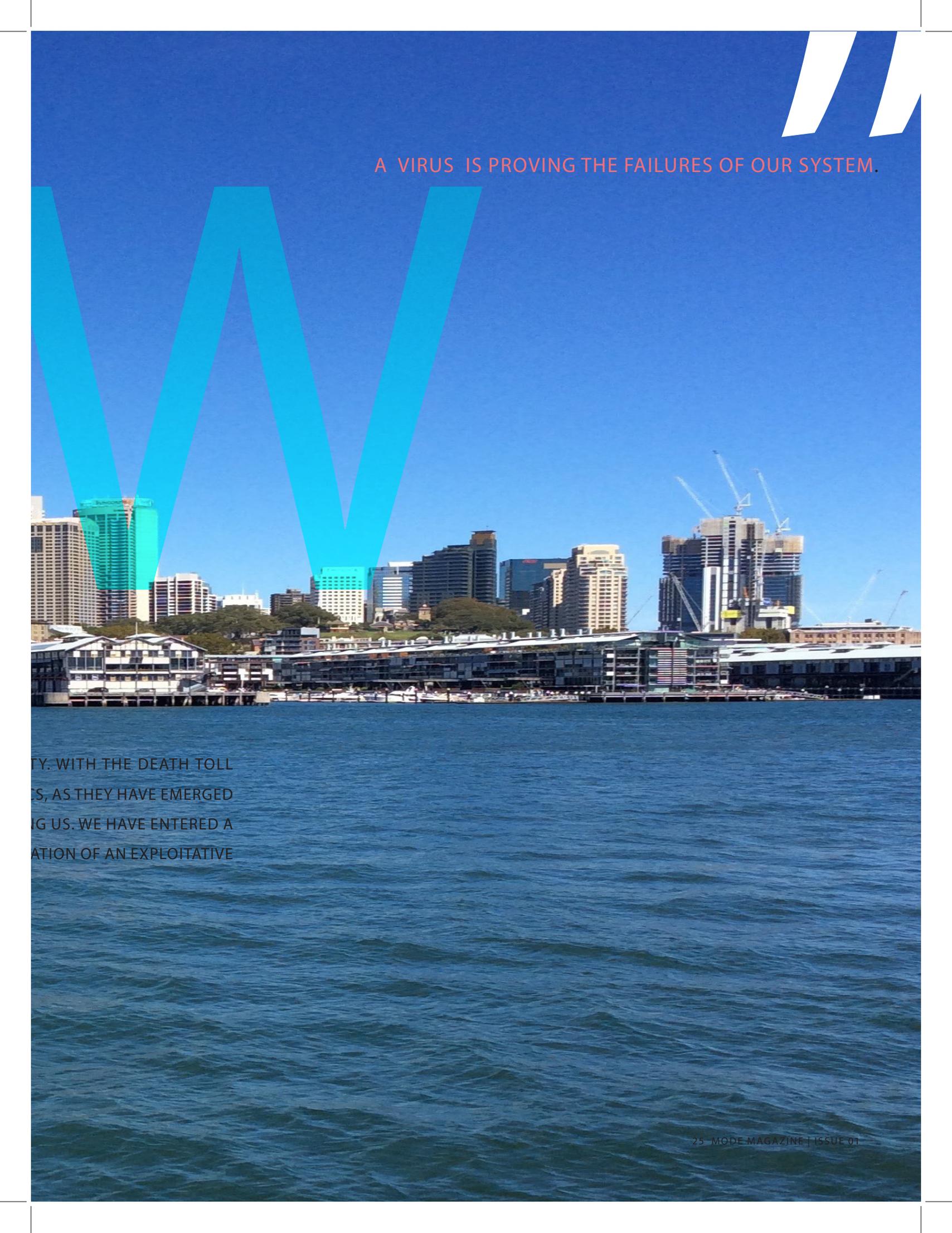
Control emotions and you
can control reactions.

DS

HOW

A photograph of a city skyline, likely New York City, viewed from across a body of water. The sky is a clear, vibrant blue. In the foreground, the water is dark blue with gentle ripples. The middle ground shows a row of white, multi-story buildings along the waterfront. Behind them, a dense cluster of skyscrapers rises against the sky. A large, semi-transparent cyan text 'HOW' is overlaid on the image, with the 'H' on the left and the 'O' on the right, partially obscuring the buildings.

THE OUTBREAK OF COVID-19 HAS SENT SHOCKWAVES THROUGHOUT THE INTERNATIONAL COMMUNITY. SURPASSING 100,000 PEOPLE, POLITICIANS IN EVERY PART OF THE GLOBE HAVE BRACED FOR A GLOBAL PANDEMIC. IN THE PAST, IT BECKONS US TOWARDS THE FEASIBLE CONCLUSION THAT THE CAPITALIST STRUCTURE IS FAILING IN A NEW ERA OF POLITICAL AND ECONOMIC TURBULENCE, BUT ONE THAT DEMANDS THE RADICAL TRANSFORMATION OF THE SYSTEM.



A VIRUS IS PROVING THE FAILURES OF OUR SYSTEM.

TY. WITH THE DEATH TOLL
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ATION OF AN EXPLOITATIVE

Whilst countries like China and Cuba have managed the crisis quickly and efficiently to prevent further cases, it is clear that the West is lacking behind. In Australia alone, there is an immense shortage of health supplies including PPE for health workers, medical facilities such as hospital beds and ventilators. We have witnessed a high-scale mismanagement of our country's resources. It is clear that during times of crises, it is the minorities, the immunocompromised, the healthcare workers, the homeless, the refugees and asylum seekers, the imprisoned, who are feeling the brunt of the virus. The holes in our welfare system are ever-present, purposefully excluding support to international students, people living on temporary visas, refugees, and asylum seekers. The Federal Government announced a prediction of approximately 21 million jobs lost to the virus, and yet people have been stuck in an endless limbo with no resolution in sight.

The shutting down of small businesses across the country has contributed to the growing anxiety and despair that Australians are experiencing. The global pandemic is quickly paralysing the economy. To most world government systems, health crises like COVID-19 only require temporary responses. This is where countries like Australia are at fault, due to the inability to recognise the flaws within the system. These flaws are evidently suffocating the people. It is contributing to an escalation of mental health issues including depression, anxiety, distress and concern about the future.

These concerns are adding fuel to the fire, with children, young adults, and the elderly equally undergoing immense hardships as a result of the uncertainty.

Australian youth mental health professor Patrick McGorry

states that the impact of social distancing will result in a 'second wave' of people needing mental health support as more than 50% of Australians are stressed due to the virus. This does not take into account the growing needs and mental health impact on migrants, international students, refugees and asylum seekers who may not be aware of the mental health services available in the country.

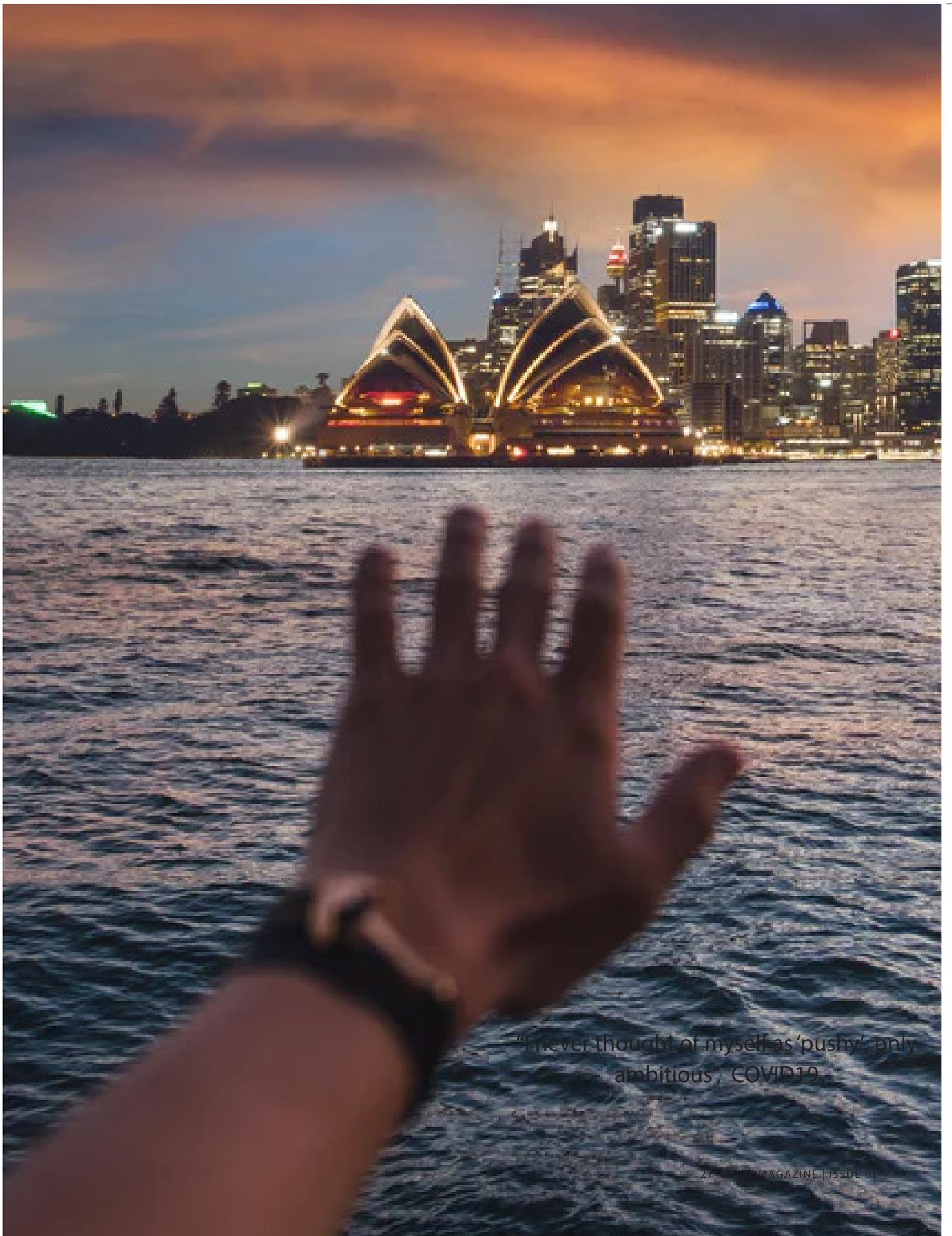
The World Health Organisation Director-General Tedros Adhanom Ghebreyesus addressed the global community and said 'solidarity is the key to defeating COVID-19. Solidarity between the states and the people'. These words ring truer than ever, as it is time for communities to unite, and work together to develop a feasible solution to this wicked problem.

A group of community organisers have united to create a Mutual Aid Group in Sydney's Inner, South and North West. These groups have been created to provide assistance to members of the community with their urgent

"WE HAVE WITNESSED A HIGH-SCALE MISMANAGEMENT OF OUR COUNTRY'S RESOURCES"

tasks including purchasing and delivering groceries, medication, completing errands, or providing basic much needed emotional support during these unpredictable times. Apart from this, local businesses have offered free food to international students who are currently unable to work due to the isolation restrictions imposed by the NSW Government. The creation of these groups and services highlights the importance of community togetherness during global pandemics and seek to dismantle the idea of individualism.

What this virus and these dark times have proven is that we, the people, are our only hope. We need to spark change, support grassroots movements and build a solidarity collective that aims to hold politicians and corporations accountable for its mismanagement of a public health crisis.



"I never thought of myself as 'pushy'; only ambitious", COVID19 -

TOPIC

Life stresses over the years saw them drifting apart

A separation success story

In 1967 Holmes and Rahe developed a now famous questionnaire for identifying major stressful life events. Each one of the 43 identified stressful life events was awarded a Life Change Unit depending on how traumatic it was felt to be by a large sample of participants. Coming in at number 2 in the list, following the death of a spouse, is divorce. Separation and divorce undoubtedly has a profound effect on individuals and on society. Nearly half of all divorces in Australia involve children and how their parents handle this stressful life event will have a critical impact not only on their own mental and physical health, but on the development and long-term well-being of their children. Much is written about acrimonious, bitter divorces, involving court battles and on-going, unresolved conflict. However there is also such a thing as a successful divorce. Successful divorces start out stressful, but the stress usually resolves itself within 2-3 years after separation and the adults involved find that they are able to detach emotionally from each other, resolve their conflict, and focus on the needs of their children. Many parents seek assistance in managing this transition from spouses to separated parents, and some feel that having to access professional help is a sign of failure at this time. Often, however, receiving support from a post-separation service, such as a

Family Relationship Centre can be a catalyst for a successful divorce. Peter and Jane had been together for 15 years and they had two boys, Harry aged 13, and Joseph aged 10. Their relationship was initially a good one based on mutual attraction and shared values, but life stresses over the years saw them drifting apart. Peter had a demanding job which involved a lot of travel, and Jenny worked part time and was very focused on the boys and their needs. Over the years there was very little attention paid to the couple relationship. Intimacy declined, they communicated less and less, and when they did talk it would often end in a fight. Jane began to suspect that Peter was having an affair with one of his female work colleagues. When she confronted him he denied it, but he continued to be secretive about his phone and work back late at the office. Jane suggested that they go and see a couple counsellor but Peter did not want to. It was Peter who asked for a divorce, and Jane was devastated and afraid about the future. Both Peter and Jane engaged lawyers and this is a point in the separation story of many parents where things go badly wrong. However Jane was advised by her lawyer to go to the Family Relationship Centre for Family Dispute Resolution as she suggested that this was the most effective way to work through the issues for the children and agree upon a parenting plan.

“This is a childhood preservation success story”

In her initial meeting with the Family Dispute Resolution Practitioner (or mediator) Jenny felt listened to and she was able to express her grief about the end of the relationship and her anger at Peter for abandoning her and the boys, as she saw it. The FDRP asked her a lot of questions about Harry and Joseph and how she thought they were being impacted by the conflict, and Jane was encouraged to think about their relationship with Peter as separate from her own relationship with Peter. She completed a group seminar about self-care, managing conflict, and the impact of separation on children, and she asked to be referred for some individual counselling to help her with her own emotional reactions, which she realized were hurting Harry and Joseph.

Peter also engaged with the FDRP and he shared his sense of despair about not being able to spend any quality time with Harry and Joseph and his desire to protect them from the adult issues that he and Jane were going through. He felt guilty about ending the marriage, but described a deep sense of loneliness that he had been experiencing within the relationship for many years, and a concern that living in that environment had been impacting his own mental health. In his efforts to shield himself from Jane's emotions he had stopped responding to her texts and calls, particularly when Harry and Joseph were in his care, and he had told them that they were not to call or text their mother during their time with him, or to speak with their mother about things they did together at his place. Peter was encouraged by the FDRP to think about the impact on Harry and Joseph of having to keep secrets, and the importance for them of being able to have a normal level of connection with both parents, regardless of where they were spending their time. Peter also decided that he would go and see his GP to talk about the symptoms of depression that he was experiencing.

In the joint session Jane and Peter were able to speak together about what they were observing happening for their boys. The FDRP assisted them to listen to each other and normalized their experiences. Both Jane and Peter acknowledged that the current level of conflict was exhausting for each of them and that they did wish things to change. The FDRP asked them to describe the kind of relationship that they would like to have and they agreed that the idea presented

in the seminar they had both attended of a 'business-like' relationship that was focused on raising their boys was a good and realistic model for them to work towards. With this in mind, they were able to talk about how they wished to conduct their changeovers, manage special days for the boys, and how they would share in important parenting decisions. Jane was able to acknowledge that Harry and Joseph were missing Peter and wanted to spend more time with him, and Peter was able to agree to re-opening communication channels with Jane.

Jane and Peter completed their family dispute resolution process with a Parenting Plan, which detailed all aspects of care for their boys. They agreed to return for a review session if the boy's needs changed or they encountered an issue that they could not resolve independently. Both agreed during a follow-up phone call that Harry and Joseph seemed happier and more settled and were responding well to having two parents who were working through their own issues and now had more energy and time for them.

This is a very typical separation success story, and a childhood preservation success story. No one 'lived happily ever after', but things improved slowly but surely. Harry and Joseph were able to enjoy normal childhoods without having to devote their mental and emotional energy to managing the conflict and distress of their parents. They didn't have to pick a side because their parents were able to put aside their own grief and hurt and acknowledge in both their words and actions that their children had the right to love them both.

1 <https://www.stress.org/holmes-rahe-stress-inventory#>

2 <https://aifs.gov.au/facts-and-figures/divorce-rates-australia>

3 Johnston, Janet, Vivienne Roseby, and Kathryn Kuehnle (2009). "In The Name of the Child"

Springer Publishing NY, p.3-4

4 Names and identifying details have been changed.

The days of when women are “traded” is far from over apparently:

Vicknesh and Sumathi (not their real names) are happily in love and decide to get married. Their families meet. They discuss arrangements and DOWRY (financial payment from wifes family to husband’s. Her family agrees to provide some dowry. They get married. Her family is not able to fulfil all their obligations to the dowry.

The couple move to Sydney, to a rural area, where Vicknesh has a visa granted. He and his family keep pushing and demanding for more dowry. She finds out she is pregnant. She does not qualify for Medicare due to the visa conditions. She goes back to India to have her baby.

The marriage turns pear shaped as the demands are excessive and adds to the stress and anxiety and pressure to her family and herself. This scenario still happens more than you can imagine here in Australia. Dowry abuse is an indicator of exploitation. Dowry abuse in Australia is linked to family violence, murders and suicide, both here and back in their country of origin.

A Senate committee has identified dowry abuse as a direct cause of family violence, murders and suicides in Australia, but has ruled out recommending a specific law to criminalise the practice. in a significant step towards protecting the rights of women on temporary visas, the committee has recommended creating a temporary visa for non-family temporary visa-holders who have suffered serious and proven family

A photograph of a modern glass skyscraper at sunset. The building's facade is highly reflective, showing the sky and surrounding environment. A prominent red horizontal band is overlaid across the middle of the image. The text "dowry abuse is domestic abuse" is written in white within this band. The sky is a mix of blue and orange, indicating the time is either dawn or dusk. The building's structure is composed of dark metal frames and large glass panels.

“dowry abuse is domestic abuse”



violence, including dowry abuse.

This so-called “Woman at Risk in Australia” visa would also be accessible to female international students or women on sponsored visitor visas.

The visa would allow a victim to make necessary arrangements for their and their family’s protection and security, as well as arrangements to return to their home country or to apply for a further visa.

As a White Ribbon Ambassador myself, I see this as a key area where the education and engagement of men and children through various programs can

help address and deliver much needed education surrounding this issues. In my role as Manager at Harris Park Community Centre, I come across many instances and forms of abuse perpetrated towards women and children by their husbands. In most cases these men do even recognise that what they perpetrating is actually doing more harm and good. They think it’s their Right to be able to treat their wives and children the way they do.

The TIME to CHANGE is now. Change for a better future for our kids and their kids and families. There are huge complexities for women in CALD communities to access the support they desperately need. We have to work

“FATHERS WHO ROLE
MODEL SOCIAL
RESPONSIBILITY
PRODUCE BETTER
SOCIAL AND
WELLBEING
OUTCOMES”



closely with people in these communities to address these barriers.

Fathers who are aware of, and role model, their social responsibility produce better social and wellbeing outcomes, not only for themselves, but also for their children.

Should you require more information feel free to contact me at manager@hpcc.org.au or more information and support around Dowry abuse, contact info@icsa.net.au

Patrick Louis Soosay, JP

White Ribbon Ambassador

Manager, Harris Park Community Centre.

DROPPING ANCHOR: A PRACTICAL GUIDE (ACE)

BY SARITA POKHAREL & ASHMA BHATTARAI

What is dropping Anchor?

Dropping anchor is a very useful technique used for handling painful thoughts, emotions, memories, feelings, desires and sense effectively, switching off auto-pilot and focussing in life, grounding and calming self in a difficult situation, obsessing and worrying, engaging self in the task working on, promoting self-control, and as a trip switcher for addictive, compulsive or problematic behaviours.

What is involved in dropping anchor?

Three major things that involved in dropping anchor are:

1. Acknowledging our thoughts and feelings (A)

Kindly acknowledging whatever going inside us such as feelings, emotions, memories, urges and sensations and observing inner world continuously with self-respect.

2. Coming back into our body (C)

Bringing self-back and connecting self with own physical body. We need to find our way to connect self into the physical body. Some steps that can be helpful to bring self-back to the physical body are:

- ☒ Slowly pushing our feet hard into the floor.
- ☒ Slowly straightening up our back and spine; if sitting, sitting upright and forward in our chair
- ☒ Slowly pressing our fingertips together
- ☒ Slowly stretching our arms or neck, shrugging our shoulders.
- ☒ Slowly breathing

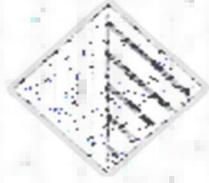
We are not trying to escape from the current situation. We just trying to be aware of our thoughts and feelings, continue to acknowledge their presence and at the same time, come back into and connect with our body.

3. Engaging self into the work what we do (E)

In this stage, we just focus on the activity currently we involved in. We can do anything for this according to our choice. Being present in the current situation plays a vital role in this. There is no hard and fast rule for this and may include:

- ☒ Engaging in what we are doing.
- ☒ Looking around the room and notice as many things we can see
- ☒ Noticing 4 or 5 things we can hear
- ☒ Noticing what we can smell or taste or sense in nose and mouth
- ☒ Noticing what we are doing

All three skills (ACE) are equally important to drop our anchor. These skills help in handling flashbacks, panic attacks, chronic pain, and many other mental issues. Regular practice of ACE skills and self-believe plays an important role in dropping anchor. Furthermore, regular exercise, meditation, engaging self in different activities, self-motivation, Mindfulness and positivity in life helped people to relief from different mental health issues.



Be a dYsruptor



<https://soapbox.sydney>

build the mic



Current projects:



Wellbe Counselling & Psychology: A bulk-billing mental health service that provides care to over 1500 clients per month across 9 locations in Sydney, at no cost to the client.



Pay it forward:

Turning second-hand books into units of social currency.

Soapbox Quarterly:

A free magazine that serves as an open invitation for readers to take back agency over their mental health.



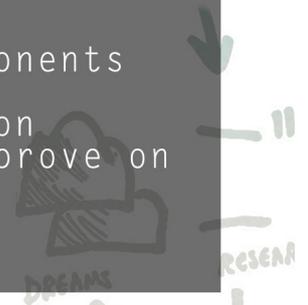
Your invitation to Soapbox Quarterly:

Through the magazine you are provided, free of charge, a chance to extend your impact as an organisation.

This publication is designed to empower its readers through behaviour activation and hope. Its the news but systems-based, grass-roots and solution-focussed

An **article submission** will therefore have three components

- a. description of a current issue in Sydney
- b. How your organisation is contributing to a solution
- c. What can the reader do in their daily lives to improve on this issue.



Planned projects:



Soapbox Sydney Event: A live edition of the above format, with additional content such as competitive project pitches, food stalls, guest speakers, community canvas, live music and giveaways

I, _____, will
improve my city.