



22.6.2012

The Committee Secretary
Mr Glen Worthington
House of Representatives Standing Committee on Education and Employment
Inquiry into Workplace Bullying.
Parliament house,
Canberra 2600

Dear Mr Worthington,

Introduction

I am writing to you to submit some of my experiences, impressions and thoughts about workplace bullying in Australia.

As I have already communicated to your department, I received notification about this Inquiry while overseas, just prior to the International Conference on Workplace Bullying and Harassment, in Copenhagen, in June, where I presented two papers and a poster. I returned to Melbourne on the 21st June and have been plunged back into work, further travel for training and family responsibilities.

Thus I ask the Committee to forgive any repetitions, omissions, subjective statements and to understand that this submission does not have the preparation that I would normally apply. I hope to clarify further at the oral hearings in Melbourne.

I am including my CV, and some important papers, including the two most recent conferences on workplace bullying. (Copenhagen 2012 and Wales 2010)

I do have others conference summaries or papers if the committee wishes to see more of the International thinking and evidence.

The prevalence of workplace bullying in Australia

In my opinion, the prevalence of workplace bullying in Australia is one in three who experience, witness or are affected by bullying at work.

This figure is based upon the following guesstimates. according to Dr Susie Fox, USA. Her definition of workplace bullying, at the 2012 Copenhagen keynote-

"Actions and practices that a "reasonable person" would find abusive, occur repeatedly or persistently, are intended and result in physical, psychological and economic harm to the target and/or create a toxic work environment. "

- She said that prevalence rates demonstrate a strong variance: ie 3- 97% Zogby ie average 35% ,(limited, biased,) Zapf and Einarsen, 10-17% Scandinavia, Fox - any bullying 94-97%, Pervasive bullying 36-69% !
- The Workplace Bullying Institute, USA stated that 55% of population have experienced or witnessed bullying (Wales IAWBH Conference 2010).
- The Griffith's University School of Management (2001) whose epic study produced the figures quoted by this inquiry, (which only focus on the cost to the employer not the family, society , refer attachment) based their prevalence rate on 15% , a compilation of USA and UK figures.
- According to studies by Department of Treasury and Finance (Victoria) the 2010 People Matter Survey, showed that in the Victorian public sector, 21% Experience bullying , 34% Witness bullying , 2.5% submitted a complaint, and 80% believe bullying isn't tolerated at work.
- Studies in nursing (95% experience some bullying, (O'Connell, 2000)) and teaching (50 % NSW Teachers Union 2004, 97% Duncan and Riley (2004)) 37% young doctors, (Quinne, UK, 2002)

The statistics are affected by awareness of what bullying is, thus many only regard physical abusive behaviours as bullying, not verbal behaviours or social isolation as bullying.

Some studies request recent bullying, eg in the past six months, which does not necessarily demonstrate previous exposure to workplace bullying and the injuries, which may have been sublimated into physical stress conditions, eg auto-immune difficulties.

In my workshops, I am continually surprised by those professionals who did not recognize that they have been bullied until we actually discussed it, eg psychologists, human resource personnel!

Bullying prevalence is affected by the ability and safety to report, as retaliation can occur, and the strategies in place to reduce risk factors and intervene appropriately when bullying occurs ie "*Why should I report if nothing will change or I will be attacked further?*"

There is a high likelihood, reflected in international research, that the bullying is more likely to occur in some professions. Thus employees in the health, (nurses, doctors, aged care workers) welfare (psychologists, social workers, welfare assistants, migrant workers etc) and educational professions, (school teachers and trainers of those with disabilities, PhD students, academics) and those employed in public service or semi-government funded organizations, eg an Arts centre, symphony orchestra, are more likely to have more bullying.

In my private practice I find that some years I will get a collection of employees eg three from different areas within a Bank, or all levels of chefs (work experience student, apprentice, chef).

Bullying and its prevalence rates are exacerbated by -

- A variety of adversarial practices initiated by employers who deny or delay, Workers Compensation Agencies and their insurance agents.
- Poor management (Einarsen , Keynote 2010) as any managers don't manage their staff effectively and intervene immediately when bullying occurs.
- Lack of respect and implementation of Risk Factors (Worksafe 2007)
- Human Resources whose loyalty is to management not employees, and who also wait for formal, written complaints instead of intervening immediately, once a target requests help.
- Weak unions, who promise help but can't actually do anything. Thus targets wait longer until they are injured further.
- Dodgy practices by insurance providers, which injure targets further, creating more victims of workplace bullying for example -eg
 - The majority of bullying claims appear to be first rejected by the insurer/employer.
 - Only a few targets have the opportunity and support to follow through and fight for their worker's compensation entitlements. This can take twelve months plus. They get no medical and like expenses in the mean time.
 - It seems to me that insurance employees and employers are actually making decisions on whether or not a victim has been bullied/injured at work and what those injuries are. This should be in the domain and responsibility of medical /psychiatric/psychological professionals. The need for legal evidence, despite the fact that most witnesses are too scared to testify, is an indication that medical injuries are currently assessed by legal methods not medical and psychological diagnostic procedures.
 - Insurance case managers change all the time, most appear to have little understanding of their psychological injury and that their own behaviours and attitude can be experienced by the target as a continuation of the bullying. Some become angry when their practices are questioned and retaliate later.
 - Victims requiring extra assistance, eg housekeeping, gardening, physical exercise, dietary help, are forced to go through very stressful conciliation processes each time they need something. Most give up.
 - Case managers and their managers who send out confidential information about clients to Independent Medical Examiners, who then utilise these other medical reports to base their report on. Oddly enough, they usually forget to send on my psychological reports and anything else favouring the client!

They send unnecessary medical confidential information to non-medical personnel, eg rehabilitation /vocational providers.

- External rehabilitation consultants who listen to the employer first, not the employee, eg "We are nice, it is the employee who is difficult." (Email from Ass.Prof in medical research, dated June 2011)
- The ability by their doctors and health professionals to identify and manage their symptoms effectively, (which is currently limited) and provide constructive feedback to the target's employer. Most medical professionals do not have the confidence, training or know how to provide feedback to the employer/insurance company/ rehabilitation provider in order that they can get their client back to work as soon as possible.
- The medical opinions of the target's general practitioner, who may have known them for years, is generally disregarded, eg Dr Erica Wils, a senior doctor, (Airlie Women's Clinic, Prahran,) is devalued in favour of an "Expert" who sees the terrified victim for a maximum of forty minutes and often less.
- Generally, employers are not interested in how medical/psychological professionals can contribute towards resolving the dispute more effectively and speedily to help the injured employee back to work. Thus, if the psychologist or GP wants to recommend that the risk factors for bullying be addressed in the workplace in order that their client can go back to work as soon as possible, most employers are not interested. Thus their client, being unsafe, remains stuck at home, slowly deteriorating.
- Currently, there is no counselling via SKYPE , Facetime , which is paid by Managed Health Care Plan, Medicare, or by Workcover, thus country based victims have less access to skilled counselling as most psychologists work in the major cities . If they see a local therapist, some have less expertise and confidentiality in a small town makes recovery harder. One country client went to a psychologist and saw her bully sitting in the waiting room!
- Those companies who "pretend to care" by their stated policies and build up expectations of support when bullying is reported but who in fact, basically retaliate or undermine, thereby injuring targets further. (Refer Dr Pat Ferris, Canada)
- Thus, it appears that an employee is actually far better working for a rough and tough company who doesn't care about employee welfare, and who make this fact known and who don't make false promises. Then employees are compelled to listen to their gut instincts and take action to protect themselves.
- It is the duty of the Board of Directors, their CEO and their managers, to implement good risk management processes and deal with any bullying in a respectful, collaborative, manner. Currently, most complaints of bullying at work are dealt with in an adversarial manner, thus the poor target (or bully) can be

further attacked from their line manager, colleagues, Human resources, insurance provider, lawyer for many, many years.

- The list of health and legal professionals who have deserted victims over the years is also long, including fellow workers who turn against them, unions who give up, lawyers who delay or charge more than targets can afford, general practitioners who don't understand and lack patience with their continual obsessing (about what occurred in their search to explain why their life and health feel apart at work) and why they lost a special job.
- It also includes psychologists, some of whom feel forced by Worksafe to follow the fashion of “one size fits all” approach to treatment, for example, Cognitive Behaviour Therapy, which although useful for some employees who have just been bullied and can still function, has no evidence-based research that it will assist long term victims who will never work again, according to current international research.
- Many professionals also fear diagnosing a posttraumatic stress disorder, when clinically appropriate, and follow local psychiatric fashion by diagnosing an adjustment disorder. This is regarded by victims as blaming them further, as it is seen as blaming the target, thereby undermining any possible forms of validation, minimalising their injuries and reducing any potential compensation payouts.
- It also includes psychiatrists who mean well, but lack any knowledge or training. There was only one Australian psychiatrist at the recent conference in Copenhagen, (2012) but he is retiring this year. I can't recall any other Australian psychiatrists at any previous international conferences! Many who do psychiatric assessments for medico-legal purposes were trained in the old former psychiatric institutions to treat psychiatric disorders, like schizophrenia, Bi-polar disorder, often using Freudian therapies and drugs. In Victoria many completed their postgraduate study before the ending of Vietnam War introduced the diagnosis of PTSD. (DSM 3, 1980). Despite their long list of credentials, they can deny and even destroy someone who has developed a serious workplace-caused injury. (Bully Blocking at Work 2010)
- Most medico-legal psychiatrists and psychologists do not understand that victims of workplace bullying, unlike victims of other trauma, will obsess for years, they become hyper vigilant, although their bullying experiences do not explain the their high degree of paranoid thinking, behaviours or symptoms.
- They are unaware of all their patient's physical, cognitive and psychological symptoms, the changes to their personality, family and social life. They do not understand the role of toxic work systems in injuring an employee's health, wellbeing, working ability and life outside work.
- Nor do they understand the impact of bystander distress, reduced productivity, fraud, unethical behaviours etc. In other words, they do not understand that bullying is a sign of a poorly functioning work environment, representing many

different areas of malfunction. The target they are attacking is only one piece of the poorly functioning work system.

- They do not realise that every victim only wants validation of their bullying experiences, (as they don't believe that they deserved the bullying behaviours) safety at work, and if they are injured and forced to leave work, they want income to survive and the appropriate medical and psychological treatment.
- Some insurance companies bully psychiatrists to change their reports, and I have seen the evidence where one psychiatrist was asked almost three times within a week to change his diagnosis and prognosis!

B. The experience of victims of workplace bullying

I have asked many of my clients who are on my email list to send in their stories to you. Some are too scared that there will be repercussions, some have been silenced by the legal system, accepting payouts in lieu of a voice. I hope a few will write in.

Clearly I have thousands of words, (reflected in my two recent books, *Bully Blocking at Work* (2010) and *Strategies for Surviving Bullying at Work* (Australian Academic Press) many clients (they form the major part of my private psychological practice) and large files. (Which I cannot release for confidentiality purposes)

I also conduct in-depth training to organizations, on what they can do to change their culture and approach to managing bullying. I always expect a few participants, to come to me to share their story. They may never seek counselling, or leave their job, but will be affected in other ways, eg disengagement, health difficulties. Sometimes I get stories from family or friends.

I also treat some employees who are bullies, but have also been bullied (provocative bullies), some have been accused of bullying but innocent, (refer Sara Branch and Dr Michael Sheehan on upwards bullying) or who were friends/mates of the bully.

Most are also affected by the bullying and suffer physical, psychological and social injuries. It is safe to assume that many are also affected by the toxic working environment, and the lack of managerial support. Many “ identified bullies” are later dismissed from their job without respect to the Laws of Natural Justice.

I believe that based on research by Ass. Prof Ken Rigby, there are three major types of bullies, the malicious (sociopath, psychopath, anti-social personality disorder) around 4% of the population, the non -malicious, (around 96% of the population) and this includes the provocative, or bully-victims.

Thus most people who use bullying behaviors are ordinary employees who don't realize what they are doing and are devastated when they are accused!

It is worth noting that nearly all abrasive managers can improve with the correct mentoring, coaching, counselling (refer Dr Laura Crawshaw)

Thus I become very angry when either school or workplace bullies are blamed without regard to the school (and parents) or work systems, cultures and role of management!

Clearly bullies need professional support and competent managers who stop their bullying behaviours and coach them to behave appropriately. Like their victims, they should not lose their health, wellbeing and livelihood due to managerial incompetence!

Short term targets of bullying at work

I believe that bullying affects employees differently. Some employees manage to take action or block the bullying behaviours immediately. Some have a sensible employer, eg a glass factory with a recent client, who investigated, took action and now he is feeling safe, validated and is enjoying work again!

Others find passive aggressive ways to retaliate, slack off, survive, move to another area, retire early, (like the research scientist with an international reputation) or begin looking for work elsewhere.

I have seen numerous employees who are temporarily affected, physically, psychologically and socially. The goal is to get them back to the same workplace or another one as soon as possible. I use a variety of methods. **The usual time required is 4-8 sessions.**

Unfortunately this cost is not always covered by the employer so clients can't afford to come and complete therapy, yet when some of them breakdown later, conciliation enables Workcover to pay for counselling for some victims. This delays treatment and an earlier return to work and exacerbates their original injuries.

I am aware that employee's experiences of being bullied can affect them or injure them further at the next workplace, especially if they have not had sufficient counselling to become rehabilitated, mourn their losses and develop bully blocking strategies.

Thus some can't manage bullying at the next workplace, if it is actually occurring. Others become hyper vigilant and interpret some behaviours as bullying. Then they feel that they are being bullied again. (Many lose sight of reality and feel that certain behaviors are a repetition of the bullying when they are not, eg they could be basic incivility, sloppy work practices).

Long-term victims of workplace bullying

My main area of research has been with long-term victims of bullying. Those, who have been at home, unable to work for over six months, around 40+% will never work again or those who are trying to cope at back at work after some time off. Thus, I am enclosing my recent paper and PowerPoint for Copenhagen.

In my opinion, there is sufficient international evidence to demonstrate that bullying and the subsequent lack of validation, further adversarial treatment by employers,

insurance providers, psychiatrists and others, show a huge lack understanding which causes a variety of long term physical, psychological, social, cognitive injuries. Bullying causes a permanent personality change for many of these victims.

Some symptoms have a temporary impact, others leave permanent brain injuries. This is reflected in the increasing number of studies linking cortisol reductions, post traumatic stress disorder and workplace bullying. Currently, some international researchers are looking for funding to do further research on MRI scans, PTSD and bullying.

for example :

“ Brain scans of the CD group, the boys with a history of aggressive and bullying behaviour, showed their reward centres lit up when they watched pain being inflicted on others, suggesting that they enjoyed watching pain”. Jean Decety, et al Biological Psychology, (2008).

Error! Hyperlink reference not valid..(2010)

Canadian psychologist Tracy Vaillancourt, reports that the levels of the stress hormone cortisol are higher in bullied boys meaning that their stress reaction system is in constant overdrive. Curiously cortisol levels are below normal for bullied girls, perhaps meaning that their stress response systems are hampered.

Dr. Martin Teicher, a neuroscientist at McLean Hospital, a Harvard teaching hospital, scanned the brains of young adults who reported that they had been bullied by peers when they were younger. The brain cells in their corpus callosum, that fibrous bundle of tissue that connects the two hemispheres of the brain, showed evidence of cellular changes that were not seen in a comparable group of students who had not been bullied. The neurons in this part of the brains of victims had less myelin, that is, less of the protective coating that covers the nerves. Since myelin facilitates communication between cells, reduced myelin results in a slowdown in the transmission of brain signals. Rapid and efficient transmittal of neurological impulses in the brain is a prerequisite for effective learning and memory. This significant shrinkage in the corpus callosum -- the brain tissue that connects the left and right hemispheres. This makes it difficult for victims to process what is happening around them and to respond appropriately. Jerome Schultz (2011)

When I reflect on some of the former careers my clients have had, eg senior lawyer, school principal, teacher, nurse, banker, florist, international researcher, garbage collector, truck driver, etc, I still find it hard to believe that these injured souls had previously managed to work very successfully in their career, prior to the bullying.

The Inquiry may wonder why are people are bullied and can be so injured by it. There are many reasons why bullying occurs, (refer Einarsen, Worksafe Risk Factors, Victoria)

The basic reason is poor management, and a toxic culture where respect, equity, feedback and listening skills, communication skills, (face -to-face) are discouraged and

threatened bullies who fear exposure as being incompetent, are allowed to reign with impunity.

Yet the actual behaviors, such as yelling, exclusion, devaluing and so on, may not appear on the surface to be as abusive as those who experience rape, domestic violence, war injuries.

The reason for the severe level of permanent injury may lie in the perception and the damage to the person's belief system. The fact is that the bullying and lack of immediate validation and safety sabotages their basic, survival belief systems, (Refer Janoff-Bulman) eg " *if they work hard they will be respected,*" " *if they ask for assistance, their employer will help,*" " *if they are nice, people will be nice to them,*" and thus they implode, feeling helpless, powerless and lost.

I am currently exploring the notion that some people, eg homosexuals, Kooris, lower class Indians and so on, expect some form discrimination, harassment or discrimination. Most women, worldwide, know instinctively that they will receive lower pay, less promotion, and encounter lack of acceptance and exclusion from the " Boys Club". (A current example is sending our male basket players to the Olympics in London by business class while the women basketball players travelled in economy!)

However, most targets of bullying do not believe that they deserved the bullying and are shocked when they discover what has been occurring. They are confused and then appalled when their employer, who assured them of safety and respectful conflict resolution practices, turns against them and makes everything worse, eventually forcing them out.

Thus many employees are shocked when their basic beliefs are betrayed /sabotaged. They can't cope with the denigration of their perceptions, their usually previous good work history, the level of betrayal, from all levels by their organization, thus they break down and implode or 'curdle'.

Unlike victims of physical work injury who get nice phone calls and "get well" messages on their balloons, (Worksafe advertisements on television) victims of bullying get nothing! No-one contacts them, except perhaps the pay office, while their colleagues are told to keep away from them and are enabled to spread malicious rumours about why they left. This will humiliate and devastate them further. We know that social humiliation is experienced in the same manner as a physical pain in the brain. (Matt Liberman, Naomi Eisenberger) It interferes with an employee's survival instinct. Thus the target is further injured.

I believe that once targets lose the beliefs that are core to their being, they become changed personalities. Sadly, I unaware of any treatment that can " *put Humpty Dumpty back together again.*" Most will never return to their pre-bullying personality.

In addition to helping a target/victim deal with the bullying behaviors they received and/or perceived, psychological treatment also needs to help the victim cope with many different issues, including the organizational denial of bullying, retaliation by a threatened manager, betrayal and lying in court by terrified colleagues, ignorance and

exacerbation of bullying by Human Resources, false union promises, inept, unprofessional investigations, (both from internal or external personnel) mediation, (which has been well documented to be totally unsatisfactory due to an imbalance of power, (Dr Pat Ferris)) a variety of medico-legal options to undertake, (such as Constructive Dismissal, Privacy, Workers Compensation, Fair Work Australia, Common Law, Equal Opportunity) medico-legal assaults (by to the injured person, the pre court cases and post-court cases aftermath), this includes all the letters, emails and hand delivered documents to their home that bring back paralysing memories of the bullying, the mourning and '*trying to begin again*' which can take years.

Thus any form of planned treatment is constantly interrupted by organizational or medico-legal matters, eg currently a senior medical researcher, with an international reputation, is forced to have her performance review with her manager and HR (whom she feels are bullying her) and they are also expecting her to be supervised by one of her original bullies!

Treatment issues

As a treating counselling psychologist I need to have access to a wide range of treatments available, thus the role of treatment, according to what my international colleagues believe, requires very experienced psychologists, with many years experience, who can use a variety of treatment techniques.

These include stress and anger management, marital counselling, narrative therapy, (hearing their story) vocational guidance, grief and mourning, managing depression, planning their future, managing medico-legal requests and visits. Each visit to a new IME may create stressful, sleepless nights, they usually obsess following the session with the busy, abrupt psychiatrist who has to determine their life in less than 40 minutes, without any diagnostic testing or experience in understanding or treating bullying.

In Europe, victims of bullying are less likely to be blamed and attacked as they are in Australia. They take a more long-term, (often Freudian) approach to therapy, there are numerous treatment clinics, either for all work stressors or just for workplace bullying in Germany, (six weeks full time) Denmark, Norway, (four days) Italy (a few days) .

International research is showing the value of diverse treatments such as physiotherapy/exercise, drama, role-play, hypnosis, group therapy, inpatient and day clinic treatments with teams of therapists. We DO not provide this type of treatment in Australia.

Our Australian psychologists and psychiatrists are extremely limited. I work with one psychiatrist and when my patients are hospitalized in a private psychiatric clinic, he has been most professional and caring! However, he works for a hospital that bullies staff from the same department where my clients are treated!

Currently, I have been unsuccessful in finding a hospital to adopt a day or inpatient-bullying clinic, as is occurring in Europe.

As an expert in treating the average victim of school bullying in 4-6 sessions, (refer my book *Bully Busting* (Finch 1999) and *Bully Blocking* (Finch 2007) which also includes helping them develop social skills, and the author of *Strategies to Survive bullying at Work*, it saddens and frustrates me not to have the opportunity to teach many clients how to protect themselves and block any bullying behaviors while at work, when they have left or have begun a new job due to the high cost of treatment! Or the fact that they are too injured by the time they are referred to me and will never work again.

The current Employee Assistance Programs, are usually contracted out and often given to the least experienced counsellors, who charge far less than an experienced one. Generally these last for five sessions, which is insufficient to complete therapy, even if they had the knowledge to provide a comprehensive treatment.

Dealing with Worker Compensation

Workcover Victoria has enabled me to provide counselling for many years to some long-term victims. I am unaware of any other proactive programs like this, which exist elsewhere internationally!!

Thus, one of the professionally rewarding areas for me has been the extremely slow, subtle but gradual improvement seen in most clients once all their legal cases are completed. I have been extremely privileged to research and work with long-term clients of bullying and slowly see them recover some of their previous life.

Thus for example, it may mean that the victim, after more than ten years waiting for her case to end, now wears some makeup, meets family again, is fixing the plumbing she neglected for over ten years, and her front fence. She is also thinking about whether to stay in her house or buy a flat, the point she was at when the bullying commenced! Another one, has begun to lose some of the speech and facial impediments she had, (which were never present when she managed a large boarding hostel for homeless people.) There are many more cases where victims begin again and try to move on!

However there are many challenges including:

- NSW Workcover provides mandatory training for psychologists, provided by the Australian Psychological Society.
- Workcover Victoria provides none, despite their high expectations when they audit psychologists about their reports and records. They expect psychologists to write reports and keep records in a certain manner, without providing guidelines. They also expect psychologists to treat their clients according to the best evidence available, but do not provide any guidelines nor do they respect that fact that there is limited international evidence about diagnosis and treatment and thus it is hard to specify best practice in treatment, especially for long-term Workers Compensation victims.
- Workcover (Victoria) have showed no interest or made any mention of international examples of treatment, such as the day clinics or in-patient clinics for treating

victims of bullying such as the Milan Clinic, Berus Clinics in Germany, Jobbfast Clinic in Bergen, Norway.

- There was no one from Workcover , Victoria or NSW at the recent conference in Copenhagen.
- If a psychologist needs to visit a client who has had to be hospitalised, they need to request special permission to visit in advance, otherwise they won't get paid, which means that it cannot be spontaneous eg following a suicide threat. If they need to speak to the treating psychiatrist for another hour eg with their client, they are not paid, nor is their travel time and travel expenses paid for.
- The current fashion of applying a single, "one size fits all" form of treatment for different types of diagnoses, includes the current fixation with Cognitive Behaviour Therapy (CBT) which can provide some effective treatment in the short term! However victims of bullying REQUIRE a lot more. Besides, the evidence -based research is still very limited in this area.
- Never the less Worksafe Victoria want therapists and GP's to believe that CBT will, with 6-8 sessions, get the client back to work and their trauma will disappear!
- They neglect the victim's need for validation and justice, which involves legal action and takes years to be resolved.
- One of their stated goals is to return clients back to work. Yet by the time their Common Law claim is over, which can take over 12 years, most of these clients will never work again.
- The difficulties with Workcover may be due to the fact that the distinction between managing and treating employees with a physical versus a psychological workplace injury, caused by sustained bullying behaviours (over a minimum period of around six months,) has not been clarified by Worksafe.
- As far as I understand, the Victorian Occupational Health and Safety Act 2004, has not been adjusted/amended to include special policies and practices for dealing with the Guidelines to Preventing and Managing Bullying at Work (2003, 2004, 2007)
- Thus there are numerous areas and incidents when victims of workplace bullying are treated in the same way as victims of physical or stress workplace injuries. They are forced to undergo surveillance for days, eg visiting their doctor, shopping at home. (I am unaware of any relevance of their physical activities to indicate their psychological injuries.)
- My role as a psychologist is devalued by lawyers and the legal system who pressure my clients to see psychiatrists. Many will force medication onto them, despite there being NO current evidence-based research into what medication does or does not work for victims of bullying. Thus my clients also have to deal with side effects of this medication and also having to see a psychiatrist regularly.

- In fact, I am constantly being denigrated by psychiatrists who claim that my client has not benefited from therapy and should see an (unskilled) psychiatrist when my clients are in the middle of medico-legal action, which leaves them stranded, *like a plane in a holding position on the tarmac*, for many years ---unable to mourn, heal and move on.
- Most medico-legal psychiatrists do not understand that therapy is limited when medico-legal processes are ongoing and some chance of validation or justice are not finalised. They do not understand that the role of the psychologist is to support, educate and encourage victims to cope and survive, until their legal cases are resolved and to prevent any suicides or attempts.
- Victims cannot recover until their legal cases are complete, whether successful or not. Only then can they begin the process of mourning, resolution and planning their future.
- The current fashion for newly graduated PhD clinical psychologists who have had little training in therapy, as opposed to experienced counselling psychologists, who have a wide range of treatments at their disposal, can also sabotage best treatment practices. Some clinical psychologists who do medico-legal assessments, eg a sports psychologist, claim that as the client has not recovered that they need to be referred to a clinical psychologist. (There is no international evidence which type of psychologist is preferable.)
- I also need to deal with Worksafe assertions that my clients could become dependent on me. In fact, they only come when they want to make an appointment. I respond to them by Skype when they are unable to come into my office for an appointment (not billable), by email (not billable), I help them rewrite letters, (not billable) and support by phone or text (not billable) when necessary to validate and build their self esteem. I seldom feel that there is any form of irregular ongoing contact, unless they are not coping and require extra support during or following a stressful, usually legal situation.
- The fact that these clients exhibit constant obsessing about basically the same bullying for many years, means that I need to be careful and have developed strong boundaries to treat them and protect myself.

Insurance company employees

In my experience, I have encountered a few excellent caseworkers in some insurance companies. However; in general most victims are pushed around by untrained case managers, who change frequently and do not understand workplace bullying injuries. My clients have been bullied by caseworkers, threatened, and told to attend IME's far away, take medication or else. They have had their records and case files shown to all and sundry, contravening privacy legislation.

Victims are often forced to deal with rehabilitation providers, whom they must see by law. They seem to do countless interviews, for which their employers are well paid. Sometimes their advice is poor and not genuine, their reporting inaccurate and

unrealistic; few find jobs for my clients. When victims are ready to return to some work duties, despite their previous work role, they can be offered work below their previous standard, thereby injuring their self esteem further.

Many rehabilitation providers have poor vocational guidance skills and most of all, some clients are forced to see them when they are not ready to contemplate working again, according to their independent medical certificates and expert witness reports! I do not think that most people who are employed to deal with victims of bullying in any capacity, actually understand the debilitating symptoms eg lack of confidence, panic attacks, constant obsessing , reduced concentration and thus mismanage them.

I encouraged one client, a teacher, to apply for a job in a small, safer school. He was too scared to apply. A few months later I saw an add for the same job, at the same school, I actually rang them during his session to make contact and find out some details. He is now working there and enjoying it. I don't think that the average rehabilitation provider would have the patience, time or insight to follow this type of action through!

Psychologists' records have no confidentiality, their files can be subpoenaed in court. Then adversarial lawyers try and relate anything else they recorded to explain the bullying, such as parents divorce, selling a flat, bi-polar disorder, child sexual abuse, death of a parent. They totally disregard the Worksafe risk factors.

Financial issues

- Most victims have less income on Workcover, private unemployment insurance and unemployment pensions. This can create a downward snow-balling effect where their mortgage payments are affected, their social life reduced, some have to sell their homes, others borrow more to pay for their legal cases and lose even more. They have to deal with other financial issues, for example, their employer not paying any income for two months, (eg Victorian Education Department) over school holidays, not giving increase of living adjustments, not paying superannuation once they stop work, and so on.
- Although it is more straightforward to assess costs to industry, eg exit interviews, staff turnover, disengagement rates, mistakes, administration costs, investigation and mediation costs, it is much more difficult to assess individual costs. The average costs quoted by Worksafe for physical injuries don't apply. One client has cost the state of Victoria over two million dollars, when she originally asked for \$4500 to cover her medical costs. Many in my previous support group cost Workcover over a million dollars each.
- There is a huge cost in organizational denial of bullying, for example- one client was in court for three weeks, appealed, has had regular psychology payments, weekly Workcover salary for over 10 years, has had to see many psychiatrists and see her GP monthly for a medical certificate. It would have been so much cheaper to manage her bully and management!
- Most victims need to pursue justice, risking their health further, to clear their name because they believe that they did nothing wrong and need some form of validation,

and they also want to make their workplace safer for all the others they have seen being bullied at the same workplace, and could not take action.

- As regards the compensation payouts for their financial losses, no-one seeks the minimal payout from Workcover or Common law claim, Constructive Dismissal, Equal Opportunity, Privacy Commission etc which is far less than they would have received had they been well enough to continue working in their previous job or other employment for the ensuing years! Victims never recoup the money they would have earned if they had not been injured and denied validation and justice in the first place.
- Most of the long-term victims are so destroyed by their common law claims that they will never work again.
- I am not aware of the costs awarded to GP's and psychiatrists. However, the Australian Psychological Society recommended fee per hour is \$ 218, (includes phone calls, etc) Psychologists are paid around \$144.39 per consultation from Worksafe while Medicare pays \$ 83.25 for non-clinical psychologists. No wonder few can afford to come regularly until they have received adequate treatment, unless the psychologist accepts a lower fee.
- Psychologists are paid far less for reports, and each time they write they need to negotiate the fee with each insurer, who claim they charge the fee recommended by Worksafe but who indeed can vary!
- There is good international evidence for support groups, eg Soars (2004) shows that victims need social support from colleagues and other victims. I was running a few self-help groups for victims for around ten years when Workcover changed payment schedules for these three-hour groups. Workcover have not replied to my request to reinstate the previous group fees for victims of bullying. I can't afford to run them now. The groups were very supportive to one another, in many different ways. However, I still provide an end-of-year get together and an occasional support group meeting.
- Due to my past vocational experience, (academic, teaching and counselling) I also ran a Return-to-Work group, eg role play, interview skills, but this also has been stopped due to lack of funding. Despite my writing into Worksafe about the groups I have never received an explanation.
- Group rates for Workcover are \$36.23 for hour. Thus for my basic three hour Support group or Return to Work group I receive \$12 per hour, provided the minimum number of victims attend. The Medicare group rates are \$ 21.25, for one hour, and minimum of attendees is required.

Sadly most victims can't cope with attending the groups regularly and thus they are financially challenging, despite international evidence in support of them!

- The cost of recovering psychology or medical fees with Workcover is also very high! My part-time secretary spends over a third of her time resending/faxing accounts

for treatment to insurance companies who constantly lose their records of my accounts and forget the fee schedules. Consequently, I can be paid months/years later for treatment provided.

Others requiring assistance

It is also important to be aware that bullies can have serious personal and health problems, many don't receive justice and are unaware of their toxic impact of their bullying behaviors until confronted long after the situation could have been dealt with by a skilled manager or human resources.

Bystanders are also physically, and psychologically affected by watching the bullying, and many will work less, and according to Charlotte Raynor, more than 20% will leave. In a recent organization I was involved with, turnover was over 110%!

There is also evidence that families are affected by having one member a victim of bullying. Recently, one of my former clients went public when her young adult son went missing. Although she won one case at court, her lawyer took it all in fees. Presumably her stress and trauma aggravated his depression. He has not been found.

Problems with diagnosis and treatment

There is reasonable agreement in the medical/ psychological/psychiatric health professions about diagnosing depression and anxiety disorders caused by workplace bullying.

- There is still confusion as regards the difference between stress-related injuries and trauma related injuries at work. The two are biochemically very different (Rachel Yehuda) I still meet doctors and mental health professionals who don't understand the biochemical difference between PTSD/trauma and stress. Thus misdiagnosing their client and denying them the benefit of a validating label that explains their injuries and giving them appropriate treatment/compensation.
- However there is major debate and confusion, focusing upon what type of injury or disorder victims of bullying have suffered, such as an adjustment disorder or a posttraumatic stress disorder.
- Most will agree on the major symptoms, such as re-experiencing, avoidance and hyperarousal, but the debate centers around criterion A, ie whether the victim has experienced a threat to their life.
- Most psychiatrists interpret the DSM IV TR as a physical threat to life, although the DSM V, due to be released 2013, only mentions a "threat".
- In fact, the Management of Mental Disorders, (W.H.O.) edited by Prof Gavin Andrews, (2008) and given to all Australian medical and mental health practitioners, clearly state that PTSD "personal threat to integrity of self" .

- There is debate about whether Criterion A is too subjective, (refer my Copenhagen presentation)
- There is a growing body of research, (refer Alexander Mcfarlane,) that perception affects the injury more than the actual event.
- Non -violent behaviors over a period of time can be more traumatic than one physical assault.
- The fact is that the loss of social and professional status IS life threatening. Thus mean comments, social exclusion can be seen as life threatening and have the same impact on the brain as a physical assault (Naomi Eisenberger , Matt Lieberman)
- Professor Alexander Mcfarlane, the international local trauma expert and Professor Gavin Andrews both informed me by phone that an adjustment disorder can only last for six months, yet most Australian, Italian and German psychiatrists use this label as they don't think the victim of bullying has suffered a life-threatening experience. Despite the fact that their life can be irrevocably changed!
- The result is that often the victim's injuries as seen as an adjustment disorder, not as a life-threatening experience. This affects the way in which they are treated by Workcover, insurance companies and the legal system. (refer Brown vs Maurice Blackburn 2012)
- This highlights another difficulty, the concern by the legal, medical professionals, Human resources and insurers about the legal evidence of bullying or lack of it, despite a long list of medical and psychological evidence- symptoms, behaviours etc.

Although there may be limited legal evidence, which can be difficult to obtain, and the bullying behaviours may appear simple, numerous but non-violent, there should be sufficient medical evidence demonstrating physical, psychological, social and cognitive symptoms/injuries, that were not in existence before the bullying began. (Field, 2012, Elsvier, 2012)

- As workplace bullying is caused by inept management, (Einarsen 2010, Worksafe 2007) who are responsible for maintaining a safe, working environment and if bullying behaviors have been in existence for over six months, (the minimum average time over which bullying is judged) it is reasonable to assume that managers were aware, but did nothing.

In fact, most targets ask for help and validation. They are injured when their request for help is denied, not when they are bullied. (Field 2004)

- Even if there is no proof of bullying, we need to ask ourselves why a normal healthy, successfully functioning employee is so injured, physically, psychologically and socially and unable to work or resume a normal life!

- Besides, if their injuries were not caused by bullying, and there is nothing in their private life to cause this exact type of injury, then what caused them?
- I also want to remind that Inquiry that there is sufficient evidence to suggest that victims of workplace bullying present a different constellation of symptoms that COULD NOT have been caused by any other stressor or trauma, including death of a spouse, child sexual abuse, hold up, concentration camp, rape etc. I have named it Workplace Bullying Trauma, (WBT) (Field 2010 Wales)
- This means that the role of perception, used constantly for victims of crime, (eg is the impact or perception of being held up a by a plastic gun, the same as for a real gun if the victim can't see it but feels it?) has to be given more relevance that is currently used.
- Notwithstanding the academic debates, the role of victim or professionals' perception and the use of clinical testing of PTSD (eg DSM IV TR or ACPMH,) and the subsequent injuries to the victim demonstrate, in some cases, there is clear international evidence that their life was threatened and they changed as a consequence.
- In my recent research on fifty long term victims, (presented at Copenhagen) they satisfy all the conditions for diagnosing a PTSD, according to the Breslau scale used by Australian Centre for Posttraumatic Mental Health (2007) . All but one felt that they had been traumatised yet the majority of their medical reports used a diagnosis of adjustment disorder.
- There is a growing list of international research studies linking PTSD to bullying, (refer reading lists). Currently, my international colleagues are not aware of any research linking workplace bullying injuries to chronic adjustment disorder.
- There is a growing body research linking bullying to cortisol damage (this creates brain damage) to trauma.(refer attachment on PTSD.)

Regardless of formal labels or otherwise, treating these victims require all the knowledge and skills used in treating other victims of crime and trauma!

As a member of the Advisory Panel on the National Centre Against Bullying, (NCAB) I know that the 'school bullying' fraternity constantly dreads the next suicide. The number of students, who committed suicide in Japan, totaled 156, down nine. (2010) In American schools, at least 14 students committed suicide in 2011 due to bullying. In Australia, I hear about one suicide from cyber bullying every few months. Clearly bullying can constitute a life threatening experience.

In fact, 'Brodies law,' a criminal jurisdiction, supports my hypothesis that some of the damage caused by workplace bullying, is criminal and therefore being bullied at work will be regarded by some employees as life-threatening! Their symptoms and injuries reflect this diagnosis, although they are seldom treated with the respect and justice that other victims of crime are more likely to receive. (This is based on my five years as a board member of the Victims of Crime Assistance League in Victoria.)

2. The role of workplace cultures in preventing and responding to bullying and the capacity for workplace-based policies and procedures to influence the incidence and seriousness of workplace bullying;

Bullying in the workplace affects staff morale, motivation, engagement, (82% are disengaged at work, Gallop Poll 2009,) productivity, employees makes mistakes, unethical behaviors and commit fraud. Bullied employees waste 10-52% of their time at work (Canada Safety Council (2000) A client who works at Telstra claims that half the time at work is spent " watching your back".

Thus I would like to encourage the Inquiry to consider the role of management in enabling bullying to continue. " *The fish rots from the head down*" is a common saying. The workplace culture needs to be seriously changed. Unless the board of management and the CEO take bullying seriously ---it will continue!

There is a lot of evidence, which I am confident will be presented to the Inquiry about how to make workplaces safer. These preventative and organizational interventions are based on an attitude change and the organization's ability to listen to its own staff and take their needs into account. The key is to integrate new procedures and practices into existing ones at work, where possible, so that organizations don't see it as more of a burden to implement.

I can provide more information from my training programs if requested.

The David Jones case is an interesting case, according to the media, many people knew about the sexual harassment, but no one confronted the former CEO who was otherwise a successful employee, and I suspect that he too, has suffered as a consequence.

Instead of using all types of adversarial approaches to punish the bully or avoid accountability, it would be far more preferable to adopt a collaborative solutions approach. Once committed, employers need to implement structures for shared policies, training, communicating, utilizing feedback, resolving conflicts eg restorative practices, implementing consequences, and improving teamwork.

Like a village, employees need to learn how to work together. Managers need to develop their team skills, as that is what they are employed and paid to do! They should be made accountable when there is bullying as it represents ineffective management.

Dealing with a bullying complaint could include assessing what has been happening; who has been affected, why it was happening and how can everyone involved work together to find workable solutions.

Instead of using adversarial investigations, ineffective, poorly implemented mediations (for which there are many studies showing their destructive value due to an imbalance of power) and other more destructive forms of legalistic interventions, it would be far less disruptive, and more productive to learn from school bullying theory and practice and use the Restorative Practices model, which is gaining positive international research. (Refer Dr David Moore, Margaret Thorsborne) and is being used internationally in many workplaces (Copenhagen 2012)

3. The adequacy of existing education and support services to prevent and respond to workplace bullying.

- These are extremely bad at present, the bullied target has nowhere to go. Many obtain free information from my website, [www. bullying.com.au](http://www.bullying.com.au), some email me for personal advice, I can only make brief suggestions for ethical and time reasons, although I invite everyone to ring me or read my books, or check with the Australian Psychological society.
- I have also been providing training for more psychologists in treating victims of workplace (and school) bullying under the auspices of the Australian Psychological Society around Australia.
- Otherwise, most targets/victims have difficulties obtaining basic information about what they are dealing with. They find it hard to identify if they have been bullied, and their personal, professional, legal and organizational options in dealing with bullying.
- Any time bullying is mentioned in the media, readers are encouraged to contact Lifeline, Suicide Helpline, Beyond Blue. However, I am unaware of any specific training they have had in understanding and assisting those affected by workplace bullying, none attend the international conferences.
- Clearly these organizations require training to help victims of bullying and make sure that they don't allow any bullying within their organizations, ie "practice what you preach."

There are many inconsistencies-here are a sample-

- Worksafe Victoria is currently dealing with some of its own employees, as I have heard that a group of them are taking a class action for bullying. This is poor role model.

- Maurice Blackburn, who specialise in workplace bullying claims, has just had a bullying claim against them by a senior lawyer. I have heard the same occurred in Queensland with a legal firm.
- In fact, Beyond Blue chairman recently had a case of workplace bullying with a senior staff member and I have heard of other bullying cases in similar organizations.
- Worksafe media claim that they have yoga for staff but it is not available for desperate, anxious victims, unless they attempt a win at conciliation.
- Although voluntary work is self esteem boosting, (as well as being useful for those needing help,) most victims of bullying on Workers Compensation are NOT allowed to do voluntary work, even for a few hours in a different area of work. If they do they are then deemed well enough to work. Thus they continue to lose their skills, develop other vocational expertise and lose their confidence even further. If they are caught doing voluntary work they lose their Workcover compensation.
- Some victims lose skills when they are unable to work for years and require on the job training to make them up to date. I do not understand why Centerlink has been unable to provide my client with another job in IT and retrain her to become up -to-date. Yet she has been waiting for over three years.

Further opportunities to raise awareness of workplace bullying such as community forums;

Many of my clients are disgusted by the Workcover advertisements, implying that employers care, send get-well messages and encourage a return to work. This does not happen with most of my clients who are abandoned within days by everyone they were close to at work, some of whom are told not to have anything to do with them. Those who want to return are often sabotaged and not encouraged back.

Thus although public awareness is basically fundamental, to identify, understand, prevent and take early action, it is useless without recommendations, suggestions, action, consequences, fines for inadequate processes to resolve disputes and warnings of what to do if your employer fails to act responsibly.

Having spent many years listening to how bad school bullying is, I am very wary of this “*doom and gloom*” type of action, as little has improved for the average child at school, worldwide, except that parents and the public are more aware of the harm school bullying can cause.

Fortunately, the media has played an excellent role in alerting the public to the dangers of workplace bullying, now we need action! It would be wonderful if effective individual and systemic interventions were promoted!

Australian targets of bullying, their families, employers, employees require a state and federally based information centre/help line to help early identification of bullying and what to do about it.

This would include a list of resources, telephone counsellors to listen, referrals for treatment, legal options and sources of funding and other forms of assistance, such as coaching/counselling.

There need to be more training at all levels, management training, unions, human resources, general practitioners, psychologist psychiatrists, lawyers, insurance companies, and Worksafe in order that they build a better relationship with targets, victims, and health care providers.

Treatment of victims and targets

General practitioners

I would like to recommend that general practitioners (inline with the Medicare principles) are given more respect, by insurers and courts and are given greater control and responsibility over managing workplace bullying cases. They could manage a treatment team of local professionals.

They are the key person in a victim's long road to recovery.

I would like to recommend that they have more funded training supplied; (I myself provide some free training through the MHPN network.)

I also believe that they should have the right, (based upon specialist opinion) to give medical certificates every three months. Currently, every Workcover victim has to get a monthly certificate for as many years as they are on Workcover. Despite the fact that their medical condition may not change for years while they are waiting for a legal outcome.

This is an expensive, unnecessary misuse of the Medicare/ Workcover system. (Only one client has been able to change these to medical appointments and get a certificate once every three months.)

Psychology

In my opinion psychologists are the most appropriate professionals to assist the GP in helping the bullied target. They understand dealing with stress and anger, depression, sleep difficulties, assertiveness skills, bully blocking skills, return to work skills, choosing new carers, strategies for working with difficult people at work.

There is no difference in treatment for victims, as far as I am aware, between counselling or clinical psychologists, provided they specialise in short and long term therapies, as well as structured and less structured approaches when appropriate.

I encourage clients to see their local psychologist regularly and consult me monthly for specific help with bullying issues, rather than them seeing me weekly.

I base my treatment plans as far as possible on those recommended by Dr Noreen Tehrani, who has written various books/ chapters (Tehrani, 2012) for short term victims.

There is very little international guidance, apart from Leymann (1996) and my own experience which I provide during training, on helping long-term victims of bullying.

Some insurance agents regard the victims obtaining too much professional help, when they see their GP, psychiatrist, general psychologist and myself, unlike the team-approach used internationally. This attitude needs to be altered. We need a team approach as recommended by the Mental Health Professionals Network sponsored by the federal government!

Training for psychologists

I have been providing training for psychologist in treating victims of school and workplace bullying, (separately) which is deemed as professional development, for a number of years. (Refer attached program)

My one-day workshop has been approved by the Australian Psychological Society. My intention is to help psychologists develop a reasonable standard to get targets back to work as soon as possible or coach them how to remain at work but block bullies and cope, and to treat victims of bullying in the most effective way possible, and understand the minefields of bullying, reporting and dealing with Workers Compensation.

However the amount of training I provide is still limited eg Perth Psychologists want me to come and train but can't afford to fly me over and pay for a day's training

Psychiatry

This is a currently, very dodgy, difficult area. I work with some excellent psychiatrists. Although in general, many psychiatrists know little about what workplace bullying entails, why it happens, the impact on the target, bully, bystanders, managers, family.

They appear to do NO reading, NO research, and they appear to rely upon the training they received from Freudian psychiatry, eg impact of family on victim's experiencing of workplace bullying behaviours. They appear to have no understanding of the dilemmas surrounding diagnosis, eg Criterion A (DSM IV TR) which is used for diagnosing trauma, or the proposed diagnosis for 2013.

They do not actually do testing, but appear to rely upon the ready made standard labels.

I am also aware that many psychiatrists only consider the weaknesses of the employee, not the faults with their toxic work systems.

Thus, from their reports, I believe that many medico-legal professionals do not understand how mean words, subtle body language, unfair allocation of duties, nepotism, exclusion by the 'boy's club' can cause such devastating injuries! Strangely, enough, the same attitude was seen twenty years ago in school bullying arenas. Many older psychiatrists are using medico-legal reports to practice some psychiatry, rather than retire. They can cause untold damage! (Field 2010)

In addition, there is a general belief that psychiatrists know more about diagnosing and treating victims of workplace bullying, than psychologists do, despite their lack of reading, research, attendance at any local or international conferences on bullying, or any other form of accountability.

Currently, there is also a popular belief that psychiatrists know more about medication despite the fact that there is little research about what medication or its alternatives do or don't work for victims of bullying at work. Naturally, when a person has had a break down, medication is vital.

However, many clients are forced to take medication and suffer the side effects which can be often worse than the bullying. They can take years to recover from the medication and the humiliation of what it did to them. Besides most medication only dulls their emotions, they cannot confront the bullying experiences, manage their anger and fear, solve their losses, help them mourn and move on.

Lawyers, insurance companies, Workcover and the legal system demands that clients see psychiatrists who may or may not treat them effectively, thereby denigrating the role of psychologists, who may have had more training and understand the role of toxic cultures, ineffective management and inept human resources who create and injure targets, victims, bullies and bystanders!

Training for psychiatrists

I presented a brief after-dinner talk for the Forensic Division of the RANZCP a few years ago. (Greg Tweedly from Workcover attended)

In 2011 I presented an hour's talk for the Professional Staff at the Melbourne Clinic.

However, I am unaware of ANY other psychiatric training provided in Australia on diagnosing or treating victims of workplace or school bullying to psychiatrists.

4. Scope to improve coordination between governments, regulators, health service providers and other stakeholders to address and prevent workplace bullying;

- Bullying is about the abuse of power and the loss of power. The same is unfortunately very true in schools today. Around the world, eg the recent White House summit with Barak Obama (2011) on school bullying, the high suicide rates in Japan where children are being badly bullied. Thus it is clear that sadly today schools are very limited in their success in protecting children from school bullying!

- Clearly there is room for improvement. When an employee is bullied, ALL they need is validation of their perception, (Dr Tim Field) not the facts (which maybe biased, hard to prove etc) and a safe workplace. This IS not rocket science.

Currently, many employees are not dealt with appropriately as soon as possible with a simple discussion, respectful confrontation, coaching, collaborative solutions meeting. . The saying, “ a stitch in time ...” applies here.

- Many bullying incidents are exacerbated when employees wait instead of taking direct action and reporting it or merely taking action to protect themselves. This needs to be alleviated or reduced by education and training of employees and managers to identify and understand bullying and develop skills and strategies to manage it, before the impact and repercussions escalate further and the victim loses control over their life, health and wellbeing.

By that time, bystanders and then the bully and others, eg Human resources, are also seriously affected by the high level of toxic, adversarial fighting, designed to protect the company and eliminate the “troublemakers”.

- Currently, once a bullying complaint is made, line managers, human resources and others take the wrong form of action and exacerbate the problem. Thus the injured employee, who feels bullied or harassed, is actually further bullied by everyone else or feels as though this is occurring! The Europeans call it Mobbing.
- Victims also lose the support of their colleagues at work, forcing them to feel like an outcast.
- Thus the typical approach taken when a bullying complaint is made turns it into a highly complex, orchestrated game of adversarial tactics, threats, blackmail, retaliation etc. This approach exacerbates the target's reactions, the fight continues, because the target believes that they did nothing wrong and need to clear their name.
- It is worth noting that most investigations are poorly handled, the investigators are poorly trained to understand bullying (eg an ex policeman,) often witnesses are not interviewed, employers get to the investigator /lawyer first (thus they are not neutral) mediations won't work due to an imbalance of power.
- Any formal legal action works in the employer's favour as they have greater financial resources than then employee.
- Most victims who sue under Common law are not informed of their rights, they can 'win' but all costs go in lawyer's fees, and paying back Workcover or Centerlink. Thus some would be better not suing unless it is only for pain and suffering.
- The sad fact is that most cases take many years to be resolved. Victims are stuck between a rock and a hard place, many will move on a little once their case is resolved or have their chance to clear their name in court but they can't move on until that day comes.

- This is emotionally damaging (to the victim) and highly expensive (to the employer) and basically the end result of target's NOT being validated at work . Thus targets are stuck in limbo, by the time their cases are over, and some undertake many forms of litigation to obtain justice, (eg Workcover, Privacy, Equal Opportunity, Constructive Dismissal) by then, most are too sick to ever work again.
- That is why we have such huge financial costs associated with litigation. Targets become so angry and traumatised that their life, identity, and career achievements are at stake and they believe that they did nothing to deserve this treatment that they need to clear their name and take legal action. Some also say that they do it to stop others being bullied at the same workplace.
- Oddly enough, I seldom meet victims who hated their job and did not try hard. All regarded themselves as loving the job and trying their best, for some it was their whole life!! Many had signs of proof, eg best saleswoman certificate six months prior to the bullying beginning; notes from students and colleagues about a beloved, respected teacher; many years of good work until a new (bully) manager was appointed.

Recommendations

Management practices

- Research shows that when people work with a positive mindset, performance on nearly every level, productivity, creativity, engagement—improves! People who cultivate a positive mind-set perform better in the face of challenge! (Positive Intelligence, by Shawn Achor, Harvard Business Review, Jan/Feb 2012.)

Corporations listed in Fortune's "100 Best Companies to Work For in America" had equity returns that were 3.5% per year higher than those of their peers, indicating that employee satisfaction correlates positively with shareholder returns, (Alex Edmans, Wharton School. Happier Employees give Companies Better returns, 2011.)

- “Research has clearly established that clarity of expectations, such as goals or rules, plus feedback on behavior relative to those expectations, shape behavior across many settings and diminishes the negative effects of those who would otherwise act contrary to expectations. Without clear expectations and feedback, norms are determined by actions of the group and may be shaped by those who act contrary to others' expectations, such as bullies.” Professor Robert Wood, Melbourne University, 2009
- Bullying, like cobwebs or weeds, will occur anywhere, at any level, within any type of organization. Regardless of the personality of the bully or target, bullying is caused by poor management and leads to reduced engagement, motivation, poor productivity and mistakes.

- Unless there are high legal expectations, legal accountability plus fines, targets cannot expect that any argument, including financial success or losses, will actually motivate most employers to create a safe, workplace where staff are valued, consequently work harder and achieve more financially for their employer.
- In other words, most employers seem to believe that unhappy staff can still achieve, whereas, in actuality, staff who feel respected and safe work harder, for less income and achieve more! For example, before the new CEO materialised from industry to work for a research hospital, most staff worked 60 hours a week for a 40 hour salary!
- Thus management processes needs to be addressed!

Respectful, restorative, collaborative solutions approach

When an employee feels bullied, their employer and his leaders/managers, need to adopt a comprehensive conciliatory, collaborative, restorative approach at all levels of their company, from the Board of Directors down which is applied to all staff, contractors, clients, customers, students, patients, parents.

The company's senior managers, insurers, lawyers and human resources, occupational health and safety need to respect and implement this non-adversarial approach instead of constantly threatening employees.

The ideal situation needs to include the restorative practices approach but also include programs to deal with nasty cases of bullying, with investigations, conciliation etc. This is in line with the Restorative practices programs being successfully used in schools.

It is based upon the assumption that bullying can happen anywhere, between basically decent, unaware people (most of the time), a few who lack empathy skills, some who have been trained to bully to get ahead, and a few with anti-social personality disorders who require strong consistent guidelines and training.

Treatment needs to be under the guidance of the GP and his support team of mental health professionals.

Social and emotional resilience

Clearly the resolution of bullying conflicts needs to alter. Thus prevention needs to empower all employees to protect themselves and develop their emotional and social resilience at work. This is based upon my professional experience treating school students and work employees. The skills and strategies are simple to learn.

This means that armed with knowledge and skills, employees can change their behaviours and manage difficult colleagues.

It is based upon the assumption that employees, cannot rely upon their employer or his staff, despite their legal and ethical requirements, values etc, to protect them.

In addition, all employees, including targets, bullies and bystanders, need to learn how to develop their relating skills to get on with all sorts of people at work and manage working with difficult people.

5. Regulatory, administrative or cross-jurisdictional and international legal and policy gaps that need to be addressed in the interests of enhancing protection against and providing an early response to workplace bullying, including through appropriate complaint mechanisms;

I will leave this to others to contribute but will add a few comments.

I believe that organizations need to deal with the conflicts/disputes immediately, rather than finding adversarial tools. This means that they need to restructure regular reviews to make their organization bully proof. (Bully Blocking at Work, Field 2010, has a chapter)

However, often employers are unaware of the bullying occurring, many protect powerful bullies, most don't audit the total cost to their organization, in terms of productivity, performance, disengagement etc.

Refer McCarthy (2003) (Einarsen)

6. Whether the existing regulatory frameworks provide a sufficient deterrent against workplace bullying;

NO

- I do not believe that Brodie's law is operating effectively in Victoria, and will be part of the Department of Justice's forthcoming public relations exercise in the near future.
- However, currently the law is not able to assist all those who were bullied, as it cannot be proven in most cases, as witnesses are sacred to testify or the bullying is done in private. It also needs a clarification of the definition of bullying.
- Judges do not appear to always understand the subtle, toxic life-changing impact of bullying eg will define some bullying behaviours as ordinary conflict between two women. (Fiona Brown vs Maurice Blackburn 2012)

According to The Age, May 19, 2012 "Judge Carmody concluded from an exchange of emails and evidence given by the "protagonists" that each was under considerable personal and professional pressure. They had exchanged "regrettable" emails, but he did not accept that a reasonable person would classify them as communications that would victimise, humiliate, undermine or threaten Ms Brown, he said. A later exchange of emails and related conversations he regarded as a "classic storm in a

teacup". 'In short, [she] had focused completely all of her difficulties on what she perceived to be the injustice meted out to her whilst being employed at the defendant's law firm," he said.

Thus the recent judgement by Judge Carmody intimated that Fiona Brown, the former brilliant family lawyer, did not have her life threatened by the difficult communications between herself and her former colleague.

These statements seem to appear to me like saying that as no-one witnessed the person slipping on a banana peel and breaking her hip therefore, she does not have a broken hip! It is like stating that the court will deny the presence of a secondary cancer because they can't find primary cancer!

He does not explain why Ms Fiona Brown, an experienced, ambitious lawyer will never be well enough to practice law again.

- Worksafe Victoria has only had two workplace bullying prosecutions to date. Both involved physical bullying.
- Besides it is wrong to blame bullies, they need to be managed more effectively and sometimes targets can be bullies.

7. The most appropriate ways of ensuring bullying culture or behaviours are not transferred from one workplace to another;

- Insure that employees are not subject to malicious rumours, in the next job. This can be followed up by the treatment team, with legal avenues if not implemented.
- Insure that employees are guaranteed a fair reference to find another job.
- Insure that employees who were bullied obtain 4-8 sessions of counselling to understand what happened, why and how it injured them and how to remain at their workplace or leave to work elsewhere and manage difficult people there.

8. Possible improvements to the national evidence base on workplace bullying.

- There needs to be greater accountability as regards the funds allocated directly (eg workers compensation, rehabilitation services) or indirectly (eg Medicare, unemployment benefits) to bullying at Work and the public costs to industry, eg mistakes, accidents, unethical behaviours.
- I encourage the government to establish a national Task Force to monitor the nation's progress in working towards a bully-free workplace.
- The general practitioner should be the person in charge of managing a team to assist the injured worker, not insurance company employees or lawyers.

- There needs to be more education in order that employees can identify what is happening, at the early stages of the bullying and work out their options for action. So many are not aware that they are being bullied, that it is affecting them and that they have been affected/injured by the bullying.
- Employees need to understand and that the line between target and bully can be very thin. Thus everyone has a responsibility to adapt their patterns of relating in order that workplaces function like teamwork and they require training and skills to develop their emotional and social resilience.
- Stop gagging and check out confidential clauses, which stop the truth about bullying being revealed.
- Discover the link between bullying and corruption, fraud, unethical behaviours, eg Dr Patel (Bundaberg) or Dr Steven Bolsin, the UK the whistleblower, who was bullied out of his job and now works in Geelong.
- Bullying help line – with national and local advice, on line and by phone, to provide a listening ear for targets to “tell their story” and obtain some validation, referral services for psychologist, psychiatrists, legal services, other help, eg Government rehabilitation services.
- Treatment clinics –day or inpatient which will work with the GP treatment team.
- Research into misuses of medication, as there is no evidence that it may or may not work, thereby injuring victims further, and creating a further drain on Medicare, and may be seen as more appropriate than counselling, when IT IS NOT.
- Review role of Workers Compensation as regards their management of workplace bullying claims and the adversarial handling of claims as demonstrated by their insurance agents and review the role of their rehabilitation providers.
- Improve role of workplace bullying inspection teams. Currently, they appear to have little power, it appears to me and I understand that the inspectors find it very stressful and find it hard to work in that role for a long period of time.
- Financial consequences are the only means by which companies will adopt any ethical or legal requirements to keeping employees safe. Hefty fines for employers who refuse to make a genuine effort to prevent and manage bullying complaints. ie for example, the “tick and flick” training, denial of the bully’s role, impact on bystanders.
- Collaboration is the key, this means listening to all levels of employees, to assess the work culture and practices. It means reducing any form of adversarial action so that all employees feel safe to give feedback and are protected when they do so.

Finally, I congratulate the federal Government for creating this inquiry and know that it will validate those who are affected by bullying at work. I hope that it has

**the power to implement constructive, respectful, equitable changes to the
Australian workplace.**

Yours sincerely,

Evelyn M Field FAPS