

Hello, my name is Kirby Sefo.

I am 36 years old and a former Australian Rugby Sevens and Australian Wallaroos player. I played for the Queensland Reds for over 10 years and captained the Inaugural Super W Women's team. I also played club rugby here in Brisbane in Sunnybank and down at Bond University for around 12 years. At the back end of my playing career, my concussion symptoms became so severe, and it was made apparent to me that I would not be recommended to ever play or engage in a contact sport again. The symptoms I presented at the time (which I will elaborate on shortly) put me in a category of post-concussion syndrome. I was given a recommendation for treatment that involved surgery to my cervical spine. I did not end up proceeding with this as there were too many factors that would have impacted my life at the time of this recommendation. I decided to explore other avenues of treatment mainly craniosacral therapy.

I have to say that I was pleased to receive an invitation to come and speak about my own experience of concussion and repeated head trauma whilst playing Rugby Union however, I can only speak specifically into my own experiences and have come to understand and witness the vast spectrum of symptoms and challenges faced by many others in my sporting code over the years.

I began playing Rugby union in 2009 and started playing for the Queensland Reds in 2010. I can't pinpoint my very first head knock contributing to my concussions, and I also wouldn't be able to give a definitive number of head knocks I have had over the years but, this number would be well above 40 ranging in levels of severity.

I have experienced head trauma during games at all levels from club competition through to international test matches. Aside from playing matches I have also had head knocks occur during rugby trainings in contact sessions, set piece work in scrums as well general play with the unfortunate odd collision.

A "usual" head knock for me would look like, an unexpected clash usually when a tackle was being made or around the ruck area. Sometimes it would be a quick black out, loss of balance, sometimes it would take a couple of seconds to regain stability, but more often than not I would continue to play on for the remainder of the game.

In 2017 the blue card was introduced as a part of the concussion protocols for rugby union. Prior to this a head knock would usually be sited by a medic that would determine whether or not a player would stay in the field of play. In my experience a player's ego would almost always overrule where possible, the decision to come off field and most players, myself included would never make the decision alone to take themselves off or sit out of a session. This was particularly common throughout the higher levels of rugby and often due to the fact that taking yourself off field or not taking part in all sessions would be seen to be compromising your position for selection.

At my absolute worst a head knock in 2019 left me unconscious on field for around 40 seconds during a Sevens game. I lost complete recollection of the game and the better part

of that day prior to. This game was played on a Sunday and on the following Wednesday I was hospitalised with delayed and post-concussion symptoms.

I started to have (what I call) episodes around 2013. They would often consist of dizzy spells and fainting. They weren't that frequent, and I often put it down to low iron, getting up too quickly or something along the lines of vertigo.

Around 2015/16 my playing career had expanded to the international stage. By this time, I had played a number of test matches and tournaments at an elite level for women.

It was around this time that I experienced more severe symptoms and I began to develop a pattern for my episodes. When they would occur, my symptoms present in the same order but for varying lengths of time. I begin with dizziness and a hypersensitivity to light. At times I will lose parts of my vision. I experience a loss of balance with disorientation followed by heavy fevers and sweats and often severe vomiting. Once the vomiting settles, I will pass out into a deep deep sleep that can vary anywhere from 45mins with the longest I've experienced being around eight hours.

There are no triggers to my episodes that myself or anyone else has been able to track. They can come on at any time of the day or night, and I have been woken in my sleep on various occasions to intense dizziness that I would liken to a spinning room before I start with the fevers and vomiting.

When these episodes occur, it is completely debilitating for me. I have about a 3-4min window when the initial dizziness comes on before I often lose control of the symptoms. As you may understand this has been quite impactful to my life and also for those close to me.

As a professional female in sport and also a woman in the high-performance sector of rugby union, my financial landscape did not look anything similar to my male counterparts coming out of my playing career. My ability to seek immediate help or take action was not an easy option to explore. I had already exited the game so my usual accessibility to free medical support or advice was no longer readily available. I have to say, that even whilst playing there was no thorough investigation for myself to ever look into concussion, post-concussion, CTE as a possibility. The end goal (for both myself, and coaches or management) was often prioritised with a "return to play" plan.

My experience with post-concussion heightened hugely in 2020 about 6 months after my final game was played. For context, my last game played was due to multiple facial fractures in a Super W match where two surgeries were required for the repair of my left eye socket. It was also about 8 months after I had lost consciousness on field during the Sevens match, I mentioned earlier.

My episodes started to occur more and more frequently. They went from monthly, to fortnightly to occurring every 3-5 days. My worst patch was experiencing an episode every day for 11 days in a row.

At this stage my partner was working away (he's in construction) down in Newcastle, NSW. His concern for myself and my mental state at the time meant that he just walked off site

(with approval from his foreman of course) and flew straight back to Brisbane to help take care of me.

My mum also had to take multiple days off work to assist in getting me to specialist appointments that were trying to find answers. Both my mum and partner were often funding the expense of these appointments as well.

I was unable to work due to these symptoms. I lost my job in one instance and had to resign from another because I was unable to manage what was happening. I was also unable to explain my situation logically to current or potential employers whilst seeking work.

There were times I was hospitalised because an episode would happen out in public, and an ambulance would be called on my behalf.

I developed a huge social anxiety and began to stay home being isolated a lot more.

Driving made me anxious in case I encountered an episode while out on the road. This did happen a few times – and I would just keep a pillow spare for comfort in case I needed it to pass out on.

Exercising and training has always been a huge part of my life, and there were a number of occasions where I was out running alone, and an episode had come on.

As you can imagine, this did not do great things for my mental health. Every single time this happened I felt so defeated and exhausted. I experienced massive amounts of anxiety as mentioned but also bouts of depression trying to find answers, or solutions that would make it all stop.

I put myself in unsafe situations at times and not intentionally by any measure of recklessness or self-destruction, but more so for survival and an attempt to hold onto (what I thought at the time) was my dignity. It was embarrassing to go through this in public, it was difficult to try and articulate what was wrong, and above all it was frustrating and heartbreaking for the people closest to me to try and provide comfort or support.

Overall, I have probably just skimmed the surface for what, and how concussion has impacted me. My partner and I share 4 children under the age of 10, with my first-born daughter being only 3 months old today. It remains constantly in the back of my mind that an episode could occur for me at any stage and that it may put her in harm's way.

I wasn't entirely prepared for how I should speak about concussion today. It is such a multifaceted issue for me and my family that I wasn't quite sure where to begin or what to touch on. In and amongst all of the chaos, I would not for one second take back my time I had as female player in Rugby Union. It created opportunities far beyond any expectation I ever had of myself, and I am extremely proud of who I have become today.

My hope for future conversations and decisions being made around concussion and repeated head trauma is that, it be female centric to the reality of women in sport. We are

built differently, we are less researched, we are (at times) under prioritized and marginalised. We are the lower income earners, we are the partners or the mothers who carry an emotional and mental load far greater than any other member in our households.

We need frameworks in place that support education to head trauma and concussion, financial subsidies, medical advice, mental health and wellbeing assistance, family support and guidance and an overall general advocacy for women. These are just surface level recommendations that resonate deeply with me. For me, they are the services I struggled to access or seek comfort from in my heaviest time of need.

As I mentioned earlier, I can only speak specifically into my own experiences of concussion and head trauma. The vast spectrum of symptoms, situations and support I have witnessed is largely varied and thankfully today I am able to share a small piece of insight with you. I hope it can be taken seriously, I hope it can be made useful, and above all I hope it has been heard with compassion, because for me, it is my everyday unfolding reality and regardless, I'm sure like many others with post-concussion or symptoms left from repeated head trauma, I will choose to live lightly with it.

Thank you