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RE: SUBMISSION TO THE ROYAL COMMISSION ON FAMILY VIOLENCE

Women's Mental Health Network Victoria congratulates the Victorian State Government on the establishment of the Family Violence Royal Commission and is pleased to contribute this submission for the Commission's consideration.

The Women's Mental Health Network Victoria (referred to as the Network) is an incorporated association established under the Victorian Associations Incorporation Act 1981. In 1988, a small group of concerned women identified crucial gaps in the Victoria's mental health services available to women. They found services were often unsafe where there was little attention paid to the particular needs of female consumers. These early advocates for change included consumers, carers, mental health workers and interested community members. The Network was born of their commitment.

A Committee of Management now manages the Network and an Executive Officer executes the Strategic Plan. Its objectives are:

- To provide information about the prevention and management of women's mental health issues to health professionals, service providers, carers, consumers and the public
- To promote research into women's mental health issues
- To promote opportunities for training and education in women's mental health issues and women-sensitive practice
- To develop partnerships with key mental health and women's organisations to promote responsiveness to women's mental health and to create opportunities for women consumers, carers and service providers to work together in addressing mental health issues, and to share their experiences and information
- To promote systemic change in order to make mental health policies and services more responsive to women's needs

Violence against women constitutes an urgent health priority in Victoria, being the leading contributor to ill-health, disability and death of Victorian women aged between 18-44. The Network invited women with a lived experience of both mental illness and family violence to attend a forum so we could include their input and be better informed about what women need to be safe and supported when experiencing family violence. The Network aims to inform the Commission about a way forward to a better future for women in our community.

We would be pleased to talk with the Commission further about our aims to promote a gender lens on mental illness. Please contact us for any further information that you require.

Yours sincerely
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Chair, Committee of Management
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Contents

Submission to the Royal Commission on Family Violence	3
SECTION ONE	3
Introduction	3
SECTION TWO	3
Summary of Recommendations for the Royal Commission	3
SECTION THREE	4
Background	4
SECTION FOUR	11
Women's Lived Experiences	11

Submission to the Royal Commission on Family Violence

SECTION ONE

Introduction

The network promotes safe and effective mental health services for women by working with services and empowering women to tell their story about their experiences. To be a change agent for safe, gender – sensitive and healing environments for all women experience mental health care we advocate for women sensitive and safe policy and practiceⁱ.

Women's Mental Health Network's submission focusses on the need for government to invest in a comprehensive strengthening of the gender sensitive approaches ensuring systems change that considers women and children who need to negotiate family violence related services.

We believe that increasing gender equity across all indicators of the services that provide support for women and children can be the only way forward to reduce further harm for those women in crisis.

We have also taken the opportunity to highlight urgent issues relating to how the system is currently responding to victims of violence, and to make recommendations on how these issues might be addressed, these include a focus factoring in the following:

- Strengthened rural and regional response to gender sensitivity and safety issuesⁱⁱ
- That gender sensitive health services and safety is recognised as a right and that it is practiced in mental health and alcohol and drug servicesⁱⁱⁱ
- Participate or partner with research that addresses women's mental health issues^{iv}
- Partnering with government^v to increase understanding of the **Network** and its principles

SECTION TWO

Summary of Recommendations for the Royal Commission

1. The Commission should aim to promote systemic change in order to make mental health policies and services more responsive to women and children's needs when they experience violence
2. The Mental Health and Family Services must increase their collaboration in order to work with both women with mental illness who have experienced Family Violence and men with mental illness who perpetrate Family Violence
3. Reform legislation to reflect the strength of determinant mechanisms and early referral for men's programs that support potential change of behaviour
4. Establish guidelines for consistent law enforcement and judicial systems responses for initiating early intervention opportunities for perpetrators
5. Increase funding for Women's Mental Health **Network** gender sensitive programs such as "Speak Out" and strengthen policy that advances gender sensitive services to ensure equity for women who are experiencing mental illness
6. Review Medicare rebates for associated benefits for Family Violence and mental illness claims
7. Fund services and research for strengthening intersectionality areas to include the intersect of disability and Family violence
8. Reduce stigma in our society – community education- conduct major campaigns to educate the public and build awareness about linkages between Mental Health, mental illness and Family Violence

9. Reinstate female only psychiatric wards so that females who are in abusive relationships do not have to deal with sexist and aggressive male co patients; and create greater focus on safety for women who are sharing inpatient areas with men through policy and protocols development
10. Work with services and government to make mental health services more responsive to gender needs inclusive of our GLBTI clients
11. Strengthen workforce development for Police force to understand mental illness and the intersect for Family Violence
12. Increase Family Violence sector funding to undertake service development to build their capacity to work with women with mental illness
13. Fund systemic curriculum development for Mental Health Services (both Clinical and MHCCS) to increase their capacity to work with women who have experienced Family Violence
14. Funding should be available for a comprehensive education and training of women managing refugees to build capacity for workers to respond to women with psychiatric disabilities appropriately
15. Strengthen workforce training to enable workers (Police, Mental Health workers Emergency services Allied health) to work within trauma- informed care parameters
16. Strengthen workforce development for Police force to understand mental illness and Family Violence
17. Increase Family Violence sector funding to undertake service development to build their capacity to work with women with mental illness
18. Fund systemic curriculum development for Mental Health Services (both Clinical and MHCCS) to increase their capacity to work with women who have experienced Family Violence
19. Strengthen workforce training to enable workers (Police, Mental Health workers Emergency services Allied health) to work within trauma- informed care parameters
20. Provide training for the health and allied health workforce to ensure these workers can undertake adequate support for those women experiencing violence
21. Advance a national/state curriculum focus for integrated curriculum standards framework for Healthy relationship learning in all schools (especially primary & secondary)
22. Fund systemic reforms for the children's service area to ensure the early signs of Family Violence in children are recognised by workers (indicating referral and support mechanisms intervention)

SECTION THREE

Background

The **Network** aims to seek collaboration with women with lived experience and service providers working together to facilitate gender sensitive and health in environments. Women's experiences of living with mental illness and of the mental health care system are at the heart of the network's activities^{vi}. We want the respect and dignity of the woman who are affected by violence to be upheld by those workers in the field.

Violence against women and their children are key social and health problems that significantly impact the health and wellbeing of everyone in the community, and women and children in particular. The psychological, physical, economic, social impacts are serious, lifelong and often profound for those who have experienced violence. Violence is never acceptable and it is important to acknowledge that the vast majority of women impacted by violence experience this at the hands of their current or past intimate partner.

Nationwide, communities are impacted by unacceptably high rates of family violence. In Australia, violence against women affects one in three women over their lifetime^{vii} and UNICEF estimates that between 75,000 to 640,000 Australian children and young people are living with domestic violence^{viii}. Many children and

young people witness violence in their homes, with one in four young people reportedly have witnessed an act of physical violence against their mother or step-mother^{ix}.

Violence against women has wide-ranging and persistent effects on women's mental health. Women are at risk of impacts including stress, anxiety, depression, phobias, eating disorders, sleep disorders, panic disorders, suicidal behaviour, poor self-esteem, traumatic and post-traumatic stress disorders, and self-harming behaviours (VicHealth 2004, Braaf and Meyering 2013).

Mental illness – anxiety and depression – make up 58% of the disease burden resulting from violence in Victorian women (VicHealth 2004).

Women who have experienced intimate partner violence are almost twice as likely to experience depression and problem drinking, with a rate even higher for women who have experienced non-partner sexual violence (WHO 2002).

There are types of violence against women for which the mental health burden is still insufficiently acknowledged or poorly understood.

The review of the Mental Health System

The Commonwealth Government recently tasked the National Mental Health Commission (NMHC) with conducting a national review of mental health programmes and services. The review focussed on assessing the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental ill-health and their families and other support people to lead a contributing life and to engage productively in the community.

The final report was provided to the Commonwealth Government on 1 December 2014 and has now been officially released.

The National Review of Mental Health Programmes and Services has highlighted grave weaknesses in Australia's mental health system as a whole. The Review findings centre on the inefficiency and ineffectiveness of Commonwealth services and programmes, as well as poor investment and spending patterns on mental health by the federal government.

The Review found that the current mental health system is complex to navigate, which creates an access barrier for people living with mental illness, their families and their careers. With this intersection with Family Violence there is a compounding effect of violence against women who have mental illness, further hindering the access to services.

We urge the government to engage with the issues raised in the National Mental Health Commission, review and recognise that mental health requires a sustained focus with new targets to drive improvements.

An integrated approach to Mental Health and Family Violence

The impact of violence for women is compounded by the fact that gender-based discrimination interacts with other types of lived experiences of inequality. This interaction, in which one experience impacts on another, is termed 'intersectionality'. Social and structural inequalities, such as class, race, sexuality, disability and residency status may act to increase women's vulnerability to violence.

Intersectional disadvantage exponentially compounds the impacts of family violence. The prevalence of men's violence against women means that women in all cultures, socio economic groups and areas across

Victoria are at risk, and most know the men who are violent towards them. However, certain groups of women experience much higher rates of violence than others, both because they experience additional barriers to escaping violence and seeking appropriate support, but also because they may be harder to reach through universal primary prevention strategies due to social isolation and other factors. These groups include but are not limited to women with disabilities, Aboriginal women, immigrant and refugee women, same-sex attracted women, young women and ageing women.

Primary prevention programs in Victoria must take into account the way that gender-based discrimination interacts with other determinants and be tailored accordingly. However, while different groups will require specialist, targeted approaches, all strategies (spanning from primary prevention to early intervention) should include these core universal messages:

- Men's violence against women is serious, prevalent and preventable.
- Men's violence against women takes many forms, but is characterised by a man (usually an intimate partner man) choosing to use violence, coercion, threats and fear to control another person (usually a woman)
- Men's violence against women on an individual level is both directly caused by, and an expression/enforcer of, broader gender inequity, belief in rigid gender roles and violence-supportive attitudes

The development of a gendered mental health and wellbeing plan and active mental health promotion support must be a priority for Victorian women's health and must take into account the significant burden posed by experiences of gender-based violence.

Focus on a systems approach

The **Network** promotes systemic change in order to make mental health policies and services more responsive to women's needs.

The **Network's** consumers raise concern about how women experience disadvantage because of the broken mental health system, the lack of coordination between the mental health and family violence sectors being one of the contributing factors. The "notion that women can be trapped in a toxic relationship because of poverty, threats of homelessness, children to look after, emotional abuse and the like, and if the woman has a diagnosis of mental illness it can exacerbate the entrapment through a dependence and fear she is saddled with, because she cannot access appropriate services".

".....had to shift cities to get away from him...."

"... you go to war in your home..."

Many of our consumers report difficulty obtaining the right information they need to be able to support themselves and their children at a time when their safety and wellbeing is at the most vulnerable. We need more services tailored to take gender into account.

Organisations don't seem to be able to streamline the provision of timely information, waiting lists for support are too long and often women are told to ring back- this creates a critical safety issue for women who may need to remove themselves from a situation where if they stay they may be killed. Searching for information and help seeking can be stressful. Organisations must show more understanding about how stressful it is when women call them.

There is a disconnect between referral services, consumers report they often have to repeat their story many times before getting the help they need. A coordinated service between mental health and family violence sector systems would provide a streamlined approach and perhaps even save more women's lives.

Recommendation: The Commission should aim to promote systemic change in order to make mental health policies and services more responsive to women and children's needs when they experience violence

Recommendation: The Mental Health and Family Services must increase their collaboration in order to work with both women with mental illness who have experienced Family Violence and men with mental illness who perpetrate Family Violence

Stronger focus on strengthening the judicial system

The **Network** aims to increase community awareness about safety concerns for women in mental health services and de-stigmatise mental illness⁸.

The **Network**'s consumers shared during the consultations their personal experiences when at court and when dealing with the police. They wish the Commission to know they feel that the "Courts are imbalanced – the cross examination lacks respect – we are re-traumatised at this entry point. There is no strategic support process for the courts and laws protect the perpetrator by not revealing their previous crimes. Police say go to GP for medications (depression) rather than treating family violence as abuse." Making complaints to police has been reported by our consumers in the **Network** as a horrendous experience. "When I said I had a mental illness I was treated as though I was not credible- they check with the caseworker- I am not believed".

***"The perpetrators are always off the hook,
women are left doing the hard work for the things to change"***

Women are often not believed and this community attitude is perpetuated in the judicial system. It has been noted by consumers that "male judges are often more lenient towards male perpetrators of crimes of violence and that referrals for men's behaviour programs do not happen".

***"women was shot down by man in my workplace-
she did ask for help but no one stopped for her"***

There have been reports of police brutality and a "lack of action by police when called to family violence crime reporting in the home". The stigma attached to women who experience mental illness further impacts their right to access services and places them at risk.

"Police often do the eye rolling at you - they don't report, their responses are slow and shocking. The intervention orders for myself and my kids are not protected by it."

"Police are passive when the Intervention Orders are broken they want the relatives to sort it out.."

***"I called police to report violence,
they said I had mental illness so they would have to call the clinic to ask for proof I was credible"***

Recommendation: Reform legislation to reflect the strength of determinant mechanisms and early referral for men's programs that support potential change of behaviour

Recommendation: Establish guidelines for consistent law enforcement and judicial systems responses for initiating early intervention opportunities for perpetrators

Stronger focus on strengthening the Mental Health System response to Family Violence

The **Network** promotes and advocates for women's safety within all types of mental health services^{xi} and supports and empowers women to tell their stories^{xii}.

There are many obstacles for women's to negotiate and the lack of coordination between sectors has a huge impact on how women fair during the process. "Support services are constrained - Medicare only gives six counselling (eg CASA) visits this is definitely not enough, it's costly to get help –we are trying to get healing from this experience." Doctors could change their approach to referrals also by being more aware of women's needs.

There remains stigma against women with mental illness especially for disability and mental illness-crisis centres services are not welcoming and they are often not safe to be in. The practitioners are often judgemental and there is a need for better inpatient and outpatient treatment outcomes for women. This will, in turn, ultimately result in fewer costs for the whole community; gender sensitive services are effective services.

Collaboration occurs with the sectors so the **Network** can ensure women with lived experiences are integrated to network activities^{xiii}. As a result of our programs the women who are mental health workers learn about what it really feels like to experience the pain of mental illness – from the very people who could explain it best.

Gender-sensitive practice acknowledges the different experiences, expectations, pressures, inequalities and needs of people according to their gender identity^{xiv}. It also builds capacity for people to engage with each other with respect.

In 2011, the Government of Victoria released the *Service guideline on gender sensitivity and safety: Promoting a holistic approach to wellbeing*. This document provides guidance for practitioners and organisations to provide gender-sensitive care and provide a best practice model for creating gender sensitive mental health services. These guidelines address many of the concerns relating to safety and gender sensitivity for women in Australian inpatient facilities and should be comprehensively implemented and evaluated.

The Victorian Department of Health's *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services (Well Proud)* provides simple and comprehensive information from generic recommendations for inclusive practice as well as specific recommendations for mental health services.

Work needs to continue with services and government to make mental health services more responsive to gender needs including for GLBTI clients and patients, hence, increasing sensitivity and safety for both women and men. This will help reduce re-traumatisation and extended hospital stays, as well as readmissions and, therefore, speed recovery and keep costs down for all.

‘Instead of listening to me I was given largactil’

“We feel powerless when we are called victims”

Recommendation: Increase funding for Women’s Mental Health **Network** gender sensitive programs such as “Speak Out” and strengthen policy that advances gender sensitive services to ensure equity for women who are experiencing mental illness

Recommendation: Review Medicare rebates for associated benefits for FV and mental illness claims

Recommendation: Fund services and research for strengthening intersectionality areas to include the intersect of disability and Family violence

Recommendation: Reduce stigma in our society – community education- major campaign to educate the public and build awareness about linkages between Mental Health, mental illness and Family Violence

Recommendation: Reinstate female only psychiatric wards so that females who are in abusive relationships do not have to deal with sexist and aggressive male co patients; and create greater focus on safety for women who are sharing inpatient areas with men through policy and protocols development

Recommendation: Work with services and government to make mental health services more responsive to gender needs including for GLBTI clients.

Stronger focus on workforce development

The **Network** believes we need more gender sensitive training for front-line staff in mental health and drug and alcohol services. There is a need for stronger focus on the implementation and evaluation of guidelines for mental health services, using the Victorian Government’s Service guideline on gender sensitivity and safety: Promoting a holistic approach to wellbeing as a best practice standard.

The Women’s Mental Health Network Victoria (WMHNV) has developed an effective training program for staff working in mental health, and drug and alcohol services. The program, Building Gender-Sensitive and Safe Practice Training Program, is based on the Service guideline on gender sensitivity and safety: promoting a holistic approach to wellbeing.

Building Gender Sensitive and Safe Practice Training Program is an interactive training program and resource that is designed to support mental health services and practitioners to consider the needs, wishes and experiences of people in relation to their gender and sexual identity, and to ensure access to high-quality care based on dignity and respect.

The training program aims to support staff and management to:

- Ensure a gender sensitive and safe approach to work
- Build organisational capacity for gender sensitive and safe practice
- Embed the Service guideline on gender sensitivity and safety: promoting a holistic approach to wellbeing into everyday practice
- Discuss and review what gender sensitive and safe practice looks like working in conjunction with trauma- informed care principles

Recommendation: Strengthen workforce development for Police force to understand mental illness and the intersect for Family Violence

Recommendation: Increase Family Violence sector funding to undertake service development to build their capacity to work with women with mental illness

Recommendation: Fund systemic curriculum development for Mental Health Services (both Clinical and MHCCS) to increase their capacity to work with women who have experienced Family Violence

Recommendation: Funding should be available for a comprehensive education and training of women managing refugees to build capacity for workers to respond to women with psychiatric disabilities appropriately

Recommendation: Strengthen workforce training to enable workers (Police, Mental Health workers Emergency services Allied health) to work within trauma- informed care parameters

Recommendation: Provide training for the health and allied health workforce to ensure these workers can undertake adequate support for those women experiencing violence

Stronger focus on school children

Children are often forgotten when violence occurs in the family. Consumers report that “children can be perpetrators of violence also, whether because of undiagnosed mental illness in some cases”, or because they are experiencing stress or they are modelling the unchecked violence they witness in the home. Extreme violence from children is often blamed on parenting skills. We need more services to support our children, “they are too slow- they need to work with the parents more”.

It is critical for those caring and teaching children to understand the early signs of stress in children which could be related to the invisibility of Family Violence. All children's service areas should be able to recognise early signs of Family Violence and provide referral and support.

Recommendation: Advance a national/state curriculum focus for integrated curriculum standards framework for Healthy relationship learning in all schools

Recommendation: Fund systemic reforms for the children's service area to ensure the early signs of Family Violence in children are recognised by workers (indicating referral and support mechanisms intervention)

Stronger focus on community development

There needs to be a heightened awareness in the community of the links between mental illness, family violence and other societal factors which render women more susceptible to mental stress and crises.

“people just mind their own business and do not want to get involved”

“People in my age group who do not want to know about FV and mental illness, I have had a lot of violence since birth, it took me till I was 40 to recognise it was FV and the rest of my life dealing with issues about it....

I have had to live and mourn the death of 4 people I know, killed through violence and at my age (70) I feel there is a total disinterest and hatred of women, even women against women...”

Recommendation: Fund research for best practice community development for transforming the approach to healthier relationships

Recommendation: Campaign awareness in the community of the links between mental illness, family violence and other societal factors which render women more susceptible to mental stress and crises

Conclusion

Statistically we know that many women experience many forms of gender-based violence over the course of their lives. A victim of prolonged abuse by an intimate partner, is because of her gender and the pervasive nature of violence against women, also likely to experience unwanted sexual attention or street harassment, she may also become a victim of stranger sexual assault. The impacts of experiencing multiple forms of violence will be cumulative and re-traumatising for many women.

Women unfortunately factor in how to keep 'safe' from male violence every day, to and from work, whilst exercising, on the way home from outings. Fear of male violence is significantly limiting the participation of women and girls in community life. Too many women also experience this fear in their own homes. We know violence against women is the leading contributor to death and disability for Victorian women aged 15-44.

While it is essential to hold individual perpetrators to account, and ensure we have the right services in place to support women with mental illness, it is also critical that we work together to prevent it from happening in the first place.

Evidence tells us that where countries are more equitable there tends to be lower rates of violence against women. We need to work towards shifting the structures and social norms that enable violence against women.

Reducing violence will require significant investment and a coordinated, sustained approach. We must commit to work with men and boys and girls and women, across every indicator of gender inequity, challenging the systems, the policies, the beliefs, and attitudes that contribute to violence against women.

SECTION FOUR

Women's Lived Experiences

The Network collaborates with women consumers to ensure their experiences are heard.

The following experiences have been documented as part of the consultation for the Network's Royal Commission submission. It must be acknowledged that women who disclose their painful experiences do so with resolute attitude that their experiences may inform systems reform as well as support those women who may feel isolated as a result of their own experiences going unheard.

Lived Experience reported by consumer

People don't want to know about what Family Violence is doing in our community.

"Silence, Shame and Stigma"

Lived Experience reported by consumer

I think there is a more structural way of looking at this issue. There is a lot of grief relating to Family violence. I would really like the children and women who have experienced violence or been killed as a result of these crimes be recognised. I have started a weblog to help others and feel the most important thing is for women to be able to tell their story.

Lived Experience reported by consumer

'I moved here from the UK in 2012 and have had horrific experiences whilst here. I have received a response from the High Commission of Human Rights (United Nations Geneva) for me to submit a record of violations of my rights to the Australian government CPRD committee on the rights of persons with disabilities'. My experience is recorded as....'a very serious violation and many Australian authorities have used their positions to further abuse vulnerable people.

My experiences have now been brought to the attention of United Nations'

"I locked myself away, husband manipulated situation, I was put on charges, policy banged into my bedroom and man- handled me...went to Box Hill Hospital to document bruises ", no one believed me, no one understood my disability either "Melbourne disgraceful in all their services".

Situation dragged out for me in the court, I have had \$100,000.00 and 2 yrs legal costs –still no settlement on property. I have been accused of mentally being unstable, I have gone to Geneva and made a complaint. This is a human rights issue and so I have submitted my complaint on my human rights violation and the UN is keen to know my story..."

This consumer needs the Commission to know that crisis centres are difficult to negotiate.

Lived Experience reported by consumer

In hospital- "instead of listening to me they gave me largactil. - I was caught in the system and that was what tipped me over emotionally"; I was cross examined hard! The approach of this led to suicide attempts. In hospital I did not get direct help for the initial issues causing the problems. I feel there is "Labelling & stigma around mental health".

Are laws upholding workers attitudesI rang hospital a to say my partner was trying to strangle me-they just asked; " have you ever attracted them to want them to do this to you!?"

I feel there is division in the family violence sector, there is no accountability for services. I have called police to report violence-police called clinic to ask for the proof that I was credible.

My mental illness is used against me.

Lived Experience reported by consumer

When young adult children are perpetrators of violence it's very difficult. People don't want to get involved so help is hard to get. The police seem to blame me for my son's behaviour and yet he is not well. I need them to help me help my son. I need protection from my son and yet I love him and want him to be well. It's very difficult. This experience places me more at risk as it impacts my mental health illness at times.

Lived Experience reported by consumer

I have had several mental health workers, they change all the time. It's stressful that I have to keep repeating my story.

Even so, I have worked hard to help my children understand respecting others so they don't repeat violence patterns.

The courts systems contribute to the abuse – allows it to continue because they could not get a resolution, the time lag means I can't move on with my life. I am not believed because of the stigma attached to my mental illness. I feel weak because of the experience, I feel like I am still being punished.

"If I had not left I would be dead"

Lived Experience reported by consumer

Transwoman's Experience on Family violence

By Rochelle Bell

I am interested in the forum for Women's experience of Family Violence System as I am transwoman (a pronoun used be post-op M2F). I feel my story needs telling and it's not quite the same as a genetic female.

When the worst of the domestic violence started:

Twelve years ago a 6ft tall 20yr old son-in-law on drugs, my oldest daughter's boyfriend punch me my twice in the head when I was male that broke the skin on my lip causing swelling.

I wrestled him as I had to get closer to him so he couldn't hit me again and my family pulled him off me. I hide; he looked for me I could hear him running around looking. The police attended this scene, took statements and an AVO was issued to protect my daughter.

At this time, I had already started by seeing a psychiatrist for the purpose of getting a diagnosis of Gender Dysphoria, this happened in 2002

This is some of what went on back in Ballarat at that time:

- He hit my oldest daughter who had my granddaughter then only about 6months old.
- Caused damage to my house that I owned.
- Damaged my ex-partners car.
- Took my granddaughter without my daughter's permission and they had to chase him down to get my granddaughter back off him.
- Soon after I left Ballarat for good as it wasn't safe for me to go home and I have lived in Melbourne even since, where I have transitioned to female from day one.

A brief description on changing my sex on the Birth, Deaths and Marriages registry:

I hadn't a chance to get over my surgery and finding it hard to get around. When Medicare says go, see your surgeon, get paperwork saying you have under gone a SRS and are now female.

Next on the agenda go to Births, Deaths and Marriages with such paperwork and old birth certificate plus the rest of what was needed to provide 100% proof of identity.

The Births, Deaths and Marriages office eagerly relieving me of my old birth certificate with male on it and in its place I get a new one with born female sent out to me. **So, as far as I am concerned now I am female by law.**

Lived Experience reported by consumer

I was both physically and emotionally abused in my marriage for 25 years. After the children were born, my husband used clinical mental health services as an extension of this abuse. Coercive mental health interventions became a means by which my abusive husband exercised power and control over me.

My engagement with mental health services began when my husband took me to a psychiatrist and told them that there was something wrong with me. My husband's story of my behaviour got me diagnosed as a schizophrenic. The mental health clinicians did not question my husband's reports and they took his word about my mental health. He was telling lies and this got me permanently labelled as having a mental problem. This label has continued to interfere with my wellbeing to this day.

Once, when my husband had assaulted me, he took me to hospital and reported that I had been acting crazy. They gave me ECT in hospital. This caused me to lose my memory and it took me a long time to get it back. I believe my husband did this as a punishment to me. He never suffered any consequences for assaulting me. I was punished when he was in the wrong. I was released from the mental health ward back into the same abusive situation which had put me there.

The diagnosis of mental illness caused me to be put on many prescribed drugs. These drugs interfered with my daily functioning and made it very difficult for me to get on with looking after the house and my four children. I was also being given these drugs while I was heavily pregnant. At one stage the nurses refused to give me the drugs because they said they wouldn't be good for my unborn child. The drugs were being used by my husband as a way to control me, to keep me quiet and in his power.

Because of the diagnosis and the prescription drugs I was on I lost my children. My violent and abusive husband, who was also involved with illegal drugs, kept my children. This has had negative consequences for their wellbeing. My sons have spent time in prison and my daughter has been in abusive relationships. Losing my children was a terrible trauma for me and one from which I have never fully recovered. My husband used mental health services to abuse me and take my children from me.

My husband eventually went to jail for dealing drugs and I raised my youngest child alone. I worked part time at a school and provided for my son and myself. He is grown up now and is a healthy and functional young man with a job. There is nothing wrong with him.

I feel anxious and upset when speaking to most men as a consequence of the abuse I suffered. I am frightened of male mental health workers because they have the power to do terrible things to me. The clinicians have all been male and they have treated me roughly. I do not feel like any of them listen to me or understand what I have been through. They never even asked.

I am still subject to the power and control of clinical mental health. I am on a Community Treatment Order and am forced to have medication every month. I see a psychiatrist but I do not feel I can speak to them honestly because I am always afraid they might put me back in the ward or increase my medication. I feel like this is all a consequence of my husband's abuse of me. I feel like I'm being subject to abuse many years after the end of the relationship.

Lived Experience reported by “Melissa”

Melissa is a woman in her mid-forties, who had a history of anxiety, low self-esteem and depression, prior to her experience of intimate partner abuse outlined below. Melissa almost cancelled coming to this interview because hers was an experience of emotional, psychological and financial abuse, and she felt that this might not be “bad enough” compared to the physical abuse of women. This statement was telling in itself, and shows that there is still significant work to be done in validating the trauma and impact of emotional abuse in the lives of many women.

Melissa's ex-partner was very controlling, bullying and manipulative. He often emotionally blackmailed her, and appeared caring and charming in public, but quite different at home, putting her down and making her feel like she was “going crazy”. Her ex-partner knew of her previous mental health difficulties, and used this knowledge against her in the marriage, and then also after separation in the Family Court.

Melissa experienced Post Natal Depression, and was extremely stressed at home with their new baby daughter. Her ex-partner was very undermining, unsupportive, questioning of her, and led her to feel very vulnerable. She pleaded with her GP to admit her to a Mother-Baby Psychiatric inpatient unit in Melbourne. There were some helpful aspects to this, but a number of unhelpful experiences also. She did not find the psychiatrists supportive or understanding, and felt that she was labelled as “overprotective”, when she was trying very hard to protect her baby from being hurt. Family sessions at the unit provided practical assistance, but never picked up on any Family Violence issues, never asked the question, and in the written report made her partner seem like a “shining star”.

Following separation, Melissa describes her experience of Family Court mediation as “appalling”. She felt that she was disadvantaged because her experience was not of physical abuse, so she had limited or no options of legal aid. Melissa felt the mediation staff were unprofessional, lacked understanding, and didn't consider the needs of her 2 year old child. Her ex-partner used the fact that she had an admission in the Mother-Baby Unit, against her.

Melissa's daughter is now 12yrs old, and the emotional abuse, stalking and hostility via emails still continues, as does the evasion of child support. After 10 years, in her own home, Melissa still feels like her ex-partner is standing behind her, verbally bullying her. She works well in her professional job, is a loving mother, and still suffers the impact of this traumatic relationship, struggling to varying extents with anxiety and emotional health issues.

Melissa has sought and used counselling at different times. Living in a country area made this difficult due to the lack of anonymity, particularly as she works in a public role as a Maternal and Child Health Nurse. She ceased seeing one counsellor when she found out she was a neighbour. She found she couldn't attend Parenting after Separation classes because her clients were also in the group. Financially she found counselling often too costly. Even with the Medicare assistance, the gap fee was quite difficult.

Melissa's messages she would like to give to the Royal Commission are:

- Put a lot more focus on respectful relationships education in Primary and Secondary schools
- Keep challenging cultural beliefs and stereotypes that feed DV.
- Promote the Freecall number 1800respect, as this was very helpful.
- The Centre for Non-Violence Bendigo needs more funding and staff. They didn't call her back when she rang.
- There needs to be a system developed for women that can stop electronic stalking, emails, texts etc in DV situations, or education for women in how to deal with this. Police seem unable to help with this ongoing emotional abuse.
- Make sure all professionals in the system focus on the child's safety and wellbeing.
- Need to improve the system for child support and the financial support of women, as many ex-partners avoid paying, and many women don't push for it for fear of abusive repercussions.
- Services need to sensitively tune into potential abuse situations, and ask women the question, as some abusive partners can appear very caring, committed and involved, when they are not.
- Be aware of the need for anonymity for country women, and provide clear information for women as to counselling services that are women sensitive, and that specialise in trauma recovery and healing from DV. It's too hard to just look at general lists online or phone book, and see counsellors who don't understand the impact of DV in ongoing emotional and mental health.
- Provide more support, belief in women, police and court response to psychological abuse.

Lived Experience reported by “Anne”

Anne was married at 16yrs old, pregnant, and living in a remote rural area. Her family rejected her, so she was very isolated. Anne is now in her 50's, and wanted the opportunity to convey her thoughts and messages to the Royal Commission to help other women. Her trauma experience still impacts on her today.

Anne's experience of severe physical violence began from the first night they were married. She suffered extreme violence and hospitalisations over a number of years. She spent time in refuges, hidden by services in caravan parks etc. Her husband would find her, and once tipped the caravan over and set it alight with the children in it though they got out safely.

Hiding in a remote area with 3 children was very isolating. The Police treated her “like dirt”. She felt stereotyped and judged, and given the message she should go back to him. The Police were involved many times, but had no power. It was seen as private business between a husband and wife. Intervention Orders were useless, and the Police weren't responsive when they were broken. There was no way you would press charges, and you knew he wouldn't go to gaol anyway. Anne felt so desperate and traumatised, she attempted suicide. Everyone in the small community knew what was happening. Some were supportive, and others were the opposite, ignoring, judging, saying if it was that bad, she would have left. The Salvo's though were fantastic. Anne left the relationship for good when her ex-partner began beating up the children too.

Court was very distressing. She was given no support, and after years of isolation, felt petrified speaking in court. She was not offered any emotional support, though eventually the court decided that her ex-partner could never see the children again, which was a positive outcome.

Anne's mental health problems developed after she left this relationship for good, and relocated to a bigger country town in another state. She experienced symptoms of Agoraphobia, felt scared of people, and felt inferior. She moved into another relationship, this one emotionally abusive. She experienced symptoms of PTSD and stole some sheets. She was referred to a psychiatrist. He said she was “just a thief” looking for an excuse, labelled her as Bi-Polar, and put her on Lithium. Anne only saw him once, and was very shaken after the visit. Her GP however, was very helpful and supportive, and disagreed strongly with the psychiatrist. Anne didn't take the medication, and knew the diagnosis wasn't right. She now understands her symptoms as PTSD. Soon after this Anne's husband left, and Anne moved away with the kids. Then her healing began, and she made a fresh start.

Anne had a lot of anxiety, and had trouble just going to the supermarket. She had been isolated and living on adrenaline for some years, and once she was a single mother, she found herself unconsciously looking for that familiar adrenaline rush by creating dramas, picking arguments....and couldn't understand why. Later she came to understand this in terms of PTSD. During her experience of violence, Anne was never encouraged to seek support. Her mental health was never considered, and no one asked the right questions. She didn't seek help as she felt embarrassed about it and was very private. She blamed herself and pushed help and intervention away. Emotional support was never offered by the Police or court system. Anne eventually sought counselling, some of which was helpful, though one female counsellor was very harsh and unhelpful.

Anne is now in a positive and supportive marriage, and has re-built her life. She feels that her past defined her for a long time, but she can now use it to shape a new story. Still now, there are triggers that “open the wound” a bit (eg. some things on TV bring it back). She avoids watching trauma, and she left community services work because it was re-traumatising. Anne tends to isolate herself a bit in situations, and finds it challenging to seek help. She says the trauma never leaves you, and the ongoing effect is forever. It's “like you survived a small war”.

Anne's messages to the Royal Commission are:

- Any intervention from the DV system needs to be very gentle, sensitive and safe, and not just one-off, but slow and ongoing, or women will be scared away. “Keep shining the light until the person is ready to see it”.
- Help women recognise what is a respectful relationship and what is not, because when the abuse is happening, you can't always recognise it yourself. You think it is normal and just the way it is.
- Police need to intervene early, and make it very clear that the behaviour is unacceptable. They need to show leadership to say “this is not OK”. Change the culture. Use people who are respected and listened to, use men also to spread the message.
- The theoretical background and model a counsellor works from is important. Women need to be able to access information about counsellors who are experts in working sensitively and respectfully with trauma and DV.
- Women won't go and get a Mental Health Plan while they are being beaten, as they think they are the problem.
- The wording “Mental Health Plan” may be off-putting. You already feel like a failure. Maybe change the wording to an emotional wellbeing plan or something like that.

- Take note of the special needs of women in rural and remote areas in terms of DV support, health promotion, culture changing, access to services.
- Ask the questions, offer emotional support, enquire gently and intuitively about potential DV, and about mental health, as women will not offer this information when they have been traumatised.

ⁱ *WMHN Strategic Plan 2014-18 Objective 4.1*

ⁱⁱ *WMHN Strategic Plan 2014-18 Objective 4.2*

ⁱⁱⁱ *WMHN Strategic Plan 2014-18 Objective 4.3*

^{iv} *WMHN Strategic Plan 2014-18 Objective 4.5*

^v *WMHN Strategic Plan 2014-18 Objective 4.4*

^{vi} *Women's Mental Health Network Victoria Inc. Strategic Plan 2014-16*

^{vii} Australian Bureau of Statistics (2006) Personal Safety Survey 2005.

Commonwealth Government of Australia. Cat. no. 4906.0. Canberra: ABS

^{viii} Pinheiro P 2006. World report on violence against children. New York: UNICEF.

^{ix} National Crime Prevention (2001) Young Australians and Domestic Violence, No 195, Australian Institute of Criminology, Canberra, AIC.

^x *WMHN Strategic Plan 2014-18 Objective 2.4*

^{xi} *WMHN Strategic Plan 2014-18 Objective 2.1*

^{xii} *WMHN Strategic Plan 2014-18 Objective 2.2*

^{xiii} *WMHN Strategic Plan 2014-18 Objective 3.1*

^{xiv} Gender sensitivity