

6 May 2015

Royal Commission into Family Violence

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Dear Commissioner

Thank you for the opportunity to contribute to the Royal Commission into Family Violence.

Brief Personal History of Family Violence

In this submission, I draw on my observed and lived experience of family violence that began at an early age and continued to escalate through adolescence. As a young adult, I replicated what I knew. I entered into and then became trapped in a relationship that was dangerously violent. Although, I expected it to claim my own life, I was spared when my husband and perpetrator, unexpectedly took his own life in 1982. I lived with secrets of those horrendous experiences until 5 January 2012. On that day, the suicidal thoughts that had invaded my mind at least daily since my mid teens were pushed to the point of no return as a result of a calculated act of sibling violence. Such was my distress and fear that my own suicidality may endanger the lives of others; I sought treatment at a hospital emergency department. While ever present, my physical injuries are barely noticeable. The psychological impacts of family violence are slowly sliding into remission as a result of the treatment I continue to receive from a dedicated specialist healthcare team.

Overview of the Submission

In this submission, family violence refers to any form of physical, emotional or sexual abuse to any person, irrespective of gender or culture. Family violence may include any one form or all forms at any one time or in combination.

My intention in this submission is to address, with recommendations, family violence at the following levels

1. Generational culture change
2. Integrated care system change
3. Self extraction from a violent situation and rehabilitation

1. Generational Culture Change

No human being should ever experience family violence at any time for any reason.

Family violence is a condition of society that is as unacceptable as any other form of discrimination against an individual or group of individuals.

Sufferers live in fear of perpetrators, reprisals and family estrangement. Many sufferers believe that the risk of speaking out is just too great to take. Many choose to sweat it out in silence. Sufferers may lie or distort the truth about their lifestyle, perpetrator and injuries to avoid detection and risk causing distress to family and friends, who may or may not believe them. They may also withdraw from social interactions for fear that their situation might be exposed.

Sufferers often become conditioned to violence, comparing their endurance of physical pain to the intensity of pain from previous episodes. That complacency about “just another beating”, “only one black eye this time” is dangerous. Some sufferers will believe that they can actually handle the violence. For some, it is the emotional attachment intertwined and confused with their perpetrator’s remorse that keeps them in the relationship. That remorse may include violent sobbing, pleading for forgiveness, promises that it will never happen again. Or worse, from my own experience tearful questions like, “Why do you always make me hit you?”

Long term sufferers may lose or have diminished their flight fight capacity. Sometimes it’s easy to “play dead” until the violence is over. It’s also often easier to stay than to risk escape, detection and re-installation in the violent situation and the welcome home battering.

The challenge of being able to permanently escape abusive relationships is often too heavy a burden to consider. Attempts at normal relationships may be unsuccessful as a result of the psychological sequelae of a life time of family violence. Self imposed social isolation carries its own burden of illness on society.

Recommendations

Medicalise Family Violence

1. Family violence is not usually a life style choice like smoking and eating junk food. But, it is potentially lethal, especially during extraction missions.
2. There are many pre-disposing factors for family violence including generational family history where violence is the norm, cultural acceptance, mental illness, financial distress, relationship problems, alcoholism, drug abuse, gambling etc , etc. Accepting that some individuals (ie sufferers and perpetrators) are so predisposed, family **violence, should be a considered as a medical condition like any other illness that causes debilitation in any form or is potentially fatal.**
3. If accepted as a chronic medical condition, injuries and associated comorbidities are likely to be:
 - Treated with appropriate urgency
 - Less severe or less obvious damage of any kind may be more easily detected
 - Better managed thereby improving health outcomes for the sufferer and reducing the burden on the health system
4. Changing the language around how people refer to sufferers of family violence maybe one helpful step towards destigmatisation. No one refers to a sufferer of diabetes as a “victim”. And no one treats a person with severe breathlessness or crushing chest pain with cynicism or contempt. Instead, they call an ambulance.

Awareness Raising and Community Education

5. Awareness raising may begin with educating the wider population about what is and isn’t family violence. When does verbalised anger become verbal abuse? How is sexual abuse defined within an enduring relationship? When is family violence subclinical?
6. Easily accessible and age appropriate information may help awareness raising if it the community comes to understand:
 - how to recognise individuals who may subject to family violence and how to respond appropriately without endangering the individual or themselves

- how to recognise a potential perpetrator (especially for those entering relationships...eg what you should know about your potential partner before you get serious)
 - practically, how to safely escape violence; and,
 - sufferer and perpetrator rehabilitation.
7. Rosie Batty's tragedy is one story of family violence that connects hearts with minds and builds bridges in communities that rally against violence. Story telling is a long proven strategy for encouraging people to change especially if they can see the benefits. But, creating a new generation of respectful families is also about sharing stories of sufferers, many of whom may have been threatened to "(not) tell anyone our business".
 8. Sharing the "how" stories of survivorship may become inspirational and a driving force for those contemplating a dramatic life change toward their own version of "normality". It may also be a mechanism for ensuring the vulnerable never have to endure family violence.

Research

9. Commit funding to undertake research to identify predictors of potential perpetrators of family violence and develop family violence risk assessment toolkits with resources for reporting, self care and exit strategies.

2. Integrated System Change

2.1 Burden on Society

Either directly or indirectly, family violence places a huge financial burden on society

Family violence is voracious in its consumption of acute, primary and secondary health care resources, has a massive appetite for police call outs and demands on social services, volunteer services and the good will of friends etc. Moreover, family violence impacts the sufferer's capacity to work, to self care, to care for their families among a multitude of other difficulties and challenges. The tentacles of its morbidity reach into the extended family through estrangement, guardianship issues etc impacting on individual wellbeing.

Family violence impacts on the workplace in terms of absenteeism, irrational behaviour, loss of confidence, withdrawal from work social networks, poor decision making, decision making paralysis and even aggression and bullying toward work mates as sufferers overcompensate for, or are overcome by their inability to cope.

Ultimately that can impact on organisational climate and performance. Family violence costs, dearly! On the other hand, many sufferers of family violence derive their self esteem from doing a great job. Work is their safe place.

Recommendations for Employers

1. Consider incorporating family violence assessments as part of work place health and safety.
2. Consider providing a confidential service as part of employee assistance program to support and empower sufferers of family violence.

2.2 Burden on Healthcare, Policing and Social Services

Often times, sufferers of family violence call the police. Others call no one. Depending on the nature of their injuries, some may seek treatment at an emergency department or general practice and/or dentist. They may be accompanied by their perpetrator. In that instance, like love bites, the patient may claim to have “walked into the door handle”, “tripped on the rug” rather than admit to injury emanating from an act of violence. Some will refuse to seek treatment. These folk are home experts at injury disguise and wound repairs. And, home surgery is a recipe for infection.

Many sufferers prefer to keep their injuries in the closet, even if pregnant, for fear of police intervention and later, reprisals.

Recommendations for Helping Sufferers

1. An integrated person centred approach is required to draw together the range of services sufferers need to share information that is integral to their recovery.
2. The establishment of the Australian Governments 28 Primary Care Networks provides an ideal multidisciplinary community platform to address the complexities of family violence. Primary Health Care Networks may consider:
 - Establishing programs that enable timely communication between the sufferer’s general practitioner after emergency department presentations and admissions where evidence exists that the injury or condition has directly resulted from family violence.
 - Providing psychology, counselling, help lines available 24/7 by experts in the field for both sufferers and perpetrators.
 - Facilitating rapid safe extraction opportunities eg potential role for patient transfer services, to safe houses that are genuinely safe and set up to accommodate children.
 - Providing post extraction support services that are empowering and improve self esteem and self efficacy.
 - Encouraging community health, health promotion and community development efforts that highlight symptoms and behaviours of sufferers and perpetrators and give good practical information about what to do when...
 - Encouraging collaboration between police and general practitioners so that sufferers receive the same non judgmental assistance as offered to other citizens with potentially lethal illness behaviours eg wandering in dementia.
 - Collaborating with local government to lead community culture change activities toward respectful families and health communities.
3. As with infectious diseases, it may be useful to notify to a centralised agency all detected cases of family violence including injury profile. However, since trust is a big issue with sufferers, this strategy may also have the reverse effect of choosing to not seek treatment.
4. Each sufferer who seeks treatment should be cased managed.

Recommendations for Dealing with Perpetrators

Intervention orders appear little more than stop gap measures that are unlikely to dissuade ardent perpetrators, especially those obsessed with reuniting with their sufferer(s). If anything, the granting of any intervention order adds another layer of distress to both applicant and recipient, increasing reach’s risk of death or injury. **Perpetrators are mentally ill** and as a result of their illness, are always potentially dangerous. My own experience after escape includes relentless stalking, pestering and unwanted phone calls and letters to friends and family

members, declarations of love for me to my mother, threats that he would kill himself, which he did carry out.

1. Any threat to self harm or to harm another person should be taken seriously and the police contacted immediately
2. Perpetrators need appropriate treatment for their mental illness and behaviour change strategies to assist their rehabilitation.
3. Consider admission to secure mental health facilities for perpetrators instead of using intervention orders and threats of incarceration as deterrents.

3. Self Extraction from a Violent Situation and Rehabilitation

Self extraction from a violent situation is fraught and traumatic at every attempt. In short, the terror never appears to attenuate with practice.

When people try to leave a violent situation, there is often nowhere to go that is guaranteed safe and secure. Sufferers may have little money. When someone does escape a violent situation they may well be starting again from scratch with no clothes, no home, no family, and no friends and sadly with feelings of worthlessness. This makes them vulnerable to re-running the cycle of abuse somewhere else with someone else.

Just like building a nest, birds need a lot of little bits from many places to make a new home. And that is what sufferers of family violence also need.

Recommendations:

1. Extraction from a violent situation is not a solution in and of itself. It is the first step in a difficult emotional roller coaster where recovery takes time. With this in mind, extraction should ideally well planned and carefully executed when the sufferer identifies their wish to leave. This is particularly important if children are involved. However, this may not be possible in a crisis situation.
2. Once the sufferer has made the decision to leave, it's important that they can develop the skills and receive the support they need to confidently put their plan into action. This could include considering the time and day to go, where to go, who might assist with removal of belongings etc, who they can trust to not reveal their whereabouts and how they will survive financially, emotionally etc. Sufferers should also take into account any unintended consequences following their removal eg helpful neighbours revealing to the perpetrator vehicle registration numbers of friends and family who have assisted.
3. Sufferers need somewhere safe to go where they can talk about their experience and work with a professional to develop coping skills. This should occur before they actually leave. Ideally, this should occur in any environment where their attendance is unlikely to raise suspicions about their intentions.
4. If the decision to leave can be planned, entities, say, for example, Centrelink offices provide an ideal setting to deliver such a service for these reasons:
 - Conveniently located nation wide
 - Can be visited during working hours or while a perpetrator is at work
 - Easy to find an excuse to go to a Centrelink office without raising concerns

- Security guards patrol many Centrelink offices
- Many Centrelink offices employ psychologists.

Psychologists and other professionals trained in family violence can assist the sufferer to deal with the psychological issues to a point where they can build resilience skills so as to avoid being lured back into any violent environment. They may also be able to assist with practically with information about relocating, rehousing, financial support, reskilling or employment, leaving their digital footprint in the past with their mobile phone number etc.

5. Post extraction, sufferers need ongoing assistance and support to be able to fulfil their own potential. Assistance should be provided to access continuing care services delivered in conjunction with their primary care team.

Recovering from family violence takes as long as it takes. Becoming resolute about leaving the past behind and creating a new life helps to build strength. For those who make it, the world is at their feet. Whilst horrendous, the experience itself helps to build resilience that lasts a lifetime.

Yours sincerely

Char Weeks