

## ROYAL COMMISSION INTO FAMILY VIOLENCE

I am a Mental Health Social Worker with more than 30 years' experience. I have worked in Private Practice for 20 years seeing individual adults and couples. I have post graduate training in couple counselling. I have also been employed in leadership roles at a Community Health Service in Melbourne for the past 9 years. I provide clinical supervision to counselling staff, including those staff providing funded Family Violence counselling, and carry a small case load.

As a clinician I have difficulties with some approaches to assisting clients presenting to Family Violence services. In my work with couples and with men and women individually I have found that the issues around family violence are far more complex than current thinking and practices allow for.

It concerns me that men are immediately assumed to be the perpetrators of abuse and women as victims. What this very certainly is the case for some clients, careful exploration of what has occurred in the relationship and for the individuals concerned makes it difficult to hold to this view. Skilled assessment and intervention is likely to provide a greater depth of understanding of what has occurred and enhance the likelihood of individuals keeping themselves safe in relationships in the future and decreasing abusive behaviour.

In particular I am acutely aware that both perpetrators and victims of family violence frequently have mental health and complex trauma histories that pre dated the emergence of family violence. I am concerned that these issues are frequently not identified in women's family violence support services nor in Men's Behaviour Change groups and that there is not the necessary level of clinical training for staff in these programs to be able to adequately assist these individuals.

Current training by 'No to Violence' for workers in the Family Violence sector and training of Men's Behaviour Change group facilitators fails to include the need for careful assessment of mental health issues, backgrounds involving complex trauma and issues of substance use which are significant contributors to family violence.

Whilst holding perpetrators of family violence accountable is extremely important, some men will be unable to change unless they are able to understand their own behaviour, including their exposure as children to family violence in their own families of origin, their own history of trauma and receive treatment for their mental health issues and support to address difficult living and life circumstances. Current treatment options for men are very restricted in this regard. Failure to provide adequate services for men will limit behaviour change.

A considerable number of women referred for Family Violence counselling have serious mental health issues predating the experience of family violence. Women frequently present with Borderline Personality Disorder, Bi Polar Disorder and histories of complex

trauma. These issues make it difficult for people to manage intense affect and contribute to volatility in relationships. Many of these women lack skills to manage stress and conflict in relationships. If they are only assessed as being victims of family violence they are not given the opportunity to take responsibility for their contribution to the severe difficulties that have arisen and to increase the likelihood of having safer, more stable and rewarding relationships in the future.

It does not appear that these issues have been identified by Family Violence support services prior to the referral for Family Violence counselling. Staff in Family Violence support services need skills in mental health assessment to ensure that they are providing suitable referrals and informed support to their clients.

Some thinking in the area of Family Violence has become polarised and rigid. There is enormous hostility expressed by workers in the Family Violence sector toward clinicians who express a view that some women may contribute to violence and that men should be provided with clinical assistance. For this reason it is my preference that this submission remains anonymous.