Developing the next national plan to reduce violence against women and their children

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Improve the mental health of communities
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 6900 members, including around 5100 qualified psychiatrists.

Introduction

The Australian Government is developing the next National Plan to Reduce Violence against Women and their Children (the National Plan). The Department of Social Services, in partnership with the Office for Women, is running a public consultation for individuals and organisations across Australia to have a say and help them develop the next National Plan.

This new National Plan will start in 2022 with an updated blueprint for preventing violence against women in Australia.
Royal Australian and New Zealand College of Psychiatrists submission
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What does your organisation see as the major issues for people experiencing family, domestic and sexual violence?

The Royal Australian and New Zealand College of Psychiatrists (RANZCP), led by its Family Violence Psychiatry Network, highlights in our Position Statement on Family Violence and Mental Health that family violence (FV) is a significant public health issue which affects all countries, communities, cultures, religions and socioeconomic groups. FV is insidious and destructive, negatively impacting all aspects of health and wellbeing.

The RANZCP emphasises the effects of FV on infants, children, adolescents, and youth are considerable and cause long term impacts on mental, emotional, and physical health. These effects progress into adulthood and can negatively impact future relationships. Children who have developed in the context of ongoing danger, maltreatment, and inadequate caregiving systems are liable to developing emotional and health-related complications as adults with the potential to replicate trauma within future families. The RANZCP acknowledges Aboriginal and Torres Strait Islander peoples, women in isolated or rural communities and culturally and linguistically diverse peoples are vulnerable groups that are more likely to experience FV. These groups often experience difficulty accessing support and assistance and there is an opportunity to expand the services available to these communities.

Are there any other priorities that your organisation feels would make a difference to prevent family, domestic and sexual violence beyond those listed in the question above?

The RANZCP highlights there is an opportunity to introduce and strengthen trauma-informed practice with a specific focus on FV services and key regional areas to facilitate the expert care of victims of FV. Trauma informed practice, based on the principles of safety, trustworthiness, and empowerment supports recovery.

The RANZCP emphasises the significant impact of FV on mental health. As mentioned in our Position Statement on Family Violence and Mental Health, people living with and leaving FV need psychological and physical safety as FV has long term and far-reaching negative impacts on mental health.

The RANZCP recommends building capacity to support victims of FV across health and non-health sectors. Housing security, access to legal assistance, financial stability and employment opportunities are factors that can reduce dependence and decrease the risk of FV. Leaving a violent and coercive relationship takes considerable resources, support, and planning. People experiencing poor mental health may struggle to undertake this. We also suggest increasing early intervention support into mental health service models particularly for children who are victims of FV.

The RANZCP acknowledges perpetrators of FV may have experienced FV at some point in their lives and this must be addressed with a range of mental health interventions starting with prevention and early intervention. Mental health and substance use services play an important role in assisting perpetrators in providing treatment to perpetrators of FV.

Are there any other things we can do to support people who are experiencing family, sexual and domestic violence?

The RANZCP highlights in our Position Statement on Family Violence and Mental Health that individuals who have experienced FV can suffer from a variety of long-term, chronic conditions such as post-traumatic stress disorder, major depressive illness, eating disorders, problematic substance use, chronic pain, generalised anxiety disorders and panic disorder. The RANZCP suggests improving the availability of
support services especially in outer-metropolitan and rural and regional for targeted support of vulnerable people.

The RANZCP recognises that even though there are many complexities and variables involved, mental health plays an important role in many areas of FV. Women with pre-existing depression, substance use problems or major mental health disorders are more vulnerable to experiencing intimate partner violence victimisation and re-victimisation.

The RANZCP suggests the involvement of mental health services in the treatment and intervention of those affected by FV may also need to be part of a cross-agency interventional approach utilising trauma and violence-informed practice. Strengthening how hospitals and community health services interact with other sectors, creating a holistic FV system would help support people who have experienced, or are experiencing FV.

The RANZCP acknowledges some populations have increased risk of experiencing trauma than others. Aboriginal and Torres Strait Islander peoples may have been exposed to a range of potentially traumatic stressors, as the result of historical trauma associated with colonisation. Culturally diverse populations and those on temporary visas are particularly vulnerable and these groups would benefit from access to specialised, culturally-safe FV support services.

What is working well to prevent family, domestic, and sexual violence in Australia?

The RANZCP acknowledges the focus on early intervention and prevention services to families to build and strengthen relationships, develop skills and support parents and children through the Family Support Program. However, there is still an opportunity to expand these services to those living in remote and rural communities in addition to culturally sensitive services for Aboriginal and Torres Strait Islands peoples.

The RANZCP recognises the funding of income support and family assistance payments, including the Crisis Payment for women experiencing violence. People living with and leaving FV will need psychological as well as physical safety. We suggest the Next National Plan include a focus on providing economic, employment, healthcare, accommodation security and appropriate mental health support for those experiencing FV and those attempting to leave an unsafe environment, irrespective of visa status.

The RANZCP acknowledges the implementation of trauma-informed support with a specific focus on safety and recovery to victims and survivors of domestic, family and sexual violence. The RANZCP supports increasing the availability of these services at every touchpoint including access to practice-based assessment, risk and treatment of those who have identified as experiencing (or who have experienced) FV as mentioned in our Position Statement on Trauma-informed Practice.

What should be done to improve the prevention of family, domestic, and sexual violence in Australia?

The RANZCP emphasises the importance of lived experience in the workforce which plays an important role in providing sensitive and respectful care. Partnering with local, safety services and resources, particularly those in the FV services sector, is important to building safe places for people seeking practical help. This includes ensuring appropriate confidentiality, safety and privacy principles are maintained to protect people who are experiencing or have experienced FV from further harm from perpetrators and other people.

The RANZCP recognises the importance of support workers having adequate training in FV including how to enquire about exposure to FV, the nature of FV and how best to provide support. Acknowledgement of
the complexities around the relationship held between the person experiencing violence and the perpetrator is also necessary. The RANZCP also notes the opportunity to increase specialised training for police, emergency services and practitioners responding to FV.

The RANZCP emphasises the importance of targeted public education and increased public awareness of FV alongside consistent messaging across all platforms. It should be noted that abuse can be physical or emotional and that coercive control can cause significant harm. We suggest enhancing community awareness of FV and gender inequality by investing in multi-agency education programs in community services, schools and health services using culturally appropriate approaches.

If you could recommend here priorities for a strategy to prevent domestic, family and sexual violence for all Australians, what would it be?

The RANZCP recognises the progress made to increase access to mental health and support services. Increasing workforce capacity of mental health and substance use specialists such as psychiatrists, can assist in the identification, treatment and prevention of FV. Our Position Statement on Family Violence and Mental Health highlights that medical professionals are often the first point of contact and are uniquely situated to identifying those affected by or those perpetrating FV.

The RANZCP emphasises Aboriginal and Torres Strait Islander people are more likely to experience FV than a non-Indigenous person. Aboriginal and Torres Strait Islander people are 32 times more likely to be hospitalised due to FV, than non-Aboriginal and Torres Strait Islander people. Due to continued impacts of colonisation, support from FV may often be provided informally through family or friends rather than services. The RANZCP suggests prioritising the expansion of culturally sensitive (and safe) services for Aboriginal and Torres Strait Islands peoples who may be experiencing FV, and other diverse communities.

The RANZCP supports increasing the availability and capacity of trauma-informed practice at every touchpoint including access to practice-based assessment, risk and treatment of those who have identified as experiencing (or who have experienced) FV. Partnering with local, safety services and resources is important for building safe places for people seeking practical help.

Is there anything else you would like us to know?

The RANZCP recognises the importance of and the need for broader stakeholder representation on the National Plan Advisory Group particularly from vulnerable groups such as Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities. As Aboriginal and Torres Strait Islander peoples suffer disproportionate effects of FV, it is important for these communities to have culturally safe and well-resourced mental health and support services.

The RANZCP Position Statement on Family Violence and Mental Health highlights there is an opportunity to recognise FV as a complex, nuanced phenomenon which is not always easily recognised as it occurs across and within a cross-section of relationships such as that within families or between intimate (or ex) partners. The RANZCP notes the opportunity to increase specialised training and support for police and emergency services to recognise FV and respond appropriately to any associated mental health concerns.

The RANZCP recognises that the association between mental health conditions and FV highlights mental health and substance use services have a significant role to play in identifying those who are at risk of experiencing, or who are affected by FV, as well as those perpetrating FV. Expanding access to specialised mental health services such as psychiatrists, can aid in the prevention of FV by building community awareness and networking with local services.
The RANZCP would also highlight the importance of incorporating evaluation and research into interventions and services to inform best practice. We urge the Advisory Group to consider funding research to evaluate new service models for screening for FV in health settings as current research is limited.