

30 March 2016

Committee Secretary  
Senate Finance and Public Administration Committees  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

By email to: [fpa.sen@aph.gov.au](mailto:fpa.sen@aph.gov.au)

Dear Committee Secretary

**Re: Domestic violence and gender inequality**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is pleased to have the opportunity to provide input into the Senate Finance and Public Administration References Committee's inquiry into domestic violence and gender inequality.

The RANZCP welcomes the growing awareness of the urgent need to address domestic violence in Australia, and the renewed efforts to prevent its occurrence, commitment to intervene early where it is perpetrated, and to support women and children who have experienced it.

We stress that any approach to domestic violence and gender inequality needs to incorporate an awareness of the influence of and interaction with mental health, and how this can be addressed. Research shows that women who have mental illness are at heightened risk of experiencing domestic violence. Conversely, women who experience domestic violence may be heightened risk of developing mental health issues related to the stress and trauma they have encountered. The submission attached illustrates these bidirectional linkages in more detail, and makes recommendations for how an awareness of this can contribute to a more effective and holistic response to domestic violence in Australia.

Yours sincerely

---

Professor Malcolm Hopwood  
**President**

Ref: 0156o

**Senate Finance and Public Administration References Committee  
inquiry into domestic violence and gender inequality**

31 March 2016

**maximising  
opportunities for  
recovery**

## Royal Australian and New Zealand College of Psychiatrists submission

### About the RANZCP

Psychiatrists are medical doctors who are specialists in the treatment of mental illness, substance abuse and addiction. Psychiatrists play a crucial role in the provision of evidence-based mental healthcare in the community using a range of therapies including medication and psychotherapy. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation responsible for training, educating and representing psychiatrists in Australia and New Zealand. Psychiatrists must be accredited by the RANZCP before they can practise.

The RANZCP has over 5,500 members including 4,000 fully qualified psychiatrists and 1,400 members who are training to qualify as psychiatrists. In Australia, approximately 85% of practising psychiatrists are current RANZCP members. The RANZCP is guided on policy issues by a range of expert committees whose membership is made up of preeminent psychiatrists with relevant expertise, consumer, carer and community representatives.

In developing this submission, the RANZCP worked closely with its expert members, to ensure that the recommendations made reflect clinical excellence, community experience and insight into the intersection between mental health, domestic violence and gender inequality. This included consultation with the Victorian Family Violence Working Group, Community Collaboration Committee, Section of Social and Cultural Psychiatry and Branch Committees.

### Key messages and recommendations

- The RANZCP supports an approach to addressing domestic violence that incorporates an awareness of the impact of gender inequality. This should include an understanding of the way gender and mental illness interact and increase risk factors to do with violence.
- In devising programs to address exposure to harmful gender messages in children and adolescents, the RANZCP recommends reference to and adaptation of the recommendations set out in *Prevention and early intervention of mental illness in infants, children and adolescents: Planning strategies for Australia and New Zealand* (RANZCP, 2010).
- The Third Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022* should incorporate awareness of the intersection of mental health issues and domestic violence, the need for specific approaches CALD communities, and the importance of culturally safe and appropriate responses in Aboriginal and Torres Strait Islander communities.

### The role of gender inequality in all spheres of life in contributing to the prevalence of domestic violence

An understanding and fully informed approach to domestic violence needs to incorporate an awareness of the role of gender inequality in normalising and perpetuating domestic violence. The RANZCP, as the peak body representing psychiatrists in Australia, is particularly mindful of the complex ways in which gender inequality, mental illness and domestic violence interact.

Research shows that men and women with mental illness are at heightened risk of experiencing all types of violence, with men particularly vulnerable to violence from strangers, and women more vulnerable to family violence. Research conducted in the United Kingdom found that women with mental illness across all diagnoses were more likely to have experienced family violence in their adult lifetime, as follows:

- women with depressive disorders were two and a half times more likely, with a 45.8% prevalence
- women with anxiety disorders were three and a half times more likely, with a 27.6% prevalence

- women with post-traumatic stress disorder (PTSD) were seven time more likely, with a 61% prevalence (Trevillion et al., 2012).

Conversely, research suggests that some men are more likely to act violently due to a complex interaction of health, behavioural and contextual risk factors. It is essential that these risk factors are addressed early, including via addressing any underlying mental health issues. This is especially the case for boys and men who have experienced trauma and other mental health issues. The RANZCP fully supports a zero tolerance approach to violence, however we recommend that this be complemented with an evidence-based approach to addressing behavioural and psychological issues that may increase the risk of perpetrating violence.

### Recommendations

- The RANZCP supports an approach to addressing domestic violence that incorporates an awareness of the impact of gender inequality. This should include an understanding of the way gender and mental illness interact and increase risk factors to do with violence.

### **The role of gender stereotypes in contributing to cultural conditions which support domestic violence, including, but not limited to, messages conveyed to children and young people in: the marketing of toys and other products, education and entertainment**

The RANZCP recognises that trends in the consumption of entertainment including some video games, films, music videos and in some cases pornography, by children and teens is having a negative contribution to the portrayal of women and girls. This is particularly the case in the context of the increasing exposure of children to uncensored materials via the internet, which is now almost omnipresent and accessible via increasingly affordable and portable devices. The virtually limitless store of images on the internet has led to children being exposed to more varied, explicit materials than ever before.

Children and adolescents who are exposed to pornographic material can exhibit inappropriate and distorted sexual behaviour and poor attitudes towards girls and women. Anecdotally, exposure to pornography is an element of some presentations at child and adolescent mental health services. More research and data is needed to explore the role of pornography in formation of attitudes towards females.

The RANZCP's Faculty of Child and Adolescent Psychiatry has developed the resource [\*Prevention and early intervention of mental illness in infants, children and adolescents: Planning strategies for Australia and New Zealand\*](#). This report includes an outline of effective, evidence-based approaches to universal, targeted and specialised mental health interventions for children and adolescents. While the approach of this report is general, the recommendations could be adapted for addressing gender stereotyping and exposure to inappropriate messages about women and girls (RANZCP, 2010).

Parents of children and adolescents also need to be supported to prevent exposure to this material, and to respond appropriately if this does occur. This should include education for parents on what constitutes images that are age-appropriate and gender equitable coupled with positive images depicting the nature of a loving intimate relationship. Information should also be provided on strategies that can restrict access to pornographic content online. Guidance is also required for parents whose child has encountered pornographic material, and who need support in providing information and reassurance at a developmentally-appropriate level.

## Recommendations

- Programs that prevent and address exposure to damaging messages to do with gender roles and the portrayal of women in children and adolescents are required. We recommend reference to and adaptation of the recommendations set out in the RANZCP's *Prevention and early intervention of mental illness in infants, children and adolescents: Planning strategies for Australia and New Zealand*.

## The role of government initiatives at every level in addressing the underlying causes of domestic violence, including the commitments under, or related to, the National Plan to Reduce Violence against Women and their Children

### Mental illness

The RANZCP commends the Government for its commitment to developing a whole-of-community response to preventing violence against women, and many achievements have already been made. It is well understood that much more needs to be done however.

The bidirectional links between family violence and mental illness in particular require far more attention in the Third Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. Social disadvantage, illness, adverse experiences and marginalisation are commonly experienced by people with mental illness. These issues are known to heighten vulnerability to experiencing violence. Conversely, experience of violence can expose women and children to much higher risk of developing long term mental health issues.

The RANZCP welcomes the commitments made in the Second Action Plan to improving the safety of women in mental healthcare, especially inpatient units. However, we believe the mental health focus of the Third Action Plan should be expanded to more directly consider the mental health of women and children who experience violence. This should include bidirectional screening, for domestic violence in women with mental health issues, as well as for mental health issues in women who have disclosed experience of family violence.

Primary healthcare needs to take a much greater role in identifying domestic violence, and intervening early. The new Primary Health Networks (PHNs) offer an important opportunity to incorporate this at the policy and procedure level.

### Cultural contexts

Culturally and linguistically diverse (CALD) women and children are particularly vulnerable to the experience of violence. The RANZCP welcomes the identification in the Second National Plan of the importance of researching effective interventions in these groups.

28.5% of Australians are born overseas (ABS, 2013). There is a lack of data to accurately illustrate the prevalence of domestic violence in CALD groups in Australia, however it is thought that rates are similar to that in countries of origin. One third of migrants in Australia come from South Asia and East Asia, where lifetime prevalence of domestic violence is estimated at 41.7% (RACP, 2014).

Research in Victoria indicates that higher than average levels of attitudes supporting patriarchy and gender inequality (VicHealth, 2013). Patriarchy is cited as an important contributing factor towards gender inequality and violence supportive attitudes (Flood and Pease 2009; Jack and Ali 2010). Women of South Asian and East Asian background have amongst the highest suicide rates in the world, with factors such as patriarchal structures and domestic violence known to be contributory issues (Vijaykumar, 2015). The RANZCP supports government investment into research that would improve understanding of the experience of gender inequality in CALD communities, and into evidence-based interventions.

Further, for many CALD women, especially those from refugee and asylum seeker backgrounds, experience of violence must be understood in relation to the acute and prolonged stressors of war, loss and displacement. Relocation to a foreign country with unfamiliar customs can also have a disruptive effect on traditional gender roles, which can in turn lead to an increase in the incidence of interpersonal violence. The RANZCP recommends that the Third Action Plan incorporate a stronger awareness of these dynamics and how they may impact upon women's mental health, capacity to seek support and understanding of their experiences.

### **Aboriginal and Torres Strait Islander communities**

The RANZCP also welcomes the acknowledgement in the Second Action Plan of the importance of addressing the particular vulnerabilities of Aboriginal and Torres Strait Islander women and children. Research shows that this population is 35 times more likely to be hospitalised due to violence compared with non-Indigenous women and children (DSS, 2010).

Awareness of the continuing impact of the Stolen Generations and other historical issues should inform the approach to addressing violence in Aboriginal and Torres Strait Islander communities. To assist with taking this approach, the RANZCP has developed a range of resources and policy documents, including Position Statement 50 'Aboriginal and Torres Strait Islander Mental Health Workers' and Position Statement 42 'Stolen Generations'. These, and additional Aboriginal and Torres Strait Islander resources are available on the RANZCP website ([www.ranzcp.org](http://www.ranzcp.org)).

In addressing violence experienced by Aboriginal and Torres Strait Islander women and children, it is essential that culturally appropriate, community-supported and trauma-informed approaches are taken. Mainstream services should consult with Aboriginal and Torres Strait Islander services for advice and referral.

### **Recommendations**

- The Third Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022* should incorporate mental health issues more directly. This includes the need to screen for domestic violence in women presenting with mental health issues, as well as screening for mental health issues in women who have experienced domestic violence.
- The new PHNs offer an important opportunity for embedding a consistent approach to screening for domestic violence through primary healthcare.
- The Government should invest in research into the intersection of CALD identity, gender inequality and domestic violence, so as to improve the targeting of interventions in these communities.
- The Third Action Plan should incorporate a stronger awareness of the impact of refugee status and experience of acute stressors in the experience of domestic violence.
- The importance of implementing culturally appropriate and safe responses to domestic violence in Aboriginal and Torres Strait Islander communities should be emphasised in the Third Action Plan.

### **Any other related matters**

The RANZCP has no other matters to raise at this point.

## References

- Australian Bureau of Statistics (2013) 3412.0 – Migration, Australia, 2013-14. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3412.0/> (accessed 23 March 2016).
- Department of Social Services (2010) *Indigenous Women and the National Plan to Reduce Violence against Women and their Children*. Australian Government.
- Flood M, Pease, B (2009) Factors influencing attitudes to violence against women. *Trauma, Violence and Abuse* 10(2): 125-42.
- Jack D, Ali A (eds) (2010) *Silencing the self across cultures: Depression and gender in the social world*. Oxford University Press. New York, United States.
- Royal Australasian College of Physicians (2014) *Abuse and violence: Working with our patients in general practice*. 4th edition. Melbourne, Australia.
- Royal Australian and New Zealand College of Psychiatrists (2015) Position Statement 42: Stolen Generations. Available at: [https://www.ranzcp.org/Files/Resources/College\\_Statements/Position\\_Statements/ps42-pdf.aspx](https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/ps42-pdf.aspx) (accessed 24 March 2016).
- Royal Australian and New Zealand College of Psychiatrists (2012) Aboriginal and Torres Strait Islander mental health workers. Available at: [http://www.wpanet.org/uploads/News-Zonal-Representatives/wpa-policy-papers-from-zone-18/ZONE%2018-RANZCP.50\\_PS-2012-Aboriginal-and-Torres-Strait-Islander-Mental-Health-Workers-GC-2012-3-R36.pdf](http://www.wpanet.org/uploads/News-Zonal-Representatives/wpa-policy-papers-from-zone-18/ZONE%2018-RANZCP.50_PS-2012-Aboriginal-and-Torres-Strait-Islander-Mental-Health-Workers-GC-2012-3-R36.pdf) (accessed 24 March 2016).
- Royal Australian and New Zealand College of Psychiatrists (2010) *Prevention and early intervention of mental illness in infants, children and adolescents: Planning Strategies for Australia and New Zealand*. Report from the Faculty of Child and Adolescent Psychiatry.
- VicHealth (2013) *2013 National Community Attitudes towards Violence Against Women Survey: Attitudes to violence against women among people born in non-main English speaking countries*.