Royal Commission into Domestic, Family and Sexual Violence

Individual Submission

I write as a [redacted] Psychiatrist who has worked with children, adolescents, and families in SA for the past 25 years. During this time, I have worked largely in [redacted] mental health, which is the [redacted] System ([redacted]). I have also worked in a private capacity.

For this brief submission, I will provide a perspective from a senior clinician who works daily with the mental health sequalae of domestic violence. This submission will be focussed on my clinical observations and experience, coupled with my professional expertise in the fields of attachment theory, traumatology, and developmental psychopathology. This submission is not intended to be academic nor carefully referenced and researched. It is however a product of hundreds of thousands of hours sitting with women and children who have suffered from the ill effects of male violence.

My public work is saturated with young people and women who bear the brunt and the ill effects of male violence. The ill effects are profound, enduring and reach across time and space to diminish and destroy young lives. The violence and the abuse, the coercion and the control, and the corresponding impacts, cross generations. They are transmitted via various mechanisms, including through attachment patterns and through epigenetics.

The CAMHS multidisciplinary team clinical meeting is held twice per week, where the clinicians present new referrals to the service, and we review current clients of the service. In almost every child and adolescent mental health presentation, a male figure features as a perpetrator of some form of abuse, violence, and intimidation. The net effect is the traumatisation of the victim, the instillation of fear, and the distortion or destruction of attachment bonds. In almost every client history, sits the story of a father, a step-father, an uncle, a male neighbour, a close family friend, a grandfather, a brother (or step-brother or a foster brother) or a male carer, who is the perpetrator of some form of violence on the minds and bodies of the girls and women and on boys (from infancy to toddlerhood to childhood to early and then late adolescence). The quality and the nature of the abuse varies greatly. The abuse can be sexual, physical, emotional, psychological, and financial. In every circumstance, the male perpetrator rids the subjectivity of the victim from their conscious awareness. Ridding the victim of their subjectivity enables the male perpetrator to enact the abuse, to inflict the harm, and to violate their family member. Women and children are the victims. They are the ones that seek treatment.

The abuse and violence perpetrated by the male figure is often traumatic in nature. The trauma and abuse leads to a profound disruption and alteration to the victims neurobiological, psychological, emotional, social and physical development. It leads to a perpetual state of inner fear, a hypersensitive sympathetic nervous system, the inability to trust, and a raft of maladaptive

behaviours (including alterations in relationship to food, recurrent desire to engage in deliberate self harm, the incapacity for stable social relationships, sexual distortions, self-hatred, and prominent affective dysregulation).

The majority of the treatment offered at a SA CAMHS service is therefore in reality, not “mental health treatment” per se, but therapeutic work focussed on addressing the effects of abuse and violence, most often perpetrated by males.

The male abuse and violence is almost always underpinned by male entitlement and by male grievance. Boys and teenage boys are socialised into male entitlement. It is the foundational construct that sits behind the sexism and misogyny that is so easily expressed by the boys and teenagers. It is the social force that enables them to demand that their girlfriends send nudes (that they then share with their friends), that they jealousy stalk their girlfriends and dictate who their friends are and that they won’t have male friends anymore. It is what fuels their compulsive watching of violent pornography. It leads to the casual sexism of their language when they refer to their girlfriend as the “missus”.

The objectification of girls and women sits behind most instances of male violence and abuse. The sexual objectification of girls and women has occurred in parallel with the proliferation of pornography. The widespread availability of pornography has had many insidious and damaging effects on the vulnerable and growing minds of boys and girls. Pornography is polluting the minds of young people. The minds of young people is being marinated in the sexual objectification of women and girls. They are being habituated to sexual violence and the sexual humiliation of women. They watch degrading sexual acts, perpetrated on women’s bodies, as though it is a normal part of sexual expression and development. They watch it at school, in the bus, in the classroom, in their bedrooms, at the park and with their friends. It is now considered “normal”. The pornography industry has been allowed by our society to proliferate without adequate regulations and guardrails.

The males perpetrators of the abuse and violence rarely participate in any of the treatment. They are largely absent from the clinic room. They choose not to attend.

In terms of what needs to change:

Male perpetrators of abuse and family violence need to held accountable for their actions and behaviours. Men need to be supported into taking responsibility for their acts of abuse and violence.

Finally, if society has any real interest in improving the future health and wellbeing of this and future generations, then health funding needs to be directed towards perinatal Mental health care and mental health systems. A huge investment needs to be made in supporting mothers and babies to develop attachment bonds that is conducive to healthy development and growth.