To the Royal Commission into Domestic Violence and Sexual Violence

I want to forward a submission to you because l have read the background paper and issue paper that was put out.

I found it very difficult to relate my experiences into your paper's discussions.

I have lived a huge part of my life in domestic violence and sexual assault but, what has affected me most is that l had been living under the direction (coercive control) of my eldest child for 10 -12 years that resulted in a very serious assault in which l truly believed l was going to die on my living room floor.

It started when we moved into my currant place of residence, and it started with small things that at first. He forced me to go through all my possessions and throw out what he thought was pointless in keeping. He would stand over me while l was going through my things and scream at me and reduce me to tears, this went on for months and l was getting very little sleep. But l thought once l had reduced my possessions he would calm down.

I felt my life was slipping out of my control He now started with put downs in front of his mates, telling me not to speak to his friends and not to come out when his friends were around. This eventually led me to basically living in my bedroom only coming out when he was not around.

My son was not working around this time, he explained to me that since he had been working from age [redacted] (he was 34 when this all started) he was now having a holiday from working and that it was my time to support him. He refused to claim for centre link, so l had to fully support him and all our living expenses.

I am fortunate that l am employed fulltime with [redacted] I also support my middle son who lives with a very debilitating [redacted] health issue.

I think the stress of it all caused me to become unwell and my asthma would flare up. When l did get asthma, my son started to investigate healthy foods in improve my asthma. I was no longer allowed to eat eggs, meat, milk or sugar, l was to cook only vegetables recipes. If l didn't comply, he would lecture me for hours with rantings that were nonsense. He made me drink healthy concoctions he would make up. This behaviour led to other unreasonable demands. I was not allowed to watch the news on the television because l was being secretly indoctrinated by the government. He would lecture me for up to [redacted] hours at a time, would be screaming at me and standing over me and threating me.

I believe my son is a narcissist who viewed me as being weak and an easy target and lesser than himself. The more he could control me the nasty he got.

This is a very brief outline of what had happened. I would bee ok to be consulted more about my son's controlling behaviour.

Prevention

Q1: causes – financial hardships, Alcohol and drugs, mental health issues, generational history of DV in peoples background, cultural beliefs, radical thinking- this group believe things like the earth is flat, man didn't land on the moon, indoctrination and calcifying of the brain and can get extremely violent when you do not agree with their way of thinking.

Q2: Education, for both females and males (any gender identity) aimed at all age levels from the time children start school.
Look at how and the type of education that is provided to people arriving from countries where there is a strong cultural belief of stoning /killing, forced marriages and others forms of mistreating women.

Q3: I believe some people will be deterred by the laws and punishments that are in place now however there needs to be an amber light alert or register for people who committed an act of violence against women.

Green Light: first offence – offenders name to be place on a register as an alert to police/hospitals and GP's. Mandatory education courses for anger management, coercive control, family violence, and sexual offending. This all depends on the severity of the offence. Maybe even ankle bracelets to monitor movements of the offender.

Amber Light: - Second or more offence – depending on severity of offence-. Automatic Intervention Order to be sort by police, auto mandatory ankle bracelet. A fine to be imposed if breached.

Red Light: Anyone can be placed on this list if it is deemed, they pose a high risk. To be remanded in the remand centre while awaiting court outcomes.

All this depends on the severity off the offence in the first instance as to where they are placed in the traffic light system.

Early Intervention

Q4: GP's, Helplines, Community sport clubs, Digital platforms.

Q5: An alliance between services should be formed where individuals can be flagged.

Q6: For any persons who come to attention of being flagged is where early interventions should be started. Such as education, have alerts to be placed on them.

Response

Q7: Reporting it DV, sexual assault coercive control is difficult at the best of time. Having the choice of being able to speak to a female officer would be fantastic.

Being believed is another barrier. If l went to report my son for not allowing to watch certain shows on TV or not allowing me to eat meat. I would be dismissed.

Q:8 Hold the perpetrator accountable is very difficult because of the various interpretations of the law. Also, if they plead guilty to a charge their sentence is reduced. Why??????

Q9: Best practice would be to always to have a female office present to support the victim.

Q10: I cannot fault the police response when they can out to me. However, l had to repeat the story of the assault 5 times to different officers that night. Very re-traumatising and then making statements at the hospital and talking to doctors and nurses about the assault.

Q11: Victims should be always kept informed throughout the court process by the prosecutor/police. I had to do a lot of chasing up to find out what was happening. Again traumatising.

Q12: I don't believe the intervention order is sufficient. 1 hundred metres is definitely not enough distance between victim and the perpetrator. I used to see my son a lot where l lived because of this. I think it should be a standard 200 -300 metres, so the victim does not have to feel under any threat.

Recovery and Healing

Q13; Shorter wait times to see a clinical psychologist. I don't feel a counsellor is enough.

Q14: best practice would be linked into a clinical psychologist in the first instance.

Q15: You are given the card for the RESPECT line and then receive a call from the DV police section. Should be more follow up from the DV Police section because people go into shock when the assault happened and then trauma follows.