

ROYAL COMMISSION SUBMISSION:

\*\*\*Apologies – this is a resubmission. I made my submission about half an hour ago and just realised that I did not sign off or provide any contact details. I have included these at the end of this submission. Sorry for the duplication and any inconvenience\*\*\*

Dear Ms. Stott Despoja AO,

Please find below my submission to the Royal Commission into Domestic, Family and Sexual Violence.

I acknowledge that I live, work and make this submission on Kurna country and acknowledge the Kurna people as the Traditional Owners and Custodians of this land. I pay my respects to Elders past, present and future and further acknowledge that sovereignty was never ceded.

I would also like to acknowledge the profound and long-lasting impacts of Domestic, Family and Sexual Violence on individuals, families and communities. I acknowledge the resilience and strength of those currently experiencing these forms of violence and victim survivors. I pay my respects to those victims who did not survive and it is for them that I make this submission.

I [REDACTED]

[REDACTED] I grew up in country NSW and SA; have lived experience of DFV in all its forms; am involuntarily childless; have lived with Bipolar Affective Disorder for over 25 years; have been diagnosed with Post Traumatic Stress Disorder; married into a [REDACTED] family (I am [REDACTED]); have family in the prison system here and in [REDACTED]; worked in the NSW and SA justice systems (minimum to maximum security custodial settings) for 15 years with men, women and children/youths; have used substances as a coping

mechanism and temporary escape when in DFSV situations; lived and worked in a remote [REDACTED] community for 3 years; encountered health services and hospitals not respond in a sensitive or appropriate way or referred me anywhere when I presented there with injuries inflicted by men who chose to use violence; and had SAPOL minimise a serious assault – during which I lost consciousness – as a “fight with my boyfriend”.

I am excited to be on the [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED].

People without lived experience can perhaps acknowledge or appreciate or sympathise with victim-survivors. Those of us with lived experience know first-hand and so can truly understand the thought processes and challenges victims and other victim survivors experience - how it makes us feel and why it’s so hard to leave. All victims and victim-survivors have heard “why don’t you just leave?”. The broader community needs to learn the reasons we don’t “just leave” and how they can provide support around this. Systemic change will only happen with the meaningful input and consultation with DFSV victims and victim survivors.

I want to be part of change to further improve things for victims and victim-survivors of DFSV because I felt so ashamed and alone when I was living through DFSV, more so during the 6 year relationship I was in during the 1990’s than the brief relationship I was involved in with a violent man in 2006.

I married a wonderful, kind, loving and proud [REDACTED] man from a large [REDACTED] family in 2009. I had long doubted that healthy and respectful

partnerships like this really existed, and for a long time I believed that if they did exist, I was not worthy of same. I will never forget the first time I met my mother-in-law. Sadly, she is no longer with us, but I will never forget the first descriptor she gave me of her late husband (my husband's father) – “he was a good man and he never beat me”. My husband has never chosen to use violence against a partner or his son. A strong defender of basic human rights, including the rights of women and children to live free from DFSV, my husband sometimes wears a ‘White Ribbon’ wrist band. A few years ago, someone asked him, “Why are you wearing that? You fellas all bash your women”. Ignorance and stereotypes are very present in our communities and education is the key to breaking down these stereotypes which in turn would reduce stigma.

In the course of my career, I have seen pregnant 12 year old girls (one suspected to have been raped by her father); a 3 year old girl with gonorrhoea; spent entire shifts suturing and dressing wounds resultant from DFV, with some of these patients still having sutures in from a previous wound I had treated less than a week prior; worked with a woman who felt quite justified in breaking her partners arm as he interrupted her favourite soap opera; I have worked in a maximum security men's prison during the Mulligan Inquiry (working with both victim survivors and convicted child sex offenders (often older men who were involved with churches etc.); worked with a young man (multiple times during a ■ year period) who was prostituted out by his mother and sister as a child and would trade “a poke for a smoke” with older sex offenders incarcerated in the same protective custody unit that he was incarcerated in; spent ■ years in the prison system hearing men regularly minimise their offending and it's impact by saying that they were in custody “for bullshit reasons, it was just a bit of fucking DV mate” and worked with women who were pregnant as a result of being raped by their partners.

I believe that early intervention is critical, but prevention is even better. Our communities really need to understand that DFSV is not a “women’s issue” – it is a “whole of community issue”. People who choose to use violence can also choose NOT to use violence. Education in schools, sporting clubs, workplaces and other community settings where diverse groups of folks gather are so important to help get that message out to the wider community. This will also help break down the shame and stigma which still exists for victims and victim-survivors of DFV and in doing so, provide opportunities for disclosure, discussion, meaningful support and change.

I think there needs to be more support/info/advice for families supporting a loved one experiencing DFSV and that first responders should have mandatory training in recognising, responding and making appropriate referrals for people experiencing DFSV.

I think that the legal reform being discussed regarding coercive control is fantastic and long overdue.

It’s great that in SA, Relationships Australia (SA) support victim survivors who are incarcerated (and well over represented in correctional institutions) are being supported but some people wait 2 years to access this service and this waiting period needs to drastically improve.

Well resourced (fiscal and human), culturally sensitive, geographically inclusive (women and children should not be further isolated or disadvantaged by their postcode) and long-term support and counselling for DFSV victims and victim survivors is essential as the damage done by DFSV can take years or even a

lifetime to recover from with some women so traumatised that they may never fully recover from the profound trauma of DFSV. I have survived all types of DSFV – the physical wounds heal but it is the verbal abuse and coercive control that are still wounds not scars for me today. The things that I was told became truths for me and have greatly impacted on my self-esteem. Some of the verbal abuse sometimes plays on loop in my head.

I am in a privileged position to be able to afford the gap payment for 3-4 monthly sessions with my [REDACTED] and have Eye Movement Desensitization and Reprocessing (EMDR). This form of psychotherapy has not “cured” my PTSD but assists in reducing the distress from what I have lived through. I remain hypervigilant in public places generally. I think that some of the long term supports for victim survivors of DFSV need to include therapy options like EMDR which is an evidence-based treatment for PTSD. I still experience trauma and have counselling today from the coercive control and the verbal abuse sometimes plays on loop in my head.

Given that many victims and victim survivors must move around a lot in order to be safer or in some instances save their lives, sometimes interstate and that Intervention Orders are nationally recognised and therefore enforceable, in an ideal world, there would be a national hub/service/referral centre to provide appropriate linkage with supports as opposed to each state having different services and systems. Repeatedly having to tell your story is a further form of trauma. I believe that there should be consideration and caution regarding faith-based organisations providing supports to victims and victim survivors, particularly those folks whose CSA occurred in state or faith-based care. Victim survivors should be provided with alternative services/support options if engaging with faith-based supports/services would be a barrier or cause further

trauma which would both impede their recovery. The service/support a victim or victim survivor needs to be an informed and autonomous decision made by every individual accessing the service/support as opposed to the government or other authorities/services making this decision and imposing this decision on victims and victim survivors.

I thank you greatly for this opportunity to have my voice heard and thank you for taking the time to read and consider this submission.

With positivity and hope,

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

A bit about me, my experiences with DFSV and why I am making this submission.

I have just turned [REDACTED].

I want people to have more options and supports than I had getting out of a 6 year relationship where all types of violence were involved.

My childhood was pretty good. My parents are still married (to each other) and I have one brother who is [REDACTED] than me. I grew up in the bush [REDACTED] town and the men on my dad's side of the family were all hard workers and heavy drinkers. I certainly got the odd smack growing up but was never beaten or abused. My father has been alcohol dependent my while life and went to the pub every night but he was a good provider and we always had food, clothes and a roof over our heads.

My mum is an only child and her father was a lovely bloke to everyone that thought they knew him but it was a different story behind closed doors. He was a narcissistic man who ruled the house with coercive control, making my Gran his servant and throughout my mum's childhood, he would grab her and shake her with "the veins in his neck and forehead bulging and his eyes out on stalks".

My first adult relationship was with a man from the same town who was [REDACTED]. We met the week before [REDACTED] and I finally left him and moved to a different state after a 6 year relationship (living de facto for [REDACTED] years). The night he first met my parents, he had been out drinking all day and sat at the dinner table telling them all about his sawn off shot gun which horrified them and embarrassed me but was not enough to enter the relationship that change the course of my life.

Our relationship was volatile and included verbal, physical, financial and sexual violence as well as ever-present coercive control. I finished my training as a [REDACTED] just after we moved in together. I was involved in a car accident about [REDACTED] months after that. About [REDACTED] months after the accident, that my depression diagnosis was reviewed and I was diagnosed with Bipolar Affective Disorder 1. I couldn't work for a while and became a heavy daily user of alcohol and THC. I felt trapped in my relationship, unsupported and it went from using substances to block out the violence and coercive control to using substances to get through the violence in all its forms.

I was finally able to leave and moved back to [REDACTED] where my family lived and had a few different nursing jobs. Within 6 months, I moved to a [REDACTED]. For the next 3 years, [REDACTED] was where I lived and worked as a [REDACTED].

I initially lived up the [REDACTED] of the township where domestic disputes could be heard at all hours of the day and night with the occasional firearm being discharged randomly. The [REDACTED] included a [REDACTED] Emergency Department and the nursing staff were also on call to cover the Ambulance which would be called to attend everything from minor ailments in the community to major road trauma in the area.

[REDACTED] 18<sup>th</sup> - being dragged along the asphalt with no shirt on

[REDACTED] trying to kill his then partner with a machete

3 year old girl with gonorrhoea

Stitching up the same heads

[REDACTED] broken arm because he interrupted Passions

Made the move back to [REDACTED]

Moved to Adelaide

[REDACTED]

Worked in [REDACTED] men's prison for 12 years where inmates would regularly say that they were in for "bullshit reasons, it was just a bit of fuckin' DV mate".



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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