

Royal Commission into Victoria's Mental Health system



Submission by McAuley Community Services for Women
July 2019

About our submission

Our submission includes direct contribution from nine women who shared their stories of the impact of homelessness and family violence on their mental wellbeing. Our frontline staff have also been invaluable contributors in providing practical examples of how the system is failing and where change can be made.

Further information and contact: ksoraghan@mcauleycsw.org.au

Front cover image:

'Light at the end of the tunnel' by Lindy, a woman staying in McAuley's family violence safe house, *Smarty pants, Kitty or Tiger? Children and women give voice to their experience of family violence*, McAuley Community Services for Women 2017

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Executive summary and recommendations

McAuley Community Services for Women (McAuley) has a deep understanding of the inter-connecting issues facing women and children who are experiencing family violence and homelessness.

We believe that there is a general lack of understanding of what community mental health support is. This contributes to a lack of appreciation of the essential role that services such as ours play in restoring mental health. We are not classified as a clinical mental health service, yet a focus on mental wellbeing is at the core of everything we do.

We are hopeful that the Royal Commission will incorporate a broad view of all the factors that impact on mental health, and the range of comprehensive community supports that are needed, rather than narrowly focusing on clinical mental health service provision.

We also believe that it is important to see that the experience of family violence brings significant mental health consequences. Inadequate and fragmented responses when a woman and her children leave can magnify those mental health consequences, especially if they lead to poverty, homelessness, isolation and loss of employment and family connections. As our submission shows, these impacts are often seen later down the track in women who come to us because of longer-term homelessness.

We are well-placed to comment on how overall system failings in the family violence and homelessness policy sectors – not just gaps in the direct provision of mental health services – contribute to, or exacerbate, the mental health issues for women and children.

McAuley Community Services for Women has a flexible and innovative model of support that responds, early and effectively, to the wide range of women's and children's needs. At present, a key component of that model is under threat with the impending loss of around \$300,000 of community mental health funding. While it is a relatively small figure in the context of Victoria's overall mental health expenditure, this loss will have a major impact on our holistic approach to support for women who are experiencing multiple disadvantages.

McAuley's model of support has been proven to work and needs to be funded, and replicated, rather than reduced.

Our knowledge of the impact of violence and homelessness on children also means we can give a perspective on how future mental health consequences could be minimised if the right support is available early in life.

Victoria's under-investment in mental health

The case for further investment in mental health overall is overwhelming and will undoubtedly be made by many other submissions. We will not restate this urgent need but draw attention to the following impacts on the 'crisis' end of the system, which directly affect women and children using our services:

- Shortage of early community-based support means that in the years leading to 2016-2017 mental health-related emergency admissions skyrocketed by more than 19%.
- Victoria's community mental health services see only 11.3 consumers per 1000 population, 35 % below the national average.
- The proportion of young Victorians accessing clinical mental health care is almost 50% below the national average.
- There has been an increase of more than 45% of people presenting at homelessness services after leaving psychiatric services.¹

All recommendations put forward by Mental Health Victoria in the report: *Saving lives, saving money* in relation to addressing chronic underfunding are supported by McAuley.

Summary of recommendations

RETAIN

1. Existing community mental health funding
2. Skilled community mental health workforce

INVEST IN

3. Safe, secure, affordable and available housing
4. Replicate McAuley House model
5. Multi-year funding blocks of 5 years or more with capacity to build multi-disciplinary teams
6. Data collection systems and evaluation of what's working well
7. "Safe at Home" strategy so that women's and children's right to stay in the home after family violence is viewed as the norm, and accepted as a community responsibility
8. Children's mental health supports, particularly in family violence and homelessness services program
9. Training to increase professional knowledge of inter-relatedness between family violence/homelessness/mental health
10. Training practices which address collusion with perpetrators of violence, such as 'Safe and Together'
11. Court Support 4 Kids in all courts
12. McAuley Works women's employment program and similar models supporting disadvantaged job seekers into paid employment and ensure appropriate outcome measurements that recognise the complexity of the cohort's needs
13. Additional mental health facilities including more provision for after-hours support and regional and rural areas

PROMOTE

13. The value and expertise of the community mental health sector and recognise its capacity for prevention and early intervention
14. The use of a gender lens across service provision to ensure services are effective for the populations for which they are intended

IMPROVE

15. The clinical mental health system's ability to match the need, including extension of current limits to psychologist appointments
16. The medical system's response to complex needs, with the ability to take the time to examine root causes and diagnose early and appropriately

About McAuley Community Services for Women

McAuley Community Services for Women supports women and children who have faced family violence and/or homelessness.

We provide safe crisis and refuge services, temporary and longer-term accommodation, as well as a respite bed for those needing a short period of intensive support. An essential feature of our model is the provision of support 24/7, 365 days of the year. We provide around 70 adult beds largely in Melbourne's western metropolitan region, with eight located in Ballarat. All our services are accessible to women across Victoria. We also provide direct support to children in their own right, and help nurture the confidence of their mothers.

Women across our services can access specialist support via an onsite psychologist, funded through the NorthWest Primary Health Network, health care from a Bolton Clarke nurse, and a legal and financial clinic. Partnerships and collaboration with external agencies are vital in connecting women with this broader spectrum of support.

We use a case management and co-ordination approach, and also focus on the development of independent living skills (such as cooking and self-care) and social and recreational opportunities. Included in our range of responses is an employment service, providing intensive help to obtain meaningful, paid employment for women who have experienced family violence, homelessness or other challenges in getting work.

Women and children are referred through established family violence homelessness, and (previously) mental health pathways¹.

A preventative model: McAuley's approach to mental health

McAuley understands how beneficial early intervention and prevention is for individuals, governments and the community. We know that we can only meet a fraction of the need, and therefore must do everything in our power to prevent a breakdown in mental health, a housing crisis, further incidents of violence and intergenerational disadvantage. We build early intervention and prevention into everything we do, regardless of when a woman and child first receives our services, the complexity of their needs, or recovery time.

Our support:

- **prevents financial duress and instability.** We work with women directly to assist them to develop pathways to employment and financial independence so that they will be safe (from violence); secure (housed); financially independent (employed or studying).
- **prevents homelessness and further violence.** We house women and children who are homeless, due to family violence. We provide crisis accommodation and temporary accommodation for women at the point of need such as discharge from hospital.
- **prevents further damage to children.** We attend to children's experience of family violence which is different to their mothers and often goes unrecognised. We provide support at courts to enable mothers to organise intervention orders and access their legal rights

Mental health is a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community
(World Health Organization 2014)

¹ – these no longer exist

About McAuley Community Services for Women

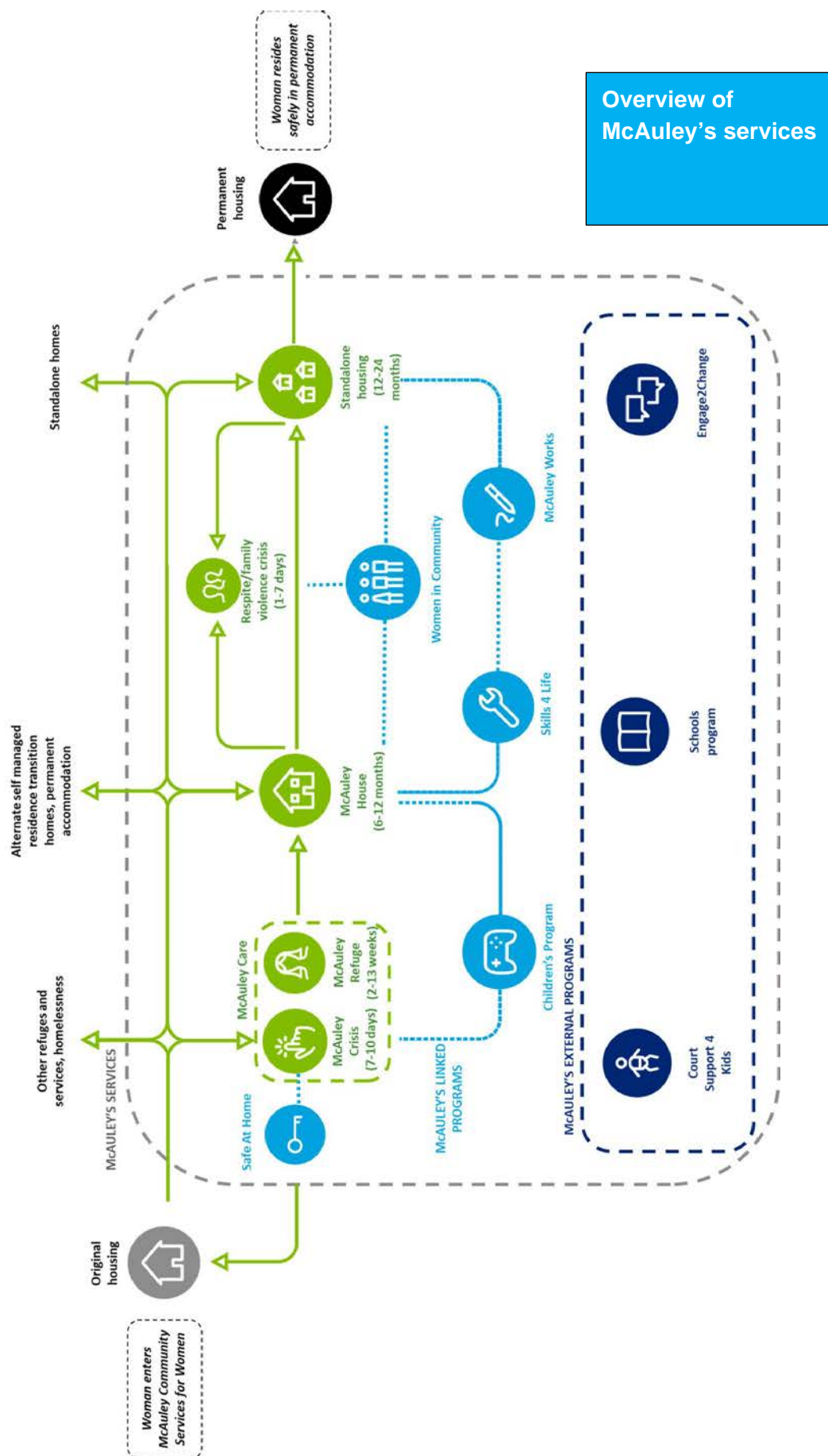
- **prevents future youth homelessness.** We work to improve the bond between mothers and children for the prevention of later youth homelessness.
- **prevents re-occurring homelessness.** We provide pathways to employment and education, and ongoing access to social and recreational opportunities. This leads to independence, wellness, permanent housing, and greater financial security. We support women to maintain their housing.

Alignment with Victoria's Mental Health Plan 2015-2025

McAuley's work aligns with objectives of Victoria's 10-year Mental Health Plan², in particular these priority outcomes:

- **early in life** – infants, children, young people and their families are supported to develop the life skills and abilities to manage their own mental health, early in episode
- **inclusion and participation** – people with mental illness and their carers and families maintain good physical health, stable housing, finances, employment and educational opportunities
- **self-management** – people experiencing psychological distress or mental illness, and their families or carers, have the skills and support to manage and maintain their best mental health.
- **safe** – people with mental illness have less contact with the criminal justice system, including as either perpetrators or victims of abuse or violence
- **recovery** – people receiving treatment and other services are supported to define and realise personal wellbeing through recovery-oriented, trauma-informed, family-inclusive services that build optimism and hope.

About McAuley Community Services for Women



Our work in action



Safe accommodation at time of crisis

Our 24-hour safe house, and medium-term refuge accommodation, support women and children who are leaving a violent relationship. While they are staying with us, we work alongside women to plan for a safe future. We also help children deal with the trauma they have experienced.



Preventing second generation costs arising by direct support of children

Children and young people, including males, are able to accompany their mother in our safe house and refuges, reducing the likelihood of identification with, or harm from, an abusive parent.



Improved physical and mental health

Many of the women we support have a chronic illness or disability, and nursing and mental health supports are available through McAuley House. We link women and children to counselling and trauma services.



Assisting women to find valuable employment opportunities

Women affected by family violence and homelessness are likely to have a disrupted and erratic work history. We help them to get job-ready so they can achieve financial security.



Skills to live independently so women don't return to an unsafe environment

Family violence and homelessness often act as barriers to gaining skills in education, training and employment. We equip them with everyday skills so women can live independently.



Foster strong connection between women and their families, friends, and community

Feelings of isolation and loneliness are common for women after leaving a violent relationship. Without social support, women are at risk of returning to, or remaining in, an unsafe situation. We encourage women to form supportive networks with others.



Changing attitudes and beliefs to reject gender inequality and family violence

Community attitudes to family violence still need to change. We educate the community and dispel myths about family violence and homelessness. We also educate employers so they can respond more effectively to family violence in their workplaces.

Hearing from women supported by McAuley: what works, and what needs improvement

We have drawn together these themes in what women with experience of mental illness told us.

The need for more 'McAuley Houses'

Women tell us that housing options should not be motels, tents, unsafe rooming house or caravans. There should be more McAuley Houses. They want to see safe places, longer stays and more direct access to supports such as ours.

Women value daily support which they felt helped them to make better decisions, and enabled them to 'stay the course' when they were unwell.

For those who have experienced homelessness, they appreciate that the McAuley House model was a stepping stone into independent housing. None felt ready to go straight into their own housing because they felt they would not be able to manage. They are concerned that it would be isolating, and harder to get help with all the other issues they were dealing with such as loss of their children, health, relationships and employment.

They also value the idea that after they move to independent housing, McAuley House could continue to offer respite if they felt themselves slipping, or struggling to cope.

'There needs to be specialist, trauma-informed counselling'

Women believe that mental health support by practitioners without a deep understanding of the impacts of family violence and other trauma has been ineffective and sometimes damaging. It has reinforced or exacerbated anxiety, meaning they were less likely to seek help again.

They feel the medical model of mental health doesn't explore the root cause of illness and goes straight to medication as a solution. They believe that it ignores other things, such as the experience of homelessness itself, or childhood trauma. Women have also experienced incorrect diagnoses, or failure to recognize what is a mental illness.

Specialist, trauma-informed counselling however makes an enormous difference. Women clearly value and benefit from the support from McAuley's on-site psychologist. But for the complex and long-standing mental health concerns they experience, they say the cap of 12 sessions is simply not enough, and having to transfer across to a new practitioner is difficult and upsetting.

Wrong doors - difficulty getting the right help

Many women only 'found' McAuley after a long period of struggle. Poverty and homelessness can mean lack of access to phones and internet, making connection to services extremely challenging.

Women tell us of inadequate responses in emergency services – long waits, being sent home though clearly unwell, or made to feel ashamed. After hours services are seen as particularly poor. Women say there are simply not enough services. Continuity of care is an issue; one woman found her supports did not 'carry over' even when she moved from one part of Melbourne to another, and this disrupted her recovery.

'More than a roof over our heads'

Simply providing accommodation is not the answer. Women tell us they are only OK as long there is support as well.

One woman, Ann, had spent 11 years in a homeless service but with no assistance in any other area of her life. The actual living environment which was frequently unsafe and volatile was in itself a mental health stressor. This has only been ameliorated since her move to McAuley House, which she describes as a place of 'nurturing'.

Women value the connections with others, the sense of belonging, the chance to gain new skills, and the availability of supports all within the one place.

Inadequate family violence responses cause distress

Women tell us of isolation and loneliness after leaving violence. This is particularly so in unsuitable motel accommodation which is often provided after leaving violent relationships. The inadequacy of this form of housing sends damaging messages about the community's willingness to support them, and the lack of face-to-face contact at a time of immense distress is traumatic.

The mental health impact on children from family violence has frequently not been recognized or addressed until connection with McAuley. This link is valued by mothers and helps them reconnect with their children.

Navigating the legal system is a stressor and is experienced as unresponsive, expensive and lengthy, with the process itself causing distress. Women say that support to alleviate debt and financial problems through McAuley's partnership with WEstjustice has had enormous benefits in relieving them of continued anxiety about the debts, which also hinder them from rebuilding their lives.



Part one: Homelessness, women and connections to mental wellbeing

The links between mental illness and homelessness are well-established. Poor mental health can be both a cause and consequence of the experience of homelessness — a severe form of disadvantage and social exclusion.³ People living with a mental illness are often isolated, have disrupted family, social and peer networks, and sometimes suffer poor physical health, all of which further reduces their capacity to find and maintain adequate housing⁴.

In 2017-2018, across Australia, over half (54%) of those who were homeless **and** reported a mental health issue also experienced these additional vulnerabilities:

- **three in 10 (30% or 24,300 people)** reported both mental health issues and experiences of domestic and family violence.
- **14% (or 11,200 people)** were experiencing both mental health issues and drug or alcohol issues.
- **a further one in 10 (10% or 7,900 people)** were experiencing all three vulnerabilities; domestic and family violence, drug or alcohol issues and mental health issues.⁵

Despite these strong and complex links, housing, homelessness and mental health operate under 'essentially separate' policy systems which rarely interact.⁶

We know that secure, affordable housing can promote good mental health. A research project by the Australian Housing and Urban Research Institute (AHURI): *Providing Housing and Support to People who are Homeless – Health and Economic Benefits* found a '57.8% decrease in the proportion of people accessing psychiatric care, and for those who did stay there was a reduction in length of stay by an average of 8.4 days'.⁷

Women's experience of homelessness

Violence is endemic in the experience of homelessness, is linked to poor mental health and substance abuse, and has cumulative and lasting impacts on mental health.⁸

Women are at additional risk of gendered violence, sexual assault and exploitation, and 'survival sex' as a way to keep safe.⁹ This is not just those 'sleeping rough'; women are equally vulnerable in crisis accommodation, such as private rooming houses and motels, to which housing services often refer them due to the scarcity of more suitable alternatives. Crisis accommodation options in Melbourne's west was the subject of a scathing report, detailing squalid, dirty and unsafe accommodation.

Women who had to make use of this accommodation, funded by taxpayers, described it as 'unclean', 'not appropriate for children', and usually had 'no cooking facilities and nowhere to store food'.¹⁰

In Victoria, more women than men (64%) presented to homelessness services in 2017-2018.

Family violence was the primary cause in 47% of these presentations.

Australian Institute of Health and Welfare (AIHW) homelessness annual report 2017-2018)

Part one: homelessness, women and connections to mental wellbeing

Unsafe and dangerous

Women staying in crisis accommodation in Melbourne's west reported that it was 'horrible, 'terrible', and said that they feared violence and rape (one woman reported a rape in emergency accommodation)

('A crisis in crisis, 2019')

The disastrous state of emergency accommodation and the broken homelessness system (discussed further in Part Four) have direct connections to women's mental health. Their failings expose women to further trauma, stigmatise and humiliate them, and leave them isolated and disconnected.

McAuley House support model

McAuley has developed an accommodation and support model that is specifically designed to meet the needs of women who are homeless and unwell.

McAuley House Footscray provides safe and stable longer-term accommodation and support for women only, accommodating up to 25 women at any one time. The length of stay is flexible and recognises the different pace of women's recovery.

While generally, around 50% are mothers, women are unaccompanied by children at the time they enter the House, as they are unable to care for them at that moment of time.

The House further supports another 30 women now living in independent housing in the community. Some have regained access to their children.

The House, purpose-built and opened in 2016, and was modelled on 30 years of experience. It is a place to stay, rest and recover. More than that, it addresses the complex reasons that have led to women becoming homeless in the first place and provides them with a suite of supports in order to rebuild their lives.

The Australian Housing and Urban Research Institute (AHURI) has calculated that providing accommodation for single women who have been homeless reduces health, justice and welfare costs by \$8920 per person.¹¹

Early in 2019 we opened a McAuley House in Ballarat, accommodating an additional eight women. While based on the Footscray model, its services and operations are still evolving to meet local circumstances.

37 women lived in McAuley House in 2017-2018

83% had either a formal diagnosis of mental illness or at least one recognised indicator of mental illness

16 nationalities were represented including women from Timor-Leste, Papua New Guinea, Turkey, Bangladesh, Syria and Eritrea

17 are mothers

Supporting those 37 women reduced the health, justice and welfare costs to the community by \$330,040 each year

Part one: homelessness, women and connections to mental wellbeing

Helen: Finding the right place to go

When Helen, who was born overseas, left a violent home, she received no assistance for her mental health until she developed delusions, depression and extreme anxiety. Homeless, she presented at a hospital emergency department, by this stage with many physical health problems as well.

It was here that she eventually was referred to McAuley House, where she stayed two years.

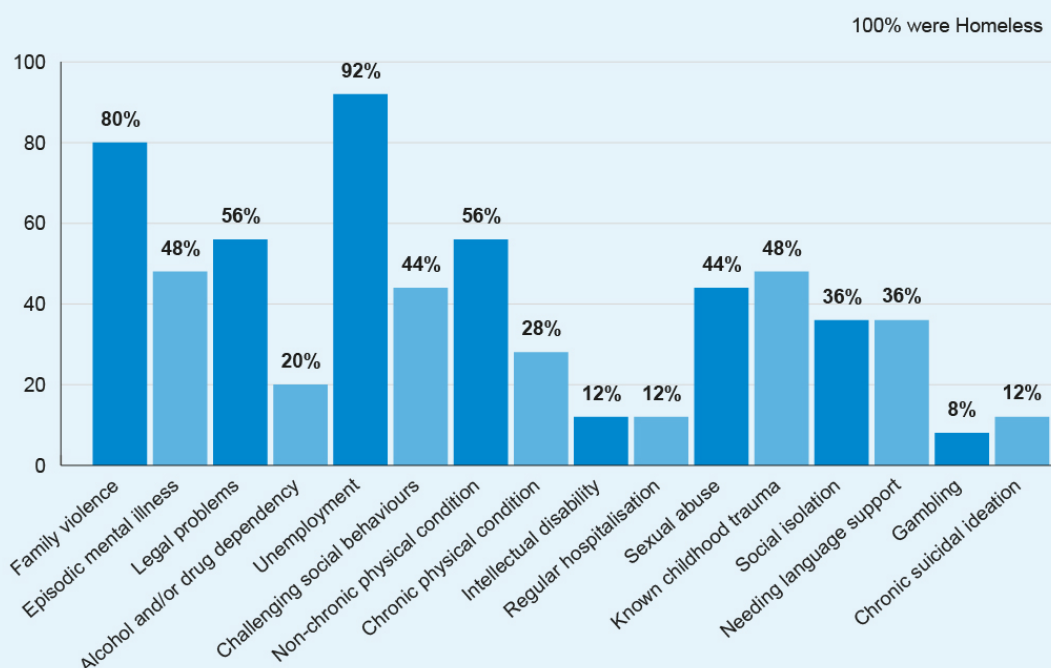
Helen has also previously gone to a police station for help. Though she was agitated and distressed, and it was night time, she was turned away without support.

Complex mental health needs of women who have been homeless

Each year we take a snapshot of the issues experienced by the 25 women living at McAuley House Footscray, all of whom have been homeless.

This detailed picture illustrated the inter-related disadvantages and vulnerabilities that they were facing and the need for a comprehensive response.

Issues experienced by women living at McAuley House (January 2019)



Features of McAuley House's approach to mental health

The McAuley House support model is specifically designed to respond to the complex mental health needs of women who have experienced longer-term homelessness, giving them the skills, confidence and community connections they need to transition to independent living.

A safe place to stay

The security of a safe place to stay alleviates some of the anxiety associated with the day-to-day struggle to survive. With essential and basic needs catered for, women have time and space to physically and mentally recover from the ordeal of being homeless, and begin to deal with the experiences they have had. McAuley has no pre-conceived timeframe of when women must transition to permanent housing. An average length of stay is between seven and ten months.

Our team recognised that a woman living at McAuley House was becoming very unwell, and we supported her to go to hospital. She waited for many hours in the emergency department.

Her health deteriorated to the point that the police were called, and resulted in a longer hospitalisation than would have been needed if she received earlier support.

24/7 support

Because McAuley House is staffed 24/7 all workers develop a deep and nuanced picture of women's mental health and can quickly observe and respond to signs that they are becoming unwell. The team have well-developed and co-ordinated approaches to individuals' care across the seven-day period. Women do not have to wait for a once-a-week mental health appointment with a specialist practitioner if her health declines; empathetic support is right there within the house.

However our staff report that sometimes their in-depth knowledge of a woman's circumstances and behaviour is not valued or taken into account by mental health practitioners. Assumptions can also be made about women who are homeless. More specialist mental health support that understands the inter-relationship between

Specialist mental health support on site: 'preventative medicine'

A psychologist works within McAuley House, through recent funding provided via the North Western Primary Health Network. The on-site availability of this resource has proven to be extremely valuable in reaching women and children across all our services, as well as advising staff as required.

Being based in the House she is a familiar presence, making her approachable to women who may otherwise be reluctant to seek formal help or who would shy away from seeing a 'mental health' service. It also simplifies the arduous process of having to locate and access mental health care. For someone who is unwell, the battle to find a local GP who can bulk-bill and establishing a relationship with that practitioner can be exhausting and off-putting.

Part one: homelessness, women and connections to mental wellbeing

Ann: 'She has been amazingly helpful because she understands trauma.'

The mental health specialist has taken Ann back to the trauma of her childhood and helped her reframe the traumatic events so that she can begin to learn how to put them behind her. Unfortunately there is a cap on the number of sessions she can have. The last of these is now due.

This is very concerning to Ann as she says it is the regular, frequent and consistent contact that has made the improvements in her mental health possible.

Changing practitioners again and having to go through her story and establishing another relationship with a new practitioner is not something she is looking forward to.

The psychologist's ability to streamline access to services has led to a formal diagnosis of mental illness for some women. That diagnosis is essential in women getting the appropriate medication they need. As well it means they access support services that are only available with a formal diagnosis, such as priority for housing, financial support through a disability support pension or funding via the NDIS.

Health

During extended periods of homelessness women's physical health often deteriorates. A nurse from Bolton-Clarke also operates on-site, providing direct support and linkages to health services including general medical examinations and vaccinations, dental and optometry, and preventative health checks such as BreastScreen and pap smears. She works closely with the local community health centre (CoHealth), advocating to explain why appointments may be missed, or explaining the urgency of the physical and mental care needed.

Ann: 'I feel like I'm becoming the sort of person I was always meant to be.'

Ann feels 'Women's Words', an empowerment program and support group run at McAuley House, was highly influential in helping her self-confidence grow.

Taking part has given her courage and confidence and a sense of a positive future for herself. Ann is also enthusiastic about our cooking and art programs, and helps to care for the vegetable garden.

Skills development to rebuild from trauma

Many women living at McAuley House Footscray and Ballarat lack, or have lost, basic skills. They are usually isolated, and have lost, or have tenuous, connections and family relationships. Development of these skills and becoming part of a caring community are vital aspects of a woman's recovery of mental health.

McAuley has developed a 'Skills for Life' program where women can participate in activities such as cooking, digital literacy or piano lessons. Other activities are focused on physical and mental wellbeing such as swimming, walking and yoga.

Part one: homelessness, women and connections to mental wellbeing

Sally: 'Part of a McAuley community'

Though Sally first needed McAuley's support when she was leaving behind a violent relationship, the wide range of support at McAuley House has also been crucial in restoring her sense of mental wellbeing. She is now a volunteer cook and enjoys the opportunity to share her faith through cooking traditional Pakistan recipes.

Before McAuley, Sally 'didn't know a single person' going through the same thing she was. She now realises she was not alone.

Sally was 'relieved' to know after her case is 'closed', she is still able to volunteer as part of the cooking program. She says she will always be part of the McAuley community.

Ongoing point of connection: 'Somewhere that knows my name'

McAuley House also gives women the opportunity to stay connected to a welcoming community and support network even after they move on to other forms of housing.

Many women remain part of McAuley's community many years after their initial stay, attending celebrations, remaining involved in activities and our weekly lunches, or even just returning to sit and enjoy the garden or play Scrabble. The knowledge that a respite bed is available if needed is a safety net for women if they face new challenges or physical or mental stresses.

Tania is now living at McAuley House and says:

"I have been admitted to hospital under the Mental Health Act on multiple occasions and the treatment I received via the mental health team was always below satisfactory.

On my most recent admission, I was taken to hospital sedated by the paramedics, only to be sent home a few hours later, still sedated and distressed, without having even seen or spoken to a member of the mental health team.

When taken to Emergency following suicide attempts, I have been made to wait for hours to see a mental health worker who then makes me feel ashamed for being there and sends me home without any follow-up.

There needs to be a lot more mental health workers employed. The number of people needing to access the system has dramatically increased but places such as the local mental health service are extremely understaffed so it can be a real struggle to get sufficient support.

This is especially the case after hours, where people are forced to wait for hours in hospital to be seen by a worker who clearly does not have the time or resources to help, so the person is sent home regardless of their situation. More mental health facilities/psychiatric wards are needed.

The ward I have stayed at is quite small and receives patients from outside the area because there is nowhere else for them to go. Once admitted, you are discharged as quickly as possibly due to the beds being in high demand. Many of the beds are used for people who have been admitted for drug and alcohol abuse because there is nowhere to send them either."



Part two: Family violence and connections to mental wellbeing

A large body of evidence demonstrates that women and children who have experienced the trauma of family violence have heightened risks of poor mental health outcomes. McAuley's family violence crisis and refuge services are specifically designed to mitigate these risks.

The main mental health impacts associated with family violence are depression, anxiety, post-traumatic stress and suicidal ideation.¹² An Australian study found that 'approximately 77% of women who have experienced three or four types of gender-based violence had anxiety disorders, 56% had post-traumatic stress disorder and 35% had made suicide attempts'.¹³

There is also a link between family violence and postnatal depression¹⁴.

McAuley's own data tells us that in 2017-2018:

- Of 228 women in our crisis accommodation, **59%** have a formerly diagnosed or recognised indicator of mental illness.
- Of 114 women in our refuges, **47%** have a formerly diagnosed or recognised indicator of mental illness
- Of 281 women receiving outreach support, 44% fall into the same category

Partner violence is a major health risk factor for women aged 25-44 (greater than smoking and obesity).

Women who experienced domestic violence during pregnancy are three times more likely to suffer depression, and other physical and psychological health problems, compared with women who did not experience violence (AIHW 2019)

As well as the devastating trauma of the violence itself, other factors leading to poor mental health include the fact that leaving home to be 'safe' frequently causes disruption to friendships, networks, neighbourhood connections and employment.

To be a family violence 'victim' can still cause isolation, discrimination and shame, especially for those from multicultural communities.

'Dying inside'

Sally left Pakistan with her husband and two daughters, after experiencing 6 years of 'dying everyday from verbal, emotional and spiritual abuse' which led to depression and panic attacks.

The family spent five months living together in Australia before Sally and her young children fled with 'only \$10', and no knowledge of the area. Sally ate nothing for two weeks due to her depression.

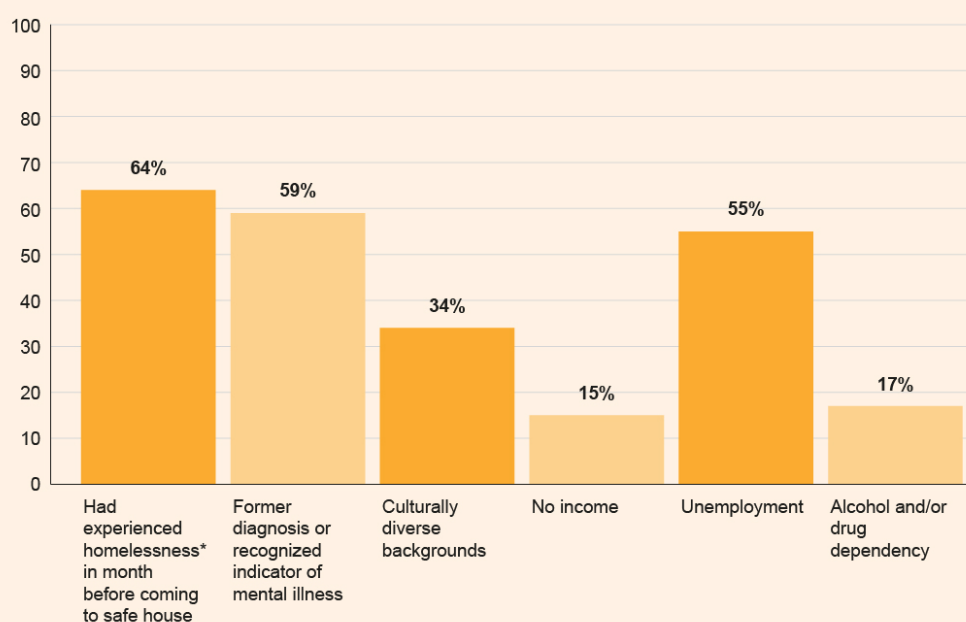
Part two: Family violence and connections to mental wellbeing

Our approach to family violence support and mental wellbeing

McAuley helps women and children who have faced family violence to take control of their lives. The women needing our support have experienced, or are at immediate risk of, serious harm: through physical and emotional violence, threats, sexual assault, and stalking. McAuley works alongside them to plan the steps they need to take to move towards a new life free from violence. We operate:

- **a crisis accommodation service** (the first of its kind in Victoria) secures the immediate safety of women and children. Women typically stay for seven to ten days. Our crisis accommodation services is staffed 24/7, so that around-the-clock emotional support can sit alongside steps to address the many other problems – housing, financial, legal, mental health or addiction, that women face.
- **Refuges**, with stays being typically around 13 weeks
- **Outreach case management** and utilising flexible support packages.
- **Women's employment support.**

Profiles of women staying at our family violence safe house 2017-2018



*defined as 'sleeping rough' or non-conventional accommodation

Part two: Family violence and connections to mental wellbeing

'Safe at home' the key to women rebuilding their lives after violence

The most critical and obvious factor in addressing the mental health needs of women who have experienced family violence is that they are kept safe from the violence.

McAuley has been a strong advocate for a 'safe at home' approach. This recognises that women and children who are victims of family violence would be better off supported to live in their own home, with refuges used as places of last resort.

The Victorian family violence system gives inadequate attention to the ability to remain home and as a result, less than 10% of women coming into our service are able to return home safely. the vast majority go on to further unstable options – refuges, transitional housing, staying with families and friends, couch surfing and homelessness

Women are largely unable to return home safely because the legal powers available to remove the perpetrators from the family home are not regularly used by the courts and even when they are, failure to enforce intervention orders means women remain in danger.

Apart from the intolerable personal cost, this placed an additional burden on the homelessness and mental health systems.

We need to see it as normal — a community responsibility — to make that home safe, with the perpetrator excluded by whatever legal, security and policing protections are necessary. Security cameras, locks and technological solutions are important but it is this change in the community mindset that is most likely to bring about better outcomes.

The NSW government strategy: *Staying Home, Leaving Violence*¹⁵ should be explored for replication in Victoria.

McAuley's approach to keeping women safe

In McAuley's family violence crisis accommodation, basic physical needs – for food and shelter, clothing and nappies, toiletries and health assistance – are met. Being freed from the turmoil and day-to-day impact of an abusive relationship gives women space and time to come to terms with their experiences. Quite simply, for some women it is the first time in months that they have been able to sleep or have a shower, without the ever-present threat of violence. Women's stay in crisis accommodation gives them a rest from the day-to-day demands of accompanying children, who receive support in their own right.

At all stages of her connection with us, women can access the full suite of support services delivered through McAuley House such as legal and mental health support.

The nature and quality of the support women receive in the crucial early stages when she attempts to leave a violent relationship will profound implications for her recovery and mental health as well as that of her children.

Between July 2018 and April 2019, 117 women were supported at our family violence crisis accommodation

13 were pregnant or had a newborn

50 women were from a culturally and linguistic diverse background

21 were not permanent Australian residents

Part two: Family violence and connections to mental wellbeing

Megan: 'Counselling must be trauma-informed'

After leaving behind a relationship marked by decades of violence, Megan and her family were initially referred to a psychologist who had no specialist training in family violence. Her teenage daughter was especially affected by the accusatory language of the psychologist who blamed her poor mental health on 'not walking enough'. She felt this 'once again made [her] a victim'.

She frequently left the appointments in tears. This triggered her anxiety so badly that she could not get out of bed for six months. Though it has been many years since this incident, she cannot access any form of counselling because of this negative, traumatic experience.

'Poverty and homelessness make it harder to get help'

Megan and her teenage children were living out of her car in regional Victoria when she first left her violent husband. It was all but impossible to get any form of help, when there was only one mobile phone between three people, and no money to pay for it.

She resorted to going to McDonalds to utilise their free WiFi, and phone services to try and get help..

She says: 'Making services more accessible to those for those who can't use the internet or receive calls at all times would have been extremely helpful.'

Supporting new connections

Leaving violence usually means leaving familiar neighbourhood and local supports. Finding new supports, and having to tell their story again and again, is a daunting and overwhelming prospect. We support women in connecting with local schools, medical services, housing, legal help and employment.

Through McAuley House they can also form new friendships with other women through groups such as Food for Life, or school holiday activities.

Legal and financial problems

Many women supported by McAuley are also weighed down by debts and legal problems which cause stress and anxiety as well as creating a major barrier for them to rebuild their lives.

An ongoing collaboration with local community legal centre WEstjustice has achieved remarkable outcomes in getting these debts waived for women. These weekly legal outreach clinics are held at McAuley House and available to all women accessing our services.

This legal and financial counselling outreach service is funded through philanthropy and needs to become part of the essential service provision within the family violence and mental health systems.

Part two: Family violence and connections to mental wellbeing

This partnership has so far supported 78 women and led to the waiving of more than \$380,000 in debt. Many women had no idea their debts even existed. The alleviation of the debts has in itself had an extraordinary impact on the mental wellbeing of women.¹⁶

Megan: 'Years of stress taken away'

'My bank debt had caused me years of sweat, tears and stress and it was taken off my hands and then solved straight away. The help WEstjustice provided was something I tried but couldn't do myself.

It may have been a tiny amount to some but it wasn't just the \$20 I had to pay per month. It was the phone calls and letters after I would miss a payment. It was having to provide an explanation and continually relive the violence.

I now feel dignity coming back to who I am. I feel freedom and so much at ease and without the burden of my debts.

It has been a consistent trend over the past three years that between 40 and 50 per cent of women staying in our family violence crisis accommodation report that the perpetrator of the violence was addicted to ice.

Perpetrators of family violence and mental health issues

While McAuley does not provide support to perpetrators of family violence, we are aware that inadequate mental health support for perpetrators can lead to unsafe outcomes for women and children. It is common for us to hear from women that their worry about their partners' mental health, and the fear that this will escalate or lead to suicide if they leave, keeps them in violent relationships.

The implications for perpetrators of the shrinking community mental health support system are therefore disturbing. While not an explanation or excuse for violence, misuse of alcohol or drugs is strongly associated with family violence.¹⁷

Support with underlying mental health issues, including addiction, can play a role in stabilising perpetrators' propensity to violent behaviour and should not be overlooked as part of the overall community response to family violence.

Mental health services assisting perpetrators of family violence need to be trained to avoid collusion with perpetrators which can increase the risk of violence to women and children. The NSW program 'Safe and together' provides an excellent template for this approach.¹⁸



Part three: Children – early intervention

In Victoria last year there were 23,595 family violence incidents where children were present.¹⁹ As well as this exposure, in the aftermath they can also be exposed to innately traumatising experiences such as:

- having to telephone for emergency assistance
- seeing a parent's injuries after the violence and having to assist in 'patching up' a parent
- having their own injuries and/or trauma to cope with
- dealing with a parent who alternates between violence and a caring role
- seeing parents arrested
- having to leave home with a parent and dislocation from family, friends and school²⁰.

In the wake of such distressing events an extensive range of emotional problems and behaviours are known to follow.²¹ Children asked directly about their experiences say they lived with fear, anxiety and dread, and worried about the safety of their siblings, mothers and themselves. They had feelings of shame about their home life, and lacked confidence and self-esteem.²²

As well as the direct mental health consequences of seeing or being part of violence, family violence led to 26,500 children aged 0–9 needing help from specialist homelessness services in 2017–18²³.

McAuley's unique approach

This is firstly about stability: after the upheaval brought about by violence in their lives, settling back into the daily ebb and flow of eating, playing and sleeping are important steps in providing a calmer, more predictable environment. Our 24/7 model of support helps restore comfort, routine and familiarity.

McAuley is unique in providing therapeutic support to children in their own right, and recognising that their pain and trauma is separate and different from their mothers'.²⁴ Their experiences are given space, acknowledged and addressed. We have a playroom with specialist children's workers, and through art activities, play and conversation, the child's feelings about what has happened in their family can be explored.

McAuley is able to respond to a child's needs immediately, has specialist understanding of family violence's emotional impact, and can respond to children's complex feelings such as their distress at being separated from their father.

13 per cent of requests for homelessness support in Victoria last year involved children aged under 10.

Children of mothers reporting abuse are more likely to experience emotional and behavioural difficulties

An Australian study showed that just over 1 in 5 (22%) of children whose mothers reported intimate partner abuse in the first year after giving birth had emotional and/or behavioural difficulties at age 4 (AIHW, Family violence report, 2019)

One child asked his mother: 'Can I unpack here?'

As a 24/7 service children's behaviours and needs can be observed and addressed over a seven-day week. Some frequent behaviours noted in children are that they may be aggressive, withdrawn, parentified, independent or hypervigilant. Our specialist children's workers are skilled in identifying behaviours of concerns, and determining what support is required to best support this through a family violence/trauma lens.

Older children (including young males) can also accompany their mothers into crisis accommodation, avoiding consequences such as potential homelessness, or identification with, or further violence from, their other parent.

Only six per cent of the 250 supported by McAuley last year were aged over 15.

Emotional needs and bond with mother

Frequently, the child's bond with his or her mother has been deliberately targeted and undermined by the perpetrator, a particularly damaging form of family violence.²⁵ Or the fact that mothers have spent extended periods of time just trying to keep themselves and their children safe, has hindered the opportunity for them to form strong maternal bonds with their children.

This is an unidentified, overlooked and at risk group.

For this reason, we also focus on strengthening the mother-child bond, rebuilding a mother's self-esteem and confidence in her parenting, and encouraging mother and child to communicate about those experiences both may be afraid to broach.

We have worked with an expert in the impact of family violence on young children, Dr Wendy Bunston,²⁶ to develop infant-led practice so that we can watch and 'read' the behaviour of very young children who don't yet have words for their experience. This helps us to respond to their specific needs and support mothers to recognise them too.

Our children's work has evolved over a number of years and is not yet part of usual practice in family violence refuges across Victoria; it has a distinctive protective and early intervention function and should become part of normal practice.

In the play-room

A three-year-old was in the playroom; playing happily but very attentive to every soundIs it a bird calling ...or a scream?

...He was listening out for his mother screaming.

A six-year-old didn't want to leave in case his father ran them over with their car

...An attempt had been made before, so he couldn't be sure it wouldn't happen again

A nine-year-old wanted to have a safety plan in case things got bad again.

...His first plan was to shoot (his step-father) with a nerf gun

... Otherwise he wanted to have a bag packed under his bed and to get out the window.

Educational support

Children are now spending weeks if not months in motel rooms and out of school. Quite apart from the violence itself, further harmful impacts on children's wellbeing and longer term mental health can flow from the disruption to their schooling when they move to escape violence. Many children have endured multiple moves within a year. Mothers can also be distressed by their awareness that leaving violence has had these consequences for their children's education. It is 'one more thing to worry about.' Others are staying in unsafe situations for the sake of their children's education. We know that children and young people are leaving home and 'couch surfing' in order to stay connected to school for as long as they can.²⁷

This is a direct breach of the Victorian Charter of Human Rights and Responsibilities, Section 17 (2) which states: *'Every child has the right, without discrimination, to such protection as is his or her best interests and is needed by him or her by reason of being a child'*.

To mitigate this impact, McAuley has established a tutoring program within our crisis and refuge accommodation to help children fill the gaps in their education. We liaise with schools, kindergartens or childcare around any behavioural issues, and how to best support them, as children with these behaviours are often labelled as 'trouble children'. Our children's workers can provide, insight into the family violence context, and guidance for schools concerned about children's behaviours.

The best interests of the child extends to their access to education.

Children's ability to flourish over their lifespan is being compromised by missing large chunks of their primary education.

Helping to limit generational damage

Sally's young children had received no support initially. Her daughter was taking on the abusive traits of her father, and using them against Sally during this time, further impacting on her mental health, and re-triggering her abusive past.

Our children's workers organised for the children to go to child care, advocated for their admittance by explaining why no specific address could be provided due to the family being in an undisclosed refuge location. Sally says day care has helped build her daughter's confidence by '50%', supporting her in recovering from trauma and helping address her abusive behaviour, through role modelling from others

Court Support 4 Kids

Many women going to court to get intervention orders against a violent partner have no alternative but to bring their children along, meaning they spend long periods of time waiting.

Courts are highly unsuitable places for children at the best of times, but being present at a court hearing around family violence between their parents exposes children to hearing details of the violence, reliving or aggravating their trauma. The offender (often their father) may also be present and waiting separately for the hearing, adding to a child's confusion and distress.

Mothers frequently abandon their attempts to get a court order in frustration after enduring long waits with bored and distressed children. Ultimately this risks making them and their children less safe.

Part three: Children and early intervention

McAuley initiated a program, Court Support 4 Kids, in response to this need. The program provides support, play and distraction for children, while their mothers focus on getting legal protections in place.

Last year 524 children were supported at Sunshine Magistrates' Court, and a further 311 through our partners operating in the Ringwood and Geelong Courts. RMIT's Centre for Innovative Justice evaluated the program and confirmed its value ²⁸.

McAuley has been advocating for several years for Court Support 4 Kids to be rolled out to all Victorian courts.



Part four: Systemic failures that impact on mental health

McAuley's work enables us to see the intersection between an individual's experience of mental health and the systems that impact negatively on their ability to recover.

No matter how McAuley strives to deliver flexible, connected services, if surrounding systems and access points are under-resourced, fragmented or missing, outcomes for individuals will be compromised.

These system failures can directly or indirectly impede individual mental health recovery, escalate existing problems and add new ones, and also form a roadblock when people attempt to get help.

We have identified the most significant of these system failures as:

Inadequate housing options for women leaving violence

The bleak reality is that most women and children who leave violent relationships end up living for weeks or sometimes months in motels, because of a lack of more suitable accommodation. Frequently, they move from motel to motel several times.

This accommodation option — provided at taxpayer expense — is frequently appalling, dirty, and dangerous²⁹.

But the isolation and disconnection is equally damaging.

In contrast to the 24/7 support available at our crisis accommodation, women tell us that in motels they are profoundly lonely; one said she hadn't spoken face-to-face to another human being in a week. Case management support from centralised services is via phone. In some instances, women report that days go past without contact, or with only a text message advising them to prepare to move on again. It frequently means children miss school.

Many women find being in this limbo situation untenable, give up, and return home to an unsafe environment – or, as Jessica describes above, feel profoundly alienated and insulted by the fact that this accommodation is even offered.

Jessica: 'Punished, controlled and jailed by the system'

Jessica,* painted a powerful image of being forced to live in motels after leaving a violent relationship. She felt it conveyed an underlying, insulting message about the community's willingness to support her.

Families such as Jessica's are frequently confined to one claustrophobic room, with children who are bewildered, angry, confused and simply bored. Their routines and daily rhythms are completely upended.

'Having three young children (aged two, four and six) that all struggle with change, being shuffled around from hotel to hotel, no school or family, living on top of each other...

'I honestly felt like it was us still being punished for someone else's actions. From being controlled and walking on eggshells at home, to now feeling like I was the one being controlled and jailed by the system.'

Part four: Systemic failures that impact on mental health

The Royal Commission into Family Violence specifically recommended that women should be able to access stable housing ‘as quickly as possible and with a minimum number of relocations... [and] not be accommodated in motels and other ad hoc accommodation.’³⁰ It is disturbing that women are still facing this scenario three years after the report was handed down.

A broken homelessness system

In addition, the homelessness service system across Victoria only has access to 423 government-funded crisis beds. Because this in no way meets the demand, homelessness services utilise low-end hotels and private rooming houses.

A report by the Northern and Western Homelessness Networks said that in 2017 \$2.5 million in public funding was used to accommodate 9,000 households in temporary accommodation which was sub-standard and in many cases appalling.

People who had no alternative but to use this accommodation described it as unsafe and were ‘demoralised by the squalor they witnessed, with a growing sense of worthlessness and disconnection from their community. Many reported feeling that ‘the quality of the accommodation was a reflection of the way that their community viewed them.’³¹

Crisis accommodation – the perspectives of those that have used them

‘As a victim of domestic violence, I have been housed and surrounded by drunks, addicts and living with a sense of feeling unsafe’.

‘I’d rather pitch a tent up north somewhere than take my child there’.

‘Unsafe for children, lack of amenities, - no cooking facilities - shared one single bed with two children- not comfortable. Had to ask for a microwave. Lucky my children were two and three years old. If they were older it would have been much harder. I did not sleep for two weeks when I was in crisis accommodation’

‘Uncertainty, they [children] are really young asking where are we staying tonight? Trying to keep them safe. I worried a lot about my children. Usual routine of parenting gone, their familiar things have gone- a lot of losses e.g. toys, bed times muddled up, eat out a lot. You don’t feel like a good mother when you are feeding them take-away all the time.’

(From the ‘Crisis in crisis’ report)

Disconnection between homelessness and family violence services

Homelessness and family violence policy emphasises the principle of ‘No Wrong Door’, meaning that people who are homeless and/or experiencing family violence should be able to access help from any service; with ‘Access Points’ having a co-ordination function. There is sometimes an artificial distinction between the need for housing support when a woman is homeless and when she is leaving a violent relationship. An example is when, after a woman has stayed in family violence crisis accommodation, an assessment may be made that she is no longer at ‘high’ or ‘immediate’ risk of family violence — her situation will then be classed as needing ‘housing’ rather than a ‘family violence’ response. Women then have to enter and navigate a new service system with its own shortcomings and challenges.

Part four: Systemic failures that impact on mental health

In reality all women facing family violence can be viewed as homeless – as home is no longer safe – so this is an artificial distinction. Bouncing from one system to another fails to respond to her as a person, and increases the likelihood of missed opportunities for early mental health support and intervention.

We routinely receive calls from women who 'do not fit' into the current, rigidly designed system. These are two examples of where inflexible criteria and lack of responsiveness can lead to detrimental outcomes.

Example one:

Late one Friday afternoon, Victoria Police rang looking for accommodation for a women who had been sexually assaulted by a person who was not known to her; she had additional risks related to her culture and had no money or supports.

The police said that family violence services had denied her assistance because she was no longer in danger from the offender (and therefore not eligible for their service).

Homelessness services were only able to accommodate her in a motel, without support or financial or material aid, and offered her an appointment-based service on the following Monday.

Our belief was that she should have been accommodated in a refuge for the weekend, with the appropriate physical and emotional supports. (This support was offered by McAuley).

Example two:

Victoria Police rang looking for accommodation for a woman and her two children who were driving around the city after their husband/father burnt down their family home.

Family violence services denied her accommodation because she was no longer in danger from the offender, as he had been remanded in custody

Our belief was that this family should have been accommodated immediately, with the appropriate physical and emotional supports. (This support was offered by McAuley and was accepted; the family are now doing well in their own housing).

Mental health benefits not recognised and counted

Our women's employment program McAuley Works delivers a unique, specialist employment service to long-term unemployed women with multiple and complex barriers to employment such as family violence, homelessness, mental and physical illness, and who are disenfranchised from Job Active.

The program is funded on narrowly based outcomes: hours and weeks in paid employment. What is missing from the calculation are the countless other benefits, including improved mental health, derived from working.

Jobs Victoria is the Victorian Government's major activity to help Victorians facing barriers to employment into jobs In order to meet program guidelines, participants must have been unemployed for 6 months.

Part four: Systemic failures that impact on mental health

GEMS, the Jobs Victoria database, record a primary demographic, which completely obscures the intersectional issues faced by our participants. Some of those supported by McAuley Works have four or more barriers to sustainable employment such as being a family violence survivor, a sole parent, culturally diverse, homeless, and mentally ill health.

Family violence is not a recognised demographic on GEMS and is therefore not recorded on the registration form. However, 94% of participants registered between January and May this year have subsequently revealed to their caseworker that they are experiencing, or have experienced, family violence.

In 2018, we took a snapshot of the program's effectiveness, analysing the challenges the women were facing. Eighty-six per cent of women were still at **moderate, major or critical risk of violence** while McAuley Works supported them.

There was a similar picture in exploring their 'job readiness'; 82 per cent had not held a job in more than 18 months, were unskilled, not fluent in English, and also faced other disadvantages such as a mental illness or learning disability.

A remarkable finding was that 85% of the women who obtained employment following support from the program were those living with the most serious forms of violence.

Part four: Systemic failures that impact on mental health

Uncounted mental health impacts

'Jenny' left school in year eight. At 24 she had already experienced a life she described as 'chaotic' – marked by a violent relationship, struggles with addiction, and a battle to manage as a single mum to two children, including one with special needs.

To get Jenny job-ready, a McAuley Works case manager helped build her self belief and confidence, assisted her in preparing a resume and practising for job interviews, and supported her to meet and register with a labour hire company that now has an established relationship with McAuley Works

Through a collaboration with Yarraville Community Centre's Reconnect program, McAuley Works was able to offer Jenny training programs and access funds for petrol and upfront costs for safety equipment and uniform that were required for the job she was offered.

Now that she has secured a job she has financial independence, and pride in knowing that her work ethic and attitude are so valued that she is the first one to be called for extra shifts.

She has been able to remove herself from a situation of family violence and has new social connections and friendships.

She has an enhanced sense of self and identity, and a new story to counter one of her as a 'victim' of family violence.

She is building strengths which will help her to withstand further challenges that her life may very well throw up.

There had been concerns that Jenny could not care for her children, but they are now seeing a mother who is flourishing. 'It means I am not as stressed and frustrated. I have more energy and patience with my kids and it's helped me enjoy my time with them more,' says Jenny

The chances are much better that Jenny's children will be able to avoid a cycle of poverty and disadvantage.

Disappearing community mental health services and the impact on the McAuley House approach

McAuley's proven, innovative and flexible model of support for women who are homeless and have multiple and complex mental health needs is currently in jeopardy. This is because of an impending loss of community mental health funding.

This came about when the Victorian government became the only state to transfer our entire funding allocation to the Commonwealth government, in the mistaken belief that the establishment of the National Disability Insurance Scheme (NDIS) would fill the gap.

Part four: Systemic failures that impact on mental health

The expected loss in funding will seriously compromise our ability to offer a well-rounded, effective service. We will lose the capacity to co-ordinate other services such as legal, financial, and employment as well as provide social connections and skill development — all of which are critical to women's recovery and ability to transition to other housing. This funding loss will impact on our ability to leverage other Federal and philanthropic funding.

There will be no opportunity for early intervention to prevent re-occurring homelessness; presentations at emergency departments and further incidents of family violence.

Furthermore, without the experienced and full-time support that is currently available across 24 hours, seven days a week, there will be women that we will no longer be able to accommodate due to the risks that they pose to themselves and others.

The Victorian Government contributed \$4 million towards establishing McAuley House in 2016. The upcoming loss of the comprehensive range of support mean the full potential of that investment will be lost. Funding for community mental health services needs to be retained and grown.

Funding certainty also needs to be built into future agreements. We note that in some instances New South Wales has five-year funding agreements. We believe this would provide continuity, enable improved forward planning and would mean that services can get on with the job of delivering rather than constantly looking for where the next funding source will be.

The NDIS cannot replace community mental health support

The impact on women supported by McAuley will be profound because many will not be eligible. Less than 10% of those with even the most severe and enduring mental health conditions are proving to be eligible for NDIS support³².

- even those eligible will not get the same range of comprehensive supports and won't have access to skilled workers. As AHURI points out, the mental health component of the NDIS predominately consists of individualised funding for disability supports to assist persons with psychosocial disability. The clinical mental health system is functionally and financially separate from the NDIS.³³
- for those not eligible, Mental Health Victoria believes that '135,000 adult Victorians living with severe mental illness per year will rely on non-NDIS mental health services'³⁴ – which have in effect vanished.

NDIS will not fill the gap and it was never intended to do so.

Multiple issues with the way the NDIS operates for people with psycho-social disabilities have been well-documented³⁵. These include:

- inconsistent and unclear eligibility criteria
- difficulties accessing the scheme and flaws in its planning processes

McAuley will lose at least \$300,000 in community mental health funding by December 2019.

Without this funding, the full range of integrated supports that make a difference to women's recovery will be compromised.

Part four: Systemic failures that impact on mental health

- continuity of supports for people not eligible for NDIS support.

McAuley is in the last state region to transition into NDIS, due to take effect in December 2019. For the past two years, McAuley has been grappling with the mental health funding environment, trying to understand what will be lost, retained or newly available.

We have taken considerable steps to determine the impact of the NDIS on our client group and business model.

The loss of a skilled workforce

Service delivery under NDIS compared with community mental health supports is not a case of 'like-for-like'. The NDIS provides disability supports; these are quite different in approach from psychosocial rehabilitation.

Now is not the time to be depleting the mental health workforce. Apart from MHCSS (Mental Health Community Support Services) we know that at least five other funded programs are being eliminated: Residential Rehabilitation with 103 beds in Victoria: Partners in Recovery, PHaMs, Day-to-day Living, Carers Respite and Community Mental Health Family Support.

The total number of workforce losses has not been counted by any agency. The cumulative loss of expertise will take years to rebuild in an already stretched sector.

To date, many community mental health workers have opted to exit the system rather than take up NDIS jobs as these represent a significant reduction in role, classification and condition.

Women repeatedly tell us about the importance of skilled workers in helping them to recover.

The NDIS will not require services to be delivered by mental health trained staff.

The loss of experienced and skilled mental health workforce will have repercussions that will be felt for many years to come.

Cost shifting from mental health to homelessness

Commonly, women have been referred to McAuley House through mental health pathways. These referrals have reduced by nearly 50% in the last 12 months with the closure of a centralised mental health referral point. As AHURI points out, discharge from hospitals and mental health services are risk factors for homelessness. Failure points in the housing, homelessness and mental health systems and opportunities for early intervention are not well understood and we are extremely concerned about apparent lack of responsibility in tracking where people presently referred by mental health services are now going.

This appears to be a cost shifting exercise from mental health to homelessness, with homelessness services lacking the capacity and capability to pick up the additional demand and mental health resourcing.

As the report 'Lifecourse institutional costs of homelessness for vulnerable groups', puts it: 'The homelessness service system bears the costs of failure of other, generally better resourced, service systems to respond adequately to the needs of their clients.'³⁶



Megan's story

'Experiencing violence made our whole family scared of everyone and everything. Even a bird suddenly flying past can trigger an anxiety reaction.'

Megan had left her husband of 22 years due to long-standing family violence. Her eldest daughter has been diagnosed with anxiety, and her youngest daughter has experienced panic attacks.

What support for your mental health did you receive before you came to McAuley?

Megan and her two children accessed a psychologist through their lawyer, as part of the settlement of the property after the divorce, as a psychologist report was required. Megan feels this did not support them as the psychologist had no specialist training in family violence. Her oldest daughter was especially affected by the accusatory language of the psychologist blaming her poor mental health on 'not walking enough', and 'once again made [her] a victim'.

Megan says her oldest daughter would come of the appointments in tears, and triggered her anxiety to the degree she could not get out of bed for six months. It has been several years since this incident, and Megan says her daughter cannot access any form of counselling because of the impact of this negative, traumatic experience.

Megan says it was assumed the lawyer would have the appropriate knowledge of family violence to refer them to an appropriate psychologist, and were not aware that this background should be a priority.

What support (other than McAuley) are you/or your children receiving now?

The family's options are limited because they are from New Zealand, hence not eligible for many government benefits. It was only through McAuley and two years down the track since leaving the violence, that the family realised there are specialist counsellors and psychologists for family violence.

Megan has been referred to a specific family violence counselling service through Cohealth, in which she feels supported and 'at ease'. A recent hearing at VOCAT (the Victims of Crime Assistance Tribunal) has concluded for her children, in which they were allocated unlimited counselling sessions. Megan's daughter still has reservations in accessing these, due to her negative experience in the past.

How has McAuley supported you to improve your/or your children's mental health?

McAuley has provided and facilitated, financial assistance to Megan, to which she is very appreciative of as she has recognised 'money and mental health go hand in hand'. McAuley has provided rent assistance, without which they 'would have been homeless again'.

McAuley provided access to the free legal service, WEstjustice, which in turn ensured Megan did not have to repay a debt her abusive ex-partner left her with.

'Money and mental health go hand in hand'

Megan says this significantly reduced her anxiety, as the bank would ring once a week asking for the money to be paid back. Megan would have to re-live her family violence story each time, explaining why she was unable to pay back to debt, as there was a different worker each week.

Women's experiences of mental health

WEstjustice also provided a barrister to Megan for her children's VOCAT hearing, so they did not have to speak to the court about their experience of being a victim of crime if they were to represent themselves, and re-live their own experience. This was especially important as Megan's daughter's anxiety was triggered by this court case, meaning she spent two weeks off work due to her anxiety. Being the main wage earner of the family, this stress then exacerbated her mental health concerns.

Although they had some concerns about the competence of the free legal representation provided at VOCAT, they were eventually awarded free counselling, computers, and compensation as victims of crime.

McAuley referred Megan and her family to SafeSteps, where they received funding for security cameras, which she described as 'the best thing mentally' for their health, as it gave her family the sense of protection 24/7. They check the recorded footage on their phones before entering the home, to ensure the perpetrator is not inside, which eases their anxiety.

SafeSteps also helped them enact a safety plan, including specifics that Megan would not have thought of, including where the car keys are situated.

What do you think should change to make the mental health system in Victoria work better for you in the future?

Megan describes the reality of having one mobile phone between three people, and no money to pay for it, having to go to McDonalds to utilise their free WiFi, and phone any service which she came across. It was only through a fluke that she found McAuley, and utilised the services they could provide.

Although her experience of family violence was perpetrated by one person, it made the whole family scared of everyone and everything.

Even a bird suddenly flying past can trigger an anxiety reaction.

Megan says the accessibility of mental health services was made difficult by her experience of homelessness and poverty.

Making services more accessible to those without the means of accessing the internet or receiving calls at all times would have been extremely helpful, Megan says.

What would you say to the government about the mental health services you have experienced?

Megan says that education in family violence for all services in the community should be increased. The anxiety and trauma she experienced having to retell her story to banks, and phone companies, to explain why bills could not be paid, or why she had an intervention order has meant services were cut off. Her circumstances were not always acknowledged, and the process set her mental health back.

Megan's experience of the court, and law system also severely impacted her mental health, as she was subjected to legal cases extending over three years, and laws that were broken and not enforced. Megan subpoenaed the bank due to her ex-partner gaining access to their joint account, despite her being the main signatory, and withdrawing all funds. The bank did not respond. This led her to be without any money for herself and her two children, requiring further legal action to get this money back.

A final order was made, requiring her ex-partner to repay the money he took, however he did not, and the broken order was not enforced or criminalised by authorities. Instead, Megan had to take it upon

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herself to place a Warrant of Seizure and Sale on the perpetrator to repay the debt he owed. This process has been ongoing for three years.

Megan was not aware the court and Sheriff's department did not liaise to ensure all documents were ready for the court date, hence leaving Megan, who was representing herself, to mention the Warrant against her ex in court, which he heard. This has now caused further anxiety that he will sell personal items before they are awarded to Megan.

Megan explains these laws not being enforced means perpetrators feel they can get away from police enforcement, hence their idea of holding power is reiterated. This creates an ongoing terror in Megan and her family that an offence will again be committed.

Megan suggested the process of prioritising court cases should be enacted, as those who, like Megan, *'need this money to survive'*, should be fast tracked within the court system. Laws coming from the case should then be enacted

across services, as her Warrant of Seizure and Sale, has been held by the Sheriff's Department for the past six months, when the law states it should be serviced within sixty days. The impact of not having this money she is owed, impacts on hers, and her children's wellbeing, and reduces trust in services for the future. It also reduces the time they could have been contributing towards their mental health recovery, as Megan has not been able to complete her Bachelor of Arts through this process, which would contribute to her employment.

Her oldest daughter has not been able to study either, with the pressure of having to be the sole wage earner of the family. Megan has suggested magistrates and judges should listen to a panel of people who have gone through a court case, and listen to their experience of its impact to greater their education.

Megan's ex-partner broke an intervention order. He came to the house and made the family stay there with him against their will for twenty minutes.

Despite having video footage shown to police, they did nothing, re-instilling again, the fear of being unsafe and unprotected.

Sally's story

'Once I was linked to my McAuley case manager, I told her everything, and one by one she referred me'...

What support for your mental health did you receive before you came to McAuley?

Sally received no support before coming to McAuley. She had left Pakistan with her husband and two daughters, after experiencing six years of 'dying everyday from verbal, emotional and spiritual abuse' which severely impacted on her mental health, contributing to her diagnosis of depression, and experience of panic attacks during those six years. The family spent five months living together in Australia before Sally and her young children fled the violence with 'only \$10', and no knowledge of the area. Sally ate nothing for two weeks due to her depression and distress about the situation.

'I really had my worst time before coming to McAuley'

Sally and her children were supported by SafeSteps. They were shifted from motel to motel (for periods of one week, two weeks, one day, two days) in areas where halal food was not available (Sally could only eat eggs and bread for two weeks). The space for healing from her spiritual abuse was not present, further impacting her mental health.

Despite feeling safe in motels, she 'suffered mental stress not being supported face to face', with only telephone support as an option. Through a referral to Safe Futures, Sally and her children were referred to McAuley, for which she states 'they have helped me in every way'.

Sally's young children, despite being victims of family violence themselves (witnessing abuse from their father towards their mother, and isolation of one of her daughters due to other family members) received no support during this time. Sally says her daughter would take on the abusive traits of her father, and perpetrate them against Sally during this time, further impacting on her mental health, and re-triggering her abusive past.

What support (other than McAuley) are you/or your children receiving now?

Sally is receiving support from the in-house psychologist at McAuley House, which came as a recommendation from her case manager. As Sally is limited by 12 sessions due to funding, she has been referred to a psychiatrist, with a specialisation in family violence. This was facilitated by McAuley's psychologist.

Sally has just recently signed a lease from her refuge home, through the support of her case manager, and although they are excited to have a home of their own, she says the refuge house 'was just like my own house', and she will 'miss it'. Through her case manager's navigation of the system, Sally has also secured an external funding package to pay for all the furniture required for the new property.

The children are going to day care (referral facilitated through McAuley children's workers, who advocated for their admittance based on walking distance from refuge property, and navigated the system by explaining why no specific address could be provided due to the family being in an undisclosed refuge location).

Sally says day care has helped build her daughter's confidence by '50%', which is supporting her in recovering from the trauma experienced through exposure to family violence, and isolation from her family members in Pakistan. It is also improving her abusive behaviour, through role modelling from others.

How has McAuley helped to improve your mental health?

Sally says there have been many practical ways McAuley has supported her to improve her mental health.

She and her children were referred to McAuley House's psychologist, who understands family violence and this was crucial. At the time of entering crisis accommodation at McAuley, Sally was struggling with the option of going back to her partner. This unknown caused her depression to worsen. Sally says it was after sessions with McAuley's psychologist, that she saw a clear path of what was best for the whole family's mental health. She decided not to go back to her abusive partner.

'Coming from Pakistan, fleeing family violence, rebuilding a life with no previous rental or employment history, no finances, and mental health requiring support, is a very daunting task.'

Sally is currently requiring a medication change for depression, due partly to her husband's family law court case in which he is applying for custody of the children. Sally is having to decrease her current medication before the change-over, and McAuley's psychologist is playing a crucial part in providing support during this time.

With so many appointments everyday, and Sally's only form of transport being public transport, she says she is thankful for the support from her case manager and psychologist, as they help provide the space to be supported with all this change going on around her.

While Sally and her family stayed at the refuge, it was important for her that it accommodated her faith, as she was in a private home in which she could express it as she needed to. This enabled her to begin the process of spiritual healing, after her experience of six years of spiritual abuse from her ex-partner.

With the support of her case manager, Sally called child protection and let them know the extent to which the children witnessed, and were victims themselves, of family violence.

Through this, they were made aware of her ex-partner's application for custody of their children through family law court.

This shock was supported by Sally's case manager and the in-house psychologist, and has meant they are prepared for the next challenge.

The court will be made aware of the extent to which the ex-partner has abused his children through Child Protection reports.

Sally says through being given an opportunity to cook as a volunteer at McAuley House, it provided the 'flexible environment which really helped me in improving my mental health', and gave others in the house the opportunity to share her faith through traditional Pakistani recipes.

Sally says before McAuley, she 'didn't know a single person' going through the same thing she was, however through these social engagements, she realised she was not alone, which in turn enabled her to relax into her recovery process along with the other women. Sally was relieved to know that after her case is closed through her case manager, she is still able to volunteer as part of the cooking program. She will always be part of the McAuley community.

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Sally has also recently begun an education course through Yarraville Community Centre, as a stepping stone in securing employment. Sally says McAuley 'gave me a platform to start the course', and has also been linked to a worker through the McAuley Works employment program, which will help her to gain a job suited to her needs and family responsibilities.

What would you say to the government about the mental health services you have experienced?

Sally says she was able to receive Centrelink payments very quickly, when she disclosed to them her experience of family violence, and needed money urgently. She is aware this is not the experience of many others, and would urge the government to ensure payments in family violence situations are provided immediately, as they are needed to survive.

What do you think should change to make the mental health system in Victoria work better in the future?

Sally says there needs to be more services such as McAuley for people experiencing family violence and mental health issues. Her experience of not having face-to-face support during her motel stays immediately after fleeing her violent household was a significant contributor to her already poor mental health after experiencing years of abuse. Face-to-face support at the start would have facilitated her recovery process from the onset.

Sally also mentioned the benefits of having an in-house psychologist that was easily accessible for her during her time in crisis accommodation (something which community services cannot provide due to recent closures and waitlists when time in crisis and refuge is limited to a few months). The only barrier to this is the twelve government-funded sessions, which she would like to see increased or not limited at all.

Ann's story

'Don't leave homeless people "to rot" in facilities that don't care for their needs'

What support for your mental health did you receive before coming to McAuley?

Ann had spent 11 years as a resident in a housing service where she received minimal assistance apart from a Royal District Nursing worker as part of a homeless people's program. Despite this support there seemed to be limited understanding of Ann's mental health which meant that Ann didn't get the help she needed.

'Nothing for a long, long time.

I was just in survival mode.'

Ann says that as long as you paid your rent, the staff left the residents alone, despite the facility theoretically being only for short-term accommodation. After a sustained period of verbal and eventually physical abuse from another resident, and worsening mental health, Ann's mental health reached a crisis point and she was admitted to hospital.

There she was connected to the HOPE program where she was supported by a particular case worker who made a huge difference to Ann. Through this program she learned relaxation techniques, journaling and was assisted to re-engage with the community, through Ann's participation in a choir. This program also helped Ann to commence some psychiatric care, which led to a referral to McAuley House, where it was realised that her main barrier to improvement in her mental health was her environment. Ann was then referred to McAuley House.

The main barrier to improvement in my mental health was my environment, so I was referred to McAuley House.

Ann had been treated medically for depression and anxiety for almost 20 years with no overall improvement in her mental health. Referral to a new Neuro-Psychiatrist led to Ann being diagnosed with two specific disorders and her medication altered accordingly. Ann feels strongly that this diagnosis along with appropriate treatment was the key to changing her life.

What support, other than from McAuley, are you receiving now?

Unfortunately because Ann's support specialists were on the eastern side of the city, and because of NDIS issues, these supports are no longer available. Ann is waiting for a referral to a local psychologist with appropriate expertise in treating trauma, which is vital for Ann's care due to the abuse she received throughout her childhood.

Ann has recently tried to establish a relationship with a new local GP, however she will not return to him as she feels his understanding of the complexities around childhood trauma, violence and homelessness is too limited.

He was also dismissive of her mental health diagnoses.

How has McAuley helped to improve your mental health?

One of the main things that has helped Ann has been the sessions with the resident Mental Health practitioner at McAuley House. *'She has been amazingly helpful because she understands trauma.'* This practitioner has taken Ann back to the trauma of her childhood and helped her reframe the traumatic events so that she can begin to learn how to put them behind her.

'Now I know I'm safe, and I'm in such a beautiful place!'

Every day I wake up and feel SO grateful'

Unfortunately the last of the sessions she is eligible for is due, which is very concerning to Ann as she says it is the regular, frequent and consistent contact that has made the improvements in her mental health possible. Changing practitioners again and having to go through her story and establishing another relationship with a new practitioner is not something she is looking forward to.

Ann has taken the opportunity to participate in many of the offerings of the Skills for Life program at McAuley House, which is something she wishes all of the residents would do more of. The 'Women's Words' program was highly influential for Ann, where for the first time for many years she felt her self-confidence grow through the communication that was encouraged. Participation gave her courage and confidence and she began to have thoughts about a positive future for herself. Ann is also an active participant in the cooking and art programs, and helps to care for the vegetable garden that has been recently established with the help of Gardening Australia.

Ann says: *'The art classes are amazing. We are encouraged to create without judgement on ourselves or each other'.*

Ann is clearly thrilled with her creative output and hopes to do more of it, having just purchased some pencils and a mindfulness colouring book.

For the first time for many years Ann is getting to know other people and forming positive relationships with them, which she accredits to the nurturing environment of McAuley House.

'I feel like I'm becoming the sort of person I was always meant to be.'

'Being around people I feel safe with, especially with all women'. Ann enjoys the developing communication with other

residents, saying how much pleasure there is for her in greeting each other in the corridors with a hello and a smile, and when conversations started in classes continue throughout other days.

In the past Ann would attempt to participate in community activities but when neighbours joined in that *'were people she didn't want to be around'*, she would stop attending.

'Being here [at McAuley] has restored a lot of faith in humanity; that there are nice and good people out there'

The confidence Ann has gained from involvement in these activities has been the springboard to her participation in 'The Grow' program; a current pilot program offered by the Yarraville Community Centre. This is a Certificate 2 level equivalent program around literacy and work readiness, that Ann particularly accredits the Women's Words program run at McAuley House with giving her the confidence to attend. Ann hopes to work in an area where she can help people that have similar mental health conditions as herself, and help to educate the community about the difficulties people like herself have, and continue to face.

What would you say to the government about the mental health services you have experienced?

'There hasn't been enough communication or 'cross-over' for consistent care between physical areas in Melbourne.

'I need more than the limited sessions available on Mental Health Care plans

**'Don't leave homeless people
"to rot" in facilities that don't
care for their needs'**

'I needed much more help to navigate the mental health system when no one was doing it for me.'

What do you think should change to make the mental health system in Victoria work better in the future?

- Education for health practitioners to prevent misdiagnosis and then inappropriate treatment for mental health conditions. Particularly to raise awareness around Pyrrole Disorder, also known as Pyroluria, which is a metabolic condition that may be a common undiagnosed feature of many emotional and behavioural disorders.
- Build more places like McAuley House, for women and for men.
- Increase the number of available sessions in a Mental Health Care Plan.
- Provide more workers in shelters and refuges for the homeless that can link the residents with services they need.

Helen's story

'McAuley gave me my birth certificate. I would not be sitting here if it was not for McAuley.'

Over the 2 years that Helen was a resident of McAuley House, her physical and mental health slowly improved.

What support for your (or your child/ren's) mental health did you receive before you came to McAuley?

When Helen and her children first escaped from their violent home, they received no assistance for their mental health until Helen had developed a mental illness resulting in delusions, depression and extreme anxiety. Helen presented in this state homeless at a hospital emergency department where her physical health was also dire, but only once she was able to get her young adult children housed by friends of her children.

Once Helen's immediate physical health was stabilised she was referred to a mental health facility at Sunshine Hospital for assessment and care, after which time she commenced a residential program at PARCs for two months. It was at this time that McAuley was identified as the service that could best support Helen's recovery, and so finally, she found a home.

It seems that neither of Helen's children received any mental health support despite both of them being highly traumatised by experiencing family violence and becoming homeless. The effects of this on their mental health became apparent as time went on. Helen's son admits to being suicidal at various times during the years of their family separation, and Helen's daughter had enormous difficulty settling into University studies despite being academically able.

What support (other than McAuley) are you (or your child/ren) receiving now for your mental health?

Helen continues to be medicated for her depression and anxiety and still suffers from delusions at times. It seems that neither of the children received mental health support, despite clear indications from both children that they would benefit from this.

How has McAuley supported you to improve your (or your child/ren's) mental health?

McAuley staff helped Helen to maintain contact and ongoing care from her mental health care provider, liaised with other health and community services on her behalf, supported her applications to financial and government institutions, and encouraged Helen to care for herself, mentally and physically. Both children were struggling to come to terms with their new lives and were highly anxious that they couldn't be with their mother. Case managers at McAuley also made a representation to a university academic board on behalf of Helen's daughter when her poor mental health contributed directly to poor academic performance. This representation enabled Helen's daughter to remain enrolled in her course and not be excluded as suggested.

The main issue for Helen was being separated from her children so finding a suitable home was a high priority once Helen was capable. With the support of McAuley the family eventually moved into a permanent home and the children both finished their undergraduate studies, and found secure

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professional work. Helen secured part time work, although the studies she would have liked to continue were not possible as she did not have sufficient computer skills to complete her assessments.

Helen is currently learning these skills through a community program and has recently re-connected with McAuley as her life enters another time of change, with both children having left the family home. Helen has recently taken up activities in the Skills for Life program and has reconnected with other women from the McAuley community by regularly attending lunches at McAuley House; taking active steps to maintain her mental health by reducing isolation.

What would you say to the government about the mental health services you (or your child/ren) have experienced?

More must be provided for people leaving family violence. Despite Helen making clear attempts to obtain care for herself, and her children, they were left isolated and traumatised. This included Helen presenting to a police station in a clearly agitated and homeless state where she was sent back out onto the streets at night to care for herself.

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