

The Backbone Collective

Submission to the Inquiry into Mental Health and Addiction

June 2018

The submission from The Backbone Collective is in two parts that need to be considered in conjunction with one another:

- Part One: The written submission below
- Part Two: A video containing of women's voices explaining the lived experience of some of the points made in the written submission

The focus of our submission is on the connections between violence and abuse of women and children and mental health and addiction.

We want all those working in policy, service delivery or evaluation of violence and abuse of women and children, mental health and addiction to have an in-depth understanding of how these complex social issues inter-relate and to respond accordingly.

The main points we make in this submission are:

1. The evidence is clear that unresolved trauma from violence and abuse is one of the main drivers of mental health and addiction. If New Zealand wants to reduce incidence of mental health, suicide and addiction it MUST reduce the incidence and the damage caused by violence and abuse of women and children.
2. Victims of violence and abuse need to be connected in as early as possible to mental health, suicide and addiction prevention and treatment and recovery services particularly children - before the damage caused by trauma escalates.
3. To enable this to happen effectively, the response systems for mental health, suicide and addiction need to be connected to the integrated response system for violence against women and children and vice versa.
4. All professionals working with victims of violence and abuse need urgent training about correct use and practice of assessing the effects of the trauma experienced by these victims. All professionals working with people who have mental health and addiction challenges need urgent training about correct use and practice of assessing intimate partner violence, sexual violence and child abuse and neglect.
5. Fully funded trauma counselling services should be available to all victims (direct or indirect) experiencing all forms of family violence (physical, sexual, psychological violence),¹ in a similar way that sexual abuse counselling is funded via ACC. These counsellors should have specialist knowledge of domestic and sexual violence and especially its impact on children.

¹ As defined in the Domestic Violence Act 1995. Note this would include all forms of violence and abuse (direct or indirect) of children.

6. Access to trauma counselling should not be a guardianship issue and should not be able to be prevented under orders of the Family Court either parent should be able to refer their child/ren to trauma counselling.²
7. Mechanisms need to be put in place to ensure that false accusations of mental health or addiction problems or misinterpretation of the mental injury women have experienced from the abuse are taken as evidence that this has been an abusive relationship - not used against women who are fighting to protect their children through the system.

Introduction

About the Backbone Collective

The Backbone Collective, a registered not-for profit trust, was established in March 2017. Backbone's primary purpose is to enable women to safely and anonymously tell the Government, others in authority, and the public about how the 'system' responded to them when they experienced violence and abuse, and how they need it to respond in order to be safe and rebuild their lives. Backbone's mission is to help facilitate the continuous improvement of the system because we believe the system needs to be accountable for how it responds to its users. To encourage accountability, Backbone:

1. Conducts secure, online surveys to collect anonymous feedback from as many women who have experienced violence and abuse as we can reach and presents the voices of women in a collective way, so no individual can be identified.
2. Acts as a community watchdog of the Government, the legal system and all agencies working within the response system by shining a light on specific issues that have bubbled up from communications we have had with Backbone members.
3. Tracks and reports on whether any action has been taken to address the problems identified in our reports.

In just over a year the membership (women who have experienced violence and abuse) has swelled to over 1300 and Backbone has 2700 followers on Facebook. In May 2018, 93% of members who responded to a survey said that Backbone has been either 'very effective' or 'effective' in achieving its stated objectives and 80% felt Backbone is making an overall difference at a public/political/societal level.

About the Authors

Backbone's Co-Founders Deborah Mackenzie and Ruth Herbert have extensive histories working in the violence against women sector. Between us we have had over 35 years' experience working in New Zealand's system response to violence against women and children – doing research, strategy, policy, service delivery and advocacy work – for the public service, NGOs and in a voluntary capacity.³

While Backbone doesn't undertake the service user feedback as formal research we both have directly relevant academic qualifications and research experience. We use applied research methods and frameworks to guide our analysis of the vast amount of quantitative and qualitative data collected from service users. We draw on information from multiple sources to cross check and validate what service users tell us. Backbone now has an extensive data set containing thousands of individual data items from the comprehensive surveys that have been completed by many hundreds of women. We

² Currently many abusive parents refuse to allow their children to go for counselling.

³ Bios of authors in Appendix one

have also collected detailed case stories from hundreds of women and reviewed extensive documentation that corroborates what women are telling us. As a result, Backbone believes the analysis that has been undertaken is methodologically robust and hence the material contained in this submission and other Backbone reports is an accurate reflection of what is happening for women and children who have experienced violence and abuse and are involved in the New Zealand Family Court.

In 2014, when we were working independently as The Impact Collective,⁴ we published an independent report entitled 'The Way Forward: An Integrated System for Intimate Partner Violence and Child Abuse and Neglect in New Zealand.'⁵ In this report we proposed the establishment of a new integrated system model to better address the epidemic of intimate partner violence and child abuse and neglect in New Zealand. The Way Forward report has been widely referred to by government planners and policy makers and there now appears to be widespread acceptance of the importance of an integrated system response. For example, the Government's family and sexual violence work programme web page⁶ says, 'New Zealand needs an integrated and effective system for addressing these forms of violence that is joined up, aligned and makes a difference'.

In this submission we provide findings from surveys conducted by The Backbone Collective in the past 12 months, reproduce material from The Way Forward report, and draw on our many years of experience in the violence against women sector and the extensive research that we have done individually and collectively in these many roles.

Violence and abuse of women and children

Intimate partner violence (IPV), domestic violence, sexual violence, and child abuse and neglect (CAN) (often referred to as 'family violence') are the most common forms of violence and abuse of women and children. The New Zealand and international evidence is clear that in a high proportion of families, multiple forms of violence and abuse of women and children are all co-occurring.

Women and children are far more likely than men to experience family/domestic violence and sexual violence. Victims/survivors of violence and abuse typically experience frequent, sustained and repeated acts of abuse over long periods of time (physical, sexual and psychological). Intimate partner violence almost always involves psychological abuse of the victim/survivor.⁷ Police report that in approximately 70 percent of family units where intimate partner violence exists, the children are also direct victims/survivors of some form of violence.⁸ Children's exposure to intimate partner violence has long been recognised as a form of psychological abuse of the child in New Zealand. Our Domestic Violence Act defines a child seeing or hearing the physical, sexual, or psychological abuse of a person with whom the child has a domestic relationship as child abuse. There is no single source of data, but indications are that 40 to 70 percent of the sexual abuse and assault of children and adults occurs within intimate partner violence and child abuse and neglect.⁹

⁴ www.theimpactcollective.co.nz

⁵ Herbert, R. & Mackenzie, D. (2014). *The way forward: An integrated system for intimate partner violence and child abuse and neglect in New Zealand*. Wellington: The Impact Collective.

⁶ <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/work-programme/>

⁷ Of the women who seek help at Women's Refuge in New Zealand, 90% report experiencing psychological abuse compared with 65% who report experiencing physical violence.

⁸ <http://www.nzfvc.org.nz/issues-papers-3>

⁹ Partners (and ex-partners) and other family members were cited as the perpetrator in 41 percent of all sexual offences against women in one report (Family Violence Statistics Report. Families Commission. 2009 (pg 162). Available at <http://www.familiescommission.org.nz/publications/briefs-and-statistics/family-violence-statistics-report>) and Partners, ex-partners, current or previous boy/girlfriends and other family members were cited as the perpetrator in 73 percent of all sexual violence against women in another report (Mayhew, P. Reilly, J. L. (2009) *The New Zealand Crime and Safety*

The negative impacts of violence and abuse of women and children are serious and complex. Strategies aimed at addressing child abuse and neglect are less likely to be successful unless any current or past intimate partner, domestic or sexual violence of the adults in this child's life are also addressed and vice versa.¹⁰

We must recognise violence and abuse as one of the main drivers of mental health, suicide and addiction

In this section we show there is now extensive and compelling international evidence that violence and abuse of women and children is a leading cause/contributor (perhaps **the** leading cause/contributor) to multiple other social issues - health, education, violence, social and behavioural issues (see diagram in Appendix two). We believe it is time to turn the earlier model on its head – to recognise that in order to reduce the incidence of mental health and addiction in New Zealand we **must** turn off the tap of violence and abuse of women and children and its effects.

The evidence is clear that unresolved trauma from violence and abuse is one of the main drivers of mental health and addiction. If New Zealand wants to reduce incidence of mental health, suicide and addiction it **MUST** reduce the incidence and the damage caused by violence and abuse of women and children.

In the following sub sections, we summarise some of the extensive local and international evidence about the causal link between violence against women and children and mental health, suicide and addiction. Further links can be provided if required. In a box at the end of each section we list some of the relevant findings from the surveys Backbone has conducted in the past 12 months. Further detail can be provided regarding this evidence, if required.

The relationship between violence and abuse and mental health

Numerous studies have shown a link between the experience of violence and abuse and mental health impacts on victims/survivors.¹¹ Victims/survivors of violence and abuse may experience anxiety, depression or post-traumatic stress disorder complaints. The evidence is also clear that women who are abused by their partners are more likely than other women to become mentally unwell as a result of the continued fear and trauma. Some of these abused women turn to drugs or alcohol to 'escape' the effects of the abuse.

Survey. In Family Violence Statistics Report. Families Commission. Wellington, August). Family or other household members or primary caregiver were cited as the perpetrator in 50 percent of all sexual abuse of children and young people in 2006 (in Family Violence Statistics Report. Families Commission. 2009 (pg 162). Available at

<http://www.familiescommission.org.nz/publications/briefs-and-statistics/family-violence-statistics-report>). Murphy et al report that: *'There are few studies investigating the overlap between IPV and child sexual abuse. However one of the publications that addressed this issue found that over half of 111 children who had been sexually abused and were attending a children's support centre had also been living with IPV'*. Available at <http://www.nzfvc.org.nz/issues-papers-3>

¹⁰ Humphreys reports that recent policy and practice developments around the world now emphasise the importance of separate but linked services for women and children. These two very different intervention systems (statutory child protection and specialist, community-based, domestic violence services) have needed to find ways of working together, as have the other services involved in domestic violence intervention to recognise that the safety and well-being of children is tied closely to the safety and well-being of their mothers. http://www.adfvc.unsw.edu.au/documents/IssuesPaper_13.pdf

¹¹ Fanslow, Janet L. Violence against women in New Zealand: prevalence and health consequences. In: The New Zealand Medical Journal 117(1206) 2004 and Gulliver, P. and Fanslow, J. (2013), Exploring risk factors for suicidal ideation in a population-based sample of New Zealand women who have experienced intimate partner violence. Australian and New Zealand Journal of Public Health, 37: 527–533

The international literature¹² is clear that if we want to reduce the rates of mental health, we need to identify and more effectively treat the violence and abuse they are experiencing and the consequences of that abuse. For example:

- Students surveyed in the Youth 07 study¹³ found both males and females who had experienced CAN and/or exposure to IPV in their home were **2.2 times** more likely to have significant depressive symptoms than children not abused or exposed.
- An Australian review of Australian and international research on the long-term effects of child sexual abuse concluded that, 'Research on the longer-term impact of child sexual abuse indicates that there may be a range of negative consequences for mental health and adjustment in childhood, adolescence and adulthood'.¹⁴
- An Australian study¹⁵ of 1218 women who had been abused found the following rates of mental disorders in the study sample were: 77% for anxiety disorders, 52% for mood disorder, 47% for substance use disorder, 56% for post-traumatic stress disorder and 35% for suicide attempts - all of which are significantly higher than would be found in the non-abused population.
- The USA National Intimate Partner and Sexual Violence survey¹⁶ found that 81% of women who experienced rape, stalking or physical violence by an intimate partner reported significant short or long-term impacts related to the violence experienced in this relationship such as Post-Traumatic Stress Disorder (PTSD) symptoms.

Findings from Backbone surveys.¹⁷

Note: All women and children represented in these findings have experienced violence and/or abuse – often for many years.

98% of respondents (N=597 women) has experienced psychological or emotional abuse in their relationship, 75% had suffered physical violence and 50% suffered sexual violence. The trauma they had experienced in the relationship was subsequently exacerbated by how they were treated in the Family Court. Many women reported having suffered negative health impacts because of how they have been treated during Family Court proceedings:

- 86.1% suffered anxiety and/or panic attacks
- 61.4% depression
- 55.7% flashbacks
- 52.5% PTSD

Our survey on children who were involved in the Family Court found that a highly concerning percentage of these children have been exposed to multiple forms of violence and abuse, all of which would have impacted on them psychologically, psychically and socially – all of which would have

¹² Much of which is summarised in the report available at <https://nzfvc.org.nz/content/mental-health-addiction-trauma-violence-and-abuse-selected-bibliography>

¹³ <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2007-violence-report-2010a.pdf>

¹⁴ <https://aifs.gov.au/cfca/publications/long-term-effects-child-sexual-abuse>

¹⁵ <http://www.nifvs.org.au/wp-content/uploads/2015/01/Domestic-Violence-and-Mental-Health.pdf>

¹⁶ https://www.cdc.gov/violenceprevention/pdf/nisvs_factsheet-a.pdf

¹⁷ Reports available at <https://www.backbone.org.nz/reports/>

caused trauma to the child.¹⁸ For example 88% of the children had heard or seen the abuser psychologically abusing their mother, 63% had been verbally assaulted by the abuser and in 59% of cases the abuser had threatened or intimidated the children. Following their mother's separation from the violence many children are scared of having contact with the abuser as their mother is not present to help protect them. Eighty-one percent of children in our survey were worried about their psychological safety when in the care of their abusive father.

As with the mothers many children suffer negative health impacts because the trauma they have experienced at home is not recognised and further exacerbated by the way they are treated in the Family Court. Our survey found that:

- 83% of children suffered anxiety and/or panic attacks
- 44% depression
- 34% flashbacks
- 26% PTSD

The relationship between violence and abuse and suicide

New Zealand has some of the highest rates of violence and abuse of women and children and it is therefore no co-incidence that we also have some of the highest rates of suicide in the developed world. Repeated studies in New Zealand and overseas have shown that experiencing violence and abuse increases the risk of self-harm, attempted or actual suicide, including:

- Female sexual abuse victims had **40 times** higher risk of suicide, **88 times** higher for fatal overdose; for males, **14 times** and **38 times** respectively.¹⁹
- The New Zealand Suicide Prevention Action Plan 2008 - 2012 Evidence for Action²⁰ noted the following evidence:

Females [with suicidal behaviours] are also more likely than males to experience childhood sexual abuse, which is associated with a subsequent increased risk of mental health problems, suicidal ideation and suicide attempt (Beautrais 2006). Women are also more likely to be victims in serious family violence incidents and, where those incidents involve serious injury, they are more likely to report depression, anxiety and suicidal ideation (Fergusson, Horwood and Ridder 2005).

The experience of adversity during childhood increases the risk of later suicidal behaviour among young people. Adverse experiences include sexual, physical or emotional abuse, neglect, family breakdown, family violence and parental mental illness.

New Zealand studies have shown that exposure to family violence is a risk factor that increases rates of both mental health problems and suicidal behaviours (Fergusson, Horwood and Ridder 2005). Policies that reduce rates of family violence, therefore, have the potential to improve population mental health and to reduce rates of suicidal behaviours.

- New Zealand coroners have frequently noted the link between domestic/family violence and suicide, in their reports.²¹ The Coroners Court of Victoria made a valuable contribution to the

¹⁸ Refer pages 20-24 at

<https://static1.squarespace.com/static/57d898ef8419c2ef50f63405/t/5a3171c59140b743f5abbe36/1513189837189/Seen+and+not+Heard+Children+in+the+Family+Court+%281%29.pdf>

¹⁹ Cutajar, M. C., Mullen, P. E., Ogloff, J. R. P., Thomas, S. D., Wells, D. L., & Spataro, J. (2010b). Suicide and fatal drug overdose in child sexual abuse victims: A historical cohort study. *Medical Journal of Australia*, 192(4), 184–187.

²⁰ <https://www.health.govt.nz/system/files/documents/publications/nz-suicide-prevention-summary-mar08.pdf>

²¹ <https://nzfvc.org.nz/news/inquest-youth-suicides-finds-exposure-family-violence>

evidence in this regard with their submission to the Royal Commission into Family Violence.²²

- The Australian Institute of Family Studies resource sheet 'Effects of child abuse and neglect for children and adolescents'²³ sums up the evidence thus:

Research suggests that abuse and neglect significantly increase the risk of suicidal ideation and attempted suicide for young people (Brodsky & Stanley, 2008; Evans, Hawton, & Rodham, 2005; Miller, Esposito-Smythers, Weismoore, & Renshaw, 2013; Thompson et al., 2012). A systematic review by Evans and colleagues (2005) found a strong link between physical and sexual abuse and attempted suicide/suicidal thoughts occurring during adolescence.

Brodsky and Stanley (2008) found that risks of repeated suicide attempts were eight times greater for youths with a sexual abuse history.
- The White Paper for Vulnerable Children (Vol II) stated:²⁴ 'The death rate by suicide has been found to be 15 times higher among youth in contact with Child, Youth and Family than among youth in the wider community' however, this is not commented on further. The Children's Action Plan is completely silent on the issue of suicide.
- The 2009 Fifth Report of the Child and Youth Mortality Review Committee²⁵ notes that sexual, physical and emotional abuse, neglect, family breakdown, family violence, are some of the main risk factors for youth suicide.
- The New Zealand Youth '07 study²⁶ found that both male and female students who had experienced or witnessed violence in their home were much more likely to have attempted suicide than students who had not experienced or witnessed violence in their home; 3.65 times for male students and 3 times more likely for female students.²⁷ Given the evidence, it is somewhat puzzling that the New Zealand Suicide Prevention Strategy 2006-2016²⁸ makes no mention of IPV, CAN, or sexual violence.

Findings from Backbone surveys.²⁹

Note: All women and children represented in these findings have experienced violence and/or abuse – often for many years.

We didn't ask women specifically about suicidal ideation or attempts but in the free text answers some of the women told us they had attempted or considered suicide as a result of their experience of the Family Court on top of their experience of violence and abuse.

In our survey on children in the Family Court we found that 32% of the 389 children whose mothers gave us information about health impacts on the children from Family Court involvement are talking and thinking about suicide and 24% are self-harming.

Tragically 17 children (6%) had made suicide attempts and two children had ended their lives.

²² <http://www.rcfv.com.au/getattachment/25D8CD70-010C-4C39-A461-6DB9AAB22E57/Coroners-Court-of-Victoria>

²³ <https://www.theactgroup.com.au/documents/EffectsofChildAbuseandNeglectforChildrenandAdolescents.pdf>

²⁴ Footnote 193 at <https://www.orangatamariki.govt.nz/assets/Uploads/Documents/whitepaper-volume-ii-web.pdf>

²⁵ <http://www.hqsc.govt.nz/assets/CYMRC/Publications/cymrc-5th-report-cpt4-youth-suicide.pdf>

²⁶ http://www.fmhs.auckland.ac.nz/faculty/ahrg/_docs/2007-violence-report-2010a.pdf

²⁷ *ibid*

²⁸ <https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2006-2016.pdf>

²⁹ Reports available at <https://www.backbone.org.nz/reports/>

The relationship between violence and abuse and addiction

There is extensive literature and compelling data on the link between violence and abuse of women and children and the mis-use of alcohol and drugs, including:

- New Zealand's National Drug Policy 2015 to 2020,³⁰ acknowledges this link, 'Early use and misuse of AOD is linked to a range of social and environmental factors, including exposure to traumatic life experiences such as child abuse and neglect, family violence and household dysfunction (Office of the Prime Minister's Science Committee and Gluckman 2011).
- The 2013 special report from the Child and Youth Mortality Review Committee ' Unintentional deaths from poisoning in young people'³¹ notes:

It was very common for the young people who died from poisoning to have suffered multiple disadvantages and exposure to adverse childhood experiences. These include: verbal, physical or sexual abuse; neglect; brain damage from exposure to alcohol before birth; head injury; and family dysfunctionThe use of substances was often part of a lifestyle that involved risk- taking in a number of settings'.
- Cashmore and Shackel (2013)³² report as follows:

Research suggests that survivors of child sexual abuse are more likely than the non-abused population to struggle with alcohol and substance disorders over their entire lifetime. Molnar, Buka, and Kessler (2001) found that the percentage of women with lifetime alcohol dependence was 16% among child sexual abuse survivors, compared with 8% for non-abused women. The frequency was markedly higher for men, with 39% of male child sexual abuse survivors found to have lifetime alcohol dependence, compared with 19% of non-abused men.³³

Research has long indicated a relationship between childhood abuse, including sexual victimisation, and subsequent alcohol and substance abuse (Mullen & Fleming, 1998)³⁴. Victims of childhood abuse and neglect generally have been reported to be at greater risk of abusing alcohol and drugs (Min, Farkas, Minnes, & Singer, 2007), and survivors of child sexual abuse are at a heightened risk of developing an alcohol disorder and with an earlier age of onset (Zlotnik et al., 2006).
- Male children with an ACE Score of 6 or more (having six or more adverse childhood experiences) had an increased likelihood—of more than 4,000 percent—to use intravenous drugs later in life (Felitti & Anda, 2009).³⁵
- VicHealth (2004, p. 27) found that alcohol harm, illicit drug use and tobacco consumption were further contributors to the disease burden associated with domestic violence (5%, 2% and 14% respectively) and that women who are affected by intimate partner violence are more likely to have alcohol problems, to smoke (Loxton et al. 2006) and to use non-prescription drugs (Quinlivan & Evans 2001) than women who are not affected.³⁶

³⁰ <https://www.health.govt.nz/system/files/documents/publications/national-drug-policy-2015-2020-aug15.pdf>

³¹ <http://www.hqsc.govt.nz/assets/CYMRC/Publications/CYMRC-Poisoning-in-young-people-Aug-2013.pdf>

³² <http://www.aifs.gov.au/cfca/pubs/papers/a143161/cfca11.pdf>

³³ <http://www.aifs.gov.au/cfca/pubs/papers/a143161/cfca11.pdf>

³⁴ Mullen, P. E., & Fleming, J. (1998). Long-term effects of child sexual abuse (NCPC Issues No. 9). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/nch/pubs/issues/issues9/issues9.html>.

³⁵ [https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf#page=3&view=Physical Health Consequences](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf#page=3&view=Physical%20Health%20Consequences)

³⁶ <http://www.nifvs.org.au/wp-content/uploads/2015/01/Domestic-Violence-and-Mental-Health.pdf>

- Women experiencing violence within a relationship can turn to alcohol consumption as a method of coping or self-medicating³⁷

Findings from Backbone surveys.³⁸

Note: All women and children represented in these findings have experienced violence and/or abuse – often for many years.

In our survey on children who have experienced violence and abuse and been in the Family Court we found that 5% of children are misusing alcohol and 4% are misusing drugs.

The systems responding to violence against women and children, mental health and addiction need to be connected

Because of the inextricable links between violence and abuse, mental health, suicide and addiction – as detailed in the previous section – in order for New Zealand to reduce the incidence of mental health, suicide and addiction those response systems need to be connected to and working closely with the system responding to violence and abuse.

Best estimates are that only 20-25% of domestic violence and around 10% of sexual violence is reported to Police. Hence the vast majority of cases are slipping under the radar and the trauma suffered by the victims is left untreated and emerges, sometimes immediately and sometimes many years later, as a range of other health and social issues. See Appendix three for a summary of the immediate effects of the main forms of violence and abuse of women and children.

Many victims of violence and abuse experience chronic and repeated victimisation over time. This has a cumulative or snowballing effect that leads to many long-term impacts in the form of other social issues. Each episode of abuse may induce very high levels of fear in the victim/survivor and this builds on the trauma and hurt of previous experiences (much like the experience of painfully grazing a knee; healing starts and a scab forms, but which breaks off in a subsequent injury causing even more pain than the initial injury). This has widespread consequences for those affected that can last a lifetime.

For many years myths and misunderstandings have flourished around Intimate partner violence, domestic violence, sexual violence, and child abuse and neglect. One of the most common of these myths has been that violence and abuse of women and children is caused by alcohol or drug abuse, stress, poverty or poor impulse control of the abuser – a belief that family violence is a consequence of other social issues – so that if we rectify these other issues the violence and abuse will stop.

As a result, policy makers and planners strategising how best to address violence against women have been chasing their tails - failing to see issues such as mental health, suicide and addiction are the consequences, not the causes, of violence and abuse. Likewise, mental health, suicide and addiction policy makers and planners have often found themselves in silos, isolated from those who are responsible for turning off the tap of the violence and abuse upstream – leaving them desperately trying to respond to the downstream damage caused.

Mental health and addiction professionals, service delivery agencies, general practitioners and others have often failed to see mental health and addiction challenges and the risk of suicide as a sign of underlying and unresolved trauma caused by experiencing violence and abuse. Those who have

³⁷ http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

³⁸ Reports available at <https://www.backbone.org.nz/reports/>

identified these links have not necessarily known what specialist family violence trauma services are available for them to refer individuals, families and whanau to.

Likewise, specialist family violence service providers have often not found it easy to refer the individuals, families and whanau they are working with to specialist mental health and addiction services – especially ones that will recognise and respond appropriately to the underlying trauma from the violence and abuse.

Each workforce must know where and how to refer these cases for specialist intervention. However, these sectors and individual agencies within them, tend to operate as silos and invariably do not know what other agencies can offer and hence are unable to make appropriate referrals. It is often left to the individual to seek out the type of help they need: *'The numerous organisations and agencies do not work well together, communicate with one another, or share information. This left those seeking help and support ill-informed, confused, or feeling lost in the chasms between the silos.'*³⁹

Individuals who need help find it difficult, if not impossible, to navigate their way through a complex maze of disconnected services and systems each with different policies and processes. Some struggle to access the current system at all. Others find themselves in a never-ending cycle, lost within the maze or stuck within specific parts of the system. They cannot get out and move on with their lives.

New Zealand needs these systems to be connected to minimise the gaps and shortfalls and prevent service users from getting lost in the maze or falling into the gaps.

Victims of violence and abuse need to be connected in as early as possible to mental health, suicide and addiction prevention and treatment and recovery services particularly children - before the damage caused by trauma escalates.

To enable this to happen effectively, the response systems for mental health, suicide and addiction need to be connected to the integrated response system for violence against women and children and vice versa.

The effects of untreated trauma not being recognised and understood

Because the links between intimate partner violence, child abuse and neglect and sexual violence and mental health, suicide and addiction are not well understood in New Zealand, they are not being appropriately responded to by parts of the response system. For example, suffering from trauma after years of experiencing violence and abuse often impacts on women's ability to present 'well' in court proceedings. Likewise, children who are severely traumatised are then being interviewed by lawyers assigned to them by the Family Court, who have no training in working with traumatised children.

Backbone has heard from many women who upon facing their abuser in the court room (some being cross examined by him or being questioned about aspects of their abuse) are overwhelmed, suffer severe panic attacks and PTSD in the court room and are unable to give 'credible' evidence. The abuser, in comparison, can present as a rational, clear thinker who seems charming and 'believable'. Unfortunately, the symptoms of the women's trauma are then often used against her rather than seen as evidence of her experience of violence and abuse. Please listen to the video presentation of women's voices that forms Part 2 of this submission.

³⁹ https://glenninquiry.org.nz/uploads/files/The_Peoples_Report_-_full_document.pdf

Many women have told Backbone that their experiences in the health sector and particularly the mental health services for themselves and their children are substandard. For example, we have heard cases of women and children being pressured into 'family therapy' sessions with the abuser, as part of the clinical response to adolescent mental health issues - retraumatising the women and children and increasing, rather than addressing, the damage already done to these individuals. Many other women have told us they are either unable to find suitable trauma counselling services, unable to afford to go to counselling or that Family Court orders or their abusive ex-partner prevent them from taking their children to trauma counselling.

Findings from Backbone surveys.⁴⁰

Note: All women and children represented in these findings have experienced violence and/or abuse – often for many years.

20% of women who responded to Backbone's Family Court survey said there were decisions, orders and directions made by the Family Court that prohibited them accessing therapeutic help/counselling for their child.

Of the 404 women who answered questions in our survey about health impacts as a direct result of Family Court proceedings:

- 86% experienced anxiety and panic attacks
- 61% experienced depression
- 56% experienced flashbacks
- 52% experienced PTSD
- 64% said they were traumatised by the proceedings.

In our Children and the Family Court survey we found that children were commonly traumatised by their involvement in Family Court proceedings – including interviews with professionals and being forced into care and contact against their wishes.

In a high proportion of cases Backbone has heard about, the Family Court has expressly prevented the mother from even speaking to her children about the abuse. In these cases, the Family Court is forcing women and children to pretend their trauma and experiences of violence and abuse don't exist.

New Zealand needs effective mental health and addiction services with staff well trained in the complexities of intimate partner violence, sexual violence and child abuse and neglect and a violence and abuse services with staff well trained in the complexities and inter-relationship with related social issues such as mental health and addiction.

Unless/until all those working with individuals, families and whanau who have a history of experiencing violence and abuse, are fully trained to identify and respond appropriately, victims will continue to be re-traumatised and the consequences of this will flow directly into mental health, suicide and addiction and other long term social issues. And unless/until all victims of violence and abuse need ready access to free specialist trauma counselling as early as possible in their experience of violence and abuse, the cumulative or snowballing effect of their untreated trauma will continue to manifest as other complex and entrenched social issues such as mental health, suicide and addiction.

⁴⁰ Reports available at <https://www.backbone.org.nz/reports/>

All professionals working with victims of violence and abuse need urgent training about correct use and practice of assessing the effects of the trauma experienced by these victims. All professionals working with people who have mental health and addiction challenges need urgent training about correct use and practice of assessing intimate partner violence, sexual violence and child abuse and neglect.

Fully funded trauma counselling services should be available to all victims (direct or indirect) experiencing all forms of family violence (physical, sexual, psychological violence)⁴¹, in a similar way that sexual abuse counselling is funded via ACC. These counsellors should have specialist knowledge of domestic and sexual violence and especially its impact on children.

Access to trauma counselling should not be a guardianship issue and should not be able to be prevented under orders of the Family Court either parent should be able to refer their child/ren to trauma counselling.⁴²

Women who try and protect their children from abuse are falsely accused of being mentally unwell

Backbone has shown in its reports over the last year that the Family Court uses mental health and/or addiction allegations to remove children from protective mothers, to force care and contact with abusive fathers and/or to place children in the care of the state.

There are two key aspects to the way mental health allegations play out in the Family Court.

1. Abusers commonly accuse their (ex) partners of being mentally unwell to:
 - discredit them to others (particularly formal services such as Oranga Tamariki, Work and Income and the Family Court)
 - isolate them from support (school staff, friends, family, church members)
 - threaten they will tell everyone she is crazy to prevent her escaping the relationship
 - undermine women's sense of reality.
2. Many professionals working in the Family Court have no critical analysis of abuser's techniques of continued power and control post separation and so believe the accusations at face value and build them into recommendations for care and contact orders for children.

The result is unsafe forced care and contact orders placing children with abusive fathers and protective mothers not believed and unable to keep their children safe from further abuse. Over half of the 500 women who took part in our first Family Court survey reported being wrongly accused of being mentally unwell/unstable in their Family Court proceedings.⁴³ Please listen to the video presentation of women's voices that forms Part 2 of this submission.

Mechanisms need to be put in place to ensure that false accusations of mental health or addiction problems or misinterpretation of the mental injury women have experienced from the abuse are taken as evidence that this has been an abusive relationship - not used against women who are fighting to protect their children through the system.

⁴¹ As defined in the Domestic Violence Act 1995. Note this would include all forms of violence and abuse (direct or indirect) of children.

⁴² Currently many abusive parents refuse to allow their children to go for counselling.

⁴³ <https://static1.squarespace.com/static/57d898ef8419c2ef50f63405/t/5949a425a5790a3989f7e74e/1497998414103/Family+Court+Survey+report+final+080617.pdf>

New Zealand has a history of failing to understand the ‘causal’ links and respond appropriately

In 2014 Washington journalist, Rebecca Clay wrote,⁴⁴ ‘Suicide and intimate partner violence are both major public health crises, and they’re closely linked, says Richard McKeon, PhD, chief of the suicide prevention branch at the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)...Yet despite the clear link, the mental health and intimate partner violence fields have historically worked in isolation. Now that’s starting to change.’

In this section we examine whether it has started to change in New Zealand. We find that despite the overwhelming evidence that violence and abuse is the beginning of a pathway to mental health problems, suicide and drug and alcohol addiction, New Zealand has shown a pattern of failure to appropriately reflect that at a strategy and policy level. We also find an almost complete failure to implement systems that recognise these links or to respond to these cases in a holistic and comprehensive way – a way that treats the underlying cause of the issue, not merely the current symptoms.

Examples of this include:

1. The 2011 report from the Prime Minister's Chief Science Advisor, Professor Sir Peter Gluckman, entitled *Improving the Transition Reducing Social and Psychological Morbidity During Adolescence*⁴⁵ says: ‘Despite the availability of a considerable amount of research into the respective areas of spousal violence and child maltreatment, researchers have only recently begun to study the effects of domestic violence on children’.

We believe the 2011 Gluckman report has fallen short by not examining more extensively or reporting strongly on the evidence that was available at the time he undertook this work. For example, the Australian Government released the *National Framework for Protecting Australia’s Children*⁴⁶ and the *National Council’s Plan for Australia to Reduce Violence against Women and their Children*⁴⁷ two years before the Gluckman report was released and both those strategies recognise the potential impacts of children’s exposure to spousal violence (intimate partner violence). Sadly, this shortfall in the Gluckman report meant this critical issue fell into a gaping hole.

2. The 2011 Gluckman report⁴⁸ says, ‘research relating to the effects of inter-parental conflict, parental separation-divorce, domestic violence and child maltreatment offers significant opportunity to inform policy and practice applications,’ but this ‘opportunity’ doesn’t appear to have been picked up in any systematic way by policy makers and/or service providers.

⁴⁴ <http://www.apa.org/monitor/2014/11/suicide-violence.aspx>

⁴⁵ <http://www.pmcsa.org.nz/wp-content/uploads/Improving-the-Transition-report.pdf>

⁴⁶ Council of Australian Governments (COAG) 2009. *Protecting children is everyone’s business: National framework for protecting Australia’s children 2009–2020*. Canberra: Commonwealth of Australia

⁴⁷ National Council to Reduce Violence Against Women and their Children (NCRVWC) 2009. *Time for action: The national council’s plan for Australia to reduce violence against women and their children, 2009–2021*. Canberra: Commonwealth of Australia

⁴⁸ <http://www.pmcsa.org.nz/wp-content/uploads/Improving-the-Transition-report.pdf>

This is evidenced by the fact that the initiative referred to as 'The Prime Minister's Youth Mental Health Project'⁴⁹ makes no mention anywhere in the material of the statistically significant causal effect between violence and abuse in childhood and our youth mental health rates.

3. The Child and Youth Mortality Review Committee (CYMRC) submission to the Green Paper for Vulnerable Children⁵⁰ notes that,

‘... children and young people who grow up in situations where adverse factors cluster suffer increased death rates from sudden unexpected death in infancy, many types of injury, suicide, some illnesses and assault. Children and young people who survive are likely to suffer more illnesses, poor educational outcomes, less success in the workforce, more criminal behaviour and be less able as parents.’
4. The New Zealand Suicide Prevention Strategy 2013-2016⁵¹ has no mention of any of the ‘causal’ links between violence and abuse of women and children and suicide other than showing family violence and child abuse as one of the pathways to suicidal behaviour in Figure 7 (pg 16).
5. The New Zealand Suicide Prevention Action Plan 2008 - 2012 Evidence for Action⁵² noted some evidence (detailed in the section above) but failed to examine in any detail the family violence and child abuse pathway noted in the strategy or to provide any detail on how this ‘evidence for action’ might best be operationalised. But of greater concern is that the 2013-2016 Action Plan⁵³ appears to be completely silent about violence and abuse underpinning many suicide cases. Given the strong evidence of the ‘causal’ links, this, in our opinion is a major omission on behalf of the Government.
6. The Fifth Report of the Child and Youth Mortality Review Committee⁵⁴ notes that sexual, physical and emotional abuse, neglect, family breakdown, family violence, are some of the main risk factors for youth suicide. However, the report is silent on the strategies to manage these risks other than to recommend that each DHB should have in place a suicide prevention action plan to implement the New Zealand Suicide Prevention and a system that uses what is learnt from cases of suicide to modify local systems of care, prevention and support.
7. Chapter 16 of the 2011 Gluckman report⁵⁵ is focused on Youth suicide and states (pg 209), ‘Young people who die by suicide are more likely than others to come from a troubled family background’. However, aside from going on to say (pg 211), ‘an effective strategy for helping dysfunctional families might lead to improvements in youth offending and education as well as a reduction in youth suicide,’ it fails to reference the extensive body of literature on this matter and it is silent on what such ‘strategies’ should be or how they would be successfully operationalise.
8. Attempted suicides can be viewed as an early cry for help by those who are currently experiencing violence and abuse or who are suffering the long-term effects of trauma from historic trauma and abuse. New Zealand counsellor, Margaret Mourant notes: *‘Every [suicide] attempt is a cry for help and when help is denied or is unavailable, the desperation increases, and further attempts may*

⁴⁹ <https://www.health.govt.nz/our-work/mental-health-and-addictions/youth-mental-health-project> and <http://www.superu.govt.nz/ymh>

⁵⁰ <https://www.hqsc.govt.nz/assets/CYMRC/Publications/Green-paper-on-vulnerable-children-6.3.12.pdf>

⁵¹ <https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2006-2016.pdf>

⁵² <https://www.health.govt.nz/system/files/documents/publications/nz-suicide-prevention-summary-mar08.pdf>

⁵³ <https://www.health.govt.nz/publication/new-zealand-suicide-prevention-action-plan-2013-2016>

⁵⁴ <http://www.hqsc.govt.nz/assets/CYMRC/Publications/cymrc-5th-report-cpt4-youth-suicide.pdf>

⁵⁵ <http://www.pmcsa.org.nz/wp-content/uploads/Improving-the-Transition-report.pdf>

*follow.*⁵⁶ We believe that ignoring these potential red flags is a wasted opportunity to intervene and help support their recovery from the experience of violence and abuse.

9. The Government's work programmes for addressing family and sexual violence have been almost completely silent on the strong association with mental health, suicide.⁵⁷
10. An April 2017 paper to the Cabinet Social Policy Committee from the Ministers of Justice and Social Development⁵⁸ states:

The intergenerational effects of family violence on children are profound. Physical abuse, child sexual abuse, or exposure to intimate partner violence increases the risk of future victimisation or perpetration of intimate partner violence by between two to four fold. The rate of suicide among affected children increases three fold; youth mental health problems increase by two to three fold; and 57 percent of such children will leave school without NCEA level 2. An Australian study found that at least 30 percent of people seeking assistance for homelessness are fleeing family violence. People who experienced abuse in childhood, lived amidst violent and, frequently, deprived communities, and who have previous histories of abuse, are at risk of gang association.

The same Cabinet paper goes on to detail progress being made on piloting an Integrated Safety Response to family violence but makes no mention of whether this pilot will be integrated into those responding to the related social issues mentioned.

11. There doesn't appear to have been an alcohol and drug strategy in New Zealand for the last 10 years. Once again New Zealand is lagging well behind Australia in this regard. It appears that the proactive reforms for preventing and addressing violence against women and children in Victoria, Australia are mirrored in similar approaches for alcohol and drug abuse. 'Reducing the alcohol and drug toll Victoria's plan 2013–2017'⁵⁹ says it will 'ensure more determined action is taken to prevent and respond to violence, especially against women and children.
12. There appears to have been a major missed opportunity in New Zealand's National Drug Policy 2015 to 2020.⁶⁰ The introduction to this report sounds promising but the document appears to focus on responding to the symptoms and not the cause(s). Despite stating (as noted above) that the early use and misuse of alcohol and drugs is linked to exposure to traumatic life experiences such as child abuse and neglect, family violence and household dysfunction, it is completely silent on the importance of addressing these causal links in order to 'maximise the effectiveness of the system as a whole'. This is yet another example of how New Zealand has failed to join the dots on these issues.

The Government will use the Policy to prioritise its resources and assess the effectiveness of the actions taken by government agencies and frontline services. The Policy aims to guide, influence and support decision-making by local services, communities and non-governmental organisations, and in doing so, improve collaboration and maximise the effectiveness of the system as a whole

⁵⁶ <http://www.life.org.nz/suicide/suicidekeyissues/nz-statistics-on-attempted-suicide>

⁵⁷ <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/work-programme/> and <http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/reports.html> and <https://library.nzfvc.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=3923>

⁵⁸ <https://www.justice.govt.nz/assets/Documents/Publications/Ministerial-Group-on-Family-Violence-and-Sexual-Violence-Progress-of-the-Work-Programme-redacted.pdf>

⁵⁹ [http://docs.health.vic.gov.au/docs/doc/1D4BF7FF3C551C4DCA257AFD00707A93/\\$FILE/Reducing-AOD-toll.pdf](http://docs.health.vic.gov.au/docs/doc/1D4BF7FF3C551C4DCA257AFD00707A93/$FILE/Reducing-AOD-toll.pdf)

⁶⁰ <https://www.health.govt.nz/system/files/documents/publications/national-drug-policy-2015-2020-aug15.pdf>

Where to from here?

We believe it is vital and urgent that there is a more in depth understanding and acknowledgement of the link between intimate partner violence, domestic violence, sexual violence and child abuse and neglect and mental health, suicide and addiction and that a more effective system response are developed to enable the respective sectors to work more closely together to identify and intervene early and effectively.

The New Zealand Labour Party Manifesto 2017⁶¹ says:

Our children are impacted by the violence they experience and witness at home, even if they don't see the violence, they are acutely aware and what happens in their home, where they expect to be safe can be traumatic and damaging. Presently there is little in the way of effective, accessible support for children to help them overcome the effects of violence Labour will:

- Support the development and enhancement of programs that help our children resolve the issues caused by the trauma of experiencing and witnessing violence
- As part of an overall strategy to end violence ensure over time that resources are directed to breaking the cycle by dealing with the issues that children present, such as issues of behaviour, mental health and anxiety.

On 8 March 2018, in a speech to the SHINE and SAFEINET International Women's Day event,⁶² Ms Jan Logie, Parliamentary Under-Secretary to the Minister of Justice (Domestic and Sexual Violence Issues) said:

We also know addictions, poverty and mental health and housing challenges can all be an outcome of domestic and/ or sexual violence.

This shows the new administration understands and accepts the links and the flow on effect of violence and abuse. Backbone believes that this Inquiry provides the ideal opportunity to reiterate these connections and to make recommendations that will move beyond problem identification. What we need now are practical and implementable strategies and actions - that can bring these related systems closer together, that will put the individuals, families and whanau needing their services at the centre of their collective response and benefit New Zealand society as a whole.

Immediate steps to move towards this should include:

1. Collate and summarise the relevant local and international literature.
2. Collect and review qualitative data from all available local sources, for example; coroners, local and national child and youth mortality review groups.
3. Collect and collate quantitative data, for example, matching Police data on suicides and attempted suicides with Police family violence data and Child Youth and Family data on reported cases of family violence and child abuse.
4. Mental health, addiction and family and sexual violence sectors to work collaboratively to plan how to respond more holistically, effectively and equitably to these issues.
5. Establish safe, constructive and ongoing mechanisms to hear from survivors of violence and abuse about how the abuse impacted on their mental health and addiction and where the systems and services are and are not working for them so that continual improvements can be made across the mental health, addiction and family and sexual violence sectors.

⁶¹ [file:///C:/Users/RH/Downloads/2017%20Labour%20Family_Violence_Policy%20\(2\).pdf](file:///C:/Users/RH/Downloads/2017%20Labour%20Family_Violence_Policy%20(2).pdf)

⁶² <https://www.beehive.govt.nz/speech/speech-shine-and-safeinet-international-women%E2%80%99s-day-event>

6. Produce clear practice guidelines for the three sectors to work more closely together and a continuous improvement process whereby what is learnt from cases of mental health, suicide (including suicide attempts) and addiction can be used to modify local mental health, addiction and violence against women and children systems.

Signed:



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Appendix one - About the authors

Ruth Herbert, Co Founder, The Backbone Collective



Ruth is well known for her work in trying to improve New Zealand's system response to violence against women and children. She has given many presentations and media interviews and researched and written extensively about intimate partner violence, child abuse and neglect and sexual violence.

Ruth has worked in a wide variety of paid and unpaid roles – all focused on improving the domestic and sexual violence system response. This has ranged from being the Director of Family Violence at the Ministry of Social Development and the Executive Director of the Glenn Inquiry to the victim/survivor representative on the independent Ministerial Review Panel assessing ACC's sensitive claims clinical pathway. In 2014 Ruth and Deborah proposed a new model that would build on and strengthen the existing system in New Zealand and established the Backbone Collective to advocate for such change. Ruth has a Master of Public Policy (dist.) and was awarded the Victoria University Holmes Prize in Public Policy in 2008.

Deborah Mackenzie, Co-Founder, The Backbone Collective



Deborah has worked for many years trying to improve New Zealand's system response to violence against women and children. She has worked in advocate roles and policy positions both in NGOs and within Government (woman's advocate, interagency network coordinator, policy analyst, project manager, and researcher).

Deborah has a special interest in the justice sector response to women survivors including writing in depth reports on specialist domestic violence courts and female offenders. During the last five years she has worked as an independent contractor and managed an NGO. In 2014 Deborah co-wrote *The Way Forward* with Ruth Herbert which proposed a new model for an integrated response system in New Zealand to respond to violence and abuse. Deborah has significant experience as a trainer, presenter and media

Appendix two – The flow on effects of violence and abuse of women and children



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Appendix three – Immediate effects of violence and abuse

Taken from *The Way Forward Report (2014)*

Immediate effects of IPV

Physical Health	Personal and Social Wellbeing	Intimacy and Relationships	Mental and Emotional Health	Other Impacts
<ul style="list-style-type: none"> • death • physical injury • permanent disability (blindness, deafness, epilepsy, loss of mobility) • hospitalisation for physical injuries of gynaecological problems • sexually transmitted infections (STIs) • unwanted pregnancies • chronic, long-term illness • losing an unborn baby, or having a baby with birth defects • infertility • treatment for broken teeth, cuts, headaches, concussion • bruises, pain, trauma 	<ul style="list-style-type: none"> • feeling worthless • loss of community and culture • self-blame • hurting others that are close • copying controlling and violent behaviour • withdrawing from family and friends • bad relationships with children • feeling whakama/shame, guilt or embarrassment • feeling out of control • a distorted sense of reality • low self-esteem and loss of confidence • loss of energy, feeling apathetic • isolation (staying home so people don't see the bruises; being avoided by others) • hating or being ashamed of your body • sexual promiscuity 	<ul style="list-style-type: none"> • living in constant fear • not being able to have healthy sexual relationships 	<ul style="list-style-type: none"> • mental illness • anxiety and worry • eating and sleeping disorders • depression • feeling suicidal/ committing suicide/self-harm • violent thoughts or actions • Post Traumatic Stress Disorder (PTSD) 	<ul style="list-style-type: none"> • alcohol and drug abuse • inability to hold down work

Immediate effects of CAN

Physical Health	Personal and Social Wellbeing	Intimacy and Relationships	Mental and Emotional Health	Other Impacts
<ul style="list-style-type: none"> • bruising, cuts, burns, fractures and in severe cases -death 	<ul style="list-style-type: none"> • disrupted mother child attachment • poor academic attainment • have alcohol and drug issues as they get older 	<ul style="list-style-type: none"> • more likely to continue the intergenerational cycle of violence or victimisation • boys exposed to IPV are more likely to later perpetrate violence against their female partners 	<ul style="list-style-type: none"> • depression, anxiety and self-harm behaviour and are more likely to commit suicide 	<ul style="list-style-type: none"> • come to the attention of youth justice • be involved in bullying and truancy



Immediate effects of sexual violence

Physical Health	Personal and Social Wellbeing	Intimacy and Relationships	Mental and Emotional Health	Other Impacts
<ul style="list-style-type: none"> • disruptions to sleep, such as insomnia and nightmares • physical ailments, such as migraines, auto-immune diseases, gynaecological issues, digestive problems, and eating problems 	<ul style="list-style-type: none"> • changes in personality • withdrawing socially • becoming isolated and reclusive • feeling unable to sustain a social life • alcohol or substance use/abuse • increase in self-doubt, self-blame and self-hatred 	<ul style="list-style-type: none"> • a loss of trust in men • confusion around sexuality • a feeling of loss of safety which affected everyday relationships and communication 	<ul style="list-style-type: none"> • generalised feelings of fear and anxiety and also feeling anxious or afraid about specific events, such as the perpetrator returning • depression; flashbacks; anger, dissociation; self-harming behaviours; and symptoms associated with post-traumatic stress disorder 	<ul style="list-style-type: none"> • disruptions to work and study patterns • loss of motivation • reduced concentration • overworking to distract from feelings • a loss of self-esteem and confidence