National Mental Health Commission
February 2022

Submission on the consultation draft National Plan to End Violence Against Women and Children 2022-2032

Australian Government
National Mental Health Commission

National Mental Health Commission's response to the consultation draft National Plan to End Violence Against Women and Children 2022-2032

Greater consideration of mental health and wellbeing across all prevention and support touchpoints of family, domestic and sexual violence and related responses is vital. The National Mental Health Commission (the Commission) encourages a strengthened mental health and wellbeing focus throughout the National Plan to End Violence Against Women and Children 2022-2032, as part of a cross-sector, whole of government approach to violence.

Family, domestic and sexual violence (FDSV) can have severe and persistent effects on survivors physical, mental and economic well-being, including children who live in households where violence occurs.[1] Effective prevention and response to FDSV is a critical factor in preventing mental ill health at the population level. The Commission recommends a whole-of-government, cross-sectoral approach to:

- address FDSV and mental ill health to reduce both violence against women and their children AND consequential mental ill health
- increase the identification and provision of safe responses for women and their children experiencing violence
- improve coordinated care pathways and support long term recovery of women and children.

The Commission has been involved in various consultations that have informed the development of the draft National Plan to End Violence Against Women and Children 2022-2032 (Draft National Plan) including a submission and hearing appearance for the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence; involvement in several roundtables in the lead up to the National Summit on Women's Safety; and a submission to the public consultation following the National Summit on Women's Safety. Through these channels, the Commission has consistently highlighted the need for a person-centred, trauma-informed approach that encompasses the social determinants of health, acknowledging that FDSV and mental ill health are inter-related and cannot be addressed in their entirety by a single sector, system, or government department alone.

The Draft National Plan notes the need for addressing many of the key issues in relation to violence against women and their children. However, how this will be achieved, as well as indicative funding commitments is not clear. The Commission is concerned the National Plan will be limited in its desired impact without this clarity. This submission outlines a number of gaps, missed opportunities or areas of the Draft National Plan that could be strengthened. This includes:

- prevention
- cross-sector collaboration as a key opportunity for early intervention
- disaster responses
- embedding a trauma-informed approach and lived experience
- greater attention to social determinants
- stigma and discrimination particularly in justice settings.

All of which could be addressed through the development of a National Mental Health and Wellbeing Strategy for Women and their Children Experiencing Domestic Violence as a priority action item under the National Plan.

About the National Mental Health Commission

The National Mental Health Commission provides cross-sectoral leadership on policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

The Commission's underpinning principle is the Contributing Life Framework. This framework acknowledges that a fulfilling life requires more than just access to health care services. It means that people who experience mental ill health can expect the same rights, opportunities, physical and mental health outcomes as the wider community.

The Commission welcomes the opportunity to respond to the draft National Plan to End Violence Against Women and Children 2022-2032. This response specifically addresses the draft national pillars and outcomes framework sections of the Draft National Plan as well as inclusion of additional general feedback.

Should you wish to discuss this submission in further detail, please contact Michael Copland, Executive Director, Policy at michael.copland@mentalhealthcommission.gov.au.

Responding to the Draft National Pillars

Prevention

Experiencing or witnessing violence, particularly in childhood, is a significant predictor of experiencing poor mental health in the future.[2] Research has consistently found that preventing or reducing exposure to adverse childhood experiences reduces common mental health conditions and suicidality in the population.[3,4] Therefore preventing violence against women and their children is an important preventative measure for the onset of mental health difficulties. Preventing violence against women and their children requires a range of measures at an individual, community and structural level to address the attitudes and behaviours that can lead to violence. These measures should be clearly articulated in the National Plan including how prevention approaches are intended to be "firmly embedded in all settings" as per prevention 'focus area 1'.

The Commission has previously recommended in its submission to the Inquiry into family, domestic and sexual violence, an increased prevention focus across governments with greater alignment to evidence-based principles, as well as the strengthened involvement of the mental health system in partnership with the FDSV and other related sectors.

Early intervention

The Commission would like to see greater emphasis and specificity around strengthened collaboration and/or partnerships between sectors (mental health and suicide prevention, FDSV and related sectors) in the National Plan as an early intervention opportunity. It would be useful to specifically mention the mental health and suicide prevention sector's role in identifying and intervening during key phases where violence begins or escalates.

Supports over the perinatal period

For example, pregnancy and the postnatal period are particularly crucial times when violence can begin or escalate, as can mental health issues:

- Up to 1 in 10 women experience depression while they are pregnant[5] and 1 in 6 women experience depression during the first year after birth.[6]
- Anxiety conditions are thought to be as common with many women experiencing both conditions at the same time.[7]
- Women experiencing domestic violence during pregnancy are 3 times as likely to suffer depression.[8]

The heightened vulnerability for both FDSV and mental ill health over the perinatal period, provides a key opportunity for early intervention including increased outreach across sectors and services during pregnancy and following the birth of a

child. Research has indicated that women who are asked by a health professional about their emotional health during the perinatal period are more likely to seek help and be referred for additional support.[9] In addition, increased training for identification of coercive and controlling behaviours for all workforces that intersect with violence (as per recommendation 26 of the Inquiry into family, domestic and sexual violence) is vital. While such measures have been identified in the Draft National Plan, specific actions or intervention models identifying how this will be achieved have not been included.

System coordination and integration

In the Productivity Commission's inquiry into mental health[10], integration is highlighted as a key system enabler and refers to bringing together people with organisations that represent different services to align relevant practices and policies and to improve access and quality of health care. It does not mean the amalgamation of services or sectors. The National Plan could consider including actions to strengthen collaboration and/or partnerships between sectors as an early intervention measure. For example, this could include encouragement of consistency across policies and legislation, development of cross-sectoral partnerships, collaborations and agreements, and joint administrative arrangements. It could also include protocols for sharing information, ensuring service is provided to those who require it and safeguarding the physical and social needs of women and their children. In addition, these measures could be linked to the four tiered outcome levels as a way of monitoring progress and outcomes of such measures.

Further system integration will also encourage person-centred care pathways which recognise the links between services across mental and, physical health, FDSV and other sector services. It will offer a multidisciplinary team approach, enabling ease of referral, information sharing and connection to other needed services.

Family and domestic violence in disaster contexts

The Commission would like to see strengthened action taken to prevent and respond to FDSV in disaster contexts.

Climate change is expected to result in more frequent and extreme natural disaster events.[11] As the Draft National Plan notes, it is now internationally recognised, that women are more vulnerable to family and domestic violence following disaster events. International research has documented increases in both the prevalence and severity of violence against women following disaster events.[12,13,14,15,16]

Disaster and extreme climate events can disrupt immediate and ongoing access to vital supports for women at risk of or experiencing family and domestic violence, such as accommodation and community networks, worsening their vulnerability.[17,18] Further, multiple studies have found that the compounding traumas of family and domestic violence and experiencing natural disaster events can impair women's ability to recover from disasters and increase mental illness symptoms over the long term.[19,20] For example, research following the 2009 Victorian bushfires found that 7.4% of women surveyed from high bushfire impacted communities reported experiencing assault or violence in the three to four years after the fires (compared to 1% of women from low impacted communities), and that this violence was associated with poorer mental health outcomes.[21]

Mental health and wellbeing following disasters is dependent on collaborative and well-coordinated action by all recovery partners. The National Plan should specifically address disaster events to mitigate against the increased risk of FDSV including actions to strengthen the capability of the emergency response and recovery sector in planning for, preventing, and responding in a trauma-informed way to FDSV in disaster and post-disaster settings. Actions could include:

- expanding existing approaches to equip emergency and first responders in recognising signs of FDSV in natural disasters and knowledge of how to respond and support safely
- enlisting disaster recovery workers who provide longer-term support to those affected by disasters, and/or targeted funding to bolster supports available following disasters, ensuring targeted and specialist community/family supports as part of the off-the-shelf suite of supports put in place following disasters, and systemised approaches to providing clear and consistent messaging that support is available.

Response

Consideration of stigma and discrimination

The Commission is currently developing a National Stigma and Discrimination Reduction Strategy which aims to address the stigma and discrimination faced by Australians who experience mental ill health. A key issue identified in background research for the Strategy and in consultation with key community groups and individuals with lived experience of mental ill health is that their experience of distress or mental ill health can be used against them when they make allegations of family violence. Women who experience mental ill health report that the offender and others involved in court proceedings may doubt or seek to discredit their recollection of events if their history of mental health issues is disclosed. Not being believed or having mental ill health used to dismiss recollection of events can further traumatise individuals and exacerbate their distress. It is imperative that people working with individuals and families affected by family violence, including those involved in policing and the judicial system, are provided with training on how to work with victim-survivors in a trauma-informed way and in a way which does not seek to discredit or not believe those who have experienced mental ill health. The Commission recommends this is explicitly included in the National Plan.

Consideration of children

The Commission welcomes the Draft National Plan's focus on recognising children and young people in their own right, however this could be strengthened with prioritisation of children and families with complex needs. For example, children in out of home care should be a priority group for support as recommended in the Commission's National Children's Mental Health and Wellbeing Strategy. The National Plan should also consider how young people who are not living with their mothers will be recognised and considered in their own right.

Challenging views and holding perpetrators to account in safe ways

The Commission welcomes the Draft National Plan's recognition that men have an important role to play in constructively engaging and challenging views that condone gender inequality and gender-based violence. In particular the Draft National Plan emphasises that significant work needs to be done to change social attitudes and structural norms that condone violence against women and that one important area of focus is 'supporting men to call out harassment or disrespect towards women'.

One area of opportunity is building the capacity of communities and support services to facilitate discussions that call out harassment, disrespect and violence while also ensuring that all members of the community are safe. This refers to the psychological and physical safety of both victim-survivors and perpetrators.

Guidance and support for communities to undertake processes of calling out behaviour may be considered under Pillar 3: Response as a part of an additional focus area. This could be achieved through additional investment in social research and exploration of promising community interventions to support communities and men in particular, to call out disrespect and violence.

Recovery

The Commission broadly endorses the recovery focus area, and listed actions, to ensure victim-survivors are well supported in all aspects of their daily lives through trauma-informed, culturally sensitive and accessible services that support longer-term recovery. These could be strengthened through greater emphasis on trauma-informed responses in each focus area.

This focus area could also be strengthened with greater emphasis on supports for women and children that address the social determinants of health as a recovery measure. Some women and families need access to financial and legal advice and social supports to support their recovery (see for example the Specialist Domestic Violence Units and Health Justice Partnerships).

The Commission notes the recognition that victim-survivors must be at the heart of solutions, and suggests the National Plan significantly strengthen the approach to drawing on the expertise of women and children with lived experience of both violence and mental ill health. A key step in achieving this should include the development of a peer workforce to support trauma-informed recovery and care pathways for women and children experiencing FDSV. Lived Experience workers draw on their own life-changing experience, service use and their journey of recovery and healing, to support others. A thriving Lived Experience workforce is considered a vital component of quality, recovery-focused services. The Commission has recently released the National Lived Experience (Peer) Workforce Development Guidelines which would serve as a useful starting point for developing a family, domestic and sexual violence peer-workforce.

Responding to the draft outcomes framework

The Inquiry into family, domestic and sexual violence recommended that the next National Plan include quantitative and measurable targets to measure the success or otherwise of the Plan, in order to hold governments to account in their response to FDSV.

It is currently proposed that the first impact evaluation of the National Plan will be undertaken in 2026, with a final impact evaluation examining the Plan as a whole in 2031-32. The Commission notes that the Draft National Plan would strongly benefit from the addition of ongoing monitoring mechanisms to provide more frequent assessment of the Plan's achievement of outcomes and to ensure learnings from the first action plans can be integrated to improve successive action plans. The Commission welcomes the inclusion of an initial process evaluation on early implementation of the National Plan. Given the breadth of actions and stakeholders who will likely have responsibility for implementation of different aspects of the National Plan, the initial process evaluation would benefit from an extended timeframe for evaluation. The Commission would also like to see included in the National Plan, an explanation of how monitoring and evaluation will be shared and publicly reported on in the National Plan. This will be key for ensuring accountability for follow through on actions under the National Plan.

The Commission is pleased to see a number of initiatives under the National Plan that aim to address current data gaps and challenges, including a new survey to build understanding of Aboriginal and Torres Strait Islander experiences of family violence and further waves of national surveys on FDSV. The Commission encourages ongoing prioritisation of investments that will improve monitoring and evaluation capacity under the National Plan. While the Draft National Plan indicates the need to further develop the data and evidence base on FDSV, specific data gaps and barriers should be identified and addressed, clearly outlining roles and responsibilities, particularly in regard to how they will reduce the effectiveness of monitoring and evaluation of the National Plan's impact. Currently these barriers are not well defined and have not been linked back to the evaluation approach. For example, in its submission to the Inquiry into family, domestic and sexual violence the Commission noted the current data limitations in forming a complete understanding of the prevalence of co-occurring FDSV and mental ill health.

The Commission supports the Draft National Plan's focus on a future national research agenda for FDSV to provide a framework for, and guidance on, priority areas of research. The National Plan should ensure the national research agenda for FDSV includes exploration of the linkage between mental health and FDSV as a priority. In early 2022 the Commission will be releasing a National Mental Health Research Strategy which will outline principles to inform the directions of reform in the mental health research system.

It is unclear whether victim-survivors will have direct involvement in the development of the Outcomes Framework, and to what extent, beyond stakeholder consultations. The Commission recommends that the Outcomes Framework be co-designed with victim-survivors to ensure the development of targets and outcomes is well-informed and robust. This collaborative approach will be important for defining what success looks like under the Plan, and for whom it applies.

It is unclear what the "interaction" is between the highlighted outcomes and pillars in the conceptual overview, with outcomes linked to entire pillars (sometimes multiple) that include a broad range of focus areas. This relationship must be further explained to demonstrate how the outcomes were developed to support the Foundation Principles of the Draft

National Plan. Furthermore, noting that certain outcomes have not been marked against all pillars, it should be clarified how the Outcomes Framework "give[s] effect" to the pillars. As previously highlighted, it is important that data and evidence is available to properly evaluate these outcomes, and subsequently determine whether the pillars of action have been addressed.

The 'intersectionality' Foundation Principle and various pillar focus areas that highlight priority populations could be better reflected and captured in the Outcomes Framework. Although the Draft National Plan acknowledges the need to address increased risk of violence experienced by certain population groups, the evaluation of outcomes specific to these populations is not clear. To properly measure the efficacy of targeted activities and initiatives, the Outcomes Framework must identify outcomes that can be monitored specifically for certain population groups. It is noted that the framework aims to reach a "broad range of stakeholders", however it is important that this is monitored and evaluated through the inclusion of tailored and dedicated outcome measures.

Strengthening the outcomes specified in relation to intersectionality should also include attention to outcomes for women and children experiencing co-occurring FDSV and mental ill health, acknowledging the intersection between FDSV and mental health. To measure real impact the Commission recommends these are co-designed in collaboration with women and children with lived experience of co-occurring FDSV and mental ill health and/or experiences of trauma.

Lastly, a 'theory of change' as to *how* interventions are understood to produce desired changes has not been included in the Draft National Plan. To inform monitoring and evaluation, the Commission recommends that the evaluation framework demonstrates the logical chain of how the Plan's inputs achieve changes in the desired outcomes. Developing, sharing, and continually testing the theory of change will be critical to the National Plan's success. In addition to the inclusion of long-term outcomes and indicators to monitor performance, the Commission recommends the inclusion of outcomes and indicators that relate to short-and medium-term progress toward policy, service and system changes. This will enable better insights into whether actions are making a difference and also allow for continuous improvement throughout implementation of the National Plan.

Additional feedback

Impacts of the COVID-19 pandemic on women and children and experiences of FDSV

Some women have experienced a range of negative experiences as a result of the COVID-19 pandemic that may increase their risk of mental ill health including increases in non-paid caring roles, financial concerns, abuse, and psychological distress. A large body of research has now examined the impact of the COVID-19 pandemic on family and intimate partner violence.[22,23] Australia has seen an increase in prevalence, frequency and escalation of violence against women in the pandemic. The University of Newcastle's women and COVID-19 report[24] found that for a proportion of women, the pandemic created situations where they were vulnerable to abuse and violence from family, intimate partners and the general public, in places where they live, work and learn. This was particularly true for women with a history of experiencing violence, and essential workers.

A 2022 report from the Australia's National Research Organisation for Women' Safety (ANROWS) found that experiences of economic insecurity were common among women during the first 12 months of COVID-19. There was strong evidence of a relationship between economic insecurity and recent intimate partner violence. Women with higher levels of financial stress were much more likely to have experienced physical and sexual violence or emotionally abusive, harassing and controlling behaviours relative to women who reported low levels of financial stress in the last 12 months. This was, however, only true for women who had not experienced violence by their current or most recent partner prior to February 2020 (i.e., first-time victims).[25]

In June 2021, as part of activities under the National Mental Health and Wellbeing Pandemic Response Plan (Pandemic Response Plan), the Commission initiated a project exploring the impact of the pandemic on people who have accessed FDSV services. The project delivered by Full Stop Australia (formerly Rape and Domestic Violence Services Australia) is

researching how the pandemic has affected the mental health and wellbeing of clients and vulnerable population groups. The final report will be delivered in June 2022.

In November 2021, Full Stop Australia submitted an interim report of initial findings. The report found that the pandemic had disproportionately impacted the mental health and wellbeing of people and families who have previously or currently experienced FDSV, particularly for women and girls. Victim-survivors have experienced an increase in the frequency and severity of interpersonal violence or had become triggered from past experiences of FDSV during COVID-19 lockdown restrictions and public health orders.

Prominent client presentations were women with pre-existing complex trauma, adult survivors of child sexual assault and sexual violence and with low-socioeconomic status. Full Stop Australia noted the difficulty that many women faced during the isolation in the pandemic, who could not access support services when they needed them due to safety and privacy concerns. The pandemic exacerbated the mental health and wellbeing of marginalised client groups with the increased complexity of intersecting needs. Thus, intersectionality is critical when addressing FDSV and mental health and wellbeing.

While the final recommendations from this report are in development, the interim report indicates future recommendations such as:

- Sustained funding/investment into the development of trauma responsive services across Australia that are integrated with current specialist sexual, domestic and family violence services, mental health and related multidisciplinary health services as well as a national service hub. These services would enable engagement of people affected by victim-survivors of sexual, domestic and family violence along the continuum of care from crisis intervention through to healing and trauma recovery.
- The National Plan must ensure policy and program representation for victim-survivors of sexual, domestic and family violence, including child sexual assault. Policy and program frameworks must adopt an intersectional lens which includes sustained funding and consultation with:
    - culturally specific services and multilingual resources for culturally and linguistically diverse people and families (including those on all visa classes) in the FDSV specialist safety and trauma recovery and primary prevention sector
    - Aboriginal Community Controlled Organisations and culturally specific services in the FDSV sector to ensure services for Aboriginal and Torres Strait Islander people and families impacted by FDSV have access to culturally safe and appropriate FDSV safety and trauma recovery services
    - people with disabilities and chronic long term health conditions to have access to inclusive, disability-ready FDSV specialist safety and trauma recovery services.
- Sustained funding/investment into building the workforce's capacity across all health, social, community, child protection, justice and legal sectors to ensure service systems are trauma informed and can identify and respond effectively to victim-survivors of sexual, domestic and family violence.
- Commitment to adopting consistent definitions across all sectors (including legal definitions), service data collection and clearly defined measurable outcomes.

The Commission also initiated research into the impact of the pandemic on women with disability to be undertaken by People with a Disability Australia as part of activities under the Pandemic Response Plan. The research will examine ways in which the COVID-19 pandemic has specifically impacted women with disability. It will also explore potentially positive changes brought about by the pandemic, such as the introduction of telehealth and online education. There is a need to understand, in-depth, how the pandemic shaped the mental health experiences of women with disability including how they accessed diverse forms of support. The final report is due in June 2022.

It is important the National Plan continuously monitors emerging research, such as the aforementioned, in relation to the impact of the COVID-19 pandemic on women and children across all population groups and ensures insights inform and refine the National Plan as the pandemic continues to play out.

Language

The Draft National Plan notes "poor mental health" and "substance use" by offenders as a potential risk factor for family and domestic violence. The factors which influence violent behaviour are complex and include individual, relational, community and socio-cultural factors. Most people who experience mental ill health are not violent and most people who are violent do not have a mental illness. When people who experience mental ill health are violent, there are usually other factors which inform their behaviour. It is important that the National Plan not add to the stigma that people who experience mental ill health face by linking poor mental health to violence in an overly simplistic way. The Commission recommends consideration of how issues relating to mental ill health and violence are referenced in the National Plan and in related communications by referring to the relevant Mindframe Guidelines.

Recommendations

The Commission would like to reiterate its recommendation for the development of a National Mental Health and Wellbeing Strategy for Women and their Children Experiencing Domestic Violence as a priority action item under the National Plan (as per the Commission's submission to the Department of Social Services following the National Summit on Women's Safety). This will be the most efficient way to ensure that the items noted throughout this submission in relation to women and children's mental health and wellbeing are adequately and appropriately addressed and remain a focus throughout the life of the National Plan.

The Commission reiterates the following recommendations noted throughout this submission to strengthen the National Plan:

Pillar One: Prevention

- an increased prevention focus across governments with greater alignment to evidence-based principles, as well as the strengthened involvement of the mental health system in partnership with the FDSV and other related sectors, including clear articulation of how prevention approaches are intended to be "firmly embedded in all settings".

Pillar Two: Early Intervention

- specific mention of the mental health and suicide prevention sector's role in identifying and intervening during key phases where violence begins or escalates. For example, increased outreach across sectors and services during pregnancy and following the birth of a child given the heightened vulnerability for both FDSV and mental ill health over the perinatal period.
- inclusion of specific actions or intervention models identifying how increased training for identification of coercive and controlling behaviours for all workforces that intersect with violence will be delivered
- inclusion of actions (linked to the four tiered outcome levels) to strengthen collaboration and/or partnerships between sectors such as: encouragement of consistency across policies and legislation; development of cross-sectoral partnerships; collaborations and agreements; joint administrative arrangements; and protocols for sharing information
- specifically addressing disaster events including actions to strengthen the capability of the emergency response and recovery sector in planning for, preventing, and responding in a trauma-informed way to FDSV in disaster and post-disaster settings

Pillar Three: Response

- explicit inclusion of training on how to work with victim-survivors in a trauma-informed way and in a way which does not seek to discredit or not believe those who have experienced mental ill health for those in the policing and judicial system working with individuals and families affected by family violence
- prioritisation of children and families with complex needs, such as children in out of home care
- guidance and support for communities to undertake processes of calling out harassment, disrespect and violence through additional investment in social research and exploration of promising community interventions to support communities and men in particular, to call out disrespect and violence

Pillar Four: Recovery

- greater emphasis on trauma-informed responses in each focus area
- greater emphasis on supports for women and children that address the social determinants of health
- consideration of the Commission's recently released National Lived Experience (Peer) Workforce Development Guidelines as a useful starting point for developing a family, domestic and sexual violence peer-workforce

National Plan Outcomes Framework

- addition of ongoing monitoring mechanisms to provide more frequent assessment of the Plan's impact on outcomes and to ensure learnings from the first action plans can be integrated to improve successive action plans
- an extended timeframe for the initial process evaluation
- explanation of how monitoring and evaluation will be shared and publicly reported on
- identification of specific data gaps and barriers, clearly outlining roles and responsibilities to address these. For example, the current data limitations in forming a complete understanding of the prevalence of co-occurring FDSV and mental ill health.
- exploration of the linkage between mental health and FDSV as a priority under the national research agenda for FDSV
- co-design of the Outcomes Framework with victim-survivors to ensure the development of targets and outcomes is well-informed and robust
- further explanation of the "interaction" between the highlighted outcomes and pillars in the conceptual overview
- identification of tailored and dedicated outcomes that can be monitored specifically for certain population groups
- co-design of outcomes for women and children experiencing co-occurring FDSV and mental ill health
- inclusion of a 'theory of change' as to how interventions are understood to lead to the desired outcomes
- inclusion of outcomes and indicators that relate to short-and medium-term progress toward policy, service and system changes.

References

[1] National Council to Reduce Violence against Women and their Children. The cost of violence against women and their children, Commonwealth of Australia. 2009. (accessed 30 January 2021). Available from: https://www.dss.gov.au/sites/default/files/documents/05_2012/vawc_economic_report.pdf
[2] Australian Institute of Health and Welfare. Health impacts of family, domestic and sexual violence [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 2022 Feb. 11]. Available from: https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence
[3] Bellis MA, Hughes K, Ford K, Rodriguez GR, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. The Lancet Public Health. 2019 Oct 1;4(10):e517-28.
[4] Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, Aguilar-Gaxiola S, Alhamzawi AO, Alonso J, Angermeyer M, Benjet C. Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. The British journal of psychiatry. 2010 Nov;197(5):378-85.
[5] Buist A, Bilszta J, Milgrom J, Condon J, Speelman C, Hayes B, Barnett B, Ellwood D. The beyondblue National Postnatal Depression Program, Prevention and Early Intervention 2001–2005, Final Report. Volume 1: National Screening Program. Melbourne: beyondblue - The National Depression Initiative. 2006.
[6] Austin MP, Highet N, Expert Working Group. Mental health care in the perinatal period: Australian clinical practice guideline. Melbourne: Centre of Perinatal Excellence. 2017 Oct:659-68.
[7] Beyond Blue. Women. Available from: https://www.beyondblue.org.au/who-does-it-affect/women (accessed February 2022).
[8] Brown S, et. al. Maternal Health Study: Health consequences of family violence (Policy brief 2). Melbourne, VIC: Murdoch Children's Research Institute. 2015.
[9] Reilly N, Harris S, Loxton D, Chojenta C, Forder P, Austin MP. The impact of routine assessment of past or current mental health on help-seeking in the perinatal period. Women and Birth. 2014 Dec 1;27(4):e20-7.
[10] Productivity Commission. Mental Health, Report no. 95, Canberra. 2020. Available from: https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf
[11] Asian Disaster Preparedness Centre & UN Office for Disaster Risk Reduction. Disaster Risk Reduction in Australia – Status Report 2020, Bangkok. 2021. Accessed 10 March 2021 https://www.undrr.org/publication/disaster-risk-reduction-australia-status-report-2020
[12] Caruana C. Picking up the pieces: Family functioning in the aftermath of natural disaster. Family Matters. 2010 Jan(84):79-88.
[13] Parkinson D, Zara C. The hidden disaster: Domestic violence in the aftermath of natural disaster. The Australian Journal of Emergency Management. 2013 Apr;28(2):28-35.
[14] James K, Breckenridge J, Braaf R, Barrett Meyering I. Responding to domestic violence in the wake of disasters: exploring the workers' perceptions of the effects of cyclone Yasi on women. In Issues of Gender and Sexual Orientation in Humanitarian Emergencies 2014 (pp. 113-124). Springer, Cham.
[15] First JM, First NL, Houston JB. Intimate partner violence and disasters: A framework for empowering women experiencing violence in disaster settings. Affilia. 2017 Aug;32(3):390-403.
[16] Gearhart S, Perez-Patron M, Hammond TA, Goldberg DW, Klein A, Horney JA. The impact of natural disasters on domestic violence: An analysis of reports of simple assault in Florida (1999–2007). Violence and gender. 2018 Jun 1;5(2):87-92.
[17] Sety M, James K, Breckenridge J. Understanding the risk of domestic violence during and post natural disasters: Literature review. Issues of gender and sexual orientation in humanitarian emergencies. 2014:99-111.
[18] Gearhart S, Perez-Patron M, Hammond TA, Goldberg DW, Klein A, Horney JA. The impact of natural disasters on domestic violence: An analysis of reports of simple assault in Florida (1999–2007). Violence and gender. 2018 Jun 1;5(2):87-92.
[19] First JM, First NL, Houston JB. Intimate partner violence and disasters: A framework for empowering women experiencing violence in disaster settings. Affilia. 2017 Aug;32(3):390-403.
[20] Molyneaux R, Gibbs L, Bryant RA, Humphreys C, Hegarty K, Kellett C, Gallagher HC, Block K, Harms L, Richardson JF, Alkemade N. Interpersonal violence and mental health outcomes following disaster. BJPsych open. 2020 Jan;6(1).
[21] Molyneaux R, Gibbs L, Bryant RA, Humphreys C, Hegarty K, Kellett C, Gallagher HC, Block K, Harms L, Richardson JF, Alkemade N. Interpersonal violence and mental health outcomes following disaster. BJPsych open. 2020 Jan;6(1).
[22] World Health Organization. COVID-19 and violence against women: what the health sector/system can do. World Health Organisation. 2020. Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women
[23] United Nations Women. COVID-19 and Ending Violence against Women and Girls. EVAW COVID-19 Briefs. UN Women Headquarters. 2020. Available from:https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf

[24] The University of Newcastle. Australian women's mental health and wellbeing in the context of the COVID-19 pandemic in 2020. 2021. [Unpublished]
[25] Morgan A, Boxall H. Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic (Research report, 02/2022). 2022. ANROWS.