

## People with mental illness

Research demonstrates clear causal links between the experience of domestic and family violence and the development of mental health conditions in victims [Holden et al 2013].

Understanding [Braaf & Meyering 2013] the potential difficulties, barriers and disadvantages victims suffering from mental illness may face in **proceedings** in domestic and family violence-related matters may assist judicial officers in assessing and responding to the safety needs of the victim and any children or other people at risk; the treatment and support needs of the victim; and the victim's capacity and willingness to participate in the proceedings and to otherwise assert their legal rights and protections.

For example, there is a reported hesitancy to diagnose women victims as mentally ill due to concerns that the stigma of "being crazy" may be used to rationalise the domestic and family violence they experience, resulting in possible victim blaming and revictimisation [May et al 2003]. Further, a woman medicated or receiving treatment for a mental condition caused or aggravated by violence may be **reluctant to exercise her rights** to protect herself and her children from further violence for fear that the perpetrator may use her mental illness to seek to deny her child residence or contact [Humphreys & Thiara 2003].

Domestic and family violence may directly affect a victim's **mental disposition and cognition**, and confer a vulnerability to psychiatric consequences, by engendering feelings of fear, hopelessness and low self-esteem. The most common psychiatric disorders diagnosed in women victims are: depression, dysthymia (a chronic form of depression), post-traumatic stress disorder, bipolar disorder, personality disorder, psychoses, phobias, suicidal ideation, psychoactive drug dependence, anxiety, sleep and eating disorders. The incidence, severity and co-morbidity of these conditions tend to correlate with the type, extent and duration of the violence [VicHealth 2004]. It has been shown, for example, that **harassing behaviours** and **emotional and verbal abuse** are significant individual predictors of post-traumatic stress symptoms among women victims [Mechanic et al 2008].

Victims who have **experienced abuse as children** are particularly vulnerable to the impacts of cumulative trauma and re-victimisation in adulthood and thus are at higher risk of subsequent psychiatric morbidity [Hegarty et al 2004]. This may be particularly prevalent for Aboriginal and Torres Strait Islander people where, across several generations, family members may have recurring experiences of various forms of violence and related trauma that remain unacknowledged or unresolved [Purdie et al 2010]. Pre-existing mental ill health can also influence a victim's vulnerability to abuse as it renders the victim more susceptible to unsafe environments and abusive relationships [Holden et al 2013].

Victims who have been exposed to multiple, recurrent and prolonged forms of abuse may also experience chronic stress, distress and impairment, both psychological and physical, and a diminished capacity to cope with day to day living putting them at risk of secondary stressors such as unemployment, lack of material resources, social isolation, and poverty.

Perpetrators of domestic and family violence may also experience mental illness, which may affect the nature and severity of the violence, how it is experienced by the victim, and the appropriate judicial responses [Cerulli et al 2004]. US research indicates a need for further investigation of the relationship between childhood trauma, emotional regulation impairment and domestic and family violence [Siegel 2013], and the already demonstrated association between general anxiety disorder, panic disorder, social phobia and alcohol and drug misuse and the perpetration of domestic and family violence [Shorey et al 2012].

**Aboriginal and Torres Strait Islander people** [JCCD, The Path to Justice (ATSI) 2016] may have the experience of seeing spirits or hearing ancestral voices, and may therefore be at risk of being misdiagnosed or mislabelled as mentally ill when they are not in fact ill. Fear of misdiagnosis or mislabelling may be a strong barrier to help-seeking for victims and perpetrators in this context [MHFAA, ATSI Mental Health First Aid Guidelines 2008].