

# 2019 Submission - Royal Commission into Victoria's Mental Health System

Changing the names of mental illnesses for the sake of the patient

Paul Girardi

## **What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

"The author was diagnosed with bi-polar type 2 in 1979. This was upgraded to paranoid schizophrenia in 1985, which required a three month admission to a public psychiatric hospital. Over the next 19 years there was a belief by my long term psychiatrist, that I had either schizophrenia or schizoid affective disorder. Which is a combination of both schizophrenia and bipolar. However, in 2004, I was finally re-diagnosed with bipolar type 2. I have been on three types of medication since 2008, which are sodium valproate or epilim, lithium and Seroquel. I have also experienced long term depression, long-term suicide ideation, severe panic attacks, stress and anxiety, I had to be medically discharged from the police force in 1982 for my mental illness and again in 1985, from a private investigation job. Despite all this I was able to rehabilitate myself by studying and undertaking two university degrees. (With a further degree in counselling in 2015). I then gained full-time employment in what is reputedly the most difficult social work job, working on the frontline of a child abuse government program for 25 years. (Now being 12 months from retirement) I have also worked with many mentally ill people in the police force or social work positions. I have been part of a mood disorder self-help group for many years. Where I am considered an expert in bipolar. (As a patient and lay person, at least). I will use all this experience to discuss mental illness, explain how to understand and recognise it in you and others and what to do about it. An advantage of having been diagnosed with bipolar and the other psychiatric conditions over a forty year period, is to have a very good understanding of most mental illnesses during that time, when most people, even now, struggle making any sense of serious mental health conditions. Depression was always and still is the most understood mental illness. A sufferer can be sad, quiet and usually no trouble in the workplace. People can be sad and not depressed for many reasons. There has always been medication and a cure for depression since the 1950s at least. However all major mental illnesses are poorly understood by most people and little progress has been made in this area, in Australia at least. I am not sure that the mental health medics trouble themselves with reducing the stigma in society. They are too busy with patients and maintaining their mental health. The prominent ones in the public eye are pressuring governments for more required funding, which will assist patients, whether the stigma is reduced or not. There are many complaints from people with mental illnesses that they cannot find literature on the topic written by other patients. They are mostly authored by treating medical professionals, who do not understand the sufferers as well as they do themselves. More self-help literature needs to come from the grass roots, particularly psychiatric patients, who need to be consulted and studied to assist with their plight and to combat the stigma and management of mental illness. Changing of major mental illnesses name One of issues that is rarely spoken about is the effect of being diagnosed with mental illnesses which have terrible names, like schizophrenia, personality disorders, schizoid affective disorder and the old name for bi-polar which was manic depression Many people who are diagnosed with these mental illness refuse to accept they have them. Well, who wants to be labelled a schizo, maniac or having a personality disorder? It would be

interesting to see if these terrible sounding mental illnesses would have a different effect on patients or more accepted, if they had a more benign sounding name. On the other hand, if a psychiatrist and MH team looking after patients who have chronic schizophrenia are committed to their recovery, then surely this will be recognised by the patient who should respond more positively, and increasingly improve with proper ongoing treatment. On a personal note, when the author was diagnosed with schizophrenia, some years after the previous bi-polar discovery, I had a difficult time coming to terms with my future. I had known people with bi-polar functioning well, including myself. However, I wondered if I would work again or maintain a job, because I didn't know anybody, (then or since), with schizophrenia who had employment or a university degree. (Particularly a social work degree). The same for playing football. Nor anybody with this illness travelling overseas. I felt much more vulnerable in case I had another episode and was hospitalised again. Whilst I was misdiagnosed, my confidence didn't fully return until the old label of bipolar was re-instated, 19 years later. So, the psychological effect of the most serious mental illnesses, needs to be taken into account, when assisting patients with these diagnoses. Even when they have the correct one/s. My main insecurities were clearly about being misdiagnosed, because my symptoms were similar to those of bipolar as well as the other more serious mental illnesses. The interesting thing, as stated earlier, is that bipolar was initially called manic depression. This was my diagnosis in 1979. Manic can sound like maniac, whereas bipolar is a benign sounding name, which appears to be more accepted since the name changed. It is affectionately called bi-polar bear at times. So, why can't schizophrenia be changed to something where the emphasis is on the illness and not the horrible sounding name? My general recovery after being discharged from hospital was greatly assisted because I was high functioning before I was admitted. I had more chance of returning to my previous normal life. More than others, who may have been first diagnosed with a serious mental illness when young, even when they were teenagers. So, they often have a difficult time in achieving some higher level of normality, because they had never reached those heights previously. So, how much attention is given by the medical profession about the direct effects of a serious mental illness diagnosis has on a patient? The illnesses symptoms are one thing, however what about the adverse psychological effects of the diagnosis in isolation from the condition? Is this well understood and taken into account? Many patients won't agree they have a serious mental illness and stop taking medication, which can result in further hospitalisations and gradual physical and mental deterioration. If they have paranoid symptoms, these will obviously not assist a person to accept a diagnosis of paranoid schizophrenia due to lack of trust in everybody. So people can be in denial for long periods and meanwhile their mental health is not getting better. However, there are issues of misdiagnosis or a reluctance by the medical profession to identify the type of mental illness too early in a person's life or when they first experience symptoms. This is recognised as not being helpful for recovery and prognosis.

General discussion about mental illness There is still a strong stigma and little knowledge about most mental illnesses which makes it difficult for people to come out. As previously stated, depression is now becoming more accepted and understood but this is a mental illness with the least stigma and it is now fashionable to admit that you suffer from it. It is also the most curable. As stated many mental illnesses cannot be cured and can generally only be properly controlled by medication. Isolation is a significant issue for people who have chronic mental illnesses. A recent study showed that of the 20% of Australians who have a major mental illness only 50% have a close friend or relative in their lives. The other half has nobody to support them, except professionals they may choose to see. This alone can exacerbate the mental illness. It is difficult for some to understand people with major mental illnesses because they present with similar but often different symptoms. Some people with schizophrenia hear voices and others don't. People with the same illness such as bipolar disorder may be extremely paranoid at times

and others not like this or psychotic, which is Type 2 Bipolar. Psychiatrically ill people can appear very odd at times when they talk or laugh to themselves. This may appear very bizarre and typical behaviour but often they are responding to hallucinatory auditory voices. Sometimes when these voices recede due to medication, the patient may feel lonelier as they are often isolated and friendless. The voices can be their imaginary friends who keep them company. Sometimes people with mental illnesses are treated very similar to criminals and often shunned by society. Police are frequently used to forcibly remove patients and transport them to hospital. In the past mentally ill patients were kept in psychiatric hospitals for life as there were drugs that could bring their illness under control, which allowed patients to live in the community. Some people who are physically very fit, when they develop a major mental illness and are hospitalised for some time, can put on weight and lose a lot of the fitness they had initially. This creates more complications as physical activity can assist in people's mental health but the person has lost the ability to do so. People with major mental illnesses can have a w/holistic or overall loss in their lives which significantly prevents them from returning to their former selves even when they recover. They can separate from their partner and family due to difficulties understanding and relating to them and their condition. Their personality may change; they may not make much sense when in the midst of a psychotic episode. They may be heavily sedated with medication, which can adversely affect sexual functioning and the ability to stay awake for long periods. People may lose their job as a result of long term illness or inability to cope with work demands. They may stop being part of sporting or other clubs. Friends may not be able to relate, understand or help them and may cease keeping in contact with them. When all this happens, people may despair and lose hope. It may be very difficult to return to their former high functioning selves, even if the symptoms subside. The person's confidence may take a battering and their memory of being highly functioning in the past may be painful. This sense of loss may prevent a person from progressing as well as they could for the rest of their lives. Another difficulty for patients is that they forget to take their medication and may not be routine people who will remember to do this daily. This affects the therapeutic value of the drugs as they need to be taken on a regular daily basis. It is interesting that many people, who have chronic schizophrenia, rarely mention the name of their illness to others. They are often in denial about having the illness and don't want to mention this as they don't believe they have it. Often patients' symptoms of paranoia and mistrust of others, causes them to disbelieve the psychiatrist's diagnosis and think nothing is wrong with them. Consequently they disagree with taking medication for an illness that doesn't exist. On the contrary, very few people disbelieve that they have physical illnesses. As stated the stigma of having mental illnesses contributes greatly to people not accepting their diagnosis as well as their own view about this. Patients who stop taking their medication on a regular basis are often re-admitted to a psychiatric hospital. Often suffering another psychotic episode. They are often placed on community treatment orders and are then obliged to receive prescribed medication injections upon discharge. Often these people stop taking their oral medication when the treatment order stops and they go into a vicious cycle of returning to hospital on a regular basis throughout their lives. Another interesting fact about some patients, who are frequently admitted to psychiatric hospitals, is that their lifestyle improves whilst they are there. They may live alone, so being in hospital allows them to mix with others, they have 24 hour care and all meals provided. Their bedrooms at the hospital may be in a much cleaner state than their own homes. Many chronic illicit drug users also suffer from drug induced psychoses which may require hospitalisation. These psychoses may not have occurred without drug use. Studies show that marijuana use may double the percentage with which the general population develops schizophrenia. Generally 1% of the overall population suffer from schizophrenia. Marijuana users have been found to have a 2% chance in developing this disease. Marijuana doesn't necessarily cause schizophrenia but increases the chances for a person who is pre-disposed to the illness.

Many of these people may not have developed the disease if they had not smoked marijuana. However this doesn't appear to deter the many users of the drug. Schizophrenia and controlling this major mental illness

Schizophrenia and paranoid schizophrenia are the most severe forms of mental illness and the least understood. They will be the last mental illnesses to be accepted and understood by the community because of their complexity. The sufferers often endure extreme hardship living with these illnesses. Many people with schizophrenia have little insight into their illnesses or themselves, which worsens their condition and causes them to be chronically ill. People with chronic schizophrenia are often only treated with medication and no counselling. Other health problems, as already stated, should be attended to, such as, increasing body weight due to medication, assistance with employment and a day program would obviously assist the patient's mental health. In controlling major mental illnesses, it is obviously very helpful for the patient to always accept their diagnosis and take the required medication. Mental illness can be misdiagnosed initially and these diagnoses can change with time. They may be determined by how a patient responds to different medication and how the illness symptoms manifest themselves. Returning to study is one common and productive way for people with long term chronic mental illnesses to rehabilitate themselves. Study is not as demanding as work and there aren't the high expectations and pressure of a workplace. (Study commitments can be quite difficult of, course, but can be undertaken on a part-time basis). As stated earlier, most people who are chronically mentally ill don't accept that they have a mental illness and stop taking their medication. They rarely have insight into their condition and are in constant denial about it. An Australian study in 2008 shows that 80% of people diagnosed with a major mental illness such as schizophrenia or bi-polar will stop using their medication against medical advice. They mostly stop taking their drugs because they feel well or don't like the side effects of medication. The sense of feeling well is called agnognosia. The regular cessation of medication is usually the reason they remain chronically unwell. The same study above also showed that only 20% of people in Australia with major mental illnesses have employment compared to 50% in Europe. This may be for many reasons but would indicate that not enough is done to get the people with these illnesses into the workforce. If more patients were employed they would have a stronger sense of purpose and a more worthwhile life. They would also more than likely stay well for longer and require less hospitalisations and professional treatment.

Spiritual or religious causes of serious mental illness? Psychiatric patients who suffer psychosis, paranoia, delusions of grandeur and are out of touch with reality, can have strong beliefs that they are Jesus Christ, a god or a devil, whether they are religious, spiritual or not. The biggest mystery is why people who never think about demons or religious figures have strong thoughts about the numbers 666, representing the devil or that they are Jesus Christ. This may be understandable about religious people, who tend to pray more and increase their spiritual and religious beliefs during difficult times. So, it may not be surprising if they believe they are religious figures or tormented by the devil. However when a totally non-religious person has the same beliefs and take on spiritual personas, then the question must be asked whether these are symptoms or that evil spirits are the probable causes of severe mental illnesses. Exorcisms are centuries old and were/are performed on people who have been affected with mental illnesses, with some success or they wouldn't have continued until the present time. These beliefs and auditory hallucinations of evil beings may attack when a patient is in their weakest and most vulnerable mental state. They can find it most difficult to fight off these thoughts, hallucinations, delusions of grandeur and beliefs. Bizarre coincidences can also often occur when people are mentally ill, which can seriously affect them. There may be a belief that the/a devil may strike when you're at your weakest to torment, frighten and make your situation worse. As patients become mentally stronger with time and medication, the presence of demons can dissipate and the patient may be strong enough to fight off the mental torment and be less

affected by auditory hallucinations or voices. (A phenomenon which is very common but the cause is still not known). They are very real and prevalent to the patient. People with schizophrenia, who are normally very truthful in every way to people close to them, can develop a different side of their personality which is very dishonest about taking medication and their mental illness. So, is there a sinister side to them which they can't control and which encourages them to cease their medication, lie about this and repeatedly end up in psychiatric hospitals? Of course there are many people diagnosed with serious mental illnesses like, schizophrenia schizoaffective disorder and bipolar type 2 who experience psychosis, paranoia, delusional thoughts and being out of touch with reality who do not experience religious experiences about devils or other spirits or Jesus Christ. However why are there so many who experience the same spiritual and religious symptoms, as believers, who have no prior beliefs whatsoever This surely warrants more study as a cause rather symptoms which are treated with increased medication."

### **What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?**

"Changing the name of harsh sounding mental illnesses like schizophrenia, borderline personality disorder and schizoid effective disorder"

### **What is already working well and what can be done better to prevent suicide?**

More media attention about suicide rather than being secretive because of perceived copy cat actions would assist. The secretive approach is not working given the number of suicides.

### **What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

The stigma and misunderstanding by the community of mental illness is still as big an issue as when I was diagnosed with bipolar type 2 in 1979. Depression was well understood then as it is now. More serious illnesses are misunderstood by the patient and larger community

### **What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

"Mental illness is broadly misunderstood, as already mentioned. Some self help groups, like the Mental Health Australia Foundation mood disorder group in South Yarra., which I have been part of for four years, have high functioning employed people with mental illnesses and a great understanding of a number of mental health issues. Tapping into this group will reveal great insight and experience with many mental illnesses "

### **What are the needs of family members and carers and what can be done better to support them?**

"Many family members do not visit relatives admitted to hospital for psychiatric illnesses. They can be assisted by further education about the illness by psych hospitals having education sessions, where the patient is admitted"

### **What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

"Clearly mental health workers will stay if they are paid more and given more holidays. Overseas

recruitment drives can attract more workers, if required. "

**What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

"More patients with mental illness are employed overseas than in Australia, Employment opportunities will assist patients to recover quicker and have a worthwhile life. Most high functioning patients with mental illness will not tell their employers about their illness due to fear of discrimination. No matter how understanding the management may be perceived to be "

**Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"Certainly suicide prevention, which devastate family and friends. Where there's life there's hope whereas death provides no hope at all, to anyone. Men commit suicide more than women, usually due to relationship issues. Basic Australian men or Ockers, make up most of the male population of Australia. Mixing with them for forty years, reveals they don't even understand depression They dont appear to understand or accept any form of mental illness and struggle with anyone who suffers from a mental condition. Then again, as stated, most other people generally dont appear to understand mental illness either, apart from depression. This is hard for Australian Vietnam Veterans who have separated themselves from other service people and formed a very supportive but isolated group, who don't appear to share their pain with others, including the Returned Services League (RSL). Vietnam Vets are angry they werent accepted and respected by the general public, upon their return to Australia, after their time in the American/Vietnam war, which Australia joined, to assist their ally, in the 1960s and 70s.It has been hard for Vietnam War Veterans and their sufferance of Post-Traumatic Stress Disorder, (PTSD) to relate and mix with mainstream Ockers, as Aussie men shun people with mental illnesses, causing further isolation. It would be interesting to study whether Aussie men, because of their connectedness, suffer less occurrences of mental illness compared to the rest of the Australian community. They often self-medicate with alcohol which can disguise or prevent the recognition of depression or other mental illness. They have a great bond with their mates and are often in their company. Self-medicating with beer and other alcohol, which may mask a depressive illness with Aussie men, is becoming more apparent, with anecdotal observation when friends and relatives have to stop drinking for any period of time. Furthermore a recent study shows that about 88% of the modern day Australian Rules footballers, who are rarely permitted to drink, have nominated their mental health as their biggest concern. The 18 professional clubs have been encouraged to hire full time psychologists or psychiatrists. One may wonder about older professional footballers and their mental health. The big difference is that they had much more opportunity and a strong culture of alcohol consumption, similar to other Australian men. So, if they had depression, anxiety or other mental health issues, they could self-medicate and mask these conditions with alcohol more often than the modern professional footballer. Some Aussie men, who were previously high functioning may have suffered a chronic mental illness/es and quickly become isolated and lacked any support network because they have been abandoned by their friends and mates."

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

"More understanding about mental illness may help close others to recognise early signs of mental health episodes and know who to call or what to do. More acceptance of mental illness by society

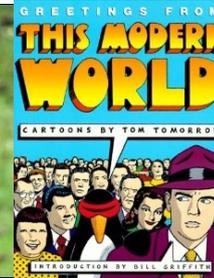
will make it easier on the sufferer to cope and function in society. More self help groups would help. South Yarra has successful self-help groups, which have helped many. whereas the western suburbs of Melbourne have next to no self-help groups for whatever reasons"

**Is there anything else you would like to share with the Royal Commission?**

"As stated earlier, I believe people are reluctant to accept harsh sounding diagnoses like schizophrenia, personality disorders and schizoid effective disorder. Few people want to accept these illnesses because of the names. Manic depression was changed to Bipolar and now everyone would like some of the symptoms of this condition, like extra energy or the whole illness, to give them an edge in society. Therefore there is no reasons why these other illness names cannot be changed, which will not have such a harsh affect on patients. Just think if you were diagnosed with these illnesses, what would you think? However change their names to more acceptable words and the focus is on the illness and not the name of them."

*200 Important, Interesting  
and Amusing Things Learnt in One's Life*  
*Being Streetwise in a Modern World.*

*Paul Girardi*  
*(B.A. BSW. Dip.Counselling)*



### **About the author, Paul Girardi**

- The author is 63 years old and was born and bred in the working class western suburbs of Melbourne, Australia. His parents were peasant Northern Italian immigrants who owned a milk bar, (small grocery store) for 23 years, working 16 hour days/365 days a year. Paul was the 2<sup>nd</sup> eldest of 10 children.
- The author left school aged only 14 years old in 1970, when it was unfashionable to do so. He worked in many labouring and other jobs, before joining the Victoria police force aged 19 years old. He received commendatory awards as a uniform cop and was a high achieving detective, obtaining convictions in all his criminal court cases.
- Paul has worked in 33 full and part time jobs since leaving school. After leaving the police force, he worked as a private fraud investigator for three years.
- In the 1990s Paul obtained two university degrees. In 1991 he received an award for being first placed tertiary student in a Bachelor of Arts degree in Multicultural Studies. He then completed a Bachelor of Social Work degree in 1993. In 2015 Paul also graduated with a Diploma in Counselling.
- In 1993, Paul was the first born and bred male from the west of Melbourne to graduate with a social work degree, offered by a university located in the area.
- Paul has been a Child Protection/Social Worker for 26 years in Melbourne's western region, working with many abused children as well as drug addicted and violent parents. He also worked with many at risk youth, refugees and their families.
- Paul has a rare combination of police officer/detective and social work experience
- Paul is a father of two children from a long term relationship (46yrs) and grandfather of four. He and his wife have purchased and lived in three homes during this time.
- Paul has played and officiated at Australian Rules football clubs for 43 years, where he played and was on committees for long periods. He is a life member of one of these clubs.
- Paul has travelled extensively to over 50 countries around the world and within Australia
- He has had extensive experience with major and lesser mental illnesses in his professional, personal and family life. In 1979 he was diagnosed with bipolar type 2 and in 1985 this was changed to schizophrenia. Paul has been open about these diagnoses with friends and relatives but kept them secret from work colleagues for over a quarter of a century.
- He was hospitalised in a public psychiatric hospital for three months in the mid-1980s. Some years later, in highly unlikely circumstances, Paul returned to this hospital as a professional and worked with patients, who were also his clients.
- Paul has lost significant amount of weight in both supervised and unsupervised weight loss programs.
- Paul was a Neighbourhood Watch, (community crime prevention program), co-ordinator for five years and part of that program for 22 years.
- Paul was also a member of a political party for over 20 years.
- With all Paul's professional and personal experiences, he felt compelled to share these, with a view that they may help others in many different ways

### **Synopsis**

- *This is a global self-help book written from the author Paul Girardi's extensive professional and personal experiences and observations. It covers about two hundred issues in an easy to read point form and streetwise fashion. The various topics are mostly organised in alphabetical order.*
- *Much of this book is deadly serious, however there's also lots of fun intended in many segments. Differentiating between the two may be difficult at times. The serious topics include coping with most forms of mental illnesses and assisting others affected by mental health issues.*
- *There are a number of social commentary chapters on various aspects of Australian culture, which are included to be educative and informative. The book includes a thorough critique of Australian male culture and expose of football clubs, based on over 43 years' experience and involvement with both. 65037*
- *There is advice on relationship and parenting issues as well as personal stress management. Sections on working with families and at risk children/adolescents. There are opinions on bullying in society and how rife it is currently. And various sections on family and other violence, including discussion on reasons for successive violent relationships by both partners. More extensive commentary on being truthful, the extent of loneliness in society and aboriginal issues*
- *As an ex-Victorian police officer, detective and private investigator, there is information about criminal matters and how to trace missing people. There are suggestions on avoiding road rage and other crime prevention techniques.*
- *There are arguments about the perception of caring people with good manners and suggestions how this can be improved and resurrected. Further discussion on the deterioration of conversational skills where people often seem to speak at and not with people, including showing little interest or curiosity in others. Which has resulted in "ping pong speak" where people seem to only listen long enough to recall something similar that occurred to them rather than listening and commenting on the other's conversation. The phenomenon of most people leading very busy lives often neglecting important people/matters.*
- *Another section argues the futility of buying lottery tickets by those hoping to become wealthy. The very low odds of winning a major prize, even over a 1000 year period, are explained. With further info on the evils of poker/slot machines and how low income people are being fleeced, so hotels can remain viable.*
- *Having lost 34 kgs or 75 pounds in 7 months, the reasons for being overweight or obese are analysed including the difficulty of weight maintenance after dieting. Pros and cons of losing weight are also discussed.*
- *The mood is lightened somewhat by talking about the everyday clichés and sayings which have crept into our everyday vocabulary such as "amazing", "awesome" "surreal" "thanks so much" and many more. I argue that this may be a crisis in the literary world possibly resulting in few independent thinkers. Some obscure matters like the preening method on how to stay awake when driving in a drowsy state.*
- *There are detailed sections on email and mobile phone etiquette, including the irritating habit of people in public, speaking unnecessarily loudly on their mobile/cell phones. The craving and importance of personal power is also discussed*
- *There is an interpretation of the elusive meaning of life. The book concludes with a comprehensive checklist of "w/holistic living" questions where it is proposed that most positive aspects of this long index have to be in place before most people feel and believe they have lived a happy, satisfied and meaningful existence.*

### Aboriginal issues

This first segment is to bring attention to the many terrible issues facing Australian Aboriginal people, particularly since white English colonisation commencing in 1788. My exposure to Aboriginal people, is based on a personal and professional basis, (including my roles in the police force and social worker jobs). Also from football clubs, university studies, journal articles and public government documents. As well as professional education or training, media reports, newspaper articles and conversations with many Koori people.

- There is an old saying, “A policeman’s lot is not a happy one”. Well neither is that of an Australian Aboriginal person. By all accounts their lives have been decimated and devastated since white people arrived in Botany Bay, Sydney on 26 January 1788. This occurred after the Englishman Captain James Cook, “discovered” Australia in 1770.
- 26 January is called Australia Day and is a national public holiday. Indigenous people prefer to call it “Invasion Day” because no treaty was ever signed with them, (Except a solitary localised one with the state Labour government of Victoria and not until 2018)
- Aboriginal people are known to have lived in Australia for 60,000 or more years and are one or perhaps the most ancient civilisations in the world. Recent archaeological findings indicate that Aboriginal people were the first to leave Africa all those many years ago.
- In 1788, when the First Fleet arrived from England, it is believed that one million Aboriginal people resided in Australia, who consisted of about 700 different nationalities with numerous languages. Yet, years later the land was legally declared Terra Nullius or “nobody’s land” after white people arrived
- Canadian indigenous people prefer to call themselves First Nations because there were so many nationalities, when white people arrived there too.
- In line with that Latin term, Terra Nullius, 1788 could be perhaps be called Annus Horribilis, (horrible year), like Queen Elizabeth II declared in 1992. Which was about family scandals and other similar issues in the previous 12 months.
- It is encouraging that Aboriginal people are now protesting loudly about Australia Day, being Invasion Day. However this protest has only received media attention since 2016. Perhaps a fault of the media, but a long time coming, especially when Australia Day was not properly respected by all Australians until 30-35 years ago. It was around then the day stopped being celebrated as a long weekend on the last Monday of January, regardless which day 26 January occurred. Even now, if the day falls on a weekend then a public holiday is granted on the following Monday, which may cheapen it somewhat.
- Aboriginal reconciliation with others in Australia may not eventuate in our current life time. So much damage has been done and it would be difficult to ever recover the idyllic lifestyle, which existed before white people came to this country.
- Indigenous people’s plight is not easily understood, even by social workers. As stated, the first treaty with them was signed by the Victoria state Labour government in 2018. But what does this mean and what difference will it make? Why wasn’t a treaty signed at the start, when people arrived from the U.K, like occurred in New Zealand with the Maori people around the same time?
- Aboriginal people have significantly more issues overall in their lives than the non- Aboriginal community. Like, more physical and mental illnesses, family violence and child abuse. They are also over-represented in imprisonment rates, despite courts trying to use incarceration as a last resort
- In so many areas Aboriginal people have much higher rates of social and medical issues compared to non-aboriginal people. Some Victorian state statistics are as follows.

1. Indigenous people are three times more likely to experience high or very levels of psychological distress.
  2. Self-harm emergency department admissions are four times the rate of non-Aboriginal people. Mental health admissions are significantly higher.
  3. Aboriginal women are as high as 45 times more likely to experience family violence and up to 25 more times more likely to be killed or injured as a result of family violence than non-aboriginal women
  4. Aboriginal children are more than eight times more likely than non-Aboriginal children to have child abuse substantiated and 14 times more likely to be in out-of-home care.
  5. Aboriginal people make up eight percent of the prison population despite accounting for 0.9 per cent of the Victorian population
  6. In the years 2014-2019, with tougher bail legislation, there has been an incredible 240% increase in female Aboriginal prisoners in Victorian gaols. This compares to the overall increase of female prisoners by 50%. There have been no apparent studies to determine this disparity with Aboriginal women.
  7. Aboriginal Victorians are four times more likely to be homeless than non-Aboriginal Victorians
  8. They are also three times more likely to have diabetes.
- Furthermore they have a shorter life expectancy, higher rates of infant mortality and lower levels of education and employment. As well as higher alcohol and illicit drug misuse.
  - Deeper underlying issues are, intergenerational trauma, resulting from the ongoing and cumulative effects of colonisation, loss of land, language and culture, racism and discrimination. Furthermore the erosion of cultural and spiritual identity including forced removal of children with no further contact with Aboriginal relatives or other people
  - These issues show that there are ongoing crises for Aboriginal people in so many facets of their life. Yet most non-Aboriginal people wouldn't know nor care about them. They resent extra government funding for Indigenous people and believe they should assimilate with others, in their own country!
  - The "Stolen Generation" occurred until the 1960s and 70s, which involved government removal of aboriginal children from their parents, (usually single mothers). Then placing them with non-aboriginal foster parents and having no further contact with their parents or culture. This had a tremendous adverse impact on many Aboriginal people.
  - Whilst this policy no longer exists, many abused Aboriginal children today, are legally removed from their parents and where possible the children are placed with relatives. However many need to be placed with non-Aboriginal carers, who are not related to the children. Aboriginal agencies are consulted and participate in removal of children. The foster carers have to be culturally sensitive to the Aboriginal children's needs and contact with parents occurs, of course, if they choose to see their children.
  - Even nowadays, due to a feeling of powerlessness, hopelessness, anger and the trauma of the children's removal from them, some parents refuse to have contact with their children, after they are removed from them. So, how far have we come from the Stolen Generation era? There are no easy solutions to all these issues.

- It has been a popular belief and often said that until the 1960s, when Aboriginals first obtained the legal right to vote in government elections, that they were not legally considered to be human and were part of the Fauna and Flora legislation under either the state or federal law. This is not true and has never been the case.
- Aboriginal people appear very hurt, angry and traumatised by what has occurred over 100s of years. However their strength in publicly protesting about their plight has only been significant in recent years. (Even though their Tent Embassy has been in place outside parliament house in Canberra, Australia, since 1972).
- Indigenous people have a justifiable hatred for white people and are not afraid to let you know this. They obviously have a very strong camaraderie and bond between each other, despite having cultural differences. Some quietly lament that the Aboriginal media leaders or those who publicly push the indigenous cause are not really representing them and known as “coconuts.” Black on the outside but white in the middle”.
- It is well known that Aboriginal people want self-determination in resolving their many issues. If they are given government finances for a social project, they do not want to account how they have spent the money, like any other non-indigenous people or organisations. They want to be trusted to spend the money how they see fit and not want to do reports etc. to justify this. What’s more, the government is allowing them to operate this way. However these always seem to be the left leaning Labour governments.
- Self-determination is, “The ability of Aboriginal people to determine their own political, economic, social and cultural development as an essential approach to overcoming indigenous disadvantage”
- The Victorian Labour government believes that, “Australian and international evidence demonstrates that self-determination is the only policy approach that has produced effective and sustainable outcomes for Indigenous people”
- It appears that albeit in a slow way, Aboriginal people are making progress and being stronger in their pursuit of holding others accountable for what occurred after colonisation. As demonstrated they have a long way to come with all health and social issues, which were not in existence before white settlement.

#### An “alarming” and mostly unnoticed universal revolution of the everyday English language

In recent decades, there has undoubtedly been a language revolution, particularly amongst young people. However is this a good thing? New clichés, expressions and buzz words are becoming more and more prevalent around the world. Modern words which may be misused, can be irritating and annoying for some people, as opposed to older sayings, which have lasted the test of time.

It is a mystery why there is such a restriction on some adjectives, when so many more exist and can describe something in various ways, rather than just “amazing” and “awesome”

Migrants to Australia, whose first language is not English, tend to pick up the buzz words, expressions or clichés and use them without knowing what they mean or why they are speaking that way.

Use of this language can lead to people being clones of each other and never thinking or acting differently. With far reaching consequences including a reduction of good problem solving skills nor becoming creative thinkers or writers, which benefit others with important discoveries, normally emanating from independent thinkers.

This language use seems to be a real issue as the author will explain.

- “Awesome/Amazing” – These two generic words are used to describe nearly everything and have been uttered around the world by the last three generations. Surely there are more adjectives than just these two words and devalues what has been described. It also deters people’s imagination to use other words.

- “Awesome” is a word, which some linguists say should only be used to describe something extraordinary, like the Egyptian pyramids or other wonders of the world. So many people using this word may not see anything awesome in their lives.
- “Amazing”, more so than awesome, is used to describe virtually all that is positive, including people. There are no allowances for improvement, it is “amazing” and nothing else. It appears a universal unconscious overuse of an adjective. (as well as many others to follow)
- If one recalls school teacher markings for students of, good, very good or excellent. Everyone knew where they stood. Now all these could simply be described as amazing, which sounds better than all three previous words just mentioned. However the grade or quality may not be amazing or awesome at all. So how does anyone know the quality of what has been described? (Particularly if the person hearing the word hasn’t even seen what it has been applied to)
- We then have “Thank/s you/ so much”. Where do you go from there? This is probably the best gratitude you can express to another, however it is used for so many levels of thanks. It is also used in different countries’ talent shows, including non-English speaking ones. So, it appears to be a universal expression too.

Alternative current and more modern sayings.

- “At the end of the day” This is in very common use now. Where has it sprung from, and what does it really mean? It seems used now by everyday people or in the media. It has been surveyed once as the most annoying expression. One could ask “At the end of which day are you referring to?” Then see their puzzled expressions as people won’t understand what is being asked and most won’t realise they are using this saying so often or at all
- “The reality is”
- “Hit me up. I’m up for it” – Someone is ready for written correspondence or a convo! (Conversation).
- It’s on my “bucket list”. Usually a wish-list of countries someone wants to visit or other things they want to do before they die or “Kick the bucket”. Some people don’t leave things unexplored long enough to have a bucket list. Others may never succeed in doing anything on their bucket list. At least the origins of this saying is known to have come from a 2007 American film of the same name.
- “I’ll give you the heads up” (Not sure what this exactly means but is used often to update someone about matters).
- “How has your day been so far?” (Annoying question, especially early morning!)
- “Obviously”. (Not a saying but a very often used instead of saying umm, ahh or actually.)
- “Yeah/Na” (Australian footballers say this all the time, when answering questions)
- “We’ll have to touch base, or connect”
- “Bedded down”. (As in let’s get all this bedded down before the end of the day!)
- “I, me, personally, myself” (Only one of these words is grammatically correct and necessary). Myself is now being used more often as a pronoun, which is also incorrect.
- “Make sure we are on the same page”. (A very common expression today, which is used often in business meetings). Also “make sure we are on the same page in the book”.

- People who are the “glass half full or half empty” types. This very old saying has made a comeback and used much more today by a variety of people. They are using it like a new profound saying. However it may be annoying because it is a very basic thing to say. Yet many use it like they have discovered a clever way of expressing a positive outlook or personality. (Of course, nobody describes themselves as the glass half-empty types. So who are the “half-full” people comparing themselves to?).
- “Draw a line in the sand”.
- “No brainer”. Used when an answer to a problem is obvious.
- “This is doing my head in”. (An expression often used in tense situations or where one is “over it”,)
- Some old sayings, like every “Tom Dick and Harry” are still often used. A very simple saying that has lasted the test of time. The modern version is of course, “Every Tom, Dick and Harriet”.
- “S/he is not in a good head space at the moment”
- “I’m in a good place at the moment”. (Not emotionally, I’m actually in a liquor shop!)
- “Keep me in the loop”. (An expression used often at work, like being “on the same page”).
- Politicians may say " I'm not ruling anything in or out"
- “Think outside the square”. (To encourage different or original thoughts).
- “They say” Who are “they”? Any topic being discussed or argued, somehow seems more powerful if it is backed up by research done by “they”. People rarely challenge who “they” are.
- “”Tick all the boxes”. This expression is becoming more prevalent in relation to someone applying for a high profile position, such as a football coach. These prospective coaches are now all using the term “a good fit”. As in the football club is a good fit for me and I am a good fit for them. This gives birth to more irritating sayings.
- “We have been playing phone tag, (or tennis)” when people keep missing each other’s phone calls. Stated like nobody has heard this before.
- “Who me?” not really a saying but something people say when they want more time to think before answering a question. Often these people may not be too good with honesty or the question is too direct or blunt.
- “In all honesty” as opposed to what?

Another list of current sayings.

- “It is going to be Epic”. (Or massive) (Something else great, amazing and awesome?!). Two generations of people obviously don’t know that in the 1960s and 70s Channel Nine in Australia showed long historical shows on Sunday afternoons, called “Epic Theatre”
- “Legendary” or “You’re a legend”
- “Perfect”. (Something great, awesome and epic?)
- “Exactly”
- “Moving on/forward” – Used in nearly every meeting

- “From the Get-go” – See use above
- “Need to step up”
- “Suck it up”
- “Unpack” (issues)
- “Surreal” – Everyone is feeling surreal or would like to
- “Game changer” – Usually by politicians for significant newly announced projects
- Wanting to “grow” the/ir business or professional football clubs or anything else that makes money. Growth is important, of course but how much money is enough?
- “Train wreck”
- “Throw someone under a bus” – Unfairly treat someone, usually in the workplace
- “It’s all good”
- “It is what it is”
- “Too easy”
- “I have no idea” – Often said by young people in retail stores
- “Do you know what?”
- “Do you know what I mean?” – Many people checking if the other person understands what they have just been told
- “I’m very busy at the moment” (Many people think they have a monopoly on busyness)
- “Take a seat” – Just what every receptionist tells you. What if I don’t want to?! Many people sit most of the day in their jobs, so perhaps standing is a nice option sometimes!
- That’s “sick” (Good/great)
- “Off the scale” – Used when something goes much better than expected
- “Robust” conversations
- Commencing descriptive conversations with “so” or “well”.
- “I am concerned about/ I find it concerning” (In management talks to employees)
- “I thank you for all your work. Each and every one of you. You do such a fantastic job”. (Global thanks to every employee)
- “Work/life balance” – Work is usually a big part of a person’s life with the average full time employees, spending more waking hours at work or travelling to and from than being at home. (Including weekends). This should be a life/life balance.
- “In the final analysis”

- “Need to escalate this/it”
- People who get, “de-regulated” or “heightened” = Angry and loud
- “All over it” – Has good knowledge of the subject matter.
- My taste in music is, “eclectic” – Guess what? So are 90% of other people’s preference in music and different “genres”.
- “Have a good one!” A good what?
- “Hey” instead of “Hello” or “Hi”.
- “Yay” if something is pleasing to the person.
- “What’s up?” (Nothing more than that irritating question is up!)
- Nobody simply likes anything anymore, people seem to apply the big “L” word to everything. “Love/d it” or “I loved it”. This may be in response to something sent to a friend or relative via social media. It may sound nice and fuzzy. However, everybody and their talking dogs are using it. The saying is extremely common, therefore loses the impact such words would normally have. And again, just simply copied from all others who use this expression.
- Alternatively, people will recommend a travel destination, musical or film, with, “You’ll love it”. Even if they don’t know your tastes in this area. How would they really know if another person would love what’s recommended, as much as the person mentioning this?
- So one may “love it” of if this wears off they are “over it”
- Not to mention I love “my” football or sport. Or he loves “his” sport etc. Usually meant for spectators who watch lots on TV or live. That’s quite some ownership over something one is not directly involved with.
- “Loser” is also a cruel word quickly creeping into the Australian vocabulary, which is obviously hurtful if the person becomes aware of being called this. It has connotations of someone who is hopeless and will never do well in life, without examining the big picture of the person’s circumstances.
- “Woo Hoo”, a saying from Mr Homer Simpson, which has been huge for a while, when celebrating anything big or small.
- “Take Care” – A nice farewell comment used more by women than men of all ages, which is worth keeping in our vocabulary
- “Passing/passed, away, passed, “we lost him”, “she’s gone”, instead of acknowledging the person has died. We have many more atheists now, however all deceased people seemed to have passed to another world and not just died, which sounds as final as atheists’ beliefs.
- “I am humbled and privileged”. Often said by people reaching high heights in their profession, including a new Prime Minister. This is a time where they would most likely feel least humility and the highest privilege.
- Finally, if this doesn’t drive my message home, nothing will. The small, humble and innocent “Yes” word has been changed to “Yep”. It now features in real life or most people’s text messages and social media posts. Young and older people all seem to use it. How does everyone suddenly change to “Yep” Surely it is the sub-

conscious drive to conform and not think independently. However this is where modern corruption of speech starts and ends. It is still ok to say "Yes"

Young people, in particular, wouldn't dream of straying from the usual vocabulary use, or they would lose their strong sense of belonging, which they currently have and need. More likely they wouldn't know a different method of speaking. Few young people want to be different to the rest. However it must be realised that many sayings mentioned in this section, commenced with people now aged in their mid-forties and middle aged.

This current language usage could easily be literally a literary, verbal and linguistic crisis, which could even affect the intellectual evolution of the world!! Spawning mostly clones who will not have answers for the main problems of the world because few people appear to be thinking differently or outside the square. Young people need empowerment and common language and conformity partially enables this.

Unfortunately this includes many university graduates, which have been the "game-changers" in the past with new discoveries, cures for serious diseases and conditions like cancer.

I will offer a new word to the world, to start the ball rolling....."exquisite!" It obviously doesn't roll off the tongue like awesome and amazing but it is nice sounding and a rarely used word. The rest may be up to youse all around this wonderful world!

The author is not suggesting reverting to the old style language, just evolving more and perhaps people simply not copying each other all the time, to feel subconsciously compliant with their peers. There definitely should be more thought and consideration for the spoken and written word. Originality is important for the betterment and advancement of the world.

Just so we're "on the same page" and "moving forward", I don't want to leave a bunch of previously "amazing" converts stranded. Some other suggested and strong adjectives etc. are; "splendid", "brilliant", "sensational", "fantastic", "great", "excellent", "unbelievable" "incredible" and "magnificent". Just use your imagination and own expressions, there's nothing wrong with that. Your friends won't leave you!

These words are just examples of many more adjectives which could be used and not restricted to just a few oft repeated ones.

"Yep, just remember, at the end of the day, when it is all said and done, awesome and amazing clichés and expressions, are not the be all and end all. Thanks so much and take care!"

### *Family Violence in Australia and the World*

The author has worked with many female victims and male perpetrators of family violence since 1975. This experience was gained as a police force and in several social work positions. A minority of men have violent partners, (including gay relationships) and the occurrence is acknowledged. However, this may need to be dealt with on a case to case basis, instead of a systemic or multi-disciplinary manner, which is required by women victims/survivors due to the high prevalence of this violence, which include many homicides

Six women are killed every hour globally with at least four of these at the hand of someone they knew. 87,000 women in 2017 were killed worldwide, with 58% or 30,000 of them as a result of family violence, by an intimate partner or relative. The pattern of violence is usually established long before the homicide.

Violence against women is also known to be universally under-reported to authorities. This can be attributed to a real fear of reprisals, economic and psychological dependence on the partner. Also anticipation that the police will not take charges seriously and view the assault as a private matter

Studies show that the likelihood of women being murdered by relatives or intimate partners has increased by more than 10% since 2012. Currently women in the Americas and Africa are at the most at risk.

Given the high incident of family violence homicides, it should be a police priority to prevent them. This should include electronic and other surveillance on violent men who are most likely to kill their partners.

In Melbourne, Victoria, during the 1990s and 2000s, there were many murders amongst drug traffickers. Police didn't seem to be applying much energy into these homicides, given the relationship between the men. However, when two men were shot in a vehicle in the presence of children, the nature of the crimes changed, as did police tactics, with the instigation of the Purana taskforce.

Police were very successful in this venture and solved all 34 murders and prevented some along the way. Therefore if these methods were used for criminals, why can't police be more proactive and creative with family violence investigations? We already have taskforces which monitor the most violent or dangerous men, who commit family violence. However proactive surveillance on men in their homes rarely occurs, which is where the majority of violence and killings occur.

- Among two thirds of all Australian relationships have involved abuse by the male partner, including physical, sexual, verbal, emotional, psychological and controlling behaviour.
- Australian authorities have, in recent years, intervened heavily to stamp out this violence, however female partner deaths continue to rise, confounding the experts.
- The reasons for the increase spousal homicides may be due to the "toughest" of male partners becoming more violent, fearing they will lose their wives or partners, due to the increased intervention by government and other agencies. It could be a case of, "If I can't have you, then nobody will". These men rarely take their own lives or go missing for long periods avoiding arrest. Therefore, it appears to be a case of being satisfied and comfortable in prison with the knowledge that their partner is not with another man.
- Most violent men obviously want to dominate the relationship. They are often control and neat freaks, expecting their partners to have their home spic and span and clean as a whistle all the time
- Many men are violent after consuming alcohol or drugs like ICE. Studies seem to stop at the men having a mental illness, because that may be a cop out for their behaviour and difficult to diagnose. Many people with mental illnesses are not violent to anyone, however violent men have many similar dysfunctional mental health issues, where a diagnosis may be worthwhile, to examine any common underlying dysfunctional issues
- Not enough appears to be done in understanding why men assault women. It is a case of. "They just have to stop being violent" Well, it is not that straightforward, with limited resources for violent men. It is often said that funding for violent male services reduces female victim/survivor resources. Why should a woman and children have to leave their own home, after a violent incident, when the male could be placed elsewhere, if safe to do so?
- Some of the reasons men are violent to women are, a lack of desired personal power, so they create a power base within their homes, which give them a sense of control, power and strength. Often violent men have little going for them in their lives, they are unemployed, have few if any friends, are not involved in sport, are isolated, have immature emotions and a sense of entitlement. Many also have grown up in violent households. However some men may not have these factors and are still violent.
- Violent men can be quite paranoid and extremely jealous about their partner and fear they are seeing another man. Frequently, as a social worker, I received mobile phone calls in the early hours of the morning with no messages left, which appeared to be from violent men checking their wives mobile phone numbers. If the male's calls received my phone message then they

accepted this, because they knew who I was. It was interesting to see the paranoia, jealousy and insecurities first hand, even in the early hours of the morning.

- However these men are quite within their rights to feel paranoid because women abhor the violent treatment by their partners and hope to escape when they can, with or without another man. Mostly without!
- Men rarely admit to male or female workers that they had been violent to women, simply because it is a shameful thing to acknowledge. They often strongly denied any wrongdoing and wanted to know what evidence authorities had. To say too much about our sources of information as police officers or social workers, would put women in more danger, given many were still in relationships with the men.
- Men sometimes told their partner that they couldn't remember being violent the previous night or blamed alcohol or drug taking. They often stated that they will change.
- Violence often commenced when women were pregnant or had their first child. This would obviously be because dynamics in the relationship changed and the man was not the centre of attention anymore.
- Early in my social work career, the writer noticed that violent men named their sons after them. Observing this over many years, it was clear there was definitely an over-representation of sons named after their violent fathers. Another indicator of their sense of entitlement and application of their power and control. (Some even named daughters the female version of the father's name).
- Verbal rather than physical abuse by men is minimised by the couple and professionals. Yet this can be quite damaging to women and children exposed to it. A prominent Australian footballer stated that his father was physically violent to his mother, then after she separated from him, his step-father's verbal abuse was worse because it occurred more frequently than his father's physical abuse.
- Why do women stay in violent relationships? There are many varied reasons, mainly fear and an acceptance of the violence. A reduced self-esteem because of the abuse. They may feel hopeless, helpless and not have personal supports or resources to leave the relationship, not to mention feeling strongly in love with their partner, about whom she may know many positive aspects of his life as well as his negative side.
- There also may have been a significant tragic incident in the male partner's life, which the female makes many excuses for, like his mother dying when he was young, with whom he was very close.
- There are also some strong cultural aspects of marriage, which accepts violence more than Australians do. So there may be outside pressure and influences, not to leave these relationships.
- Women may not have enough money to leave the relationship, because she may not work and the male partner controls the finances, which can be a major factor in preventing the woman to leave
- Often it feels easier for women to remain, particularly without supports to assist her to leave, like personal and professional.
- The men are often charismatic people and are not aggressive all the time. A well-known cycle of violence, where there is a honeymoon period after the violent attack, which can endear him to his partner again, until he blows up once more and is violent.
- Some men attend anger management/behavioural change groups and can go through the motions without a commitment to change.

- If a woman is to leave a violent relationship then this should be done in a planned way, with the assistance of police, intervention orders and other family violence professional supports. Women and children may have to reside in a women's refuge. Not to utilise relevant supports could put the woman in more danger than when she was living at home.

#### Other Reasons why men are violent

- WHO or World Health Organisation studies have shown that, "Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights"
- Some studies do show that men have mental illnesses, like a personality disorder, PTSD, depression and anxiety for which they self-medicate, with drugs and alcohol.
- Global estimates published by WHO indicate that about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.
- Most of this violence is intimate partner violence. Worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime.
- Globally, as many as 38% of murders of women are committed by a male intimate partner. The Australian media frequently report women deaths, where their male partners are charged with their murder soon after. The Victoria police homicide squad has been called the, "domestic squad", by police officers since the 1970s, given the majority of murders are due to family violence. The title of "domestic squad" is also used to describe the ease of solving these murders because the male partner is always the first suspect.
- Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings.
- Men are also more likely to perpetrate violence if they have, exposure to domestic violence against their mothers, low education, a history of child maltreatment, harmful use of alcohol, unequal gender norms including attitudes accepting of violence, and a sense of entitlement over women.
- Women are more likely to experience intimate partner violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence and male privilege, and women's subordinate status.
- There is evidence that advocacy and empowerment counselling interventions, as well as home visitations are helpful in preventing or reducing intimate partner violence against women.
- Situations of conflict, post conflict and displacement may exacerbate existing violence, such as by intimate partners, as well as and non-partner sexual violence, may also lead to new forms of violence against women.

#### More reasons why women in abusive relationships don't just leave their partners.

- Often when people hear that someone is in an unhealthy or abusive relationship, their first question is, "Why don't they leave?" However, as stated earlier, when it comes to relationship abuse, it's never as easy as "just leaving."
- Society can normalise unhealthy behaviour so people may not understand that their relationship is abusive.

- When you think that unhealthy or abusive behaviours are normal, it's hard to identify your relationship as abusive and therefore there's no reason to seek help.
- Emotional abuse destroys your self-esteem, making it feel impossible to start afresh.
- Often, people in emotionally abusive relationships may not understand that they are being abused because there is no physical violence involved.
- Also, many people will dismiss or downplay emotional abuse because they don't think it's as bad as physical abuse. It's hard for those in abusive relationships to leave their partners after they've continuously been made to feel worthless or/and that there's no better option for themselves.
- The cycle of abuse, which often means that after every abusive incident comes a make-up honeymoon phase. After an abusive situation, it is often followed by the abuser doing something nice or apologetic and promising that they will never do it again. This can cause their partner to minimise the original abusive behaviour.
- It is dangerous to leave and can be very life-threatening. Many times, leaving an abusive relationship is not only emotionally difficult, but can also be the most dangerous time in an abusive relationship.
- Women are 70 times more likely to be killed in the weeks after leaving their abusive partner than at any other time during the relationship. If the current strong intervention to combat family violence means more separating from their partner, then this may be a significant reason why more men are killing their partners. Which confounds professionals because the reverse should occur with the extra overall effort in addressing these violent crimes.
- *The best way to protect yourself if you are in an abusive relationship is to create a safety plan or planned exit.* However it is hard to escape the cycle of control.
- People in abusive relationships often attempt to break up with their partner several times before the separation is successful. On average, a person in an abusive relationship will attempt to leave several times before finally leaving for good.
- Women in abusive relationships might stay with their partner or get back together after a break up because they feel pressure to not give up, or to forgive and forget and to see it through. They believe if they stick it out, things might change
- Women can feel personally responsible for their partner or their behaviour. After a conflict, an abuser can turn the situation around and make their partner feel guilty and as though they are somehow at fault.
- A lot of people in abusive relationships stay in them because they love their partner and think that things will change. They might also believe their partner's behaviour is due to tough times or feel as though they can change their partner if they are a better partner themselves. However abusive men rarely change their behaviour for the better.
- People in abusive relationships often feel embarrassed to admit that their partner is abusive for fear of being judged, blamed, marginalised, pitied or looked down on.
- Marriage, children, and shared finances are often huge reasons that women in abusive relationships stay in them. The couple may also share friends and living situations.
- Just because women stay in unhealthy or dangerous relationships, it does not mean that they are responsible, or asking for the abuse perpetrated against them. Australians are now permitted to take family violence leave, if necessary

- Women can feel very guilty if they report the violence to police or other authorities. The author has observed men totally shun their partner, when they leave, and never accept a phone call or speak to them again. Just another way to torment or abuse their female partner and maintain some form of control. Often women and children return, then children have to be removed by authorities when some stay with their partner without the children.
- One often repeated myth is that the saying, “Rule of thumb” historically meant that you couldn’t hit your wife with a stick thicker than your thumb. Studies show this is untrue and that there was never any law about this in the Western world.

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