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# Shipwrecked on an island: Women's experiences accessing health services when they have experienced both sexual violence and mental health problems

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<sup>1</sup> Lee, S. et al. (2011). Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and physical health. *BMC Psychiatry*, 11(1), 1-11.

<sup>2</sup> Cascardi, R., Davila, E., & Cascardi, R. (2016). An ecological model of the impact of sexual assault on women's mental health. *Psychiatry*, 79(4), 311-318.

<sup>3</sup> Gaudin, A. (2015). Addressing trauma-informed systems of care in health settings: The WPH study. *State of knowledge paper* (3). Victorian Ambulance, 1-10. <http://www.vic.gov.au>

## Background

- Relationship between sexual violence (SV) and mental health problems complex and bi-directional [1,2].
- In Australia, SV and mental health services often see the same women, but little communication between sectors, and lack of coordinated trauma-informed care [3].
- Women's pathways to safety and care are therefore unnecessarily challenging.
- Few studies explore women's experiences navigating the healthcare system in the context of both SV and mental health problems.

## Methods

Narrative, unstructured interviews with n=33 adult women recruited from health services.

## Findings

### CONNECT ME

Women wanted:

- Awareness of trauma-informed services;
- Warm referral for co-occurring issues;
- Services to be co-located and integrated.
- **Lack of funding, inflexible service system, and referrals without follow up perceived as barriers.**

### HEAR ME

Women wanted:

- To be heard and validated;
- Connection with the 'right' person (this could take some trial and error);
- Trusted relationships with practitioners.
- **Not listening; pathologising women's symptoms (in mental health); lack of training in SV outside of specialist services; and a cycle of endless referrals could lead to re-traumatisation.**

### HELP ME HEAL HOLISTICALLY

Women wanted:

- To be treated as an individual, particularly when complex needs and intersectional vulnerabilities were present;
- To thrive, not just survive;
- Practical help.
- **Different paradigms between sectors perceived as a barrier to holistic care.**

*"I've been to ...over 100 services in my whole life, and they just refer you on and on and on because no one wants to deal with complex issues or connect them!"*



## Conclusions

- Women often have long and complex relationships with health services;
- Services need to work towards a more integrated, collaborative model of trauma-informed care for women experiencing SV and mental health problems
- Focus should be on individual holistic needs and making women feel heard, validated, connected, and supported towards safety and healing.