



Spotlight #7

Podcast transcript

Collette: Welcome to Spotlights, the podcast for the domestic abuse sector. In this series, SafeLives are shining a spotlight on people affected by domestic abuse who are also experiencing mental health problems. As a domestic abuse worker, I had some experience of advocating to mental health services on behalf of my clients. But I didn't fully realise how difficult it can be to access the right care and support when you yourself are suffering from a mental health problem.

Eighteen months ago I suffered with a rare condition called Post-Partum Psychosis following the birth of my daughter. What then followed was an exhausting year of having to push for the right response and treatment from the various professionals around me. I was lucky, my symptoms were mild and short-lived and I had the support of my partner and family, but it was very easy to see the gaps and frailties in the mental health system.

I met up with Kathryn and Shakti who both work in the domestic abuse field and who both have their own lived experience of mental health problems. Both Kathryn and Shakti had fathers who perpetrated domestic abuse, and track this back to living with domestic abuse from an early age. I wanted to find out more about their journey and their experiences of accessing mental health support and to ask them what advice they have for Idvas who are trying to get the right services for their clients.

Collette: Kathryn and Shakti welcome to Spotlights and thank you so much for agreeing to take part in this podcast. I know that both mental health and domestic abuse are difficult topics to talk about and agreeing to do this podcast wasn't the easiest decision. I wanted to start by asking you then, why do you think that it is still difficult to be open about mental health?

Shakti: There's still a lot of stigma around it and a lack of understanding. Opening up to people about your mental health problems can leave you feeling vulnerable and people don't always respond in a way that makes you feel comfortable. I think I used to think there was no point telling anyone as it wouldn't change anything but now I realise that talking about it can be really positive.

Kathryn: And I think a lot has changed over the last couple of years and it is getting easier to say you have had mental health problems but it is still very hard. I had all the worries you hear about – that people wouldn't think it was a real illness, that I was exaggerating, or that people would think I couldn't do my job properly. I have been really lucky to have the support of close friends and family and a very understanding manager, but I still kept the majority of what was happening to me secret as I didn't want to worry people or have them think of me as not capable.

Collette: Given all that, why did you decide you wanted to speak out? What motivates you to talk about your experiences in this podcast?

Kathryn: I think it is really important to speak about it if you can. One of the things I found really useful from my counselling sessions was hearing that other people have had the same symptoms and responses as me. In life you kind of want to be special and stand out but I found when it came to my mental health I was comforted to hear this happens to other people – your responses are completely normal and there is the possibility of getting better. I think the more we talk openly about these things the easier it will be for people to seek help and get the right support.

Shakti: It's a bit corny, but a couple of times I've heard 'be the person you needed when you were younger' and one thing I needed when I was younger was to feel that talking about mental health was normal and healthy and so I think it's important that we talk about it openly. But I also want people to know that you can be unwell for a really long time and still have a good life. Because a lot of people struggle with their mental health for years and obviously being completely well is ideal but it's not always a realistic goal, and I've spent a lot of time feeling hopeless because I'm not completely well but actually have been doing a lot better than before.

Collette: I can really relate to wanting to know that your responses are normal and that other people have been through the same thing. I remember for me it was such a relief when I finally spoke to a specialist who could tell me that.

The context of my mental health issue is obviously very different to yours, it came on very suddenly and had a clear cause and I was able to pinpoint a timeframe in which I became unwell. You've both described living as children and young women with domestic abuse for a long time. Did this make it harder for you to recognise that you were experiencing anxiety and depression or were there key moments for you where you realised that you were suffering from an illness?

Shakti: It definitely made it harder for me. As far as I can remember I've always struggled with my mental health. Even my early memories are full of times I was incredibly anxious, hated myself, self-harmed. It took me years to realise my experience wasn't normal, especially because my mum, brother have had persistent mental health problems too. It feels sort of like some of our symptoms are part of our personalities almost.

Collette: So for you although you had these really awful levels of anxiety and distress, it was consistent with what others around you were displaying so it felt almost accepted and wasn't really spoken about. Was that the same for you Kathryn?

Kathryn: From being 11 years old I felt like I suffered depression and some anxiety but even at that young age it was obvious to me what the cause was. Something would happen at home and that would trigger a reaction in me. This continued throughout my teenage years and early twenties and then for a few years I was pretty stable. I never sought help during this time as I felt like it was pretty obvious what triggered my bouts of depression and there wasn't really anything that could be done. It has been as my own children have got older that my mental health deteriorated to the point that I felt I couldn't cope on my own anymore. I was having constant obsessive suicidal thoughts and horrendous physical symptoms such as constant aching in my body and clenching of my teeth. I got to a point where I didn't think I could cope anymore and I didn't understand why it was happening when I had been so stable for so long.

Collette: Something you've both said is that there would have been times that you wouldn't have linked your anxiety and depression to domestic abuse. Can you explain a bit more about why that is?

Kathryn: I definitely don't think I would have identified domestic abuse as the root of my mental health problems in the past and I felt like fraud because domestic abuse seemed the least of the problems I was experiencing with everything else I had going on at home. But I now realise that the domestic abuse created the environment in which the other traumatic events could happen. And I don't think without that domestic abuse me and my brothers would have been so at risk of the other traumas and abuse that happened to us.

I think part of the problem is the language that is used about children 'witnessing' domestic abuse. I felt like I wasn't a victim because I wasn't the one in the relationship, but actually I experienced that abuse too – not in the same way as my Mum but I was constantly frightened, used as a tool to control and always tried to take on the role of being a protector.

Shakti: Yeah so many people say children 'witness' or 'are exposed to' domestic abuse, but I feel that completely diminishes our experiences. A child in that environment is not passively observing everything that's going on. The abuse in my home affected every aspect of my life. When my mum was isolated, so were me and my brother; when he gaslighted her, he gaslighted us too. And it's not just a lack of recognition of the negative impacts, but also of the strategies that my brother and I had to help keep us safe.

And we seem to be gradually moving away from this in the sector but there's still a focus on adult victims. And it's understandable in some ways but it makes it feel silly to say that what I went through deserves the same recognition or that it had such a significant impact on me.

I think as a very young child I might have linked the two, but one of my coping mechanisms as a teenager was to focus very strongly on the positive things about my father. So I convinced myself he was amazing because then I felt safer being around him. I couldn't handle acknowledging the impact he had on me while I was still seeing him that often and it was only a year or two after I moved away from home that I could really recognise it again.

Kathryn: As I said before my responses seemed like normal responses to what I had experienced. There would be a trigger and then I would have a few weeks of depression but then I'd be fine again. It is only in the last 4 years or so that I've felt that my responses are not making sense anymore – and that is when I started to feel I have mental health issues – my behaviour became more manic and I was taking risks that could have permanent consequences. I just couldn't understand what changed and why this was happening.

Collette: I think what you're both describing is really important for how we respond to children experiencing domestic abuse. Just because a child isn't showing what we would consider signs of fear and trauma when they are still living with or in contact with the perpetrator doesn't mean they are not experiencing harm. It might just not be that clear at that time. Shakti you've given a clear example of cognitive dissonance, where we adjust our perspective to try and make it fit with what is happening. It just wasn't possible for you to do anything other than convince yourself that all was well when you were just having to get through each contact with your father.

Thinking back to those early experiences of domestic abuse, how much awareness do you think there was amongst professionals you came into contact with about the impact of the domestic abuse upon you? Did you feel that as children your mental health was something they were considering at all?

Shakti: The only professionals I came into contact with were at school, but I don't think most of them realised what was going on, and none of them ever spoke to me about my home life. When I was in year one there was one lunchtime assistant who I think knew something was wrong but I don't think she had any idea what to do about it. Some of the teachers definitely noticed me being really anxious in the classroom but I think they usually just found it quite annoying. And because I did well at school they never seemed to worry about me. I definitely don't remember feeling like they considered it might be to do with my mental health.

Kathryn: Same. I didn't feel at the time that the impact of the domestic abuse was considered in terms of us children at all – this was back in the 1990s. I also think I presented as the very typical hard working, over achieving child so I don't think anybody had any concerns. If they had concerns it would have been about my brother who was starting to take drugs, getting involved in crime and dropping out of school but even then I don't think anyone connected it to what was going on at home. The police were round at our house so often that I knew them all by name, but I don't remember a social worker ever being involved even though quite often it was us children who were calling the police. I hope things are different now and that there is more professional curiosity in these situations.

Collette: I think it's really significant to reflect on the fact you were both not presenting in the classroom showing behaviours that might tick the boxes of stereotypical acting out because something really bad is going on at home. Like actually you both describe keeping your head down, quite quiet, reserved, over achieving and I think that's a really interesting learning point that children are not necessarily going to act out when things are going on at home.

So given what you've said about professionals, how easy was it to talk to family and friends about what was happening?

Shakti: I didn't speak to anyone apart from my mum and brother until I was a teenager. When I did try to talk to my friends at school they really didn't understand – some of them laughed at the things I told them. My mum and I have talked a lot about it, but honestly I tried to hide the worst things because I didn't want to upset her. I'm sure she did the same with me. It's easier to talk about how I feel with my mum and friends nowadays, and I can talk to my counsellor too, but I still hide things from everyone. You don't want to burden people with everything, even when it's their job.

Kathryn: I agree. I really felt I couldn't tell people about what was happening. I started self-harming at age 12 and the few people who knew I did that hated it so much that I just tried to hide it from them. I tried to protect my friends and particularly my Mum from any of my issues because I just felt she had enough to worry about without worrying about me. I think I've gone through most of my life being very secretive to try and protect people. It is only now that I have started to talk about it and even now I find it really difficult to tell people when I am starting to feel anxious or depressed because the depression and fear just takes over and I worry that I'll never be better. I think from a professional point of view if professionals can just show that they understand, not be shocked and help clients understand that their behaviours are normal that would help.

Collette: There's a lot of secrecy, shame and being worried about what other people will think when you are experiencing mental health issues isn't there? And that's got such huge parallels with domestic abuse and why it's hard for people to disclose. I was just thinking then as well that the difficulty with anxiety and depression is that it's only on the days you're doing okay that you'd be able to pick up the phone and talk to someone about it, and actually the days you're really unwell are the days that's just not possible to do. So you're never able to see the GP on the day it's worse or you're never able to ring your friend when you need your friend to ring you. Its just an irony of the illness.

This is a big question, but thinking about Idvas and other professionals such as teachers, doctors, social workers who are coming into contact with children who have very similar experiences to both of you – what would you want them to do differently? Let's say your top two things you'd like to see.

Kathryn: It think help parents understand the impact of the abuse on children so they can support and understand their children's reactions and to put some specific support in place for the child. I think there needs to be a realisation that children who experience trauma are probably going to be impacted at some point in their lives, and even if they seem really healthy and well-adjusted that doesn't mean they don't need support. I recently read a 2016 review of 175 Serious Case Reviews which found that before the SCR many of the children had previously presented as healthy, happy and well-adjusted children and so had not met the thresholds for support.

Shakti: Yeah everyone working with children needs to be confident in spotting the signs and asking whether everything is okay at home, but also to know like you were saying that not all children experiencing abuse will present the same. I was way too frightened to tell anyone what was happening, and I had no idea how to even start that conversation. Even as a young child you can feel the stigma so strongly. I just didn't know how people would react if I told them. But think I might have opened up if someone at school had actually asked me

I think we also need to recognise the agency of children experiencing domestic abuse and not patronise them, because they have a deep understanding of the dynamics of abuse and will probably already have existing coping strategies that you can help them build upon. We need to give them a sense of control over their own support. And although a parent might be able to offer insight into how to best support a child, we need to acknowledge that the children themselves are the experts in their own experiences.

Collette: Jumping forward to your more recent experiences of mental health problems; something I know we've all experienced is feeling at times we've not been 'unwell enough' to get the help that we needed. It's a really bizarre situation where you'd think that it would be a huge positive to not need to be seen by higher tier mental health services or not to need to be hospitalised, like surely that's a good thing, no one wants to have to be in hospital, but actually what we've talked about previously is that you can be feeling *very very* unwell, but if you're holding it together, you're seen to be doing well enough then you can start to ask yourself, how bad does this need to be before someone will step in and help. Shakti I remember you have a particularly shocking example of this.

Shakti: Well I was having a really difficult time in my third year of uni and went to the student counselling service. In my first session I cried all the way through. In the second I didn't cry, and at the end the counsellor said I seemed much better that week so she didn't think I needed to come back again. I clearly wasn't okay, and that was the first time I'd sought any kind of professional support. To tell me I was *better* at that time was so bizarre, and made me feel like I didn't deserve any more support. I'm pretty high-functioning, so people hardly ever realise I'm struggling unless I tell them. But whenever things start to get worse I will usually put my head in the sand and I'm actually less likely to

talk about it. I know it doesn't make any sense but I think a lot of high functioning people have a similar thing and it's important for professionals to understand that.

Kathryn: I really felt that professionals were comparing me to their other clients and saying well 'you're doing fine, I have some clients who have never had a job or can barely dress themselves' – one psychologist actually said this to me! I couldn't get them to understand that for me I was not 'doing well' and that surely my access to support shouldn't be based on how 'bad' his other clients were but on the fact that I had been fine and now I felt like I could end up losing everything – my relationship, my job – if I didn't get some help.

I really was good at holding it together externally but inside I really felt I was going insane – I couldn't control my thoughts, I couldn't sleep and was in constant pain or feeling like I couldn't breathe. I got to a point where I didn't think I could carry on and was scared I was going to accidentally end up dead because I was putting myself in such risky situations. After one particularly eventful weekend where my partner ended up having to call the police because I was missing – the woman from the mental health team just asked me if I thought what had happened was down to drinking. I couldn't get her to understand that yes I had been drinking but the reason I had was because of my mental health issues not the other way round.

Collette: It's that difference between you knowing other people have been through similar which can be helpful, and not feeling like you have to compete with others to get a service. It's just not comforting to be told you're not doing as badly as someone else when you are already feeling totally at your own breaking point. I think the risk is that when it's something so invisible, you start trying to make it visible to others which usually means some form of self-harm. And I don't mean that you consciously make a decision to externalise your suffering in this way, but it is very common. As are suicidal thoughts. I know that supporting someone who is self-harming or who is having suicidal thoughts can be really daunting, do you have any insights that might help people listening understand?

Shakti: Sometimes my self-harm has been signalling, but a lot of the time I just want something bad to happen because I feel like it will at least justify my poor mental health. I think it relates back to minimising what I've been through, but it's also to do with not knowing how to get better. At least if was badly hurt it would be easy to explain to someone else and to get treatment for it. But often I won't actually injure myself, I just want there to be physical pain to distract from the emotional things. Or when my self-worth is especially low I think I deserve to be hurt. I haven't really been suicidal for a long time, but sometimes my suicidal thoughts were similar, that I deserved to die, or that the world would be better without me. And other times I've just really wanted my life to end. Sometimes they're just intrusive thoughts that I don't really want to carry out and that's just me, other people's experiences will be different. I think if professionals want to learn more, I'd recommend finding a local self-injury support charity and looking at their resources; maybe seeing if you could arrange a training exchange, a workshop or finding some other way of sharing knowledge.

Collette: One of the most frightening things about being unwell was not being able to control my thoughts and really just not knowing what I might do. I remember being asked in a very standard assessment way about whether I was suicidal and me thinking, I literally don't know how to answer this question as I don't recognise myself, my mind is racing out of control. I don't think I want to kill myself but I keep having these thoughts and I just have no idea what I'm capable of or I might do.

Kathryn: Both of those really resonate with me and yeah that idea that I didn't know who I was anymore, you know especially in the last few years. And that feeling that I might end up doing something to myself accidentally because I was taking such massive risks, lying down in the road and things, and I didn't ever want to die but I also couldn't cope with being alive anymore. And like Shakti said I just really needed to get some help and that almost seemed, it wasn't a conscious decision, but that seemed like maybe I'll get some help, maybe someone will realise how bad this is for me now.

Collette: Yeah sometimes it's not that you want to die but that you don't want to carry on if this is what life will be like and the most logical place it seems your brain jumps to is that well you could end your life, and that becomes an intrusive thought that's difficult to shake off.

Something I know we have different perspectives on is diagnosis and whether a label is helpful. In hindsight, if I had been seen by the right people and I'd been given PP as a diagnosis from the start, although it's a horrible diagnosis I think it would have meant I could access a level of support and

specialist services that just wasn't available to me otherwise. So for me I could really see the benefit in receiving a diagnosis.

Kathryn: I felt like I desperately needed a diagnosis to help me understand why this was happening and make me feel like I had a genuine illness. I felt like if they told me I had bi-polar at least I could get some treatment and get better. In the end I didn't get a diagnosis and that has now become less important to me. My counsellor explained that there is nothing wrong with me and that my responses are completely normal reactions to the trauma I suffered as a child. And I think this is almost similar to what I think the original psychologist was trying to say but somehow she did it in a much more empowering way. I have since been reading Professor Van de Kolk's book on childhood trauma and it's effects on the body, and he calls for a recognised diagnosis of development trauma disorder and I think that would be really helpful.

Shakti: I've actually tried to avoid diagnosis, but I think I only really have that option because I've been lucky I haven't wanted to access support that's dependent on a diagnosis. I worry that it might affect how GPs treat me in the future if they see certain things on my medical records. I know people with diagnoses of things like M.E. and PTSD, things associated with depression and anxiety, who've felt that their GPs haven't taken their health complaints seriously after they've been diagnosed. And a hospital consultant even once recommended that she referred me for the right treatment without telling my GP what she'd technically diagnosed me with, for that reason. That's not to say all GPs will be like that because some of them are brilliant. But I'd also prefer to be treated holistically rather than according to a diagnostic manual. But clearly the way the system works means not everyone has that luxury.

Collette: So thinking about practice then and helping people think about what would be helpful and what to avoid; when I was unwell I had quite a few experiences of professionals giving me inaccurate or unhelpful advice and I remember asking you both if you had had a 'switch off moment', and you both had. So what we were talking about is a moment where a professional says something so insensitive or acts in a way that you instantly lose all trust in their capabilities and you think okay well this isn't the service for me and you feel the shutters coming down. And just thinking a bit about that.

With my experience I feel like it is so obviously a wrong thing to do that it can't really be classed as good advice for Idvas because I can never imagine in a million years that an Idva is going to make this mistake, but for me what happened was I was sent for a service, for CBT, and it was the only option open to me on the NHS so I felt I had to give it a go despite the fact that my therapist actually laughed when I said to her I was fairly confident I had suffered with PP. She thought that was basically impossible because she had her own idea of PP and what the symptoms would be and my symptoms didn't fit with that idea she had. And she had that view, which she was entitled to, but having someone actually laugh at you when you're talking about something really painful, it made my engagement much more superficial and I thought I just have to get through these sessions.

Can you share with us what your 'switch off moments' were?

Shakti: The first that jumps to mind is when I tried to explain to that Uni counsellor that I'd realised I didn't love my father and had no positive feelings towards him. And she *immediately* said she didn't think that was true. I think she was just trying to be reassuring but it was so frustrating, it just didn't seem worth telling her much more at that point if she wasn't going to accept what I was telling her anyway. I'd just come to terms with that thought and hadn't expressed it to anyone before, then she just shut me down. But I've also struggled with being asked for details of the abuse I've experienced when I haven't volunteered that information. I'm comfortable giving a certain level of detail, and I think sometimes it could be relevant, like if you're doing a Dash for example, but in my circumstances and the times when people have asked me, it's never seemed relevant to recount most of it. And it can sometimes feel like people are asking out of some kind of morbid fascination when they don't explain why they are asking. And it just changes how I see myself in that moment from a person trying to get better to a story for someone else's interest.

Kathryn: Yeah I think with almost every professional I had this switch off moment. The first time was when the psychologist compared my experience with others and basically said I was doing really well and should be proud of how much I've achieved, which I am but it didn't help me for him to say that at that time. The other time was when the worker asked if I thought what happened was due to drinking. And I just felt like I wasn't going to engage with that service, there was just no way they were going to understand what I was experiencing.

And another time was when the psychologist said I needed to refer myself to IAPT and at the time I had real problems talking on the phone and so I just felt like additional barriers were being put in my way. And then when I did get seen by IAPT they went through the whole assessment and then at the end said I wasn't suitable because my problems were due to experiencing sexual abuse as a child, and they didn't deal with childhood sexual abuse. They then said I had to refer myself to the local Rape Crisis centre. I really couldn't believe that I was being told after pretty much a year of being assessed multiple times by different NHS mental health teams that there was nothing they could do for me and that I would have to refer myself to a charity who don't even receive any funds from the NHS and are funded entirely by charitable donations.

Collette: It's just so unfair to put you through having to keep telling your story to different people when they should have known from the outset that there wasn't a referral route, that they were going to have to signpost you on. What I think when I listen to you both and reflecting on my own experience is that if I were supporting someone as a domestic abuse worker and they disengaged with a mental health service, I would be asking a lot more about what didn't work for them and unpicking that a bit, because when a client disengages it doesn't mean that they don't want support, and you often hear in different multi-agency meetings well this person has failed to engage and they're not engaging, and it makes me think that well maybe the support they were referred for wasn't in reality that supportive and we need to unpick that a bit.

So as well as those experiences, I know that we've also had some brilliant support. What examples of great practice have you experienced that you'd want to highlight?

Kathryn: Although I was really angry that I felt I'd been dumped by statutory services on to a charity. The charity was actually amazing as we would expect. The counselling I received was cut short due to funding issues and my counsellor leaving, but the sessions I had really helped. She really understood the impact of childhood trauma and the effects for me were unbelievable. I went from having nightmares almost every night to them completely disappearing and the pain I had experienced also went. They were great, I just wish that they received sustainable funding because the NHS are referring clients through to them via the back door by asking them to refer themselves. Also I was really lucky because my partner took on all the ringing round and chasing up to make sure I got some support. I just wonder how many vulnerable people who also might not like speaking on the phone would actually refer ourselves.

Shakti: That support that you got from Rape Crisis sounds amazing, and also I definitely relied on support from my friends and partner to help me access support from professionals, but the things that spring to mind for me in terms of good practice aren't really anything to do with practice as such, it's just when people respond to you with genuine acceptance, understanding and empathy. Especially in the early stages when it can feel really overwhelming, a robot Idva wouldn't be the same, would it?

Collette: I have to say in my case the perinatal mental health team were amazing. They felt like this lighthouse when I was completely floundering around. They understood, they got it. But the thing that struck me is that what I really appreciated were things that they did that were not actually beyond the skill level of most professionals. So they listened and they really empathised with how I was feeling. They also were the only people to say, look this period of time with your baby is really short you can't get these months back, so its absolute priority that we support you. That validating that my mental health was important, that I was important, well that's something we can all do. And the other thing I found was how human they were. I met with Jo the psychiatrist and I anticipated it would be a very daunting and medicalised conversation and I actually did quite a lot of sort prep for it, and was gearing myself up, for having to have this intense assessment with a psychiatrist and actually it was the absolute opposite, it was like talking to a friend. And some of the key things she said were about putting me in the driving seat of any care plans, about them listening to my concerns, what I wanted and what I needed and taking the lead from me. I just remember how respected and listened to I felt. And that's just everything we talk about in terms of being a good Idva; empowering and supporting.

Collette: People listening to this podcast; the services supporting survivors and the multi-agency forums who are action planning and commissioners thinking about gaps in services; what would be the main messages you want them to walk away with?

Shakti: I think it's important that professionals are able to be honest with their clients about the fact that being away from a terrible situation doesn't mean everything will automatically be better, and it's not like

professional support is necessarily going to 'fix' you. People should be prepared for the fact they might be coping with mental health issues for the rest of their life, but they should also hear that life can be brilliant in spite of that. If someone tells you they're unwell, it doesn't mean they're weak, unreliable or having a miserable time or that they can't cope. We have to break the stigma around mental health. As individuals, but also as professionals, we should be able to talk about our own mental health without being pitied or patronised. But the same goes for children and young people that have experienced abuse. We need to stop seeing them as helpless, and start recognising and respecting them as adaptive, resilient individuals. And commissioners have to make sure services are doing that as well.

Kathryn: Yeah I agree, and I suppose the main message I would like professionals to come away with is that the children who are in those families where they're the victims of domestic abuse, they may present as fine and coping really well but I suppose I would want them to have more professional curiosity, ask more about the children and just understand that it's really likely that those children will be impacted at some point in their lives by what they're experiencing at home and it might not come out for many years and it'll affect everyone differently, but that if we can just get that support in place earlier and look at the child victims as well as put that support in place. I know that services really struggle with funding for support for children, it's one of the areas that gets the least funding and they rely on donations rather than government funding. I just think that needs to change now and we need to get those services in place for children, otherwise these impacts are going to be felt for years down the line.

Shakti: And with services intervening earlier. We often refer to them as recovery services and I would do that as well, but actually thinking about it from my own perspective as an individual, as a survivor, recovery doesn't make sense to me because there's nothing to recover from before the abuse because I grew up with it. That's how it always was. And there's just some language things where we need to think about whether they apply to everyone, and it's not just children either; if you are an adult survivor but you also grew up in a place with domestic abuse then recovery might not really mean anything to you either. Words like rebuild, things like that, might not ring true.

Kathryn: I think language is so important and we kind of just use the words we're used to using and we don't really think about what they mean to all the different groups of people, but I definitely agree with that. I think the use of *domestic abuse victim* and it always applying to an *adult* victim is one of the barriers I felt, like I couldn't say that this is what I've experienced, that's what made me feel like a fraud. So I think that's really important.

Shakti: Yeah I still feel like I have to do the whole sentence like 'a child who experienced domestic abuse' I don't feel like I quite fit the definition of victim in the sector.

Kathryn: I agree

Collette: it's really interesting isn't it how that language just becomes so commonplace and you don't always think about what you're saying, you just adopt this language without really examining it so I think they're really important points.

Collette: Thank you so much for doing this podcast. It's hard and painful stuff to talk about and just so important that we do and so I'm really grateful for you deciding to share your experiences in this way so thank you very much.

Kathryn and Shakti: Thank you.