

ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE

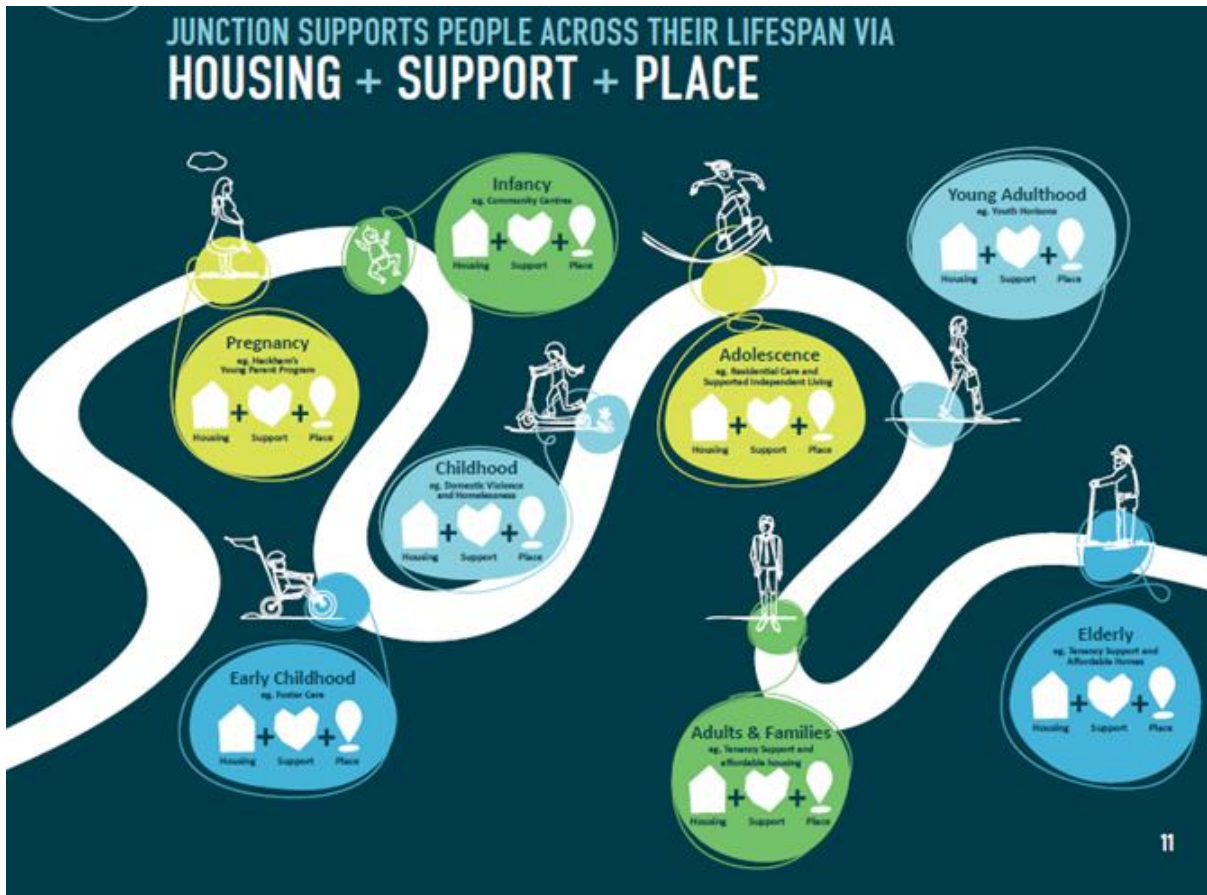
ISSUES PAPER JULY 2024

SUBMISSION OF JUNCTION AUSTRALIA

INTRODUCTION

Junction Australia is a social enterprise that supports South Australian children, families, and communities to thrive by creating opportunities for self-determined independence. We aim to empower South Australians to build a better future with a continuum of services from prevention, early intervention to long term responses that demonstrate sustainable impact. Our focus on impact means we are committed to measuring our success and demonstrating better outcomes for the children, families, and communities in which we work.

As a Tier 1 Community Housing Provider, Junction supports over 2,500 households to rent well. Our housing is coupled with support to help people live successfully in the community and break cycles of disadvantage. Providing integrated housing and support services to children in out of home care, represents our most intensive support stream to address trauma and nurture development. Junction's integrated housing and service model is underpinned by trauma informed, developmentally responsive and culturally appropriate clinical practice, enhanced and continually improved by lived and technical experience. This is Junction's unique value proposition and how we create long term change in the lives of children, families and communities.



Within our Housing and Youth Services portfolio, Junction is a member of the Domestic and Family Violence Safety Alliance (DFVSA). Together with our Alliance service delivery partners, our role is to enhance and improve the delivery of high quality, client-focused domestic and family violence services across the Fleurieu and on Kangaroo Island (KI) so that victim-survivors (primarily women) and their children experiencing violence are safe and supported in recovery to achieve sustainable housing and life outcomes.

The DFVSA service is funded to support victim-survivors of current or very recent domestic and/or Aboriginal family violence, who are at risk of, or experiencing homelessness. We combine our DFVSA delivery from our Goolwa office and Kangaroo Island Community Centre with delivery of our NHA Country South Alliance Specialist Homelessness Service. The two Alliance services are eminently complementary, enabling people of all ages, genders and sexuality who are at risk of or experiencing homelessness to receive support, regardless of the imminence of the domestic, family and sexual violence (“domestic violence”).

Every day, regardless of the service we are delivering or the community in which we are developing social and affordable housing, we see the prevalence and impact of domestic violence. We also see and experience the lack of prevention and early intervention services for women, men and children, and or innovative responses to addressing violence in families where homelessness is not yet an issue.

Many a submission will be received by the Commission as to what causes domestic violence. Rather than recount the well-established research, data and findings of past Inquiries and interstate Royal Commission findings, we are taking this opportunity to amplify the view from the frontline, of the inadequacies and inequities in the service system that mirror the abuse, as well as to showcase local stories of what we have found to work – to provide hope that ‘doing better’ is possible.

In response to this Royal Commission, Junction invited all staff to contribute to this paper in recognition that many people have lived experience of family and domestic violence. As such this response includes personal and professional reflections from Junction staff and recognizes use of violence as a public health issue that requires an immediate response as well as prevention and early intervention activities.

This response is formatted to the key areas of inquiry for the Royal Commission rather than addressing each specific question.

PREVENTION

Domestic and family-based violence is a **public health issue** that requires investment in prevention, early intervention, response, and evaluation of services. Use of violence in family, dating and intimate partner relationships, in Australia imposes significant financial, community, and social costs. Financially, the burden is substantial, with the economic impact estimated at around AUD 26 billion annually, according to KPMG for Our Watch. This includes healthcare costs for treating injuries, legal expenses, and social services. Healthcare alone incurs significant costs due to hospital admissions and long-term treatment for physical and mental health issues. Community costs are also high, with increased demand for law enforcement, legal systems, and social services. The Australian Bureau of Statistics reported over 100,000 domestic violence incidents in 2019, reflecting the strain on these resources. The workplace is affected too, with domestic violence costing Australian businesses AUD 1.6 billion annually due to lost productivity and absenteeism.

Socially, the impacts are profound. Domestic violence causes long-term psychological trauma and disrupts community cohesion. Children exposed to violence face increased risk of emotional and behavioral problems, affecting their educational outcomes and future prospects. Overall, these costs highlight the need for comprehensive prevention and support strategies to address and reduce the prevalence of domestic violence. Despite this, responses to family-based violence are currently inadequately funded, focused on crisis and fail to make inroads into the prevention of or recovery from the legacy of violence.

A public health approach to domestic and family violence prioritises prevention, early intervention, and comprehensive support for people who have experienced DFSV. It begins with primary prevention, which includes educational programs in schools to teach healthy relationship skills and community awareness campaigns to shift social norms. Training for professionals such as healthcare workers and law enforcement is also crucial, enabling them to recognise signs of violence and respond effectively. Early intervention involves implementing screening protocols in healthcare settings, providing accessible resources like hotlines and counselling services, and offering immediate support for those affected.

Investment in this approach requires substantial funding across several areas. Financial resources are needed to develop and sustain prevention programs, support services such as shelters and legal aid, and community outreach efforts. Additionally, training and capacity-building for professionals and community members is essential, as is investment in infrastructure and technology, including data systems for tracking incidents and emergency services. Support for policy advocacy and systemic reform is also critical, ensuring that laws and practices are in place to protect victims and hold perpetrators accountable.

Early intervention and prevention efforts need to focus on children and young people. We note the lack of services available for children and young people who are victims of dating violence and are unaccompanied due to family-based violence. Junction is aware of and has close relationships with exemplary programs in other states such as Melbourne City Mission that provide services specifically for children and young people. The outcomes achieved by this service, including reduced homelessness for young people, would have considerable cost savings for the state and should be resourced.

Research and evaluation play a vital role in shaping effective strategies and improving responses. Funding for research helps identify best practices, service gaps and opportunities for innovation. This includes investment in data collection that measures responses to violence and enables evaluation of our success in achieving better outcomes. Overall, a public health approach to domestic and family violence involves a

multi-faceted investment that integrates prevention, intervention, support, and systemic change to address and reduce violence in a comprehensive and sustained manner. Investment in early intervention would represent a considerable shift for South Australia with the most funding and expertise in the sector concerned with front line emergency services.

For this reason, we suggest that structural change is imperative. In SA, funding is currently tied to homelessness which prevents women who are remaining at home being adequately supported. What is more DFV homelessness services are focused on emergency responses and therefore opportunities for early intervention responses are not possible. Expertise and workforce development in early intervention is also limited which limited focus on innovation and learning from other jurisdictions or promising models for intervention. For this reason, we support the creation of the Office for the Prevention of Violence in the Department of Human Services and suggest that this Office includes funding and provision for early intervention, family and youth focused interventions that encourage innovation and learning. We would welcome a focus on practice that is informed by evidence and lifts the capacity of the sector to respond to violence. This may include developing common practice approaches, assessment and case management tools that are based on what works. We also suggest establishing “Communities of Practice” to drive cross sector service and program improvement. Communities of Practice would also be the opportunity to bring together data and lived experience to share learnings, problem solve and build capacity.

We suggest this Office also identify and address the current silos between various government departments, and the impact of competitive and short-term funding cycles, availability and eligibility criteria of services can frustrate people’s efforts to access vital and timely support. These limitations perpetuate the experience and impact of domestic violence. We cite the example of Homeless Connect SA and the Domestic Violence Crisis Line (DVCL), the 2 key central intake, assessment and referral services to safe shelter within and beyond NHHA funded crisis accommodation and support. If a woman has escaped from the home and found temporary solace couch surfing with a friend before contacting DVCL for specialist domestic violence support and refuge in a shelter, she is invariably turned away and instead directed to contact Homeless Connect SA for intake, assessment and referral to one of the 4 Homelessness Alliances. DVCL only has the capacity to respond to immediate risk. This is a perverse outcome, with eligibility and screening practices in place to stem the tide of demand as opposed to responsive to risk and need of people experiencing violence. Most frustratingly, the current system has no point of escalation for this example of “system failure.” We would welcome the new Office taking a lead role in addressing these issues.

We note that early intervention activities are taking place in some parts of the service system although they are not supported structurally. Pre-leaving planning to help a person leave an abusive relationship forms a significant part of the work of our staff within Junction's DVFSA Alliance Service. Yet it is beyond the scope of the service agreement which requires a person to be in crisis and prepared to leave their home imminently to get a service. Helping women to prepare to leave takes time and is best done when not in crisis mode, if she is to establish herself in such a way that she will not be at risk of homelessness. Separation from a perpetrator significantly elevates risk and it takes time to do this safely. We believe this work must be funded, shared, and reflected on to build an evidence base and save lives.

In our Country South Alliance Specialist Homelessness Service, we observe women, often with their children presenting with long and unresolved trauma histories from experiencing DFSV, whose experiences of being homeless are related to lack of financial resources, personal wellbeing to access and maintain housing. We know that women and children often stay home in unsafe conditions as they are unable to be housed. These families need and deserve a specialist DFSV response, particularly for children to experience safety and prevent them from falling into the child protection system.

Another service gap is young people - those experiencing family violence and who escape without a parent accompanying them into the service sector, and secondly – those in teen dating or intimate partner relationships which are abusive. Young people need and deserve a youth-specific response to enable safety and heal from the trauma they have experienced first-hand. In the current service system, they must compete for the limited number of youth shelters within an overburdened homelessness sector and its reduced specialist focus on young people.

Gender specific responses also present a challenge for members of the LGBTIQ+ who can be excluded from accessing "women's" or "men" services. Trans men particularly experience safety risks when accessing men's accommodation services as a result of violence. As far as we are aware, there is also no service specific response for LGBTIQ+ males who seek the support of the specialist domestic violence sector to escape a violent relationship. His only recourse if aged over 25 years is via the Homelessness Sector and a bed at Vinnies Men's Shelter at Whitmore Square; if 17-25 years at Y110 on Waymouth Street. Only a few country regions have any youth specific crisis shelter options. Moreover, he is highly unlikely to be placed in an EAP funded local motel unless he has children in his care and their safety is deemed to be at risk.

The **Escaping Violence Payment (EVP)** is an important component of responding to women fleeing violence. However, the process for this payment can be retraumatizing.

Currently, once a person is approved for the payment it must be spent within 14 days. We suggest instead to offer it analogous to a pre-approved home loan; that is, you are eligible and approved but you have a choice on when and how to spend it. This would remove the current barrier of needing to have a Safe Plan to escape or a plan to have the perpetrator leave the home, before you can get the payment. But at times people need to know they will be approved for the EVP so that they can develop a Plan.

Systems trauma is personified by the example of a Junction client who applied for the EVP to help escape from the violence of his male partner. After a violent assault and filing a police report, he initiated his application, but it was not progressed. Despite his best efforts, there was a lack of response. Eventually upon utilising Junction's services and our DV & Outreach Worker applying on his behalf his application was reviewed and awarded. We surmise the delay was compounded due to him being a male in a same sex relationship.

A key aspect of Prevention is taking a deep and broad focus on the **attitudes of boys and men**. For those aged 12-30 years of age, we see the combined impact of social media, pop culture, early exposure to pornography, the influence of the likes of Andrew Tate showing up in the attitudes, behaviours, belief and language of boys and young men. Research has demonstrated brain development is affected by exposure to sexualised social media content¹.

Men who perpetuate misogynistic attitudes, groom younger or vulnerable males (be this at home, work, sporting clubs), contribute to online platforms in a backlash against female empowerment. Many mothers supported by Junction in our DFV services have stated they can see their young sons modelling the insidious behaviours of their father who uses violence. Gender inequity across the generations in colonial Anglo-Saxon cultures has always been present, but with growing social discourse on gender equality and perceived threats to masculinity, a backlash culture this continues to fuel ~~some men's~~ attitudes of entitlement and disrespect towards women.

We ask for greater focus on **developmentally appropriate education for young people** to help them recognize the signs of an unhealthy intimate partner relationship and / or within adolescent dating. Educational approaches need to target young men and young women. It is telling that many of the young mothers (aged under 25 years) who attend Junction's Young Parents Group are in relationships (casual or committed) that are characterized by DFSV. However, many don't understand or recognize the type or level of conflict, feelings

¹ See for example, Lin WH, Liu CH, Yi CC. Exposure to sexually explicit media in early adolescence is related to risky sexual behavior in emerging adulthood. *PLoS One*. 2020;15(4) e0230242. Published 2020 Apr 10

of jealousy, gaslighting, stalking, harassment, insults and threats they are experiencing is not part of a healthy, mutually respectful relationship. Intergenerationally, parents and grandparents can also dismiss violence due to the normalisation of gender inequality. Or they fail to recognize warning signs due to changes in societal acceptance and understanding, particularly of, coercive control.

Deep fakes and the threats to distribute is an area needing immediate action to help bring about behavioural change amongst those exploiting social media. Use of education within schools and in non-mainstream settings accessed by young people is imperative. We need to open up the conversation to help young people feel safe to ask questions, to develop their understanding of what is acceptable or not in a relationship, to give them the skills to nurture healthy and respectful dating and intimate partner relationships.

Workplaces, sporting clubs and other recreational places where there can be intergenerational education are also critical to develop societal change. It has the dual impact of growing people's natural community-based support mechanisms to help shift the burden from government funded service provision.

A powerful message is to **hear the voice of lived experiences**. This is particularly so for men, to help destigmatise the message being conveyed. We recommend marketing campaigns and educational strategies involving men giving voice to their journey of understanding their use of violence and how they stopped.

We ask that the Royal Commission takes the opportunity to shine the light for young women and for young men on **teen dating violence**, particularly in the format of cyber-abuse. Interventions such as support to develop emotional regulation, communication and conflict management skills, and bystanders' responsibilities to intervene are needed. These must be peer led for them to have any chance of resonating with the intended audience, and bringing about attitudes of respect that will ultimately drive behavioural change into and throughout adulthood.

We also ask the Royal Commission to take a particular focus on how DFSV is experienced in **regional communities** as compared to metropolitan regions.

For example, on Kangaroo Island where Junction provides service support via the DFV Alliance we note a high proportion of migrant woman from countries where there is a more submissive culture who marry Anglo Saxon males who become victims of domestic violence. In working with these women, these relationships are typically established online, their male beau visits them and their family overseas, ingratiating himself with her family with what we suggest is grooming like behaviours and promises made to her and her family. The woman migrates to SA on a temporary visa, leaving behind their family often

including their children on the promise of marriage, wealth and the intent to bring her family over. The relationship becomes characterized with DV, including enslavement. Migration laws are complex and take time to navigate through which entraps her in the relationship. By being based in the local regional community, we become aware of these women through police call outs and GP referrals enabling us to employ local place-based initiatives to establish contact and connection for these women. They share with us their deep feelings of shame and isolation, geographically and culturally.

In conservative, regional communities where rigid gendered stereotypes can be prevalent and intergenerational attitudes that condone violence against women, gender inequality can serve to perpetuate and keep hidden the true extent of domestic violence.

Furthermore, we find the efficacy of intervention orders in regional communities are diluted. When local police officers are known to both parties, there is greater potential for bias and misinterpretation of who is the victim in the relationship. Response times can also be delayed due to distances to travel and police station staffing levels.

What works:

In our experience, the most successful initiatives are those that grow from local collaboration and which challenge attitudes about gendered violence at the grass roots level.

For example, in November Junction will be hosting a Say No to Violence Campaign on Kangaroo Island through the vehicle of a sporting and music event open to all people on the Island. Funding from State Government will enable us to engage Port Adelaide Football Club as part of their End Violence Against Women program promoting respectful relationships and gender equality. The club will run a clinic attended by AFL and AFLW players, as well as a Netball Clinic and the KI Community Youth Band will soundtrack the day. As part of their school “passion” project a group of Year 9 girls from local school raised their concern at the post sport drinking culture, in particular with Mums and Dads drink driving with the “kids” in the back. The student’s initiative titled “Drive Alive” includes a movable billboard to be launched in November.

We have also included examples at the end of this submission that support “grass roots” activities that prevent, intervene early and respond to violence. We suggest these interventions are low cost and enable a “whole of community” response to tackling DV.

EARLY INTERVENTION

Junction supports young people who flee the family home as it is no longer safe for them to stay. They are both victims and witnesses to domestic violence and at times protectors of their family members, but systems gaps mean young people are not able to receive a specialist DV response as a client in their own right. The DV system focuses almost exclusively on women and accompanying children escaping from intimate partner violence. Nor are children's trauma coping strategies that involve their own use of violence recognised as such, and particularly as they age, are often criminalised.

Focusing on the needs of children, to ensure their immediate safety and help them make sense of their experiences is an overlooked opportunity for early intervention and to prevent negative life course outcomes for these children, such as early school leaving, and poor mental health.

Once they turn 15 years of age, if they do reach out for help, their only recourse is the overburdened specialist homelessness sector. With the change to Alliance contracting, Junction suggests SA has further eroded its capacity to provide a youth-specific 'housing with support' response. When these same children are young adults exploring their own dating and interpersonal relationships, they carry with them their family violence trauma. Responding to children exposed to DFV should occur alongside primary prevention, universally delivered to help children and young people become critical of gender norms and violence-supportive attitudes and equip them with the skills to recognise and form healthy and respectful relationships from young adulthood².

In our role of Community Housing Provider, there is at times a lack of relevant information sharing from DV services when a person is referred from a DV refuge and allocated a tenancy in one of Junction's social housing properties. Often the perpetrator of the violence is still involved in the tenant's life but given the level of competition for social housing, Junction is at times not given adequate information to best help prevent or mitigate the risk of violence. When the DFSV repeats, Junction's Housing Managers feel ill-equipped to safeguard our tenants and at times their neighbors. As a social landlord with an integrated housing and support model, Junction does all we can to help our tenants rent well and be a successful tenant. Despite all their efforts, DV can place a tenancy at risk by way of ongoing neighbor complaints, compounding rental arrears due to economic abuse, or repeated or escalating property damage.

An example: A tenant's former partner had been arrested and held on remand. Upon his release, he arrived at his ex-partner's property under the influence. The Intervention Order

² Campo, M., Children's exposure to domestic and family violence: Key issues and responses. Child Family Community Australia (CFCA) Paper No. 36 of 2015 p1-24 https://aifs.gov.au/sites/default/files/publication-documents/cfca-36-children-exposure-fdv_0.pdf

had lapsed upon his release. Junction's Housing Manager conducted a Welfare Check with Police assistance, only to be advised that the tenant's only option was a self-reported Intervention Order. Police would not file an IO on her behalf nor at our request. As our tenant was not willing to report her ex-partner due to her concerns that DCP would remove her children from her care, our tenant had no systems recourse.

The Royal Commission is specifically interested in the use of data and information that may allow for enhanced identification of individuals who use violence. We suggest that Police call out data is a critical source of data that may indicate prevalence and therefore be indicative of demand for services.

Our practitioners understand that 1/3 of all SAPOL call outs are for domestic violence. We ask whether each of these call outs are appropriately recorded as such and the percentage and type of call out that results in a referral to a support service – mainstream or specialist. It is a missed critical opportunity for early intervention if SAPOL are dismissing or unaware of the importance of offering support to people involved in a police call out for a domestic violence incident.

The Office for Women Family Safety Portal is a website designed for people who work with those experiencing DFSV. The Portal informs the Family Safety Framework by enabling workers to inform risk assessments and collaborate in the provision of safety responses to individuals.

We ask the extent to which this data is being analysed to better understand systems touchpoints and strategic reform opportunities that could enhance prevention, intervention, and healing.

There is great insight that can be gleaned by 'non-traditional' sources of information. Local businesses, hairdressers, childcare workers, schools, sporting clubs, landlords/property agents. As part of the recommendation to view DV as a public health issue, helping these community members to feel confident to open up conversations with people in their lives, analogous to the "R U OK" campaign and the increasing roll out of Mental Health First Aid Training.

On innumerable occasions when Junction Housing Managers seek information from SAPOL to assist our tenants experiencing domestic violence, SAPOL are not forthcoming with information but refer us to SA Housing Trust. The Housing Trust has an MOU with SAPOL to share recorded information. However, when needing information in the moment to make a CARL Report or to better assess our own staff's level of risk to conduct an outreach appointment to a home, our request to the Housing Trust can take weeks. This means we

are not able to be responsive in helping our tenants to be safe in their social housing due to the lack of responsive information sharing.

We ask that the MOU between SAPOL and Housing Trust be extended to social housing providers; a request that has been made over a number of years to the Housing Trust by the Community Housing sector. Housing Managers and Private Rental Agents are often the only services that can ‘get a foot in the door’ and interact with a tenant victim-survivor of DV, particularly when she is not wanting or unable to engage with services. Upskilling these professionals to recognise the signs of domestic violence can improve confidence to respond to tenant disclosures, especially when Housing Managers and Rental Agents are the only service remaining when a tenant has disengaged from other supports due to the coercion or fear of children being removed. We remain concerned that recent changes to the Residential Tenancy Act will continue to hide or entrap victim-survivors.

Information sharing, confidentiality and trust in systems intended to prevent or respond to DFSV must be reviewed through a regional lens. We turn to share our insights from having a service footprint in urban as well as in **regional, rural and remote areas** (Southern Adelaide, Kangaroo Island and the Fleurieu). Research and practice experience confirms toxic masculinity continues to play a critical role in regional, rural and remote areas³.

There is a perception amongst people in regional areas that information they share with workers won’t be kept confidential, or they won’t get the help they need because the worker may also know the perpetrator and so won’t help them. As such, rates of DV are likely under-reported and hiding true levels of need. We find the attitude of ‘what goes on in the home is family business and is to be kept private’ remains pervasive in regional areas.

This extends to people not reaching out to SAPOL. People Junction supports tell us that there is no outcome if you do call SAPOL ‘*so what’s the point, you’re not believed*’. This plays out by Intervention Orders not being issued for the safety of a woman, as the local Police Officer is mates with the perpetrator, went to school with him, goes surfing with him and isn’t regarded as dangerous. We know of instances where a woman has packed up her whole life, and upon presenting to the nearest urban police station, has secured a Family Violence Intervention Order at first attempt, despite seeking an order from the regional town but to no avail.

³ Campo, M. & Tayton, S. (2015). Domestic and family violence in regional, rural and remote communities: An overview of key issues, *Australian Institute of Family Studies*
https://aifs.gov.au/sites/default/files/publication-documents/cfca-resource-dv-regional_0.pdf

We have many examples where there has been an Intervention Order against the husband and he is actively contesting it. The threatening behaviours continue but when she tries to make a report to local police, she is told that nothing really happened so there is no need to make a notation in SAPOL records. Upon contacting 131 444 instead, a notation is made. Having a lack of documentation or proof of recent incidents can impede a woman's capacity to seek or substantiate an IO application or legal defense to his allegations.

It is not only SAPOL but all parties to legal proceedings – court staff, lawyers and police prosecutors, who we recommend engage in professional development on the cumulative effects of DV. The view from the frontline is that we need greater levels of accountability of men; if he is willing to resist for long enough, the system eventually supports the coercion of the perpetrators.

Another example is police and court bail. There are many examples where the perpetrator has been bailed to reside at the family home forcing her (and children) to move out. Our frontline staff and the people we support hear often, "*she could just move to a motel*"; "*take your kids and go, you need to leave*". This is particularly challenging in a rural area where there is no anonymity, full motels in tourist season and a severe shortage of affordable housing. This compounds the mental anguish such a statement makes and the effort it takes to execute. It also completely dismisses the impact on children and young people who are uprooted from school or must then travel vast distances to retain some semblance of a routine with school, friends and sports. It also prevents people from accessing responses such as Safe at Home, which is not available when residing in a motel or couch surfing.

Safe at Home funding does not allow for the purchase of security cameras to give her a sense of safety. The people we support share that they feel like a "sitting duck". The risk is magnified exponentially in small country towns where there is one supermarket or school, making it incredibly difficult to avoid the perpetrator. It is the victim of the DV that continues to be victimised by the system; who has to uproot their life to escape from the actions of another.

In exploring ways to improve information sharing, we suggest that SACAT be made party to an MOU with SAPOL, Housing Trust or able to input data into the Family Safety Portal so that any address put forward for a bail address takes into account the impact on all household members.

RESPONSE

There is a current lack of child and youth specific responses to respond to their needs – as victim of or witness to family violence, as perpetrators of child-adult violence and a victim in teen dating and their own intimate partner relationships. This will become more of an issue in light of the changes to the Child Safety Act that recognise witnessing DV is a category of child abuse.

Together4Kids (T4K) provides therapeutic support to children aged 0-12 who are accompanying a parent accessing DFSV and/or homelessness services. Currently it is only available across metropolitan areas (as far South as Noarlunga) and has a lengthy waitlist. It is not offered regionally. Junction is only aware of there being a children specific response in Port Lincoln. There is no equivalent service for ‘unaccompanied children’, prior to a child’s parent escaping the violence, or for those in the cross-fire of family court, family violence and child protection legal proceedings.

We suggest placing trauma informed, Aboriginal and Torres Strait Islander, and CALD specific child and youth specialist DV staff within Domestic Violence service provision as well as placing the same within universal and non-specialist service systems.

Greater resourcing of frontline responses is needed to stop the handballing that currently occurs and the screening out via pernicious eligibility criteria. Criteria such as catchment areas, whether a person has left the violence or not, sexuality, gender identity, age, the imminency of the safety risk. The way systems are structured mirrors the DV. It is dismissive of the victim-survivors story, alienates her from seeking support, handballs her between departments and services, traps her in a situation where she feels she has no control, breeds frustration and hopelessness.

The Royal Commission seeks comment on barriers to reporting. We cite the above structural injustices as barriers but suggest they are many and numerous and range of DV services as well as critical supports (State, Commonwealth and Local) that enable recovery. Junction has developed a “Impact Log” that enables practitioners to capture barriers to service and system connection. We suggest a similar exercise to be rolled out across the sector.

There are, however, a few barriers worthy of mention.

We also reference stigma and fear of retaliation from the perpetrator, of “making it worse” by reporting matters to police or seeking support.

When a matter is reported to SAPOL we find that at times, the competency of their response can also ‘make it worse’. In Junction’s role as Housing Manager, staff find it very

difficult to challenge the bias of Police including positioning the “victim” as the “perpetrator” and demonstrating outdated understandings of DV.

- An example: Housing Manager contacted SAPOL for assistance with a DV incident as it was occurring. Police attended and the perpetrator reported our tenant for marijuana cultivation. She was charged whereas on previous occasions, SAPOL had simply pulled out the plants or informally warned her as to this transgression. When a support organisation has contacted SAPOL for assistance, safety should have been the primary concern.
- This type of situation has also played out with the perpetrator convincing SAPOL that the incident arose due to her mental health resulting in her being involuntarily detained. This is another example of systems abuse when she called Police for assistance for her physical and emotional safety.

The notion of reactive violence refers to the prevalence of the victim-survivor of DV who is dealt with as the aggressor, when they react after enduring DFSV. The sycophantic and ingratiating behaviours of the true perpetrator manipulates the situation in such a way that he often then gets an Intervention Order in his favour. Not being believed, time and time again by police, erodes trust in the system and leaves victims in a highly vulnerable situation. Reluctant to call for help, at a time when it is potentially a matter of life or death.

For people who identify as LGBTIQ+, there is an added mechanism of control used by the intimate partner. Frontline staff are aware of a prevalence to ‘out’ the person to their family (and for young people, their friends). This is an additional barrier to reporting and feeling powerless to seek help to end the relationship. People in same-sex relationships subjected to intimate partner violence have reported that others (including services) often do not take the violence seriously, failing to acknowledge that abuse can exist in these relationships in the same way it exists in hetero-normative relationships.

RECOVERY & HEALING

Recovery and healing are an important and neglected element of the current service system which focuses on crisis. The ongoing impact of a woman losing her capacity to earn a wage, build her superannuation and asset base is as debilitating a legacy as the enduring loss of confidence and belief in her capacity to learn new skills, re-establish a career or engage in new activities that would help her move forward. To help her heal, what is needed is a DV informed female empowerment response that is wholistic and considers

recovery for all members of the family. This includes case management services that address physical safety, social, financial and emotional recovery as well as connection to robust communities and support cultural connection. Case management services should be client led, focus on strengths and flexible in intensity and duration. These services should also have the capacity respond to women returning to partners and should not be conditional on exiting the relationship. Data collection, taken pre and post would enable a better understanding of issues facing women, children and young people as they recover and heal after experiences of violence.

Currently, options for counselling are limited. Counselling is one option that facilitates emotional recovery and enables the victim/ survivor to be able to reconcile their experiences and transition to a new way of living. There are few counselling services available that focus on domestic violence apart from those associated with Family Court, Medial Services (such as Yarrow Place) and or those associated with homelessness. The only specialist service is 1800 RESPECT.

Counselling services are an option for those who can afford to self-fund. However, even for wealthy women, leaving DV relationships mean a loss of access to superannuation and earing capacity that makes self-funded counselling possible. In country areas, there is an even greater absence of options and a lack of transport options. Currently across the Fleurieu region there is an 8-12 week (about 3 months) waitlist for counselling.

Co-location of services is imperative to offer a wholistic response to victim-survivors. At Junction's Goolwa office, we provide financial counselling, housing, DFV and homelessness support. The co-location of the KI domestic violence service in the Kangaroo Island Community Centre alongside many other support services and community development programs, provides a level of safety for people accessing the domestic violence service, as they could be visiting the Community Centre for many reasons. People know they can get the support they need rather than labelling the type of support.

We reiterate under the heading of Recovery and Healing the comments made above in Response. There is a current lack of DV specific trauma informed counselling services for children growing up in the legacy of their parent having experienced but left a DFSV relationship. The unresolved trauma of the parent can impact the life trajectory of the child – living in poverty, in unstable housing, disrupted education or early school leaving, in addition to the impact of the trauma on the child. To help their recovery, children need to be equipped with the skills to form healthy and respectful relationships to help disrupt the cycle of gender inequality. These services need to be linked to accommodation options that manage the safety of young people who are unable to live with perpetrator parents.

Another area needing greater focus and investment is adult-child DV. Currently our DFSV system recognises only intimate partner DFSV not child-adult violence. While family violence amongst Aboriginal families is recognised and responded to, there is a lack of support for families where children are inflicting violence on their parents. Junction's frontline staff in our country regions do help families where there is violence between children and parents, simply out of necessity and a lack of any other local supports. There insights are that children and young people need a specific response, to learn how to regulate emotion, while the parents need parental education and support – parents who themselves experienced corporal punishment but who have not learned or had modelled alternative strategies.

Junction believes that community and place-based solutions are an important opportunity for recovery and healing. Community Centre's offer connection and the possibility to build new and healthy networks that support recovery. These services are low cost, but offer invaluable support to victim/survivors. Junction operates two Community Centers and note there is a network of them across the state. We suggest these centres be an important place for recovery. The Community Centers could be a center also for information provision and a "point of contact" for women escaping DV or seeking support early in her journey to recovery.

We close with two positive stories that are promising examples of innovation, healing and recovery. These examples are replicable and amenable to scale up within communities.

Fleurieu housing initiative: Junction was approached by a local property owner offering long term leases for two properties to be offered for long term rental to people experiencing homelessness in the region due to DV. Junction worked with this property owner and collaborated with multiple service providers and local government agencies to ensure the tenancies were safe, secure and well furnished. Funding provided by philanthropic support has enabled support services to be offered, including safety planning, family centric case management and transition to education and employment pathways. The program will be evaluated with outcomes measured via Junction's Impact Framework which measures participants safety, health, housing status, personal agency, participation in community and cultural safety improvement over time.

Finding Your Voice – Women's Choir: In 2022, Junction established the Finding Your Voice – Women's Choir through a grant from the Alcohol and Drug Foundation's Local Drug Action Team. It creates a safe space for women who have lived experience of family or domestic violence. The group is focused on sharing stories, learning songs and

understanding how to use their voice – not just through song. From the first week where it was very quiet, to now, it's quite amazing to hear women go from whispering to singing loudly and really proudly as they celebrate their stories of resilience, strength and healing.

This grassroots initiative is a remarkable example of female empowerment, belonging and the rediscovery of identity. It demonstrates that small, grass roots, local, survivor-led initiatives are just as important as system level analysis and reform.

[Finding Your Voice on Vimeo](#)



We close by sharing with you the uplifting voices of the Women's Choir in the hope that their insights both ground and energise the work of the Royal Commission in this journey of societal change and systems reform.