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RASA Response to DFSV Issues Paper

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Introduction

Relationships Australia South Australia (RASA) is a secular not for profit community service organisation with more than 70 years of experience in family and relationship services in South Australia. Annually, we work with over 30,000 people, providing counselling, mediation, case management, groupwork, advocacy and education services. All RASA programs are based on a well-established public health approach. We understand the social determinants of health and recognise that multiple forms of trauma, stress, and disadvantage create barriers to service access as well as amplify the nature of harm and distress experienced. All our services are designed to reduce the risk to individual and family safety and strengthen protective factors, enabling improved wellbeing and social cohesion. RASA services are highly engaged with vulnerable and distressed families and individuals.

Analysis of our client demographics consistently reveals:

- 1 in 2 seek help for feeling safe in relationships.
- 1 in 3 seek help about their own unsafe behaviour.
- 1 in 5 request help with their risky alcohol and other drug use.
- 1 in 5 live below the SA poverty line.
- 1 in 10 need a suicide prevention plan at their first appointment.
- 1 in 2 show significant parenting stress.
- The children of 1 in 5 have been the subject of a child protection notification.
- 1 in 3 are afraid for own safety from partner/former/partner/someone else.

RA as an organisation/federation emerged from the post-World War II era, in response to family challenges that arose when traumatised soldiers returned home, and women were expected to leave the workforce and resume domestic roles. From this historical as well as contemporary experience, we understand that family violence is core business for family services.

This response submitted by RASA contains comments directly relating to the questions posed in the DFSV issues paper July 2024. It does not contain a detailed analysis of our services or detailed recommendations to the Royal Commission about policies and service directions that we believe are necessary to effectively respond to the epidemic of family and sexual violence in South Australia. We are preparing a thorough analysis of our extensive service data and rationale for our recommendations, to include in our full submission in September 2024.

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Overall Comments

Domestic, Family, and Sexual Violence (DFSV) is a deeply entrenched issue rooted in a complex interplay of social, emotional, and systemic factors. A comprehensive understanding of DFSV, recognising it as a multifaceted experience involving not just physical violence but also psychological, economic, and coercive control, is essential. These forms of violence are overwhelmingly gendered, inflicted mostly by men onto women, children and vulnerable people and are also pervasive across all social strata, cultures and faiths in Australia. DFSV cannot be conceptualised as an isolated or single issue, instead it needs to be understood within the broader social context where gender, cultural difference, disability, and disadvantage structure social participation and safety.

Discrimination and disadvantage significantly contribute to the risk of DFSV and profoundly impact the response and support available for victims. Failure to detect violence combined with discriminatory interpretations of the specific violent relationship dynamic, mean too often the service and legal systems response to DFSV constitutes neglect at best and adds to harm and violence at worst. There is significant underreporting of DFSV across all populations but among vulnerable groups it is recognised that the reactions of the legal and helping systems to disclosure do not necessarily make victims safer, making the level of undisclosed violence a major service system issue.

Women with disabilities are nearly twice as likely as those without disabilities to experience physical or sexual violence from a cohabiting partner/carer. Women with intellectual or psychological disabilities face even greater risks, being nearly three times more likely to encounter physical or sexual violence and more than twice as likely to suffer emotional abuse from a cohabiting partner/carer.

Women from refugee backgrounds are also especially vulnerable, not only to physical and sexual violence but also to financial abuse, reproductive coercion, and immigration-related violence. The experiences of DFSV within refugee communities are further complicated by factors such as migration pathways, pre-arrival trauma, and challenges related to acculturation and social isolation.

Aboriginal and Torres Strait Islander women are also at higher risk of family violence compared to the general population. Mistrust of the service systems combined with experiences of racism within the policing system and legal systems result in elevated levels of DFSV within Aboriginal and Torres Strait Islander communities. The legacy of invasion, characterised by land dispossession, violence, and cultural destruction, has inflicted long-lasting social, economic, psychological, and emotional harm on Aboriginal and Torres Strait Islander communities. Family violence within these communities is both a cause and a consequence of social disadvantage and intergenerational trauma, necessitating a nuanced understanding of its roots and impacts.

DFSV is also experienced within same sex and gender diverse relationships, with unique presentations and effects. While DFVS is perceived predominantly as a heterosexual issue linked to rigid gender stereotypes and patriarchy, it can be difficult for LGBTQ individuals or helping professionals to recognise the signs of abuse and respond appropriately. Help-seeking is hindered by lack of trust in mainstream organisations and fear of bringing further discrimination to the community.

Societal norms that reinforce male entitlement and privilege contribute to an environment that tolerates and excuses violence. Factors such as mental illness, substance abuse, relationship breakdowns, and disadvantage can further exacerbate and ignite incidents of gendered violence. The consequences of DFSV extend beyond immediate physical harm, significantly affecting the mental and emotional well-being of victims, including children who live around violence. Children who witness or experience violence are at risk of being trapped in a cycle of trauma, highlighting the urgent need for holistic interventions.

Interventions need to address the social conditions that create vulnerability to DFSV for victim/survivors and children, through legislative reforms and broader societal change. And service support and interventions must be accessible and responsive to the diverse backgrounds and presentations of victims.

Intergenerational trauma is a much-overlooked issue when identifying and responding to DFSV. It is well recognised that childhood trauma harms relationships and creates vulnerability for further victimisation. Without appropriate healing, childhood trauma suffered by victims can compound over time, affecting their relationships in adulthood. While not all children who face adversity related to DFSV will go on to perpetrate violence, the psychosocial impacts of childhood abuse often make individuals more vulnerable to further abuse as adults.

Efforts to intervene in DFSV require an intergenerational trauma lens for not only the victims but also perpetrators. From our service experience, childhood trauma is a factor in perpetration behaviour in adulthood. More research is needed to understand intergenerational trauma, childhood adversity, and violent behaviours in adulthood.

The lens of intergenerational trauma in DFSV, offers multiple, effective avenues for holistic engagement and tailored responses that are aligned to and designed with the clients involved. By adopting a restorative approach grounded in high challenge and high support, we utilise an intergenerational trauma lens to engage with those who cause harm, aiming to disrupt the pattern of emotions and behaviours that are associated with DFSV. Our data show that individuals who use violence are dangerous when they experience despair and isolation. Engagement with people who use violence offers an opportunity to interrupt the despair and introduce ways of cooling down their violent behaviour.

Individuals who use violence often go unrecognised within various service contexts, complicating efforts at effective early intervention. A rigid ideological stance that views all violence as the same and solely a result of masculinity can create blind spots, obscuring critical opportunities for timely intervention.

The lack of acknowledgment and service response to intergenerational trauma frequently arises from the misconception that addressing childhood trauma (mental ill health, substance misuse etc) excuses or condones violent and harmful behaviour. In our view, effective protection of victims necessitates a comprehensive understanding of the specific dynamics of family violence in each situation. When services fail to engage the perpetrator, the relationship dynamics are only partially understood by the service provider which ultimately hampers the effectiveness of safety planning and intervention, leaving the victim unfairly burdened with managing the consequences.

We know from international evidence (and history) that greater rates of gender equality are necessary but not sufficient for the prevention of gendered violence. We believe the service sector needs to get away from a service response solely based on ideological positions about gender and move to a public health commitment to effectively interrupt DFVS. Like other sectors faced with entrenched public health problems, we need to have the courage to have difficult conversations with each other – including government - about what is and isn't working. More importantly, we need to have the courage to change direction, if necessary, to ensure effective legal actions and service responses are available for those who use violence as well as access for victims who face multiple intersecting disadvantages.

Whenever possible, we aim to work with the entire family to develop strategies that ensure the safety of victims, interrupt and change violent behaviour, and assist the development of respectful and safe relationships. To achieve this, service providers must engage with perpetrators. Such engagement

should not be mistaken for attempting to re-establish a relationship between the victim and perpetrator or excuse the violence. Nor should it be at the expense of providing services for victims. In our view, supporting perpetrators to take responsibility for their actions and learn the necessary emotional regulation to behave safely in relationships is an important strategy for creating safety for current victims as well as the future intimate partners and family members of men who have used violence.

Addressing DFSV not only requires a whole of family approach that identifies the constellation of concerns faced by all the relevant individuals, it also requires a multi-faceted approach that spans prevention, early intervention, response, and recovery. With a holistic, intergenerational trauma, and whole-of-family lens, every service intervention should consider the prevention, early intervention, response, and recovery supports required. This understanding must inform all aspects of legislation, community education, and support services, particularly considering how gender, disability, cultural diversity, gender diversity, and disadvantage amplify vulnerability to DFSV.

To achieve this effectively, the service and legal systems must enhance their ability to work collaboratively rather than in isolation. An integrated service response system is essential to avoid further fragmentation and service silos. Although there is frequent demand for integrated services, progress in this direction remains slow.

Key examples of RASA programs and our approach are summarised below. A more detailed analysis will be provided in our September submission.

Systematic Risk Screening – Family DOORS (Detection Of Overall Risk Screen)

All RASA services use the Family DOORS, a simple, practical, and flexible three-part framework¹⁷ supporting professionals to comprehensively identify, map, and respond to safety and well-being risks. This approach ensures there is a consistent and holistic approach across all our services that has helped us build effective cross program collaboration as well as build service wide procedures for responding to safety risks.

Below is a description of DOORS process and an example of how we are able to analyse the information clients provide through DOORS to understand issues and themes that contribute to our service planning and response for specific clients.

Screening begins with DOOR 1¹⁸, which is a standardised *Self-Report Form* where all clients are proactively asked about key safety and wellbeing risk and protective factors (e.g., mental health, behaving safely, feeling safe, child wellbeing and development, financial stress, and culture, community, and belonging). This includes a question asking clients if there is anything about their culture or religion that is important for RASA to understand in order to better help them.

DOOR 2, *Practitioner Aide Memoire*, takes responses from DOOR 1 and identifies areas of risk endorsed by clients requiring further enquiry. Practitioners use the DOORS Response Form which provides prompts to thoroughly and effectively elaborate on identified risks, summarize the current status of risk and protective factors for clients, and outline actions taken to mitigate these risks.

DOOR 3, *Resources for Responding to Risks*, covers risk assessment where needed and documentation of risk via the Serious Client Matters form. As per our Serious Client Matters policy, the form provides an opportunity to report on and share the responsibility for managing escalated client risks (e.g., it might document child protection notifications). It uses the same DOORS domains of risk, and notifies managers, team leaders and executives, depending on the level of risk identified, triggering additional organisational support and response.

Two questions which help provide insight into the intersection between culture and help-seeking for our clients are: 1) *Are you Culturally or Linguistically Diverse?* (this demographic question frames culture as a static identity question.), and 2) *Is there anything about your culture or religion that is important for us to understand in order to help you?* (this DOORS question frames culture as dynamic and a potential area to explore in relation to risk or protective factors). Looking at this client cohort risk information holistically, we know that there are important emerging themes for the PEACE multicultural programs. Represented in the table below are some of the key themes of risk and how RASA proposes to mitigate those risks in our *Multicultural Gambling Help Service* service model.

DOORS risk data theme	Proposed <i>Multicultural Gambling Help Service</i> program response
Clients who say that their culture is important present with a greater number of other risks	RASA's <i>Multicultural Gambling Help Service</i> model allows for holistic wrap around service delivery in partnership with other key RASA and sector programs. Where clients share information about multiple risks, the <i>Service</i> has the capacity to engage expert practice support, and deliver coaching, casework and counselling support to ensure clients access to joined-up services that address the constellation of risks.
Clients who say that culture is important are showing signs of late help-seeking and elevated risk	RASA's <i>Multicultural Gambling Help Service</i> model of primary prevention, early intervention and building cultural safety in the sector provides a thorough strategy for building well-informed communities and early sector responses, encouraging timely help seeking at an earlier stage of risks in relation to FDV, mental health, gambling harm, and child protection.
Mental health and wellbeing, and behaving safely are key areas of elevated risk for PEACE clients	<p>RASA's <i>Multicultural Gambling Help Service</i> staff are all trained in SQUARE suicide response and are closely supported by our Manager Psychology Services, who is able to advise staff and provide direct support to clients with escalated risk. RASA's PEACE team maintains close links with the mental health sector and is able to work in partnership with triage and treatment services.</p> <p>Staff are trained in responding to Family Domestic Violence and are supported by the Practice Manager in Family Violence. There are strong links between PEACE, women's safety services, and police.</p>
PEACE clients are presenting concerned about elevated risk to their children	RASA's <i>Multicultural Gambling Help Service</i> service is strongly linked with other RASA programs primarily focussed on children and parenting (e.g., <i>Family Mental Health Support Service, Children and Parenting Services</i>) and able to engage in collaborative counselling and casework, ensuring a whole of family approach, with children supported to thrive in a culturally sensitive way, whilst parents receive help and support required.

The Lighthouse Project

RASA recently worked with the Family Court of Australia and Federal Circuit Court of Australia in developing and trialling the Family DOORSTriage App. Following nation-wide research revealing safety concerns and high rates of violence and child abuse in families who resolve their matters through courts, the App has proven crucial in case management of vulnerable families. It is based on the existing Family DOORS App which, launched in 2017, has screened more than 30,000 people in post separation and family relationship services nationally. Using structured decision-making logic, it ensures the constellation of risks parents and children face are considered at the beginning of the court process. It is part of the bigger 'Lighthouse Project', building pathways to guide and support families living with family violence - much as a lighthouse provides light and a navigation waypoint for ships, warning of dangerous coasts.

Specialised Family Violence Service

Our *Specialised Family Violence Service* see more than 500 clients a year based in Playford and Berri. About 10% identify as Aboriginal or Torres Strait Islander. Families, couples, and individuals (including children and young people) who are seeking support for previous or current family and domestic violence; as well as people whose anger or violence is negatively impacting the kind of parent or partner they want to be.

We provide a range of supports including individual and family counselling, safety planning, community education, referrals to other services, group education, and behaviour change programs. They are inclusive of all people affected by family and domestic violence, and responsive to cultural, religious, gender, and sexual diversity. We are responsive to local and regional needs, maximising interagency collaboration to facilitate engagement of men needing support.

The most frequent presenting issues were 'IPV' (22.1%), 'mental health' (13.6%), and 'violence' (8.9%). Of those who completed our Client Snapshot Survey: 95% felt satisfied with the service they received, 95% felt listened to, 85% felt better able to deal with their issues, 89.3% said overall they were better off than before they came to RASA.

Effective interagency collaboration is achieved through active involvement in family violence work and our Regional Managers and Practice Managers attend Family Safety Framework and Child Family Safety Network meetings, actively participating in the coordination of service responses with Police and Child Protection. This is an effective process in some local areas and less effective in others. We believe there is more work to be done to strengthen and improve these processes to ensure that effective joined up service responses are put in place.

Rize Above

Rize Above is a relationship education program for young people 12-25 years of age, designed to disrupt the drivers of violence to lower the probability of violence against women. The program develops awareness of the social contexts fostering unhealthy relationships and violence. It equips young people, families, and professionals with skills to challenge rigid gender roles and promote gender equality. Launched online in 2021, *Rize Above* now incorporates in-school delivery and a peer mentorship program, involving over 250 students and numerous peer mentors. The program has established partnerships with several Northern region schools, particularly engaging multicultural students.

The Good Life

The Good Life project is a primary prevention program that focuses on the African community in South Australia. The project is designed to build community capacity to understand and respond to the drivers of domestic violence and increase sector capacity to respond in a culturally informed way. The Good Life Project was originally designed to have a limited 2-year life span, involving community consultations, knowledge and skill building and the development of community sustained resources to support FDV prevention. Due to the success of the program in meeting KPIs in primary prevention activities, the project has since been extended three times by DSS. After the successful completion of the consultation and sector resource development stage, the current focus is on using the community knowledge and resources to tailor early intervention approaches with African Youth to better understand the drivers of FDV and develop respectful relationships.

Financial Counselling

People who have financial difficulties as a result of their gambling, and people whose finances are being affected by another person's gambling are very often living with multiple forms of family violence. Financial distress is a key driver for seeking help within RASA's *Gambling Help Service*, with financial counselling being an integral component. RASA has extensive experience in providing financial counselling tailored to the needs of individuals facing gambling problems, extending support to affected family members. Recognising the complex nature of specialized gambling financial counselling, RASA integrates it seamlessly with therapeutic counselling and specialised family violence services. Therapeutic and financial counsellors collaborate to address underlying issues contributing to problematic gambling and resultant financial hardship. Intervention strategies include joint sessions, consecutive sessions, individual financial counselling, creditors' correspondence, advocacy, financial literacy education, budgeting, and managing issues affecting financial sustainability. The integrated approach extends to clients' significant others impacted by gambling behaviours. RASA's GHS ensures continuous assistance in managing clients' financial circumstances and distress levels, particularly in cases where clients may not initially link their experiences to gambling behaviour or family violence. As financial counsellors are often required to deal with very complicated financial circumstances when working with CALD clients, particularly those with limited English language or understanding of Australian financial institution processes, co-work with PEACE Multicultural GHS and specialised family violence staff becomes highly valuable.

Together4Kids

Together4Kids works with children 0-12 years of age who've experienced family violence and homelessness, offering 1:1 counselling, group work, and family therapy, to re-engage in trusting relationships, regulate emotions, develop pro-social behaviours, and build resilience. Establishing constructive and restorative relationships with parents is critical, supporting them to increase their confidence to care for their children during crisis, helping them to make sense of their experience, and in turn support their children to heal from their experiences of trauma. Translating the latest research into practice, T4K's professional development builds sector capacity to improve the wellbeing and safety of children and their parents during homelessness.

Child Sexual Assault Service

Child Sexual Abuse Counselling Service works with children, young people, and adults who have survived child sexual abuse, as well as their partner, carers, and family members, offering counselling, group programs, information and referral to other services to assist people to address the emotional, social and physical impacts of childhood sexual abuse. This service is evidence-informed, trauma- and

culturally-responsive, and operates within a strengths-based framework grounded in recognising, practice understanding, and responding to the impact of trauma (i.e. in accordance with Blue Knot Foundation Guidelines, emphasising physical, psychological, and emotional safety, and rebuilding a sense of control and empowerment).

Safe and Well Kids

Safe and Well Kids works with children and young people 0-14 years of age experiencing domestic and family violence to improve their and their mother/caregiver's safety and wellbeing, offering streamlined assessment, case management, therapeutic support for children, and support to engage with legal support that is in the best interests of the child/ren. As an integrated partnership between the Department of Human Services, RASA's *Together4Kids*, *Women's Safety Services SA*, and the *Legal Services Commission*, *Safe and Well Kids* works collaboratively to ensure adult-focused support is mindful of children's needs (as a priority) to be safely cared for within that family.

Reset2Respect

Reset2Respect works with men placed on bail or an intervention order following an appearance in court for family and domestic violence charges. R2R supports men to understand the impact violence and abuse has on others, addressing gendered stereotype beliefs and underlying psychosocial factors contributing to their use of violence and coercive control in the context of intimate partner relationships, and develop skills to behave safely and respectfully in relationships, offering counselling, psychoeducation, and group work. R2R is part of the Courts Administration Authority's *Abuse Prevention Program*, an interagency Integrated Response Model which, focusing on the safety and protection of women and children from domestic violence, also includes *Women's Safety Services SA*. This requires a high level of service collaboration, including sharing information to manage risk in real time and with shared philosophical commitment to effectively respond to domestic violence.

ART and Safety Planning

In implementing universal holistic risk screening, we have developed standardised safety planning processes to support clients at risk and ensure staff do not carry the burden of risk assessment and safety planning alone. This involves a shared decision-making framework that includes the client, the practitioner, and relevant cultural and clinical supervisors to ensure safety decisions are realistic and fully thought through. We understand safety planning must be a collaborative process, ensuring strategies align with the client's capacity to act realistically. Imposing safety strategies can hinder the capacity of the client to build self-protective behaviours. Without close attention to the client's circumstances and perception of safety, plans can become unrealistic or impractical, leaving the client at, and possibly amplifying, risk.

We also have established systems for ensuring workers conducting safety planning have in time support to manage the process effectively. Our Acute Response Team (ART) is a duty roster of 17 experienced senior clinical service managers with expertise in responding to acute issues such as suicide ideation, family and domestic violence, children at risk and mental health concerns. Two responders are available during business hours to any staff who need their guidance via a dedicated Teams chat or call channel. As well as improving workplace and client safety, ART ensures supervision takes place in real time, at the point of need, providing a dynamic addition to regular clinical supervision sessions.

In conclusion, preventing, intervening early, responding to, and promoting recovery from domestic, family, and sexual violence requires a comprehensive approach that addresses the full spectrum of risk factors and involves coordinated efforts across multiple sectors. It involves exploration of and responses to the specific, individual circumstances and relationship dynamics operating in each case, rather than assumptions that 'one-size fits all'. By focusing on holistic risk assessments, early identification, and tailored interventions, we can create enduring safety and promote healing for all individuals involved, especially the most vulnerable—the children.

Our themes are summarised:

- Evidence confirms DFSV comprises a *constellation* of concerns surrounding individual circumstances that contribute to risk and lethality. Improving the service system requires a holistic response that addresses this complexity. A focus on gender equality alone is not enough to effectively overcome DFVS.
- Failure to adequately detect or respond to violence as it affects women, children and men leads to service and legal systems responses which constitute neglect at best and adds to harm and violence at worst.
- Service responses need to be tailored to the unique needs of families living with FDSV. These responses should be co-designed in partnership with the families themselves, and supported by standardised processes that assist workers in effectively managing risk and safety planning.
- Where possible all family members need a service response. This includes holding people who use violence accountable and teaching emotional regulation, not on re-establishing relationships or excusing violence, nor detracting from victim-survivor support.
- Joined up holistic service responses that take up FDSV issues are needed across NGO and statutory services, including police, child protection, mental health, and courts. Local Family Safety Framework meetings and Child Family Safety Network meetings are promising attempts at coordination, but review of their effectiveness and potential needs greater consideration. RASA will have more to say about this in our full submission.

Yours sincerely



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