

**Response to the  
South Australian  
Royal  
Commission into  
Domestic, Family  
and Sexual  
Violence**

27 September 2024

## Health justice partnerships

Health justice partnerships embed legal help into health care services and teams to improve health and wellbeing for:

- individuals, through direct service provision in places that they access
- people and communities vulnerable to complex need, by supporting integrated service responses and redesigning service systems around client needs and capability
- vulnerable populations through advocacy for systemic change to policies which affect the social determinants of health.

HJPs support populations that are particularly at risk of poor health and justice outcomes, like people experiencing domestic and family violence, people at risk of elder abuse, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and people experiencing poverty and inequality.

Health justice partnerships provide legal support across a wide range of needs, such as:

- Advocating for public housing tenants needing repairs to address untreated mould, or having handrails and other aids installed to continue living independently in their own homes;
- Assisting people with accumulated fines or debt that cause stress or act as a barrier to meeting health costs like filling prescriptions; and
- Advising on wills, powers of attorney and custody – the legal needs that can present at the most unexpected times, like following a diagnosis of serious illness.

**These are just some of the many legal issues that people can face in life. By integrating legal services into health settings, we can improve access to justice, address the social determinants of health and increase wellbeing.**

## Health Justice Australia

Health Justice Australia is a national charity and centre of excellence supporting the effectiveness and expansion of health justice partnerships through:

- Knowledge and its translation: developing evidence and translating that evidence into knowledge that is valued by practitioners, researchers, policy-makers and funders.
- Building capability: supporting practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships.
- Driving systems change: connecting the experience of people coming through health justice partnerships, and their practitioners, with opportunities for lasting systems change through reforms to policy settings, service design and funding.

## How health justice partnership supports victim survivors of domestic, family and sexual violence

Health justice partnership (HJP) is an established and successful model of collaboration, integrating legal help into services that support people's health and wellbeing. HJPs support individuals and families that are not well served by existing service systems. HJP is one example of a collaborative, multi-disciplinary approach that improves service responses for victim survivors of domestic, family and sexual violence (DFSV). HJPs are typically established between publicly funded legal services (community legal services, Aboriginal legal services, legal aid commissions) and health and social service settings including hospitals, specialist DFSV services, community health services, alcohol and other drug services, child and family services, and Aboriginal community-controlled organisations.

We know from our work with health, social and legal assistance practitioners working in HJP, that although only 20% of health justice partnerships specifically target DFSV, people at risk of or experiencing DFSV are seen in nearly 90% of all services on the health justice landscape. This evidence points to the need for holistic responses that build the capability of services to effectively respond to DFSV in mainstream, as well as specialist service settings.

Through this submission, we offer insight into how HJP provide holistic support to victim survivors of gender-based violence, which leads to improved service capability and more meaningful outcomes for clients.

### Domestic, family and sexual violence and legal needs

Women and children experiencing DFSV are vulnerable to a range of legal needs including family law, child protection, victim of crime proceedings, housing, immigration and money issues.<sup>1</sup> Legal assistance can help victim-survivors and perpetrators address the challenges that can accompany changed circumstances – such as separation, child custody arrangements, immigration and visa issues, housing and managing financial issues including debt and maintaining income.<sup>2</sup>

Importantly, legal assistance has been recognised by the *Report of the Rapid Review of Prevention Approaches* as a frontline response, because it 'can improve safety for victim-survivors, particularly for women and children involved in protection order matters and family law proceedings'.<sup>3</sup> Legal assistance as a frontline response to DFSV was also acknowledged via the Commonwealth Government's [announcement](#) on 6 September to commit to a new 5 year funding investment in the legal assistance sector, with a focus on uplifting legal services responding to gender-based violence.

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<sup>1</sup> Forell, S and Nagy, M. (2021) Health justice insights: Health justice partnership as a response to domestic and family violence, Health Justice Australia, Sydney

<sup>2</sup> Ibid

<sup>3</sup> Campbell, E., Fernando, T., Gassner, L, Hill, J., Zeidler, Z., Summers, A. (2024). Unlocking the prevention potential: accelerating action to end domestic, family and sexual violence. Report of the rapid review of prevention approaches. Canberra: Australian Government Department of the Prime Minister and Cabinet, p.9.

## The importance of partnership for best practice service response

The experience of DFSV can have a detrimental impact upon many aspects of a victim survivor's life, including their physical health, safety, mental health, housing, employment and financial stability.<sup>4</sup> When women experience violence, we know that they are more likely to be in contact with a DFSV service, an Aboriginal health service, a hospital or community health service, or another health professional.<sup>5</sup>

At the same time, women who are victim survivors of DFSV are presenting to health and social services with a range of complex health, social and legal needs. These services may not have all the tools required to respond to the complex legal issues facing their patients or clients. As health, social and legal issues intersect and compound, victim survivors will require support and assistance from a range of practitioners including health professionals, victim support workers, counsellors, financial counsellors, social workers, and lawyers.

Health justice partnership is a way that these different practitioners can work together to support people experiencing DFSV. In our 2021 insights paper, [Health justice partnership as a response to domestic and family violence](#),<sup>6</sup> we examined how health justice partnership acts as an integrated response to the complex array of issues surrounding DFSV. Through these partnerships, help for legal issues, including applying for family violence orders, can be integrated into health responses at the time people are experiencing or particularly vulnerable to family violence and in the places that assistance is accessible and timely. Health justice partnerships support those at risk of DFSV, including First Nations women and children, young women and their children, older people, and people in rural and remote areas. While they may provide support at times of crisis, HJP focus on addressing issues to support longer-term change.

Dr Warren Mundy's *Independent Review of the National Legal Assistance Partnership*, specifically referred to HJPs as 'critical services to improve access to justice outcomes for Aboriginal and Torres Strait Islander peoples ... and the role of HJPs in improving culturally appropriate and holistic service delivery outcomes.'<sup>7</sup>

In South Australia, health justice partnership is emerging as an effective collaborative service response. The Legal Services Commission of South Australia (LSCSA) combined Domestic Violence Unit/Health Justice Partnership (DVU/HJP) program<sup>8</sup> provides specialised, intensive trauma informed, legal and non-legal assistance, including representation (prioritising clients experiencing financial disadvantage) and holistic case management support.

The lawyers provide legal advice, advocacy and representation in collaboration with the Mental Health Support Worker (MHSW) who delivers risk assessment, safety planning, referrals to appropriate local mental health services and social assistance services. The MHSW ensures a trauma informed and culturally appropriate service is maintained within the DVU/HJP via informal training and working closely with the lawyers and administration staff. Many clients require both legal assistance and social support services offered by the program. Health justice partnerships are maintained with the Northern Adelaide Health

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<sup>4</sup> Forell, S and Nagy, M. (2021) [Health justice insights: Health justice partnership as a response to domestic and family violence](#), Health Justice Australia, Sydney, p.4

<sup>5</sup> See <https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/how-do-people-respond-to-fdsv> (accessed 21 May 2024).

<sup>6</sup> Forell and Nagy (2021)

<sup>7</sup> Mundy, W. (2024), *Independent Review of the National Legal Assistance Partnership 2020-2025*, p.96

<sup>8</sup> The information in this section was provided by the Legal Services Commission South Australia.

Network (NAHLN) and Women’s & Children’s Hospitals as well as the Women’s Safety Services SA Northern Hub to deliver formal and informal training programs to staff regarding identification of legal issues associated with domestic violence and appropriate legal referral pathways. Legal services are also delivered onsite at the hospitals and health services to patients via face-to-face appointments in with coordination with the social workers and medical staff.

## Trusted and supported settings

We know from access to justice research that people face barriers to addressing their legal issues.<sup>9</sup> However, victim-survivors of DFSV face additional barriers including shame, the fear of not being believed, not wanting to get the perpetrator in trouble, fear of child protection intervention, and isolation and coercive control.<sup>10</sup> The 2012 Legal Australia Wide (LAW) Survey found that victim-survivors of DFSV were more likely to seek help from a health or welfare advisor than a legal advisor. This highlights the critical role of health services as a key point of access to legal assistance, particularly to address immediate safety concerns.<sup>11</sup> Acknowledging the poor uptake of mainstream health services by First Nations women, Aboriginal Community Controlled Health Organisations play a critical role in providing culturally safe health services to First Nations women and their families.<sup>12</sup>

By embedding lawyers in health and social services, HJP provide accessible, timely legal help to people, while supporting service capability to function as an effective pathway to support. It is a model that works especially well where people have complex and intersecting needs that undermine their health and wellbeing, such as in DFSV. The relationship between the ‘non-legal’ and ‘legal’ practitioners, enables co-ordination of support for the range of intersecting issues affecting the health, safety and wellbeing of people experiencing violence.

Lawyers provide information, advice, and representation in the trusted and supportive settings which victim-survivors are accessing. Evaluations of HJPs in maternal and child health services report that HJP offers streamlined access to legal help for victim survivors; legal assistance in a convenient, safe, child-friendly space; and legal assistance at time and place appropriate to individual client needs.<sup>13</sup>

■■■■ is a young mum of two children, pregnant with a third, who recently moved interstate to flee a violent relationship. ■■■■ shared her concerns about her violent ex-partner and her unstable housing situation with her midwife. She was fearful for herself and her children. ■■■■ midwife recognised that many of ■■■■ challenges could be solved by the clinic’s health justice partnership, where the clinic’s social work team collaborates with a lawyer to provide free legal assistance to patients who need it.

The health justice lawyer made an urgent application to the court for an order to protect ■■■■ children and prevent her ex-partner entering the state. Simultaneously, the social work team secured alternative accommodation and additional community-based support for ■■■■ and her children. With the order successfully granted by the court, ■■■■ is now living safely with her two children as they eagerly await the arrival of her third.

<sup>9</sup> Christine Coumarelos et al, Legal Australia-Wide Survey: Legal need in Australia (Report, Law and Justice Foundation of NSW, 2012)

<sup>10</sup> Forell and Nagy (2021)

<sup>11</sup> Christine Coumarelos et al,

<sup>12</sup> Sivertsen N, Anikeeva O, Deverix J, Grant J. Aboriginal and Torres Strait Islander family access to continuity of health care services in the first 1000 days of life: a systematic review of the literature. BMC Health Serv Res. 2020 Sep 3;20(1):829.

<sup>13</sup> Forell and Nagy (2021)

HJPs can also support specific communities. For example, migrant and refugee women who have experienced DFSV face specific legal and psycho-social issues<sup>14</sup> as the following case study from Legal Services Commission of South Australia (LSCSA) Domestic Violence Unit/Health Justice Partnership illustrates.

█ is CALD female with three children with her former partner of 19 years (the father). █ fled the relationship & relocated from community housing into emergency motel accommodation. █ left her children behind as she did not want to disturb their routine or further agitate their father even though she had concerns about the children remaining in his sole care. █ was connected to a Women's Safety Services SA (WSSSA) Domestic Violence (DV) case manager, who referred █ to the Domestic Violence Unit/Health Partnership (DVU/HJP) for legal assistance. █ informed the lawyer that she had experienced domestic violence throughout the relationship, which consisted of coercive control, physical, emotional, psychological & financial violence. The violence had escalated over the last few years due to the father misusing drugs. █ was afraid to report to police or seek any Court or Tribunal applications, due to the father's non-permanent visa status. █ feared that if she reported the violence, the father may be charged & deported. █ was also unable to initiate legal negotiations for return of the children due to her living arrangements. All of █ family lived overseas. The lawyer & WSSSA DV case manager were concerned that █ may return to the relationship unless adequate supports were in place. A joint appointment between the lawyer, WSSSA DV case manager & █ was conducted at a WSSSA Hub to discuss how to approach the matter. Discussions were also had with █ tenancy worker. It was decided that █ WSSSA DV case manager would advocate for █ to secure alternative accommodation, & the lawyer would continue to work with █ in relation to her legal matters. Upon █ finding suitable housing, the lawyer could represent █ in having the children returned to her care.

This case study highlights the importance of collaboration between legal and health/community services to achieve prompt and optimal outcomes for women and their families. It was imperative that the lawyer could communicate with the woman's DV case manager and tenancy worker to advise that, unless housing was secured, there would be broader legal implications for the woman in relation to her children. All services recognised that it was important to agitate for housing, otherwise the safety and wellbeing of the woman and her children would continue to be at risk.<sup>15</sup>

Another example, in Victoria, is a health justice partnership at [inTouch](#) Multicultural Centre against Family Violence. The Centre specialises in working with migrant and refugee women who have experienced family violence. InTouch has a HJP with Monash Health at Dandenong Hospital offering healthcare, legal advice and intensive wraparound services to victim-survivors. InTouch also have a men's behaviour change program, called [Motivation for Change](#) which caters to those families where women are reluctant to leave the relationship.

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<sup>14</sup> Segrave, M, Wickes, R, and Keel, C. (2021) Migrant and Refugee Women in Australia: The Safety and Security Survey. Monash University.

<sup>15</sup> Case study provided by Legal Services Commission of South Australia

## Support for healing and recovery: learning from the experience of the Integrated Services for Survivor Advocacy partnership

The Integrated Services for Survivor Advocacy (ISSA) is a HJP between South-East Monash Legal Service (SMLS) and the South Eastern Centre Against Sexual Assault and Family Violence (SECASA) in Victoria. Established in 1995, it is one of the longest running HJPs in Australia. SMLS solicitors work with SECASA counsellors to provide support to victim survivors of sexual assault navigating the justice system. In particular, the partnership provides support and legal advice around victim's compensation and for a range of other legal issues such as fines.

By taking a trauma-informed approach to helping victim survivors, ISSA is an example of a HJP that supports people with intersecting health and legal issues. In a 2023 exploratory study of ISSA<sup>16</sup>, insights from clients, health and legal staff, and partner services, revealed that clients felt 'safe and supported, heard and believed, and that it gave them back control (and) agency'.<sup>17</sup> Another feature of the partnership was the focus of the service and staff on 'client recovery' as the 'shared purpose' of both health and legal staff.<sup>18</sup> The study also found that 'allowing clients to pursue their legal matters in their own time was an important part of supporting their control of the situation.'<sup>19</sup> ISSA demonstrates how established partnership enables women to seek help through a recovery approach that supports potential re-engagement with the criminal justice system if they choose. This is particularly important for women who have not had control in their lives and are often likely to be dealing with multiple other issues.

Ultimately, the study found that both lawyers and counsellors saw the 'primary value of their work in terms of recovery for clients who have experienced sexual abuse and domestic violence.'<sup>20</sup>

### Building the capability and capacity of health and legal practitioners

As a collaborative response, HJP builds the capability and capacity of health and legal practitioners and services they work within, to respond to complex intersecting need more effectively. Common activities of HJPs include cross-disciplinary training; secondary consultation, whereby health staff can seek general information from the lawyer concerning a patient's legal issue, and vice versa; and where appropriate, coordinated care for clients. Underpinning these activities is the need for relationships and trust built between the health and legal practitioners, which are in turn strengthened by co-location, shared goals, shared activities and shared governance.<sup>21</sup>

As a collaborative model which offers a person-centred and trauma-informed service, HJP helps victim survivors navigate a complex service system. As a result, partnership with health and social services benefits legal practitioners, building their knowledge of trauma-informed practice and understanding of the health and medical impacts of DFSV.

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<sup>16</sup> See <https://healthjustice.org.au/app/uploads/2024/03/ISSA-Report-v4-accessible.pdf> (accessed 25 September 2024).

<sup>17</sup> Forell, S and Nagy, M. (2021) [Health justice insights: Health justice partnership as a response to domestic and family violence](#), Health Justice Australia, Sydney, p.5

<sup>18</sup> Ibid

<sup>19</sup> Scott & Forell (2024), p.21

<sup>20</sup> Scott & Forell (2024), p.16

<sup>21</sup> Lottie Turner, Building blocks for health justice partnership development (Report, Health Justice Australia, 2021).

Our knowledge and experience working with existing HJPs highlights the critical role of non-legal practitioners to the effectiveness of legal service intervention. By connecting services together, HJPs build the capability of health and social service practitioners, to identify legal issues and refer patients to their legal partners. Given the broad and complex range of issues associated with family violence, empowering health and social service practitioners to know when to use ‘trusted and safe pathways to other expertise’ can extend outcomes for victim survivors that go beyond health.

This is demonstrated by the following case study.<sup>22</sup>

█ presented at the emergency department due to an alleged attempt on her life. █ was admitted to the ICU & detained on an Inpatient Treatment Order (ITO). She had suffered serious injuries & required extensive surgery. █ is female with three children under 8. The children remained in her partner’s care.

█ was referred to the social work department at the hospital. It was identified that she had suffered domestic violence, & she was referred to the Domestic Violence Unit/Health Justice Partnership (DVU/HJP) to obtain legal advice.

On the expiry of the ITO, █ was at risk of being placed in police custody due to serious criminal investigation against her. It was imperative that she receive legal support prior to this occurring. The lawyer attended the hospital & met with █ & the hospital social work team. █ advised that her partner had monitored & isolated her, & financially controlled the relationship. █ was unable to have a SIM card or go to the grocery store & was provided with minimal food for her & her children. It was identified by the lawyer that █ behaviours were consistent with battered women’s syndrome, consequent of constant control & isolation by her partner. Other legal matters that were identified included migration issues, children’s issues, & criminal offences.

Whilst still in the hospital, █ was taken into police custody & charged with a serious criminal offense against her partner. The lawyer arranged for █ to be assisted by a criminal solicitor in a bedside hearing. █ remained in police custody at the hospital, shackled, without a mobile phone & with two sheriff officers stationed at her door, even though she presented as low risk to hospital staff who were very concerned for her mental & physical health. Along with the criminal lawyer, the hospital staff advocated for the successful removal of the shackles & permission was granted for █ to be allowed to walk around.

Once medically cleared, █ was taken to the local prison. The lawyer & social worker jointly attended the prison. As █ was discharged, the hospital social workers were no longer able to assist her. The social worker successfully liaised with the hospital & prison social workers to █ continued to be supported. The social worker was also able to achieve an emergency payment from the Australian Red Cross.

The criminal solicitor was successful in having the charges against her withdrawn.

The solicitor assisted █ in achieving contact with her partner for the purpose of determining their children’s issues. The social worker successfully advocated with Centrelink for █ to receive ongoing benefit payments to ensure she could establish financial independence.

This case prompted further education & training for the hospital social work team in identifying domestic violence & the importance of early legal intervention. The training was prepared & provided by the DVU/HJP legal team. This has assisted in strengthening the health justice partnership, evident by an increase in referrals to the DVU/HJP.<sup>1</sup>

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<sup>22</sup> Case study provided by Legal Services Commission of South Australia

This is an example of the way in which HJP can respond to DFSV by building the capability of the partnered services (legal, health and social) to understand the complex and inextricably linked health-harming issues facing women and their families and providing support in a trusted and supportive setting accordingly.

This case study also illustrates the way in which HJP contributes to outcomes under the **National Plan to End Violence against Women and Children 2022–2032**, specifically to Action 4 to ‘increase and strengthen the capability of mainstream and specialist workforces to deliver quality services, activities and programs across the four domains, including those that are tailored to respond to the unique experiences of all victim-survivors.’<sup>23</sup>

Building the capability and capacity of health, social services and legal practitioners is extremely important when there are urgent safety concerns. The following case study highlights that by providing a space for various services to collaborate, there can be important strategic discussion and earlier intervention to assist those at greatest risk of DFSV.<sup>24</sup>

█ was born overseas. In 2009, █ relocated to Victoria with her then partner (the father) and their three children.

█ and the children were subject to significant abuse by the father, including physical violence involving weapons and threats to endanger their lives. █ was able to leave the relationship and report the abuse to the Police. As a result of this, the father was charged with several criminal offences and an Intervention Order was issued for the protection of █ and the children. █ was assisted to relocate to SA and received help from interstate legal and social services at that time.

█ recently re-engaged with social services after being notified by family members overseas that the father had been released from prison and was aware that she had relocated to SA, also that he had plans to try and locate her to harm her and the children.

█ and her children were invited to attend the Women’s Safety Services SA (WSSSA) Hub for a round table meeting involving the Police, WSSSA DV case managers, migration case managers, and the lawyer, to discuss how best to support █ and her children. At the meeting, various safeguarding measures were discussed.

After this meeting, social services were able to obtain funding for █ to update her home security and access other psycho-social supports. The SA Police and Victorian Police collaborated to closely monitor the father’s movements and intervene if required.

At the round table meeting, the lawyer identified that █ and the children could further be protected by a change of name application as it would assist in preventing the father to locate them. The lawyer also identified that █ had never received Victims of Crime compensation for the crimes that occurred in Victoria. These are both matters that the lawyer may not have become aware of without the integrated collaborative approach taken.

This case study highlights that providing a space for various services to collaborate and engage in strategic discussion, assists in early intervention to support those who are at risk of domestic and family violence.

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<sup>23</sup> Department of Social Services, *First Action Plan 2023–2027 under the National Plan to End Violence against Women and Children 2022–2032*, [https://www.dss.gov.au/sites/default/files/documents/12\\_2023/d23-1021308-first-action-plan-accessible-pdf.pdf](https://www.dss.gov.au/sites/default/files/documents/12_2023/d23-1021308-first-action-plan-accessible-pdf.pdf), (accessed 25 September 2024).

<sup>24</sup> Case study provided by Legal Services Commission of South Australia

## Investment in collaborative service approaches

Evidence from the work of health justice partnership demonstrates the need for investment in collaborative service approaches that bring legal assistance into holistic responses for victim survivors. Collaboration and partnership are foundational to early support and prevention and are priorities in key national policies for women and children including:

- The **National Plan to End Violence against Women and Children** which emphasises the need for ‘person-centred coordination and integration’ and a ‘holistic multi-sectoral and culturally informed approach’ that includes mechanisms to ‘enable coordination and collaboration across jurisdictions, sectors and settings’.
- The **National Framework for Protecting Australia’s Children 2021-2031** prioritises multidisciplinary models that work for families with multiple and complex needs and ‘strengthening the interface between children and family services’ and other services, including services for justice.
- The **Aboriginal and Torres Strait Islander First Action Plan 2023-2025** (under the National Plan) emphasises community led solutions including primary prevention, early intervention, response and recovery services.

## Conclusion

Driven by emerging evidence around the impact of unmet legal need, HJP is an evolving movement, with 129 health justice partnerships in Australia at present. Although HJPs are only just emerging in South Australia, the Domestic Violence Unit/ Health Justice Partnership run by the SA Legal Services Commission, is an example of how HJP can transform service system responses to better meet the needs of victim survivors of DFSV. There is an opportunity to learn more, and investment in the potential of HJP to specifically address DFSV in South Australia particularly around:

- The role that HJP plays in the landscape of specialist and generalist services, in support of health strategies to respond to DFSV;
- How HJP strengthens the capacity of clients and HJP practitioners;
- The ways in which HJP create trusted and effective pathways to safety for victim-survivors and their families;
- How HJP can help address the complexity experienced by families at risk of interacting with child protection systems;
- The potential for HJP to support men in health settings, particularly in places where men present as perpetrators of DFSV; and
- How investment in collaborative service approaches support holistic responses for victim survivors.



healthjustice@healthjustice.org.au  
www.healthjustice.org.au

Health Justice Australia ABN 55 613 990 186

*Health Justice Australia acknowledges the Traditional Custodians of the lands and waters where we work, and pays respect to Elders past and present. We recognise the strength and resilience of First Nations peoples. We are committed to reconciliation with, and self-determination of, First Nations people. Sovereignty has never been ceded. Always was, always will be Aboriginal land.*