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We amplify the voice, influence, and leadership of lived experience to be heard and drive change

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SUBMISSION: South Australian Royal Commission into Domestic, Family and Sexual Violence (DFSV)

Prepared by LELAN (Lived Experience Leadership & Advocacy Network)

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INTRODUCTION:

LELAN is the independent peak body in South Australia *by, for and with* people with lived experience of mental distress, social issues, or injustice. Our purpose is to amplify the voice, influence, and leadership of people with lived experience to drive systemic change.

LELAN's systemic advocacy targets the mental health and social sectors in South Australia, whilst our thought leadership and expertise on lived experience expertise and leadership is borderless.

LELAN welcomes the opportunity to provide this submission to the Royal Commission into Domestic, Family, and Sexual Violence (DFSV) in South Australia.

As a lived experience-led organisation LELAN centres the perspectives, collective insights and solution ideas of people with lived experience in all of our work. It is our role to listen, truly hear and amplify what people share with us, especially those whose experiences and contributions may be unheard, silenced, dismissed or erased. We resist temptation to judge or filter what is shared because it is hard for services and systems to hear, to integrate into policy and/or practice, or because resources are not available to do anything about it.

Creating space for and including lived experience narratives in honest, visible and influential ways matters to the people who generously share their experiences and are most impacted by the decisions made. LELAN is encouraged that organisations and systems are increasingly demanding that this becomes a required element of reform and redesign efforts. Reimagining services and rebalancing relationships, through inviting more people into decision-making processes and truly sharing power with people with lived experience, is a justice issue that benefits everyone.

Listening is the oldest and perhaps the most powerful tool of healing. It is often through the quality of our listening and not the wisdom of our words that we are able to effect the most profound changes in the people around us. When we listen, we offer with our attention an opportunity for wholeness. Our listening creates sanctuary for the homeless parts within the other person. That which has been denied, unloved, devalued by themselves and others. That which is hidden. [Rachel Naomi Remen]

This submission highlights the crucial relationship between domestic, family, and sexual violence and mental health. The trauma associated with DFSV profoundly affects victim-survivors, often leading them to seek mental health support in systems that are inadequately prepared to address their specific needs. Many people accessing these services do so not because of pre-existing mental health conditions, but as a direct consequence of the violence they have experienced. This reality underscores the urgent necessity for a trauma-responsive approach that prioritises the impact of DFSV within the mental health strategies and interventions.

In this submission, we examine the extensive repercussions of DFSV on people, service providers, and broader systems, making a compelling case for systemic reform. Our submission draws on a robust body of evidence, including the expertise of lived experience. We propose actionable recommendations aimed at shifting the existing paradigm to better serve victim-survivors.

A central focus of our argument is the imperative to enhance the ways that lived experience and the leadership of people with lived experience is embedded in system transformation. Lived experience insights are invaluable in shaping the services designed to support them, ensuring that these services are responsive and effective. Through our work, we advocate for their meaningful involvement in the development and implementation of policies and programs that address both DFSV and mental health.

Through this submission, we urge the Royal Commission to recognise the intertwined nature of DFSV and mental health and to implement reforms that foster a more comprehensive, trauma-responsive approach.

THE IMPACT OF DFSV ON INDIVIDUALS, SERVICES, AND SYSTEMS:

The Individual Impact

DFSV can have profound and lasting psychological consequences. The Australian Institute of Health and Welfare (AIHW)¹ document that victim-survivors of DFSV frequently suffer from severe psychological trauma, which manifests as mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). Studies suggest that survivors of domestic violence are three times as likely to develop mental illness compared to those who have not been subjected to such violence². These psychological conditions can persist long after the physical abuse has ended, and for many, the mental health consequences are even more debilitating than the physical injuries sustained.

Many victim-survivors describe feeling trapped in cycles of despair, fearing that seeking help will either be futile or result in further harm.

Victim-survivors, report that the trauma can feel all-encompassing, leading to a diminished sense of self, mistrust of others, and a disconnection from the world around them. DFSV not only undermines the victim-survivors mental well-being but also disrupts every aspect of their daily life.

The Impact on Services

Mental health services often fall short in addressing the complexities of trauma resulting from DFSV. A recent study indicates that Australian mental health professionals lack adequate training in trauma-informed and responsive care³. This gap in training can result in practices that inadvertently re-traumatise people rather than facilitate their healing, presenting a significant barrier and deterrent to victim-survivors seeking support.

Without a trauma-first approach, mental health services may focus solely on addressing the surface-level symptoms of mental illness - such as anxiety or depression - without addressing the root cause: the trauma experienced by the person. This results in repeated cycles of crisis and inadequate support, leading to feelings of frustration and abandonment among victim-survivors.

The current systems in place are failing victim-survivors because privileged bureaucrats have created them. Without the integral knowledge of people who have experienced abuse, new ways to support victim-survivors will continue to be substandard and re-traumatising. [LELAN Panel Participant]

¹ Australian Institute of Health and Welfare (2024). [Health outcomes - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/health-outcomes)

² The BMJ. Elisabeth Mahase. (2019). [Women who experience domestic abuse are three times as likely to develop mental illness | The BMJ](https://www.bmj.com/lookup/doi/10.1136/bmj.m0001)

³Journal of Mental Health Training. (2022). [Trauma-informed training and education for professionals in Australia: a scoping review. https://www.researchgate.net/publication/361011093_Trauma-informed_training_and_education_for_professionals_in_Australia_a_scoping_review](https://www.researchgate.net/publication/361011093_Trauma-informed_training_and_education_for_professionals_in_Australia_a_scoping_review)

The Impact on the System

The mental health system often does not identify, acknowledge, or appropriately address the complex needs of people impacted by DFSV. More than half of Australians (59%) experience a mental health issue during their lifetime, with trauma-related conditions representing a significant portion⁴.

The systemic inadequacies in addressing trauma from DFSV places undue strain on mental health services. The Australian Institute of Health and Welfare (AIHW) reports that the mental health system is often overwhelmed, partly due to the inadequate handling of trauma⁵.

The absence of a trauma-first approach contributes to higher rates of repeated service use, persistent distress for people, and inefficient use of resources. The result is a multitude of siloed systems under constant strain, that perpetuates a cycle of unmet needs and escalating crises.

Despite seeking help from various services, I often felt let down and inadequately supported by the courts, police, and support services. The system was difficult to navigate, and it lacked trauma-informed, person-centered, and recovery-oriented approaches. My needs were never adequately met, highlighting the critical need for more integrated and compassionate support systems. In terms of mental health support, my experience revealed that many services were not adequately equipped to handle the complex trauma associated with family and sexual violence. Traditional therapeutic approaches often fell short, and there was a scarcity of trauma-informed care providers.

[LELAN Panel Participant]

⁴ Australian Institute of Health and Welfare (2020). [Stress and trauma - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/mental-health/stress-and-trauma)

⁵ Australian Institute of Health and Welfare (AIHW). (2020). <https://www.aihw.gov.au/reports/mental-health/stress-and-trauma>.

THE CASE FOR A TRAUMA-FIRST APPROACH:

Shifting the Paradigm

Adopting a trauma-first approach is essential for shifting the mental health paradigm and improving outcomes for victim-survivors of DFSV. This approach prioritises the trauma as the root cause of mental health issues, ensuring that it is at the centre of any treatment or support strategy.

Evidence supports that trauma-informed and responsive care can significantly improve outcomes for victim-survivors by creating environments that promote safety, trust, and empowerment⁶. Trauma-informed care reframes people as survivors rather than risks, which can reduce stigma and foster a more empathetic and supportive response from services.

This shift aligns with previous recommendations to state and federal governments:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has demonstrated that trauma-informed care enhances survivor engagement and outcomes by ensuring services are delivered in a manner that avoids re-traumatisation⁷.
- The 2020 Productivity Commission Report on Mental Health identified significant gaps in service delivery and highlighted the need for a more integrated approach to mental health and trauma⁸. The recommendations from this report align with LELAN's advocacy for a trauma-first approach and offers a blueprint for systemic improvement.
- The Victorian Royal Commission into Family Violence underscored the necessity of a trauma-informed approach and emphasised the role of lived experience in shaping services⁹. Their recommendations provide a valuable precedent for advocating similar reforms in South Australia.

Trauma-Informed Approach for Children

The benefits of a trauma-first approach extend beyond adults; children exposed to DFSV also stand to gain significantly from trauma-informed practices. Early intervention and trauma-informed care can prevent future mental health issues and foster resilience. Research indicates that children exposed to DFSV who receive timely and appropriate trauma-informed support experience fewer behavioural issues and better emotional regulation¹⁰.

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. <https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. <https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>

⁸ Productivity Commission. (2020). *Mental Health Report*. <https://www.pc.gov.au/inquiries/completed/mental-health/report>

⁹ Victorian Royal Commission into Family Violence. (2016). *Report and Recommendations*. <http://rcfv.archive.royalcommission.vic.gov.au/Report-Recommendations.html>

¹⁰ Department of the Prime Minister and Cabinet. *Report of the Rapid Review of Prevention Approaches*. (2024). *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. <https://www.pmc.gov.au/resources/unlocking-prevention-potential/prevention-through-people>

By addressing the trauma early on, we can reduce the risk of children developing mental health conditions later in life, effectively breaking the cycle of violence and mental illness. Programs integrating trauma-informed practices have shown marked improvements in children’s mental health, emotional stability, and overall well-being¹¹.

¹¹ Children and Youth Services Review. (2024). *Trauma-informed programs in Australian schools: A systemic review of design, implementation and efficacy*. [Trauma-informed programs in Australian schools: A systematic review of design, implementation and efficacy - ScienceDirect](#)

THE NEED FOR SYSTEMIC CHANGE WITH LIVED EXPERIENCE EMBEDDED AT ALL LEVELS EVERYWHERE

The mental health and social services sectors are currently facing significant challenges related to the integration of lived experience perspectives into service design, delivery, policy and governance. Despite existing policies and guidelines advocating for the inclusion of people with lived experience, these principles are often inconsistently applied, resulting in notable gaps and inefficiencies within the system.

The Royal Commission into Domestic, Family, and Sexual Violence has highlighted the urgent need to address these systemic gaps by investigating the impact of trauma and the failures of existing systems. To effectively tackle these issues, it is crucial to integrate lived experience into decision-making processes, ensuring that those who have experienced trauma are actively involved in shaping policies and services.

There is always a disconnect between what is needed in supporting a particular service or population, and how funding and resources are allocated by government sources. Lived experience allows for resources to be tailored to the requirements of the program. This ensures there is a diverse perspective of input when discussions are underway, and allows for unique, niche and all-inclusive solutions to be extrapolated. [LELAN Panel Participant]

Central to our approach is the need to elevate the expertise and leadership of people with lived experience throughout, including re-designing the systemic response to DFSV, governance, service delivery, training and evaluation.

The LELAN Road Map¹² provides a robust framework designed to integrate lived experience perspectives across all levels of the mental health and social services sectors and strengthen lived experience (Lived Experience) leadership to drive transformative Systems Change in South Australia.

This framework outlines eight essential actions required for the effective leadership and involvement of people with lived experience, aiming to enhance their impact on service delivery and policymaking.

Key Actions for Leveraging Lived Leadership in Systems Change Efforts

- Increase the presence of Lived Experience leaders in governance. Ensure more Lived Experience designated director positions of boards, statutory councils and commissioning groups.
- Learning and cultural change programs of Lived Experience leadership are arranged with executive leaders, staff and communities focussing on diversity of Lived Experience leadership, supports, preferences and working through stigma and othering.

¹² Loughhead, M, Hodges, E, McIntyre, H, and Procter, NG 2021, A Roadmap for strengthening lived experience leadership for transformative systems change in South Australia, SA Lived Experience Leadership and Advocacy Network and University of South Australia, Adelaide. https://www.lelan.org.au/wp-content/uploads/2021/08/ALEL_digital_linked.pdf

- Strengthen learning pathways and leadership skills development for people with Lived Experience and enable and encourage opportunities for them to lead and provide advocacy. Enable easier access to professional development and formal qualifications.
- Fund leading Lived Experience organisations to develop and deliver networking activities, including coordination of information, activities and events that support local Lived Experience leadership, community initiatives and voice across diverse population groups. Focus on intersectionality.
- Enable resource flows for meaningful coproduction of all services and programs. This should include training of coproduction facilitators and chairpersons, and funding equal places at the table for Lived Experience advisors and leaders.
- Promote Lived Experience leadership and accountability measures through service agreements, KPIs and, where appropriate, regulatory frameworks and legislative processes.
- Ensure models of care include equal recognition of Lived Experience workforces and peer support.
- Ensure a range of organisational and sector infrastructure for the effective recognition, valuing and embedding of the Lived Experience workforce.

Applying the Road Map to System Reform

Systems Change

The roadmap covers significant territory and starts with a focus on systems change methodology and the value proposition of Lived Experience leadership.

Systems Change in the DFSV sector involves transforming how services operate, ensuring they are more integrated, trauma informed, and victim-survivor centred. Collaborative leadership (Lived Experience Leadership) in facilitating this transformation is critical.

Current State of Lived Experience Leadership in South Australia

The current state of conditions in South Australia DFSV sector is explored and identified through research findings with Lived Experience leaders and sector leaders.

Data, and insights from the DFSV victim-survivors and sector leaders about existing barriers such as underfunding, lack of awareness, training and cross-agency collaboration that contribute to systemic responses that perpetuate trauma, societal stigma and inadequate resources will be identified.

Conceptualising Lived Experience Leadership

This identifies the main values, qualities and skills expressed by Lived Experience leaders in taking initiative for change within the DFSV sector and an emerging definition is offered to assist clarity.

Important Considerations

The map raises key considerations that shape how Lived Experience leadership is perceived, organised and supported. These include a focus on expertise, values and justice, recovery and citizenship, intersectionality and allyship. The context of staff and leaders with Lived Experience who are not 'out' or in designated roles is also considered.

Who needs to know, and who needs to lead?

All stakeholders are encouraged to recognise their roles in driving change and how shifts in structures, relationships and power can be enacted locally and from all vantage points.

Shifting current ways, prioritising action

Research findings about preferred change in South Australia are summarised, outlining preferred changes identified by participants, such as improving access to services, enhancing victim-survivor support, and fostering community awareness to help detect the early signs of DFSV.

Vision for change

A shared vision for the DFSV sector is articulated that includes compassionate, trauma-informed care, accountability from services, empowered decision-making for victims-survivors, an end to discrimination, and a focus on dignity and respect in all interactions.

RECOMMENDATIONS FOR SYSTEMIC CHANGE

Integrate Trauma-Responsive Care

Mental health services must fully integrate trauma-responsive care principles, starting with comprehensive staff training. Practitioners need to be equipped with the knowledge and skills to respond to trauma appropriately, ensuring that care does not inadvertently re-traumatise people. Research indicates that trauma-informed care can significantly reduce PTSD symptoms and other mental health disorders such as depression and anxiety.^{13 14}

Improve Early Intervention

Early intervention is critical to prevent the escalation of mental health issues related to DFSV. Enhancing community engagement and training universal service providers to identify early signs of DFSV can prevent people from falling through the cracks and alleviate pressure on specialised services. By catching the signs of trauma early, we can prevent long-term mental health consequences and improve overall outcomes.¹⁵

Adopt Restorative Justice Models

Restorative justice models offer alternative approaches to addressing DFSV by focusing on healing and accountability. These models have proven effective in promoting recovery and reducing reoffending¹⁶.

In 2023, the Australian Institute of Criminology (AIC) evaluation of the ACT's restorative justice scheme applying to domestic, family, and sexual violence offences found that Restorative Justice Scheme offered a safe pathway for victim-survivors.¹⁷

Address the Root Causes of Mental Distress

Addressing the root causes of mental health crises, such as trauma, rather than just the symptoms, can lead to more effective interventions. This approach can improve outcomes for survivors and reduce strain on mental health systems¹⁸.

¹³National Library of Medicine. (2021). *Trauma informed interventions: A systemic review*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8219147/>

¹⁴National Library of Medicine. (2024). *Effectiveness of Trauma-Informed-Care Implementation in Health Care settings: Systemic Review of Reviews and Realist Synthesis*. [Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systemic Review of Reviews and Realist Synthesis - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10786006/)

¹⁵Department of the Prime Minister and Cabinet. Report of the Rapid Review of Prevention Approaches. (2024). *Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence*. <https://www.pmc.gov.au/resources/unlocking-prevention-potential/prevention-through-people>

¹⁶Sage Journals.(2023). *The effectiveness of restorative justice programs: A meta-analysis of recidivism and other relevant outcomes*. <https://journals.sagepub.com/doi/10.1177/17488958231215228>

¹⁷ Australian Institute of Criminology. (2023). *Evaluation of Phase Three of the ACT Restorative Justice Scheme*. https://www.justice.act.gov.au/_data/assets/pdf_file/0006/2315832/FINAL-REPORT_18Oct_Public-version.pdf

¹⁸ National Library of Medicine. (2024). *The social determinants of mental health and disorder: evidence, prevention and recommendations*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10786006/>

Co-Design Services with People with Lived Expertise

Incorporating lived experience into the design of mental health services ensures that interventions are grounded in real-world needs and experiences. Co-designing with lived experience expertise leads to more relevant and effective support systems.

The Victorian Royal Commission into Family Violence highlighted the importance of involving people with lived experience in service design. This approach led to the development of more tailored and effective support systems for victim-survivors. LELAN's expertise in this area can facilitate the creation of truly supportive systems for victim-survivors.

Because the people closest to the pain are closest to the solution. [LELAN Panel Participant]

Implement a Lived Experience-Government Partnership Model

- **LELAN Road Map Integration:** We propose that the government integrate the LELAN Road Map and other key frameworks for integrating lived experience to ensure the perspectives of lived experience are embedded in all aspects of service delivery and reform.
- **Funding and Support:** Government funding should be directed towards initiatives that apply the Road Map principles. Financial support for programs prioritising lived experience involvement and leadership will ensure their effectiveness and sustainability.
- **Evaluation and Accountability:** Mechanisms for evaluating the impact of integrating lived experience perspectives should be established. Regular assessments will measure the effectiveness of these initiatives and ensure accountability in their implementation.

CONCLUSION:

Meaningful involvement of people with lived experience is not only a human rights and social justice imperative but also key to creating equitable and effective mental health and social services.

This submission advocates for a comprehensive, trauma-first approach to mental health services in South Australia, emphasising the integration of trauma-responsive care, early intervention, restorative justice models, and co-design with lived experience experts. By aligning with the Royal Commission's objectives and the LELAN Road Map, these reforms will address the immediate and long-term needs of people affected by domestic, family, and sexual violence. Implementing these recommendations will drive meaningful systemic change, enhance service impact, and ensure the voices of those with lived experience remain central to this transformation.

People with lived experience know best the pitfalls, exhibited behaviours, positive and negative aspects of available supports and what they would change/improve. [LELAN Panel Participant]

ABOUT LELAN:

LELAN is the independent peak body in South Australia *by, for and with* people with lived experience of mental distress, social issues, or injustice. Our purpose is to amplify the voice, influence, and leadership of people with lived experience to drive systemic change. LELAN has led philanthropic, state and federally funded projects as well as completed commissioned pieces of work.

LELAN's systemic advocacy targets the mental health and social sectors in South Australia, whilst our thought leadership and expertise on lived experience expertise and leadership is borderless.

By centring the experiences, collective insights and solution ideas of people with lived experience in all of our work, as well as being immersed in the lived experience community from grassroots to strategic and governance levels, LELAN demonstrates the principles, practices and change dynamics that the social sector is calling for and desperately needs. Because of our strong and trusted relationships with people in the lived experience community we are able to have deeper conversations about things that matter, drawing our collective experiences and action together in purposeful ways.

LELAN has extensive experience and a proven methodology for leading lived experience-led and/or co-creation initiatives, frequently with a focus on sensitive issues and including groups that bring divergent perspectives to the conversation. The organisation has three external facing strategic pillars:

- Developing the capability and influence of people with lived experience.
- Nurturing organisational and sector capacity for partnering with people with lived experience, and
- Impacting system improvement agendas to benefit people with lived experience.

LELAN was founded in 2017, and the organisation received its first funding in 2019. Pivotal pieces of work completed in partnership and/or led by LELAN with the lived experience community include the groundbreaking *Model of Lived Experience Leadership* that launched in 2021, as well as *The Lived Experience Governance Framework* and *A Toolkit to Authentically Embed Lived Experience Governance* that were released in July 2023 (all available at www.lelan.org.au/shared-resources).

Team for this piece of work:

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