

THE
ZAHRA
FOUNDATION



2025

SUBMISSION

**THE SOUTH AUSTRALIAN
ROYAL COMMISSION**

*into Domestic,
Family and Sexual
Violence*

Contents

Executive Summary	5
Introduction and Purpose.....	5
Key Findings and Systemic Gaps.....	5
Methodology.....	6
Survey Design and Implementation.....	6
Demographic Snapshot.....	6
Qualitative Interviews and Focus Groups.....	6
Ethical Considerations.....	7
Strengths and Limitations.....	7
Recommendations: A Roadmap for Reform.....	8
1. Prevention : Addressing Root Causes.....	8
2. Early Intervention : Identifying and Supporting High-Risk Individuals.....	8
3. Response : Strengthening Survivor-Centred Systems.....	8
4. Recovery and Healing : Supporting Victim-survivors’ Journeys.....	8
Conclusion.....	8
Zahra Australia: Driving Economic Empowerment for Women’s Safety	9
Who We Are	9
Zahra is built upon the following core values.....	9
Programs C Services.....	9
Impact C Advocacy.....	9
Why Zahra Foundation Exists.....	10
Our Mission and Impact	10
Strategic Goals (2024-2027).....	10
Impact C Advocacy.....	11
Why Zahra Exists.....	11
How Zahra Works: Prevention, Early Intervention, Response, and Recovery	12
Prevention.....	12
Early Intervention.....	12
Response.....	12
Recovery and Healing.....	13
Understanding the intersection of economic insecurity and gendered violence	14
The Stark Choice: Violence or Poverty.....	14
Economic Abuse as a Form of Control.....	14

Impact of Economic Insecurity on Intimate Partner Violence.....	14
Barriers to Leaving Abusive Relationships	14
The Role of Support Services.....	14
Conclusion	15
Breaking the Cycle: Economic Empowerment as the Path to Freedom.....	16
Key Findings from Zahra data from clients that were supported between (July 2024 – January 2025)	16
Who are Zahra clients	16
Zahra foundations Referral Sources	20
Relationship Status and Homelessness Analysis	21
Employment, Payment, Education, Program Participation, and SES Analysis.....	25
Building the Case for Economic Empowerment: A Critical Pillar for Women Impacted by Domestic, Family, and Sexual Violence.....	29
Prevention: Breaking the Cycle Before It Begins.....	29
Why Economic Empowerment Matters in Prevention	29
Early Intervention: Preventing Escalation into Crisis	29
Response: Supporting Women During and Immediately After Leaving Abuse	30
Recovery and Long-Term Economic Independence.....	31
Conclusion: Economic Empowerment is a Lifeline, Not an Option	32
Key Recommendations	32
1. Prevention.....	33
Understanding Causes of DFSV	33
Insights from Lived Experience	34
Effective Prevention Strategies.....	37
Existing Initiatives	38
Conclusion	40
2. Early Intervention	41
Case Studies Highlighting the Need for Early Intervention	41
Recommendations for Early Intervention.....	47
Impact of Early Intervention	47
Proactive Engagement Strategies.....	47
Systems and Mechanisms for Effective Use of Information	48
Conclusion: Early Intervention.....	50
References.....	50
3. Response	51
Barriers to Reporting and Accessing Support.....	51

Further Lived Experience Insights around barriers to response and systemic gaps	55
Elements of Best Practice Responses	59
Conclusion	60
Recommendations.....	61
4. Recovery and Healing	63
Universal Needs for Recovery.....	63
Service Gaps and Lived Experience Insights.....	64
Moving Forward: Recommendations for Pathways to Sustainable Recovery	65
Conclusion	65
5. Specialised DFSV services	66
6. Designing an Integrated Service System	69
7. Former enquires in South Australia.....	71
What can we learn to ensure the royal commission recommendations are supported, invested by government and implemented.....	71
8. Addressing Perpetrators of Abuse, Violence, and Control	76
Exploring Restorative Justice as an Alternative Approach.....	76
Emerging research, though limited, suggests potential benefits	76
Recommendations for the Commission.....	76
G. Conclusion	78
Transforming Systems for a Safer South Australia.....	78
Understanding the Scale and Complexity of DFSV	78
The Depth and Breadth of DFSV in South Australia	78
Barriers to Accessing Support	78
Systemic Gaps and Barriers	79
10. Recommendations: A Roadmap for Reform.....	81
I. Prevention: Addressing Root Causes	81
II. Early Intervention: Identifying and Supporting High-Risk Individuals.....	82
Strengthening Risk Identification and Service Integration	82
Training and Awareness for Frontline Workers	82
Tailored Support for Diverse Communities.....	82
Strengthening Perpetrator-Focused Interventions.....	82
III. Response: Strengthening Survivor-Centred Systems.....	83
Improving Police and Legal Responses	83
Enhancing Service Coordination	83
Expanding Safe Housing and Crisis Support	83
Ensuring Survivor-Centred Court Processes.....	83

IV. Recovery and Healing: Supporting Victim-survivors’ Journeys	84
Trauma-Informed Mental Health Support.....	84
Economic Recovery and Empowerment	84
Safe and Stable Housing	84
Access to Legal and Financial Advocacy	84
V. Specialised Domestic and Family Violence Services	85
Investment in Specialist DFSV Services.....	85
Workforce Recognition and Training.....	85
Integrated Service Delivery	85
VI. Designing an Integrated DFSV Service System	85
Mainstream Services as Entry Points	85
Specialist Services as the Core of Response.....	85
Government Investment and Policy Reform	85
VII. Ensuring Implementation of Royal Commission Recommendations	86
Independent Monitoring & Accountability	86
Embedding Survivor Voices.....	86
Funding Linked to Measurable Outcomes	86
VIII. Restorative Justice: Exploring Alternative Approaches	86
Ensuring Competitive Procurement and Targeted Commissioning of DFSV Services	87
Final Thoughts	89
Glossary of Key Terms in Zahra Submission to the South Australian Royal Commission into Domestic, Family, and Sexual Violence.....	90
Acronyms and Their Definitions.....	94

Executive Summary

Introduction and Purpose

Zahra Australia presents this submission to the South Australian Royal Commission into Domestic, Family, and Sexual Violence (DFSV), highlighting the urgent need for systemic reform in how DFSV is prevented, responded to, and addressed in South Australia. As a leading organisation supporting women and children affected by DFSV, Zahra provides trauma-informed financial empowerment programs, policy advocacy, and frontline support. This submission to the South Australian Royal Commission is grounded in lived experience, quantitative and qualitative research, and evidence-based recommendations designed to inform the Royal Commission's work in delivering generational change.

DFSV remains a pervasive issue in South Australia, compounded by systemic gaps, economic dependency, and intergenerational trauma. This submission centres the voices of victim-victim-survivors, frontline practitioners, and advocates to provide actionable reforms that will create a safer, more equitable South Australia.

Key Findings and Systemic Gaps

- 1. Fragmented and Inaccessible Support Systems**
Victim-survivors often encounter disjointed services, requiring them to repeatedly share their trauma, delaying effective support, and exacerbating distress. The lack of coordination across legal, financial, and social services leaves victim-victim-survivors vulnerable.
- 2. Barriers to Reporting and Justice**
Many women do not report DFSV due to fear of retaliation, systemic mistrust, and ineffective enforcement of intervention orders. Case studies illustrate the failure of legal mechanisms to protect victim-survivors adequately.
- 3. Insufficient Early Intervention**
A lack of training among professionals results in missed opportunities to identify and prevent DFSV. Schools, healthcare providers, and community organisations need better frameworks to detect and respond to abuse before it escalates.
- 4. Economic and Housing Instability**
Financial abuse is a significant factor in keeping victim-victim-survivors trapped in abusive relationships. Zahra Foundation data indicates that 49% of respondents would have returned to their abuser without financial support. Secure, long-term housing remains one of the most pressing concerns for recovery.
- 5. Cultural Barriers and Marginalisation**
Aboriginal and Torres Strait Islander women, culturally and linguistically diverse (CALD) communities, and LGBTQIA+ individuals face systemic discrimination, additional stigma, and a lack of culturally safe services. These barriers prevent prompt access to support.

Methodology

This submission draws upon a rigorous mixed-methods approach to data collection and analysis, combining quantitative and qualitative insights from victim-survivors of domestic, family, and sexual violence. The findings are informed by three key research components: an in-depth client survey, a series of one-on-one interviews, and focus groups conducted in partnership with Zahra Foundation's Lived Experience Committee.

Survey Design and Implementation

A trauma-informed, anonymous survey was developed using the SurveyMonkey platform and distributed to approximately 500 current and former clients of the Zahra Foundation. The survey was open for a period of 31 days, from August 27 to September 26, 2024. A total of 102 participants completed the survey, generating a response rate of approximately 20%, with a 75% estimated completion rate. On average, the survey took 38 minutes to complete.

The survey was designed to accommodate the diverse needs of participants. It allowed for optional question-skipping to avoid re-traumatisation, and the structure included a combination of:

- **Close-ended** questions with single-response options
- **Multiple-choice** (select all that apply) items
- **Likert-scale** ratings to assess attitudes and experiences
- **Open-ended** questions to gather rich qualitative insights

To account for the dynamic survey logic, where respondents were redirected based on earlier answers, all skipped data was noted. The Likert-scale responses were analysed using mean, median, and standard deviation measures to show average sentiments and the consistency of responses. Open-ended responses were thematically coded and tagged to find recurring patterns, using a manual process grounded in the principles of narrative analysis. Multiple themes could be applied to a single response when appropriate.

Demographic Snapshot

Respondents ranged in age from 25 to 65+, with the majority (70.58%) aged between 35 and 54. Almost all respondents identified as female (98.02%) and lived in metropolitan areas (82.18%). 68.7% were from culturally and linguistically diverse (CALD) backgrounds, and a small proportion identified as Aboriginal and/or Torres Strait Islander (2.97%). The survey captured a wide range of cultural, linguistic, and socio-economic diversity, offering valuable insight into the intersectional barriers experienced by Zahra clients.

Qualitative Interviews and Focus Groups

In addition to the survey, Zahra Foundation conducted a series of qualitative interviews and focus groups with members of our Lived Experience Committee—made up of women who have directly experienced DFSV and are actively engaged in advocacy, peer support, and systems reform. These sessions were led and facilitated by committee members themselves, using a peer-led, trauma-informed model that prioritised safety, consent, and agency.

Participants shared their experiences of abuse, service engagement, recovery, and resilience. The interviews and group discussions were structured using open-ended guiding questions but

allowed for flexibility and emotional safety. Verbatim excerpts, anonymised where appropriate, have been included throughout this submission to ground our recommendations in lived reality.

This peer-to-peer approach ensured participants felt heard and respected while reducing the power imbalance often present in research. It also enabled the collection of nuanced, context-rich narratives that highlight systemic gaps, cultural barriers, and service challenges that may not have appeared through quantitative data alone.

Ethical Considerations

All participants engaged with informed consent and had the right to withdraw at any time. The research adhered to the principles of trauma-informed practice and ethical engagement with vulnerable populations. Where safety allowed, survivor names have been included in the report to honour their voice and agency; where not, stories are anonymised to preserve privacy.

Strengths and Limitations

This mixed-methods approach offers a robust foundation for understanding the complexities of DFSV from multiple perspectives. The survey data provides breadth across a wide population sample, while the qualitative methods deliver depth and contextual clarity. While the sample is non-random and may reflect some selection bias towards individuals already connected with support services, it nonetheless offers critical insights into systemic barriers and opportunities for reform.

Recommendations: A Roadmap for Reform

1. Prevention: Addressing Root Causes

- Implement comprehensive respectful relationships education in schools, with consistent delivery across all South Australian education sites.
- Expand community-led programs, particularly for Aboriginal and CALD communities, that address the drivers of DFSV.
- Increase public awareness campaigns focusing on financial and coercive control.

2. Early Intervention: Identifying and Supporting High-Risk Individuals

- Strengthen mandatory DFSV training for healthcare providers, educators, and frontline workers to enhance risk identification.
- Improve multi-agency information-sharing frameworks to prevent high-risk cases from falling through the cracks.
- Expand economic empowerment initiatives, including financial literacy education and employment programs for victim-victim-survivors.

3. Response: Strengthening Survivor-Centred Systems

- Reform policing and legal responses, ensuring better enforcement of intervention orders and improved DFSV-specific legal training for law enforcement.
- Increase crisis housing options and long-term housing pathways to prevent homelessness for victim-victim-survivors.
- Establish integrated service hubs where victim-survivors can access legal, financial, and psychological support in one place.

4. Recovery and Healing: Supporting Victim-survivors' Journeys

- Provide trauma-informed mental health support and long-term case management.
- Strengthen economic recovery programs, ensuring financial security for victim-victim-survivors through direct grants and employment pathways.
- Expand specialist services for Aboriginal, CALD, and LGBTQIA+ communities, ensuring culturally safe recovery programs.

Conclusion

Zahra Australia urges the Royal Commission to adopt a survivor-centred, trauma-informed, and financially empowering approach to DFSV policy and service delivery. Our submission highlights critical gaps in prevention, early intervention, crisis response, and recovery, with a strong emphasis on economic independence as a pathway to safety.

By investing in coordinated service systems, targeted prevention, and trauma-informed interventions, South Australia can lead the way in breaking the cycle of violence and building a future free from DFSV.

Zahra Australia: Driving Economic Empowerment for Women's Safety

Who We Are

Zahra Australia was established in 2015 by Atena, Arman, and Anita Abrahamzadeh to Honor their mother, **Zahra Abrahamzadeh**. Zahra was tragically killed by her estranged husband on March 22, 2010, at the Adelaide Convention Centre. She had endured 24 years of domestic abuse before she found the courage to leave, taking her children with only the clothes on their backs. Her journey to rebuild her life was cut short, but her legacy continues through Zahra.

Zahra's death had a profound impact on South Australia, driving legislative, political, and policing changes, and sparking a movement towards zero tolerance for family and domestic violence. Her children, who faced financial stress, homelessness, and isolation after escaping, saw firsthand the need for economic empowerment programs to help victim-survivors break free from abuse permanently. They founded Zahra to provide financial resources, education, and support to women and non-binary individuals affected by domestic abuse.

Zahra is built upon the following core values:

1. **Hope** – Instilling optimism in the lives of women and children.
2. **Empowerment** – Providing women with the tools to achieve economic independence.
3. **Opportunities** – Creating financial and educational pathways for victim-survivors.
4. **Partnerships** – Building strong collaborations with stakeholders and the community to drive systemic change

Programs & Services

Zahra provides trauma-informed and violence-informed services to help victim-survivors break free from financial dependence and abuse. Some of the key programs include:

- Pathways to Empowerment: A four-course program designed to build life skills, resilience, and employment readiness.
- Financial Counselling: Support for women experiencing financial hardship, debt, and economic abuse.
- Grants & Financial Assistance:
 - Opportunity Knox Grants – Supporting victim-survivors with education and employment-related costs.
 - Wyatt Direct Grants – Financial relief for urgent needs.
- Open House: A monthly event providing safe spaces for victim-survivors to connect with support services.

Impact & Advocacy

- In 2023-24, Zahra supported 477 women and families—a 49% increase from the previous year.
- Its Financial Abuse Awareness Campaign reached over 200,000 people.
- Zahra played a key role in advocating for the South Australian Royal Commission into Domestic, Family, and Sexual Violence.

- Expansion into NSW C Queensland: Services are growing nationally to increase accessibility for victim-survivors.

Why Zahra Foundation Exists

Women experiencing domestic and family violence often face severe financial barriers that trap them in abusive relationships. Economic empowerment is crucial to breaking the cycle of abuse and ensuring long-term safety. Zahra works to bridge this gap by providing victim-survivors with financial resources, education, and advocacy to create a future free from violence.

Zahra is more than a charity—it is a movement for systemic change, ensuring that no woman must choose between poverty and an abusive relationship. Through its strategic programs, partnerships, and advocacy efforts, Zahra is lighting the path forward for victim-survivors of domestic and family violence across Australia.

Our Mission and Impact

How we create pathways to financial independence and long-term safety.

Zahra’s mission is to work towards an Australia where all women are economically empowered and safe. Zahra exists to support women and non-binary individuals recovering from domestic abuse by providing financial and educational opportunities that enable them to rebuild their lives with independence and security.

Strategic Goals (2024-2027)

Zahra Foundation's Strategic Plan (2024-2027) focuses on economic empowerment, systemic change, and expanding access to services across Australia. The four strategic pillars are:

1. **Creating Safe & Economically Empowered Futures** – Expanding trauma-informed financial counselling and pathways to empowerment programs.
2. **Creating Greater Access to Services** – Making programs available nationally through collective impact model of co-locating services with established place based DFSV services and community services supporting women impacted by DFSV.
3. **Creating Change Through Collective Impact** – Partnering with governments, corporations, community organizations, leaders, and philanthropists, alongside individuals with lived experience, to drive prevention campaigns, advocacy, community awareness, policy influence, and systemic change.
4. **Creating Opportunity** – Enhancing workforce development, with a focus on providing employment, training, and volunteering opportunities for women with lived experience of domestic, family, and sexual violence (DFSV).

Impact G Advocacy

- In 2023-24, Zahra supported 477 women and families—a 49% increase from the previous year.
- Between July 1 2024 – January 2025 data shows Zahra Foundation has already support 479 women and families.
- Its Financial Abuse Awareness Campaign reached over 200,000 people.
- Zahra played a key role in advocating for the South Australian Royal Commission into Domestic, Family, and Sexual Violence.
- Expansion into NSW C Queensland: Services are growing nationally to increase accessibility for victim-survivors.

Why Zahra Exists

Women experiencing domestic and family violence often encounter severe financial barriers that make leaving an abusive relationship extremely difficult. Economic empowerment is a key factor in breaking the cycle of abuse and ensuring long-term safety.

Zahra bridges this gap by providing financial resources, education, and advocacy, enabling victim-survivors to rebuild their lives with security and independence. Research and our own program data reveal that many women feel trapped in violent, controlling relationships due to fear of poverty or homelessness. However, when they connect with Zahra, they gain the tools, support, and confidence needed to move forward.

Our impact is clear—women who once believed they had no choice but to return to abuse now feel empowered to create a future free from violence.

Zahra is more than a charity—it is a catalyst for systemic change, ensuring that no woman is forced to choose between poverty and an abusive relationship. Through strategic programs, partnerships, and advocacy, Zahra is paving the way for victim-survivors of domestic and family violence to rebuild their lives with financial security and independence.

Zahra’s mission extends beyond immediate support; it is about dismantling the systemic barriers that keep women financially trapped in violence. Economic empowerment is not an afterthought—it is the cornerstone of long-term safety, dignity, and freedom.

How Zahra Works: Prevention, Early Intervention, Response, and Recovery

Zahra takes a proactive, holistic approach to addressing domestic, family, and sexual violence (DFSV), working across prevention, early intervention, response, and recovery to support victim-survivors in achieving long-term economic independence.

Prevention

Zahra leads community education campaigns to raise awareness about domestic and financial abuse. In 2024, we launched a statewide financial abuse campaign across South Australia, which included TV commercials, street advertising, digital resources, and educational web content. These campaigns play a crucial role in shifting public perceptions, increasing awareness of financial abuse, and providing resources for victim-victim-survivors and their support networks.

Early Intervention

Women across South Australia turn to Zahra when they have been rejected by other services due to eligibility criteria that deem them ‘not at risk enough.’ Unlike many services, Zahra Foundation does not impose restrictive eligibility criteria—we support any woman, female-identifying person, or non-binary individual who has experienced domestic, family, or sexual violence, whether within an intimate partner relationship, family setting, or childhood experience.

- 35% of our referrals are self-initiated, and many clients present with low to medium risk assessment scores.
 - However, coercive control and financial abuse are common among our clients, both of which are early warning signs of relationships likely to escalate into physical violence, severe harm, or even homicide.
 - Research shows that women experiencing DFSV often attempt to leave up to nine times before successfully escaping abuse. Our programs play a critical role in reducing this cycle—women engaged with Zahra report that they do not return to abusive and unsafe environments.
 - By intervening early, we break the cycle of violence—not just for the survivor but for their children, reducing the long-term intergenerational impact of DFSV.
-

Response

Zahra is not a crisis service and cannot provide immediate interventions in high-risk or escalating situations that require a multi-agency response. However, we recognize that many women remain in abusive relationships while working with us to prepare financially for their escape.

- Approximately 15% of Zahra Foundation clients are still in relationships with their abuser while they work with us on building financial independence, escape planning, and securing resources for their safety.
- In these cases, we often collaborate with crisis services such as Women’s Safety Services SA and other frontline domestic violence organizations, ensuring a coordinated, survivor-centered response.

Recovery and Healing

Most Zahra Foundation clients have already left abusive relationships or are in the process of recovering from family violence. Our group programs and one-on-one support are designed to rebuild financial independence and economic empowerment.

For some, this may mean:

- Increasing financial literacy and money management skills.
- Building confidence in handling personal finances, budgeting, and planning.
- Pursuing further education, TAFE courses, or vocational training.
- Starting their own business or re-entering the workforce.

We know that many victim-victim-survivors have foundational life and work skills but have lost confidence and capability due to the effects of DFSV, financial control, isolation, and emotional abuse. Coercive control systematically erodes self-belief, autonomy, and decision-making power.

Our trauma-informed programs help victim-survivors not only recover but thrive by:

- Restoring financial capability and confidence.
- Teaching skills in boundary-setting, communication, and workplace readiness.
- Providing education on healthy relationships and recognizing red flags in coercive control.

By empowering victim-survivors with knowledge, skills, and community connection, we reduce the likelihood of them being targeted by perpetrators in the future. Our programs also equip them to educate and support their families, networks, and children, breaking the cycle of abuse for future generations.

Understanding the intersection of economic insecurity and gendered violence.

Economic insecurity and gendered violence are deeply interconnected, creating a vicious cycle that disproportionately affects women. Financial dependence on an abusive partner often forces women to choose between enduring violence or facing poverty upon leaving the relationship (Summers, 2022).

The Stark Choice: Violence or Poverty

Dr. Anne Summers' 2022 report, *The Choice: Violence or Poverty*, highlights the dire predicament many Australian women face. Utilizing previously unpublished data from the Australian Bureau of Statistics, Summers (2022) reveals that women experiencing domestic violence often confront a harrowing decision: remain in a violent relationship or leave and risk falling into poverty. This "policy-induced poverty" results from systemic inadequacies in social support, housing, and employment opportunities for victim-survivors (Summers, 2022). The report emphasizes that lack of economic resources is one of the most significant barriers preventing women from leaving abusive situations, perpetuating the cycle of violence.

Economic Abuse as a Form of Control

Economic abuse is a deliberate tactic used by perpetrators to maintain control over their partners. This form of abuse includes restricting access to finances, sabotaging employment, and accumulating debt in the victim's name (Gendered Violence Research Network, 2021). Such financial manipulation leaves victim-survivors economically vulnerable, making it difficult to achieve long-term independence (Gendered Violence Research Network, 2021).

Impact of Economic Insecurity on Intimate Partner Violence

The Australian Institute of Criminology (AIC) conducted a study during the COVID-19 pandemic, which found a significant link between financial stress and increased intimate partner violence (IPV). Economic hardship, such as job loss, financial instability, and housing insecurity, heightened the risk of both the onset and escalation of IPV (Boxall C Morgan, 2021). The findings reinforce the urgent need for financial support measures to protect women at risk of economic abuse (Boxall C Morgan, 2021).

Barriers to Leaving Abusive Relationships

Financial dependence on an abuser creates substantial obstacles for women attempting to leave violent relationships. The fear of homelessness, unemployment, and lack of childcare support often forces victim-survivors to stay (Summers, 2022). The *Choice* report indicates that government social security systems, such as Centrelink, often fail to provide sufficient financial support, leaving women trapped in cycles of abuse due to economic constraints (Summers, 2022).

The Role of Support Services

Organizations like Zahra play a pivotal role in breaking the link between economic insecurity and gendered violence. By offering financial counseling, economic empowerment programs, and advocacy, they help women build financial resilience and achieve long-term independence (Zahra Foundation Australia, 2023). Research shows that when women receive financial assistance and economic education, they are far less likely to return to abusive environments (Gendered Violence Research Network, 2021).

Conclusion

Addressing gendered violence requires a comprehensive understanding of its economic dimensions. Ensuring that women have access to financial resources, stable housing, and employment opportunities is critical to breaking the cycle of abuse. Policy reforms must prioritize economic empowerment, ensuring victim-survivors have real, sustainable pathways away from violence toward long-term safety and self-sufficiency (Summers, 2022).

Reference List

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Breaking the Cycle: Economic Empowerment as the Path to Freedom

Key Findings from Zahra data from clients that were supported between (July 2024 – January 2025)

1. **Total Clients Served:**
 - **47G** distinct individuals received services from Zahra.
2. **Total Interactions/Contacts:**
 - **5,27G** recorded contacts were made with clients.
3. **Financial Assistance Provided:**
 - **Total payments made: \$55,877.12** was provided in financial aid.
4. **Time Spent Supporting Clients:**
 - **Direct Contact Time: 13,463 hours 23 minutes**
 - **Case Work Time: 1,426 hours 31 minutes**
 - **Travel Time: 845 hours**
 - **Total Staff Time Supporting Clients: 15,734 hours 54 minutes**
5. **Service Breakdown:**
 - **Contact G Case Work Time:**
 - **Contact: 12,850 hours 34 minutes**
 - **Case Work: 1,366 hours 43 minutes**
 - **Travel: 811 hours 20 minutes**
 - **Total Work Time: 15,028 hours 37 minutes**

Who are Zahra clients

Age demographics

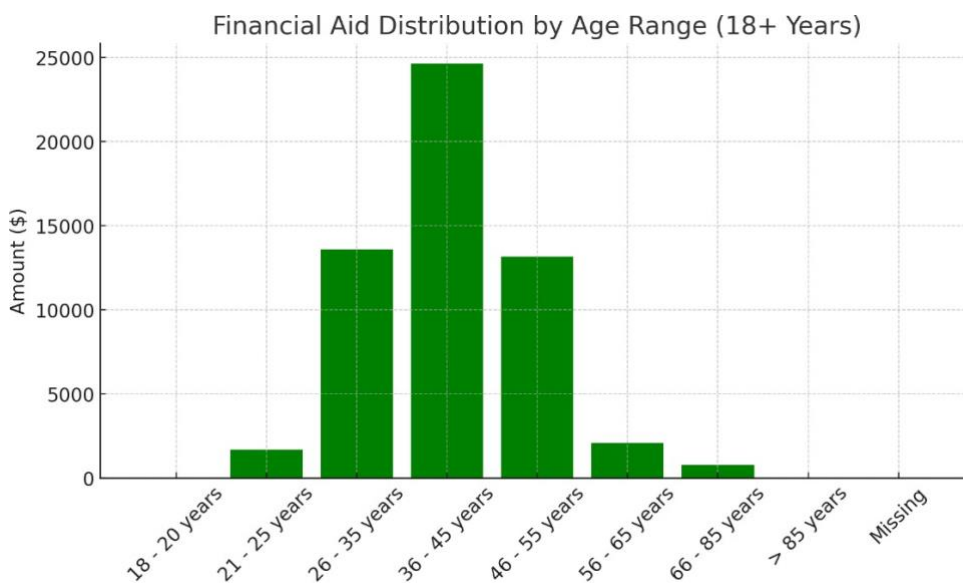
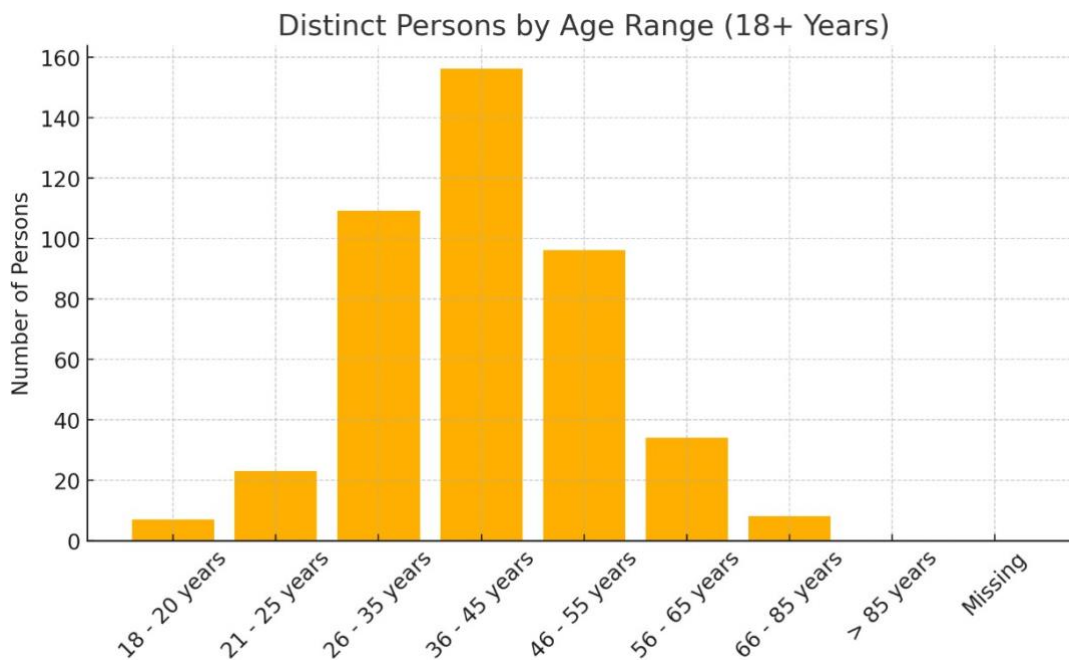
Key Findings:

1. **Most Supported Age Groups:**
 - **The 36-45 years age group** had the highest number of distinct persons (156 individuals).
 - **Followed by 26-35 years** (109 individuals) **and 46-55 years** (96 individuals).
2. **Financial Aid Distribution:**
 - **The 36-45 years age group** received the most financial aid (\$24,627.82).

- **26-35 years and 46-55 years groups also received significant support (\$13,586.00 and \$13,153.03, respectively).**
- **Minimal financial aid was given to clients over 66 years.**

3. Young Adults (18-25 years) vs Older Adults (56+ years):

- **The 18-25 years group had fewer clients but some financial support (\$1,661.00 for 21-25 years).**
- **The 56+ years groups had extremely limited financial aid, indicating less economic reliance on Zahra's resources.**



Visual Insights:

- The Distinct Persons by Age Range chart highlights that middle-aged clients (26-55 years) represent the majority of clients.
- The Financial Aid Distribution chart shows that the largest share of financial aid went to individuals between 26-55 years, suggesting that these groups have the highest need for financial support.

Indigenous Status Analysis: Key Findings

1. Majority of Clients Are Not Indigenous:

- 300 clients (63.7%) identified as Neither Aboriginal nor Torres Strait Islander.

2. Indigenous Clients Breakdown:

- 9.3% identified as Aboriginal.
- 0.2% identified as Torres Strait Islander.
- 0.4% identified as both Aboriginal and Torres Strait Islander.

Metro vs. Regional Breakdown: Key Findings

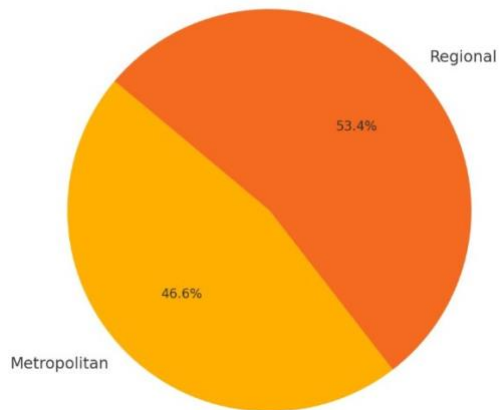
1. Client Distribution:

- 53.4% of clients are from Regional areas.
- 46.6% of clients are from Metropolitan areas.

2. Implications:

- Zahra supports more regional clients than metropolitan ones, suggesting a higher demand for services outside urban areas.
- Accessibility to services may be a key issue in regional locations, requiring additional resources or outreach.

Metropolitan vs. Regional Client Distribution



3. Insights:

- The pie chart illustrates the slight majority of regional clients.
- Zahra increased regional focus in SA during this period with projects in Port Lincoln and Whyalla, Mid north and online virtual services across SA.
- Noting this data include our programs in NSW which is regionally focused
- Despite urban areas having more service providers, regional clients still form a considerable proportion of Zahra's support base.

Country of Birth Analysis: Key Findings (CALD Clients)

1. Total Clients Recorded: 458
2. Total CALD Clients (Born Outside Australia): (68.7% of total clients)
3. Top CALD Client Countries:
 - India
 - Philippines
 - China (excluding SARs and Taiwan)
 - England:
 - South Africa:

Implications:

- A significant 68.7% of Zahra Foundation clients are from CALD backgrounds, highlighting the importance of culturally sensitive support services.
- The top CALD countries reflect common migrant backgrounds in Australia.

Zahra foundations Referral Sources

- **Community referrals: 17% clients**, with 35% of the 17% from women's safety services south Australia
- **Professional referrals: 46 % clients** (suggesting strong collaboration with service providers).
- **Self-referrals: 37% clients** (showing direct client engagement with Zahra).

Awareness of Zahra

- Friends/Family and Service/Professional referrals are the most common ways clients hear about Zahra.
- Social Media (10% self referral clients) plays a small but notable role in outreach.
- Word of Mouth (90% of self-referrals clients) also remains an important channel.

Program Participation – Data on clients' initial requests when connecting with Zahra Foundation, acknowledging that case management support and grant programs are not publicly advertised. These services are typically offered through internal referrals based on assessed needs and risk evaluations.

- **Financial Counselling (57% clients)** is the most referred to program.

- **Pathways to Empowerment (30% clients)** also sees strong referrals.
- **Case Management Support (4% clients)** is used by a smaller group.
- Workshops, Emergency Relief, and Crisis Support have minimal recorded participation.

Relationship Status and Homelessness Analysis

1. Relationship Status Analysis (Total Respondents: 23G)

- **Post-separation: 85.8%** of respondents are post-separation, indicating a substantial portion of clients seeking support after leaving a relationship.
- **Residing: 7.6%** of respondents are still in their relationship.
- **Imminent separation: 4.6%** of respondents are in an urgent pre-separation phase.
- **Impending separation: 1.7%** of respondents are anticipating a split but not immediately.

2. Homelessness Analysis (Total Respondents: 40)

- **Emergency/transitional housing: 57.5%** of respondents rely on temporary housing.
- **Boarding: 25.0%** of respondents are in boarding accommodation.
- **Couch surfing: 15.0%** of respondents are moving between temporary places.
- **Caravan/residential park: 2.5%** of respondents live in non-permanent residences.
- **Rough sleeping: 0%** of respondents reported rough sleeping, though this may be underreported.

Housing and Household Analysis (Percentage-Based)

1. Housing Status Analysis (Total Respondents: 342)

- **Social and/or community housing: 23.7%** of respondents live in social housing.
- **Private rental: 22.8%** of respondents rent privately.
- **Homeowner with mortgage: 14.3%** of respondents own a home but still have a mortgage.
- **Homeowner owned outright: 2.6%** of respondents fully own their home.
- **Does not want to share housing details: 0.6%** of respondents chose not to disclose.

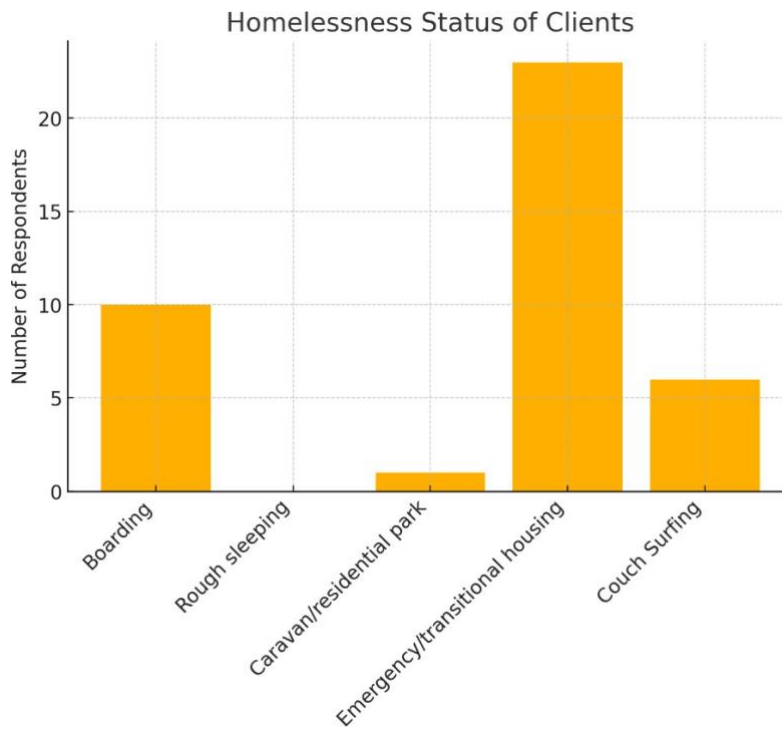
2. Household Composition Analysis (Total Respondents: 208)

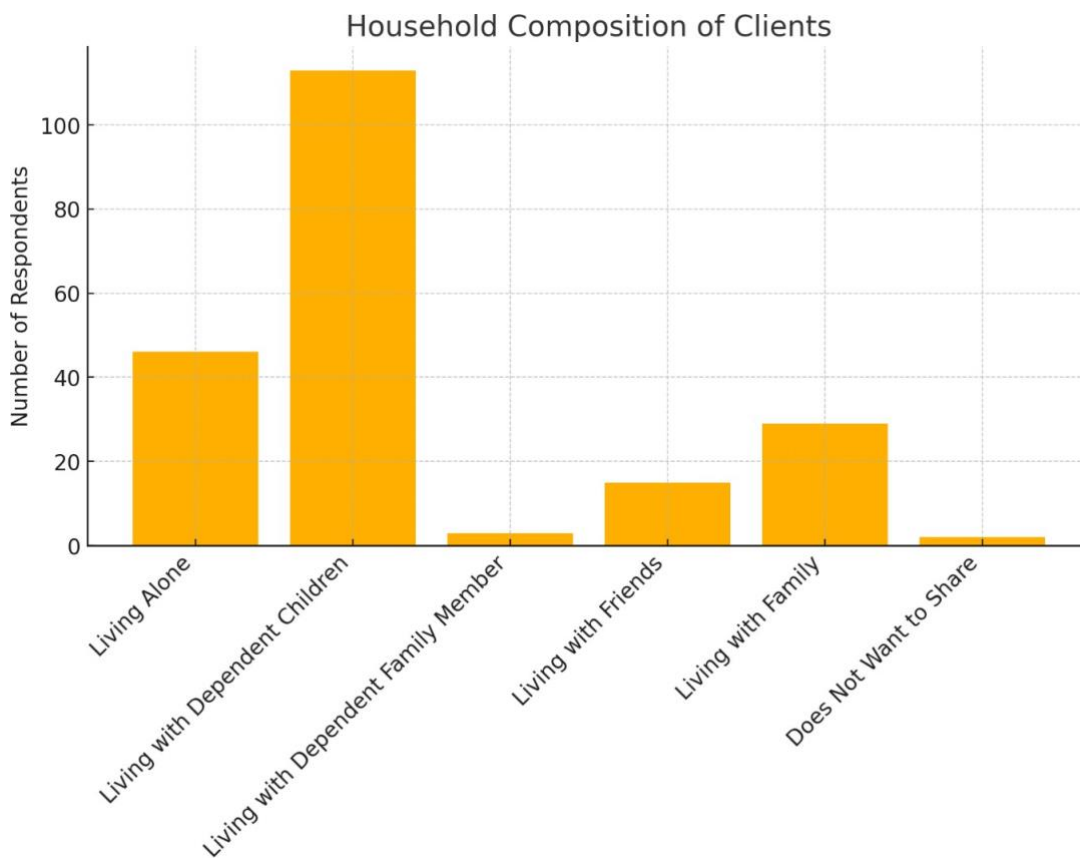
- **Living with dependent children: 54.3%** of respondents, indicating a high need for family and child support services.
- **Living alone: 22.1%** of respondents, highlighting potential social isolation risks.
- **Living with family: 13.6%** of respondents.

- **Living with friends: 7.2%** of respondents.
- **Living with dependent family members: 1.4%** of respondents.
- **Does not want to share household details: 1.0%** of respondents.

Key Insights:

- **High reliance on social housing (23.7%) and private rentals (22.8%) suggests housing insecurity among clients.**
- **Mortgage holders (14.3%) may be at risk of financial distress due to debt burdens.**
- **Over half (54.3%) of respondents live with dependent children, reinforcing the importance of family-oriented services.**
- **22.1% of clients live alone, signaling a need for social support programs.**





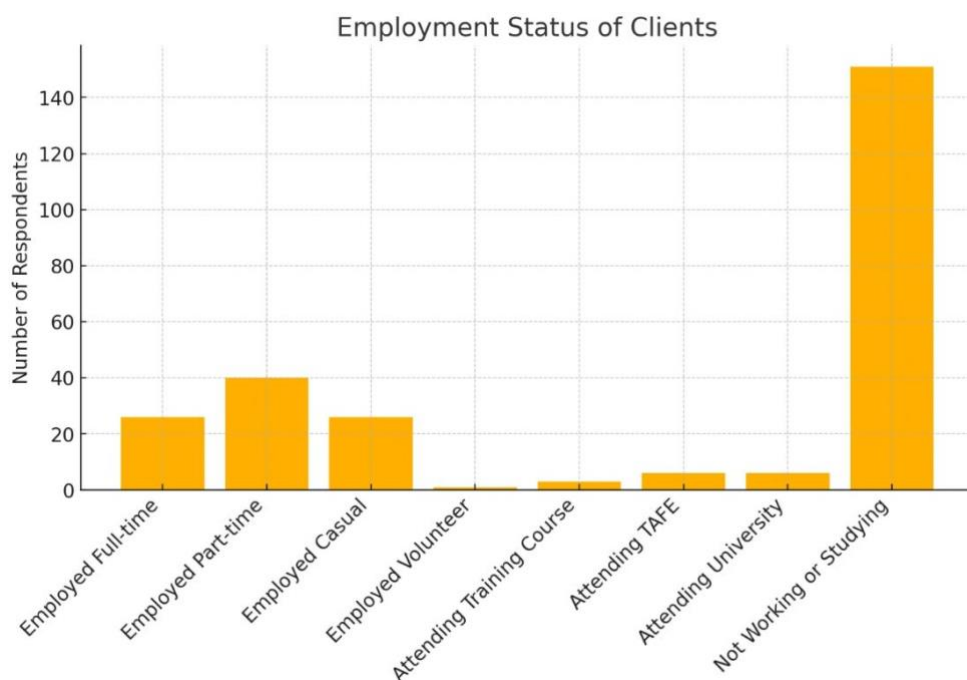
Key Insights:

- **Post-separation challenges:** The majority (85.8%) of clients are post-separation, highlighting the need for support services post-relationship breakdown.
- **Housing instability:** Over half (57.5%) of homeless respondents are in emergency/transitional housing, showing a high reliance on temporary accommodations.
- **Lack of rough sleeping reports:** No clients reported rough sleeping, though this could be underreported or reflect emergency services' intervention.
- High reliance on social housing (23.7%) and private rentals (22.8%) suggests housing insecurity among clients.
- Mortgage holders (14.3%) may be at risk of financial distress due to debt burdens, however, are often not eligible for government funding services or initiatives due to value of assets.
- Over half (54.3%) of respondents live with dependent children, reinforcing the importance of family-oriented services.
- 22.1% of clients live alone, signalling a need for social support programs such as group programs at Zahra foundation – Pathways to empowerment

Employment, Payment, Education, Program Participation, and SES Analysis

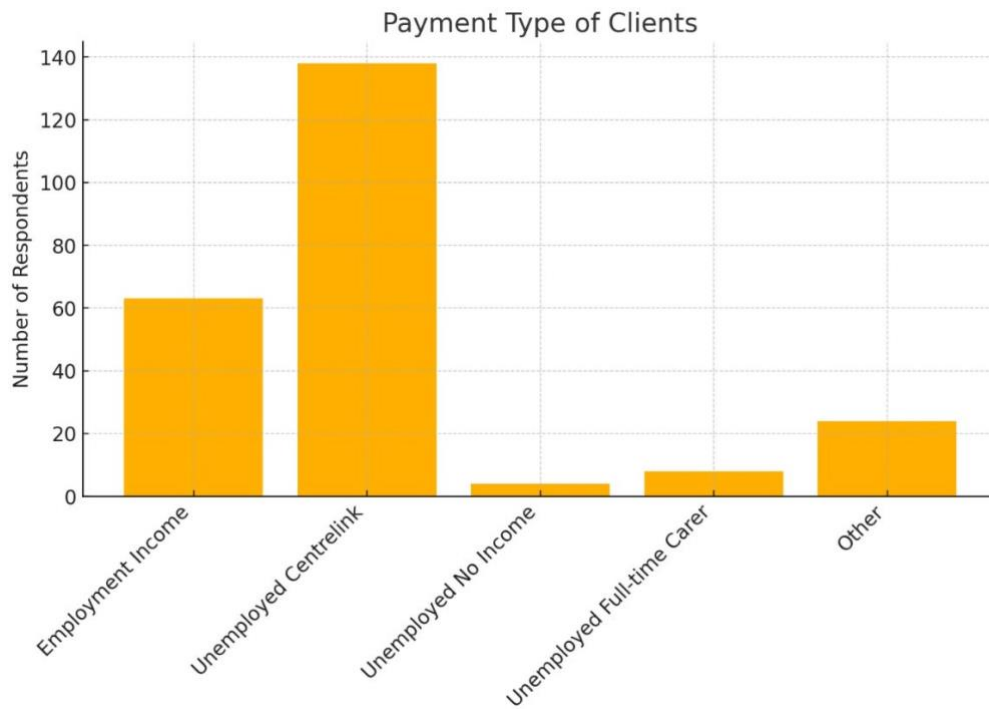
1. Employment Status Analysis (Total Respondents: 25G)

- Not working or studying: 58.3% of respondents, indicating an elevated level of unemployment or disengagement from education.
- Part-time employment: 15.4%, suggesting many clients may be in unstable or low-hour jobs.
- Casual employment: 10.0%, further highlighting job insecurity.
- Full-time employment: 10.0%.
- Training or education (TAFE, university, or other courses): 6.2%.



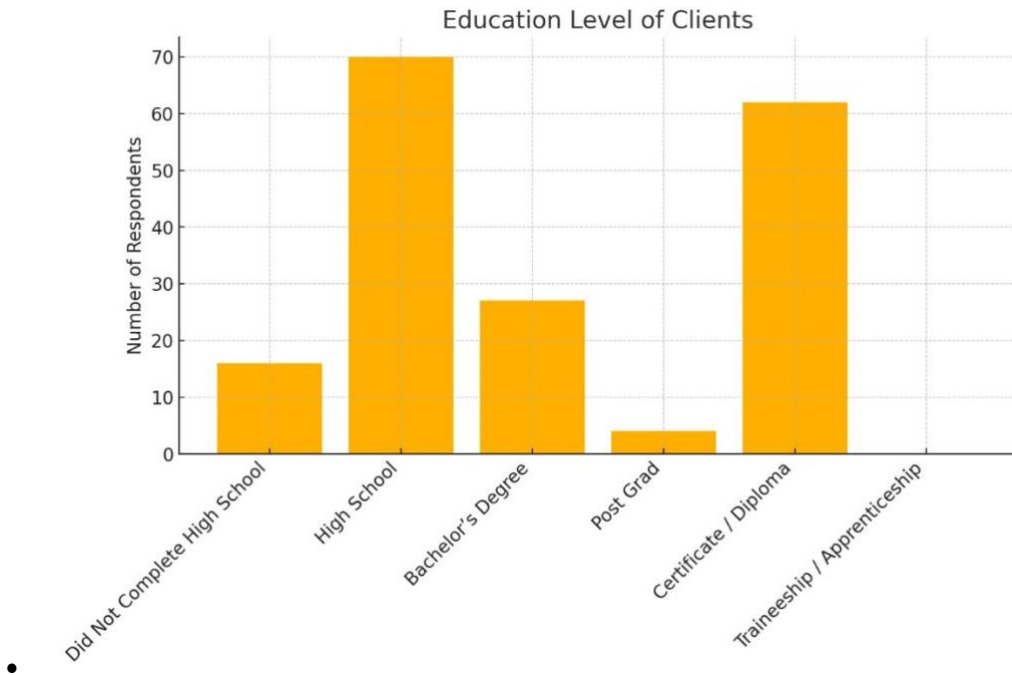
2. Payment Type Analysis (Total Respondents: 237)

- Unemployed receiving Centrelink payments: 58.2%, showing a heavy reliance on government assistance.
- Employment income: 26.6%, meaning only about one-quarter of respondents earn through work.
- Other income sources: 10.1%.
- Unemployed with no income: 1.7%, indicating extreme financial distress.



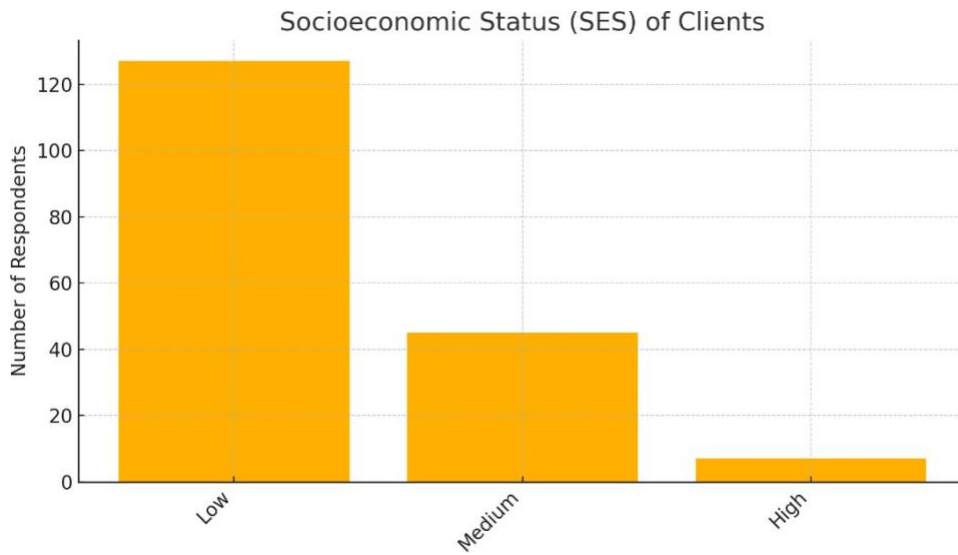
3. Education Level Analysis (Total Respondents: 17G)

- High school completion: 39.1%.
- Certificate or diploma qualification: 34.6%.
- Bachelor’s degree or higher: 17.3%.
- Did not complete high school: 8.9%.
- No respondents reported undertaking a traineeship or apprenticeship.



5. SES Status Analysis (Total Respondents: 17G)

- Low SES: 71.0%, confirming that most clients experience significant financial hardship.
- Medium SES: 25.1%.
- High SES: 3.9%, showing very few clients come from higher-income backgrounds.



Key Insights:

- High unemployment (58.3%) and reliance on Centrelink (58.2%) suggest that clients face severe economic challenges.
- Only 26.6% of respondents have employment income, indicating job market barriers.
- Financial Counselling (52.1%) and Pathways to Empowerment (40.2%) are the most accessed programs, emphasizing their impact.
- 71.0% of clients fall into the low SES category, demonstrating significant economic hardship.

Building the Case for Economic Empowerment: A Critical Pillar for Women Impacted by Domestic, Family, and Sexual Violence

The Economic Barriers Faced by Women Escaping Violence

Zahra’s work highlights the critical intersection between domestic, family, and sexual violence (DFSV) and economic insecurity. Women attempting to leave abusive relationships often face a stark choice: endure ongoing violence or face financial ruin (Summers, 2022). Economic dependence, financial abuse, and the lack of employment opportunities are major barriers that prevent women from achieving long-term safety and independence.

Economic empowerment must be integrated across all four pillars of response to DFSV—prevention, early intervention, response, and recovery—to ensure that victim-survivors are not just escaping violence but are equipped to rebuild their lives securely and independently.

Prevention: Breaking the Cycle Before It Begins

The Link Between Economic Insecurity and Gendered Violence

Research confirms that financial instability increases the risk of domestic violence (Boxall C Morgan, 2021). Economic abuse is not just a consequence of DFSV—it is a deliberate tactic used by perpetrators to exert control, limit financial resources, and trap victim-survivors in abusive relationships (Gendered Violence Research Network, 2021).

Zahra Foundation’s Prevention Strategies

- Financial Abuse Awareness Campaigns (2024): Educating the public on financial control tactics empowers women to recognize early warning signs.
- Community and Digital Outreach: Zahra’s recent statewide financial abuse campaign reached 200,000+ people, helping women and their support networks understand financial entrapment.

Why Economic Empowerment Matters in Prevention

- Education on financial control equips women with early warning signs of abuse.
 - Employment and income security reduce vulnerability to coercive control.
 - Financial literacy programs provide proactive tools to manage money independently, reducing future reliance on controlling partners.
-

Early Intervention: Preventing Escalation into Crisis

Economic Dependence as a Barrier to Leaving

- 58.2% of Zahra Foundation clients rely on Centrelink benefits, with only 26.6% earning employment income.
- 71.0% fall into the low socioeconomic category, confirming financial hardship as a significant barrier to leaving abuse.

How Zahra Foundation Provides Early Intervention

- **Financial Counselling (57% of clients)** helps women understand debt, manage expenses, and regain control over their finances.
- **Pathways to Empowerment (40.2%)** builds **employment readiness**, giving women the confidence to re-enter the workforce.
- **Grant Programs (Wyatt Direct and Opportunity Knox)** provide **immediate financial relief** for education and career pathways.

Impact of Economic Early Intervention

- **Breaking the “Nine Attempts” Cycle:** Research shows that women attempt to leave **up to nine times before escaping permanently** (Summers, 2022). Timely access to **financial resources and employment support** can reduce these repeated return cycles.
- **Stopping Violence Before It Escalates: Coercive control and financial abuse** are key predictors of escalating physical violence. **Economic intervention reduces women’s financial dependence**, lowering their risk of harm.

Response: Supporting Women During and Immediately After Leaving Abuse

Why Economic Security is Essential in Crisis Response

- 15% of Zahra Foundation clients remain in relationships while planning their escape.
- Financial insecurity is one of the top reasons women return to abusive partners.
- Emergency/transitional housing (57.5%) and social housing (23.7%) are the most common housing solutions for clients, but without income stability, many struggle to maintain long-term housing.

How Zahra Foundation’s Programs Address Immediate Economic Needs

- **Direct Financial Assistance:** Over **\$55,877.12 provided in financial aid**, supporting **housing, essential needs, and debt relief**.
- **Financial Counselling** – Addressing financial and economic abuse, building money management skills and financial literacy, and supporting financial independence.
- **Pathways to Empowerment** – Creating opportunities for employment, education, and training to foster long-term economic security.
- **Case Management Support** – Providing personalized financial and safety planning for women in crisis, along with tailored support to help overcome barriers to employment, training, and education.

- **Safe Exit Planning with Financial Security:** Women are supported in creating escape plans that include economic stability, ensuring they do not return due to financial hardship.

Systemic Barriers Hindering Effective Response

- **Mortgage Holders Not Eligible for Financial Aid:** 14.3% of clients have a mortgage, yet many are in financial distress and unable to access government support due to asset restrictions.
 - **Unemployment and Housing Insecurity:** 58.3% of clients are unemployed, and over half of homeless clients rely on transitional housing. Without income pathways, their risk of long-term instability is high.
-

Recovery and Long-Term Economic Independence

The Risk of Long-Term Economic Hardship

- 85.8% of Zahra Foundation clients are post-separation victim-survivors—yet many continue to struggle financially for years.
- Women recovering from DFSV are often isolated from the workforce due to financial abuse, career gaps, and emotional trauma.

Zahra Foundation’s Recovery Programs

- **Pathways to Empowerment (40.2%):** A trauma-informed course helping women gain employment skills, financial independence, and self-confidence.
- **TAFE and University Pathways:** 6.2% of clients are actively in training or education, showing a demand for skills-building initiatives.
- **Financial Counselling (57%):** Ensures long-term financial independence by providing education on budgeting, banking, and debt management.

Why Economic Empowerment is Key to Sustainable Recovery

- **Employment reduces the risk of re-victimization:** Financially independent women are less likely to enter new abusive relationships.
 - **Breaking the cycle for future generations:** 54.3% of clients have dependent children—equipping mothers with financial stability prevents intergenerational poverty and abuse.
 - **Restoring agency and self-confidence:** Victim-survivors often suffer from years of financial control, leaving them feeling incapable of managing their own finances. Empowerment programs restore decision-making power.
-

Conclusion: Economic Empowerment is a Lifeline, Not an Option

The data from Zahra and broader research confirm that economic abuse, financial insecurity, and unemployment are central barriers preventing women from leaving abusive relationships and achieving long-term safety. Women escaping violence need more than crisis services—they need financial stability, employment opportunities, and long-term economic empowerment.

Key Recommendations:

1. **Expand Economic Support in Prevention Efforts**

- Integrate financial literacy programs into schools and community outreach.
- Strengthen awareness campaigns on economic abuse to prevent financial entrapment.

2. **Prioritize Financial Independence in Early Intervention**

- Increase emergency financial relief for women planning to leave an abusive relationship.
- Provide specialized financial coaching for women experiencing coercive control.

3. **Ensure Economic Empowerment is Embedded in Crisis Response**

- Include financial exit strategies in domestic violence response services.
- Increase housing support with employment assistance to prevent victim-survivors from falling into homelessness.

4. **Strengthen Economic Recovery Programs**

- Expand Pathways to Empowerment to provide more workforce re-entry support.
- Offer job training and career development specifically for DFSV victim-survivors.

Without economic empowerment, victim-survivors are forced into a cycle of poverty, dependence, and vulnerability to further abuse. By embedding financial independence initiatives across all four pillars of response, Zahra is not just helping women escape violence—it is ensuring they never have to return.

1. Prevention

Understanding Causes of DFSV

Domestic, family, and sexual violence (DFSV) is driven by multifaceted and interconnected factors, including:

- **Gender Inequality:** As highlighted in research, gender inequality and power imbalances create environments that condone disrespect and control over women. ZAHRA survey data reflects that 72% of ZAHRA survey respondents experienced emotional and psychological abuse, a form of control rooted in gendered dynamics.
- **Intergenerational Trauma:** Nearly 45% of survey ZAHRA survey respondents reported experiencing DFSV in their childhood households, often normalising violence in adulthood. Those with a family history of violence were significantly more likely to report that they *"thought it was normal"* or did not recognize their experiences as abuse. ██████ shared, *"There was a lot of generational traumas. My mum's mum experienced DFSV from her husband, and my mum experienced DFSV from her son."*
- **Economic Dependency:** Financial insecurity is a significant barrier to leaving abusive relationships, with 49% of ZAHRA survey respondents indicating they would have returned to their abuser without financial support. Financial dependence was also linked to limited knowledge about resources, with many ZAHRA survey respondents are unaware of available supports.
- **Cultural and Social Norms:** Disparities in cultural understanding of abuse hinder access to services. Many ZAHRA survey respondents from culturally diverse backgrounds noted shame and stigma as key barriers, while immigrant women highlighted fears about visa status and systemic discrimination. ██████ also noted that community responses in her youth reinforced victim-blaming: *"The community would say it was her fault; she provoked him or did something wrong."*
- **Control Dynamics and Coercion:**
 - Perpetrators often use coercive tactics, including financial control, isolation, and emotional manipulation, as seen in ██████'s experience: *"He made me drop statements I made to the police because they made him look bad."*
- **Lack of Awareness and Education:**
 - Victim-survivors like ██████ highlighted that a lack of knowledge about what constitutes DFSV delayed recognition of abusive behaviours: *"I thought DFSV was just physical violence. I didn't know there were other forms."*

Insights from Lived Experience

Barriers to Prevention: 43% of ZAHRA survey respondents cited lack of awareness about services and supports as a major challenge. Fear of stigma and judgment were also prominent barriers.

██████████ a survivor of DFSV, shared her experience of a ██████-year marriage, where early signs of control were mistaken for love and concern for her safety. Reflecting on her experience, she noted:

"I mistook red flags for his love or worry for me—his concern felt like affection." This highlights the nuanced way control can manifest and be normalised within relationships.

Early in her relationship, there were apparent warning signs: ***"... it was all love bombing."***

Financial control emerged as a significant issue: ***"We bought a house together, and that's when the financial control started. Finances became joint accounts, and I wasn't allowed to apply for my own accounts."***

██████████ a survivor from Pakistan, highlighted the role of cultural expectations and migration in shaping her experience of DFSV. She shared:

"In Pakistan, women are taught that they can only leave their husbands when they die. Divorce isn't an option, and they believe women can only survive if they marry."

██████████ initial excitement about getting married and emigrating to Australia stemmed from her belief that she would have more independence and opportunities to study: ***"I thought education was important in Australia, and that no one could stop me from studying."***

However, her experience soon turned to control and isolation: ***"He wouldn't let me do more studies, He controlled my access to education, communication, and even food."***

Early in the relationship, her husband's remarks about his ex-partners were a key red flag: ***"He told me his ex-wife was psychotic and unstable, but then he started saying I was doing the same things as her."***

However, ██████████ lack understanding of coercive control at the time prevented her or her family and friends understanding the relationship was abusive and dangerous.

██████████ story highlights the importance of education on the broader forms of DFSV and the enduring emotional toll of abuse:

██████████ reflected on her limited understanding of DFSV before her relationship: ***"I thought DFSV was just physical violence by a man in a singlet. I didn't know there were other forms."*** Her lack of knowledge delayed her recognition of coercive and emotional abuse.

The long-term impact of abuse was evident in her poignant statement, ***"I miss my world before DFSV,"*** underscoring the emotional and psychological losses victim-survivors face.

██████████ also noted the complexities of understanding PTSD through her father's experiences as a Vietnam veteran: ***"I never understood how it felt until I experienced it myself."*** This intergenerational lens on trauma offers valuable insights for prevention strategies.

██████ story underscores how systemic vulnerabilities and unresolved trauma can perpetuate cycles of abuse:

Having been in DFSV relationships since the age of ██████ noted, ***"I recognised the red flags but couldn't do anything about it."*** Her account illustrates the importance of interventions that not only educate but also empower victim-survivors to act on early warning signs.

██████ expressed guilt over her circumstances: ***"I feel guilty for letting myself down. I was once very successful, and then everything went downhill."*** Her story highlights the emotional toll of prolonged abuse and the critical need for ongoing, accessible support systems.

██████ also revealed her mother's experiences with the forced removal of her children, adding another layer of intergenerational trauma to her narrative. This underscores the importance of addressing systemic inequities that disproportionately affect marginalized communities.

██████ adds a perspective on how coercion, faith, and substance abuse can intersect to perpetuate abuse:

Her father's physical violence, fuelled by alcoholism, shaped her early understanding of DFSV: ***"He was loving but violent when drinking, and eventually, he left because he couldn't get the help he needed."***

██████ shared how her neighbour used faith to coerce her into marriage, exploiting her vulnerabilities: ***"He told me that because we had sex, we had to make it right by getting married. I didn't know the ways of God, so I trusted him."***

Her husband avoided physical violence but used other forms of control: ***"He was careful not to be physical, but he used every other means of DFSV."*** This highlights the need for education on non-physical forms of abuse, particularly in faith-based communities.

██████ story offers further insight into early warning signs and vulnerabilities that perpetrators exploit:

Love Bombing and Charm: ***"He sent me over 20 messages a day while I was overseas. Looking back, it was a lot of love bombing."***

Financial Manipulation: ***"He moved in with me because he was in a financially difficult situation. He took me for a ride, constantly promising that his business was close to taking off."***

Gaslighting and Isolation: ***"When I confronted him about the finances, the gaslighting started. I saw a psychiatrist, who focused on my mood rather than the relationship dynamics, feeding into his manipulation."***

██████ and ██████ stories further emphasise the importance of addressing systemic and generational factors in DFSV prevention:

■■■■■ highlighted how generational trauma and community victim-blaming shaped her understanding of abuse: ***"I grew up seeing DFSV in the community, and the blame was always put on the victim."***

■■■■■ shared the long-term impacts of historical trauma: ***"My great-grandmother fled after a massacre where ■■■■■ stockmen tried to rape her. This wasn't spoken about for years, but it left lasting spiritual and emotional scars on our family."***

■■■■■ noted early exposure to violence and substance abuse in her household, which normalised these behaviours: ***"Our home was raided multiple times for drugs, and I thought this was normal."***

- **Increase education** on respectful relationships and bystander intervention, particularly for men and boys, to address the root causes of violence.

Existing Initiatives

Violence against women, though pervasive and severe, is not inevitable—it is preventable. A primary prevention approach targets the underlying, gendered drivers of violence, aiming to stop abuse before it begins. Unlike early intervention, which seeks to alter the trajectory for those already at risk, or response measures that support victim–victim-survivors and hold perpetrators accountable, primary prevention employs whole-of-population strategies designed to change societal norms and structural conditions that enable violence.

Our Watch’s primary prevention methodology is built on a socio-ecological framework, recognizing that violence emerges from interactions at the societal, institutional, community, and individual levels. Initiatives such as implementing workplace action plans to boost female leadership, partnering with male-dominated sports teams to clarify the importance of consent, launching social marketing campaigns to challenge gender stereotypes, and advocating for legal reforms like affirmative consent laws are all aimed at addressing these root causes.

Prevention requires a holistic approach—engaging communities directly, transforming institutional policies, and reforming laws to foster gender equality and respectful relationships. Evidence from successful public health campaigns in Australia, such as those reducing smoking rates and improving road safety, demonstrates that sustained, well-funded primary prevention initiatives can yield significant, lasting change.

However, while Our Watch’s overall prevention efforts show promising results at the policy and strategic level, survey feedback and one-on-one interviews for the purpose of this submission indicate that few grassroots primary prevention campaigns are reaching those most at risk. ZAHRA survey reveals that many are unaware of any primary prevention initiatives in their communities, suggesting that more work is needed to translate the robust evidence and research of organizations like Our Watch into targeted, accessible campaigns at the community level.

In our ZAHRA survey, respondents rated our “Pathways to Empowerment” program at a weighted average of 4.41 out of 5 for its role in preventing future relationships characterized by domestic, family, and sexual violence. This program employs psychosocial educational strategies to help victim–victim-survivors identify red flags, recognize coercive control behaviours, and empower them to educate their families, including young people, about healthy relationship practices.

Despite nearly nine years of service delivery by Zahra Foundation Australia in supporting women and non-binary individuals affected by DFSV in South Australia, our program has not received direct funding from key governmental bodies such as the Office for Women or the Department of Human Services. Instead, it is funded under the Adult Community Education Schedule of the Department of Education and relies on public, corporate, philanthropic, and fundraising support. As a result, persistent funding gaps have led to significant access issues, with over 150 women and non-binary individuals waiting for service across the broader Adelaide region.

We are encouraged by recent corporate funding secured from AGL, which has enabled us to expand our program into the mid-north region. Additional support from specialized domestic and family violence services—including revenue provided by Yarrdi in Port Lincoln to fund Zahra staff—has further extended our reach to Whyalla, Port Pirie, and Cooper Peddie through successful fundraising. However, these initiatives have been ad hoc and delivered on limited funding for restricted time periods, severely constraining ongoing support and universal access in regional and remote areas, where research shows violence against women and girls is significantly higher.

Under our collective impact model, trained facilitators partner with local DFSV service providers and safe havens to co-locate and deliver this evidence-informed program—built on over nine years of learning—ensuring that communities have access to a proven, evaluated, and outcome-focused intervention without the need to repeatedly pilot new initiatives.

- **Respectful Relationships Education:**
 - Statewide implementation of school-based programs focuses on early intervention by teaching healthy relationship behaviours. However, limited reach and inconsistent delivery methods reduce effectiveness.
- **Community-Led Programs:**
 - Peer-led initiatives like *Powerful Mothers United*, founded by ██████ address systemic vulnerabilities and provide support for mothers impacted by DFSV and child removals. Such programs highlight the value of lived experience in shaping effective interventions.
- **Economic Empowerment:**
 - Programs like Zahra Foundation’s financial counselling, rated incredibly helpful by 88% of ZAHRA survey respondents, demonstrate the importance of economic independence in preventing DFSV. Economic empowerment initiatives should be expanded to provide financial literacy and pathways to independence.
- **Culturally Tailored Interventions:**
 - Partnerships with Aboriginal-controlled organisations and CALD-led initiatives ensure culturally safe responses. ██████ story highlighted the transformative potential of culturally specific outreach and support.
- **Trauma-Informed Interventions:**
 - Services underpinned by trauma-informed practices, such as specialist case management, are critical. These services prioritise survivor safety, empowerment, and healing.
- **Legislative and Systemic Reforms:**
 - Policies mandating DFSV training for frontline workers and integrating DFSV risk assessments in health, legal, and community systems can strengthen early intervention and prevention.

Conclusion

The stories shared in this submission reveal not only the profound challenges faced by victim-survivors of domestic, family, and sexual violence (DFSV) but also their remarkable courage and resilience. ██████ bravery in navigating cultural barriers to seek support, ██████ leadership in founding *Powerful Mothers United* to help other women, ██████ determination to rebuild her life after years of control, ██████ persistence in overcoming systemic barriers, ██████ strength in enduring and escaping coercive control, ██████ fight for stability amid compounded trauma, and ██████ journey to reclaim her independence—all illustrate the urgent need for trauma-informed, survivor-centred responses to DFSV.

These lived experiences underscore the necessity of systemic reforms to address the root causes of DFSV and build a robust early intervention framework. A framework that integrates education, tailored support for diverse communities, economic empowerment initiatives, and culturally responsive interventions can ensure that victim-survivors receive timely and effective assistance. Moreover, sustained investment in trauma-informed, community-driven programs, coupled with strengthened legislation and coordinated services, is vital to creating lasting generational change.

South Australia's commitment to ending DFSV must honour the insights and bravery of victim-survivors, using their experiences as a blueprint for change. By addressing systemic gaps and fostering collaborative, inclusive approaches, we can create a future where all individuals are safe, supported, and empowered to thrive. Together, we can build a South Australia free from violence, where every person's dignity and autonomy are upheld.

2. Early Intervention

Identification of High-Risk Individuals

Key findings from the survey and broader analysis highlight critical barriers and opportunities in identifying individuals at elevated risk of experiencing or perpetrating domestic, family, and sexual violence (DFSV):

- **Service Integration:** Over 43% of ZAHRA survey respondents reported facing barriers due to fragmented and disjointed services. Many were referred to multiple agencies without receiving clear guidance or coordinated support, leading to delays and gaps in intervention.
- **Data Sharing:** Limited data sharing between government agencies and community services restricts the early identification of individuals at risk. Survey ZAHRA survey respondents frequently noted the inefficiencies of repeated storytelling and the lack of a centralized system to track risk factors and service engagement.
- **Missed Opportunities:** ZAHRA survey respondents often cited health and legal services as critical points for early intervention but noted that non DFSV or specialist frontline community workers frequently lacked the training to recognise early warning signs of DFSV or to connect individuals with appropriate supports.

Case Studies Highlighting the Need for Early Intervention

██████████ story underscores the critical need for comprehensive early intervention systems that address isolation, systemic vulnerabilities, and fear of engaging with services. During the COVID-19 lockdown in ██████████ ██████████ was trapped in a DFSV situation while pregnant, with her partner controlling every aspect of her life:

- *"He took my phone away, shut down communication channels, and left me with no access to my bank accounts or emails. I had no money for rent, and even when I tried to access Centrelink, he would take the money the moment I received it."*

Her fear of systemic consequences, including the forced removal of her baby, prevented her from reaching out for help:

- *"I didn't reach out to support services because I knew it would flag me as being in a DFSV situation, and I was terrified my baby would be taken away."*

██████████ story reinforces the critical importance of timely and effective early intervention. She describes leaving her abusive relationship multiple times but being unable to establish safety or independence due to her partner's persistent control and manipulation. ██████████ shared:

- *"I left multiple times, but I always went back. Eventually, I said, 'I cannot do this,' but he wouldn't leave. I had to stay at a mutual friend's house. I rang him and said, 'I am not coming back to this relationship. I need you to vacate my house.' He was still living there 8 weeks later."*
-

■■■■■ experience highlights unique challenges faced by CALD women, particularly those experiencing isolation, threats, and language barriers. Her partner used escalating control tactics to maintain dominance:

- ***"I didn't have internet or a SIM card for my phone. He controlled everything. He said he would kill me and himself if I left."***
- ***"He showed me a big knife he bought from ■■■■■ and said he knew how he was going to kill me. He joked about slaughtering a goat with it, but I knew he was serious."***

Despite these barriers, ■■■■■ sought to escape through education and external support. She shared:

- ***"I decided to escape the day I had my appointment for TAFE. I enrolled in class and started to make connections. A teacher asked about my situation and gave me the number for Zahra. She told me they would help."***

The journey was fraught with challenges, including continued abuse, control over her SIM card, and threats of violence. However, support from compassionate peers and professionals empowered her to seek safety.

■■■■■ story underscores the long-term, cyclical nature of abuse and the systemic failures in addressing coercive control, financial abuse, and stalking. Her experience began with love-bombing, a tactic often used to create emotional dependence:

- ***"He gave me plenty of gifts and was never away from me. I didn't know any better; he was the only one that loved me."***

The relationship quickly escalated to manipulation and control, with ■■■■■ abuser asserting ownership over her after an incident of drug-facilitated sexual violence. Financial control was another tool used to dominate her life, as he drained her savings and sabotaged her ability to build stability:

- ***"Within the first month, he moved himself into my house. I couldn't get away; he followed me everywhere, even to my mum's house."***

Despite her resilience in pursuing education, working night shifts, and raising her children, ■■■■■ faced relentless abuse and systemic barriers to safety. Her abuser's influence extended to their children, perpetuating harmful gender norms and further undermining her role as a parent:

- ***"He told our son that women can't do this and that he needed to be the man of the house. Even at a young age, my son didn't have any respect for me."***

Her attempts to enforce legal boundaries through intervention orders (IOs) were met with repeated breaches, stalking, and harassment. She described how her abuser exploited digital platforms to continue his abuse:

- ***"During COVID, he put my face, phone number, and home address online as an advertisement for sex. The police said they couldn't prove it was him, and I had to contact all the sites to get them taken down."***

■■■■■ experience highlights the complexities of coercive control, physical abuse, and the cyclical nature of returning to an abuser. Early in her relationship, her partner employed isolating tactics to establish dominance and sever her connections to family:

- ***"He used to go through my phone. He wouldn't let me go near my dad or sisters. The only place I was allowed to go was out with his mum."***

The violence escalated to severe physical abuse, leaving lasting scars both physically and emotionally.

■■■■■ shared how she endured cigarette burns and black eyes, often fabricating stories to protect herself from further harm:

- ***"He beat me so bad I had to lie to my mum's family, saying I ran into a door. I lied because I was scared, he would do something worse if he found out."***

Despite support from her sisters and obtaining an intervention order (IO), ■■■■■ struggled with the psychological manipulation that kept her tied to the relationship. She explained:

- ***"He made me drop statements I made to police because they made him look bad. He told me no one else loved me and that my family didn't care about me."***

The birth of her son added another layer of complexity. While she sought safety in motels and DFSV houses, her feelings of isolation often drove her back to her abuser:

- ***"I didn't want to be by myself. This is the main reason I kept going back."***

■■■■■ experience highlights the intersection of homelessness, trauma, and prolonged exposure to multiple perpetrators, emphasizing the systemic gaps in early intervention. After allowing her third perpetrator to stay as a housemate, ■■■■■ witnessed behaviour that deeply alarmed her and confronted him. She shared:

- ***"He made comments about me wanting to leave the house anyway and giggled to himself. The next morning, the house was on fire."***

The fire, which destroyed her home and belongings, became a symbol of punishment and control. The trauma of losing her home and possessions, combined with guilt for her children, led her to self-medicate using substances provided by the perpetrator. Despite recognizing the abuse, she felt trapped:

- ***"He was the only person who knew what I had just been through, so I thought it was okay to stay."***

■■■■■ situation deteriorated when she entered a relationship with a fourth perpetrator while homeless. Her vulnerability and need for shelter led her to unwittingly accept further abuse:

- ***"I stayed because I didn't have anywhere to go and couldn't get out of bed."***

This perpetrator's violence was severe, involving strangulation, head butting, and threats to her life. She described the moment he threatened her with a broken cane:

- ***"He hit me with his ancestral cane and then held the broken cane to my throat. I was close to death."***

■■■■■ attempts to escape were met with continued stalking, digital harassment, and violence, which escalated over time. Her children also became secondary victims, witnessing the abuse and struggling to reconcile their father's actions. Despite these challenges, ■■■■■ resilience underscores the urgent need for early interventions that address complex, compounded trauma and provide pathways to safety.

■■■■■ story exemplifies the devastating effects of DFSV and the systemic barriers victim-survivors face in seeking safety. The violence began with an explosive incident where her partner's aggression left her with permanent physical injuries and trauma:

- ***"He uppercut me so hard I had to get all but six teeth removed. I somehow managed to escape to the toilet and block the door while he screamed that he was going to kill me."***

Despite calling his mother during this incident, ■■■■■ received no active intervention:

- ***"His mum told me to wait until I couldn't hear him anymore and then run to the police."***

Her partner's violence escalated over time, including strangulation, sexual violence, and physical attacks in front of her children. ■■■■■ reflected on the moment she realised it wasn't just the alcohol:

- ***"The last time he attacked me; he was stone-cold sober. That's when I realised—it's not the alcohol, it's just him."***

■■■■■ attempts to leave were met with stalking, property damage, and further abuse. She described the challenges of shared custody, which exacerbated her homelessness and financial instability:

- ***"He followed me to every house I moved into and caused damage, but I could never prove it."***

Her experiences highlight the cyclical nature of abuse, the systemic gaps in enforcement of intervention orders, and the critical need for proactive, survivor-centred supports.

■■■■■ story highlights the devastating effects of isolation, systemic vulnerabilities, and gaps in early intervention systems, particularly during the COVID-19 lockdown in ■■■■■ Trapped in a DFSV situation while pregnant, ■■■■■ partner exerted extreme control:

- ***"He took my phone away, shut down communication channels, and left me with no access to my bank accounts or emails. I had no money for rent, and even when I tried to access Centrelink, he would take the money the moment I received it."***

Her fear of systemic consequences, including the forced removal of her baby, prevented her from reaching out for help:

- ***"I didn't reach out to support services because I knew it would flag me as being in a DFSV situation, and I was terrified my baby would be taken away."***

■■■■■ attempts to leave were further complicated by a lack of guaranteed safety for herself and her unborn child. She explained:

- ***"If there was a refuge or support service that could guarantee our safety, I would've gone for it."***

Her experience underscores the critical need for accessible, trauma-informed housing and support services for pregnant women and mothers navigating DFSV. After her baby was forcibly removed without warning following its birth in ■■■■ ■■■■ took drastic measures to avoid similar outcomes, including delivering her next baby at home.

■■■■■ story adds further depth to these insights, illustrating the compounded barriers of financial, emotional, and systemic abuse. ■■■■ partner began with verbal abuse that escalated to physical violence during her pregnancy, resulting in the tragic loss of two pregnancies:

- ***"He would hit and kick me while I was in bed. I slept on the lounge during my pregnancy to protect my son."***

■■■■■ concerns about her ex's behaviour were repeatedly dismissed by authorities, undermining her ability to seek support. She described her frustration with reporting his actions:

- ***"I reported what I saw to the police, but they laughed at me and said I was delusional. I wasn't strong enough to insist I knew what I saw."***

■■■■■ financial independence was stripped through systematic control. Her ex would steal money from her business and lock it away, and she faced challenges retrieving her belongings after leaving:

- ***"He threw a beam through my windscreen and hit my car with a golf club. When I reported it, he had already reported me for trespassing. The police told me I'd be arrested if I went back."***

Her ex's coercive control extended to their children, using them as pawns to maintain power and instill fear. ■■■■ fears for their safety were evident:

- ***"He has an obsession with the idea that he owns us—we have to do as he wants, speak as he pleases, and act the way he wants. I worry that he will eventually hurt them to get what he wants."***

■■■■■ resilience in navigating systemic barriers highlights the need for tailored, survivor-centred responses that empower women to rebuild their lives and protect their children.

██████ story underscores the profound impacts of long-term abuse and the systemic barriers that failed to provide her and her children with adequate support. ██████ described the first year of her relationship as being filled with love-bombing, which masked the eventual violence:

- ***"He opened car doors, acted romantic, and made me feel special. I had no idea what was to come."***

The abuse escalated into daily physical beatings, rape, and extreme control. ██████ recalls her first severe injury, where her partner manipulated the situation to avoid suspicion:

- ***"He hit me, and I fell unconscious. When I woke up, he told me I slipped in the shower. At the hospital, he lied to the doctors, and I was too scared to say anything."***

Over ██████ years, ██████ experienced repeated strangulation, surveillance, and financial abuse. Her children were also victimized, with one being subjected to sexual abuse and others witnessing extreme violence. She reflected on the systemic failures that allowed the abuse to persist:

- ***"Every time I left, he found me. When he brought me back, he tied me up while my children screamed for me. I had nowhere to go and no one to help."***

Her story reveals the long-term impacts of DFSV, not only on her physical and mental health but also on her children's well-being. She shared the challenges of rebuilding her life post-escape, including relearning basic skills, and navigating trauma-induced triggers:

- ***"When I first moved in with my mum, I didn't know how to dress myself. My mum had to help me pick out clothes."***
-

Recommendations for Early Intervention

To strengthen early identification and intervention for individuals at elevated risk of domestic, family, and sexual violence (DFSV), the following strategies are recommended:

Improved Intervention with Early Warning Signs of Coercive Control

Early Intervention as a Critical Component:

Early intervention remains a critical yet under-implemented element in addressing coercive control within DFSV. Although frontline services are familiar with coercive control, proactive policies, practical guidelines, and clear eligibility criteria for support services have not been fully developed. Data from Zahra Foundation indicate that women are frequently referred to support services on a weekly basis, only to be turned away due to narrow eligibility parameters—even when risk assessments clearly demonstrate escalating patterns of coercive control. Research suggests that it may take a woman up to nine attempts to successfully exit a violent situation, with many previous efforts hindered by limited access to services, particularly in regional and remote areas.

Impact of Early Intervention:

Zahra Foundation's internal data demonstrates that early intervention not only prevents women from returning to violent and controlling relationships but also reduces the likelihood of escalating harm and potential homicide. Survey results support that timely access to early support significantly decreases reliance on crisis services and lowers the incidence of serious harm. Research further shows that providing early intervention for perpetrators can, in some cases, reduce coercive behaviors and help maintain family integrity. Additionally, early intervention is crucial in mitigating the long-term adverse effects on children, who, when exposed to ongoing violence, develop distorted perceptions of relationships that are difficult to change in adulthood.

Proactive Engagement Strategies

Unified Data Sharing Protocol:

Establish a secure, unified data-sharing system across health, legal, and community sectors to capture key risk indicators, track service engagement, and alert relevant agencies while maintaining privacy standards.

Predictive Analytics:

Leverage predictive analytics tools to identify individuals at elevated risk of DFSV based on patterns of interaction with services, such as police reports, hospital visits, and welfare consultations.

Mandatory Training for Frontline Workers:

Embed mandatory DFSV risk assessment training for health professionals, educators, and legal practitioners to enhance their ability to identify and support at-risk individuals.

Tailored Support for Diverse Communities:

Increase outreach and develop culturally specific interventions for culturally and linguistically diverse (CALD) communities. Engage Aboriginal-controlled organizations to lead culturally relevant interventions that address intergenerational trauma, and expand targeted services for marginalized groups such as LGBTQIA+ individuals, people with disabilities, and older South Australians.

Enhanced Screening and Risk Assessment:

Implement comprehensive, standardized screening protocols in healthcare, law enforcement, and community services to detect early warning signs of coercive control.

Integrated Case Management Systems:

Develop coordinated case management models that connect individuals with multidisciplinary support—including legal, psychological, housing, and social services—to ensure timely and holistic intervention not just when they are deemed as significant risk, however a BUSINESS AS USUAL in response.

Community Education and Outreach Programs:

Launch targeted public awareness campaigns to educate communities about coercive control, its early indicators, and the available support services. Such outreach efforts can reduce stigma and encourage timely help-seeking behavior.

Policy and Funding Reforms:

Advocate for policy changes that broaden the eligibility criteria for DFSV support services and secure sustainable funding, particularly in regional and remote areas, to ensure consistent access to early intervention resources.

Multi-Agency Collaboration:

Foster partnerships among government agencies, non-government organizations, and community groups to create integrated service delivery networks that enhance information sharing and streamline referrals.

Data-Driven Approaches and Technology Integration:

Utilize advanced data analytics and case management systems to monitor risk factors, predict escalating behaviors, and trigger timely support.

Restorative and Perpetrator-Focused Interventions:

Explore and pilot evidence-informed restorative justice programs and targeted interventions for perpetrators to complement early intervention efforts by addressing underlying behavioral issues.

Systems and Mechanisms for Effective Use of Information

Systems That Collect and Process Relevant Information:

Healthcare: Hospitals, general practitioners, and maternal/child health services can identify signs of abuse.

Education: Schools and early childhood centers can observe behavioral changes and disclosures of violence.

Financial Institutions: Banks and financial counseling services can detect patterns of financial abuse.

Legal and Justice Systems: Police and courts collect data on intervention orders and criminal records.

Community Organizations: Women's shelters, advocacy groups, and survivor-led programs provide valuable insights from client interactions.

Social Services, Workplaces, Technology Companies, and Faith-Based Organizations:
These sectors also contribute critical data that can be used to identify at-risk individuals.

Mechanisms for Effective Use of Information:

- **Centralized Data-Sharing Frameworks:**
Create secure, unified systems that allow real-time data sharing among authorized agencies while ensuring privacy and confidentiality.
- **Clear Protocols and Consent:**
Develop standardized protocols for obtaining informed consent when sharing data across services.
- **Mandatory Reporting and Training:**
Ensure frontline workers are trained to recognize and document early warning signs of DFSV, with clear reporting pathways.
- **Technology Integration:**
Implement predictive analytics and robust data protection measures to monitor risk factors and trigger timely support.

Recommended Interventions for Managing High-Risk Individuals

For Individuals at Risk of Experiencing DFSV:

- **Immediate Safety Planning:**
Provide personalized safety plans that include access to emergency housing, financial assistance, and legal protection such as intervention orders.
- **Trauma-Informed Counseling:**
Ensure that counseling or therapy operates within a clinical governance framework, with staff fully qualified, trained, and regulated as professional mental health practitioners in psychology or social work.
- **Economic Empowerment Programs:**
Expand financial literacy and employment support to reduce dependency on abusive partners.
- **Community Integration:**
Connect individuals with culturally and linguistically appropriate services and community networks.

For Individuals at Risk of Perpetrating DFSV:

- **Behavioral Change Programs:**
Mandate attendance at programs addressing emotional regulation and gender-based violence education.
- **Mental Health and Substance Abuse Treatment:**
Provide targeted interventions to address underlying issues contributing to violent behavior.
- **Accountability Mechanisms:**
Utilize restorative justice programs focused on offender accountability and rehabilitation.

System-Level Interventions:

- **Cross-Sector Risk Management Teams:**
Establish multi-agency teams integrating police, healthcare, social services, and community organizations to monitor high-risk individuals.
- **Digital Safety Education:**
Provide training on preventing and addressing cyberstalking, digital coercion, and online abuse.
- **Preventive Outreach:**
Launch targeted outreach campaigns in communities with higher prevalence rates of DFSV.

Long-Term Systemic Changes:

- **Holistic Response Models:**
Develop integrated models that combine housing, financial support, and trauma-informed care.
- **Public Education Campaigns:**
Invest in education initiatives starting at the school level to challenge cultural norms and prevent DFSV.

Conclusion: Early Intervention

Effective early intervention is crucial to breaking the cycle of domestic, family, and sexual violence. Evidence demonstrates that coordinated, trauma-informed, and culturally appropriate early intervention can reduce immediate crises and long-term harm. Strengthening early intervention through enhanced screening, data sharing, targeted training, and multi-agency collaboration will lead to improved outcomes for women, children, and families.

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3. Response

Barriers to Reporting and Accessing Support

Barriers to reporting and accessing support services for domestic, family, and sexual violence (DFSV) in South Australia remain significant, as highlighted by ZAHRA survey data and victim-survivors' lived experiences.

- **Fear and Mistrust:**
 - Approximately 29% of ZAHRA survey respondents expressed fear of retaliation or other consequences from their abuser, which often prevents them from reporting or seeking help.
 - Around 34% felt dismissed or ignored when engaging with police, with some victim-survivors describing these interactions as condescending or re-traumatising.
 - Immigrant women face heightened fears tied to visa status and potential deportation.
 - One survivor, █████ recalled:
"He told me that no one else loved me, and that my family didn't care about me."
 - █████ noted the lack of police follow-through:
"They helped me get an IO against him, but they never charged him for breaching it. He always came back, and they didn't care."
 - █████ described her initial encounter with police as dismissive:
"The officer said he'd help, but added, 'you women are all the same, asking for charges to be dropped.' After that, I didn't know what to do."
 - █████ revealed a fear not of her partner but of the system:
"I wasn't afraid of my partners; I was more afraid of what the system would do to me and my children if I reported."
 - █████ experience underscores systemic failures in accountability:
"Despite 23 charges, including strangulation and sexual assault, only 4 were valid by the time it reached the DPP, and all were dropped."
 - █████ further highlighted police failure:
"Even after receiving DFSV housing, police allowed him onto the property and denied me an Intervention Order because they believed him over me."
- **Lack of Awareness:**
 - Over 43% of ZAHRA survey respondents were unaware of available services or how to access them.
 - Many victims lack understanding of intervention orders and legal protections, especially in rural and culturally diverse communities.

- **Stigma and Shame:**
 - Victim-survivors from culturally and linguistically diverse (CALD) backgrounds report that stigma surrounding DFSV compounds feelings of isolation and prevents engagement with support services.
 - Individuals with disabilities or chronic illnesses have experienced dismissal, being labelled as unreliable or lacking credibility.
- **Concerning responses in Health resulting in lack of trust:**
 - Enhanced training for healthcare professionals is essential to recognize and respond to coercive control, psychological abuse, and non-physical violence.
 - Development of survivor-centred protocols in hospitals and clinics can help provide compassionate care, reduce re-traumatization, and connect victim-survivors to specialized services.
 - ██████ recounted her struggle with inadequate mental health care:
"I went to the doctors to ask if anyone could help me with my traumatisation but was told no."
 - ██████ noted a missed opportunity:
"That psychiatrist could've picked up the DFSV signs. I believe that was a huge gap."
 - ██████ highlighted issues with restricted access to essential medications and counselling:
"A service refused to fund my counsellor even though I needed someone who truly knew my history."
 - ██████ emphasized the importance of early intervention training for hospital staff:
"Hospitals sent me away despite my injuries. Early intervention could've changed everything."
 - ██████ experience with family court advocacy emphasizes the necessity for child-focused interventions:
"My children are living in unsafe conditions, and no one is advocating for them."
- **Concerning responses in Justice system and policing resulting in lack of trust:**
 - Implementation of mandatory, comprehensive DFSV training for police, focusing on trauma, coercive control, and cultural sensitivity, is crucial.
 - Improved referral pathways must be established to ensure that victim-survivors are connected to support services at the earliest opportunity.
 - Clear communication about the rights and protections afforded to victim-survivors, including intervention orders and safety planning, is needed.

- Systemic accountability is required; for instance, ██████ account described how her abuser was only caught after a train driver's tip, only to be released a few days later due to minor charges.
- ██████ repeated encounters with police inaction, where she received only a DFSV booklet despite multiple breaches of her IO, highlight the need for consistent enforcement.
- ██████ reiterated,
 - "He breached the IO, but they never charged him for it. He always came back."***
- ██████ mixed experiences—with some officers providing exemplary support and others dismissing her concerns—demonstrate the urgent need for uniformity in police responses.
- ██████ fear of systemic consequences underscores another barrier:
 - "I walked for hours while pregnant to avoid bystanders calling the police and risking my children being taken away."***
- ██████ frustration with the DPP, where despite extensive evidence all charges were dropped, exemplifies systemic inadequacies:
 - "I had evidence, 80 pages of statements, and medical records, yet all charges were dropped. They failed me."***
- ██████ experience with police dismissal further highlights gaps:
 - "They told me he could come onto the property, even after I escaped to DFSV housing. They believed him over me."***
- **Justice System Responses:**
 - Procedural barriers in family law need to be addressed, particularly for immigrant women, CALD populations, and victim-survivors with disabilities.
 - Mandating perpetrator accountability should include continuous monitoring and enforcement of intervention orders, along with participation in certified behavior change programs and regular evaluations.
 - Integrating trauma-informed practices into court proceedings can minimize the emotional toll on victim-survivors.
 - ██████ noted her frustration with the justice system:
 - "I was told it was still my word against his. The DPP told me that I would get a full IO if I dropped the charges. I agreed because I really needed the full IO."***
 - ██████ prolonged struggles with multiple perpetrators illustrate compounding effects of systemic failures:
 - "The magistrate let him out on a no fixed address, and he pitched a tent 100 metres from my house. I felt completely unprotected."***
 - ██████ recounted her disappointment following her father's conviction, where he received only a suspended sentence:

"He pled guilty to seven counts of child abuse, but he only got a suspended sentence because my mother and sister supported him."

- ██████ expressed a profound sense of injustice over her ex's dropped charges: ***"All I wanted was my day in court, to read my victim impact statement, and see him held accountable. Instead, the DPP let him walk."***
- ██████ frustration with the Family Court, where her representation was ignored and her children were removed, highlights significant failures in protecting vulnerable families.

Current Gaps in South Australia

Survey and interview data reveal persistent systemic gaps that hinder effective response and contribute to prolonged survivor distress:

- **Insufficient Long-Term Support:**
 - Approximately 20% of ZAHRA survey respondents reported delays and limited durations of assistance, with many victim-survivors noting that support often ceases abruptly once immediate crises are resolved.
 - There is a strong need for programs that extend beyond crisis intervention to provide sustained emotional, financial, and legal assistance.
- **Eligibility Issues:**
 - Strict eligibility criteria have excluded victim-survivors deemed "asset rich" or those with temporary accommodation, leaving some without access to critical housing or financial aid despite experiencing significant economic abuse.
 - CALD and immigrant communities face challenges navigating systems that do not adequately account for language barriers or cultural contexts.
- **Fragmented Services:**
 - Over 43% of ZAHRA survey respondents described the referral process as disjointed, often requiring victim-survivors to repeatedly recount their experiences, which compounds trauma.
 - Victim-survivors frequently experience "referral fatigue," being passed between multiple agencies without coordinated support or clear outcomes.
- **Barriers for Marginalized Groups:**
 - LGBTQIA+ victim-survivors, individuals with disabilities, and older persons report significant difficulties in accessing services tailored to their specific needs.
 - Rural respondents have cited long travel distances and limited availability of specialized services as major barriers.

Further Lived Experience Insights around barriers to response and systemic gaps

Insights from [REDACTED]

Stories

The combined experiences of these victim-survivors reveal the intersection of systemic gaps, cultural barriers, and service deficiencies, while also illustrating the resilience required to navigate response systems for domestic, family, and sexual violence (DFSV).

Cultural Barriers and Isolation

These testimonies underscore how deeply embedded cultural norms and institutional oversights contribute to victim-survivors' isolation and inhibit their ability to access help:

- **[REDACTED] Journey:** Illustrates significant challenges for CALD women. She described how cultural norms limited her ability to seek help:

"My mother told me that men do this, and that I was being silly. She said not to tell my parents and that everything would be fine."

- **[REDACTED] Experience:** Demonstrates isolating tactics used by abusers that sever victim-survivors from support networks:

"He told me that no one else loved me, and that my family didn't care about me."

- **[REDACTED] Account:** Reveals compounded trauma due to isolation, manipulation, and systemic failures:

"When I reported my ex stalking me, they told me to come to the station, but he followed me the entire way."

- **[REDACTED] Testimony:** Highlights how systemic neglect and a lack of proactive measures perpetuate abuse and isolation:

"The police ignored my reports and let him camp 100 metres from my house. I didn't feel safe."

- **[REDACTED] Experience:** Reflects the lasting impact of institutional failures that leave victim-survivors with long-term repercussions:

"DCP placed my son in dangerous care, even though they should've known better. It took years to prove I was a fit mother."

- **[REDACTED] Reflections:** Illustrate cumulative neglect when authorities fail to act on simple evidence:

"When I reported my ex causing property damage, the police said I couldn't prove it, so they did nothing."

- **[REDACTED] Fear:** Unveils a profound mistrust in service systems due to anticipated adverse outcomes:

"I flew internationally to give birth because I was convinced Australian hospitals would take my baby."

- **Struggle:** Underscores deep-seated frustration with systemic barriers:

"The DPP dropped all his charges despite 80 pages of evidence. They didn't care about me or my kids."

- **Experience:** Reveals additional failures within the legal system that leave victim-survivors unprotected:

"The courts ignored my concerns, and now my children are living in unsafe conditions while no one listens to me."

These narratives not only expose the cultural and institutional roots of isolation but also reveal significant gaps in how systems engage with victim-survivors from diverse backgrounds.

Crisis and Support Services

The victim-survivors' stories highlight service gaps in crisis response and support structures, exposing failures in resource allocation, coordination, and sustained engagement:

- **Escape:** Her eventual escape was made possible by external support, yet it also points to the reliance on ad hoc interventions rather than systematic safety nets:

"The teacher gave me a crisis line number and told me to take my bag to TAFE the next day. They'd send a taxi to take me to a safe location."

- **Realization:** Her determination to leave underscores the critical need for empowerment initiatives that directly address the isolation imposed by abusers:

"He said, 'we all make promises we can't keep.' At that point, I realised this will never change."

- **Account:** Emphasizes the vital role of advocacy in bridging service gaps and securing timely safety measures:

"My case worker bumped me up the housing list, and I finally felt like I could breathe again."

- **Relocations:** Her repeated forced moves due to inadequate systemic protection reveal the heavy emotional and practical toll of service failures:

"I was forced to take a transfer far from my family, and I felt completely isolated."

- **Recovery Journey:** Demonstrates the necessity for tailored, long-term support programs that adapt to the survivor's evolving needs:

"It took years of programs, drug tests, and support letters to prove I was a fit mother and get my son back."

- **Coordinated Support:** Her positive experience with a dedicated case worker highlights the impact of coordinated, cross-agency support systems:

"She referred me to services like Zahra Foundation and ensured we had access to financial help."

- **Refuge Experiences:** The stark contrast between facilities points to significant service gaps in resource allocation and quality control:

"The Brisbane refuge was clean and structured. The NSW refuge was so poor, women were committing suicide."

- **Transformation:** Her discovery of purpose through a survivor-led initiative underscores the transformative potential of properly resourced support services:

"Through Zahra, I found my purpose, my recovery, and women who became my family."

- **CentraCare Experience:** Her account of early intervention reinforces the critical need for proactive support systems that help victim-survivors break the cycle of abuse:

"They explained the cycle of abuse to me and helped me escape to DFSV housing in [REDACTED]

These accounts highlight the need for comprehensive, well-funded, and coordinated crisis and support services that can bridge the current gaps in DFSV responses.

Police and Legal Barriers

Victim-survivors' interactions with law enforcement and the legal system further reveal systemic and service shortcomings in accountability, enforcement, and cultural sensitivity:

- **Interactions:** Expose a lack of cultural sensitivity and accountability within police responses:

"I made 10 complaints against my ex, but the police didn't take it seriously. They said they couldn't find him."

- **Story:** Although not directly quoted here, her experience underscores the ongoing psychological toll of manipulation and control by both abusers and an unresponsive system.
- **Experience:** Reveals the critical need for stricter enforcement of intervention orders, as leniency only becomes apparent after severe escalation:

"He breached the IO multiple times, but nothing was done until he 'pissed off' the police by [REDACTED]."

- **Encounters:** Repeated inaction by the police highlights systemic failures that leave victim-survivors vulnerable:

"Even after breaching the IVO and stalking me, he faced minimal consequences. The police didn't care."

- **Experience:** Further underscores how gaps in follow-up and accountability allow abusers to repeatedly return, leaving victim-survivors exposed:

"The police helped me get an IO, but they never followed up. They didn't care when he came back."

- **Reflections:** Her contrasting experiences with different officers reveal an inconsistent application of justice and protective measures:

"Some officers were incredible and made me feel safe, while others dismissed my concerns entirely."

- **Avoidance:** Her fear of systemic repercussions reflects broader gaps in ensuring victim-survivors are protected from institutional overreach:

"I was never worried about my partners. I was worried about what the system would do to me and my kids if I reported."

- **Unresolved Fight for Justice:** Captures the cumulative effect of systemic inadequacies that erode trust in legal processes:

"I had all the evidence, yet they still dropped every charge. It's why women don't leave."

- **Frustration:** Further emphasizes the failure of the system to uphold accountability, leaving victim-survivors without recourse:

"They believed him over me and wouldn't help me retrieve my belongings after I left."

These testimonies not only reveal gaps in enforcement and accountability but also point to deeper service deficiencies—ranging from inadequate follow-up procedures to inconsistent responses—that prevent victim-survivors from receiving the protection and justice they desperately need.

Elements of Best Practice Responses

Evidence from ZAHRA survey data and service evaluations points to critical elements that constitute best practice responses across crisis, health, police, and justice systems.

- **Crisis Response:**

- Provision of safe and immediate access to emergency housing with trauma-informed staff available on-site.
- Holistic support services encompassing empowerment programs (e.g., financial literacy and employment readiness), child-specific interventions tailored to unique recovery needs, and peer-led support groups to reduce isolation and enhance emotional resilience.
- ██████ experience with the Riley Foundation illustrates the importance of consistent advocacy:
"They went to all my court hearings and mediations with me, and they were incredibly helpful."
- ██████ expressed gratitude for police officers who provided compassionate crisis responses:
"They stayed with me, removed him, and waited to ensure he wouldn't come back. I felt so safe in their care."
- ██████ compared refuge environments, noting stark disparities:
"The refuge in Brisbane was clean, secure, and supportive. In NSW, the facilities were so poor that women were taking their own lives."
- ██████ reflected on the transformational impact of survivor-centred empowerment programs offered by Zahra Foundation:
"Through Zahra, I found my purpose, my recovery, and women who became my family."
- ██████ highlighted the community aspect of crisis support:
"I met women who understood my journey, and for the first time, I felt I wasn't alone"
- ██████ positive experience with Women's Health, which included comprehensive support services, exemplifies the benefits of wraparound care:
"They helped with dental care, financial support, and connected me to Zahra Foundation for further help."

Conclusion

The findings underscore a critical and multifaceted failure within South Australia’s systems for addressing domestic, family, and sexual violence. Victim-survivors’ testimonies and survey data collectively reveal that fear, mistrust, and cultural stigma not only silence victims but also perpetuate cycles of isolation and re-traumatization. Significant barriers—ranging from dismissive law enforcement and fragmented support services to inadequate long-term assistance and systemic inequities for marginalized groups—compound the challenges victim-survivors face. Testimonies illustrate a justice system that often prioritizes procedural formality over genuine protection, while healthcare responses frequently miss opportunities for early intervention and compassionate care. Yet, amidst these profound shortcomings, examples of best practice responses demonstrate that coordinated, culturally sensitive, and trauma-informed interventions can pave the way toward more effective support and empowerment. A transformative, cross-sector commitment to accountability, sustained advocacy, and tailored support is essential to restore trust and ensure that every survivor is met with the comprehensive protection and care they deserve.

Recommendations

Building on the identified gaps and the need for a transformative, cross-sector commitment, the following multi-pronged strategies are essential to strengthen South Australia's response to domestic, family, and sexual violence:

Expand Service Accessibility

Reaching Rural and Remote Areas:

- Develop mobile support units to provide crisis intervention and follow-up services in rural and remote communities.
- Establish local safe housing options to ensure timely, trauma-informed emergency accommodation.

Culturally and Linguistically Appropriate Services:

- Offer multilingual support and culturally tailored services to better engage CALD communities and marginalized groups.
- Include specialized interventions for children—such as trauma counselling, educational continuity programs, and secure, child-friendly housing—to ensure that young victim-survivors receive the support they need.

Strengthen Interagency Coordination

Streamlined Referral Processes:

- Create a unified, secure data-sharing platform to reduce the burden on victim-survivors who must repeatedly retell their experiences, thereby minimizing re-traumatization.
- Establish centralized hubs where victim-survivors can access multiple services—legal, health, crisis support, and counselling—in one location.

Improved Cross-Sector Collaboration:

- Develop clear and empathetic referral pathways from police, health, and justice systems to specialized support services.
- Ensure that all agencies involved in crisis and support services are working from consistent, trauma-informed protocols.

Invest in Long-Term Solutions

Sustainable Funding and Programs:

- Increase funding for ongoing programs that support victim-survivors' economic and emotional recovery, including holistic wraparound services such as financial counselling and peer-led empowerment initiatives (e.g., Zahra Foundation's Pathways to Empowerment).
- Implement affordable housing initiatives, prioritizing victim-survivors for stable, secure accommodation to break the cycle of instability and isolation.

Tailored Support for Diverse Needs:

- Expand services to address the unique challenges faced by marginalized groups, including LGBTQIA+ individuals, people with disabilities, and immigrant communities.
- Develop child-specific interventions that ensure a safe environment and continuous support for young victim-survivors.

Enhance Accountability Mechanisms

Robust Enforcement and Training:

- Enforce stricter penalties for breaches of intervention orders, ensuring consistent follow-up and accountability across law enforcement agencies.
- Mandate comprehensive, ongoing training for police, healthcare professionals, and legal practitioners in trauma-informed care, cultural sensitivity, and recognition of non-physical abuse such as coercive control.

Systemic Reforms in Legal and Judicial Processes:

- Integrate trauma-informed practices throughout court proceedings to minimize the emotional toll on victim-survivors, ensuring that their testimonies are heard and validated.
- Improve access to legal representation and support for victim-survivors who cannot afford lawyers or qualify for legal aid.
- Conduct external evaluations of behaviour change programs for perpetrators to ensure these interventions effectively promote accountability and prevent recidivism.

4. Recovery and Healing

The recovery and healing process for victim-victim-survivors of domestic, family, and sexual violence (DFSV) is complex and multifaceted. Analysis of ZAHRA survey data and in-depth lived experiences reveal that victim-survivors face systemic gaps that inhibit not only their immediate safety but also their long-term wellbeing. A comprehensive approach to recovery must address universal needs, integrate best practice models, and close persistent service gaps, all while centering the voices of victim-survivors.

Universal Needs for Recovery

Economic Security:

- Direct financial support is critical, as evidenced by a high importance score (4.81/5) from survey respondents. Victim-survivors stress the need for cash assistance rather than vouchers, enabling them to regain autonomy and manage recovery on their own terms and services supporting them to rebuild financial literacy skills, manage money and deal with bad debt, because of financial abuse.

Housing Stability:

- Safe, long-term housing is paramount, with survey data reflecting an average importance score of 4.85/5. Immediate access to emergency shelters that transition into secure, affordable homes is essential to providing a foundation for recovery.

Mental Health and Emotional Support:

- Tailored counselling and trauma-specific therapies are vital. Long-term mental health services not only help victim-survivors process enduring trauma but also support their children, ensuring the emotional wounds of abuse do not pass to the next generation.

Access to Information and Empowerment:

- Victim-survivors require clear, accessible pathways to support services—from legal aid to financial counselling—so they can rebuild their lives with confidence. Empowerment is further bolstered by opportunities for education, vocational training, and community advocacy.

Best Practice Approaches

Integrated Service Models:

- Co-located services that combine financial, legal, housing, and psychological support reduce the burden on victim-survivors and prevent repeated recounting of traumatic experiences. Programs such as Zahra Foundation's Pathways to Empowerment illustrate the success of a multidisciplinary, survivor-centred approach.

Trauma-Informed Practices:

- Training for all service providers—including healthcare professionals, police, and legal practitioners—in trauma-informed care is essential to avoid re-traumatization.

Empathy, cultural sensitivity, and consistent follow-up are key to ensuring victim-survivors are met with respect and understanding.

Child-Focused Interventions:

- Children exposed to DFSV require specialized trauma-informed support that addresses their developmental needs. Family courts and support services must prioritize the safety and emotional recovery of children to break the cycle of abuse.

Service Gaps and Lived Experience Insights

Survivor narratives underscore the systemic shortcomings that persist despite some promising initiatives:

- **Counselling and Therapy:**
While rated helpful (7.03/10) by Zahra survey respondents", issues such as limited sessions, prohibitive costs, and due to the lack of qualified and clinical governed counselling, therapy and support survey respondents stressed the impacts on the need to repeatedly recount traumatic experiences. Victim-survivors like [REDACTED] and [REDACTED] highlight issues such as limited session availability, excessive costs, and the repeated need to recount their traumatic experiences due to inadequate, clinically governed services.
- **Shelters and Emergency Housing:**
Many report that available shelters are often unsafe or stigmatizing, with insufficient trauma-informed practices and a lack of empathetic support from staff.
- **Case Management and Specialist Services:**
Extended wait times, fragmented referral processes, and inadequate follow-up continue to undermine victim-survivors' recovery journeys.

Personal stories provide a human face to these statistics:

- [REDACTED] struggles with the reality that her children remain in an unsafe environment, while [REDACTED] grapples with uncertainty about her son's future relationship with his biological father.
- [REDACTED] poignant account of systemic barriers—as an immigrant fighting for recognition of her qualifications—illustrates how isolation and administrative obstacles can push victim-survivors to the brink.
- [REDACTED] reveals the hidden nature of financial and emotional abuse, underscoring the need for early intervention and robust support networks.
- [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] each share journeys marked by resilience and small victories—from academic achievements and business successes to transformative advocacy—highlighting that recovery, though arduous, is possible with the right supports, as evidenced in outcomes of Zahra Foundation pathways programs.

Moving Forward: Recommendations for Pathways to Sustainable Recovery

A survivor-centred recovery model must be built on the following pillars:

- 1. Expand Trauma-Informed Practices:**
 - Mandate comprehensive training across all service sectors to ensure empathetic, non-judgmental care that prevents re-traumatization.
- 2. Improve Housing Solutions:**
 - Increase both emergency and long-term housing options that are safe, affordable, and designed with trauma-informed practices in mind.
 - Streamline housing transfer pathways to reduce wait times for victim-survivors seeking stable accommodation.
- 3. Enhance Economic Support:**
 - Provide direct financial assistance and invest in programs that promote economic independence through education, vocational training, and employment opportunities.
- 4. Implement Integrated Service Models:**
 - Develop centralized hubs that offer a seamless array of services—including financial, legal, and psychological support—to reduce referral fatigue and empower victim-survivors.
- 5. Prioritize Long-Term Mental Health Services:**
 - Increase access to affordable, sustained counselling and therapeutic interventions that address both adult and child trauma.
- 6. Strengthen Cultural Competency and Accessibility:**
 - Expand culturally and linguistically appropriate services to meet the unique needs of immigrant women, Aboriginal and Torres Strait Islander communities, and other marginalized groups.
- 7. Address Systemic Gaps in the Justice System:**
 - Reform legal and policing responses to ensure accountability, enforce intervention orders, and provide survivor-sensitive court proceedings with robust follow-up support.

Conclusion

True recovery and healing require a holistic, sustained commitment to addressing both immediate safety and long-term wellbeing. By centering victim-survivors' voices, integrating comprehensive support systems, and addressing systemic shortcomings, South Australia can forge a path that not only meets the universal needs of victim-survivors but also empowers them to reclaim their lives with dignity and resilience.

5. Specialised DFSV services

Specialised DFSV services are dedicated organisations that focus solely on the complex challenges posed by domestic and family violence. Unlike mainstream services, which cover a broad array of issues from general mental health to legal and welfare support, specialised services concentrate exclusively on intervention, safety planning, risk assessment, and long-term recovery for those directly affected by abuse. Their focused mandate allows them to develop tailored responses that address the unique dynamics of violence—such as coercive control, gender power imbalances, and the intergenerational impacts of abuse—areas that generalist services may not have the capacity to fully recognise or manage.

Typically, specialised DFSV services provide:

- Immediate crises support and safety planning to mitigate imminent risks
- Intensive case management and advocacy specifically designed to address the patterns of abuse
- Trauma-informed counselling and therapeutic interventions that recognise the subtle, ongoing nature of coercive control
- Assistance with legal, housing, and financial challenges that frequently accompany domestic violence
- Coordinated referrals and multi-agency collaboration ensuring a comprehensive, safety-first response
- Recovery and healing programs and services
- Community education and advocacy on DFSV

What truly distinguishes these services is the advanced expertise of their staff. Practitioners in a specialised DFSV setting receive dedicated training in risk assessment, trauma-informed care, and systems advocacy—skills essential for identifying and responding to the multifaceted nature of domestic abuse. This concentrated knowledge base is crucial for delivering a victim-centred approach that not only enhances safety but also ensures perpetrator accountability through effective inter-agency coordination.

Zahra Foundation exemplifies excellence in this specialised arena. Regardless of prior experience, every staff member and volunteer at Zahra Foundation enters a robust two-year professional development and training plan. During the first six months, all new team members complete a nationally accredited DV-alert Foundation Skills program. This comprehensive training portfolio includes courses such as:

- Recognise C Respond to DFSV – DV-alert or WSS
- Indigenous Workshop RCR to DFSV – DV-alert
- Multicultural Workshop RCR to DFSV – DV-alert
- Working with Women with Disabilities RCR Workshop – DV-alert
- Complex Forms of DFSV Specialist Training – DV-alert
- Interpreter Workshops – DV-alert
- Coercive Control e-Learning Course – WSS

- Recognise and Respond to Domestic and Family Violence: Safety Planning – WSS
- Well Being, Well Doing: Work-Related Stress and Vicarious Trauma – WSS
- Recognise and Respond to Domestic C Family Violence: Conversations – WSS
- Risk and Safety: Specialist DFSV Sector – WSS
- Strangulation Awareness and Response – WSS
- Technology-Facilitated Abuse in Domestic and Family Violence Situations – Esafety commission
- Safe Environments for Children C Young People: Through Their Eyes Training (Working with Children) – DHS
- Blue Knot: Using a Trauma Lens When Working with DFSV – Blue Knot
- Financial Abuse Professional Development Training – WIRE
- Family Safety Portal Training – Office for Women
- First Aid Pro Course – First Aid Pro
- Dealing with Difficult Calls – WIRE
- DV Foundations – Dvalert
- Child Aware Practice – emerging minds
- The Impact of DFSV on the Child – Intro Course – emerging minds
- ESET Cybersecurity Awareness Training – ESET

At Zahra Foundation, our approach is grounded in a robust Workforce Capability Framework that defines the essential skills, knowledge, and competencies required by the Specialist Domestic, Family and Sexual Violence and Women’s Health and Wellbeing workforces. This Framework underpins our ability to deliver safe, effective, and respectful responses across a diverse range of programs, ensuring that women, children, men, gender diverse peoples, and families receive tailored support in complex, multi-layered service contexts.

Key features of Work-ups Workforce Capability Framework QLD include:

- A clearly articulated set of foundational capabilities that guide how our staff operate, regardless of whether they work directly with those experiencing violence or with individuals who use violence.
- An emphasis on cultural appropriateness, trauma-informed care, risk assessment, and systems advocacy, ensuring that every response is both evidence-based and victim-survivor centered.
- A design that is both simple and flexible, enabling organisations to use the Framework in modular sections and adapt it to specific service areas as needs evolve over time.
- Ongoing collaboration with sector stakeholders, ensuring that the Framework is continuously refined to reflect best practices and the dynamic policy, funding, and service landscapes.

Complementing this Framework is the AMOVITA PASE® Model—a specialised supervision model developed specifically for professionals in the domestic and family violence, allied health, and community services sectors. The AMOVITA PASE® Model focuses on:

- Providing structured, regular clinical supervision that guides discussion towards effective outcomes.
- Supporting staff through continuous professional development to stay current on training and emerging practices.
- Preventing burnout and mitigating the effects of vicarious trauma, thereby ensuring that our workforce remains resilient and capable of working at full capacity.

Together, the Workforce Capability Framework and the AMOVITA PASE® Model form an integrated system that not only strengthens connections across the service continuum but also builds a highly adaptable workforce. This dual framework is central to Zahra Foundation’s success—it guarantees that our teams are exceptionally prepared to deliver specialised responses that meet the unique challenges of domestic and family violence, setting us apart from more generalist or mainstream service providers.

Zahra’s service delivery model is fully integrated, placing safety and choice at its core from the very first point of contact. Each client receives a thorough risk and safety assessment upon intake, with coordinated external referrals and a seamless continuum of care that puts the needs of the victim-survivor first. Moreover, Zahra Foundation works in close partnership with a Lived Experience Committee—a group of approximately ten women who have directly experienced domestic and family violence. Their input is pivotal in co-designing programs, influencing policy, and ensuring that service responses remain relevant and empowering.

6. Designing an Integrated Service System

Drawing from best practice research and internationally recognized models—such as the “No Wrong Door” approach used in integrated health and social care systems—Zahra recommends an integrated service system for domestic and family violence (DFSV) that mirrors the structure of modern health sectors. This model ensures that every entry point into the service network, whether through housing, legal, health, child protection, family support, mental health, homelessness services, community-based organizations, or neighbourhood centres, is equipped to identify and respond to DFSV concerns.

Mainstream Services as the First Point of Entry

Much like primary healthcare settings where general practitioners serve as the first point of contact, mainstream services in the DFSV context must be designed to screen, identify, and initially respond to individuals affected by domestic abuse and sexual violence. Best practice research emphasizes that training, clear policies, and standardized procedures are essential for frontline staff. These measures ensure that victims, victim-survivors, and even perpetrators who present at any service—be it a community centre or a legal aid office—are promptly screened and provided with an immediate response.

- **Training and Policy:** Research from various government and academic sources highlights the importance of embedding DFSV awareness into the everyday functions of mainstream services. Staff must be trained not only to recognize signs of abuse but also to conduct risk and needs assessments effectively.
- **“No Wrong Door” Principle:** This principle, widely endorsed in service integration studies, guarantees that every contact point within the service network can either directly provide assistance or seamlessly refer individuals to specialized support when necessary.

Specialized Services as the Critical Intervention Layer

While mainstream services act as the safety net for initial engagement, there will be instances when a client’s needs exceed the capacity of these general systems. In such cases, a well-defined referral pathway to specialized DFSV services is essential. Specialized services are designed to offer targeted interventions ranging from crisis to long-term recovery support—and should be governed by rigorous clinical frameworks and specialized domestic violence practice guidelines that are directly linked to funding models and quality assurance accreditation processes.

- **Referral Mechanisms:** Once an individual’s situation is assessed, if their needs extend beyond the capabilities of the mainstream system, they should be promptly referred to a specialized DFSV service provider. This model is analogous to how a general practitioner might refer a patient to a specialist, ensuring that expertise is matched to need.
- **Integrated Feedback:** Once specialized intervention is completed, there should be a “drop-down” referral back to mainstream services for ongoing support, ensuring continuity of care and a seamless transition between different service levels.

Investment, Governance, and Policy Support

Implementing such an integrated system requires significant investment and robust policy support from the government. Contractual arrangements and funding streams like those found in health sectors can provide the financial and operational stability needed to sustain both mainstream and specialized services.

- **Government Contracting:** Just as the health system relies on well-established contractual funding models to ensure service quality, DFSV service models would benefit from similar frameworks. This ensures that every “door”—whether general or specialized—is supported by clear guidelines and performance metrics.
- **Preventing Service Gaps:** By aligning strategic visions with health sector best practices, the integrated DFSV system minimizes the risk of individuals falling through service gaps. Clear policies, standardized screening, and comprehensive risk and needs assessments are pivotal in reducing unnecessary escalations and ensuring early intervention.

Best Practice Examples and Research Insights

Evidence from international models underscores that when mainstream services are effectively integrated with specialized supports, outcomes for individuals affected by DFSV improve dramatically. For instance:

- **Integrated Health Models:** Studies in the United States and Australia have demonstrated that “No Wrong Door” approaches in healthcare settings lead to earlier detection of abuse and more effective referrals to specialized care.
- **Collaborative Frameworks:** Research from the Australian Institute of Family Studies and other national bodies confirms that collaboration between general service providers and specialized DFSV services creates a resilient network. This network not only offers immediate crisis intervention but also provides sustained recovery pathways, ultimately reducing the cycle of victimization and repeated service use.

Conclusion

By designing a DFSV service system modelled after integrated health service sectors, we can ensure that every person—whether a victim, survivor, or even a perpetrator—receives timely and appropriate support. With significant government investment, clear policy frameworks, and rigorous training protocols, an integrated “No Wrong Door” approach can prevent service gaps and create a seamless continuum of care. This model not only addresses immediate needs but also fosters long-term recovery and resilience, ensuring that individuals impacted by domestic and family violence receive the right support at the right time.

7. Former enquires in South Australia

What can we learn to ensure the royal commission recommendations are supported, invested by government, and implemented.

1. Overview of the Earlier Recommendations

The Social Development Committee's Thirty-Ninth Report on Domestic and Family Violence (2015–16) proposed a set of specific, actionable recommendations, including:

- **Definition and Consistency (2.1 G 2.2):**
 - Adopt a consistent definition of domestic and family violence in line with the National Plan.
 - Ensure that the gendered aspects of violence—and the National Action Plans—remain on the national agenda (for example, through COAG).
- **Addressing Intergenerational and Social Drivers (2.3):**
 - Develop national standards and curricula on gender equality and respectful relationships, linking government funding to the achievement of these standards.
 - Institute policies that require programs to portray women respectfully.
- **Health and Employment Impacts (2.4 G 2.5):**
 - Engage with medical associations to ensure that community health services and general practices are equipped with domestic violence (DV) education and training.
 - Mandate workplace policies—including potential amendments to the Fair Work Act—to recognize domestic violence as an industrial matter, securing statutory leave and protections in employment agreements.
- **Homelessness and Child Impacts (2.6 G 2.7):**
 - Negotiate for adequate crisis accommodation funding so that women and children experiencing DFSV can remain safely in their homes.
 - Ensure that therapeutic support services for children affected by domestic and family violence are both available and adequately funded.
- **Support for Vulnerable Groups (2.8–2.11):**
 - Enhance culturally appropriate and community-driven strategies for Aboriginal and Torres Strait Islander communities as well as CALD communities.
 - Provide targeted education and service delivery for women with disabilities and improve service access in regional, rural, and remote areas.
- **Effectiveness and Coordination (2.12, recs 17–21):**
 - Improve multi-agency communication and information sharing.

- Secure longer-term, dedicated funding and ensure better portfolio coordination for specialist domestic violence services.
 - Advocate for funding structures that separate domestic violence-specific accommodation from general homelessness support.
-

2. Scope and Themes of the 2024 Royal Commission Inquiry

The Royal Commission has been tasked with a broad inquiry into domestic, family, and sexual violence, examining system-wide reforms across four key pillars:

- **Prevention:**
 - Address the underlying social drivers of DFSV—including gender inequality and harmful societal norms—to stop violence before it occurs.
- **Early Intervention:**
 - Enhance the identification and support of individuals at elevated risk by improving data collection, inter-agency information sharing, and coordinated interventions.
- **Response:**
 - Improve crisis, health, police, and justice responses to ensure that both victim-victim-survivors and individuals who use violence receive appropriate and timely interventions.
- **Recovery and Healing:**
 - Ensure that services are designed to support long-term recovery for victims without re-traumatization and that pathways exist to help victim-survivors rebuild their lives.

The Commission’s inquiry emphasizes extensive stakeholder engagement, having conducted more than 80 listening sessions across metropolitan and regional areas. It aims to reshape policies, legislative frameworks, administrative structures, and funding arrangements based on the voices of children, young people, Aboriginal and Torres Strait Islander communities, and other affected groups.

4. Implementation of the Earlier Recommendations

A key concern is whether the original recommendations from the Social Development Committee were taken up by the South Australian Government. Based on the documents and recent developments:

- **Partial and Inconsistent Progress:**

- Some legislative reforms have been introduced in recent years (for example, amendments to the Intervention Orders Act and modifications in bail provisions).
- However, many specific recommendations—such as mandating workplace policies for DFSV, separating domestic violence funding from general homelessness support, and consolidating service responsibilities into a single portfolio—remain either partially implemented or not clearly evident in current government actions or the Royal Commission’s background materials.
- **Lack of Measurable Accountability:**
 - There is a notable absence of comprehensive data or publicly available progress reports that indicate the full suite of earlier recommendations has been implemented. This gap suggests that significant shortcomings in accountability and implementation persist.

5. Implications and Lessons for the Royal Commission

- **Had the Original Recommendations Been Fully Acted Upon:**
Many argue that robust, comprehensive implementation of the earlier recommendations might have addressed several systemic failings. This could have mitigated the scale of the crisis and potentially reduced the need for a Royal Commission. Instead, the continued prevalence of DFSV underscores the cost of partial implementation.
- **Ensuring Future Accountability:**
To prevent another cycle where recommendations are simply “swept under the table,” the following measures are critical:
 - **Independent Monitoring:** Establish an independent body tasked with tracking and reporting on the implementation of the Royal Commission’s recommendations.
 - **Clear Timelines and Benchmarks:** Set statutory deadlines and measurable performance indicators for each recommendation.
 - **Regular Public Reporting:** Implement mechanisms for regular, transparent public reporting on progress, ideally linked to government funding.
 - **Continued Stakeholder Engagement:** Ensure ongoing, genuine consultation with victim-victim-survivors, service providers, and community organizations to hold government accountable.

A. Establish Independent Oversight

1. **Create an Independent Monitoring Body:**
 - Propose the establishment of a dedicated independent oversight committee—ideally comprising representatives from victim-survivor organizations, independent experts in domestic violence, and community leaders—to monitor the implementation of the Royal Commission’s recommendations.

- This body should have statutory authority or government-mandated powers to review progress, collect data, and issue regular reports.

2. Mandate Regular External Audits:

- Require that independent audits be conducted annually by an external auditor or research institution to assess the implementation status of each recommendation, with findings published publicly.

B. Define Clear Timelines and Benchmarks

1. Set Statutory Deadlines for Implementation:

- Each recommendation should include a specific deadline (e.g., within 12 months for short-term actions, 24–36 months for medium-term, and 5 years for long-term reforms).
- These deadlines must be enshrined in legislation or binding agreements between the government and relevant agencies.

2. Establish Measurable Performance Indicators:

- Develop a set of quantitative and qualitative benchmarks for each recommendation (for example, reduction in domestic violence-related hospitalizations, percentage increase in service uptake, or improvement in inter-agency data sharing protocols).
- Tie these benchmarks to performance targets that agencies are required to report on regularly.

C. Implement Transparent Public Reporting

1. Annual Public Progress Report:

- Require the responsible government department (or the independent oversight body) to publish an annual report detailing progress against each recommendation.
- These reports should include clear metrics, challenges encountered, and corrective actions taken.

2. Interactive Online Dashboard:

- Develop a publicly accessible online dashboard that displays real-time or regularly updated data on key performance indicators, funding allocations, and progress milestones.
- Ensure the dashboard is user-friendly and segmented by focus areas (e.g., prevention, early intervention, response, recovery).

D. Ensure Ongoing Stakeholder Engagement

1. Regular Consultation Mechanisms:

- Mandate that government agencies hold quarterly stakeholder meetings with representatives from victim-survivor organizations, service providers, and independent experts to discuss progress, emerging issues, and necessary adjustments.
- These meetings should be documented, with minutes made publicly available.

2. Feedback and Grievance Redressal System:

- Establish a system for communities and frontline workers to provide feedback or lodge complaints if implementation is inadequate.
- Ensure that such feedback is reviewed by the independent oversight body and that clear timelines for response and resolution are set.

E. Link Funding to Accountability

1. **Conditional Funding Packages:**

- Tie federal and state funding directly to the achievement of the set benchmarks and performance targets.
- Make it a condition that a portion of funding for domestic violence initiatives be withheld or returned if agencies fail to meet their statutory deadlines.

2. **Regular Financial Audits:**

- Require that funding for domestic violence programs undergoes biannual financial audits to ensure that resources are being used effectively and in accordance with the agreed recommendations.

These accountability measures, when integrated into the next phase of reform, will help ensure that the Royal Commission's recommendations are not only implemented but are done so transparently and effectively. They provide a clear framework for independent monitoring, measurable outcomes, and ongoing stakeholder engagement that can prevent past shortcomings from recurring.

6. Conclusion

The thematic overlap between the earlier Social Development Committee recommendations and the focus of the 2024 Royal Commission inquiry is unmistakable—both documents underscore the urgent need for comprehensive, coordinated, and accountable reform of South Australia's domestic and family violence systems.

While legislative reforms, enhanced police training, and funding initiatives (such as the new crisis accommodation projects) show progress, the lack of clear, measurable implementation of earlier recommendations has left persistent gaps. Without robust and independent accountability measures, there is a real risk that the Royal Commission's recommendations will fall victim to bureaucratic inertia, just as many previous initiatives did.

It is therefore critical that the forthcoming recommendations from the Royal Commission are paired with:

- **Strong independent oversight,**
- **Standardized, regular data collection and transparent public reporting,** and
- **Ongoing, meaningful stakeholder engagement.**

8. Addressing Perpetrators of Abuse, Violence, and Control

Efforts to combat domestic, family, and sexual violence (DFSV) must not only prioritize survivor safety, justice, and recovery but also address those who perpetrate harm. Without meaningful intervention targeting the behaviours of perpetrators, the cycle of violence will persist across generations.

Exploring Restorative Justice as an Alternative Approach

The Royal Commission is encouraged to explore restorative justice as an emerging, though highly contested, approach to addressing perpetrator accountability and reducing recidivism. While conventional criminal justice responses focus on punishment and deterrence, restorative justice seeks to engage offenders in structured processes of accountability, acknowledgment of harm, and behavioral change.

Emerging research, though limited, suggests potential benefits:

- United States (2013 study) – Found that domestic violence offenders who participated in restorative justice programs were significantly less likely to reoffend, indicating potential for reducing recidivism.
- United Kingdom (2024 systematic review) – Identified only four eligible studies on restorative justice in DFSV contexts, highlighting both its rarity and the need for further research.

Documentaries such as:

- “How to Love Your Enemy” (USA) – Explores the use of restorative justice in Colorado as an alternative to incarceration, emphasizing accountability and cooperation.
- “Can Criminals Say Sorry?” (UK) – Examines the UK’s implementation of restorative justice, featuring first-hand accounts from victims and offenders.

While some evidence points to restorative justice reducing repeat offending, its use in DFSV remains highly controversial due to:

- Power imbalances between victim-victim-survivors and perpetrators, which may undermine genuine accountability.
- The risk of re-traumatization, particularly if victim-victim-survivors feel pressured into participating.
- The absence of evidence supporting restorative justice as a healing mechanism for victim-victim-survivors—studies focus only on reducing reoffending, not on survivor wellbeing.

Recommendations for the Commission

Zahra recommends that the Commission:

1. Reject direct victim-perpetrator models of restorative justice in DFSV due to inherent power imbalances and risks to victim-victim-survivors.

2. Pilot alternative restorative justice programs that focus on perpetrators engaging with victim-victim-survivors who are not their own victims, ensuring safeguards to protect victim-survivors' emotional and psychological well-being.
3. Ensure rigorous oversight and survivor-led evaluation in any restorative justice pilot, centering informed consent, facilitator training, and ongoing risk assessment.
4. Invest in further research on the role of restorative justice in reducing recidivism, while ensuring that any implementation does not compromise survivor safety or justice outcomes.

Restorative justice is an innovative but extraordinarily complex approach that requires careful scrutiny before implementation. If pursued, it must be victim-survivor-centered, rigorously evaluated, and not positioned as a substitute for legal accountability. South Australia has an opportunity to lead with evidence-based, ethical interventions, ensuring that perpetrator programs prioritize survivor safety, systemic accountability, and long-term cultural change.

G. Conclusion

Transforming Systems for a Safer South Australia

Zahra’s submission to the South Australian Royal Commission into Domestic, Family, and Sexual Violence (DFSV) represents a collective call to action for meaningful, transformative change. This document captures the voices of victim-survivors, the expertise of service providers, and the urgency of addressing one of South Australia’s most critical social crises. With the Commission’s work poised to shape policy, services, and community responses, this submission seeks to establish a foundation for lasting generational change to protect women, children, and all individuals affected by DFSV.

Understanding the Scale and Complexity of DFSV

Domestic, family, and sexual violence continues to inflict devastating harm across South Australia. The submission underscores that DFSV is not confined to one demographic, culture, or socioeconomic status. It is a pervasive issue rooted in gender inequality, power imbalances, and systemic failures.

- **Scale of Impact:** Lived experience narratives reveal the far-reaching consequences of DFSV, from economic disempowerment to intergenerational trauma. The Royal Commission’s inquiry aligns with findings from Zahra Foundation’s research, which highlight that nearly half of surveyed victim-survivors would have returned to their abuser without financial support, and over 70% reported experiencing emotional and psychological abuse.
- **Complex Dynamics:** DFSV manifests in various forms—physical violence, coercive control, financial abuse, and systemic manipulation. Survivor stories such as ██████████ and ██████████ illustrate how cultural, economic, and institutional factors intersect to perpetuate cycles of violence.

The Depth and Breadth of DFSV in South Australia

The lived experiences and ZAHRA survey data highlight the pervasive and multifaceted nature of DFSV in South Australia. Among the 102 survey ZAHRA survey respondents:

- **68.02%** experienced emotional/psychological abuse, **83.17%** financial abuse, and **72.28%** physical abuse, indicating the prevalence of coercive control and non-physical forms of violence.
- **46%** endured abuse for over a decade, demonstrating the enduring and compounding nature of DFSV.
- **61%** identified their abuser as an intimate partner, while **28%** experienced abuse from parents, revealing that DFSV often stems from familial relationships.

The qualitative data further contextualizes these findings, illustrating how systemic barriers, economic dependence, and cultural factors perpetuate cycles of abuse. Stories like those of ██████████ ██████████ and ██████████ reveal the devastating physical, emotional, and economic toll of DFSV.

Barriers to Accessing Support

Systemic barriers compound the challenges victim-survivors face when seeking help. Survey responses identified key obstacles, including:

- **Fear and Shame:** 46.77% of ZAHRA survey respondents cited fear as a primary barrier, exacerbated by stigmatization and systemic distrust.
- **Lack of Information:** 43.55% struggled to find information about available services, revealing a critical gap in public awareness and service accessibility.
- **Disjointed Services:** Victim-survivors repeatedly described frustration with fragmented systems that forced them to recount trauma to multiple providers, further compounding emotional distress.

Systemic Gaps and Barriers

Zahra’s submission identifies significant systemic gaps and barriers, preventing victim-survivors from accessing timely, effective support. These include:

1. **Fragmented and Inaccessible Services:** Victim-survivors consistently reported being forced to navigate siloed systems, recounting their trauma repeatedly to service providers who lacked coordination and understanding.
 - For example, ██████ shared how fragmented responses left her vulnerable, even after obtaining intervention orders. Police and judicial inaction enabled her abuser to continue stalking and harassing her.
2. **Economic Dependency and Housing Insecurity:** Economic control is a pervasive form of abuse that traps victim-survivors. Without financial independence or access to stable housing, many victim-survivors remain in dangerous situations.
 - ZAHRA survey data reveals that financial abuse affected over 83% of ZAHRA survey respondents, with 49% stating they would have returned to their abuser without financial assistance.
3. **Cultural and Intersectional Barriers:** Marginalized groups face compounded challenges. CALD, Aboriginal, LGBTQIA+, and disabled communities often experience heightened stigma, systemic neglect, and inadequate culturally safe support.
 - ██████ narrative highlights how language barriers and visa dependency exacerbated her vulnerability, while ██████’s experience underscores the need for tailored services that address intergenerational trauma.
4. **Inadequate Police and Legal Responses:** Many victim-survivors reported feeling dismissed, re-traumatized, or unsupported by police and the justice system. Intervention orders were often breached without consequences, and victim-survivors like Natasha faced systemic failures in holding perpetrators accountable.

The evaluation of services revealed mixed outcomes, with Zahra Foundation programs like Pathways to Empowerment receiving the highest helpfulness rating (4.41 out of 5), while public and community housing rated significantly lower (2.82 out of 5). Key service gaps included:

- **Training Deficiencies:** Police and service providers often lacked the training to recognize and respond effectively to DFSV, with 34.48% of ZAHRA survey respondents reporting feeling dismissed or ignored.

- **Housing Insecurity:** Access to safe, affordable housing remains a persistent challenge, with 21.43% of ZAHRA survey respondents citing eligibility and accessibility issues.
- **Long-Term Support:** Many victim-survivors expressed the need for sustained recovery programs, as short-term interventions fail to address the long-term impacts of DFSV.

10. Recommendations: A Roadmap for Reform

I. Prevention: Addressing Root Causes

Education and Awareness

- Implement comprehensive respectful relationships education in schools to challenge harmful norms and promote healthy behaviours.
- Launch community awareness campaigns on gender equality, coercive control, and financial abuse, leveraging diverse cultural influencers and multimedia platforms.
- Embed DFSV prevention education in workplaces and community organizations to drive cultural change.

Economic Empowerment

- Expand financial literacy and independence programs for women and non-binary individuals to reduce economic dependency.
- Ensure equal economic opportunities and workplace protections for victim-survivors, including dedicated employment and training pathways.

Intersectional Strategies

- Develop culturally tailored prevention programs for CALD, Aboriginal, LGBTQIA+, and disabled communities.
- Fund Aboriginal-led DFSV prevention initiatives, ensuring culturally appropriate responses and community-led solutions.

Legal and Systemic Reform

- Strengthen statewide frameworks for primary prevention, ensuring alignment with the National Plan to End Violence Against Women and Children 2022–2032.
 - Establish legal reforms to criminalize coercive control, recognizing non-physical abuse as a significant form of DFSV.
-

II. Early Intervention: Identifying and Supporting High-Risk Individuals

Strengthening Risk Identification and Service Integration

- Develop unified data-sharing protocols across police, healthcare, legal, and community sectors to track risk indicators and prevent escalation.
- Implement early intervention screening tools in hospitals, GP clinics, and schools to identify signs of coercive control and financial abuse.

Training and Awareness for Frontline Workers

- Mandate DFSV training for educators, health professionals, and legal practitioners to improve early identification and response.
- Equip community service providers and employers with training on identifying financial abuse and coercive control.

Tailored Support for Diverse Communities

- Expand culturally appropriate early intervention programs that address specific needs of Aboriginal, CALD, LGBTQIA+, and disabled victim-survivors.
- Fund Aboriginal-led early intervention services to deliver community-led responses grounded in cultural safety.

Strengthening Perpetrator-Focused Interventions

- Develop early intervention programs for individuals at risk of perpetrating DFSV, addressing attitudes and behaviours before violence escalates.
 - Implement restorative justice pilots that engage perpetrators in accountability measures while ensuring survivor safety.
-

III. Response: Strengthening Survivor-Centred Systems

Improving Police and Legal Responses

- Mandate specialized DFSV training for police and judicial staff, focusing on coercive control, strangulation, and non-physical abuse.
- Strengthen police accountability for intervention order breaches, ensuring perpetrators face consistent legal consequences.
- Remove perpetrators' ability to delay or manipulate intervention order proceedings, ensuring victim-survivors receive timely protection.

Enhancing Service Coordination

- Establish multidisciplinary DFSV hubs offering wraparound legal, housing, counselling, and financial services in one location.
- Improve cross-agency coordination and information sharing to prevent victim-survivors from being re-traumatized by fragmented services.

Expanding Safe Housing and Crisis Support

- Increase funding for emergency, transitional, and long-term housing to ensure victim-survivors have access to safe accommodation.
- Address eligibility barriers for DFSV housing services, ensuring asset-rich victim-survivors and those in temporary housing receive support.

Ensuring Survivor-Centred Court Processes

- Provide specialist domestic violence legal assistance, ensuring victim-survivors can access free legal support.
 - Embed trauma-informed practices in court proceedings to minimize harm and ensure victim-survivors' voices are heard.
 - Implement protective measures in family courts, ensuring children's safety is prioritized over perpetrators' parental rights.
-

IV. Recovery and Healing: Supporting Victim-survivors' Journeys

Trauma-Informed Mental Health Support

- Increase funding for long-term trauma recovery programs, including specialized DFSV counselling and alternative therapies like EMDR and music therapy.
- Expand peer-led recovery initiatives, fostering connection and reducing isolation for victim-survivors.

Economic Recovery and Empowerment

- Provide direct financial assistance to victim-survivors, prioritizing cash support over restrictive vouchers.
- Expand vocational training and employment programs to ensure victim-survivors can rebuild financial independence.

Safe and Stable Housing

- Guarantee long-term, affordable housing options for victim-survivors, reducing reliance on crisis accommodation.
- Introduce rental protections and financial assistance for victim-survivors transitioning to independent living.

Access to Legal and Financial Advocacy

- Ensure victim-survivors are informed of their rights to crisis payments, victims' compensation, and financial redress at the first point of contact.
 - Expand financial counselling services to support victim-survivors with rebuilding credit, managing debts, and securing economic stability.
-

V. Specialised Domestic and Family Violence Services

Investment in Specialist DFSV Services

- Ensure long-term, sustainable funding for specialist DFSV services, recognizing their expertise in risk assessment, trauma support, and recovery.
- Strengthen workforce capability and training frameworks, ensuring DFSV professionals have access to ongoing professional development.

Workforce Recognition and Training

- Establish accreditation for DFSV practitioners, like other regulated professions in health and social work.
- Mandate specialist training in coercive control, economic abuse, and trauma-informed care for all frontline workers.

Integrated Service Delivery

- Implement co-located DFSV hubs with wraparound legal, housing, employment, and therapeutic support.
- Strengthen multi-agency referral pathways, ensuring victim-survivors receive seamless and coordinated support.

VI. Designing an Integrated DFSV Service System

Mainstream Services as Entry Points

- Embed DFSV risk screening in primary healthcare, education, and employment services, ensuring early identification.
- Implement “No Wrong Door” policies, ensuring all service providers can offer DFSV support or refer victim-survivors to specialized services.

Specialist Services as the Core of Response

- Develop clear referral pathways ensuring all high-risk cases are escalated to specialist DFSV providers.
- Ensure statewide access to specialist DFSV services, particularly in rural and remote communities.

Government Investment and Policy Reform

- Establish secure, long-term government funding for DFSV response and recovery services.
 - Implement integrated case management models, ensuring victim-survivors receive ongoing, wraparound support.
-

VII. Ensuring Implementation of Royal Commission Recommendations

Independent Monitoring & Accountability

- Establish an independent oversight body responsible for monitoring the Royal Commission's recommendation implementation.
- Implement statutory reporting deadlines, requiring the government to publicly report progress against each recommendation.
- Conduct external audits to ensure funding is effectively allocated to survivor-centred initiatives.

Embedding Survivor Voices

- Require ongoing consultation with lived experience experts to ensure survivor voices shape service delivery and policy reform.
- Expand lived experience advisory panels to co-design DFSV services and evaluate effectiveness.

Funding Linked to Measurable Outcomes

- Introduce performance-based funding models, ensuring DFSV programs demonstrate measurable impact.
- Secure multi-year funding commitments, preventing disruptions to essential DFSV services.

VIII. Restorative Justice: Exploring Alternative Approaches

The Commission should explore **restorative justice** as an alternative approach to reducing recidivism among domestic violence perpetrators while enhancing accountability.

Emerging research, including a 2013 U.S. study and a 2024 UK systematic review, suggests restorative justice programs can lead to behavioural change. Documentaries such as *How to Love Your Enemy* (USA) and *Can Criminals Say Sorry?* (UK) highlight the potential benefits of accountability-driven approaches. However, caution is warranted due to risks of re-traumatization and power imbalances.

To ensure safety and effectiveness, restorative justice programs must:

- Obtain informed consent from victim-victim-survivors.
- Include comprehensive facilitator training.
- Implement stringent participant screening and monitoring.
- **Avoid models that directly pair victim-victim-survivors with their perpetrators.** Instead, pilot restorative justice approaches that prioritize the **safety and well-being of victim-survivors**, ensuring that perpetrators engage in accountability processes with **victim-survivors who are not their own.**

The Commission is encouraged to **pilot restorative justice programs** in South Australia to assess their impact on perpetrator accountability and survivor safety.

Ensuring Competitive Procurement and Targeted Commissioning of DFSV Services

A transparent and competitive procurement and commissioning process for domestic, family, and sexual violence (DFSV) services is essential to ensuring that funding is directed where it is needed most. Government funding—particularly from federal sources—should be allocated based on demand-driven service pressures rather than pilot programs that start from nothing. Services experiencing high demand, as evidenced through self-referrals, professional referrals, and community engagement, should be prioritised in funding decisions.

Ensuring Funding Reaches High-Demand Services

Frontline DFSV services that already have demonstrated capacity, evidence-based programs, and strong data on outcomes should be prioritised in funding allocations. Many well-established services are facing overwhelming demand but are unable to expand due to resource limitations, while new pilot programs often receive funding without clear pathways to sustainability. To ensure the most effective use of public funds:

- Funding should be targeted to services experiencing high demand—those with significant community-driven and professional referrals, indicating trust, accessibility, and effectiveness.
- Government should prioritise capacity-building for proven services rather than continuously funding new initiatives that duplicate existing efforts.
- Investment should be evidence-driven—allocations should be based on clear data regarding service utilisation, unmet demand, and demonstrated impact.
- Consultation and tendering processes must include organisations with a record of accomplishment of effective service delivery to ensure funding supports programs that are already making a difference.

Shifting Away from Ineffective Pilot Programs

While innovation is important, pilot programs that lack sustainability and duplicate existing services can divert critical funding from frontline organisations already stretched beyond capacity. Instead of funding new pilots without proven models, commissioning processes should:

- Strengthen existing high-performing services by scaling up successful models and expanding access to those in need.
- Prioritise long-term, sustainable funding rather than short-term projects that do not meet ongoing demand.
- Ensure funding follows community needs—allocations should be informed by frontline data and service demand, rather than top-down policy initiatives.
- Support collaboration between established services and new initiatives to integrate innovation into existing frameworks, rather than fragmenting service delivery.

Ensuring Competitive and Transparent Tendering

Competitive procurement processes should ensure that funding goes to organisations with demonstrated capacity to deliver DFSV services effectively. This means:

- Organisations must provide evidence of demand and impact through data, program evaluations, and client outcomes.
- Tendering processes should not prioritise organisations without proven capacity over services that have existing infrastructure and demonstrated effectiveness.
- Decision-making should be transparent, with clear criteria that prioritise frontline service needs and avoid funding allocation based on organisational size or external partnerships alone.
- Lived experience, frontline expertise, and sector collaboration must inform commissioning, ensuring services remain survivor-centred and responsive.

Conclusion

For South Australia to strengthen its DFSV response, funding must be strategically directed to services with demonstrated capacity, clear demand, and evidence-driven outcomes. A competitive, transparent procurement process will ensure that high-demand services receive the support they need to continue providing essential interventions, rather than being sidelined by short-term pilot programs that lack sustainability. By embedding these principles in funding and commissioning decisions, the system can better meet the needs of victim-victim-survivors and deliver lasting change.

Final Thoughts

This submission would not have been possible without the courage, strength, and generosity of victim-victim-survivors who shared their experiences. Their voices—whether captured through surveys, lived experience interviews, or survivor-led committees—form Zahra of this work and illuminate the path toward meaningful systemic change.

From August 2024 to January 2025, members of Zahra’s Lived Experience Committee dedicated countless hours to shaping this submission. They designed a trauma-informed framework to interview one another and conducted peer-led survivor interviews, ensuring that the realities of domestic, family, and sexual violence (DFSV) were documented with care, dignity, and survivor agency at the forefront. Their efforts provided a safe and supportive space for victim-survivors to contribute their stories, knowing that their voices would be used to advocate for real change.

Every survivor who completed the survey or participated in an interview did so with informed consent. For those who felt safe, their first names are included, standing as a testament to their resilience and willingness to speak out. Others, for whom safety and privacy were paramount, are represented anonymously, their stories woven throughout this submission with equal weight and importance.

Their experiences highlight the urgent need for systemic reform—not just in prevention, early intervention, response, and recovery but in how society acknowledges and supports those impacted by violence. Their stories are not just statistics; they are calls to action.

By centering survivor voices and committing to the reforms outlined in this submission, South Australia has the opportunity to build a future where every survivor is supported, where accountability is enforced, and where DFSV is no longer tolerated.

Zahra stands in deep gratitude to every survivor who contributed to this submission. Their bravery, wisdom, and unrelenting hope for a better future will shape the legacy of this Royal Commission. Their words have illuminated the failures of the past, the gaps in the present, and the possibilities for the future—a future where safety, dignity, and justice are the norm, not the exception.

It is now up to all of us—policymakers, service providers, communities, and individuals—to listen, act, and ensure that the voices of victim-survivors do not fade into silence but instead drive the change that is long overdue.

Glossary of Key Terms in Zahra Submission to the South Australian Royal Commission into Domestic, Family, and Sexual Violence

A

- **Abuse** – Any behaviour used to control, intimidate, or harm another person, including physical, emotional, psychological, sexual, financial, and coercive abuse.
- **Accountability** – Holding individuals, systems, and institutions responsible for actions and ensuring consequences for perpetrators of domestic, family, and sexual violence (DFSV).
- **Advocacy** – Efforts to influence policies, laws, and social attitudes to improve responses to DFSV and support victim-survivors.
- **Asset-Rich, Cash-Poor Victim-survivors** – Victim-victim-survivors who own property or assets but lack accessible financial resources, often making them ineligible for financial aid programs despite experiencing economic abuse.
- **At-Risk Individuals** – People identified as vulnerable to experiencing or perpetrating DFSV, requiring early intervention or targeted support.

B

- **Barriers to Support** – Factors that prevent victim-victim-survivors from accessing assistance, such as fear, stigma, financial dependence, immigration status, and systemic failures.
- **Behavioural Change Programs** – Programs designed to help perpetrators of DFSV recognise and change their abusive behaviours.

C

- **Culturally and Linguistically Diverse (CALD)** – Refers to individuals and communities from non-English-speaking backgrounds who may face additional barriers to accessing DFSV services.
- **Coercive Control** – A pattern of behaviours used to dominate and manipulate a partner, including financial control, isolation, surveillance, and emotional abuse.
- **Crisis Response** – Immediate support services provided to victim-survivors in urgent situations, including emergency housing, legal intervention, and financial assistance.

D

- **Domestic, Family, and Sexual Violence (DFSV)** – Encompasses various forms of abuse occurring in intimate, familial, or institutional relationships, including physical, emotional, financial, and sexual violence.
- **Domestic Violence Order (DVO)** – A legal order aimed at protecting victim-victim-survivors by restricting the actions of a perpetrator. Also known as an Intervention Order (IO) or Restraining Order in some jurisdictions.

- **Data-Sharing Protocols** – Agreements between agencies that enable secure and ethical sharing of information to improve early intervention and risk assessment for DFSV cases.

E

- **Economic Abuse** – A form of coercive control where a perpetrator restricts access to financial resources, sabotages employment, or accrues debt in a victim-survivor’s name.
- **Economic Empowerment** – Programs and strategies aimed at providing victim-victim-survivors with financial literacy, employment opportunities, and access to financial independence to prevent return to abusive relationships.
- **Early Intervention** – Strategies designed to identify and support at-risk individuals before violence escalates, reducing long-term harm.

F

- **Financial Counselling** – A service that helps victim-victim-survivors understand financial abuse, manage debt, and regain financial independence.
- **Frontline Workers** – Professionals working in emergency response, social services, legal systems, and healthcare who engage directly with victim-victim-survivors and perpetrators of DFSV.

G

- **Gender-Based Violence (GBV)** – Violence directed at individuals based on their gender, often disproportionately affecting women and gender-diverse individuals.

H

- **Holistic Support** – A service model that integrates multiple forms of assistance, including legal, financial, housing, and psychological support, to provide comprehensive care for victim-victim-survivors.

I

- **Intersectionality** – A framework recognising that individuals experience multiple forms of discrimination or disadvantage based on overlapping identities, such as race, gender, disability, and socioeconomic status.
- **Intervention Order (IO)** – A legal measure used to protect victim-victim-survivors from perpetrators by restricting contact and behaviours that may cause harm.

J

- **Justice System Response** – The role of law enforcement, courts, and legal services in protecting victim-victim-survivors and holding perpetrators accountable.

L

- **Lived Experience Advocacy** – The practice of centering the voices and insights of victim-victim-survivors in policy development, service delivery, and systemic reform.

M

- **Mandatory Training** – Required DFSV education for professionals, including police, healthcare workers, and educators, to improve recognition and response to abuse.
- **Marginalised Communities** – Groups that face systemic barriers in accessing DFSV services, including Aboriginal and Torres Strait Islander peoples, CALD individuals, LGBTQIA+ communities, and people with disabilities.

N

- **No Wrong Door Approach** – A service model ensuring that victim-victim-survivors can access DFSV support from multiple entry points, including healthcare, legal, and community services, without being turned away.

O

- **Outcomes-Based Funding** – Funding tied to measurable service impacts, ensuring that programs receiving government support demonstrate effectiveness in improving safety and wellbeing for victim-survivors.

P

- **Pathways to Empowerment** – A program offered by Zahra providing financial literacy, education, and employment readiness to victim-victim-survivors of DFSV.
- **Perpetrator Accountability** – Legal and rehabilitative measures aimed at ensuring individuals who use violence take responsibility for their actions and change their behaviours.
- **Pilot Programs** – Short-term projects designed to test innovative approaches to DFSV intervention and prevention before wider implementation.

Q

- **Qualitative Data** – Non-numerical information collected through lived experience testimonies, interviews, and case studies to understand the impact of DFSV.
- **Quantitative Data** – Statistical and numerical evidence used to measure trends, service demand, and DFSV prevalence.

R

- **Recovery and Healing** – The long-term process of rebuilding life after DFSV, involving financial stability, mental health support, and personal empowerment.
- **Referral Pathways** – The structured process through which victim-victim-survivors are directed to appropriate DFSV services.
- **Restorative Justice** – An alternative justice model where perpetrators acknowledge harm, engage in rehabilitation, and, in some cases, participate in structured accountability processes with victim-survivors.

S

- **Safe Housing** – Emergency, transitional, and long-term accommodation options designed to provide security for victim-victim-survivors escaping DFSV.
- **Self-Referral** – When an individual seeks support from DFSV services independently, without being referred by a professional or agency.
- **Service Integration** – Coordination between different agencies (legal, housing, healthcare, financial) to provide streamlined and effective support for victim-victim-survivors.
- **Specialist Domestic and Family Violence Services** – Organisations that provide dedicated DFSV support, including risk assessment, safety planning, trauma-informed care, and economic empowerment programs.
- **Survivor-Centred Approach** – A service model that prioritises the needs, agency, and safety of victim-victim-survivors in all decision-making processes.

T

- **Trauma-Informed Care** – An approach to service delivery that recognises the widespread impact of trauma and prioritises emotional safety, empowerment, and survivor choice.
- **Transitional Housing** – Temporary housing that provides a bridge between emergency shelter and long-term accommodation for DFSV victim-survivors.

U

- **Under-Resourced Services** – DFSV programs that lack sufficient funding, staff, or infrastructure to meet the growing demand for support.
- **Unmet Demand** – The gap between available DFSV services and the actual needs of victim-victim-survivors, often resulting in waitlists or service limitations.

V

- **Victim-Survivor** – A person who has experienced domestic, family, or sexual violence and is actively working towards safety, recovery, and healing.
- **Victims' Compensation** – Financial support provided to individuals who have experienced DFSV, often through government schemes or legal settlements.
- **Violence Prevention** – Strategies aimed at stopping DFSV before it occurs, including education, public awareness campaigns, and systemic reforms.

W

- **Wraparound Services** – Comprehensive, multi-agency support models that address the diverse needs of DFSV victim-survivors, ensuring continuity of care across legal, financial, and health services.
- **Workforce Capability Framework** – Training and accreditation requirements designed to ensure that professionals working in the DFSV sector have the necessary skills and knowledge to provide effective support.

Acronyms and Their Definitions

A

- **ABS** – Australian Bureau of Statistics
- **AIC** – Australian Institute of Criminology
- **AIHW** – Australian Institute of Health and Welfare
- **AMOVITA PASE®** – A specialized supervision model for professionals in domestic and family violence, allied health, and community services.
- **ATO** – Australian Taxation Office (mentioned in financial abuse contexts)

B

- **BUSINESS AS USUAL** – Best Available Evidence (used in service response and policy planning)

C

- **CALD** – Culturally and Linguistically Diverse (refers to individuals and communities from non-English-speaking backgrounds who may face additional barriers in accessing DFSV services).
- **COAG** – Council of Australian Governments (now replaced by National Cabinet, referenced in national action plans for DFSV).
- **CP** – Child Protection (relates to Department for Child Protection and services safeguarding children from harm).

D

- **DCP** – Department for Child Protection (state agency responsible for child welfare and safety).
- **DFSV** – Domestic, Family, and Sexual Violence (encompasses all forms of violence within intimate, familial, and institutional settings).
- **DHS** – Department of Human Services (responsible for social support services, including housing and crisis assistance).
- **DPP** – Director of Public Prosecutions (handles legal proceedings against perpetrators of DFSV).
- **DVO** – Domestic Violence Order (legal protection order, also known as an IO or AVO in some states).

E

- **ESAT** – Employment Services Assessment Tool (used in determining work capacity for victim-victim-survivors accessing Centrelink benefits).
- **ESG** – Economic, Social, and Governance (referenced in corporate partnerships supporting financial empowerment).

F

- **FCA** – Financial Counselling Australia (national peak body for financial counsellors supporting victim-victim-survivors of financial abuse).

G

- **GBV** – Gender-Based Violence (violence directed at individuals based on their gender, disproportionately affecting women and gender-diverse individuals).
- **GDP** – Gross Domestic Product (referenced in discussions on economic impacts of DFSV).

H

- **HR** – Human Resources (referenced in workplace policies supporting employees experiencing DFSV).

I

- **IO** – Intervention Order (legal measure restricting a perpetrator’s contact or behaviour to protect a victim-survivor).
- **IPV** – Intimate Partner Violence (violence occurring within intimate relationships, including emotional, financial, physical, and coercive abuse).

J

- **JD** – Juris Doctor (mentioned in professional training for legal practitioners addressing DFSV cases).

L

- **LGBTQIA+** – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other diverse identities (acknowledges diverse communities affected by DFSV).

M

- **MOU** – Memorandum of Understanding (used in agreements between service providers for coordinated DFSV responses).

N

- **NDIS** – National Disability Insurance Scheme (referenced in access barriers for victim-victim-survivors with disabilities).
- **NGO** – Non-Governmental Organisation (refers to charities and advocacy groups working in DFSV prevention and response).
- **NPIP** – National Plan Implementation Plan (referenced in connection to the National Plan to End Violence Against Women and Children).

O

- **OW** – Office for Women (government agency responsible for gender equity policies and DFSV initiatives).

P

- **PTE** – Pathways to Empowerment (Zahra Foundation's financial literacy and employment readiness program for victim-victim-survivors).

Q

- **QPS** – Queensland Police Service (mentioned in inter-jurisdictional enforcement of DFSV legal protections).

R

- **RASA** – Relationships Australia South Australia (provides early intervention support for victim-victim-survivors).
- **RJ** – Restorative Justice (an alternative justice model focused on rehabilitation and accountability of perpetrators).

S

- **SA** – South Australia (state jurisdiction under which Zahra Foundation operates, and this Royal Commission is held).
- **SAPOL** – South Australia Police (responsible for enforcing DFSV laws, including intervention orders and breaches).
- **SES** – Socioeconomic Status (used in data analysis of DFSV victim-survivors' financial security and risk factors).
- **SOCAP** – Society of Consumer Affairs Professionals (referenced in financial abuse advocacy and banking sector responses).

T

- **TAFE** – Technical and Further Education (vocational training institutions, referenced in survivor pathways to employment).
- **ZAHRA** – Zahra (used in survey data analysis and program impact reports).
- **TTP** – Trauma-Informed Training Program (referenced in workforce capability frameworks for DFSV professionals).

U

- **UNSW** – University of New South Wales (referenced in research on financial abuse and coercive control).

V

- **VSS** – Victim Support Services (offers counselling, legal support, and financial assistance for DFSV victim-survivors).

W

- **WHO** – World Health Organization (referenced in global DFSV prevalence studies and best practices).
- **WIRE** – Women's Information and Referral Exchange (national advocacy organisation providing training on financial abuse).

