

**Zonta International - District 23, Area 2 – Clubs of South Australia Submission
Royal Commission into Domestic, Family and Sexual Violence.**

12th August 2024

Ms Natasha Stott Despoja AO
Commissioner
Royal Commission into Domestic, Family & Sexual Violence

Dear Madam,

On behalf of the 10 Zonta Clubs in South Australia, we commend you for inviting public comment on an issue which is causing unprecedented community anxiety and distress – domestic, family & sexual violence.

We are members of an international humanitarian organisation advocating for the rights of women and girls, and therefore advocate for the provision of basic human rights for the women and children of South Australia.

Gender-based violence, or violence against women and girls, is a severe violation of human rights.

Zonta International envisions a world in which no woman lives in fear of violence. We have a history of partnering with United Nations agencies or recognized NGOs on programs that promote and protect the human rights of all women and girls and reduce the incidence of violence.

We have provided feedback to the questions that we, as an international humanitarian organisation, have the expertise to answer.

We ask that the Royal Commission takes into consideration the large number of NFP and volunteer organisations who are actively engaged in working with communities at the grass roots level to drive change in this area. We ask that there is opportunity for community consultation with these organisations.

HOUSE STANDING COMMITTEE ON SOCIAL
POLICY AND LEGAL AFFAIRS INQUIRY INTO
FAMILY, DOMESTIC AND SEXUAL VIOLENCE,
REPORT MARCH 2021

The stark reality is that all Australian governments have much more work to do in preventing FDSV.

But governments cannot eliminate FDSV on their own... [T]here is an important role for business, community groups, and other non-government bodies in preventing and responding to FDSV in our community. A whole-of-society response is vital.

1. What causes domestic, family and sexual violence?

- An inequitable society where one group, in this case generally men, think they have power and control over another group, in this case women.
- A strong patriarchal society
- Societal and organisational systemic issues
- Lack of appreciation and ineffective frameworks to recognise and eliminate the intersectional nature in many cases

Individual factors can include low income or unemployment, heavy alcohol or drug use, anger and hostility, social isolation, belief in strict gender roles, and a history of abuse.

Family violence occurs in all cultures, communities and across all demographics including age, gender and socioeconomic status. However, specific groups experience unique impacts and systematic barriers due to factors such as ableism, ageism, criminal history, homophobia, racism, and other forms of discrimination.

Family violence occurs between family members (e.g. parents, children, siblings) as well as non-family carers who are violent against people they are caring for. Domestic violence is a type of family violence that is perpetrated by current or former intimate partners. Domestic and family violence can include physical violence, sexual violence, emotional abuse, and/or coercive control. These forms of violence can be rare occurrences or a pattern of abuse over time. They can also be overt behaviours, attempted behaviours and/or threats. Young women are at greater risk of domestic violence.

Other population groups that are disproportionately affected by domestic violence include Aboriginal and Torres Strait Islander women, pregnant women, those with high financial stress, women with long-term health conditions, and people who experienced family violence in their childhood or were exposed to their parent experiencing domestic violence.

2. What works, or will work, to prevent domestic, family and sexual violence?

- Recognition that funding now needs to be adequate to address several issues simultaneously.
 - The support of women and families impacted by Gender Based Violence (GBV) – short, medium and long term
 - Education about what constitutes equity in a society
 - Elimination is everyone's business - this is not a women's issue to solve
- To reduce domestic and family violence (DFV) and intimate partner violence (IPV), interventions for perpetrators are critical.
 - There are two key intervention types for perpetrators: behaviour change interventions and legal and policing interventions.
 - Consistent social support decreases family violence
 - Psychosocial interventions can facilitate improvements in mental health

- Interventions that take a holistic approach can lead to improved outcomes across a range of issues
- Individually delivered therapies are more effective than group interventions
- Tailored programs are more effective than universal programs
- Interventions should be culturally sensitive
- Increased frequency and amount of time in therapy increases its effectiveness
- Time limited therapies should be supplemented with follow up sessions
- Violence reduction and safety programs are effective
- Advocacy/case management interventions that are delivered remotely can improve mental health outcomes
- Advocacy/case management interventions can help increase the safety of women who present to Emergency Departments due to domestic violence
- Long term education programs aimed at respect will help to change attitudes and manage the anger that leads to violence:
 - Cultural change – physical violence is unacceptable
 - Self-awareness of attitudes and the triggers for the emotion of anger
 - Anger management training
 - Communication – both speaking and listening respectfully

3. What existing initiatives are directed at addressing the attitudes and systems that drive domestic, family and sexual violence? Are they effective?

- Criminalisation of certain behaviours that constitute domestic, sexual and family violence.
- Attitudes and systems are not necessarily changed by criminalising behaviours and sending perpetrators to prison.
- What is required is behavioural change – and this is best commenced with education/training of children and young people including in the following areas:
 - Human rights including the right to be respected even though ‘different’ (provided no harm is caused to another in consequence)
 - Accepting persons for who they are; not discriminating against or bullying them for their beliefs or difference
 - Communicating respectfully – all types (body language, written including digital, oral) in various situations, including how to start and engage in discussion with another
 - The unacceptability of bullying and violence against individuals generally – and the situations in which violence may be justified
 - Non-physical forms of addressing disputes respectfully in preference to a physical approach, including:
 - Rational discussion
 - Mediation
 - Conciliation
 - Negotiation

7. What are the barriers to reporting domestic, family and sexual violence to police or seeking support from domestic, family and sexual violence services?

- Lack of confidence that you will be believed
- Lack of confidence that the assistance of police will be effective
- Lack of alternatives when it comes to issues such as housing etc
- Focus on physical violence when many other forms of violence and coercive control are just as insidious.

Social discrimination and systemic and structural barriers can make it very difficult for people to get the help they need. These include difficulty in obtaining information about their rights, entitlements and how to access services, particularly where there are communication and literacy challenges. Other barriers are related to a lack of access to financial resources, and geographic constraints impacting people living in regional, rural and remote areas. Impacts can include:

- Homelessness
- Entrenched poverty
- Child protection involvement
- Being ostracised or isolated from family and community connections.

Barriers to Reporting or Disclosing Violence and Seeking Help for Immigrant and Refugee Women

- Fear of loss of children (e.g. apprehension, deportation, divorce)
- Discrimination and racism within service delivery system
- Limited knowledge about laws and rights & domestic violence services
- Geographic, social, and cultural isolation
- Fear of deportation due to precarious immigration status
- Social stigma related to disclosure of domestic violence
- Language barriers and lack of culturally and linguistically appropriate services that are easy to access
- Economic exclusion due to lack of recognition of credentials
- Lack of coordinated services
- Lack of accessible shelters (e.g. physical barriers; inadequate provision of spiritual, cultural, or religious needs)
- Lack of access to attendant care and sign language interpretation for women who are living with disabilities
- Collectivist cultural beliefs that support keeping the family together and not disclosing “private” matters

Whatever the reason, and there are many more, remember that ultimately it is the survivor's choice whether they want to report their experience. For some, reporting is not necessary for their healing. Others just do not want to go through any additional trauma or heartache.

The way in which society responds to sexual violence can give rise to shame, humiliation and embarrassment on the part of the victim, which is an important reason why victims do not report these incidents to police.

9. What are the elements of a best practice health response?

- An understanding of the intersectional nature of the issue, a wrap round response, appropriate level of training for health professionals, co-design, zero tolerance of all forms of violence and coercive control techniques in all sections of community, including age-appropriate strategies.
- A more robust funding model rather than relying on NFP sector tender for time limited grants.

10. What are the elements of a best practice police response? – see above

13. Acknowledging that every victim-survivor will have different needs depending on their personal circumstances, are there universal needs that will arise for all victim-survivors?

- Confidence that you will be believed
- Support that reporting will not lead to poverty and fragmented families (removal of children)

“We are diverse but galvanised by a common cause. We know what needs to change. No meaningful solutions can be made about us without us. Stopping our suffering depends on all of us choosing to do something differently. We cannot repeat more of the same and expect to achieve change... We must be willing to sit in discomfort. It is time to be brave.”

As we add our voices to many across South Australia who wish to be heard, we ask simply that this Commission has the insight to see this issue through the many lens that will be provided in the submissions and the commitment to drive for change in our community.

We have the power to make the world a better place for women and children.

Yours sincerely

Dr Jennifer Foreman
Area Director – Zonta South Australia
Zonta International District 23 Area 2

