

Acknowledgement of Country

Uniting Country SA Group acknowledges the Traditional Owners of the Lands from across Australia. We pay our respects to the Elders past, present and emerging for they hold the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander people.

Uniting Country SA uses the term 'Aboriginal' in this document to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander Peoples.

INTRODUCTION

The Uniting Country SA Group (Uniting Country SA and Uniting Country Housing) are pleased to submit a response to South Australia's Royal Commission into Domestic, Family and Sexual Violence. This submission provides an overview of the key areas of concern for Uniting Country SA Group. It also covers key opportunities and recommendations that we believe can improve service delivery and improve experiences and outcomes for victim-survivors in regional, rural and remote areas.

Uniting Country SA Group's response is written with a regional, rural and remote lens. We acknowledge the importance of, and linkages between ours and other submissions. Uniting Country SA Group has worked collaboratively with the SA Homelessness – Domestic and Family Violence Alliance and Embolden to develop complementary submissions that enable a deeper understanding of the local, regional, state, service, policy and advocacy landscape. We support and acknowledge Embolden's submission as the peak body for domestic, family and sexual violence services in South Australia, particularly regarding the policy, strategic and national context.

ABOUT UNITING COUNTRY SA (UCSA)

Our Mission: Caring for country people.

Our Vision: Compassionate, respectful and strong communities where all people flourish.

As a social and community services organisation located in South Australia, we are dedicated to delivering services in the Yorke and Mid North, Far North and Eyre, and Western regions with respect and compassion.

We have supported country people and communities to thrive for over 120 years. Children are at the centre of everything we do. We collaborate with adults, children and families who are experiencing challenges to help build respectful, strong country communities.

Our Values:

- Respect and compassion for all people
- Belief in the innate worth of all people
- Justice for all, particularly for those less advantaged in our society
- Being of service to others
- Restlessness for what could be
- Non-violence and peace

Our Offices and Footprint

Our historical head office and our largest presence is Ward House in Port Pirie. Additional sites located in Port Pirie include two offices, a workshop, multiple accommodation facilities (youth and men), a Community Centre, Goods on Gertrude (pre-loved goods shop), and six residential care houses for young people. Our second largest presence is in Port Augusta, where we have an office and two residential care houses.

Additional offices are in Whyalla, Peterborough, Clare, Port Lincoln, Coober Pedy (one office and one crisis accommodation place and office combination), and Kadina (two offices and one residential care house).

UCSA also delivers a youth service at Indulkana on the APY Lands.

Our People and Our Services

We have approximately 365 staff and volunteers who deliver fifty-five programs across our footprint in South Australia, focusing on these key areas:

- Family and domestic violence
- Homelessness
- Community housing
- Financial wellbeing
- Children and families
- Disabilities and mental wellbeing
- Foster care
- Young people and residential care
- Community

Uniting Country Housing

Uniting Country Housing (UCH) is a company limited by guarantee and is part of the Uniting Country SA Group. UCH was created in 2010 to be a country-based Community Housing Provider.

UCH functions as a Tier 2 Community Housing Organisation under the National Regulatory System. It has a portfolio of 254 properties across Yorke and Mid North, Far North and Eyre and Western regions, providing housing options to individuals and families across country South Australia. Tenancy management is provided via multiple housing streams, designed to meet the needs of individuals and families requiring affordable and appropriate short to long term housing.

UCH Tenancy Officers also provide tenancy management services for UCSA crisis properties with support for those escaping domestic and family violence provided by UCSA Domestic Violence services. The Tenancy Officers act in accordance with the Residential Tenancies Act 1995, ensuring that all tenants comply with their lease agreements. Tenancy Officers work in collaboration with Domestic Violence Case Managers with the goal of successful tenancies through services provided to mutual clients.

UCSA Domestic and Family Violence Context

UCSA's Domestic and Family Violence (DFV) Programs are funded through multiple funding streams, including the SA Homelessness – Domestic and Family Violence Alliance via the Department of Human Services (previously this was via the South Australian Housing Authority), direct from the Department of Human Services, the Department of Social Services, the Office for Women, and the National Indigenous Australian Agency.

Our DFV services are delivered both situationally and via an outreach model from offices in Kadina, Port Augusta, Clare, Port Pirie and Coober Pedy. The footprint for our programs covers the Yorke and Mid North state government region and the Far North region up to Coober Pedy.

Domestic and Family Violence Houses

Port Pirie

Miroma

Is a cluster of six SA Housing Trust 3-bedroom homes. These are crisis houses, one of which is used as an office. All clients and children are case managed by UCSA with an anticipated three-month stay.

UCH

Provides three houses across Port Pirie. These are 3-bedroom family homes. All clients and children are case managed by UCSA with an anticipated maximum 12-month stay.

UNITY Housing Company

Provides three houses across Port Pirie. These are transitional 3-bedroom family homes. All clients and children are case managed by UCSA with an anticipated maximum 12-month stay.

Port Augusta

South Australian Housing Trust (SAHT)

Provides four houses across Port Augusta. These are 3-bedroom family homes with all clients and children case managed by UCSA. Two houses are crisis houses with an anticipated maximum three-month stay and two are traditional houses with a maximum 12-month stay.

Baker Street

Is a cluster of six SA Housing Trust 2-bedroom family homes, one of which is used as an on-site office. These are crisis houses with all clients and children case managed by UCSA with an anticipated three-month stay.

UCH

Provides seven houses across Port Augusta. These are transitional 3-bedroom family homes with all clients and children case managed by UCSA. These houses have an anticipated maximum 12-month stay.

Coober Pedy

South Australian Housing Trust (SAHT)

Provides two 3-bedroom houses in Coober Pedy. These are crisis houses with all clients and children case managed by UCSA with an anticipated three-month stay.

Kadina & Clare

UNITY Housing Company

Provides one house in each community. These are transitional 3-bedroom family homes with all clients and children case managed by UCSA with an anticipated maximum 12-month stay.

UCSA's Domestic and Family Violence (DFV) Services and Programs

UCSA has thirteen staff, equal to 11.3 full time equivalents (FTE), who work in our DFV services and programs. This includes:

DHS-Funded Roles

- 4.1 FTE in Coober Pedy
- 6.8 FTE across Port Augusta and the York Peninsula

Domestic Violence Disclosure Scheme

- 0.4 FTE funded by Women's Safety Services (SA)

The Haven

Funded by the Department of Human Services through the Women's Information Service, this program has 1 FTE funded by two funding partners (500 Workers Initiative and the Office for Women). There are two part-time staff members. The Haven caters to Port Pirie residents and would benefit from additional funds to take groups to smaller communities as a soft entry point for DV clients.

500 Workers Initiative

In addition to the 0.6 FTE role funded for The Haven, the 500 Workers Initiative funds the following roles at UCSA:

- 1 FTE Diverse Group Education (Aboriginal focus) in Coober Pedy
- 1 FTE Aboriginal Case Manager/Consultant in Port Augusta
- 1 FTE Children's Worker in the Yorke and Mid North

Safe at Home (SaH)

UCSA is funded by DHS through the Alliance for 0.4 FTE to deliver the SaH program. However, all UCSA DFV team members conduct home audits and collect data. The team completes on average forty or more home audits a year across our region.

The program budget is significantly impacted by travel, freight costs, and higher priced goods and services in regional, rural remote areas. For example, the budget to complete safety modifications is \$1200, but \$400 may be required just for staff to audit the home and travel for trades to modify the home. Travel time also impacts on the capacity of our Case Managers to undertake direct client service delivery. This program is almost impossible to deliver in Coober Pedy as costs also include accommodation for tradespeople.

Escaping Violence Program (EVP)

EVP is a national trial funded by DSS through to June 2025 and delivered through a Uniting Care Network Consortia. When the trial ends, the program will become the Leaving Violence Payment. Uniting Victoria and Tasmania is the lead agency for the Consortia and has contracted agencies in each state. Each state has one agency, except for SA, where we have four agencies covering the state – Uniting Communities, Uniting SA, Uniting Care Wesley Bowden, and UCSA. Each covers a specific region based on postcodes.

UCSA provides EVP across our current service footprint – Yorke and Mid North, Far North, and Eyre and West. There is 1.6 FTE attached to this program. Since EVP is a national program, we also support our interstate colleagues by accepting applications from interstate when they are beyond capacity and UCSA has capacity to assist. All referrals to the EVP are made via the Uniting Victoria Tasmania website. There is an option for self-referrals or agency referrals. The website is linked to a national database. The referral process assigns the application directly to the provider in the region where the applicant resides.

UCSA assesses eligibility, undertakes safety planning and conducts risk assessments. With agency referrals, we work with the referring agency, who confirms the risks and eligibility. If the applicant is within our region, our case worker will contact the referrer within two days.

Safety and Wellbeing - Healthy Relationship Program (Aboriginal Focus)

Funded by the National Indigenous Australians Agency under the Fourth Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022, UCSA has 4.0 FTE working in this program. The Port Augusta focused program provides support for Aboriginal women and children so they can access services that work with the whole family to address the impacts of violence.

The program focuses on Aboriginal young people and adults at risk of experiencing or using violence to address past trauma. It equips them with practical tools and skills to develop positive and violence-free relationships (a focus for young men).

The program consists of the following elements:

- Women’s Healthy Relationship Yarning Group – early intervention, family centred, education and healing activity for women and their partners, experiencing, or at risk of experiencing, family violence
- Men’s Healthy Relationship Yarning Groups – early intervention, education and healing activity that supports local men, aged sixteen and over, at risk of or using and/or experiencing family violence
- Education and Early Intervention Support for Young People - early intervention education activity to children aged between 12 and 18 years, attending local Port Augusta high schools
- Community Awareness – aims to increase community awareness of family violence, increase local services access, and build stronger networks with other local family violence support services

Uniting Country SA Group

Response to

The Domestic, Family and Sexual Violence Issues Paper

September 2024

As a regional and remote service provider, the Uniting Country SA Group is perfectly placed to provide a submission to this inquiry through a regional, rural and remote lens. Our submission echoes the views of those submissions to the commission from our service partner organisations, including the Statewide Domestic and Family Violence Safety Alliance and Embolden. These submissions address the systemic, structural and funding issues at the national and state levels. UCSA's submission provides further insights relevant to domestic and family violence in regional, rural and remote areas.

For the purposes of this submission, the assumption is that most victim-survivors of domestic, family and sexual violence are women and that most perpetrators of violence are male. Thus, the language in our submission reflects that assumption. However, we do acknowledge that DFSV occurs in same sex relationships, female perpetrators to male victim-survivors and other types of relationships. This assumption is based on the latest national statistics that show one woman was killed by an intimate partner on average every 11 days in 2022-23, while one man was killed by an intimate partner on average every 91 days, as well as other statistics quoted in the Inquiry Background Paper.

PREVENTION

Q1 - 3. What causes domestic, family and sexual violence? What works, or will work, to prevent domestic, family and sexual violence? What existing initiatives are directed at addressing the attitudes and systems that drive domestic, family and sexual violence? Are they effective?

Causes

In regional, rural and remote locations, there is:

- a greater risk of social isolation due smaller populations, large distances between towns, families living on isolated pastoral/farming properties and a lack of services compared to metropolitan areas
- often a culture of drinking alcohol and, increasingly, other drug use becomes a coping strategy for many men when stressed
- a concern among many women about privacy and confidentiality in smaller communities where dual relationships are common, with family and friends being employed by relevant support services, including SAPOL, hospitals and NGO's
- a lack of transport options (some communities have no public transport) which can limit a woman's ability to leave a domestic violence situation, to seek assistance, or escape the violence

These smaller communities sometimes continue to be patriarchal in nature, with male-dominated employment, sport, and other activities being considered a priority. They also have an aging demographic, which remains committed to long-established customs and traditional/conventional philosophies and thinking.

Rural communities also experience unique situational stressors. Extreme weather conditions, such as drought and flood and the associated financial impacts can contribute to elevated levels of stress and frustration.

General Issues in Regional, Rural or Remotes Areas

Men who use violence in country settings, such as Port Pirie, Port Augusta, and Whyalla, are harder to reach, making it more difficult to deliver effective “primary prevention” messaging about healthy relationships and behaviour change.

Regional, rural and remote communities do not have access to the same television or radio stations as metropolitan communities and miss relevant messaging. For example, Coober Pedy receives television from the Northern Territory (Imparja TV) where most commercials are Aboriginal-focused and services referenced in these campaigns are not relevant to SA, nor the broader multicultural community in Coober Pedy.

There is also a declining trend of free-to-air television viewership nationally in favour for paid streaming services, such as Netflix. Additionally, in many of the communities we serve, there has been a significant reduction in local journalist roles which tell local stories, affecting our ability to target local messaging. For example, Southern Cross News (TV) no longer exists.

Currently, there is a lack of culturally safe, diverse and accessible services or support. UCSA is concerned about the low quantum of funding that supports women affected by DFV, and the absence of funding to support prevention and male-focused programs which create behavioural change in men. We believe funding should be increased to adequately amplify women’s services whilst also developing prevention activities targeted at males.

Recommendations

- Primary prevention campaigns and resources need to be developed, in particular preventative campaigns that focus on men’s behaviours and attitudes towards violence
- Early intervention campaigns and resources need to be developed using a place-based approach. For example, the “Call Angela” campaign has television, radio, social media and posters visible in hotels, sporting clubs, health clinics, doctors waiting rooms and hospitals.
- Funding is needed for early education in schools about “What is a healthy relationship?”
- Sexual violence and consent education should be incorporated in the statewide school sex education curriculum
- Increased funding for accessible, trauma-informed, strengths-based counselling and support services for women and men who use violence
- A change of consistent language across the system and service delivery (for example, in group activities and healthy relationships education) to “men who use/may use violence” rather than “perpetrator,” so men are more likely to engage with services

EARLY INTERVENTION

Q4. What systems, including systems outside of government, receive information which may allow for the identification of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence?

The relevant systems include

- Family Safety Meetings
- Serial Offending Data base
- Dept of Child Protection
- SAPOL
- The Domestic Violence Disclosure Scheme
- Dept of Corrections
- The High-Risk Infant and Child Family Safety Network
- Schools, Childcare, GP's, early learning centres, and hospitals
- Internal agency programs, such as the Intensive Family Support Service through the Department of Human Services

Q5. What is needed to allow for this information to be used by government and specialist domestic, family and sexual violence services?

Recommendations

- Consistent national information sharing protocols and legislation
- Increased awareness of the issues and indications through education, training, and resources
- For DFV and related funded programs to be mandated to attend Family Safety Meetings and the High-Risk Infant and Child Family Safety Network Meetings, with information entered on a central, shared data/information system. Funding is also needed to effectively manage these meetings
- Service funding agreements need to be longer term and resourced adequately. This will assist to reduce staff turnover and enable the timely recruitment of qualified and experienced staff, comprehensive handovers, and improved staff retention strategies

Q6. What interventions should be considered to manage the risk of a person who is identified as being at high risk of experiencing or perpetrating domestic, family and sexual violence?

Current funding models do not support early intervention programs. Workers are constantly involved in crisis work due to contracted client criteria/eligibility.

Safe at Home is underfunded for private rental upgrades for security on windows and doors.

Recommendations

- Shared information protocols
- Standardised risk assessments for women experiencing violence and men at risk of using violence to be used across services
- Funding for the development of culturally safe and appropriate behaviour change programs for men who use violence in regional, rural, and remote areas
- Court mandated attendance at culturally safe, appropriate and accessible behaviour change programs for men who use violence

- These programs need to be available face-to-face as well as online and via telephone to be accessible statewide
- The use of coercive control to be legislated as abuse

RESPONSE

Q7. 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 Awareness About Abuse and/or Available Support

There is a lack of awareness and understanding about what constitutes abuse - domestic, sexual and family violence - due to inadequate media coverage and/or education in smaller communities. Individuals previously being told they are ineligible for services because they are not homeless or at imminent risk of homelessness can also affect their willingness to seek out services in the future.

Some clients are unaware of the DFV service. Despite referrals from other services or SAPOL, they may not know the service exists. A focus on advertising, guest speaker events, and promotion at expos, could help to improve awareness. However, there is currently limited capacity to do this due to budget and staff constraints.

Opening Hours of Services

Victim-survivors who are employed can struggle to access support services that are only available during business hours. The exception being if a client is in crisis or at imminent risk of homelessness.

Lack of Regional Services

There are fewer services available in regional, rural, and remote SA. For example, there are not enough services for children to address their feelings when there is domestic abuse in the home, such as counsellors and psychologists.

People in small towns often face unique barriers related to “small town” thinking and are not always comfortable going to services in other communities.

Shame or Guilt

Shame or guilt can be a significant barriers in small communities. Clients who have previously engaged with DFV services, but returned to their partner, may feel shame or embarrassment to re-engage if further incidents occur. This can happen even though efforts are made by service providers to minimise these feelings. There is shame around accepting or asking for help.

Privacy and Confidentiality Concerns

In small towns, privacy is a concern. Victim-survivors often know people who work in DFV services and sometimes they work in the same office. The offender often knows that UCSA has a DV service (and it is the only available service) and this can lead to a reluctance to attend the office because victim-survivors may feel it is an unsafe place to be.

Some smaller towns have just one or two local police officers who may have relationships with the offender. For example, they may play football together or the offender may make the victim-survivor feel that the SAPOL officer is a friend who will not believe client.

Previous Interactions with Police Where Expectations Have Not Been Met

SAPOL do not have a 24-hour police presence in every community. Smaller regional and rural communities sometimes may have young or newly recruited police officers, and this results in a perception of a lack of experience or understanding. Regardless, it often takes multiple reports to police to get a response, if at all. The time it takes for clients to do statements inhibits future reports, particularly if reports are made to non-specialist DV trained officers.

In situations where victim-survivors have previous experience with SAPOL where their expectations of support were unmet, they are less likely to seek help in the future. For example, where reports are made to SAPOL and Intervention Orders are not approved, leading to feelings of distrust towards police and the judicial system. Aboriginal women dealing with inter-generational, systemic abuse have a mistrust of services including SAPOL and are more reluctant to report.

Fear of Not Being Believed

A fear of not being believed is common among DFV victim-survivors, especially if the person using violence is respected in the community. Victim-survivors are sometimes listed as an offender due to their reactive or defending behaviours, resulting in a level of distrust of SAPOL and a feeling that police will not believe them. Or they may have a criminal history with SAPOL themselves and feel this will discredit their request for help.

A fear of not being believed is especially prevalent in the LGBTQIA+ community.

Fear of Escalation, Payback, or Being Shunned by the Community

Victim-survivors often have concerns that telling someone and/or reporting to SAPOL will escalate the offender's behaviours. There is a fear of payback from family or community members, particularly in relation to Aboriginal women. Victim-survivors may be ostracised from their culture and community and may have to leave everything that is familiar to them to start again.

Concern for Children

Victim-survivors often feel forced to separate for the safety of their children and to access support services. However, they may avoid reporting DFV due to fears their children will be taken away from them. In a violent situation, women are most often the protector of the children. In some situations, perpetrators are given access to children, placing children at further risk of harm and trauma.

Q8. What are the elements of a best practice crisis response which will meet the needs of:

The elements of best practice include an accessible, trauma-informed, culturally secure and responsive service across the entire ecosystem, enabling rapid evacuation to safety for people ready to leave a violent relationship. In relation to the specific groups mentioned, UCSA believes these elements of best practice are necessary:

a. A victim-survivor

Safety

A timely response from SAPOL is essential to ensure the safety of the victim-survivor. As is access to other supports, such as rape kits without wait times and barriers such as long travel distances.

Safety planning is also important, including crisis planning and a holistic approach to long-term safety planning for the entire family unit.

Coordinated and funded Family Safety Meeting referrals are needed to enable a wraparound service response. Completion of coercive control checklists and serial offender database entries in a timely manner are also essential.

Accommodation

Keeping women and children in the home (Safe at Home Program) is a priority. If this is not possible, referrals to programs for crisis accommodation may be needed. To keep women and children safe, there needs to be safe, accessible crisis accommodation available in regional, rural, and remote areas with minimal transition points. Crisis accommodation for men who use violence is also necessary.

Service Accessibility and Delivery

A holistic intake and assessment of all life domains, including safety, financial, housing, mental and physical health, children, and legal, should be conducted with immediate action taken post-assessment.

Access to regionally based DFV specific services, such as counselling, recovery/healing services, support groups, immediate parental plans to protect victim-survivors and their children until further investigation or assessment at court, and access to funds/grants/EVP, are necessary.

Additionally, access to a consistent support worker, who can support the victim-survivor in all areas (DFV, attending SAPOL, referring to other services, etc.), is vital.

Recommendations

- Creation of laws that enable the removal of the perpetrator from the home or community for the victim-survivor's safety, instead of the current situation where the victim-survivor is usually uprooted
- Remove the "at risk of imminent homelessness" element from DFV support service contracts to enable support for women experiencing DV crisis without homelessness being the focus. This would require increased resourcing
- Creation of laws that support holding the perpetrator accountable for child safety in the home

b. A victim-survivor who is a child?

Accommodation

Children should be able to stay in their own home wherever possible. If that is not possible, there should be access to safe accommodation that is child friendly.

Service Delivery and Support

Efforts should be made to work with the children as well as the parent to ensure their needs are met. Access to a trained child trauma specialist is essential.

Children should be reassured that they are not to blame. Listening to the child's voice is important and can help to identify people they deem safe and unsafe. Service providers need to be observant of changes in children's behaviours and respond accordingly.

Services should assess the risks to children while considering the patterns of behaviour perpetrated by the person using violence. Services should be curious about and investigate the child's current (if any) protective practices or factors. Children should be able to make their own decisions in relation to contact with the perpetrator who uses violence.

Ideally, a consistent support worker would be provided to the child/children, separate from the adult if necessary. The family should be referred to the Family Safety Meetings.

Good relationships between services and school can be beneficial.

Recommendations:

- Laws should dictate that the perpetrator must stay away from the children until he has been rehabilitated.

c. A perpetrator (acknowledging that one need is to hold a perpetrator to account for their use of violence)?

Response

Intervention orders must be served by SAPOL in a timely manner. Timely completion of domestic violence risk assessments and coercive control checklists is also important.

Safety, Accommodation and Referrals

A best practice model would remove the man who uses violence from the home or community as needed, rather than the victim-survivor. Men who use violence should be referred to men's accommodation services and to men's services that offer counselling both face to face, over the phone or both.

Timely assessments and referrals to Domestic Violence Disclosure Scheme (DVDS) and other services, such as mental health, AOD, housing and behaviour change programs, should be undertaken as needed.

Awareness and Education

To ensure responses for victim-survivors are appropriate, services need to be able to accurately assess their situation and the perpetrator's patterns of behaviour. More awareness, education, and consistency in assessment and responses would benefit victim-survivors.

Recommendations

- Develop Aboriginal-specific services for Aboriginal men who use violence
- When perpetrators are incarcerated for DV offences, they should start a behaviour change program immediately, without waiting for a court order
- Development of accessible men's accommodation services so they have alternative accommodation other than the family home
- The DVDS program should include the perpetrator's previous history with past partners
- A serial offender database is needed, accessible to SAPOL, Department for Correctional Services, and DFV service providers
- Mandated referrals to perpetrator/men who use violence behaviour change programs should be enforced by courts and SAPOL

Q9. What are the elements of a best practice health response?

Recommendations:

- Health staff should be trained in identifying and responding to DFV, with health assessments completed as required. These health professionals should also be aware of local supports and make timely referrals to relevant services.
- There should be trained forensic evidence professionals on the ground in all regions, particularly regarding gathering sexual assault evidence (rape kits). Where this is unavailable, the victim-survivor should be rapidly transported to a site where this is available, to minimise trauma and promote trust in the health system.
- All hospitals should have trained mental health specialty services, not just outreach services
- Trauma-informed holistic assessments should be completed by trained professionals for all victim-survivors to better inform ongoing treatment needs

Q10. What are the elements of a best practice police response?

Recommendations:

- All police should receive intensive trauma-informed, culturally safe DFSV training that supports the use of appropriate and non-judgmental practice. This training should include:
 - A focus on the patterns of behaviour of the perpetrator, not just the immediate risk of death. When a woman leaves the relationship, her risk doubles, and her ex-partner may kill her even if there were no prior reports
 - The importance of not judging a woman on the number of times she presents. It often takes multiple incidents before a woman can take significant action.
 - The diversities and different forms of domestic violence, the cycle, the trajectory for escalation, and the risks
 - How to identify and recognise reactive domestic violence when the victim-survivor perpetrates violence back onto the abuser as a protective action
 - The need for domestic violence and coercive control risk assessments
- Police should have the authority to remove the perpetrator from the home when DFV incidents occur, and to order temporary measures, such as prohibiting the perpetrator from contacting or attending the residence until further notice

- Victim-survivors should be given time to access supports, with consistent support from SAPOL, preferably by trained Family Violence Officers, and the ability to directly contact a specific officer

Q11. What are the elements of a best practice justice system response?

Recommendations:

- Perpetrators who breach intervention orders should be compelled to wear ankle bracelets to monitor their movements
- Courts to ensure that the man is not bailed to the victim-survivor's address or relocated within the same town
- Reverse the onus of proof so that perpetrators will have to prove that they did not breach their intervention order, rather than the victim-survivor having to prove they did
- Victim-survivors who have been sexually assaulted should not have to continually retell their story
- Their story should be recorded and replayed in court and their attendance in court be by video from a different location from that of the perpetrator
- Courts, police and corrections staff must be provided with training and information regarding coercive controlling behaviour and high-risk offending, along with the risks associated with these behaviours to the victim-survivor
- A perpetrator's history of abusive behaviour must be considered before releasing a perpetrator from custody. Understanding the patterns of behaviour of the person using violence is crucial.
- Offenders to be held accountable for DFV through intervention orders, remand, bail conditions, and instant or temporary child custody orders where relevant, until a proper holistic assessment can be made

Q12. Taking into account your response(s) to questions above, which elements are already in place in the domestic, family and sexual violence systems in South Australia?

Whilst some of these elements are in place, there are often disparities between what is offered in metropolitan areas and regional centres, with limited rural or remote access:

- SACAT laws allow women to have the perpetrator or themselves removed from the lease
- Safe at Home has limited funding
- There are some Aboriginal specific programs for Aboriginal people but with limited accessibility
- Domestic Violence Disclosure Scheme (DVDS) exists, and the Family Safety Portal (FSM Meetings)
- There are some trained forensic nurses in some regional areas, but mainly in metropolitan areas
- There are trained Family and Domestic Violence police in some regions
- The Multi-Agency Protection Service (MAPS) that involves mapping high-risk victim-survivors, children, related persons, and perpetrators

RECOVERY AND HEALING

Q13. 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?

Q14. What are the best practice approaches to supporting a victim-survivor to recover from trauma and the mental, physical, emotional and economic impacts of violence?

Q15. Taking into account your response to question 14, what best practice approaches are already in place in the domestic, family and sexual violence systems in South Australia?

Regarding recovery and healing services, in regional, rural and remote communities of South Australia there are no services easily accessible that address women's and children's DFSV trauma. Services are only available face-to-face in metropolitan areas or via phone or internet. As a result, country women rarely access these services.

The universal needs for victim-survivors are:

- Trauma and grief counselling
- Safe housing
- Access to legal services (particularly if women decide to separate from a partner who uses violence, and they have children and/or combined financial matters)
- A safety-based response
- Family counselling
- Ongoing recovery and healing services post crisis
- The option to stay in their home and community if they choose to

ADDITIONAL INFORMATION NOT SOUGHT IN THE QUESTIONS WITHIN THE ISSUES PAPER OR INFORMATION THAT IS RELATED DIRECTLY TO DELIVERY OF SERVICES IN REGIONAL, RURAL AND REMOTE AREAS.

- Rural, regional and remote victim-survivors (and their children where applicable), often must leave their entire support structures to stay safe: family, friends, community, schools, sporting clubs etc. to move to other communities
- Very few emergency accommodation options exist, including hotels, motels and caravan parks. This is particularly relevant in popular tourist destinations where occupancy rates are high, or there are limited options. Often venues are unwilling to take our clients due to poor experiences in the past.
- Often Aboriginal women want to maintain the relationship with a partner that uses violence and seek support for temporary accommodation for a relationship break. There are no regional culturally safe respite options for Aboriginal women seeking respite from the perpetrator.
- Some communities and towns do not have a 24/7 SAPOL presence and some have no SAPOL presence at all, resulting in delayed police responses
- Often women experience extreme financial stress due to the relationship breakdown, having to take responsibility for combined debt
- There is a lack of immediate crisis support services on the ground, for example, mental health, counselling, sexual assault forensic evidence collection specialists, and children's trauma services

- Perpetrator referral pathways and men's behaviour change programs are limited or non-existent in regional and remote communities
- Regional communities have a higher proportion of women from different language groups/cultural backgrounds. This often impacts on access to trained interpreters and results in a reliance on family members or friends to speak to the person experiencing violence. This impacts a woman's cultural safety and results in a hesitancy to report or seek help.
- No specific funding or financial support is available to enable culturally appropriate trauma-informed healing services or programs.
- The Safe at Home Program is not funded to consider the additional cost associate with delivery in regional, rural and remote communities. Non-metro-based recipients of the Safe at Home program are disadvantaged due to the higher price of goods in regional towns, freight costs, the availability of trades in high demand areas, and the cost of travel to the client's homes. Accommodation costs are also a factor if tradespeople are travelling long distances. These costs all impact on amount of funds that can be allocated to the safety modifications to be conducted in the victim-survivor's home.

Domestic and Family Violence Case Study

DETAILS	
Region	Port Augusta Domestic & Family Violence service
Service Delivery Period	March 2021 – December 2023

Demographic Profile	
Gender	Female
LGBTQIA+	No
Age	29 yrs
Children	2
Aboriginal or Torres Strait Islander	Aboriginal
Domestic Violence Risk Assessment (DVRA) & Family Violence Risk Assessment (FVRA) scores over the support period	FVRA 29, 18, 29, 17 DVRA 0, 40, 67, 59, 54, 105

DFV Client Support Story: (from a Practitioner's perspective)

The following case study demonstrates that sometimes it takes two years of working with the client to achieve a successful outcome in which they feel safe and empowered to live happily, safely and continue their personal growth journey. The below captures the client's experiences of living with family and intimate partner violence and her journey towards breaking the cycle. Working closely with the client for two years I was able to learn the impact that childhood sexual abuse had had on the client's relationships into adulthood. I learnt to understand the importance of support my client to work through the past traumas she experienced and how this was critical to the client's healing, her ability to rebuild and develop healthy relationships, moving forward with her life. She was able to break the cycle of domestic violence. As her worker it was extremely difficult to accept that we did not have the service capacity and funding to be able to support the client whilst she was visiting her grandmother in another community, even though she was at risk to make the journey to her home community. We were unable to provide support due to funding guidelines that deemed her as not at risk of domestic violence or homelessness at that point in time.

The client is a proud Aboriginal the mother of two children. The client was living with family in a regional town, far away from her remote home community in the Northern Territory, when she was referred to UCSA for support after experiencing family violence. The client grew up in her father's community in central Northern Territory (NT). The client's mother's home community is in regional South Australia where her extended family lives and she often spent periods of time while growing up.

The client was referred to our service by South Australian (SA) Police following a family violence incident resulting in her and her son becoming homeless. The client had been staying with her sister in SA. after her relationship with her parents had deteriorated in NT. The client's parents had travelled to SA. from their home in the NT.

With her parents in the same town in which she lived the previous incidents of family violence escalated. The client did not want to leave what had become her home community due to not wanting to disrupt her son. She had recently enrolled her son in daycare to improve his diagnosed developmental delay, he was non-verbal.

While undertaking the intake and assessment process with the client, we built a relationship of trust. While in the NT. the client had received support from another organisation in relation to the family violence. That service had supported the client to travel to S.A so she could live with her sister long term. The client's parents had travelled to SA wanting client and her son to return to their community. This is when I met the client and she reported the physical and verbal abuse in the form of family violence.

I supported the client through the Domestic Family Violence Service (DFV) with crisis accommodation. The client and her son settled into the accommodation and the client's son could continue daycare, and the client was able to continue to work with her child's paediatrician.

Over time I observed that the client struggled with her mental health, anger issues and depression. She was also prone to self-harm and to threaten suicide. The client disclosed she was a previous victim of child sexual abuse. When she reported the abuse to her family in the NT, there was no follow up or after care sought to help deal with the trauma and impact it had on her mental health. This affected her relationship with her parents, leaving her with mixed emotions due to their lack of support.

I supported the client being able to access a local health provider for specialised psychological support for childhood trauma. The client struggled at first with the regular appointments which escalated her poor mental health, feelings of the need to self-harm and suicide ideations. The client required hospitalisation.

Over time the client worked through her trauma and managed to rebuild healthy relationships with her family. The client was successful in obtaining medium term housing (Transitional) within S.A. The client was supported to set up her home using Individual Safety Support Package (ISSP) funds to buy white goods and was feeling positive and good about herself. These funds were provided to support victims of domestic violence throughout the COVID pandemic.

The client has then entered an intimate relationship with a man and become pregnant early in the relationship. She started to experience abuse not long after she fell pregnant. This included extreme physical violence (strangulation), financial abuse and coercive control.

Following one incident the client, while the client was still pregnant, she called police after she was strangled by her partner. The offender's family was present during the incident and when the police arrived his family denied that she had been strangled. As a result, the client became aggressive because she felt she was not being heard by the police and was detained under the Mental Health Act, for a period of time.

Despite this the client continued to remain in her new relationship until the baby was born. Once the child was born the client reported to me that the domestic abuse had become more frequent and more violent. The client had made a police statement to the Family Violence police officer but stated she was not comfortable in reporting to mainstream police due to not being heard previously. The client was encouraged and supported to apply for an Intervention Order.

During this entire support period the client was assisted with safety planning, domestic violence education on a regular and ongoing basis. The Department of Child Protection became involved due to multiple Child Abuse Report Line (CARL) notifications by myself and other service providers.

The abuse continued to escalate, and the client's Domestic Violence Risk Assessment (DVRA) & Family Violence Risk Assessment (FVRA) were getting higher. The client decided to end the relationship to feel safe herself and for her two children, so she moved back to NT, to her father's community, where both her parents live. I supported the client with to relocate by applying for brokerage funding, ISSP funds and a payment through the Escaping Violence Program.

The client remained in contact with her abuser in SA, allowing him to face time with his baby son. The client then travelled back to SA from the NT as she needed time away from her parents. Their relationship had become strained due to conflict over her parenting. The client had been in SA one week when her ex-partner (the father of her second child) found out she was in town and coerced her to spend time with him. They have decided to give their relationship another go. Within two weeks the abuse recommenced, and police again became involved.

The client was referred by Police to the DFV service once again and in turn, I again conducted the DFV intake and assessment with the client. At this point the client realised her ex-partner would not change his behaviour and if she continued to stay in SA her and her children were unsafe. The client and her children were again supported through ISSP funds to return to the safety of NT.

The client was referred to the DFV service in her local area in the NT. She was able to secure her own community house and maintain the tenancy, she reconnected with her culture, her community and family. The client has continued to grow, has secured employment and is working at her eldest child's school.

Twelve months later the client wanted to return to regional SA. due to her maternal grandmother being terminally ill. Wanting to be safe whilst visiting her grandmother and knowing her ex-partner still resided within the same town, the client contacted our DFV service while still in the NT. The client was seeking support from our DFV services while in S.A. Due to service constraints relating to her risk assessment and not being homeless or at risk of homelessness, we were unable to assist with accommodation or support whilst she was visiting with her grandmother, thus making this woman very vulnerable. The client has subsequently returned to the NT.

Supports provided by the DFV service across a two-year period:

Crisis intervention for Family and Domestic Violence.

DFV crisis accommodation.

Ongoing DV and FV Risk Assessments

Referral to Transitional Housing program.

Setting up home post crisis accommodation.

Safety planning.

DV education.

Living skills education.

Support with brokerage through ISSP on three occasions.

Referral to the Escaping Violence Payment.

DFV Support Challenges Regarding Service Delivery in Regional, Rural or Remote Communities:

Waiting times for services, particularly the psychology, children specialist.

Lack of police training to understand complex domestic violence and behaviours of the perpetrator to reverse the victim and abuser's roles.

No dedicated ward for mental health within the local hospital. The only mental health services available being outreach.

The ceasing of the ISSP funding has resulted in a lot of women not being able to be supported with travel to safety costs across a huge region or the costs extra's of setting up a home which were not covered by the Escaping Violence Payment funding.

Lack of family and community education about domestic and family violence. Funding for DFV education programs and the effects of domestic and family violence would ensure that survivor victims and families of victims would have a better understanding of the effects of DFV on victims and children.

No funding to support victims with post trauma recovery and healing.

Lack of services to provide after trauma care for children affected by DFV.

Preventative education programs to teach young people what is healthy relationships look like.

Having safe places available for when victim/survivors and children to stay when they need to return to unsafe communities for family and/or cultural reasons.

Client Feedback

Feedback and Compliments shared are a great way to share deidentified feedback about the impact that the Domestic and Family Violence Program had on a client's journey.

- Feedback and compliments should be directly quotable and deidentified.

- Can be from clients or agency referrers representing clients.
- Should be relevant and could include what DFV support enabled, any difference it made, or how the client felt with the support they received.

Client feedback:

This client always appreciated the support she and her children received. Particularly the availability and responsiveness of her case worker even when she was in the NT.