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RASA Submission to the Domestic Family & Sexual Violence Royal Commission

Prepared by

Dr Claire Ralfs, Dr Nicola Gawlik, Jonathon Main, Dr Jamie Lee, Pete Allred, and Dr Jen Hamer.

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Address

Level 2
151B South Terrace
Adelaide SA 5000

Phone

(08) 8216 5200
(08) 8232 2898 (fax)

Visit

www.rasa.org.au
www.socialrelations.edu.au

Executive Summary

The DFSV Royal Commission presents a crucial opportunity for an in-depth systems review. This moment calls for the courage to evolve and redirect our approach while honouring the remarkable progress achieved through decades of courageous feminist advocacy, which has significantly advanced our collective understanding of the gendered dynamics underlying family and sexual violence. Moving forward, our service systems must expand to offer comprehensive, accessible support for victims facing multiple, intersecting forms of disadvantage as well as provide effective interventions for individuals who perpetrate violence.

Domestic, family, and sexual violence is a deeply entrenched issue stemming from a complex interplay of social, psychological, and systemic factors. Effective sector reform requires a holistic understanding of this violence, recognising it as a multifaceted experience that encompasses not only physical and sexual abuse but also psychological, economic, and coercive control. Without doubt these forms of violence are gendered, inflicted mostly by men onto women, children and vulnerable people. No section of the community is immune, violence is pervasive across all social strata, cultures and faiths in Australia. Domestic, family, and sexual violence should not be conceptualised as an isolated or single issue; instead, it needs to be understood within the broader social context where gender, cultural difference, disability, and multiple disadvantage structure social participation and safety.

Discrimination and disadvantage significantly increase the risk of domestic, family, and sexual violence and unfortunately, profoundly impact the response and support made available for victim-survivors. Too often, service and legal systems fail to detect violence and apply ill-informed and discriminatory interpretations of the specific violent relationship dynamic. This leads to responses to domestic, family, and sexual violence that constitute neglect at best and, at worst, add to harm and can even escalate the violence.

There is significant underreporting of domestic, family, and sexual violence across all demographics, but especially among disadvantaged groups. This is partly due to the perceived and actual responses from the legal and support systems. For many victims, disclosing abuse or the fear of abuse does not necessarily lead to increased safety, highlighting a critical issue that requires urgent system reform.

Intergenerational trauma is a frequently overlooked factor in understanding and responding to domestic, family, and sexual violence. While not all children exposed and subject to domestic, family, and sexual violence will go on to perpetrate violence, it is well established that adverse childhood events and forms of childhood trauma relating to violence impairs attachment and relationships, affecting individuals well into adulthood. Adolescence is a critical developmental stage requiring focused intervention, to enable recovery and contribute to the prevention of domestic family and sexual violence.

We know from international evidence that improved gender equality is necessary, but it is not a sufficient condition for the prevention of gendered violence. Reducing the prevalence of domestic, family, and sexual violence, interrupting intergenerational patterns of harm, and ensuring recovery will

only be achieved by holistic, whole of family service responses using evidence-based public health strategies.

We believe the service system must broaden from a single, gender-focused approach and move towards a comprehensive, evidence-based public health strategy. This must prioritise measurable reduction in domestic, family, and sexual violence, enhance safety, and demonstrate clear outcomes in victim-survivor recovery and perpetrator behaviour change. It is our collective efforts that must be harnessed to achieve these results.

Addressing domestic, family, and sexual violence in South Australia demands systemic reform that creates enhanced service integration. This requires a significant shift to a collaborative mindset as well as practice. The complex and interwoven nature of these forms of violence means that no single agency or service can respond effectively alone. A coordinated approach, including a common framework with shared definitions of risk, tools, and behavioural insights, is essential. Enhanced and effective collaboration will enable genuine shared risk management. It will allow organisations to support their staff, who too often shoulder the responsibility of managing risk alone, and will enable a coherent, multi-disciplinary response that is tailored to the experiences and perspectives of those affected.

Only through a system-wide commitment to collaboration can we prevent the fragmentation that arises when these critical issues are left solely to specialised or legal entities. All professionals within the service system should recognise domestic, family, and sexual violence as fundamental responsibilities within their roles. Agencies must establish systematic internal mechanisms to support relevant and flexible responses within their existing scope of services as well as build the necessary collaboration partners. In this way, as a community we build a system that can intervene early and respond comprehensively. The epidemic of domestic family and sexual violence requires nothing less.

Moreover, the unchecked influence of international commercial entities that profit from violence, pornography, and misogyny presents a significant challenge, highlighting the urgent need for stronger legislative and regulatory responses (State and National) to mitigate violence and reduce pressure on support services. Creating a safer, more equitable digital landscape is essential to counter these commercial forces, which continue to shape cultural norms around violence and misogyny.

To address the challenges of these issues we believe we need:

- more effective collaboration at all levels of the service system;
- greater integration of governance systems;
- holistic, shared approaches to risk screening and response;
- expansion of targeted services for survivors and perpetrators across the life span; and
- stronger regulation of the digital environment.

Recommendations

- 1. Foster problem centred restorative interagency collaboration at all levels of the service system including governance, management and service delivery.** Invest in and resource restorative collaboration approaches that build interagency, cross-sector partnerships to create improved trust, shared commitment to outcomes, and accountability. Adopt a focus on system solutions and problem-centred approaches that are practical and transcend agency or service mandates or parameters.
- 2. Establish a South Australian Domestic Family and Sexual Violence Policy and Governance Framework to enable oversight and coordination of collaborative service delivery, robust data sharing, and continuous monitoring for outcomes.** The *Framework* must include key government and non-government stakeholders. Improved coordination within the *Family Safety Framework*, *Multi Agency Protection Service*, and *Child and Family Safety Network*, with enhanced engagement of key non-government organisation stakeholders are recommended reform initiatives. The Framework must develop mechanisms that connect South Australia's efforts to national initiatives, potentially through the creation of a *South Australian Domestic Family and Sexual Violence Commission*.
- 3. Implement Holistic Screening Tools.** Develop and promote a shared understanding and application of holistic screening processes that go beyond identifying victimisation to also recognise perpetrators and the impact of their violence on victims. These tools should evaluate the physical, emotional, developmental, and legal safety of all family members, including children and elders, to enable early intervention where harm or risk is present. Effective screening tools should elicit each individual's perspective, laying a foundation for constructive engagement between client and practitioner. Risk screening must avoid exacerbating trauma or stigmatising client decisions, as these can impede motivation for change and healing.
- 4. Expand Targeted Victim-Survivor Services.** Develop and implement services designed to support children, individuals with disabilities, and older victims of abuse, ensuring that interventions are carefully adapted to their developmental needs, personal circumstances, and identities. Targeted services that are tailored for cultural context, LGBTIQ+ identities, the elderly and Indigenous communities must also be expanded. All targeted services should focus on the holistic care of individuals, including physical, emotional, and developmental and legal safety. The goal is to ensure that support is not only protective but also empowering; fostering recovery, resilience, and long-term well-being to interrupt intergenerational cycles of victimhood and patterns of perpetration.
- 5. Expand Intervention Services for Perpetrators.** Strengthen and expand the service system (in community and correctional settings) to ensure accessible, effective interventions for individuals known to use violence. This includes people (mostly men) who are subject to a domestic violence Intervention Orders, those who are on bail charged with domestic, family and sexual violence offences, those who have been subject to police attendance related to domestic, family, and sexual violence, self-identified individuals seeking help, and those referred for support. Tailored interventions are required that address intergenerational trauma, current co-morbidities and

behaviours associated with violence, ensuring long-term behavioural change, including recovery from childhood trauma.

- 6. Workforce Capacity.** Provide targeted training, supervision and resources to equip service system professionals with the skills and knowledge needed to identify and respond to domestic, family, and sexual violence effectively within the context of their roles. Ensure that all staff can recognise indicators, respond appropriately to disclosures of abuse and fear of violence, and modify their service responses accordingly. Staff should be well-informed about referral pathways to specialist services to foster a coordinated, person-centred support system tailored to the constellation of each individual's needs.
- 7. Strengthen Regulation of Digital Commercial Interests and Build Education to Counter Harmful Online Content.** We recommend the South Australian government undertake an audit of how perpetrators are weaponising government systems and use of technology platforms and implement reforms in line with the eSafety Commissioner's *Safety by Design* principles¹.

¹ Australian Government (eSafety Commissioner). (2024). *Safety by Design*. Retrieved from: <https://www.esafety.gov.au/industry/safety-by-design>

Introduction

Relationships Australia South Australia (RASA) is a secular not for profit community service organisation with more than 70 years' experience in family and relationship services in South Australia. Annually, we work with over 30,000 people, providing counselling, mediation, case management, groupwork, advocacy and education. Originally the *Marriage Guidance Council*, Relationships Australia emerged as an organisation in the post-World War II era working families when traumatised men returned home from war, and women were expected to cease work and resume domestic roles as homemaker and mother. That means trauma and gender relationships is in the DNA of Relationships Australia.

RASA recognises the ongoing role of gender relationships in domestic, family, and sexual violence which disproportionately impacts women². In South Australia, 170,500 women (24%, or 1 in 4) have experienced intimate partner violence, 202,200 (29%, or 1 in 3) have experienced abuse by a cohabiting partner, 151,400 (21%, or 1 in 5) have experienced sexual violence, 363,200 (52%, or 1 in 2) sexual harassment, and 149,900 (20%, or 1 in 5) stalking³.

Consistent with this broader context, we see domestic, family, and sexual violence at alarming rates for our clients. An audit of 17,934 RASA case files in 2024 revealed the prevalence of domestic, family, and sexual violence among our clients: 55% of cases involved clients seriously affected by domestic and family violence (e.g., current safety fears or recent police/justice system involvement), and 39% of cases involved parents expressing significant child safety concerns about their children (e.g., prior child protection involvement or current safety risks with another or themselves). Over one-third of clients required a practitioner response for managing domestic, family, and sexual violence risks at intake, regardless of whether they were specifically seeking domestic, family, and sexual violence support.

All our services are designed to reduce the risk to individual and family safety and strengthen protective factors, enabling improved wellbeing and social cohesion. RASA services are frequently engaged with vulnerable and distressed families and individuals experiencing complex trauma. We understand the social determinants of health, and recognise that multiple forms of trauma, stress, and disadvantage create barriers to accessing service supports and that services too often amplify the nature of harm and distress experienced.

Frankly, our services must be organised in this way given the levels of disadvantage, complexity and how commonly we see DFSV in daily practice. Our risk screening tools, and risk management practices enable clients to report co-occurring risks and complexities in addition to domestic, family, and sexual violence. When we similarly review files on key indicators, we find:

- The children of 1 in 5 clients have been the subject of a child protection notification.
- 1 in 5 live below the SA poverty line.
- 1 in 10 need a suicide prevention plan at their first appointment
- 1 in 5 request help with their risky alcohol and other drug use.

²Australian Bureau of Statistics. (2023). *Personal Safety, Australia, 2021-22*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#key-statistics>

³Australian Bureau of Statistics. (2023). *Personal Safety, Australia, 2021-22*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#key-statistics>

- 1 in 2 show significant parenting stress.

We know from international evidence (and history) that improved gender equality is necessary, but it is not a sufficient condition for the prevention of gendered violence. Reducing the prevalence of domestic, family, and sexual violence, interrupting intergenerational patterns of harm, and ensuring recovery, will only be achieved by holistic, whole of family service responses using evidence based public health approaches. This requires recognising the prevalence and intersectional nature of domestic and family violence, and the value of evidence-based risk screening tools as entry points for clients to discuss violence and abuse, enabling practitioners to respond effectively.

As with other sectors tackling deeply entrenched public health challenges, we must be willing to have difficult conversations—both within the services sector and with government - about what is and isn't working. This requires key stakeholders, including the specialist domestic, family, and sexual violence sector, justice, health, youth, housing, aged care services, disability services, Aboriginal Community Controlled Organisations, education, and other non-government organisation community services (which going forward will be referred to as the 'service system'), to collaborate with academia in implementing coherent and pragmatic responses to the domestic, family, and sexual violence crisis. A rigorous commitment to outcome review and tangible results must drive the reform of an integrated service system.

We believe the service system needs to move away from a service approach based on the single lens of gendered violence and adopt a pragmatic evidence-based public health approach that demonstrates a reduction in domestic, family, and sexual violence behaviours, improved safety, and evidence of victim-survivor recovery. It is our collective efforts that must be harnessed. And therefore, we need the courage to change, refine and redirect our approach, while recognising the significant progress and successes of previous advocacy efforts that have deepened our understanding of the gendered nature of family and sexual violence. Moving forward, our service systems must be extended to provide effective interventions for those who use violence and ensure accessible holistic support for victims who experience multiple, intersecting disadvantages.

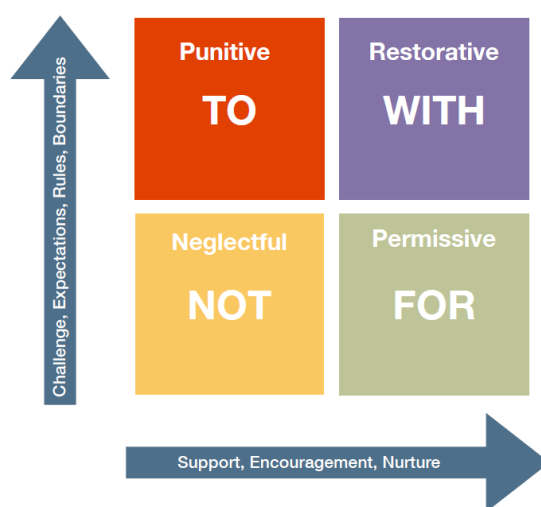
Collaborate Effectively

Improving South Australia's ability to prevent, intervene, respond, and recover from domestic, family, and sexual violence requires comprehensive reform and expansion of the service system as well as a significant shift in the mindset and practices of collaboration. The complexity and co-morbidities implicated in responding to domestic, family, and sexual violence mean no one agency, profession or service function can holistically respond. Without a holistic response, further harm, recovery, and prevention opportunities are missed.

Embracing Restorative Practice for System Cohesion

Restorative practice, central to RASA's approach, emphasises a cooperative, high-challenge, high-support model for building resilient interagency relationships that enable effective partnerships between systems and workers, and importantly *with* clients. Working restoratively fosters a mindset of problem solving, shared responsibility and accountability, truth-telling, and fair process. By focusing on shared values and outcomes, restorative practice not only improves individual relationships but builds the social capital essential for healthy, cooperative communities that have the strength to be accountable for decisions made and actions taken. It works towards a just community – one in which people experience care and respect at the same time as they face problems, challenges, and accountability.

The social discipline window is depicted in the diagram below. Working restoratively aims to work *with* rather than doing *to* or doing *for*, as a relational practice that enables both high-challenge and high-support to be a feature of the relationship. Whether with colleagues internal and external to an organisation or with clients, working restoratively – high-challenge, high-support - is the basis for truth-telling and healing. In the context of agency and sector collaboration, we engage in high-challenge, high-support activities when we widen the network to engage across service silos and service methodologies, with the intention of building partnerships that are capable of negotiating competing priorities and establishing sharing responsibility.



Adapted from: Social Discipline Window.
Wachtel T & McCold P in Strang H & Braithwaite J (eds), (2001),
Restorative Justice and Civil Society, Cambridge University Press, Cambridge

Working restoratively describes ways of behaving which help to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict and differences of perspective. This should not be confused with excusing or justifying violent or abusive behaviour. Instead, it is a foundation for honesty, shared understanding, change, and accountability.

As well as strengthening relationships between individuals, restorative practice focuses on improving the social bonds within communities - that is, creating social capital. Restorative approaches underpin all RASA services. Our programs develop and grow in partnership with people who use our services, acknowledging the wisdom and strengths people gain from lived experience. Bi-directional learning is a critical feature of our partnership with individuals, families, and communities. We understand that in our partnership with the people we serve and collaborative partners, we need to build a foundation of respect and safety to enable all concerns to be openly shared and repair to be based on a capacity to engage in 'truth-telling' and ultimately accountability.

Used in diverse fields, restorative practice involves a range of formal to informal processes that enable workers, managers, children, young people, and their families to communicate effectively. These include, but are not limited to, family group conferencing, restorative circles, restorative groups, and restorative conferences. These processes support people who work with children and families to focus upon building relationships that are based on 'truth-telling' that creates change and ensures everyone involved appreciates the piece of the change they are responsible for living out. Underpinning this work is an understanding that to create change, it is necessary to have honesty that invariably involves challenges as well as support.

While practitioners across the globe may emphasise different aspects in their practice, there is strong agreement about the key elements, or principles, which are essential restorative building blocks. These include:

- Client lived experience of their problems is the starting point and must be holistically understood
- Healthy Relationships are built and restored through positive social interaction that involves both challenge and support
- Everyone is Accountable for their behaviours, actions, and outcomes
- Fair Process supports inclusion and power sharing while recognising the difference between them
- Genuine Collaboration is achieved through shared values and explicit common purpose

Restorative practice has its roots in restorative justice. Restorative justice echoes ancient and indigenous practices employed in cultures all over the world, to bring those harmed by crime or conflict and those responsible for the harm into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. It is critical to understand these practices are sometimes erroneously understood to reduce domestic, family, and sexual violence to 'relationship issues' that can be resolved through counselling and mediation, without requiring accountability or embarking on difficult conversations, and this is false. Restorative approaches are honest, direct engagements that invite and require accountability.

A shift towards working restoratively in domestic, family, and sexual violence prevention and response would foreground collective impact and shared responsibility. Systemic collaboration, with a restorative emphasis, provides the best opportunity for a sustainable, trauma-responsive service system that effectively reduces domestic, family, and sexual violence rates and enables safer, more resilient communities. This approach places a strong emphasis on connection, context, and repair, based on pragmatic, problem-focused collaboration underpinned by a commitment to partnership. It aims to bridge divides across government and community sectors, public and private domains, inter-departmental functions, and traditional boundaries of responsibility, budget, political interests, and administrative authority. This restorative mindset extends to academia and community partnerships, linking theory with practical application. A restorative mindset and processes have a lot to contribute to the dismantling of silos.

There needs to be recognition that effective collaboration involves work and resources and cannot be reduced to transactional communication. It requires financial investment in the people that that lead and drive the collaboration along with the enabling infrastructure.

Recommendation 1. Foster problem centred restorative interagency collaboration at all levels of the service system including governance, management and service delivery. Invest in and resource restorative collaboration approaches that build interagency, cross sector partnerships to create improved trust, shared commitment to outcomes, and accountability. Adopt a focus on system solutions and problem-centred approaches that are practical and transcend agency or service mandates or parameters.

System Reform Focused on Reducing Service Fragmentation

System reform must tackle service fragmentation. Reducing barriers for all individuals impacted by violence - including victim-survivors, children and young people, the elderly, and those who perpetrate violence - to establish a coherent, collaborative framework is needed. The service landscape is inherently complex, spanning government sector agencies including child protection, justice, health, housing/homelessness, and non-government sector that delivers a wide range of individual, family, and community wellbeing support services.

People affected by violence invariably face compound challenges and barriers when navigating the complexities of the service systems. These barriers are particularly significant for those who contend with comorbidities and additional emotional and practical burdens. A reformed system that prioritises safety, appropriate holistic engagement of those affected by violence, and integration of service responses will reduce these complexities, allowing individuals to access essential services and support more effectively.

An integrated, collaborative approach to delivering holistic support is essential. However, if reforms do not prioritise the governance, oversight and coordination functions of a streamlined service system, any service expansion risks amplifying complexity. Effective collaboration in this multifaceted environment demands robust governance, data integration, and a mindset of shared responsibility across government and non-government organisations.

Governance and Accountability for Integrated Support

Although South Australian and national initiatives have made progress in addressing the domestic, family, and sexual violence crisis, opportunities remain to optimise governance and collaboration. For instance, South Australia lacks a cohesive framework to identify, manage, and respond to domestic, family, and sexual violence. Efforts towards interagency collaboration are frequently segmented, inhibiting effective coordination. Although multiple recommendations have emerged from government frameworks and Royal Commissions, real progress toward a genuinely integrated system has been limited. Well-intentioned efforts to collaborate often flounder as a consequence of a lack of infrastructure and resources.

A crucial first step is development of a *South Australian Domestic, Family, and Sexual Violence Policy and Governance Framework* to support a whole-of-system reform. This *Framework* should include:

- A *Domestic, Family, and Sexual Violence Cabinet Sub-Committee*, chaired by the Premier, including representatives from key departments: Attorney-General's Department, SA Health, Department of Human Services, Department for Child Protection, Department for Education, SAPOL, and Department for Correctional Services.
- A *Chief Executives Domestic, Family, and Sexual Violence Governance Group*, with reporting lines through their Ministers to the *Cabinet Sub-Committee*.

- A *Non-Government Organisation Chief Executives Advisory Committee* of leaders from key stakeholders that drives a culture of collaboration necessary to achieve the system change required.
- Consideration of the establishment of a *South Australian Domestic Family and Sexual Violence Commission* to bridge the divide between state and national efforts.

The *Domestic, Family, and Sexual Violence Policy and Governance Framework* should integrate a system-wide, family-centred perspective, driving cross-sector collaboration between, and within government and non-government stakeholders. This approach would enable key government agencies with lead portfolio responsibilities including the Department of Human Services, Department for Child Protection, SAPOL, and the Attorney General’s Department to realign their roles, clarify their responsibilities and enhance the efficacy of programs like the *Family Safety Framework* and the perpetrator *Abuse Prevention Program*.

A vital component of the *South Australian Domestic, Family, and Sexual Violence Policy and Governance Framework* must include data and evaluation governance that coordinates, collects, monitors, reports, and analyses key government data sets. This needs to expand the current linked data analysis done through the Office for Data Analytics and Department of Human Services *Pathways, Evidence and Partnerships* (formerly *Early Intervention Research Directorate*). Linked data from SA Health, Department for Child Protection, SAPOL, Courts Administration Authority, Department of Human Services and Commonwealth departments such as Centrelink need to be used not for surveillance but for understanding the most relevant points of service intervention. The current example of partnering with Adelaide University’s *Better Start Health and Development Research Unit* for the *Thriving Families* project offers a way of ensuring the data is used for service planning rather than population scrutiny. This expertise in generating evidence based on South Australian data to inform policy and practice to improve health, wellbeing and development outcomes should be developed for domestic, family, and sexual violence.

The *Multi-Agency Protection Service* represents an important component of the domestic, family, and sexual violence response. As a SAPOL-led initiative involving government and non-government organisation partners, *Multi-Agency Protection Service* collects information on domestic violence and child protection, aiding coordinated intervention efforts. Further enhancing *Multi-Agency Protection Service* with standardised risk screening and integrated intervention planning, particularly with non-government organisation input, could bolster proactive, wrap-around responses.

Non-government services also face challenges due to fragmentation, particularly in support services for men concerned about their use of violence and for victim-survivors. In the short term, coordinating and leveraging the existing fora, such as *Family Safety Framework* and *Multi-Agency Protection Service*, can improve system accessibility and outcomes. Moreover, adopting an outcomes-based accountability model within the *Family Safety Framework* and *Child and Family Safety Network*, inspired by initiatives like the UK’s Child Friendly Leeds, could enable local clusters of domestic, family, and sexual violence stakeholders to address the needs of high-risk families effectively. Such an approach, combined with data sharing on key risk indicators (e.g., initial police or court contact), could further enhance early intervention.

To enable coordination of state and national efforts, the South Australian Government might consider establishing a *South Australia Domestic Family and Sexual Violence Commission* aligned with national domestic, family, and sexual violence initiatives. This linkage could strengthen integration, aligning state actions with national domestic, family, and sexual violence priorities and systems including Family Law (Federal Attorney General’s Department and the Department of Social Services) which regularly intersect with state systems.

Towards Integrated and Collaborative Systems

Effective domestic, family, and sexual violence interventions must span prevention, early intervention, response, and recovery, taking into account how factors like gender, sexuality, disability, cultural diversity, and socioeconomic disadvantage intersect with vulnerability. Achieving this requires a genuinely integrated service response, and a reformed culture and approach to collaborative practice built on restorative principles. Enhancing system-wide capacity for joint efforts will be critical to avoid further fragmentation and ensure comprehensive, trauma-informed support. Ultimately, a shift from a punitive to a restorative model is crucial for immediate reduction in domestic, family, and sexual violence and its longer-term elimination. By focusing on early intervention, intergenerational trauma, and collaborative systems, the sector can better protect victims and create pathways for safer, healthier communities.

Family Relationships Centre Case Study

██████ a 30-year-old mother of two, ██████ and ██████ began her relationship with ██████, who was ██████ when she was ██████. ██████ was career minded and highly engaged with her social network. Their courtship was fast paced, characterised by grand romantic gestures and within a few months culminating in a small wedding celebration, even though ██████ had hoped for a large event.

After marriage, ██████ changed, criticising ██████ appearance, dismissing her concerns, and accusing her of infidelity. She withdrew socially, rationalising it as helpful to rest during pregnancy. Moving to a remote town for his job, ██████ sacrificed her career. Over eight years, he barred her from working, sold the home, and controlled the finances. As isolation deepened, his abuse escalated to physical and sexual violence. ██████ breaking point came when he slapped ██████

One day, while ██████ was at work, ██████ sought help from her GP and reconnected with her mother. Suspicion of being monitored arose when ██████ referenced private conversations she had with others. Her friend ██████ concerned, invited her over and advised her to leave her phone behind, explaining hidden apps could track her, monitor conversations, and observe all phone activities. Using ██████ phone, ██████ contacted our Family Relationship Centre. A Family Adviser helped ██████ create a safety plan addressing immediate risks to her and her children’s safety and connected her with a domestic violence (DV) support service.

██████ offered her vacant cottage nearby and drove ██████ and her children there while ██████ was at work. ██████ left her phone behind, and DV worker ██████ provided a secure loan phone, informing local authorities and the school.

██████ wanted to make structured arrangements for the children to maintain a relationship with ██████ and explained that she wanted to be able to manage these arrangements flexibly and safely. ██████ was able to access support and information from the FDR practitioner, Legal services and DV services to

consider her options, and decided that she wanted to pursue safely managed FDR in the first instance. ■■■ completed the DOORS, enabling a Family Dispute Resolution Practitioner to develop a comprehensive safety plan with her, detailing longer term goals and strategies (e.g., accessing ongoing legal advice from Women’s Legal Services), focused on sustainable safety and stability.

■■■ accepted the invitation to Family Dispute Resolution (FDR) via Telehealth. In his DOORS screening he acknowledged his family’s fear of him, and his increased alcohol use. The FDR Practitioner discussed the issues ■■■ raised in his screening conversation, assessing the suitability of Family Dispute Resolution, and advised a review in a month. In the meantime, ■■■ was referred and he engaged with the Specialised Family Violence Service and Family Law Counselling to develop his understanding of the impacts of his use of violence and provide an opportunity to address the underlying attitudes and beliefs in order to support sustainable family safety. ■■■ undertook this counselling work prior to mediation being scheduled.

As ■■■ settled into her new circumstances, the Family Adviser conducted regular check-ins in accordance with the safety plan. ■■■ reported ■■■ was driving past and leaving threatening notes, prompting a safety audit with ■■■ who secured the windows, installed a front door camera, and arranged a police visit to ■■■. The children entered iKiDs counselling, while ■■■ continued to reconnect with her family, gaining independence, and increased confidence.

■■■ attended counselling and was offered the opportunity to visit with the children on Sundays. The FDR sessions ultimately resulted in an arrangement for weekend visits. ■■■ and ■■■ were able to create an interim Parenting plan, which will continue to be reviewed with the family’s safety and the children’s developmental needs in mind. The key to supporting this safety responsive process was the collaboration across sectors, including community based FDV and mediation / counselling services, legal service and law enforcement. The family will continue to require close engagement for some time as they move towards improved safety and outcomes for their children.

Fragmentation at the service level can only be overcome if there is also a serious commitment to integration across every aspect of the system. Without such integration, joined up service is left to the ad hoc ingenuity of individual workers, and at best teams who build professional networks to enable meaningful collaboration for urgent client situations. Dismantling the complex challenges of domestic, family, and sexual violence can only be achieved through a serious investment of time and resources to collaboration. This commitment is critical to creating cohesive support pathways that address the full spectrum of concerns associated with domestic, family, and sexual violence, enabling coordinated, client-centred care rather than fragmented, issue-specific responses.

Recommendation 2. Establish a *South Australian Domestic Family and Sexual Violence Policy and Governance Framework* to enable oversight and coordination of collaborative service delivery, robust data sharing, and continuous monitoring for outcomes. The *Framework* must include key government and non-government stakeholders. Improved coordination within the *Family Safety Framework*, *Multi Agency Protection Service*, and *Child and Family Safety Network*, with enhanced engagement of key non-government organisation stakeholders are recommended reform initiatives. The *Framework* must develop mechanisms that connect South Australia’s efforts to national initiatives, potentially through the creation of a *South Australian Domestic Family and Sexual Violence Commission*.

Shared Risk Management

It is well understood that domestic, family, and sexual violence is deeply interconnected with a range of other risks and concerns. It therefore cannot be effectively addressed in isolation. Tackling domestic, family, and sexual violence requires a collaborative, shared risk-management approach at the service level as well as at the governance level. Establishing a common framework including definitions of risk, shared understandings about presenting behaviours, and adopting common tools are essential steps in ensuring staff have support from the organisation in which they work (i.e., they do not carry the burden of managing risk alone), and in fostering a coherent and effective multidisciplinary, multiagency response. It also ensures staff have support within the organisation. The individual client perspective about their situation must be included in this framework and tools.

Screening for Perpetration as well as Victimisation

Effective service delivery rests on accurate knowledge about families as they engage with services, because those seeking support often present with greater risks compared to families not using services⁴. However, people using services may not disclose risks unless they are clearly asked, and services often fail to detect risks unless they use validated tools in a standardised manner⁵. Individuals who use violence often go unrecognised in various service contexts for many reasons but significantly, most risk screening tools focus on victimisation and not perpetration behaviours. This has service implications for efforts at responding to people who use violence and early intervention broadly. The murder-suicide of two RASA relationship counselling clients in 2007 - one killed by her *de facto* partner who then suicided whilst under investigation - prompted an internal review of actions taken by staff and services involved and led to a change in the way RASA screened for and assessed client risk.

Family DOORS is the first validated screening tool designed to detect victimisation and perpetration behaviours, while also gathering information about the developmental wellbeing and safety of children. Unlike traditional screening tools that focus on simply categorising individuals for inclusion or exclusion from services, it takes a holistic approach, mapping coexisting issues within the family to provide a comprehensive understanding of the dynamics at play. It broadens rather than narrows the scope of support. Risk emerges and grows from overlapping and mutually reinforcing factors, including individual characteristics, situational variables, and historic factors that combine to increase the likelihood of adverse outcomes. This approach is the basis of a partnership between client and practitioner for the shared management of risk, and tailored, joined-up service responses.

All RASA services use the *Family DOORS*, a simple, practical, and flexible three-part framework⁶ supporting professionals to comprehensively identify, map, and respond to safety and well-being risks. This approach ensures there is a consistent and holistic approach across all our services that has helped us build effective cross program collaboration as well as service wide procedures for

⁴ Ballard, R. H., Holtzworth-Munroe, A., Applegate, A. G., & Beck, C.J.A. (2011). Detecting intimate partner violence in family and divorce mediation: A Randomized Trial of Intimate Partner Violence Screening. *Psychology, Public Policy, and Law*, 17(2), 241-263.

⁵ De Maio, J., Kaspiew, R., Smart, D., Dunstan, J., & Moore, S. (2013). *Survey of recently separated parents: A study of parents who separated prior to the implementation of the Family Law Amendment (Family Violence and Other Matters) Act 2011*. Australian Institute of Family Studies.

⁶ McIntosh, J. E., & Ralfs, C. (2012a). *The Family Law DOORS handbook*. Australian Government Attorney-General's Department.

responding to safety risks. Large-scale studies demonstrate that DOORS is a robust framework to screen, elaborate, and assess for safety and wellbeing risks^{7, 8}. Key findings indicate:

- *DOORS 10 distinct domains of risk* highlight the importance of screening to enhance practitioners' ability to accurately identify all safety concerns (if practitioners only ask clients about one category of risk, they may not recognise all presenting safety concerns) and show **good internal reliability**.
- *Safety concerns reported by clients in the DOORS reflect objective markers of safety*, that is, client self-report predicted at least one professional decision about risks in the case (e.g., a police officer drafting an intervention order, a practitioner making a *Child Abuse Report Line* notification), showing **good external criterion validity**.
- *Parents broadly corroborate each other's account on risk domains* (i.e., when one parent reports feeling unsafe - a high risk of victimisation, the other is likely to report unsafe behaviour - a high risk of perpetration). This is an important finding given some practitioners see only one parent presenting for a service and may need to consider risk to the other parent and/or children in the absence of corroborating material. **DOORS supports both victim and perpetrator identification**
- *The risk domains are as effective as, but more efficient than, other well-established 'gold standard' wellbeing risk screens*, including the BITSEA⁹, SDQ¹⁰, and Kessler 10¹¹, demonstrating **good concurrent validity**.

Practitioners unfamiliar with systematic screening often express concern that screening vulnerable clients will be intrusive, alienating, and will compromise their working alliance. Many practitioners worry clients will refuse to participate in formal screening and remain adamant client disclosure is best enabled by a warm, relatively unstructured conversation in person. However, the replicated evidence weighs heavily against this practitioner-led style, which remains significantly associated with lower disclosure of safety concerns¹². Importantly, systematic universal screening using evidence-based tools helps minimise perceptions of bias and feelings of discomfort that subjective, unstructured assessments may elicit. Below is a description of the *Family DOORS* process and an example of how we can analyse the information clients provide through *Family DOORS* to understand issues and themes that contribute to our service planning and response for specific clients.

Administered in 12–20 minutes at intake, screening begins with DOOR 1¹³, a standardised *Self-Report Form* where all clients are proactively asked about key safety and wellbeing risk and protective factors (e.g., mental health, behaving safely, feeling safe, child wellbeing and development, financial stress,

⁷ McIntosh, J. E., Wells, Y., & Lee, J. (2016). Development and validation of the Family Law DOORS. *Psychological Assessment, 28*(11), 1516-1522.

⁸ Wells, Y., Lee, J., Li, X., Tan, E.S., & McIntosh, J. E. (2018). Re-examination of the Family Law Detection of Overall Risk Screen (FL-DOORS): Establishing fitness for purpose. *Psychological Assessment, 30*(8), 1121-1126.

⁹ Briggs-Gowan, M. J. I., Carter, A. S., Irwin, J. R., Wachtel, K., & Cicchetti, D. V. (2004). The Brief Infant-Toddler Social and Emotional Assessment: Screening for social-emotional problems and delays in competence. *Journal of Pediatric Psychology, 29*(2), 143-155.

¹⁰ Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry, 38*(5), 581-586.

¹¹ Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L. et al. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine, 32*(6), 959-976.

¹² Holtzworth-Munroe, A., Beck, C. J. A., & Applegate, A. G. (2010). The Mediator's Assessment of Safety Issues and Concerns (MASIC): A screening interview for intimate partner violence and abuse available in the public domain. *Family Court Review, 48*(4), 646-662.

¹³ McIntosh, J. E. (2011). DOOR 1: Parent Self-Report Form. In J. E. McIntosh & C. Ralfs (Eds.), *The Family Law DOORS handbook* (pp. 25-29). Australian Government Attorney-General's Department.

and culture, community, and belonging). This includes a question asking clients if there is anything about their culture or religion which is important for RASA to understand to better help them.

DOOR 2¹⁴, *Practitioner Aide Memoire*, takes responses from DOOR 1 and identifies areas of risk endorsed by clients, that require further enquiry. Practitioners use the *DOORS Response Form* which provides prompts to thoroughly and effectively elaborate on identified risks, summarise the current status of risk and protective factors for clients, and outline actions taken to mitigate these risks.

DOOR 3, *Resources for Responding to Risks*, covers risk assessment where needed and documentation of risk via the *Serious Client Matters Form*. As per our *Serious Client Matters Policy*, the form provides an opportunity to report on and share the responsibility for managing escalated client risks (e.g., it might document child protection notifications). It uses the same *DOORS* domains of risk, and notifies managers, team leaders and executives, depending on the level of risk identified, triggering additional organisational support and response.

The mapping of concerns created through the *Family DOORS* enables the practitioner and the client to consider the multiple supports that may be relevant. Once a service has taken on a client, the nature of the ‘working alliance’ can make practitioners reluctant to bring in other services until their working alliance has gone stale or hit roadblocks. By contrast, incorporating a picture of the multiple needs at the start sets the scene for inter-agency, multiple-program collaboration tailored to the constellation of their concerns. While different organisations across the service system may conceptualise domestic, family and sexual violence differently, thereby influencing the ways in which it is responded to, we believe the *Family DOORS*, with common language and methodology for detecting and responding to risk, can help create coherent pathways across services - an essential capability given the tendency of vulnerable clients to move frequently between services and agencies.

Kids’ DOORS

In RASA, we also use the *Kids’ DOORS* version of *Family DOORS*. This offers a structured yet child-centric method to illuminate the child’s perspective of their safety and wellbeing that may not surface in adult-centric processes. The *Kids’ DOORS* design allows children to respond to simple prompts via cards. It aligns well with trauma-informed care principles, minimising potential re-traumatisation while empowering children to share their experiences.

Analysis of *Kids’ DOORS* implemented at RASA, including a file review of 155 children from the Children’s Contact Service, found 28% of children said “Yes” their mother had recently been “Very angry”. The case notes showed how practitioners explored with children what this “Yes” meant (i.e. step two in the *DOORS* framework). This exploration helped to identify if the children thought their mother was angry as a reasonable response to something; or if an abuser tactic was being used to blame the mother for “being angry”; and asked into how the mother being angry was impacting on the child. In these situations, further assessment with the child or family is essential and given the *Children’s Contact Services* service population it means many different explanations are possible. Most importantly, *Kids’ DOORS* enables the child’s perspective to be explored in ways that do not amplify

¹⁴ McIntosh, J. E. (2011b). DOOR 2: Practitioner Aide Memoire. In: *The Family Law DOORS Handbook*. Jennifer E. McIntosh and Claire Ralfs (2012). Australian Government Attorney-General’s Department.

children's fears or concerns but rather create a helpful conversation that supports safety organising around the child and good therapeutic responses.

Other notable statistics from the *Children's Contact Services* file review were that 23% said they had been hurt by a parent or other adult; 58% felt always safe with their parents (i.e. 42% don't always feel safe); and 35% of children felt "very sad" lately. Often the risks revealed by children through *Kids' DOORS* are already known. This is because practitioners see the child and complete *Kids' DOORS* only after meeting with their parents or carers or after reviewing prior referral information from third parties. Even when a risk is known, the impact on the child may not be known or fully understood. *Kids' DOORS* gives a voice to children to speak about their experience including how it may have been shaped by tactics of abuse. With the child's voice, practitioners can more effectively navigate the complexities of children's lived experiences, contextualise external risk factors and address issues in collaboration with caregivers. In practitioner feedback about the effectiveness of *Kids' DOORS*, 84% cited quicker risk identification, and 79% said they identified previously unknown risks. This underscores the benefit in speeding up and deepening the risk screening process.

Safety Planning with Clients

Screening for violence demands a response to risks and safety concerns that are detected. In our view, to screen without a response is irresponsible and amplifies the isolation too often associated with victimisation. The *Family DOORS* framework has a structured safety planning process that assists practitioners conduct this vital process.

In our view, safety planning should involve shared decision-making between practitioner and client to ensure actions are realistic and thoroughly considered. While this includes informing the client of options and strategies, imposing these can hinder their capacity to build self-protective behaviours. Practitioners must support clients to work towards a decision about the future of their relationship and what changes are needed. Being attuned to what the client considers a safety concern is essential. Without an understanding of the client's perspective about their safety, plans can become unrealistic or impractical, and possibly increase risks. Clients should be supported to identify threats to their safety, how they can respond to these, who they can call, and where they can go. Though sometimes stressful, this preparation helps clients organise their thinking about their safety including documenting their strategies and plans and sharing these with relevant others who can help if the plan must be enacted.

With appropriate guidance, safety planning can provide an efficient and straightforward response to disclosures of fear and abuse. The implementation of sector-wide screening underscores the need to prioritise safety planning across the service system, ensuring that risk identification is consistently paired with immediate, supportive action. Disclosures should not merely lead to referrals to specialist services; instead, they should be met with an immediate opportunity for the person to explore practical safety options in collaboration with the professional receiving the disclosure.

Recommendation 3. Implement Holistic Screening Tools. Develop and promote a shared understanding and application of holistic screening processes that go beyond identifying victimisation to also recognise perpetrators and the impact of their violence on victims. These tools should evaluate the physical, emotional, developmental, and legal safety of all family members, including children and elders, to enable early intervention where harm or risk is present. Effective screening tools should elicit

each individual's perspective, laying a foundation for constructive engagement between client and practitioner. Risk screening must avoid exacerbating trauma or stigmatising client decisions, as these can impede motivation for change and healing.

Expand Targeted Victim-Survivor Services

Domestic, family, and sexual violence is a deeply entrenched issue rooted in a complex interplay of social, emotional, and systemic factors. A comprehensive understanding of domestic, family, and sexual violence, recognising it as a multifaceted experience involving not just physical and sexual violence but also psychological, economic, and coercive control, is essential. These forms of violence are overwhelmingly gendered, inflicted mostly by men onto women¹⁵, children and vulnerable people. They are also pervasive across all social strata, cultures and faiths in Australia. Domestic, family, and sexual violence cannot be conceptualised as an isolated or single issue; instead, it needs to be understood within the broader social context where gender, cultural difference, disability, and multiple disadvantage structure social participation and safety¹⁶.

Discrimination and disadvantage significantly contribute to the risk of domestic, family, and sexual violence and profoundly impact the response and support available for victims. Too often, service and legal systems fail to detect violence and apply ill-informed and discriminatory interpretations of the specific violent relationship dynamic. This leads to responses to domestic, family, and sexual violence that, constitute neglect at best and, at worst, add to harm and violence. There is significant underreporting of domestic, family, and sexual violence across all populations but among vulnerable groups, it is recognised that the reactions of the service system to disclosure do not necessarily make victims safer, making the level of undisclosed violence a major service system issue^{17, 18, 19}.

Relationships Australia nationally contextualises its services, research, and advocacy within the imperative to strengthen connections between people, underpinned by a strong commitment to human rights and service innovation. In a recent submission by Relationships Australia to the Australian Law Reform Commission about justice responses to sexual violence, the following issues were highlighted.²⁰

Children and Young People

Recognising children as rights-bearers and improving compliance with the Convention on the Rights of the Child needs urgent attention. Justice reforms should not retrofit adult-centric systems for child survivors of sexual violence. Instead, bespoke systems, co-designed with child survivors, should be created, ensuring their voices are heard and respected. This need is underscored by recent data showing that sexual abuse by known adolescents has increased, now representing the most common perpetrator category for young victims aged 16-24. This

¹⁵ Australian Bureau of Statistics. (2023). *Personal Safety, Australia, 2021-22*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#key-statistics>

¹⁶ Australian Institute of Health and Welfare. (2024). *Family, domestic and sexual violence: Factors associated with FDSV*. Retrieved from: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv>

¹⁷ Maher, J. M., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Lea, M., Cadwallader, J., & Sands, T. (2018). *Women, disability and violence: Barriers to accessing justice: Final report*. Australia's National Research Organisation for Women's Safety.

¹⁸ Commonwealth of Australia (Department of Social Services). (2015). *Hearing her voice: Report from the kitchen table conversations with culturally and linguistically diverse women on violence against women and their children*. Retrieved from: https://plan4womenssafety.dss.gov.au/wp-content/uploads/2015/07/cald_womens_safety_report.pdf

¹⁹ Langton, M., Smith, K., Eastman, T., O'Neill, L., Cheesman, E., & Rose, M. (2020). *Improving family violence legal and support services for Aboriginal and Torres Strait Islander women*. Australia's National Research Organisation for Women's Safety.

²⁰ Cochrane, S., (2024) *Justice Responses to Sexual Violence Issues Paper 49*. Retrieved from: https://www.relationships.org.au/wp-content/uploads/ALRCJRSVIP49.sub_080524FINAL.pdf

shift highlights a troubling trend that has long-term implications, since childhood sexual violence is a predictor of future domestic and family violence.

Older Persons

The rights of older persons need to be addressed. The structural and systemic ageism pervasive in legal, political and services systems is too often overlooked. Sexual violence against older women is often suppressed and overlooked due to social stigma and widespread myths about rape, with allegations frequently dismissed as confusion or symptoms of dementia. As a result, this issue remains largely invisible. The Royal Commission into Aged Care revealed shocking statistics, with up to 50 incidents of unlawful sexual contact per week in aged care settings. Research indicates that the prevalence of sexual abuse among older persons, particularly in institutional settings, is likely underreported due to the exclusion of marginalised groups and people with cognitive impairments. Relationships Australia urges reforms that include co-designed systems with older women to better identify and respond to this hidden issue.

Further to this, the latest available estimates of violence experienced by females with a disability or long-term health condition in South Australia, sourced from the 2016 Personal Safety Survey, reveal approximately 10.9 per 100,000 experienced violence (including sexual (5.1 per 100,000, or 2.2%) and physical (10 per 100,000, or 4.2%) in the previous 12 months²¹. It is also well known that women with disabilities are nearly twice as likely as those without disabilities to be subjected to physical or sexual violence by a cohabiting partner/carer²². Women with intellectual or psychological disabilities face the greatest risks, being nearly three times more likely to be targeted physical or sexual violence and more than twice as likely to suffer emotional abuse from a cohabiting partner/carer²³.

Culturally and linguistically diverse families often face particular issues in relation to domestic, family, and sexual violence which need to be identified and supported with different approaches. Women from refugee backgrounds are especially vulnerable, not only to physical and sexual violence but also to financial abuse, reproductive coercion, and immigration-related violence²⁴. The experiences of domestic, family, and sexual violence within refugee communities are further complicated by factors such as migration pathways, pre-arrival trauma, and challenges related to acculturation and social isolation²⁵. Identifying forced marriage can be challenging, as it involves the absence of consent, which may conflict with cultural norms where marital decisions are seen as familial. Forced marriage exists on a coercive continuum, with psychological pressure often subtle and hidden, requiring workers to navigate complex factors influencing consent²⁶.

²¹ Australian Bureau of Statistics. (2016). *Personal Safety Survey, Australia, 2016*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2016#data-downloads>

²² Australian Bureau of Statistics. (2021). *Disability and Violence - in Focus: Crime and Justice Statistics*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/focus-crime-and-justice-statistics/disability-and-violence-april-2021>

²³ Australian Bureau of Statistics. (2021). *Disability and Violence - in Focus: Crime and Justice Statistics*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/focus-crime-and-justice-statistics/disability-and-violence-april-2021>

²⁴ Australian Institute of Family Studies. (2018). *Intimate partner violence in Australian refugee communities*. Retrieved from: <https://aifs.gov.au/resources/policy-and-practice-papers/intimate-partner-violence-australian-refugee-communities>

²⁵ Australian Institute of Family Studies. (2018). *Intimate partner violence in Australian refugee communities: scoping review of issues and service responses*. Retrieved from: <https://aifs.gov.au/resources/policy-and-practice-papers/intimate-partner-violence-australian-refugee-communities>

²⁶ Anti-Slavery Australia, University of Technology Sydney. (2024). *Frontline Worker Guide: Identifying and Responding to Forced Marriage in Australia*. Retrieved from: <https://mybluesky.org.au/frontline-worker-guide>

Aboriginal and Torres Strait Islander women are also at higher risk of family violence compared to the general population²⁷. In South Australia, 1,535 (61%, or more than 1 in 2) First Nations females were victims of assault, and 43 (28.1%, or nearly 1 in 3) were victims of sexual assault, by a family member (i.e., partner, parent, or other family member) in 2023²⁸. Experiences of racism within the policing system and legal systems result in mistrust of service systems which elevate levels of domestic, family, and sexual violence within Aboriginal and Torres Strait Islander communities. The legacy of invasion, characterised by land dispossession, violence, and cultural destruction, has inflicted long-lasting social, economic, psychological, and emotional harm on Aboriginal and Torres Strait Islander communities. Family violence within these communities is both a cause and a consequence of social disadvantage and intergenerational trauma, necessitating a nuanced understanding of and response to its roots and impacts.

Domestic, family, and sexual violence is also experienced within same sex and gender diverse relationships, with unique presentations and effects^{29, 30}. While domestic, family, and sexual violence is perceived predominantly as a heterosexual issue linked to rigid gender stereotypes and patriarchy, it can be difficult for LGBTIQ+ individuals or helping professionals to recognise the signs of abuse and respond appropriately³¹. Similar to other marginalised groups, help-seeking by LGBTIQ+ people is hindered by a lack of trust in mainstream organisations and fear of bringing further discrimination to their communities.

The impact of violence

In our trauma services, we work with individuals who frequently experienced abuse from multiple perpetrators across multiple institutions during childhood. Among applicants from our *Redress Support Service*, 80% report that their experiences have impacted their families, and 80% of those who are parents identify adverse effects on their parenting due to their childhood sexual abuse. Three key themes emerge from their accounts: a heightened need to be overprotective to prevent child sexual abuse, a tendency to isolate themselves and their children from family, and the use of violence within their relationships. Within our *Child Sexual Abuse Counselling Service*, 60% of clients are victim-survivors of familial child sexual abuse, and 40% are victim-survivors of institutional child sexual abuse. 10% of clients are impacted by child sexual abuse that is sibling-perpetrated, and 20% are impacted by non-sibling-perpetrated child sexual abuse. Thirty-five percent of all clients are children under 18 years.

The consequences of domestic, family, and sexual violence extend beyond immediate physical harm, significantly affecting the mental and emotional well-being of victims, including children who live around violence. Witnessing or experiencing violence is a form of trauma resulting in alterations to neurobiological integration and processing, including mechanisms of coping with stressful stimuli and

²⁷ Cripps, K. (2023). *Indigenous domestic and family violence, mental health and suicide*. Retrieved from: <https://www.indigenoussmhspc.gov.au/publications/dfv>

²⁸ Australian Bureau of Statistics. (2023). *Recorded Crime - Victims*. Retrieved from: <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release#data-downloads>

²⁹ Campo, M., & Tayton, S. (2015). *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*. Retrieved from: <https://aifs.gov.au/resources/practice-guides/intimate-partner-violence-lesbian-gay-bisexual-trans-intersex-and-queer>

³⁰ Amos, N., Lim, G., Buckingham, P., Lin, A., Liddelow-Hunt, S., Mooney-Somers, J., Bourne, A. (2023). *Rainbow Realities: In-depth analyses of large-scale LGBTQ+ health and wellbeing data in Australia*. Australian Research Centre in Sex, Health and Society, La Trobe University.

³¹ Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J., & Bear, B. (2020). *Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence* (Research report, 10/2020). Australia's National Research Organisation for Women's Safety.

regulating emotion³², creating a predisposition or vulnerability to further harm. The recent Australian Child Maltreatment Study³³ revealed family adversity increases the risk of multi-type maltreatment, with each form of hardship (parental separation or divorce, living with someone who is mentally ill, living with someone who has had a problem with alcohol or drugs, economic hardship) doubling the risk. Multi-type maltreatment was concerningly common, with 40.2% experiencing more than one type, and 25.4% 3-5 types³⁴.

Childhood trauma has impacts across the lifespan³⁵, with many adult health problems related to strategies, coping mechanisms and behaviours they developed as children to protect themselves from adversity³⁶. Adults who have experienced early childhood relational trauma, including family and domestic violence in early life, are at increased risk of transmitting traumatic effects to their own children through their attachment and interaction styles³⁷. When trauma is relationally transmitted across generations, directly or indirectly, it is known as intergenerational trauma. Seeing trauma in these terms explains how a person can be harmed by trauma from years ago and who has no personal experience of original traumatic event³⁸; yet the harm is both an antecedent and outcome of traumatic attachment³⁹.

System amplification of harm

Crucially, if unjust systems and practices remain unchanged then intergenerational transmission of trauma is continued. For example, these practices include victim blaming women as responsible for men's use of violence in their relationships, or seeing women as poorly protective of their children in domestic, family, and sexual violence resulting in child protection involvement or removals. Some unjust practices are less visible but still potent in intergenerational transmission of trauma. If individuals who have experienced relational trauma do seek services, it may be due to the distress from the effects of trauma or mental health concerns⁴⁰ rather than the trauma itself⁴¹. Therefore seeing only an individual's symptoms after trauma (e.g., depressed mood) without recognising the prior traumas (e.g., feeling helpless and powerless that life can be something different) make intervention less effective or entirely miss the point⁴².

³² Schore, A. N. (2009). Relational trauma and the developing right brain. *Annals of the New York Academy of Sciences*, 1159(1), 189-203.

³³ Mathews, B., Finkelhor, D., Pacella, R., Scott, J. G., Higgins, D. J., Meinck, F., et al. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect*, 147.

³⁴ Higgins D. J., et al. (2023). The prevalence and nature of multi-type child maltreatment in Australia. *The Medical Journal of Australia*. 218(6), S19-S25.

³⁵ Van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401-420.

³⁶ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

³⁷ Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14(3), 387-421.

³⁸ Hesse, E., & Main, M. (2000). Disorganization in infant and adult attachment: Description, correlates, and implications for developmental psychopathology. *Journal of the American Psychoanalytic Association*, 48(4), 1097-1127.

³⁹ Salberg, J. (2015). The texture of traumatic attachment: Presence and ghostly absence in transgenerational transmission. *The Psychoanalytic Quarterly*, 84(1), 21-46.

⁴⁰ Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *American Journal of Psychiatry*, 160(8), 1453-1460.

⁴¹ Goldsmith, R. E., Barlow, M. R., & Freyd, J. J. (2004). Knowing and not knowing about trauma: Implications for therapy. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 448-463.

⁴² Goldsmith, R. E., Barlow, M. R., & Freyd, J. J. (2004). Knowing and not knowing about trauma: Implications for therapy. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 448-463.

RASA sees an onus of responsibility on services to have purposeful contact with individuals who may have personal or intergenerational trauma effects. The responsibility is to deliver support in a way sensitive to its dynamics, and to recognise the role trauma may play in any presentation to a care setting⁴³. We tend to think of domestic, family, and sexual violence (including abuse and neglect of older people) and child maltreatment as separate categories, but through the lens of intergenerational trauma, we see they are intrinsically linked. If we want to help children, we also need to help their parents (including the perpetrator when possible) to heal as all carry the effects of intergenerational trauma.

Supporting Recovery

Effective interventions must address both the complexity and social conditions that contribute to vulnerability to domestic, family, and sexual violence, as well as the impact of these experiences on victim-survivors. This requires legislative reforms, broader societal change, and service expansion. Frontline safety services for women escaping domestic, family, and sexual violence represent a significant, hard-won achievement, advocated by courageous survivors and activists who challenged long-standing denial of the severity and prevalence of gendered violence. While these services must continue to expand and adapt to meet the evolving needs of women relying on such services, there is a critical need for additional investment in services tailored specifically to ensure safety and support recovery for vulnerable populations. To be truly effective, the next phase of service expansion must incorporate a deeper understanding of how intersectionality and disadvantage effect domestic, family, and sexual violence experiences. Developing interventions and legal responses that are targeted, culturally competent, and accessible will improve the overall effectiveness of safety services and address critical service gaps that are leaving many victims without adequate support.

Effectively responding to the trauma of domestic, family, and sexual violence requires support across the lifespan, as the characteristics and impacts of domestic, family, and sexual violence shift across various ages and stages in development, from childhood to adolescence, adulthood, and elder adulthood. Experiences of perpetration and victimisation are often linked to earlier developmental stages, and increase propensity to use or experience violence in subsequent stages, with the developmental trajectories of people with disability heightening susceptibility to these patterns. Consequently, people present with highly complex and multidimensional needs. While a sequential approach, beginning with safety organisation is crucial⁴⁴, the crisis focus of support services means they are largely unable to provide support for healing and recovery. This underscores the importance of service responses that are not only holistic, tailored, and sequenced to the unique constellation of concerns with which people present, but also developmentally sensitive. Such responses are cognisant of the unique ways each person has been impacted at their particular stage of development, and recognise their abilities and limitations that may shape their healing and recovery.

Recommendation 4. Expand Targeted Victim-Survivor Services. Develop and implement services designed to support children, individuals with disabilities, and older victims of abuse, ensuring that interventions are carefully adapted to their developmental needs, personal circumstances, and

⁴³ Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine: Current knowledge and future research directions. *Family & Community Health, 38*(3), 216-226.

⁴⁴ Rayment, P., Young, C., & Guidolin, M. (2014). Therapeutic interventions for traumatised children in the child protection system in South Australia: Matching the therapy to the child. *Developing Practice, 38*, 35-48.

identities. Targeted services that are tailored for cultural context, LGBTIQ+ identities, and Indigenous communities must also be expanded. All targeted services should focus on the holistic care of individuals, including physical, emotional, and developmental and legal safety. The goal is to ensure that support is not only protective but also empowering; fostering recovery, resilience, and long-term well-being to interrupt intergenerational cycles of victimhood and patterns of perpetration.

Expand Intervention Services for Perpetrators

Addressing Intergenerational Trauma and Domestic, Family, and Sexual Violence: A Holistic and Evidence-Based Approach

Intergenerational trauma is a frequently overlooked factor in understanding and responding to domestic, family, and sexual violence. While not all children exposed to domestic, family, and sexual violence will go on to perpetrate violence, it is well established adverse childhood events and forms of childhood trauma can impair attachment and relationships, affecting individuals well into adulthood. Adolescence is a critical developmental stage requiring focused intervention, as 20% report using family violence, with verbal, physical, and emotional abuse being the most common. Many of these young people have witnessed or experienced violence themselves before turning 18⁴⁵.

In our service experience, there is a strong correlation between childhood trauma and subsequent perpetration of violence. In our *Redress Support Service* and *Child Sexual Abuse Counselling Service*, perpetrators are often victims of childhood trauma, before they first perpetrate any crime. RASA is currently working with a third of the prison population in South Australia who were victims of institutional child sexual abuse. We have not promoted this program and have had to stop receiving referrals over the last 6 months, as the waitlist is approximately 2 years. The actual number of people in prison who are eligible for the service is much higher and other prisoners are not eligible as their child sexual abuse was perpetrated by a family member. Consequently, we are aware that the rates of child sexual abuse within the prison cohort is significant and underreported.

Current domestic, family, and sexual violence services are often focused on adult partner violence, lacking the capacity to adequately address adolescent violence. Law enforcement and legal processes, similarly, are ill-equipped to respond appropriately, frequently only using punitive measures such as intervention orders designed for adults. These orders alone fail to consider the developmental and trauma histories of adolescents, particularly those with cognitive or psychosocial disabilities, setting them up for breaches and further criminalisation.

Young men require constructive role models and pathways to build healthy, non-violent relationships. Without these, they are prone to feelings of social threat, isolation, and shame, especially if they have experienced early relational trauma. Current interventions often emphasise accountability but ignore the underlying developmental and trauma-related factors, leading to "responsibility overload." Expecting young men to demonstrate empathy without first addressing their own experiences of trauma is unrealistic and limits their capacity for genuine accountability.

The Need for Evidence-Based Interventions and Holistic Approaches

Research into the links between intergenerational trauma, childhood adversity, and adult violent behaviour remains insufficient, and more rigorous evaluations of behaviour change programs are needed. The *Unlocking the Prevention Potential* report emphasises targeted efforts to fill gaps in

⁴⁵ Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (Research report, 15/2022). ANROWS. Retrieved from: <https://www.anrows.org.au/project/adolescent-family-violence-in-australia-a-national-study-of-prevalence-use-of-and-exposure-to-violence-and-support-needs-for-young-people/>

response, including strengthening men's behaviour change programs, enhancing multi-agency collaboration, and standardising risk management practices.

Recent South Australian data (FY23) illustrate the scope of the challenge. Notably, 11,013 reported cases of family and domestic violence representing 41% of 'Total Offences Against The Person' (SAPOL crime data); 6,156 Domestic Violence Intervention Orders were issued; approximately 5,571 men were subject to Intervention Orders, but 88% received no follow-up support, and; 501 men were ordered to attend behaviour change programs, yet 51% did not complete them. These figures point to substantial opportunities for targeted primary prevention, which could significantly impact domestic, family, and sexual violence rates. Programs like *Reset2Respect* show promise, with 92.8% of participants reporting satisfaction and 83.9% indicating improved well-being. However, the reach is limited, and many individuals at risk never engage with these services.

Analysis of our *Reset2Respect* participants highlight the potential effectiveness of work with men who use violence. *Reset2Respect* participants represent a small segment of the broader spectrum of gendered violence across South Australia. An internal analysis of 100 *Reset2Respect* participants referred by the Court through the Abuse Prevention Program, revealed considerable differences in the main co-occurring risks, such as mental health diagnoses and substance use, which impact readiness and capacity for change. What is common in this group is that none initially identified family violence as a problem, nor did they seek help of their own accord. Instead, they were mandated to attend *Reset2Respect* after being arrested for family violence offenses and appearing in the Magistrates Court.

Despite the variability of underlying issues, the program demonstrates effectiveness for the men who do engage. Over three years of service delivery, 92.8% of 139 surveyed men reported satisfaction with the service they received. Additionally, 83.9% indicated they were "better off now than when I first came to [*Reset2Respect*]." These results are significant, given many participants were mandated to attend *Reset2Respect* after arrest, with no initial motivation for change. Notably, these surveys capture anonymous feedback, allowing men to express dissatisfaction freely - yet negative comments are rare.

Importantly, we seek feedback from men not only regarding changes in their use of violence but also on broader clinical outcomes. Although funding constraints prevent us from directly correlating their self-reports with their (ex)partners' experiences, participants often report improvements in family dynamics, children's well-being, and overall communication and conflict management. This is particularly important given that many men remain in relationships and continue to play a role in their children's lives.

Our review of client files and feedback is not intended to glorify the participants as champions of their change—especially given that none were initially willing to attend. Rather, it illustrates that a balanced approach of challenge and support can lead to meaningful progress, enhancing family safety and well-being. Though it may be uncomfortable to acknowledge, holding men accountable while offering therapeutic support appears to be effective.

Moreover, statistics highlight that only a fraction of men involved in family violence incidents reach *Reset2Respect*. Many more are arrested in South Australia for family violence or related offenses without being referred to *Reset2Respect*, and a significant number engage in severe violence without ever facing arrest or appearing on the Abuse Prevention Program list. This underscores the need to

expand programs like *Reset2Respect* in collaboration with key stakeholders, including the Courts Administration Authority and Women’s Safety Services South Australia. We are not aware of any data or programs in South Australia that respond to perpetrators who do not identify as cis-gendered heterosexual men, and this is a gap in service provision.

Addressing domestic, family, and sexual violence requires a comprehensive, whole-of-family approach that considers each individual's unique circumstances. Services need to move beyond a rigid, single lens on gender to understand the specific dynamics of each case. When interventions do not engage the perpetrator, safety planning and support are incomplete, placing undue burden on the victim. Engaging those who use violence—without excusing their behaviour—can prevent escalation and create safer family environments.

A Father’s Journey of Change

■■■■ a father of ■■■■ children underwent a profound transformation during his engagement with *Ngartuitya Family Group Conferencing*.

The Department for Child Protection assessed ■■■■ as a significant safety risk to his children and partner, demanding he leave the home so his children could safely return. Initially, ■■■■ was stuck - unmotivated to change and avoiding taking responsibility. Being confronted with this perspective (high challenge) without support, he withdrew from meetings with the Department for Child Protection and other services, sinking deeper into shame and self-justification.

When the *Ngartuitya Family Group Conferencing* coordinator reached out to ■■■■ as required for a Family Group Conference, they were committed to engaging him in a review of the situation and learn more about his perspective about the family needs. It was clear from this engagement that Peter did not believe that he was using family violence, despite the assessment from the Department for Child Protection. In preparation for the Family Group Conference a foundation of honesty and truth-telling (high-challenge) and respect and curiosity (high-support) between Peter and the coordinator about the nature of family violence was established that allowed them to have a conversation about the family violence behaviours.

Later at the Family Group Conference when the issue of safety for the family and family violence was raised the coordinator was able to ask, “If I asked your family, would they think that violence has been part of your relationship, what would they say?” The room fell silent. As ■■■■ looked at his family, the realisation began, the family, his children not just the Department for Child Protection considered he was using violence. Through the support of being listened to and being encouraged to review the Department for Child Protection’s assessment of his behaviour, ■■■■ became more open to the perspectives of his family and the children. It became harder for him to ignore or deny his violent behaviour. He also started to realise that his violent behaviour was putting the children at risk of being removed from the family.

In a one-to-one session, the coordinator asked if violence had always been a part of ■■■■ life. ■■■■ opened up about his childhood, sharing the violence he had witnessed. “How were you harmed by it, and what would you want an apology for?” the coordinator asked. After ■■■■ emotional response, the coordinator followed with “How do you think your violence has impacted your children?” ■■■■ struggled with the question for the rest of the session, breaking down in tears, but through this process his motivation to interrupt this pattern was strengthened.

At the Family Group Conference, [REDACTED] was able to accept that his behaviour needed to change. He asked his extended family network involved in the family group conference, to hold him responsible, and together they created a safety plan that was based on his change of behaviour and protection of his family from the violence. For the first time, his family felt relief. His partner, once burdened by his actions, could now focus on their children and they could finally return home, knowing there were multiple people focused on her and the children's safety.

[REDACTED] remained engaged with support to address his childhood trauma and continued to shift from denial to accountability, as a mechanism for rebuilding trust with his children and ensuring they were not removed by child protection.

The lens of intergenerational trauma offers a restorative approach, emphasising truth-telling, accountability and healing. This involves supporting perpetrators in taking responsibility for their actions and learning essential skills, such as emotional regulation, to build respectful relationships. This approach does not seek to reconcile victim and perpetrator but to ensure safer future relationships for all involved.

Recommendation 5. Expand Intervention Services for Perpetrators. Strengthen and expand the service system (in community and correctional settings) to ensure accessible, effective interventions for individuals known to use violence. This includes people (mostly men) who are subject to domestic violence Intervention Orders, those who are on bail charged with domestic, family and sexual violence offences, those who have been subject to police attendance related to domestic, family, and sexual violence, self-identified individuals seeking help, and those referred for support. Tailored interventions are required to address intergenerational trauma, current co-morbidities and behaviours associated with violence, ensuring long-term behavioural change, including recovery from childhood trauma.

Strengthen Workforce Capacity

Enhance Detection, Response, and Referral Skills

It is essential to recognise identification, response, and referral to specialist services for domestic, family, and sexual violence is a core responsibility for *all* service system professionals, including those in health, education, housing, disability, counselling, settlement, and family and youth support. When domestic, family, and sexual violence is perceived solely as a specialist or legal matter, it fragments our responses, making it more challenging to provide cohesive support. Since these service services often encounter both domestic, family, and sexual violence victim-survivors and perpetrators before targeted or statutory services do, their workforce is critical in the response and should be equipped with the foundational skills to identify domestic, family, and sexual violence, respond effectively within their roles, and collaborate seamlessly with other services.

Establish Foundational Training and Skills Development

To ensure a coordinated approach that prevents individuals from "falling through the cracks", service services staff need comprehensive training that builds their confidence and competence to recognise domestic, family, and sexual violence, respond appropriately, and connect individuals to targeted services. This is a continuous ongoing need to ensure foundational skills for early career or career change workers entering services. By expanding the sector's capacity to address domestic, family, and sexual violence and intersecting complex needs, we move closer to reducing the prevalence of domestic, family, and sexual violence and supporting recovery. Priority topics for a workforce development plan include:

- *Holistic Screening and Risk Assessment: For engaging individuals in ways that actively support safety and wellbeing.*
- *Restorative Practices for Safety-Oriented Service Delivery: Fostering truth-telling and safe interactions.*
- *Trauma-Responsive (Beyond Trauma-Informed) Practices: Implementing strategies that enable healing and resilience-building at each service interaction. Ensuring systems do not amplify harm.*

Implementation Training and Support

Embedding these practices within organisational ways of working requires rigorous and iterative organisational investment and support to ensure they are coherently applied and effective. Poor implementation of screening, restorative practice, or trauma-responsive practices tend to negatively impact the safety of clients we are intending to support. Poor implementation also creates a negative attitude among staff about the effectiveness of strategies and framework designed to generate improvement. This means change management support is needed to introduce new practices, including strengthening supervision and leadership for this work.

Our experience has shown it takes persistent organisational-level leadership to embed best practice frameworks and reform into routine use. Implementation requires changes in skills, behaviours, and resources for all workers involved, and a universal approach to sharing risk with the leadership of the

organisation. Our structures in place to support the ongoing implementation of routine and regular practice, include induction training, regular and consistent practice supervision with a senior clinical supervisor and regular monitoring of workflows.

To support organisational risk sharing, RASA workers complete a *DOORS Response Form* to summarise their screening and assessment of risk. If necessary, they also complete a *Serious Client Matters Form* on the client's file in our client information system. This alerts their line manager and other relevant managers of the escalated client risk which prompts shared decision making about risk management. If a client is accessing multiple services, all practitioners can view the *Serious Client Matters Form* to be aware of the risk concerns and any actions that may be necessary to support the safety of the client or others.

We have also implemented an *Acute Response Team*, a duty roster of 17 experienced senior clinical service managers with expertise in responding to acute issues such as suicide ideation, family and domestic violence, children at risk and mental health concerns. Two responders are available during business hours to any staff who need their guidance via a dedicated Teams chat or call channel. As well as improving workplace and client safety, *Acute Response Team* ensures supervision takes place in real time, at the point of need, providing a dynamic addition to regular clinical supervision sessions.

Training and workforce development that encourages and supports leaders to implement organisational reform takes responsibility off the shoulders of individual practitioners and affirms that improved safety requires a shared responsibility for system wide innovation. Leadership training must recognise sector-wide shared governance responsibilities and build skills for implementing collaborative service delivery and flexible practice across systems.

Organisational systems and leadership skills are the levers for practice change, whereas individual training is a skill development and professional engagement strategy. These need to work together to improve service responses to client risk.

Cultivate Data Literacy and Skills

Data literacy is another vital skill area that requires transformation within service system. Service data and current research evidence need to be understood as useful inputs for helping organisations, practitioners, and clients identify and organise complexity. Too often, data (especially screening and assessment) are perceived as administrative burdens tied to contract compliance or academic requirements. This is a missed opportunity.

Effective change management is essential to overcome the attitudes that limit the use of both research evidence and screening and risk assessment data. Building a culture of data literacy that benefits clients, practitioners, and organisations alike needs to be developed. RASA's work in this area has highlighted three core principles⁴⁶:

⁴⁶ Lee, J., Ralfs, C., Booth, A., & McIntosh, J. E. (2021). Practicing Best Practice: A 10-Year Retrospective on Universal Risk Screening in a Mediation and Counseling Organization. *Family Court Review*, 39(4), 697-709.

- Data should benefit clients: Allowing clients to share their complex, multi-dimensional experiences meaningfully and informing the design of service responses and pathways.
- Data should support practitioners: Helping practitioners quickly identify patterns, clarify goals, and craft relevant responses, which ultimately improves the quality of referrals and supervision.
- Data should strengthen the organisation: Facilitating quality improvement, continuous learning, compliance, and strategic planning.

Embedding a culture of data literacy and respect within organisations is a gradual process. RASA continues to work actively to incorporate these principles and address misconceptions about data collection, promoting data as a tool for enhancing service quality and effectiveness. Sustained government support is essential for improving data skills and literacy in the service system. Over time, creating a sector wide ‘data backbone’ will help maintain focus on data-driven strategies, reinforce a shared responsibility for collective impact on outcomes affecting children, families, and communities, and streamline interagency collaboration.

Recommendation 6. Workforce Capacity. Provide targeted training, supervision and resources to equip service system professionals with the skills and knowledge needed to identify and respond to domestic, family, and sexual violence effectively within the context of their roles. Ensure that all staff can recognise indicators, respond appropriately to disclosures of abuse and fear of violence, and modify their service responses accordingly. Staff should be well-informed about referral pathways to specialist services to foster a coordinated, person-centred support system tailored to the constellation of each individual’s needs.

Regulate International Commercial Interests that Promote Domestic, Family, and Sexual Violence

As the Rapid Review Report notes. “...it is standard public health practice to regulate or prevent availability of products that contribute to harm” (p. 104)⁴⁷ yet industries well positioned to reduce harm, particularly alcohol, pornography and gambling have not been proactive. RASA endorses the Review recommendation that governments audit how perpetrators are weaponising government systems and use of technology platforms and identify reforms in line with the eSafety Commissioner’s *Safety by Design* principles⁴⁸.

The influence of international commercial and vested interests promoting, and profiting from, violence, pornography, and misogyny presents a significant challenge to our goals of creating a safer, more equitable digital environment. Without dedicated legislative and regulatory measures (State and National) addressing these pervasive influences, there is a considerable risk that demand for support services will surpass the capacity of prevention strategies to keep pace.

RASA commends the Malinauskas government initiatives arising from the Independent Legal Examination by former Chief Justice of the High Court, Honourable Robert French (the ‘French Report’). In particular, the Children (Social Media Safety) Bill 2024 and consultation process that imposes a positive obligation and duty on social media platforms to prevent access to their services by an individual child within the restricted age ranges.

RASA also welcomes the South Australian Government’s effort to co-host with the New South Wales Government a national *Social Media Summit* in Adelaide this October. A new education initiative to deliver an evidence-based program focused on preventing or mitigating issues associated with online safety, cyberbullying, body image, mental health and wellbeing. This will see for the first time, added content in school curricula on coercive control, strategies for detecting deepfakes, understanding artificial intelligence and the impact of negative online influencers.

Educating students about the risks posed by unsafe or inappropriate online behaviour and engagement will be addressed, along with providing strategies for students to seek support. The risks posed by social media in the so-called ‘manosphere’ of online misogyny and algorithms that “...threaten to mobilise men against gender equality...” is recognised as contributing to young men becoming more isolated and radicalised.

These strategies target key prevention touchpoints and complement efforts advocated in the Rapid Review Report for working with young men and boys to promote healthy masculinities. The Review highlights how achieving men’s engagement in preventing and ending domestic, family, and sexual

⁴⁷ Campbell, E., Fernando, T., Gassner, L., Hill, J., Seidler, Z., & Summers, A. (2024). *Accelerating action to end domestic, family and sexual violence. Report of the Rapid Review of Prevention Approaches*. Retrieved from: <https://www.pmc.gov.au/sites/default/files/resource/download/unlocking-prevention-potential.pdf>

⁴⁸ Australian Government (eSafety Commissioner). (2024). *Safety by Design*. Retrieved from: <https://www.esafety.gov.au/industry/safety-by-design>

violence “...requires respecting and responding to histories of childhood maltreatment, addiction and mental health issues in men and boys with a focus on compassionate accountability” (pp. 39-40)⁴⁹.

Hill and Salter (2024) argue that there are several significant “missing pieces in the puzzle of prevention”:

1. Accountability and consequences
2. Prevention of, and recovery from, intergenerational trauma and child abuse
3. Addressing the socioeconomic impacts and variations of domestic and sexual violence and coercive control
4. Addressing the commercial interests and determinants of domestic and sexual violence and coercive control.

The pervasive influence of international commercial entities and vested interests that profit substantially from violence, pornography, and misogyny presents a formidable barrier to fostering a safer, more equitable digital landscape. In the absence of targeted and well-resourced national regulatory frameworks, these influences are likely to drive increased demand for domestic, family, and sexual violence support services, potentially outstripping the reach and effectiveness of preventive measures.

For a fuller discussion about online safety, two national submissions completed this year by Relationships Australia include the Senate and Legal Constitutional Affairs Committee’s inquiry into the Criminal Code Amendment (Deepfake Sexual Material) Bill 2024⁵⁰, and the Department of Infrastructure regarding Statutory Review of the Online Safety Act 2021⁵¹.

Recommendation 7. Strengthen Regulation of Digital Commercial Interests and Build Education to Counter Harmful Online Content. We recommend the South Australian government undertake an audit of how perpetrators are weaponising government systems and use of technology platforms and implement reforms in line with the eSafety Commissioner’s *Safety by Design* principles⁵².

⁴⁹ Campbell, E., Fernando, T., Gassner, L., Hill, J., Seidler, Z., & Summers, A. (2024). *Accelerating action to end domestic, family and sexual violence. Report of the Rapid Review of Prevention Approaches*. Retrieved from: <https://www.pmc.gov.au/sites/default/files/resource/download/unlocking-prevention-potential.pdf>

⁵⁰ Cochrane, S. (2024). *Relationships Australia Submission to the Inquiry into the Criminal Code Amendment (Deepfake Sexual Material) Bill 2024*. Retrieved from: <https://www.relationships.org.au/wp-content/uploads/CrimCodeAmdmtDeepfake.180724FINAL.pdf>

⁵¹ Cochrane, S. (2024). *Relationships Australia Submission to the Department of Infrastructure regarding Statutory Review of the Online Safety Act 2021*. Retrieved from: <https://www.relationships.org.au/wp-content/uploads/StatrwOnlineSafetyAct.200624FINAL.pdf>

⁵² Australian Government (eSafety Commissioner). (2024). *Safety by Design*. Retrieved from: <https://www.esafety.gov.au/industry/safety-by-design>

Conclusion

In conclusion, effectively preventing, intervening early, responding to, and supporting recovery from domestic, family, and sexual violence requires a comprehensive, service system approach that addresses a full range of risk factors. This approach demands coordinated efforts across various sectors and systems, focusing on the unique circumstances and relationship dynamics of each case, rather than assuming a 'one-size-fits-all' model. By prioritising holistic risk screening, early identification, and tailored interventions, we can foster enduring safety and support healing for all individuals involved, particularly those who are most vulnerable.

At the same time, a comprehensive, system-wide governance framework is essential to eliminate the structural obstacles that allow violence to persist. Systemic chaos amplifies the chaos experienced by families living with violence; without streamlined, responsive systems, these families will continue to struggle to access the necessary support to disclose, recover, and prevent further violence.

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