

1. What causes domestic, family and sexual violence?

Patterns of coercive behaviour that enact and perpetrate unilateral violence. Violence can be reified by responding systems not placing adequate responsibility to the perpetrator (i.e. they invite the victim survivor to take responsibility by removing themselves, acting, seeking help etc).

See Jenkins, A. *A.N.Z. J. Fam. Ther.*, 1991, Vol. 12, No.4, pp. 186-195

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

Mental health systems and allied health.

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

Improved risk assessment tools. Current risk assessment tools are poorly made, poorly implemented and ineffective at assessing risk based on current research.

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

Systemic Psychotherapy and Family Therapy. See Jenkins, A. *Invitations to Responsibility*.

**8. What are the elements of a best practice crisis response which will meet the needs of: a. a victim-survivor? b. a victim-survivor who is a child? c. a perpetrator (acknowledging that one need is to hold a perpetrator to account for their use of violence)?**

Systemic Psychotherapy and Family Therapy can respond holistically to the needs of the entire family in a safe manner. The Bouverie Centre has demonstrated this in their expert delivery of family based services in responding to family violence. Family Therapy does **not necessarily mean having all family members in one place, but it involves acknowledging the ongoing connections of family members, the patterns of behaviour that take place in the household, and in a safe context, and enable family members to take responsibility towards keeping each other safe.** This can be done in a trauma informed, integrative manner that takes into account the individual, family and community (and society) based factors, constraints and strengths of each family situation. Specialist services for this include AkindaCo (SA), Bower Place (SA) and other private practices. Adequate funding should be made available for these services to cater to the needs of families experiencing family violence and respond swiftly in conjunction with other allied health and basic human rights based needs (i.e. housing).

See research:

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