

To: Commissioner of the Royal Commission into Domestic, Family and Sexual Violence

Re: Domestic, Family and Sexual Violence Issues paper July 2024

Date: August 15, 2024

About MUSA

Multicultural Youth South Australia Inc (MUSA) is the state representative advisory and service delivery body for culturally, linguistically, and racially diverse (CLRD) children, youth and young families, the only youth-specific multicultural agency in South Australia, and one of two leading multicultural youth-specific agencies in the country. MUSA is embedded in a range of state and national policy and service delivery networks to support robust service planning, more efficient use of resources, less duplication, improved communication and information exchange, and increased sector capacity to address CLRD youth issues and needs which span multiple service sectors. MUSA currently supports approximately 4000 CLRD children, youth and young families per annum (aged 0-35 years).

While many of our young CLRD clients experience child abuse and sibling violence, this submission focuses on partner violence in youth relationships, with a particular focus on the nature and impacts for cisgender female adolescents under the age of 18 years who represent a high-risk, hidden population within the broader CLRD youth population.

Background

While there is a large body of research on partner violence in the general adult population, less is known about the experiences of adolescents, defined by the World Health Organisation (WHO, 2019) as individuals aged 10 to 19 years. Most research to date – mainly from the US and the UK - is concerned with the experiences of adolescents in the general population, neglecting CLRD and other socially diverse youth populations believed to be at particular risk of partner (Kulwicki, Aswad, Carmona, & Ballout, 2010; Offenhauer, 2015; Rees & Pease, 2007).

Despite significant variation in prevalence estimates across studies (de Anstiss 2023), adolescents are identified as the fastest-growing population at risk (Smith & Donnelly, 2001, p. 53). Partner violence in youth relationships is universally widespread (Stonard, Bowen, Lawrence, & Price, 2014), affects all demographic groups (Offenhauer, 2015), and can impact girls as young as 12 years old (Offenhauer, 2015).

Current knowledge is largely indebted to the US where adolescent partner violence constitutes a separate field of research, policy and intervention in its own right (Offenhauer, 2015). In Canada, the United Kingdom, mainland Europe and New Zealand (Barter, 2009; Stonard, Bowen, Lawrence, & Price, 2014; Taylor & Mumford, 2014), the issue is increasingly gaining more attention, but there is still a heavy reliance on US-based research which is not necessarily generalisable to other countries and contexts (Barter, 2009).

Australia has yet to recognise adolescents as a priority population group despite its strong interest in domestic violence generally (de Anstiss, 2023). Research, government policies, and prevention/intervention strategies are largely based on the experiences of adult women, generally from the general population, with limited consideration given to the needs of youth populations (de Anstiss, 2023). For example, the 4th National Action Plan to Reduce Violence Against Women and their

Children, while acknowledging that partner violence cuts across all age groups, makes no mention of adolescents except in relation to family violence. This lack of policy recognition is also reflected in a lack of research (El-Murr, 2018) and youth-specific intervention strategies (Multicultural Youth South Australia, 2017), beyond school-based general anti-violence programs (El-Murr, 2018).

Most adolescent studies rely on definitions of partner violence found in the adult literature, but with an important distinction: the violence is restricted to close-in-age adolescents who are in “dating” relationships. Taylor and Mumford (2016, p. 964), for example, define partner violence as “physical, emotional, verbal, psychological, or sexual abuse perpetrated by an adolescent against another adolescent with whom they are in a dating/romantic relationship”. An obvious limitation of such definitions is they fail to capture the heterogeneity of youth relationships and violence perpetration. Among the relationships overlooked are those where the victim/survivor is an adolescent and the perpetrator is an adult, where the couple is cohabiting, married and/or has children, where one or both parties are in another relationship, and where the relationship is of a more casual nature. Additionally, the use of the term “dating” may have limited relevance and applicability to other countries and contexts (Barter, 2009), where young people may attach different meanings to their relationships.

MUSA's experience

Approximately 60% of the cisgender female clients who have accessed our services have been in a violent relationship at some point in their lives, and of these, 65% are adolescents aged 13-17 years. For this latter group, partner violence occurs during a period when they are navigating the complex transitions of adolescence and integration, in some cases as sole parents, and often with very limited support.

While [redacted] ding to age, culture, religion, level of acculturation to Australian culture and society, education and access to family and other support systems, there are some commonalities in experiences. Physical violence generally takes the form of hitting, pushing, choking, and restraining, is often accompanied by destruction of personal property, and frequently occurs in front of peers, and for young mothers, in front of children.

Sexual violence typically involves forced or coerced sexual activity, coerced unprotected sex, sexually transmitted infections, non-consensual condom removal (stealthing) and reproductive coercion leading to pregnancy. Psychological violence includes threats, intimidation, insults, putdowns, stalking, cyber abuse, gaslighting and coercive control, which for this cohort, generally takes the form of monitoring and surveillance of communications, social media, whereabouts, clothing, activities and friendships. For adolescents living independently, partner violence can also include financial abuse and control e.g., appropriating ATM cards and welfare payments.

For adolescents with refugee backgrounds, common factors intersecting with partner violence include pre-migration trauma, loss and grief, resettlement stress, major disruption to traditional gender identities, roles and associated power relations, racism and discrimination, limited understanding of domestic violence laws, and limited availability, acceptability, and accessibility of support services, including allied support services such as crisis accommodation (for adolescents who live independently).

Partner violence often stems from and is reinforced by gender inequality within the family and the broader community, making it difficult for adolescents to recognise the abuse and seek help. Those from backgrounds where premarital relationships are not permitted often navigate their relationships

in secrecy and isolation, which cuts them off from available support. Some newly arrived CLRD adolescents experience partner violence against a backdrop of poverty, social isolation and limited engagement in education or employment – all of which combine to produce a complex convergence of disadvantage.

The impacts of partner violence experienced during adolescence are often severe and long-lasting, and can include physical injury, chronic health problems, mental illness, suicidal ideation and attempts, health risk behaviours, disengagement from school, family and community, unintended pregnancies and complications during pregnancy, substance abuse, low self-esteem, loss of trust, and re-victimisation by subsequent partners.

Although adolescence is the period when many CLRD young women begin to explore intimate relationships, there is a lack of age/developmentally appropriate support available to them when these relationships become harmful. As previously noted, this may be due in part to a policy (and programmatic) failure to recognise adolescents as a priority population in their own right.

CLRD and Australian-born adolescents: similarities and differences

There are similarities and differences in the experiences of CLRD and Australian-born adolescents. While both groups may be subjected to physical, sexual and psychological violence, CLRD adolescents may experience additional layers of abuse tied to cultural norms surrounding the status and role of girls and women in society. Examples include female genital mutilation (FGM), forced marriage, dowry abuse, immigration-related violence associated with dependence on partner-sponsors, and other forms of abuse that are intended to degrade girls and women but are not commonly recognised as abuse outside of their cultural contexts.

Both groups are influenced by gender socialisation, which intensifies during adolescence, and can make adolescents more vulnerable to partner violence as they are not only socialised to be in a relationship, but also to take responsibility for it, including any problems which arise. With limited relationship experience, they may confuse control with love and overlook the early indications of abuse. As their sense of identity is still developing, they may avoid ending a violent relationship to preserve their self-esteem and peer group status.

However, the social context of partner violence can be different for CLRD adolescents who are navigating gender norms defined by their Australian-born peers (to be in a relationship) and their ethnic communities (to avoid relationships until marriage). This often leads them to keep their relationships, and any associated harms, hidden from family and community members (de Anstiss, 2023), adding an extra layer of vulnerability and risk.

The secrecy and isolation surrounding their relationships can also be used by abusive partners to force adolescents to comply with demands, further strengthening the cycle of abuse. For example, we have supported adolescents who have been victims of "sextortion" – a form of coercion where abusive partners threaten to reveal the relationship to parents or the community unless they are provided with sex, sexual images, or money.

Both groups may struggle to define partner violence or recognise it when it occurs due to age and inexperience, limited education on healthy relationships, peer influences, and media representations that portray controlling behaviours as a sign of love. However, for CLRD adolescents, recognising violence as a problem can be more more complicated, as they often come from families and communities where partner violence is considered a legitimate response to gender norm violations or behaviours perceived as dishonouring the family or community. Many also come from families and

communities where partner violence is considered to be a private family matter rather than a criminal offence punishable by law.

While both groups may experience violence at the hands of a much older partner, in some CLRD communities, a large age gap is culturally accepted, making it more difficult for adolescents to identify the power imbalance and potentially prolonging the period of violence. Further, a violent partner may be the only support a CLRD adolescent has, especially if she has a refugee background and has no close or extended family in Australia or has experienced family breakdown after arrival.

Both groups may experience difficulty accessing help due to a lack of awareness of available services, stigma associated with partner violence and help-seeking, emotional and/or financial dependence on an abusive partner, fear of retaliation and further violence from the partner, concerns about confidentiality, and peer pressure to remain in the relationship. However, CLRD adolescents, particularly recent arrivals, often face additional language and cultural barriers to services, including a lack of understanding of their legal rights and protections. Other help-seeking barriers for CLRD adolescents include a perceived need to protect abusive partners and their families from the stigma associated with police intervention, fear of child protection authorities intervening since they themselves are minors, and fear of backlash from their families and communities for seeking help outside the family.

Additional barriers to support for CLRD sub-groups

Younger adolescents

Specialist domestic violence services are generally not available to adolescents until they turn 18, but even if this were not the case, they may not be developmentally appropriate, particularly for younger adolescents (de Anstiss, 2023). This service gap can leave adolescents without support and prolong the period of violence.

Adolescents in relationships with adults

It is not uncommon for CLRD adolescents to be in relationships with partners legally defined as adults and the age gap can be significant (>5 years). This places both them and their partners within the scope of overlapping laws regarding age of consent, child protection, and domestic violence. CLRD adolescents are generally aware of these laws, and they are also aware that service providers, as mandated reporters, are legally required to report their relationships to authorities regardless of whether or not they are abusive. This prevents many from disclosing their relationships and any associated harms to service providers (de Anstiss, 2023).

Young mothers

The intersection of adolescence, motherhood, and new arrival CLRD status can intensify existing barriers to help-seeking. Many young mothers and pregnant adolescents do not seek help – medical or otherwise - after episodes of violence for fear of coming to the attention of the police and/or child protection authorities. Some will go their entire pregnancy without seeing a doctor to avoid this attention. Many are eventually referred to the Department for Child Protection and are then judged unfit to parent in the context of a violent relationship, resulting in the removal of their children, in some cases permanently (de Anstiss, 2023). The sudden removal of their children leaves them with significant grief, loss, and confusion. As one newly arrived young mother expressed, “I don't understand. Why do they take away the baby? Why don't they take him away instead?”

Adolescents who live independently

Adolescents who are living with abusive partners face particularly limited support options as there is a severe shortage of crisis and transitional accommodation, particularly for those who need

interpreters or have children. Additionally, adolescents under the age of 15 years cannot access the Independent Youth Allowance to secure a private rental, which means they cannot leave a violent relationship without becoming homeless (de Anstiss, 2023).

Suggestions for intervention and prevention

Early intervention

It is suggested that early intervention responses for CLRD adolescents include the following key elements:

Education: Provide youth-specific, culturally inclusive information and education across a range of community-based and online settings, including platforms such as Instagram, TikTok, and Snapchat, using a variety of media. Currently, most violence education programs for adolescents are monocultural, school-based and focus on interpersonal rather than partner violence (de Anstiss, 2023).

Also needed is culturally inclusive peer education and support as partner violence often occurs in the presence of friends, and adolescents are much more likely to seek help from friends than from any other source (de Anstiss, 2023).

Youth-specific support: Provide youth accessible spaces for adolescents to discuss their experiences confidentially, access support on their own terms, and connect with peers with similar experiences. Such spaces should be reserved for adolescents and not shared with their broader communities as this could lead to inadvertent encounters with family members, neighbours, or community members, thereby compromising confidentiality, particularly in small, close-knit or culturally homogenous communities.

Prevention

It is suggested that prevention responses for CLRD adolescents include the following key elements:

Build trust before problem-solving: Offer understanding, validation, and non-directive listening to encourage adolescents to share their experiences openly, without judgment or pressure.

Confidentiality: Maintain strict confidentiality. In small, close-knit, or culturally homogenous CLRD communities, confidentiality breaches are a significant concern for adolescents. The use of interpreters and same-culture professionals should therefore be handled with discretion and only their consent.

Support autonomy in decision-making: Provide adolescents with the information and resources they need to keep themselves safe, rather than imposing directives or specific courses of action.

Individualised service delivery: Offer developmentally and culturally responsive support that is sensitive to the diverse contexts of partner violence in youth relationships.

Specialised support: Provide targeted and tailored assistance to adolescents who are in relationships with adults, those living independently, and young mothers who have come, or who are at risk of coming, to the attention of child protection authorities.

Holistic support: Connect young women to integrated, holistic services that address their multifaceted needs, such as health and mental health care, safe and affordable housing, legal assistance, parenting support, financial aid, and practical or material support.

Trauma-informed support: Implement a trauma-informed approach that acknowledges the impact of trauma, actively seeks to avoid re-traumatisation, and prioritises safety, empowerment, and recovery.

Family and community engagement: When appropriate and with the adolescent's consent, involve trusted family and community members to build a broader network of support.

Conclusion

Current policy and programmatic responses for partner violence in CLRD communities focus near exclusive attention on adults on the assumption of homogeneity in experience. Yet there are important differences in the experiences and needs of adolescents which require age/developmentally appropriate and culturally responsive support. A range of interlocking and intersecting factors shape their experiences of partner violence as well as their access to support and protection.

Thank you for the opportunity to contribute to this important discussion. We hope that our insights and suggestions will assist in shaping effective strategies to address partner violence in CLRD communities.

Authorised contact:

Dr Helena de Anstiss

Co-CEO

Tel: (08) 8212 0085

Email: [REDACTED]

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