



## **A Response to the Issues Paper of the Royal Commission into Domestic, Family and Sexual Violence**

**August 2024**

**Directed to: The South Australian Royal Commission into Domestic, Family and Sexual Violence**

**By online submission: <https://www.royalcommissiondfsv.sa.gov.au/have-your-say>**

## About SACOSS

The South Australian Council of Social Service (SACOSS) is the peak body for non-government health and community services in South Australia, and has a vision of justice, opportunity, and shared wealth for all South Australians.

Our mission is to be a voice that leads and supports our community to take actions that achieve our vision, and to hold to account governments, businesses, and communities for actions that disadvantage South Australians.

SACOSS aims to influence public policy in a way that promotes fair and just access to the goods and services required to live a decent life. We undertake research to help inform community service practice, advocacy, and campaigning. We have more than 75 years' experience of social and economic policy and advocacy work that addresses issues impacting people experiencing poverty and disadvantage.

## Acknowledgements

We acknowledge the traditional lands of the Kurna people and acknowledge the Kurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We acknowledge the traditional custodians of lands beyond Adelaide and the Adelaide Plains and pay our respects to Elders past and present. We acknowledge and pay our respects to the cultural authority of Aboriginal and Torres Strait Islander communities, organisations and colleagues and recognise the cultural expertise that they hold. We acknowledge the strength of generations of Aboriginal and Torres Strait Islanders and the knowledge they hold about the solutions that work for their own families and communities.

This submission uses the term 'Aboriginal' to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.

We also wish to acknowledge everyone who has experienced or been affected by family, domestic and sexual violence.

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Title: *A response to the Issues Paper of the Royal Commission into Domestic, Family and Sexual Violence.*

Published by the South Australian Council of Social Service, August 2024.

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## Executive Summary

In Australia, on average, a woman is killed every four days. In April of this year, Prime Minister Anthony Albanese described domestic, family and sexual violence (DFSV) as a national crisis. To overcome and prevent this entrenched epidemic of violence against women, as well as violence against children and young people, we must direct our efforts towards comprehensive and holistic approaches that address the underlying contributors to violence, while at the same time improving support to victim-survivors and responses to perpetrators.

To prevent and respond to the harms caused by DFSV and the barriers to accessing support, we must:

- understand and address its causes and contributors
- identify what works or will work to prevent and respond to DFSV
- develop appropriate policy and legal settings
- build a sustainable, effective, approachable and interconnected prevention and support system rooted and connected to frontline services
- appropriately resource and equip a multi-disciplinary workforce to optimise preventive, response and recovery efforts.

The South Australian Council of Social Service (SACOSS) welcomes this opportunity to respond to the Issues Paper published in July 2024 by the South Australian Royal Commission into Domestic, Family and Sexual Violence. Our submission responds to the following questions from the Commission's Issues Paper, noting that SACOSS does not provide frontline services although many of our member organisations do:

1. What causes domestic, family and sexual violence?
2. What works, or will work, to prevent domestic, family and sexual violence?
7. What are the barriers to reporting domestic, family and sexual violence to police or seeking support from domestic, family and sexual violence services?

## Drivers and prevention of domestic, family and sexual violence: a visual summary (Q1 & 2)

The Figure on the next page offers an overview of the individual, structural and systemic issues and associated key drivers and contributors to domestic, family and sexual violence, and proposed focus areas for prevention.

The inner ring depicts individual and structural and systemic drivers of DFSV, including:

- gender inequality, socialisation, attitudes and perceived entitlement and privilege
- material and socio-economic conditions e.g. poverty and housing insecurity
- witnessing or experiencing DFSV as a child or young person
- commercial/vested interests including: gambling, alcohol and other drugs, pornography, online digital platforms and media reporting.

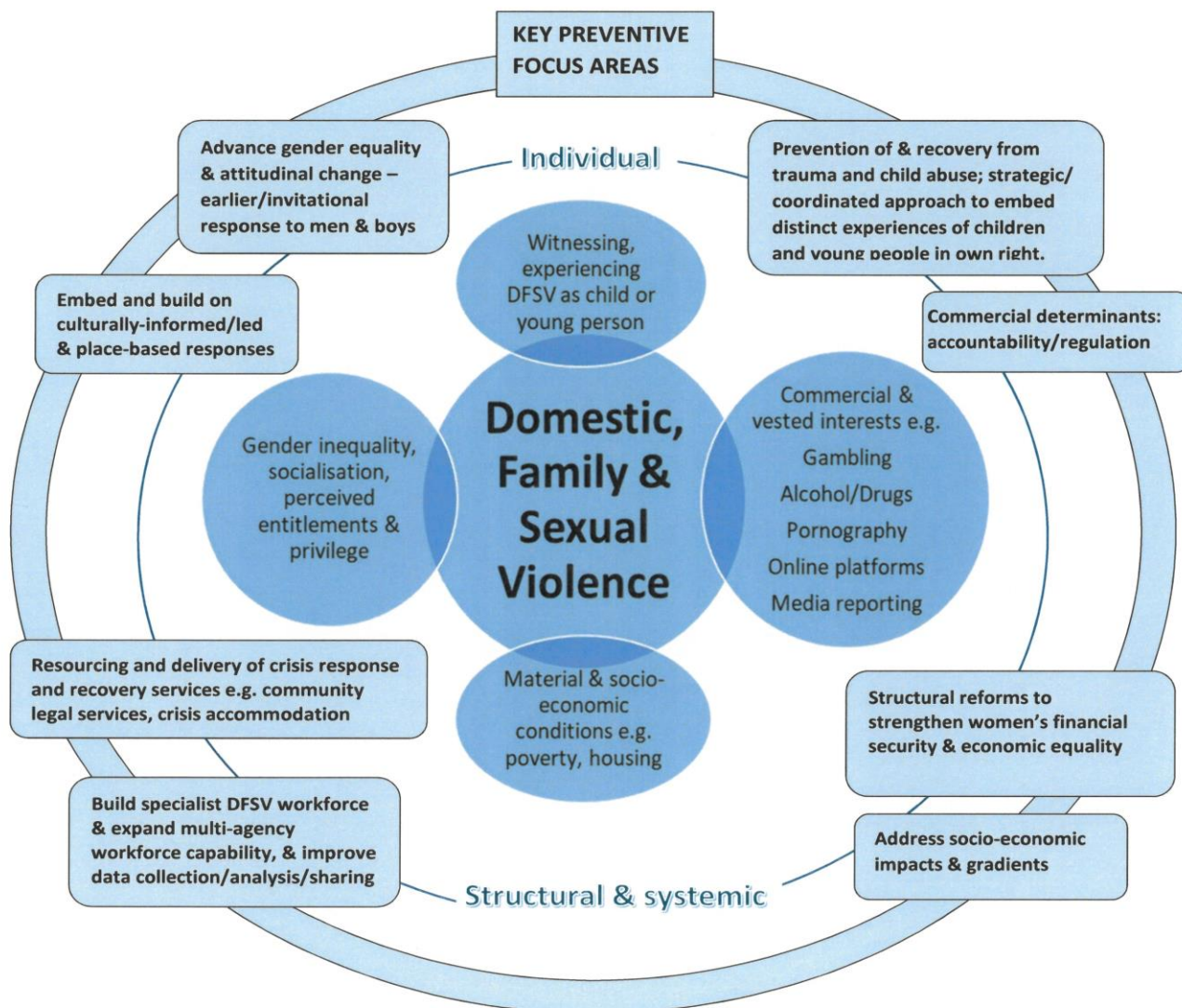
The outer ring captures areas to focus our prevention efforts, aligned to these drivers, including:

- work to address socio-economic impacts and gradients
- prevention and recovery from childhood trauma and abuse
- a strategic coordinated approach that embeds distinct experiences of children and young people
- accountability and regulation of commercial determinants
- structural reforms to strengthen women's financial security and economic equality
- resourcing and delivery of crisis response and recovery services e.g. community legal services, frontline services, and crisis accommodation

- strengthening of the DFSV workforce and the expansion of multi-agency workforce capability
- improve data collection, analysis and sharing
- embedding and building on culturally informed/led and place-based responses
- advancing gender equality and attitudinal change.

Our submission provides further explanation of the evidence supporting each of the drivers, contributors and responses.

Figure 1: Overview of drivers of domestic, family and sexual violence and key areas for prevention



## Barriers to reporting to police or seeking support from services (Q7)

Domestic, family and sexual violence and, in particular, intimate partner sexual violence, is under-reported and is often concealed, not disclosed or denied by perpetrators and sometimes by victims.<sup>1,2</sup> There are various entry points for victim-survivors to access support and these may depend on a victim-survivor's personal help-seeking needs or goals at different times, as well as the level of awareness about and the availability and appropriateness of support services in their area.<sup>3</sup> The burden of responsibility to disclose violence often falls on the victim-survivor and this can be a key barrier to seeking support. The burden of

reaching out for help from services can be bewildering and very time consuming. Living in an ongoing state of fear and danger can also impact the way people process information, communicate and make decisions.

When deciding whether to disclose, report or seek support, victim-survivors make judgements about whether it is safe for them to do so. Spangaro et al. (2011) identified three dimensions of safety that tend to be considered by victim-survivors when deciding whether to disclose DFSV: safety from the perpetrator, safety from shame, and safety from institutional control (for example, losing control due to the involvement of statutory child protection services).<sup>4</sup>

### **Safety from the person using violence**

Leaving an abusive relationship is often the most dangerous time for a victim-survivor. It can take many years and repeated attempts to leave a relationship before they can regain safety, control and independence in their lives. Dependencies in the relationship and on the perpetrator, for example for financial support or daily care, keep victim-survivors linked to the perpetrator in the absence of other options.

The perpetrator, using coercive control and tactics of isolating and controlling the victim-survivor, inhibits survivors from reporting or accessing services.<sup>5</sup> In addition to physical, emotional and psychological forms of coercion, technology-facilitated coercive control (TFCC) and the use of digital technologies might be used to coercively control current or former intimate partners.<sup>6</sup> This can include harassment on social media, stalking using GPS data, threats via text messages, monitoring emails, accessing accounts without permission, and publishing private information ('doxing') or sexualised content without consent.<sup>7</sup>

### **Safety from shame and stigma**

Victim-survivors may fear stigmatisation and attitudes of service responders (including police), and feel concerned that they won't be believed or will be judged or criticised. Perceived stigma and fear of discrimination leads to a lack of trust in service responders and care professionals and inhibits or prevents victim-survivors from disclosing their DFSV situation.<sup>8</sup> Service-level barriers to accessing and receiving help can include feeling frustrated or embarrassed about not being able to understand the language, terms and paperwork used by service workers, as well as the lack of availability of appointments and the cost of services.<sup>9</sup>

For people who use violence, barriers to seeking support might include feelings of shame and challenges with accessing services, or they might believe that violence is a normal part of a relationship and do not believe they need to seek support.<sup>10</sup>

### **Safety from institutional control and interference**

Fear of a range of consequences, particularly the fear or threat of children being removed, and the involvement of child protection and other social services, results in victim-survivors avoiding contact with support services. Someone using violence might also weaponise and use the justice system, legal and courts system, banking system, social security payment system, child protection and other institutions to control, intimidate and further harm the victim-survivor.

Negative experiences with the police and legal systems were highlighted in the recent report of the Inquiry into Missing and Murdered First Nations Women and Children.<sup>11</sup> The Committee heard evidence from First Nations communities about their distrust of the police and other government institutions and systems. In many cases, this leads to First Nations women and children not seeking assistance, even in the most desperate of circumstances.

Victim mis-identification is increasingly resulting in women being named as respondents on domestic violence protection orders, sometimes because police and courts are not recognising either the patterns of coercive

control that victim-survivors are subjected to, or the perpetrator's persuasive attempts to weaponise legal and social security systems.<sup>12</sup> Fear of misidentification is therefore another reason for victim-survivors not reporting or seeking help. Concerns about a lack of confidentiality may also keep victim-survivors from reporting or accessing services.

### **Poverty, housing insecurity and homelessness**

While all social classes experience violence, women and children who live in poverty experience more violence, more severe violence, and have less opportunity to escape its impacts<sup>13</sup> or seek help. The intersection of poverty and DFSV exacerbates the impact of the abuse, and can result in a loss of resources for the survivor. The constraints of poverty, lack of resources and the likelihood of facing homelessness, inhibit women from reporting or seeking help, and traps them in abusive situations. Women and children escaping violence comprise the majority of people seeking housing and homelessness support across Australia. Women and children should not have to stay in a violent or abusive relationship to avoid further poverty or homelessness.

### **Racism/discrimination and lack of cultural safety/appropriateness of services**

Aboriginal and Torres Strait Islander women, children and communities may be less likely to disclose violence due to experiences of racism and a fear of losing children through the involvement of the child protection system.<sup>14</sup> The Inquiry into Missing and Murdered First Nations Women and Children,<sup>15</sup> heard evidence that Australia's policing and criminal justice systems discriminate against First Nations people, including women and children, and that this discrimination manifests in sub-standard (racist, sexist, disrespectful, unprofessional and negligent) responses to missing persons reports and homicide investigations. The Inquiry Committee received clear evidence from families and other stakeholders about the impact of discrimination and racist attitudes towards people dealing with DFSV.

### **Lack of access to finances, time, resources, and support services**

Victim-survivors frequently lack access to: available finances, free time, child-care, and support services, including community legal services – with limited services available, and access times usually only available during business hours. In many communities across Australia, victim-survivors of domestic and family violence rely on community legal centres for legal assistance and holistic support. The importance of this work has largely gone unrecognised, resulting in a critical funding shortfall for community legal centres. However, centres are struggling to respond to the increasing demand for their services because funding has failed to keep pace with demand. Inadequate funding and staff shortages mean reduced capacity to deliver much-needed services. This results in a chronic cycle of increased demand, higher numbers of people turned away, mounting unmet need and staff burnout and turnover. The problems are particularly acute in regional and remote areas. Ultimately, victim-survivors and communities bear the harm this cycle causes.<sup>16</sup>

### **Geographic location and community pressures**

People living in regional and remote areas may experience geographic and social isolation from support networks and limited access to services, particularly specialist services and crisis and long-term accommodation.<sup>17</sup> Victim-survivors in small communities may be reluctant to disclose family violence to a person known to them and/or the perpetrator,<sup>18</sup> partly due to the fear of losing their privacy and the confidentiality of the information. They may carry concerns about giving evidence against family or known community members, and worry about potential repercussions from family or community members. For First Nations women in remote communities, concerns about confidentiality within tight family and community networks are heightened, and women may need to travel long distances to seek confidential and less conspicuous support or rely on phone support.<sup>19</sup>

## Precarious visa status

Women on temporary migration visas may be dependent on a violent partner for residency and may not disclose violence due to fear of deportation. Conditions of temporary visas can result in social isolation due to restrictions placed on accessing employment, social security, housing and health care. These women, particularly those who speak languages other than English, may also experience challenges with communication and accessing information about their rights in complex matters relating to family violence, family law and immigration.<sup>20</sup>

## Living with disability

People with disability may be more reliant on partners, family members or other carers for assistance and support. Fear that disclosure of abuse will put these relationships at risk and result in the loss of support and assistance can prevent people with disability seeking support.<sup>21</sup> Support service might not be physically or geographically accessible to women with physical disabilities and women with communication difficulties may not be able to convey their story to support service workers.<sup>22</sup> Women with disability may not seek assistance for DFSV because they may be unaware of what services are available to them. Information about domestic and family violence services may be actively denied to them by the perpetrator of violence, or it may not be available in the correct formats (Easy English, Auslan, braille etc.).<sup>23</sup>

## Barriers and challenges for children and young people

There are specific challenges for children and young people to report or seek support. In addition to feeling fear, shame, embarrassment, worried about not being believed, or not recognising the behaviours as abusive, they might not have the language skills to communicate the abuse, fear upsetting their parent/s, lack parental support and lack of confidence in adults and their ability to help,<sup>24</sup> or not know where to go for help. In addition, the lack of services designed specifically for children and young people who experience DFSV is a key issue, as is the disconnect between services that respond to family violence, including child protection and the justice system.<sup>25</sup>

## Recommendations for responding to and preventing DFSV

Prevention and response strategies must be reframed to focus on addressing the systemic, social, material, and commercial impacts and gradients of DFSV and associated control mechanisms. We support the recommendations of the DFSV Commissioner, Micaela Cronin regarding policy, implementation and service delivery with respect to sustainable funding for frontline services, enhanced data collection and the role of lived experience advocates, and exploration of ways to include perpetrators and those who use violence, in the development of solutions.<sup>26</sup> We offer the following specific recommendations:

### Acknowledge role of socialisation, misogyny and attitudes to gender equity

- 1. Prevention and response strategies must reflect that gender attitudes are an indicator and manifestation of structural and systemic determinants and environments that have shaped both the society individuals live in and their personal biographies.**

### Recognise poverty as a contributor to DFSV and barrier to reporting and help-seeking

- 2. The needs of women and children experiencing DFSV must be prioritised in the provision of government services, access to affordable housing, transport and childcare and adequate financial supports (including above poverty-level social security payments) so that women and their children do not have to stay in a violent or abusive relationship to avoid poverty and/or homelessness.**

### Pay specific attention to housing insecurity and homelessness

3. Governments must ensure the provision of crisis accommodation as well as safe, sustainable, affordable, and accessible housing for people and children escaping DFSV, in accordance with the recommendations outlined in the Report of the Rapid Review of Prevention Approaches.<sup>27</sup>
4. Increased input from specialist domestic and family violence experts to the National Partnership Agreements on Housing and Homelessness and the National Housing and Homelessness Plan should be enabled and encouraged.

### Prioritise the harmful effects of DFSV on the lives of children and young people

To change the persistent patterning of DFSV and prevent trauma and its lifelong effects, including the perpetration of further harm, the safety and recovery of children and young people must be prioritised. Particular attention must be directed to supporting children and young people to ensure that their voices are heard and incorporated into appropriate responses.

5. Recognise children and young people as victim-survivors of violence in their own right and establish supports and services that will meet their safety and recovery needs – in accordance with the *National Plan to End Violence against Women and Children 2022–2032*. Crisis responses need to carefully identify whether it is necessary for children and young people and the non-violent parent (rather than the perpetrator) to be relocated, noting the disruption to their lives and schooling. These supports and services are to be designed and developed with the involvement of children and young people.
6. Ensure the availability of, and access to, child-centred and trauma-informed early interventions for children and young people who experience family violence in early childhood. Information about these supports and services are to be advertised and made widely available.

### Tackle the commercial determinants of domestic and sexual violence and coercive control

The regulation of industries which are engaged in harmful commercial behaviours is standard public health practice and must be factored into strategies for reducing DFSV. These harmful industries include those that produce and market alcohol, pornography, and gambling products, aided and abetted by commercial advertising, social media and public media reportage.

#### *The harms of alcohol*

SACOSS supports the position taken by the Foundation for Alcohol Research and Education (FARE) in advocating that state and territory governments around Australia have the power to keep women and children safe, by better regulating the way alcohol is marketed, sold and delivered into homes.<sup>28</sup>

7. The SA Government must explore options and take decisive action to regulate the promotion of alcohol, including ensuring that provisions regarding take away and online alcohol sales are incorporated into the *Liquor Licencing Act 1997 (SA)* and associated Regulations.
8. The Government must support the measures to review online liquor sales and delivery regulations, in general, and with specific reference to reducing the risk of domestic and family violence.

#### *The harms of pornography*

Currently, the mainstream pornography industry has open licence and free access to children and young people, and particularly targets men and boys.

- 9. Significant reforms and regulations must be introduced to limit the damage being caused by the pornography industry, and in ways that will affect social norms and attitudes to how young boys and men think about sex and gender so as to reduce sexual violence.<sup>29</sup>**

### **The harms of gambling**

Gambling-related harm is enabled by current protocols of gambling operators and financial institutions,<sup>30</sup> and gambling also provides a government revenue stream. Problem gambling is an accelerant to family violence and constitutes a form of financial abuse.<sup>31</sup> We support the recommendations of the House of Representatives Standing Committee on Social Policy and Legal Affairs in response to its investigation of online gambling harms with respect to advertising of online gambling (Recommendation 26).<sup>32</sup>

- 10. The Australian Government, with the cooperation of the states and territories, implements a comprehensive ban on all forms of advertising for online gambling, to be introduced in four phases, over three years, commencing immediately.**

### **Provide accessible and inclusive responses to people with disability coping with DFSV**

People with disability are over-represented among populations coping with DFSV, and the intersectional experience of DFSV experienced by women with disability often changes the severity and duration of the violence. The particular challenges experienced by people with disabilities must be recognised and integrated in the supports provided.<sup>33</sup> Barriers to accessing services must be addressed through the provision of information, service delivery, disability and inclusion awareness and housing needs.

- 11. Support services and institutions must provide information in accessible formats and languages for all individuals who may require access to services.**
- 12. Services must be physically accessible, approachable, acceptable, appropriate, affordable, and available to victim-survivors with disabilities.<sup>34</sup>**
- 13. The DFSV workforce should include staff with lived experience of disability, or disability-specific training.**
- 14. Housing and infrastructure plans must respond to the particular housing needs of women and children with disability by including their voices from the early design phase to completion, in accordance with the National Plan to End Violence Against Women and Children.<sup>35</sup>**

### **Treat women with insecure visa status equitably**

Women's insecure migration or visa status must not be weaponised by perpetrators or ignored by government institutions and services when women are coping with DFSV and coercive control. Reforms to the current attitudes and responses to migrant women need to focus on elevating their status to prevent perpetrators from using women's precarious situation against them and to enable women to access the support they need before the violence reaches a crisis point.

- 15. Ensure that all victim-survivors are afforded the same rights in DFSV situations regardless of migration status.**

### **Challenge racism, improve service systems and institutional and criminal justice responses**

Access to equitable support services and justice outcomes for all victim-survivors must be enhanced through identifying and removing barriers to reporting violence, seeking help and engaging with the criminal justice process and ensuring thorough and timely investigation and the prosecution of violence.

Access to non-discriminatory support and justice involves making sure that systems are culturally, linguistically, physically and geographically accessible to diverse communities and victim-survivors. These systems should be equally responsive and accessible to everyone. Justice responses should also seek to accommodate the different needs and interests of victim-survivors and employ, where appropriate and safe to do so, different forms of accountability for perpetrators. These might include community sanctions and restorative processes, alongside legal sanction, and perpetrator intervention.<sup>36</sup>

- 16. Ensure that police and prosecutors have the tools and training they need to respond effectively to the use of violence and develop more comprehensive responses to perpetrators of violence.**
- 17. All service support services, including child protection, the police, courts, corrections, and community corrections (parole and probation) must improve their cultural competence and capability, drawing on current effective examples of what works, and provide trauma-aware and strengths-based approaches.**
- 18. These institutions and systems must work to identify and protect the autonomy and safety of victim-survivors and affected children and young people.**
- 19. That links be made across DFSV, child protection and youth justice systems to better enable information sharing, and the integration of responses and services for children and young people.**
- 20. All service support systems, police, courts and legal systems must increase awareness and become better equipped to detect and respond to the ways in which their systems might be exploited and weaponised through the use of coercive control.**
- 21. That all institutions and service responders, including policing and criminal justice systems, consciously work towards eliminating all forms of discrimination against First Nations people, and avoid offensive and substandard responses when responding to DFSV.**
- 22. Alternative approaches and solutions to family violence that lie in culturally appropriate strategies that support safety and healing, and prevention and the accountability of offenders must be recognised. These approaches, such as restorative justice, family dispute resolution, roundtable conferencing and community courts (such as Nunga Courts), as well as family group conferencing, need to be available and accessible.**
- 23. The rights of Aboriginal and Torres Strait Islander peoples under the United Nations Convention on the Rights of Indigenous People (UNDRIP), in particular regarding self-determination, must be upheld. In addition, every effort must be made to realise Target 13 of the National Agreement on Closing the Gap – *Families and households are safe*. By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children must be reduced by at least 50%.**

### **Improve data collection and linkage**

There is a considerable knowledge gap in understanding the service interactions and pathways of people experiencing DFSV. This gap is underpinned by limited and patchy national data to enable the useful identification of people experiencing or at risk of DFSV.

- 24. Data linkage should be used to join up multiple data sources to improve the coverage of DFSV identification for statistical and research purposes, as well as enabling more effective and targeted service responses.<sup>37</sup>**

## **Provide sustainable funding**

A firm commitment to a long-term national partnership agreement between state and federal governments is essential to ensure ongoing and sustainable funding for specialist services and community legal centres, with specific consideration given to those with high demand in rural, regional, and remote areas.

- 25. All frontline, specialist domestic and family violence services and community centre legal services are to be adequately and sustainably funded.**

## **Strengthen the sector and build the workforce**

Implementing a public-health approach to DFSV requires a whole-of-sector approach to address current challenges and effectively implement reforms.<sup>38</sup> Multiple sectors need to work together in areas of prevention, early intervention, response, recovery and healing. Across these domains, the workforce needs to be comprised of people with the requisite skills to prevent and respond to DFSV. A comprehensive state workforce strategy, including a robust First Nations workforce strategy, must ensure that strong and sustainable specialist domestic and family violence and sexual assault sectors are established, including in regional and remote areas.

- 26. SACOSS supports Embolden's submission to this Commission, which recommends the development and implementation of a state-level dedicated and targeted workforce strategy for the specialist DFSV services sector.**
- 27. Stronger investment in First Nations specialist DFSV services is necessary to support community-led responses to violence against Aboriginal and Torres Strait Islander women and children, who are disproportionately impacted by DFSV.**

# 1. Introduction

The South Australian Council of Social Service welcomes this opportunity to respond to the Issues Paper published in July 2024 by the South Australian Royal Commission into Domestic, Family and Sexual Violence.

Overcoming and preventing domestic, family and sexual violence (DFSV) is a persistent and complex challenge. It has become entrenched in our society through centuries of socialisation, and gendered and structural inequalities, reinforced through a range of vested interests, industries, power-based systems and, more recently, ubiquitous online digital intrusion in our lives. However, we do believe that there are significant steps we can take to challenge and prevent what is now formally recognised as a 'national crisis'<sup>39</sup>.

We need to direct our efforts towards comprehensive, holistic approaches to prevent and reduce intimate partner, family and household violence, and the abuse and harmful impacts of violence on children and young people. This requires that we address the underlying contributors to violence, with attention paid to its social, material, economic, biographical, historical, and commercial drivers. This work must concurrently include supporting victim-survivors and improving responses to perpetrators.

This submission explores ways in which to prevent and respond to the harms caused by DFSV, and the barriers to accessing support. It highlights the importance of: addressing the challenges and contributory determinants that undermine these outcomes, developing appropriate policy and legal settings, and building and sustaining an effective, approachable and inter-connected prevention and support system, that is rooted in well-resourced frontline services, an equipped workforce, and impetus to optimise preventive efforts.

A number of SACOSS member organisations provide frontline DFSV support and advocacy services and will be making submissions, but SACOSS itself does not provide direct services. Our contribution in this submission therefore focuses on foundational issues, the causes and drivers of DFSV, and proposed preventive responses. Our commentary and recommendations respond to the following and Issues Paper questions:

## Prevention

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

## Response

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

Additional commentary is provided about current and proposed approaches, mechanisms and structures that could provide improved and more effective responses.

# 2. Prevention

*No single factor explains why some individuals behave violently toward others or why violence is more prevalent in some communities than in others. Violence is the result of the complex interplay of individual, relationship, social, cultural and environmental factors. Understanding how these factors are related to violence is one of the important steps in the public health approach to preventing violence. This ecological model can be used to understand intimate partner violence ... it explores the relationship between individual and contextual factors and considers violence as the product of multiple levels of influence on behaviour – World Health Organisation (2002) World Report on Violence and Health, p. 12.<sup>40</sup>*

If we are committed to keeping everyone in families, households and partnerships safe and respected – including men, women, all gender identities, all cultural groups, the elderly, children and young people – all causes, contributory factors and preventive solutions should be in scope. A range of solutions need to be integrated into a systematic prevention response that is informed by an understanding of all the contributory factors and that takes advantage of every opportunity to prevent violence before it occurs.

In order to prevent DFSV, we need to focus on reducing both the prevalence and incidence of these forms of violence – this includes attention being paid to the total population as well as to specific communities who may be more exposed and susceptible.<sup>41</sup>

While recognising that DFSV can affect all people, at all ages, regardless of ethnicity/race, gender, location, material conditions or socioeconomic status, we also recognise that some people are at greater risk of violence as a result of a range of inequities that affect their lives and personal biographies.

SACOSS advocates a DFSV prevention strategy that consciously prioritises particular groups of people who generally experience forms of exclusion and intersecting forms of marginalisation, including Aboriginal and Torres Strait Islander communities, refugee and migrant communities, women and children with disabilities, people from LGBTIQ+ communities, older women and women in regional and remote communities, and children and young people. Every effort must be made to ensure that the development of prevention strategies involves the participation of people from affected communities, to inform and identify the key issues affecting their lives and to propose solutions.<sup>42</sup>

## Responses to Q 1 and 2: What causes DFSV? What works, or will work, to prevent DFSV?

The World Health Organisation has repeatedly articulated the international consensus that domestic, family and sexual violence, and particularly gender-based violence, is a public health priority and should be addressed as such.<sup>43</sup> This necessitates developing a shared understanding of the underlying causes and social, material, economic, commercial, and policy drivers that contribute to these forms of violence.

Our responses to these questions in the Issues Paper are framed in terms of the *causes* and *drivers* as well as the ways in which the *perpetuation* of DFSV is fostered and enabled. There are many factors that cause, contribute to and compound DFSV – some of which are both a cause and a consequence of these forms of violence. We have therefore adopted a multi-dimensional approach, with no one driver being treated as mutually exclusive.

DFSV has its origins in a range of dimensions operating at multiple levels across society, including social and gender inequalities, socialisation and social norms; the nature of the environments around us; our cultural histories, experiences of colonisation, dispossession and racism; where we live; the material and physical conditions of our lives, where and whether we work; our social connections and networks; and the extent to which we are subjected to advertising and pressures from commercial and vested interests.<sup>44</sup>

The various dimensions and contributors to DFSV are set out below, and include: socialisation and attitudes to gender equity; the varied intersections of DFSV with: poverty, housing insecurity, the lives of children and young people, and the pressures brought to bear by commercial interests, such as the alcohol, gambling, pornography, and digital technical industries, and social media platforms.

### Socialisation and attitudes to gender equity

Responses to DFSV are frequently individualised and focused on those involved and the attitudes which they hold, with less attention paid to understanding attitudes as an indicator and manifestation of more deep-seated and systemic determinants that have shaped both the society individuals live in, and how these environments have shaped their personal biographies. Although gender inequality is experienced by and

between individuals, it is also an outcome of power relations that structure how societies are organised, laws are made, economies function, and ideologies and attitudes are shaped.<sup>45</sup>

Gender inequality, sexism, and misogyny (in the form of a contempt or hatred of women that often manifests as hostility, patriarchy, male privilege, the belittling and disenfranchisement of women, sexual objectification, and violence against women) are outcomes of socialisation and the messaging received by boys and men. This messaging is increasingly directed to boys and men by online social media proponents of misogyny. Many of our learned social and structural codes coalesce and manifest in sexist and misogynistic patterns and violence, as evidenced by social 'norms' such as paying women less than men for doing the same job; a lack of diversity in genders in certain institutions and leadership positions (board rooms, court rooms, parliaments); normalizing ideas about young men being the 'pursuers' and primary decision-makers in their relationships; and reinforcing aggressive male stereotypes in films, television and music.<sup>46</sup> These socialised patterns and attitudes are contributory factors in DFSV.

While individuals need to be accountable and carry consequences for their behaviours, it is also important to understand that the pathways that have caused or led people to hold particular attitudes and behave in violent ways carry long biographical stories that have been shaped by their environments, histories and material lives.

The ahistoric tendency to primarily locate the responsibility, attitudes and causes of DFSV at an individual level serves to ignore the structural and systemic causes. By way of example, the Commissioner for Aboriginal Children and Young People highlights the ways in which '... the neoliberal state locates the impacts of colonisation, removal and cultural dislocation as being the responsibility of individuals rather than systems (p. 45)'.<sup>47</sup> Citing Turnbull-Roberts et al., she says, 'it places the onus on Aboriginal communities and parents to overcome entrenched, intergenerational disadvantage caused by state processes',<sup>48</sup> and instead of parents being supported, they are punished through the removal of their children.

Jess Hill and Michael Salter expand on the multiplicity of biographical and developmental factors that shape people's behaviours and attitudes, with particular reference to the use of violence by men:<sup>49</sup>

*Pathways to committing gendered violence are not just attitudinal – they are biographical. Those pathways are formed through the lives that men have led, and the ways that violence and coercive control becomes a meaningful and available choice to some men and boys but not others. This pathway to abuse is often developmental, beginning in childhood, grounded in life events that are averse, abusive or violent. These life events become encoded in men's minds, but also in men's bodies ... as a propensity towards aggression, oppression and violence that is then very difficult for us to unpick as they start to move through life stages – the accumulation of experiences, decisions and choices over time. Abuse can become steeped in the felt experience of emotional suppression and denial, dysregulation, trauma, substance abuse, depression, suicidality; all of which are factors that are often clustering in the lives of boys and men who choose to use violence. That's not to say that men who use violence and coercive control all come from abusive backgrounds, and certainly this is not a class issue (p. 14).*<sup>46</sup>

It is critical to recognise that people who use violence have usually learned this behaviour, through socialisation, stereotyping and adopted attitudes. Individuals use violence because, for example, they have learnt that behaving in coercive or abusive ways is normal or acceptable; they believe that such behaviour is expected in their social circles and settings; they have become invested in domination, control, and power over their intimate partners or others; they have witnessed and experienced violence themselves as children, with impacts on their emotional and social development and attitudes; they have grown up in communities and contexts that normalise their use of coercion and abuse as part of their sexuality or relationships; they are

enabled by wider gender inequalities and other social inequalities and privileges; or they expect to face few, if any, negative consequences for their actions.<sup>50</sup>

The Jesuit Social Services' recent *Man Box 2024 Report* on re-examining what it means to be a man in Australia highlights the ways in which attitudes to masculinity and beliefs and expectations about gender roles are shaped, and how these affect relationships and interactions. The study found that almost one-in-three men aged 18 to 30 self-report the use of extreme physical or sexual violence against an intimate partner.<sup>51</sup> As part of this study, the 'Man Box' describes a set of beliefs within and across society that place pressure on men to act in a certain way. It consists of 19 'rules' that represent a socially dominant form of masculinity. These include statements such as 'Guys should act strong even if they feel scared or nervous inside'.

Recognising the preponderance of these attitudes and their socially determined origins, it is important that a DFSV prevention strategy includes working more effectively with men and boys, as part of promoting more positive ideas and alternative images of masculinity, and the development of trauma-informed and supportive responses that include a focus on traditional socialisation; and men's life transitions, including leaving school, parenting, relationship breakdown, recent migration, becoming unemployed, managing peer and media pressure.<sup>52</sup> Importantly, it should include how men, and fathers in particular, relate to and support boys to develop healthy understandings of masculinity and their roles in respectful relationships. The work being undertaken by organisations such as No to Violence<sup>53</sup> offers useful ways of working with people who use violence.

While recognising and working with these individual biographies, we also need to concentrate significant attention on the structural and systemic issues that cause and drive these patterns. People's attitudes and consciousness are shaped by the world around them – by their home environments, attitudes of their parents, neighbourhood locations, socio-economic position, access to resources and income, power differentials, self-determination and agency, and the influence of social and public media, amongst others. It is these environmental and material factors that shape and determine the attitudes and world views which we hold. If we are to change attitudes, we also need to address the contexts and worlds in which people live, and acknowledge the drivers and social determinants that have shaped their attitudes and consciousness and the ways in which these determinants perpetuate and reinforce particular behaviour patterns and attitudes. This necessitates that we identify and address the structural settings and mechanisms that result in people's differential exposure and vulnerability to violence and its effects.

History has shown us that primarily focusing on changing individuals' attitudes and behaviours is unlikely to make widespread and lasting change to rates of violence when the community, society, the material and socio-economic conditions of people's lives, and commercial and media interests continue to reinforce patterns of violence. It would be foolhardy to expect that people – and men in particular, given their over-representation as users of violence – will somehow change their attitudes and behaviours in the face of unaccountable and unregulated commercial determinants, vested interests and industries associated with domestic violence, such as pornography, gambling, alcohol, media reportage and social media.

**Recommendation 1:** Prevention and response strategies must reflect that gender attitudes are an indicator and manifestation of structural and systemic determinants and environments that have shaped both the society individuals live in and their personal biographies.

### **Intersection of poverty and domestic family and sexual violence**

While all social classes experience violence, women and children who live in poverty experience more violence, more severe violence, and have less opportunity to ameliorate or escape its impacts.<sup>54</sup>

The intersection of poverty and DFSV can compound and exacerbate the impact of the abuse, as well as cause a loss of resources for the victim-survivor and undermine the potential for more positive outcomes. The constraints of poverty further ensnare victim-survivors in abusive situations and often extend the time it takes to gather resources and prepare to leave.<sup>55</sup>

If people experiencing DFSV have resources to safely leave a relationship or household, and are able to find safe, affordable housing with the means to care for themselves and their children (if they have them), they will be more able to escape further abuse. People with low to no income in a domestic violence situation, particularly with children, rarely have the resources they need to get away from violent situations,<sup>56</sup> and few if any resources are made available to support women in these circumstances.

As outlined by the Anti-Poverty Network,<sup>57</sup> the link between poverty and women and children having to stay in an unsafe home environment is clear:

*Women who want to escape a violent relationship are often forced to choose between domestic violence and poverty for themselves and their children. Poverty and domestic violence are closely linked. Income support payments are below the poverty line and take too long to access. Public housing is inaccessible, and crisis accommodation is horribly underfunded. Women who want to escape an abusive relationship often stay because they have no money and nowhere to go ... There is plenty our governments can do ... They must also act to end poverty by raising all income support payments above the poverty line and providing public housing to everyone who wants it. No woman should have to choose between domestic violence and poverty for herself and her children. It's time to end poverty, and end violence against women (Facebook post).<sup>53</sup>*

Poverty disproportionately affects women and single mothers<sup>58</sup> and, among other factors, is a primary reason why an abuser is able to continue to exert control over them. The intersection of poverty and domestic violence endangers survivors, their children and our communities as a whole.<sup>59</sup>

**Recommendation 2:** The needs of women and children experiencing DFSV must be prioritised in the provision of government services, access to affordable housing, transport and childcare and adequate financial supports, including above poverty-level social security payments, so that women and their children do not have to stay in violent or abusive relationships to avoid poverty and/or homelessness.

### **Intersection of housing insecurity and domestic family and sexual violence**

The overwhelming majority of families experiencing homelessness have been pushed into it by the lack of affordable housing, income poverty or the ongoing epidemic of family violence. Many children are driven into homelessness by abuse, neglect or conflict in their home.<sup>60</sup>

DFSV is the main reason that women and children leave their homes in Australia, and that people seek assistance from specialist homelessness services.<sup>61,62,63</sup> Many women and children return to abusive homes because they have nowhere else to go – overwhelmingly for economic reasons and the lack of available housing.<sup>64</sup> In the event that housing is available, people experiencing DFSV are faced with substantial costs if they decide to leave their homes, such as moving, legal and medical care costs<sup>65</sup> – these are costs which many people affected by DFSV cannot afford.

Information provided to the Inquiry into Missing and Murdered First Nations Women and Children<sup>66</sup> highlighted the position of women released from prison without safe housing options and other support services. Seeds of Affinity – Pathways for Women, and Australia's National Research Organisation for Women's Safety (ANROWS) emphasise that many of these women return to unsafe housing, which places them and their children at risk, and perpetuates the cycle of violence and recidivism.<sup>67, 68</sup>

Domestic and family violence is a major driver of child homelessness. In 2022-23, more than 76,000 children under the age of 18 sought help from homelessness services across Australia. Of these children, almost 16,000 approached homelessness services on their own, unaccompanied by a parent or caregiver, and many were fleeing violence. South Australia had the third highest number (2,306) of unaccompanied children seeking help from specialist homelessness services. In 2022-23, across Australia 25,414 children remained homeless even after seeking support from specialist services – up from 24,628 the previous year. For this same time period, South Australia saw a 15.9% increase in children still homeless after seeking assistance. First Nations children are overrepresented among children experiencing homelessness, making up 32% of homeless children nationally, despite comprising only 6.8% of the population under 18. In South Australia, 4,749 homeless children live in Greater Adelaide, and 1,450 live in the Rest of South Australia.<sup>69</sup>

The homelessness being faced by children and young people needs to be addressed through the provision of comprehensive support systems, ensuring victim-survivors have safe housing options, ongoing assistance, and appropriate care and kinship or guardianship arrangements.

The provision of sustainable, affordable and accessible housing at the time of *initial* contacts made by victim-survivors is the most critical moment and opportunity for keeping them safe, in both the short and longer-term. The *Report of the Rapid Review of Prevention Approaches* highlights that appropriate housing provision is an economic imperative for governments, and without this investment, especially in regional and remote areas, prevention will be undermined and cycles of poverty and violence will continue or worsen.<sup>70</sup>

**Recommendation 3:** Governments must ensure the provision of crisis accommodation as well as safe, sustainable, affordable, and accessible housing for people and children escaping DFSV, in accordance with the recommendations outlined in the Report of the Rapid Review of Prevention Approaches.

**Recommendation 4:** Increased input from specialist domestic and family violence experts to the National Partnership Agreements on Housing and Homelessness and the National Housing and Homelessness Plan should be enabled and encouraged.

### Intersection of DFSV and the lives of children and young people

Children and young people are particularly at risk, and the impact of DFSV on their lives can shape whether they themselves perpetrate violence as they grow older. The impacts on their lives can be serious and long-lasting, affecting their health, wellbeing, education, relationships and housing outcomes, which in turn affect their employment outcomes and economic security.<sup>71</sup> DFSV is one of the main drivers for children being placed in out-of-home care.<sup>72</sup> As highlighted by the Commissioner for Aboriginal Children and Young People, 'In the majority of cases, the underlying issues that have led to families' contact with the child protection service system have not been about the intentional harm of children. They are characterised by problems associated with poverty and intergenerational trauma, mental illness, domestic and family violence, homelessness and substance use'.<sup>73</sup>

In the words of the South Australian Guardian for Children and Young People, Shona Reid:<sup>74</sup>

*The impacts of Domestic and Family Violence for children can include lifelong physical and psychological health issues, disrupted attachment and social relationships, and diminishing their sense of safety, wellbeing and overall development. Contemporary research shows a strong statistical correlation between growing up in households where domestic and family violence is present, and coming into care or contact with police.*

*When our child protection and youth justice systems fail to recognise and prioritise healing for the impacts of that trauma, those systems risk re-traumatising children and young people, and exacerbating the adverse health and wellbeing impacts of that trauma. As they grow, young people may be at risk of repeating those cycles of violence in their own lives and adult relationships (Website blog).<sup>70</sup>*

This perspective is echoed by Michael Salter, 'Children and young people's bodies and minds are attuned to the environments they're living in. If this is an environment of violence, this brings accumulative risks and adversity'.<sup>75</sup>

Exposure to domestic violence is associated with a higher likelihood of the following potential problems among young people:

- issues related to cognitive, emotional and social functioning and development which can lead to behavioural and learning difficulties;
- an increase in the risk of mental health issues, including depression and anxiety disorders;
- issues related to education and employment prospects;
- more accepting of or willing to excuse the use of violence against women;
- involvement in violent relationships with peers and conflict with adults and forms of authority;
- increased risk of becoming perpetrators or victims themselves; and
- a detrimental impact on their future parenting capacities.<sup>76,77</sup>

The 2021 Australian Child Maltreatment Study<sup>78</sup> surveyed people aged 16 years and over about their experiences of maltreatment as a child. Of the people surveyed, approximately:

- 2 in 5 (40%) had experienced exposure to domestic violence
- 3 in 10 (29%) had experienced sexual abuse by any person
- 3 in 10 (31%) had experienced emotional abuse by a parent or caregiver
- 1 in 11 (8.9%) had experienced neglect by a parent or caregiver.

According to the ABS Personal Safety Survey of 2021–22, about 1 in 8 (13% or 2.6 million) people, aged 18 years and over, witnessed violence towards a parent by a partner before they had reached the age of 15. A higher proportion of people had witnessed partner violence against their mothers (12%, or 2.2 million) than their fathers (4.3%, or 837,000).<sup>79</sup>

The *National Plan to End Violence against Women and Children 2022–2032*<sup>80</sup> highlights the importance of recognising children and young people as victim-survivors of violence in their own right and establishing supports and services that will meet their safety and recovery needs.

If we are to break the intergenerational patterning of DFSV, we need to recognise the ways in which experiencing child abuse – whether through witnessing violence between other family members and/or being directly subjected to abuse – shapes and can perpetuate the use of violence and abuse. A 2022 study<sup>81,82</sup> looking at adolescent family violence in Australia found that 89% of young people who had used family violence reported having experienced child abuse. Young people who had both witnessed violence between other family members, and had been directly subjected to abuse, were more than nine times more likely to use violence in the home than respondents who hadn't experienced any child abuse.

A recent study from New Zealand<sup>83</sup>, looking at the wellbeing of young people who offend (not necessarily in their own home), found that young people who are most likely to offend include those who have had exposure to family violence. This same study found that, by the time the 1% of young people with very high needs reached the age of 18 years, over three-quarters (82%) had been associated with at least one reported family violence event. It is likely that a similar data picture is replicated in Australia and South Australia, and points to the importance of working with and supporting children and families if we are to break the intergenerational patterning of violence.

Evidence points to child abuse and neglect being a critical accelerant of subsequent adult victimisation and perpetration. A study exploring dual-system involvement for domestic violence victimisation and child maltreatment perpetration found considerable overlap between individuals who are victims of DFSV and individuals who perpetrate child maltreatment. Of individuals identified as a perpetrator of child

maltreatment, 45% had also been a victim of DFSV and approximately 22% of DFSV victims were identified as a perpetrator of child maltreatment.<sup>84</sup>

As Hill and Salter state: ‘... traumatized and abused boys are disproportionately at risk of becoming perpetrators of gender-based violence, and other forms of offending behaviour. The evidence indicates an over-representation of child abuse survivors amongst men who use violence against their partners. Similarly, traumatised and abused girls who are not supported to recover and heal are more likely to be targeted by violent and controlling perpetrators later in their lives.’<sup>85</sup>

The recently released report by the Young Women’s Alliance<sup>86</sup> highlights the stark reality that 90% of the interviewed women saw sexual violence and/or assault as inevitable in their lifetime (if it had not already occurred); a matter of ‘when’ not ‘if,’ expressing that for them, ‘violence is synonymous with womanhood’. Their report argues that ‘a youth focus is crucial, given that a significant number of the recent, alleged perpetrators have been under the age of 30; young women are disproportionately affected by physical and sexual assault and violence; and personal distress related to sexual issues impacts 50% of young Australian women. Attitudinal and behavioural studies also suggest that the narrative of linear progress — that younger generations are becoming more progressive in belief and behaviour — is incorrect, with some young men holding more conservative or similarly conservative views about gender roles compared to their older counterparts, and perpetrating high levels of violence (p. 6)’.

Current data from the AIHW<sup>87</sup> paints an alarming picture of the extent to which young people are accessing health services and being hospitalised due to DFSV. This data further points, not only to the impact of DFSV on young people themselves, but also to the potential intergenerational patterning and perpetuation of violence and abuse. This same AIHW report analysing linked data to examine the demographic characteristics and health service interactions for young people with at least one DFSV-related hospital stay, shows that 5,024 young people across Australia during the ten years from 2010–11 to 2020–21 had at least one DFSV-related hospital stay when aged under 18. Half (54%) were female, one-third (33%) were Aboriginal or Torres Strait Islander people, and over one-third (37%) had their first DFSV-related stay before age five. Every day, on average, one child has an DFSV-related hospital stay.

SACOSS believes that it is essential to direct particular attention to supporting children and young people, and to ensure that their own voices are heard and incorporated into appropriate responses. If we are to change the persistent patterning of DFSV and prevent trauma and the lifelong effects of this trauma, including the perpetration of further harm, it is critical that we prioritise the safety and recovery of children. In prioritising their safety, more especially during moments of crisis, service responses tend to focus on removing victims from the harmful situation and relocating the victim-survivor and children away from the family home. While this might offer immediate relief and safety, it creates significant disruption in the living arrangements and lives of children and young people who might then lose contact with their local neighbourhood, friends and familiar supports, and have to go to a different school, and learn to navigate different public transport. School life and the role of teachers can be significant stabilisers for children experiencing DFSV – moving children away from these stabilisers, particularly during a time of crisis, tends to exacerbate and prolong the trauma they may experience. Alternative responses that focus on relocating the perpetrator and enabling the non-violent parent to remain in the home with the children tend to be less disruptive to the lives of children and young people, and others who are on the receiving end of violence. Exploring the least disruptive service responses and enabling children and young people to remain in their familiar environments are significant factors in recovery and healing.

In addition to developing appropriate responses to support children and young people escaping violence and harm, this will necessitate developing a strategic and coordinated approach to recognising children and young people as victim-survivors in their own right, and should entail establishing the necessary youth-specific mechanisms for this to occur.

It is critical that, as part of developing a DFSV prevention strategy, detailed and comprehensive consideration is given to preventing child abuse and maltreatment, and that clear connections are made between preventing DFSV, the prevention of child abuse and maltreatment, and the importance of being able to heal and recover.

Recognising the substantial overlap with childhood experiences of family violence and other forms of abuse, there is a critical need for more child-centred and trauma-informed early intervention and practice when responding to families affected by DFSV, including child abuse and violence carried out by young people. Supporting a young person's recovery and healing from DFSV is an essential strategy to reduce the risk of intergenerational violence, and other short- and long-term impacts of violence on children and young people's lives.

Trauma-informed and age appropriate supports should be integrated into schools, specialist domestic violence and family service providers, and across the health system. These supports should be designed to meet the short- and long-term recovery needs of children and young people.

**Recommendation 5:** Recognise children and young people as victim-survivors of violence in their own right and establish supports and services that will meet their safety and recovery needs – in accordance with the National Plan to End Violence against Women and Children 2022–2032. Crisis responses need to carefully identify whether children and young people and the non-violent parent (rather than the perpetrator) should be relocated, noting the disruption to their lives and schooling. These supports and services are to be designed and developed with the involvement of children and young people.

**Recommendation 6:** Ensure the availability of, and access to, child-centred and trauma-informed early interventions for children and young people who experience family violence in early childhood. Information about these supports and services are to be advertised and made widely available.

### Intersection of commercial determinants and DFSV

The recently released first Yearly Report to Parliament by the Domestic, Family and Sexual Violence Commission on the *National Plan to End Violence against Women and Children 2022–2032*<sup>88</sup> highlights the importance of recognising and re-assessing the contributory role of alcohol and other drugs, gambling, and pornography in promoting and perpetuating DFSV.

*Participants at the crisis talks convened by the Commission in May raised the importance of acknowledging the role of factors such as alcohol and other drugs, gambling, and pornography in promoting violence. While these factors do not in themselves cause violence, there is strong evidence that they contribute to reducing inhibition and result in more serious violence. There are now calls to have serious, evidence-based discussions about the role these factors have on violence and what levers the government can use to mitigate them. We must diligently re-assess our approaches to prevention and response to ensure they are effective and adapting to the changing world around us (p. 6).*

Public health approaches to a particular social challenge usually focus on regulating or preventing harmful commercial practices and the availability and sale of items which exacerbate the challenge being addressed. This should be the case for addressing DFSV as a public health issue – more especially regarding alcohol and other drugs, pornography, gambling, and the nature and role of media reporting and social media.

Responsibility for prevention has largely rested with communities, and the community and public sectors, with the responsibility of the private and commercial sector being largely ignored.<sup>89</sup> We should not shy away

from tackling the role of commercial interests whose products and profits serve to perpetuate and compound DFSV. The regulation of industries which are engaged in harmful commercial behaviours is standard public health practice and needs to be factored into our strategies for reducing DFSV.

### **Alcohol and other drugs**

Alcohol is an addictive product which causes significant harm to communities, families, home environments and young people. Its use is linked to over 200 disease and injury conditions,<sup>90</sup> and is one of our country's greatest preventive health challenges.

The Foundation for Alcohol Research and Education (FARE) reports that alcohol is involved in between 23% and 65% of all police-reported family violence incidents. When perpetrators are drinking, it increases the severity of the violence, leading to higher rates of harm and injury. Evidence shows that greater access to alcohol increases the risk of violence – and the largely unregulated explosion in online sales and delivery has exacerbated the level of consumption and the risk of violence.<sup>91</sup> In 2021-22, 20% of offenders involved in domestic homicides had consumed alcohol.<sup>92</sup>

Data indicates that the majority of alcohol sales are going to people who are drinking at harmful levels,<sup>93</sup> and that the number of liquor shops in a local area is causally related to the prevalence of domestic violence in that area, independent of any other demographic factor, including class.<sup>94</sup> This is compounded by the increased availability of alcohol through online ordering and delivery, with advertisements and promotions bombarding online users. A recently published report by FARE highlights the link between advertising, online sales, delivery and alcohol consumption.<sup>95</sup>

Of particular concern is the link between the digital promotion of alcohol and alcohol use by young people.<sup>96,97</sup> Alcohol marketing exposure increases young people's likelihood of starting to use alcoholic products earlier and going on to use them at higher risk levels.<sup>98</sup>

SACOSS supports to position taken by FARE in advocating that state and territory governments around Australia have the power to keep women and children safe, by better regulating the way alcohol is marketed, sold and delivered into homes. These advocacy efforts are, however, undermined by the lobbying from alcohol companies, who wield significant political influence is inhibiting this from happening.<sup>99</sup>

**Recommendation 7:** The SA Government must explore options and take decisive action to regulate the promotion of alcohol, including ensuring that provisions regarding take away and online alcohol sales are incorporated into the Liquor Licencing Act 1997 (SA) and associated Regulations.

**Recommendation 8:** The Government must support the measures to review online liquor sales and delivery regulations, in general, and with specific reference to reducing the risk of domestic and family violence.

### **Pornography**

Women and children bear the brunt of pornography's harmful effects. Many pornography studios produce material that invariably portrays women or child participants as either enjoying or being victimized by violent sexual acts. Given the widespread consumption and easy access to pornography online, it is no surprise that these representations of violence against women and children are played out in real life,<sup>100</sup> with pornography creating expectations about sexual behaviour, body image, and the use of power.

Australian children and young people are encountering pornography at high rates from a young age. It is highly present in their online worlds, and many encounter it without specifically looking for it during their everyday internet use. The Australian eSafety Commissioner found that young people encounter online pornography both unintentionally and intentionally via pornography websites, other unrelated websites,

social media and communication from friends throughout their adolescence. Many young people indicate that they find unintentional encounters uncomfortable, unwelcome and often, unavoidable.<sup>101</sup> This points to pornography being actively promoted on a wide range of online platforms.

The age at which boys are first exposed to pornography is significantly associated with certain sexist attitudes later in life.<sup>102</sup> Adolescent boys who consume pornography are more prone to violence, aggression, and sexual coercion, and are more susceptible to sexual coercion by peers and adults. Conversely, adolescent girls are more likely to believe that they are expected to tolerate emotional, physical, and sexual abuse as a result,<sup>103</sup> and young people feel that pornography is normalising sexual practices that girls and women describe as painful or unpleasant.<sup>104</sup> There is clear evidence that children's exposure to pornography is resulting in more severely harmful sexual behaviour, as well as other sexual behaviours amongst boys and young men that girls and young women do not want or enjoy.

Given the current open licence and free access that the mainstream pornography industry has to children and young people, and particularly directed to men and boys, its products are negatively influencing sexual behaviour. We therefore advocate for significant reforms and regulations to limit the damage being caused by the pornography industry, and that these limits are imposed in ways that will affect social norms and attitudes to how young boys and men think about sex and gender so as to reduce sexual violence.<sup>105</sup>

**Recommendation 9:** Significant reforms and regulations must be introduced to limit the damage being caused by the pornography industry, and in ways that will affect social norms and attitudes to how young boys and men think about sex and gender so as to reduce sexual violence.

### **Gambling**

Research estimates that around 10,000 South Australians engage in high-risk gambling and have experienced significant adverse consequences from it.<sup>106</sup> For every person involved in high-risk gambling, at least six other people may also be affected.<sup>107</sup> South Australians lost \$12.1 billion to gambling over the ten-year period from 2012-13 to 2021-22, and gambling losses peaked at \$1.52 billion in 2021-22, equivalent to \$1,052 for every South Australian adult.<sup>108</sup>

Gambling harm can affect more than just gamblers, impacting families, friends and the wider community as well. It can also occur alongside other issues such as mental illness, alcohol and drug use, and family violence. Gambling-related stressors, such as financial losses and relationship conflicts or neglect, can impact the family and lead to escalating violence. The evidence is clear that problem gambling is an accelerant to family violence and constitutes a form of financial abuse,<sup>109</sup> and increases pressure on household budgets and financial stress.

Numerous research studies have found that while gambling was found not to directly cause intimate partner violence, it does reinforce the gendered drivers of violence to intensify the frequency and severity of intimate partner violence against women. Studies have also found that gambling-related harm (including economic abuse) is enabled by current protocols of gambling operators and financial institutions.<sup>110</sup>

The House of Representatives Standing Committee on Social Policy and Legal Affairs enquiry into online gambling harms recognised that gambling disorders are linked to other health and social issues such as an increased risk of substance abuse and disorders, depressive symptoms and disorders, family breakdown, domestic violence, criminal activity, disruption to or loss of employment, social isolation and homelessness (p. 48). It recommends that the Australian Government, with the co-operation of the states and territories,

implements a comprehensive ban on all forms of advertising for online gambling, to be introduced in four phases, over three years, commencing immediately (Recommendation 26).<sup>111</sup>

**Recommendation 10:** The Australian Government, with the cooperation of the states and territories, implements a comprehensive ban on all forms of advertising for online gambling, to be introduced in four phases, over three years, commencing immediately.

### 3. Responses to DFSV and the barriers to reporting and seeking support

Drawing on a public health approach and the ecological model advocated by the World Health Organisation, there are clear pointers to the necessary responses to DFSV and its prevention. Types of preventive responses operate at three levels: Primary prevention responses that aim to prevent violence before it occurs; secondary responses that focus on the more immediate responses to violence, such as emergency services, and crisis interventions and accommodation; and tertiary responses that focus on long-term care in the aftermath of violence, such as recovery, rehabilitation, healing and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence.<sup>112</sup>

The World Health Organisation's 2002 *World Report on Violence and Health* explicitly states that primary prevention responses are 'most effective when carried out early, and among people and groups known to be at higher risk than the general population (p 248)'. It also recognises that opportunities to prevent gender-based violence are present across the lifespan, from the pre-natal environment to elderly care; that prevention and early intervention will look different in different community contexts; and intervention points can be traced from the highest levels of government decision-making down to how we respond to abused children and women, and our willingness to support them to heal and recover.<sup>113</sup>

After answering the Issues Paper's Question 7 about the barriers to reporting and seeking support for DFSV, this section of our submission – rather than focusing solely on primary crisis responses – offers more broad-ranging commentary and considers the range of responses, mechanisms and structures that need to be in place to work with and support victim-survivors and people who use violence, and to track, monitor and evaluate system responses.

#### Q 7: What are the barriers to reporting DFSV or seeking support from services?

Given that DFSV usually occurs behind closed doors and is often concealed and denied by perpetrators and sometimes by victims, DFSV is under-reported.<sup>114</sup> In particular, intimate partner sexual violence is under-reported and often not disclosed.<sup>115</sup> For victim-survivors of sexual or psychological forms of abuse, it may be more difficult for them to identify the behaviour as abuse and seek support.<sup>116</sup>

There are multiple formal and informal entry points for victim-survivors to access support and these may vary depending on a victim-survivor's personal help-seeking needs or goals at different times, as well as the level of awareness and availability of support services in their area.<sup>117</sup>

Safe and Equal, the peak body for Victorian organisations that specialise in family and gender-based violence,<sup>118</sup> provides a useful overview of the impacts that DFSV violence can have on people. Their information is acknowledged and drawn on here. At the individualised level, the impact of DFSV on a person can create barriers related to shame, self-blame, isolation, a lack of confidence and autonomy, convincing themselves and others about the normalisation of violence, or hope for change in the perpetrator's behaviour and improvements in family circumstances.

While family violence can affect anyone, there are multiple social factors that create barriers for people to access services, support and safety. There are structural and systemic barriers caused by historic and ongoing discrimination sanctioned against certain groups, which have excluded them from services, government programs and equitable justice responses. Ageism, ableism, colonisation, criminalisation, homophobia, transphobia, poverty, racism, sexism, and other forms of discrimination can all increase the severity and lasting impacts of family violence. Social discrimination and systemic and structural barriers can make it very difficult for people to get the help they need. These include difficulties in obtaining information about their rights, entitlements and how to access services, particularly where there are communication and literacy challenges. Other barriers are related to a lack of access to financial resources, transport, and geographic constraints affecting people living in regional, rural and remote areas.<sup>119</sup>

When deciding whether to disclose, report or seek support, victim-survivors make judgements about whether it is safe for them to do so. Spangaro et al. (2011) identify three dimensions of safety that tend to be considered by victim-survivors when deciding whether to disclose DFSV: safety from the perpetrator, safety from shame, and safety from institutional control (for example, losing control due to the involvement of statutory child protection services).<sup>120</sup> A consideration of these safety dimensions is included in the challenges and barriers to reporting and seeking help, as set out below:

### **The burden of responsibility**

The burden of responsibility to disclose violence often falls on the victim-survivor and this can be a key barrier to seeking support. The burden of reaching out for help from services can be bewildering, lonely and very time consuming. Living in an ongoing state of danger can also impact the way people process information, communicate and make decisions.

### **Safety from the person using violence**

Fear of risking their safety and increasing the level and nature of the violence are key considerations. As highlighted by Safe and Equal,<sup>121</sup> the person experiencing abuse is the expert of their experience and often knows more than anyone else about the risks posed by the perpetrator. Leaving an abusive relationship is often the most dangerous time for a victim-survivor. For this reason, it can take many years and repeated attempts to leave a relationship before they can regain safety, control and independence in their lives. Dependencies in the relationship and on the perpetrator, for example, for financial support or daily care, keep victim-survivors linked to the perpetrator in the absence of other options.

The perpetrator using coercive control and tactics of isolating and controlling the victim-survivor inhibits survivors from reporting or accessing services.<sup>122</sup> In particular, technology-facilitated coercive control (TFCC) and the use of digital technologies might be used to coercively control current or former intimate partners.<sup>123</sup> This can include harassment on social media, stalking using GPS data, threats via text messages, monitoring emails, accessing accounts without permission, and publishing private information ('doxing') or sexualised content without consent.<sup>124</sup>

Communities who experience social and geographic disadvantage may be at greater risk of TFCC victimisation, including women from migrant backgrounds including those with insecure visa status, women with disabilities and women living in regional, rural or remote areas.<sup>125</sup> Newly arrived migrant women are at a heightened risk of TFCC due to potential financial and other kinds of dependency on their partners. Perpetrators may force victim-survivors to behave a certain way by using threats of cutting access to technology that connects the victim-survivor with friends and family overseas.<sup>126</sup> The use of technology to continue harm, isolation and control is heightened for women in regional, rural and remote areas.<sup>127</sup> Distance, limited resources and infrastructure, social and economic disadvantage, and reduced security and confidentiality in small communities can impact help-seeking and opportunities to leave violent relationships.<sup>128</sup> Women with

disability may be more reliant on technology to communicate with others or to contact support services and therefore more vulnerable to abuse facilitated by technology.<sup>129</sup>

### **Safety from shame and stigma**

There are a number of ways in which fear of shame and stigma play out, such as the victim-survivor not recognising the behaviours as abusive, or believing that they are to blame for the abuse and so feel ashamed and embarrassed. Perceived stigma, fear of discrimination and the attitudes of service responders (including police), as well as feeling concerned that they won't be believed or will be judged or criticised, leads victim-survivors to not trust service responders and care professionals and therefore inhibits them from disclosing or seeking help.<sup>130</sup>

Service-level barriers to accessing and receiving help can include feeling frustrated or embarrassed about not being able to understand the terms, language and procedures used by service workers, as well as the lack of availability of appointments and the cost of services.<sup>131</sup>

For people who use violence, barriers to seeking support might include feelings of shame and challenges with accessing services, or they might believe that violence is a normal part of a relationship and do not believe they need to seek support.<sup>132</sup>

### **Safety from institutional control and interference**

Fear of a range of consequences, particularly the fear or threat of children being removed, and the involvement of child protection and other social services, results in victim-survivors avoiding contact with support services. In the context of Aboriginal communities, there are often complex reasons why Aboriginal women are reluctant or fearful of accessing support services. 'They may reasonably fear that disclosing their particular circumstances such as drug or alcohol use, family and domestic violence, homelessness or mental health concerns could place them under the scrutiny of child protection services, and they could be stigmatised or considered undeserving as mothers (p.69).'<sup>133</sup> This is compounded by concerns about a lack of confidentiality, which may keep victim-survivors from reporting or accessing services.

Negative experiences with the police and legal systems were highlighted in the recent report of the Inquiry into Missing and Murdered First Nations Women and Children.<sup>134</sup> The Committee heard evidence from First Nations communities about their distrust of the police and other government institutions and systems. In many cases this leads to victim-survivors, particularly First Nations women and children, not seeking assistance, even in the most desperate of circumstances.

Many First Nations women have described their interactions with institutional services and the justice system as 'exacerbating the impacts of violence and compounding the trauma they experience ... the justice system should protect women and children, but instead it re-traumatises women, removes their children and too often criminalises them for the violence they have endured (p. 35)'.<sup>135</sup>

Reporting family violence and engaging with institutions often carries the risk of 'a direct link to two critical areas of government policy, notably the criminalisation of the perpetrator, as opposed to the integration of the individual into the healing process; and the status of child safety, determined with prejudice and disconnected from the holistic approach to wellbeing ... To put it simply, for Aboriginal and Torres Strait Islander people, contact with a mainstream organisation regarding family violence can result in going to prison, and/or the removal of children (p. 31)'.<sup>136</sup>

Informed by the experience of First Nations communities, there is growing evidence that mainstream non-Aboriginal-led responses to DFSV, including the provision of women's refuges, criminal justice responses, and many of the therapeutic programs on offer, have largely been ineffective and culturally inappropriate. In the

main, they have focused on the individualised needs of victim-survivors and perpetrators, with an emphasis on a criminal justice response which tends to criminalise violence and focus on institutionalising or incarcerating the perpetrator to protect the victim. Across Aboriginal communities, this approach has been criticised as culturally inappropriate and misdirected, as well as discriminatory and reminiscent of the forms of violence perpetrated in the policies and practises of colonisation.<sup>137</sup>

First Nations communities and experts have repeatedly explained that the solutions to DFSV lie in culturally appropriate strategies that support safety and healing, and prevention and the accountability of offenders. 'Punitive responses focussed on the criminal justice system alone do not work and in fact can endanger women and children (p. 32)'.<sup>138</sup>

The Australian police and criminal justice systems are frequently criticised for not treating DFSV seriously enough. Concerns have been commonly expressed about a lack of survivor support, failures to fully investigate incidents, and a lack of consistent policing (both within and across jurisdictions).<sup>139</sup> A key concern is the mis-identification of the person using violence. Victim misidentification is increasingly resulting in women being named as respondents on domestic violence protection orders. Women victims who present as 'hysterical' or angry or who retaliate or defend themselves are frequently misidentified as the 'primary aggressor', sometimes because police and courts are not recognising patterns of coercive control or the perpetrators' attempts to weaponise legal systems.<sup>140</sup> Fear of misidentification is therefore another reason for victim-survivors not reporting or seeking help.

Someone using violence might also weaponise and use the justice system, legal and courts system, banking system, social security payment system, child protection and other institutions to control, intimidate and further harm the victim-survivor. For example, they might use the legal system to stop their partner from leaving, or to stop them from moving to another town or country, or implicate their partner so that she will be given a criminal record. Perpetrators who have financial or property resources might engage women in legal battles over property, or day-to-day care and contact with children. A frequent form of coercive control is to use loopholes in social security systems to avoid paying child support.<sup>141</sup>

### **Racism/discrimination and lack of cultural safety/appropriateness**

Aboriginal and Torres Strait Islander women, children and communities may be less likely to disclose violence due to experiences of racism and a fear of losing children through the involvement of the child protection system.<sup>142</sup> The Alexander Review outlines how cultural bias impacts Aboriginal families and is reflected across an increasing cohort of Aboriginal women who reach out for help as victims of DFSV, and who then have their children removed as a result of statutory child protection contact. The Review Report highlighted levels of over-reporting of Aboriginal children based on racist assumptions in communities, and bias in assessment and decision-making approaches and attitudes of the workforce. While the removal of children may be present in many instances of family violence in both Aboriginal and non-Aboriginal communities, it is more prevalent for Aboriginal women to have their children removed.<sup>143</sup> This comment from a Mount Gambier Aboriginal Community Forum highlights the issue: 'If you are in a DV relationship, that's an automatic removal. You are punished for being a victim (p. 143)'.<sup>144</sup>

The Inquiry into Missing and Murdered First Nations Women and Children,<sup>144</sup> heard evidence that Australia's policing and criminal justice systems discriminate against First Nations people, including women and children, and that this discrimination manifests in substandard (racist, sexist, disrespectful, unprofessional and negligent) responses to missing persons reports and homicide investigations. The Committee received clear evidence from families and other stakeholders about the impact of discrimination and racist attitudes.

An additional barrier for reporting and help-seeking by First Nations women in remote communities, are their heightened concerns about confidentiality within tight family and community networks, and women may need to travel long distances to seek confidential and less conspicuous support or rely on phone support.<sup>145</sup>

## Lack of access to finances, time, resources, and support services

Victim-survivors frequently lack access to available free time, child-care, finances, and available support services, including community legal services – which experience high demand and have limited services available, with access times usually only available during business hours. In many communities across Australia, victim-survivors of domestic and family violence rely on community legal centres for legal assistance and holistic support. The importance of this work has largely gone unrecognised, resulting in a critical funding shortfall for community legal centres. However, centres are struggling to respond to increasing demand for their services because funding has failed to keep pace with demand.

Key findings outlined in the first update report of the Domestic, Family and Sexual Violence Commissioner, Micaela Cronin, on progress with the National Plan to End Violence Against Women and Children,<sup>146</sup> note progress but also raise serious concerns, particularly in the delivery and responsiveness of services. The lack of funding for frontline services and community legal services remains a challenge for many Community Legal Centres around Australia, and they continue to warn that without an urgent injection of funding, legal centres will soon be turning more people away, and some may have no choice but to close. In the Commissioner's words: 'Our service systems are overwhelmed, stretched beyond capacity, they are struggling to hold onto staff and they are at wits end.'<sup>147</sup>

Inadequate funding and staff shortages mean reduced capacity to deliver much-needed services. This results in a chronic cycle of increased demand, higher numbers of people turned away, mounting unmet need and staff burnout and turnover. The problems are particularly acute in regional and remote areas. Ultimately, victim-survivors and communities bear the harm this lack of service access and cycle causes.<sup>148</sup>

## Geographic location and community pressures

People living in regional and remote areas may experience geographical and social isolation from support networks and limited access to services, particularly specialist services and crisis and long-term accommodation.<sup>149</sup> Victim-survivors in small communities may be reluctant to disclose family violence to a person known to them and/or the perpetrator,<sup>150</sup> partly due to the fear of losing their privacy and the uncertainty about the confidentiality of their information. They may carry concerns about giving evidence against family or known community members, and worry about potential repercussions from them.

## Living with disability

People with disability may be more reliant on partners, family members or other carers for assistance and support. Fear that disclosure of abuse will put these relationships at risk and result in the loss of support and assistance can prevent people with disability seeking support.<sup>151</sup> Women with physical disabilities may not be able to physically access support services and women with communication difficulties may not be able to convey their story to support service workers.<sup>152</sup>

Women with disability may not seek assistance for DFSV because they may be unaware of what services are available to them. Information about domestic and family violence services may be actively denied to them by the perpetrator of violence, or may not be available in the correct formats (Easy English, Auslan, braille etc).<sup>153</sup>

**Recommendation 11:** Support services and institutions must provide information in accessible formats and languages for all individuals who may require access to services.

**Recommendation 12:** Services must be physically accessible, approachable, acceptable, appropriate, affordable, and available to victim-survivors with disabilities.

**Recommendation 13:** The DFSV workforce should include staff with lived experience of disability, or disability-specific training.

**Recommendation 14:** Housing and infrastructure plans must respond to the particular housing needs of women and children with disability by including their voices from the early design phase to completion in accordance with the National Plan to End Violence Against Women and Children.

## Precarious visa status

Women on temporary visas may be dependent on a violent partner for residency and may not disclose violence due to fear of deportation. Conditions of temporary visas can result in social isolation due to restrictions placed on accessing employment, social security, housing and health care. These women, particularly those who speak languages other than English, may also experience challenges with communication and accessing information about their rights in complex matters relating to family violence, family law and immigration.<sup>154</sup>

**Recommendation 15:** Ensure that all victim-survivors are afforded the same rights in DFSV situations, regardless of migration status.

## Barriers and challenges for children and young people

There are some specific challenges for children and young people to report or seek support. In addition to feeling fear, shame, embarrassment, worried about not being believed, or not recognising the behaviours as abusive, they might not have the language skills to communicate the abuse, fear upsetting their parent/s, lack parental support and lack of confidence in adults and their ability to help,<sup>155</sup> or not know where to go for help. In addition, the lack of services designed specifically for children and young people who experience DFSV is a key issue, as is the disconnect between services that respond to family violence, including child protection and the justice system.<sup>156</sup>

## 4. System level changes to enhance prevention efforts, improve responses, and reduce barriers

*The work that we're doing around preventing child abuse and maltreatment, preventing violence against women, and healing from trauma and abuse, all needs to be linked. Rosie Batty made one of the most important interventions in this space a couple of years ago, when she and the National Recovery Alliance said, 'Recovery is Prevention'. They looped the circle, where instead of putting prevention at the very beginning and recovery right at the end, they made a previously linear concept circular. There is no beginning and end to prevention – prevention work must be done across the life cycle – and recovery particularly feeds directly into prevention work.<sup>157</sup>*

As a general recommendation, we need to reframe our prevention and response strategies to include a more concentrated focus on addressing the systemic, social, material and commercial impacts and gradients of DFSV and all of its associated control mechanisms.

The first update report of the Domestic, Family and Sexual Violence Commissioner, Micaela Cronin, includes key recommendations across policy, implementation, and service delivery. It highlights the need for sustainable funding for frontline services; and new and clearer data across the country, to assess progress of the National Plan and establish which programs work. It also recognises the critical role of lived experience advocates in decision making. In addition to including victim/survivors, the government should include perpetrators and those who have used violence, in the process of developing solutions.<sup>158</sup>

SACOSS also refers the Commission to the submission provided to the Royal Commission by Embolden, South Australia's peak body for the specialist DFSV services sector.<sup>159</sup> It points to important necessary elements of a response to DFSV, and the need for a whole-of-government framework; effective cross-sector governance; a robust evidence base and systems-level accountability mechanisms; embedding lived practice and research expertise; and a strong and sustainable specialist DFSV workforce and sector.

## Challenge racism, improve service systems and institutional and criminal justice responses

Access to equitable support services and justice outcomes for all victim-survivors must be enhanced through identifying and removing barriers to reporting violence, receiving support, and engaging with the criminal justice process and ensuring thorough and timely investigation and the prosecution of violence. Access to justice involves making sure that systems are culturally, linguistically, physically and geographically accessible to diverse communities and victim-survivors living in remote areas. These systems should be equally responsive and accessible to people with disability and older women, which may involve providing outreach to institutions and aged care facilities. Justice responses should also seek to accommodate the different needs and interests of victim-survivors and employ, where appropriate and safe to do so, different forms of accountability for perpetrators. These might include community sanctions and restorative processes, alongside legal sanction, and perpetrator intervention.<sup>160</sup>

**Recommendation 16:** Ensure that police and prosecutors have the tools and training they need to respond effectively to the use of violence and develop more comprehensive responses to perpetrators of violence.

**Recommendation 17:** All service support services, including child protection, the police, courts, corrections, and community corrections (parole and probation) must improve their cultural competence and capability, drawing on current effective examples of what works, and provide trauma-aware and strengths-based approaches.

**Recommendation 18:** These institutions and systems must work to identify and protect the autonomy and safety of victim-survivors and affected children and young people.

**Recommendation 19:** That links are made across DFSV, child protection and youth justice systems to better enable information sharing, and the integration of responses and services for children and young people.

**Recommendation 20:** All service support systems, police, courts and legal systems must increase awareness and become better equipped to detect and respond to the ways in which their systems might be exploited and weaponised through the use of coercive control.

**Recommendation 21:** That all institutions and service responders, including policing and criminal justice systems, consciously work towards eliminating all forms of discrimination against First Nations people, and avoid offensive and substandard responses when responding to DFSV.

**Recommendation 22:** Alternative approaches and solutions to family violence that lie in culturally appropriate strategies that support safety and healing, and prevention and the accountability of offenders must be recognised. These approaches, such as restorative justice, family dispute resolution, roundtable conferencing and community courts (such as Nunga Courts), as well as family group conferencing, need to be available and accessible.

**Recommendation 23:** The rights of Aboriginal and Torres Strait Islander peoples under the United Nations Convention on the Rights of Indigenous People (UNDRIP), in particular regarding self-determination, must be upheld. In addition, every effort must be made to realise Target 13 of the National Agreement on Closing the Gap – *Families and households are safe*. By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children must be reduced by at least 50%.

## Improve data collection and linkage

There is a considerable knowledge gap in understanding the service interactions and pathways of people experiencing DFSV. This gap is underpinned by limited and patchy national data to enable the useful identification of people experiencing or at risk of DFSV.

**Recommendation 24:** Data linkage should be used to join up multiple data sources to improve the coverage of DFSV identification for statistical and research purposes, and enable more effective and targeted service responses.

## Provide sustainable funding

A firm commitment to a long-term national partnership agreement between state and federal governments is essential to ensure ongoing and sustainable funding for specialist services and community legal centres, with specific consideration given to those with high demand in rural, regional, and remote areas.

**Recommendation 25:** All frontline, specialist domestic and family violence services and community centre legal services are to be adequately and sustainably funded.

## Strengthen the sector and build the workforce

Implementing a public-health approach to DFSV requires a whole-of-sector approach to address current challenges and effectively implement reforms.<sup>161</sup> Multiple sectors need to work together in areas of prevention, early intervention, response, recovery and healing. Across these domains, the workforce needs to be comprised of people with the requisite skills to prevent and respond to DFSV. A comprehensive state workforce strategy, including a robust First Nations workforce strategy, must ensure that strong and sustainable specialist DFSV services are established, including in regional and remote areas.

**Recommendation 26:** SACOSS supports Embolden's submission to this Commission, recommending the development and implementation of a state-level dedicated and targeted workforce strategy for the specialist DFSV services sector.

**Recommendation 27:** Stronger investment in First Nations specialist DFSV services is necessary to support community-led responses to violence against Aboriginal and Torres Strait Islander women and children, who are disproportionately impacted by DFSV.

## 5. Conclusions

In order to prevent and respond to the harms caused by domestic, family and sexual violence and to create a society in which everyone can live safely, we need to address the challenges and contributory determinants that undermine these outcomes, and build and sustain an effective, approachable and inter-connected prevention and support system, that is rooted in and connected to frontline services, with appropriate resourcing, an equipped workforce, and impetus to focus on optimising preventive efforts.

We need to direct our efforts towards comprehensive, holistic approaches to prevent and reduce intimate partner violence and the abuse and harmful impacts of violence on children and young people. This requires that we address the underlying contributors to violence, with attention paid to the social, material, economic, biographical, historical, criminalising, and commercial drivers of domestic, family and sexual violence. This work must concurrently include supporting victim-survivors and improving interventions and ways of engaging with people who use violence and coercion. Paying attention to all of these dimensions will be critical if we are to break the entrenched patterning and persistence of domestic, family and sexual violence and improve the lives of both victim-survivors and those who get caught up in using violence.

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