

Submission to the Royal Commission into Domestic, Family and Sexual Violence, South Australia



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Executive Summary

This submission has been prepared independently, but is in accordance with the changes being advocated for by the CJC.

The needs of people using violence must be considered if outcomes for victim-survivors are to be improved. In this submission, we call for the SA Department for Correctional Services to ensure that all people in SA prisons, including those convicted of domestic violence offences, have access to external mental health counselling services during their sentence. This should be administered through telecommunications in their cells.

Domestic violence counselling for SA prisoners would prevent about 125 women and children from being brutalised and save \$30m a year in South Australia.¹ It is imperative that this step is taken to influence all prisoners. It will also support victim-survivors, who are affected by these behaviours, which can cause intergenerational violence.

As of June 2023, there were 2,995 people in South Australian prisons, with 2,771 of those people being male.² This is a large and vital group of people that should be included in the Terms of Reference for this Inquiry. Incarcerating offenders of domestic violence is not enough to address the underlying causes of their behaviour. People who were imprisoned for non-violent offences are likely to become people who use violence once they are released, after experiencing the violent culture of imprisonment. People who return to their families from prison without social or reintegration skills, of which the majority are males, find themselves displaced and disrespected within their family and, using the skills and attitudes they have developed from prison, use violence against their partners and children.

If the government moved to set up the necessary arrangements, a wide range of funded community services, including counselling and education, could be made available to prisoners via their tablets or other technology through the “import model”. This approach would create no greater security concerns beyond current prisoner communication by phone, mail, or visits. The acceptance of the new technology to broaden the range of services available via the “import model” would radically reduce recidivism and cut costs.

The “import model” safely keeps prisoners in the virtual community, holding them accountable for their behaviour even while they are physically isolated. It is arguably their legal entitlement in some areas, and it is for the benefit of the whole community. It lessens the unnecessary damage of imprisonment caused by isolation and offers positive inputs and opportunity rather than continuing the boredom and festering cross fertilisation of problems.

Change is imperative. To be capable of delivering long term improvements in the domestic, family and sexual violence system, the issues surrounding people using violence must be

¹ Community Justice Coalition 2017, ‘Counting the Cost of Inaction’.

² ABS, 2022, ‘Prisoners in Australia’ Accessed from <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>

addressed. This should be done through allowing access to external mental health and domestic violence services to people in prison.

Recommendation

That the SA Department for Correctional Services allow people in prison to access external mental health counselling services through telecommunications in their cells.

‘Response’ - Term of Reference

The responses a perpetrator should receive once the use of violence is known to the systems.

People using violence need to be considered when designing a more effective domestic, family and sexual violence system. It is essential to engage people in prisons, psychiatric hospitals and youth justice by alerting them and their prisoner committees to the Commission of Inquiry, using their wing and pod noticeboards.

The Community Justice Coalition acknowledges the importance of listening and uplifting the voices of victim-survivors. There are many organisations that address and represent this demographic effectively. Our focus on people using violence is because they are often excluded, as has happened with this Inquiry.

The Community Justice Coalition is engaged with the ‘Response’ area of this inquiry with a focus on people in prisons, psychiatric hospitals and youth justice and allowing them to respond. Integrating domestic violence counselling through the import model, can provide people in prison with the necessary tools to understand and change their abusive behaviour patterns. The counselling offered should be effective as trusted, efficient in its cost to the taxpayer, existing after their release and emotionally supportive during their sentence.

There are three relevant questions asked by the Commission which will be addressed by this submission.

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

To establish a best practice response, it must be **effective, efficient, existing** and **emotionally important**. This program meets all these requirements.

- **Effective** as prisoners trust external services provided independently of prison authorities, without a conflict of interest
- **Efficient** in facilitating delivery of various government or NGO funded community services
- **Existing** as accessible during sentence, and available upon release
- **Emotionally significant**, enabling prisoners to create a new identity for themselves as part of an outside community

The Department for Correctional Services does provide mental health support and services for prisoners.³ Through the South Australia forensic mental health services, offenders are given inpatient care, rehabilitation services, mental health services within custodial settings, and mental health services within the community.⁴ Moreover, recently, SA Prison Health Service nurses have also received psychosocial training in order to better support the mental health needs of offenders.⁵

However prisoners recognise the apparent conflict of interest where mental health services provided by the Department for Correctional Services are also used to decide classification and release.⁶ Instead counselling must be offered using external mental health professionals, to prisoners in their cells where they are held most of the time.⁷

Intervention programs developed by Corrective Services such as the DCS Domestic and Family Violence Intervention Program often have admission restrictions and are overloaded with long waitlists. The DCS Domestic and Family Violence Intervention Program often has a difficult enrolment process, causing prisoners to express frustration toward the lack of available programs early on in their sentence.⁸ External counselling services would increase the number of prisoners who are able to access support, allowing more prisoners to experience benefits from domestic violence programs.⁹ Due to an independent provider's lack of involvement in decisions regarding release, they would be able to openly communicate with prisoners, fostering trust and connection while still being able to liaison with authorities without the obligations of a Correctional Services professional.¹⁰

³ Department for Correctional Services 2024, 'Prisoner health and wellbeing'.

⁴ Government of South Australia 2022, 'Forensic mental health', *South Australia Health*.

⁵ Central Adelaide Local Health Network 2024, 'Improving mental health is key in prisoner rehabilitation, Nurses are part of the solution', Media release.

⁶ Jacobs, L & Giordano S 2019, "'It's Not Like Therapy": Patient-inmate perspectives on jail psychiatric services', 45(2), *Administration and Policy in Mental Health and Mental Health Services Research* 265.

⁷ Ibid (6).

⁸ Justice Action 2023, *Report on the South Australian Prison System* (Final Report, 22 May 2023)

⁹ Ibid (1).

¹⁰ Ibid (1).

Prison is a 'low trust' psychosocial environment with prisoners experiencing deprivations of autonomy and freedom.¹¹ Allowing prisoners to choose their own mental health counselling services and taking their appointments alone in their cell would ensure prisoners feel their conversations are private and safe. By allowing them to talk freely about their struggles, without fear that it would impact their sentence, programs will be more effective, resulting in positive behavioural changes thereby reducing recidivism.

Moreover, access to external mental health counselling has been proven to reduce recidivism.¹² Reducing rates of recidivism is especially important for people using violence considering the impact of their actions on their partners and families. Compared to other prisoners, offenders starting with poor mental health who make significant improvements while in prison have the largest reduction in reoffending.¹³ SA's 10BY20 Action Plan aimed to reduce SA's recidivism rate by 10% from 46% in 2016 to 41% by 2020.¹⁴ In SA's new 20BY26 Action Plan, their new aim is to reduce the recidivism down even further to 36.8%.¹⁵ Aims include continuing to personalise rehabilitation programs for high-risk offenders and improving reintegration programs to help offenders post-release.

To help SA reach their goals by 2026, external counselling services should be provided in prisons. External counselling services align with the 20BY26 objectives to improve reintegration by allowing prisoners to continue accessing the same mental health services upon release. As unmet mental health needs post-release contributes to recidivism,¹⁶ giving offenders the option to see the same psychologist/counsellor after release will ease their transition from prison to community, thereby reducing early chances of recidivism.

The best practice crisis response would follow the 'import model' and allow prisoners access to telecommunications in their cells. With access to computers and tablets, inmates can learn techniques to manage psychological distress through external mental health counselling. Moreover, access to education and legal services via telecommunications would lead to better community reintegration upon release.

The effectiveness of this strategy has been shown through the import model in Norway, Finland and Turkey. This model doesn't separate a person in prison from the outside world- rather, it aims to integrate the community by using the same services as the community through local and municipal providers.¹⁷ This keeps the prison connected to the community and promotes responsibility for people in prisons.¹⁸ The import-model is highly effective and

¹¹ Harvey, J 2011, 'Acknowledging and understanding complexity when providing therapy in prisons' 13(4) *European Journal of Psychotherapy and Counselling* 303.

¹² Ibid (6)

¹³ Wallace D & Wang, X 2020, 'Does in-prison physical and mental health impact recidivism?' 11 *SSM – Population Health*.

¹⁴ South Australia Department for Corrective Services 2015, *10by20: Reducing Reoffending 10% by 2020*, Action Plan.

¹⁵ South Australia Department for Corrective Services 2024, *20by26 Report 2023*, Action Plan.

¹⁶ Yuhnenko, D, Blackwood N, & Seena Fazel 2019, 'Risk factors for recidivism in individuals receiving community sentences: a systematic review and meta-analysis', 25(2) *CNS Spectrums* 252, 258.

¹⁷ Denny, M 2016, 'Norway's Prison System: Investigating Recidivism and Reintegration', *Bridges: A Journal of Student Research*.

¹⁸ Ibid (17).

is one of the factors that keep Norway's recidivism rate so low, 20%¹⁹ compared to South Australia's 39.3% and the national rate of 53.1%.²⁰

Prisoners should be able to access external counselling services, not just services through the Department of Corrections, that they are able to continue after they are released. This would promote the values of connection and responsibility outlined in the 'import-model' and improve outcomes for people using violence and, consequently, victim-survivors.

¹⁹ Inslee, J 2022, 'How Norwegian Prisons Prepare Inmates To Become Better Neighbours', *Medium*.

²⁰ *Ibid* (14).

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

1. An effective health service – education provider relationship
2. Effective communication processes
3. Appropriate resources and facilities.

First and foremost, health responses should be focused on delivering health services that are accessible and effective for domestic and family violence offenders. With an over-representation of mental health conditions in prisons,²¹ and studies showing that offenders with mental health needs are likely to reoffend,²² it is important to increase healthcare measures for vulnerable prisoners.

A study conducted by the University of New South Wales found that, out of 416,411 domestic violence events occurring between a single perpetrator against a single victim, mental illness for either the perpetrator or the victim was reported in 16% of cases and over 120 different mental illnesses were identified.²³ Out of the cases involving mental disorders, 76% of them reported mental disorders for the perpetrator only.²⁴ The most common mental illnesses affecting people using violence were mood affective disorders such as depression and bipolar disorder, as well as post-traumatic stress disorder (PTSD). In a study involving 560 people who had used intimate partner and/or sexual violence found that 51% of respondents screened positive for PTSD; 30% met the criteria for anxiety; and 29% met the criteria for depression.²⁵

Moreover, experts found that domestic and family violence cases involving alcohol abuse in people using violence aged between 15 to 64 years have been steadily increasing over time.²⁶ 34% Incidents involving alcohol or drug use were more likely to result in physical injury compared to 20% of cases not involving alcohol or drug use.²⁷ Furthermore, 43% of partner violence incidents resulted in physical injury when drug use was involved, compared with 22% of incidents that did not involve drug use.

As many domestic and family violence perpetrators suffer from mental illnesses and with studies reporting that people with depression are over-represented among people using violence of intimate partner homicide, a best health practice response would include mental health services to support offenders and allow them to make positive changes, reducing the risk of family and domestic violence reoffending.

²¹ National Mental Health and Career Forum 2021, 'Mental Health Services in Australian Prisoners', *National Mental Health and Career Forum*.

<https://nmhccf.org.au/our-work/advocacy-briefs/mental-health-services-in-australian-prisons>

²² Ibid (16).

²³ Karystainis, G & Butler, T 2021, 'Mental Health: an issue for perpetrators and victims of domestic violence', *Queensland Mental Health Commission*.

²⁴ Ibid (23).

²⁵ Ibid (23).

²⁶ Ibid (23).

²⁷ AIHW 2024, 'Factors Associated with FDSV', Accessed from

<https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/factors-associated-with-fdsv#:~:text=intimate%20partner%20violence%20incidents%20involving,that%20were%20not%20alcohol%2Drelated>

Although there are currently mental health services in correctional facilities, they are limited by their accessibility. A 2015 report found that 75% of prisoners were unable to receive prison-based therapeutic programs before their earliest release date.²⁸ However, another study revealed that even when prisoners do receive mental health services, they fail to perceive the treatments as a way to heal and empower themselves.²⁹ Instead, they view mental healthcare within the justice system to serve goals of correctional facilities such as control and punishment. This perception of the system can have negative implications for the quality of the treatment delivered in correctional facilities.

People in prisons find mental health services increasingly inaccessible. Even when they are able to access services provided for them by the Department for Correctional Services, they are distrustful of these services, limiting their ability to grow and change their behaviour. They are also not able to access these services once they are released. A best practice health response should consider these factors and allow people in prison to access external counselling services through the telecommunications in their cells. This would be effective as it would allow for people in prison to access services that are independent, and efficient, taking people off the waitlist for Correctional Services facilities and allowing more people to access existing mental health services. It is also emotionally important, given the high rates of mental health conditions in prison and especially in people using violence, to allow access to these services both in prison and after release.

²⁸ Audit Office of New South Wales 2017, 'New South Wales Auditor's-General's Report', 3.

²⁹ Preston A et al 2022, 'I was reaching out for help and they did not help me': Mental healthcare in the carceral state' 10(23) *Health and Justice* 1, 10.

3. Which elements are already in place in the domestic, family and sexual violence systems in South Australia?

Independent and Community Providers

There are excellent providers of mental health services for domestic violence counselling across the state and the country. However, these services are either not accessible to people in prison, or are only accessible either in person or through phone and video calls, which is either difficult to access and organise or do not allow for safe and private conversations.

MensLine Australia – Changing for Good

The Changing for Good service provides free one-to-one telephone, online chat, and video counselling service for men who want to maintain respectful relationships without using violence.³⁰ The service aims to support and strengthen relationships with others, improve wellbeing, offer support for issues surrounding addiction, anger management and mental health and increase participation in community life. This service is a free multi-session phone counselling service for men who want to develop healthy and respectful relationships with the people in their life.

Two programs are available to help men explore the impact and motivations of their behaviours on others:

1. **Post Men's Behaviour Change Program:** a six-month telephone counselling program that helps men continue the work they started in a MBCP. Counselling sessions have a focus on understanding how beliefs and attitudes influence behaviour, and overcoming barriers that inhibit long-term change.
2. **Violence Prevention Program:** a two-month telephone counselling program for men who are worried that their thoughts and behaviours may escalate to physical violence. Men who have not deployed physical violence or are afraid that they might use it are eligible for this program.³¹

White Ribbon Australia

White Ribbon Australia aims to end men's violence against women by redefining masculinity through various novel methods. It holds webinars and podcasts on the issue of men's violence against women regularly. There are learning materials on how to prevent men's violence against women for both men and women on its website.³²

³⁰ MensLine Australia 2023, *Families and Children*, Web Page Accessed from fo<<https://www.dss.gov.au/families-and-children-programs-services-families-and-children-activity/men-sline-australia>>.

³¹ MensLine 2024, 'Changing for Good Violence Prevention Program', Accessed from <https://mensline.org.au/family-violence/changing-for-good-violence-prevention-program/>

³² White Ribbon 2024, 'Our Vision', Accessed from <https://whiteribbon.org.au/our-vision/>

Mindspot

Mindspot is a government funded program that offers free psychological services online or via telephone.³³ While their focus is not specifically tailored for domestic violence, Mindspot still provides support and teaches individuals psychological skills needed to manage distressing symptoms. MindSpot also includes free psychological assessments and specialises in treating anxiety, depression, PTSD, and other mental health conditions through evidence based approaches.³⁴

OARS Community Transitions

Based in Adelaide, South Australia, OARS CT aims to enhance community wellbeing by reducing offending and victimisation through providing services and support to offenders and their families. They advocate for reducing the overuse of incarceration, implementing Restorative Justice and improving community safety.

Pre-Release Program

OARS CT Pre-Release Program provides individual interventions to prisoners in six prisons across South Australia, with some psychological therapies able to be delivered via telephone. Prisoners can self-refer to this program using the prison Kiosk Express (KEX) or by speaking with one of the Prison Social Workers.

Culturally Appropriate Mental Health Treatment

The Brother to Brother 24/7 crisis help line is staffed by Aboriginal men and is a crisis helpline aimed specifically at Aboriginal men that can help with both family violence issues and drug and alcohol issues.³⁵

Government and Prison Programs

Men's Behavioural Change Programs

Offenders are currently able to access Men's Behavioural Change Programs (MBCP) which are aimed at men with a history of family violence and intent to reduce their violent behaviour towards their partners by encouraging accountability and challenging beliefs that lead to violence. In South Australia, Men's Behaviour Change Programs are delivered by third party providers.

Availability

To access MBCPs, offenders can call a 24/7 line, or have an online chat with a counsellor via No To Violence's referral service. Alternatively they can directly contact a MBCP provider. In South Australia, these providers include Anglicare, Uniting Country SA, Homelessness and Domestic and Aboriginal Violence Program, Aboriginal Accountability Responsibility to Change (A.R.C.) program, Uniting Communities Program, Offenders Aid and Rehabilitation

³³ Mindspot 2024, 'Mindspot Services' Accessed from <https://www.mindspot.org.au/what-we-do/>

³⁴ Ibid (33).

³⁵ Dardi Munwurro 2024, 'Brother to Brother', Accessed from <https://www.dardimunwurro.com.au/brother-to-brother/>

Services, Port Augusta Regional Domestic Violence & Aboriginal Family Violence service, Back on Track and Baptist Care.

Limitations

However, MBCP programs experience long waitlists, with men waiting up to five months to get a place.³⁶ The participants of the program have limited chances to meet their partners. Without proper interaction with their partners, they can have trouble fully understanding the consequences of their violent behaviour. It can be further supported by the research of O'Connor et al., whose results show that the participants do not have a better understanding of the impact of their violent behaviours on their intimate partners and their children after completing the program.³⁷ The MBCP fails to achieve its main goals and released domestic violence offenders can threaten their family once again.

Potentially due to limited funding and staff, the program has little services tailored for victims of domestic violence, despite claiming to pursue an integrated service for both the victim-survivor and the person using violence.³⁸ There is research showing that the MBCP fails to provide timely or effective intervention for either of them. In the research, the majority of interviewees whose partners were enrolled in the MBCP indicated that they have received minimal support from any sources and no assurance of their safety was made after the termination of the program.³⁹ Further, for victims who have been contacted by partner contact services, the effectiveness is underwhelming and the delivery of the services often does not meet interviewees' expectations.⁴⁰ Victims of domestic violence do not receive support during their most fragile time, nor do they feel safer after their partners finish the program.

Research by ANROWS finds that interventions for men are usually focused on crisis and post-crisis, rather than prevention. To clarify, support is provided only at the point at which men are reported for perpetuating family violence. At this point in time, there is a necessity for programs that aim to broadly educate the population and establish normative understanding of the unacceptability of family violence.⁴¹ Furthermore, there is a lack of support for Aboriginal people perpetrating family violence experiencing mental health and substance use issues, or neurological conditions. These issues create barriers to accessing services and help programs and also ensuring perpetrator accountability. To counter this, there needs to be a government focus on assisting people using violence and their families

³⁶ Thomas-Sam A, Rowland M 2024, 'Waitlist times for men seeking help for violent behaviour reach five months as organisations call for more support', *ABC News*

³⁷ O'Connor A, Panayiotidis A, Bickerdike A, Opuku S, Skouteris H, 2022, 'Men's Behaviour Change Program: Participants' and Facilitators' Perceptions', *Australia and New Zealand Journal of Family Therapy*

³⁸ Justice Strategy and Policy 2018, *Compliance Framework for Men's Behaviour Change Programs*, December.

³⁹ Smith J, Humphreys C, Laming C 2013, 'The Central Place of Women's Support and Partner Contact in Men's Behaviour Change Programs', *The No to Violence Journal*.

⁴⁰ Australia's National Research Organisation For Women's Safety ('ANROWS') 2019, *Evaluation readiness, program quality and outcomes in men's behaviour change programs*, 69.

⁴¹ ANROWS 2020, *Improving family violence legal and support services for Aboriginal and Torres Strait Islander women*.

correctly identify and recognise the symptoms of mental health issues before they manifest into violence.

In addition, MBCPs lack a strong focus on developing a safety and accountability plan ('SAP'). A SAP details strategies that should be implemented for people using violence, to support changes in attitude and behaviour. However, given this requires a detailed understanding of the perpetrator's patterns of violence, the lack of funding agreements allocating funding for SAPs hinders the ability of MBCPs to gain a comprehensive understanding. As such, funding agreements must focus on an allocation of funding for SAPs, to support people using violence's behavioural changes.⁴²

Telehealth Psychology Services

Cognitive Behavioural therapy (CBT) is the traditional approach for supporting Domestic Violence Offenders and is available via telehealth. Telehealth needs to be available to prisoners who are eligible for Medicare.

Criticisms

Independent psychologists implement standardised treatments, which may be insensitive to the cultural needs of minorities, including indigenous populations⁴³. Cultural insensitivity may dissuade clients from attending sessions, and more importantly, undermine the effectiveness of the treatments being offered. Additionally, visiting a psychologist is expensive, often costing clients \$100 or more per session, making psychological treatment unaffordable for many. Independent psychologists are an essential resource when treating mental illness, however the lack of culturally appropriate treatment, and the high costs involved jeopardise its effectiveness.

AVL Visits in the Prison Common Areas

AVL visits are another possible alternative for domestic violence counselling. However, the booths are only available when prisoners are out of their cells, and they must compete with other users. Private Legal and Medical Professional self-service bookings for telephone, video, and in-person visits are accessible.⁴⁴

AVL visits are used to provide for:⁴⁵

- police, expert, civilian and vulnerable witnesses to remotely provide testimony to courtrooms
- persons in custody to appear in court from a correctional or Youth Justice centre or police station

⁴² ANROWS 2019, 'Men's behaviour change programs: Measuring outcomes and improving program quality', *Research to Policy & Practice*, Issue 01, 8.

⁴³ Graham J, Sorenson S & Hayes-Skelton S 2013, 'Enhancing the Cultural Sensitivity of Cognitive Behavioral Interventions for Anxiety in Diverse Populations', 36(5) *The Behaviour Therapist* 101.

⁴⁴ NSW Corrective Services 2024, *Private Legal and Medical Professional self-service bookings for telephone, video, and in-person visits* Accessed from <https://correctiveservices.dcj.nsw.gov.au/contact-and-visit-inmates/video-conferencing-for-professionals.html>.

⁴⁵ Ibid (44).

- legal professionals, including Legal Aid, Aboriginal Legal Services and private practitioners, to consult with clients detained in a correctional or Youth Justice centre
- medical professionals to conduct clinical assessments of detained persons when physical examination is not possible
- family or friends to communicate with their loved ones in a correctional or Youth Justice centre
- communication between government employees

Video visits can be used from any location that has video conferencing equipment. Alternatively, patients can video conference from a personal device (e.g. from office or home) if they have permission to do so. JUST Connect is an online scheduling system used by private legal and medical professionals to make video and in-person appointments with people in prison. People in prison will have the option to receive counselling services while serving their sentence.⁴⁶ This assists in reducing re-offending. However, there needs to be a focus on providing people in prison with individual tablets in their cells so they are designated some alone time and privacy with their mental health professional. This way, they are able to speak freely about their problems and concerns without worry about being in a judgemental area.

Domestic and Family Violence Intervention Program

This program is delivered by DCS to male offenders who have a history of violence and abuse against intimate partners. It runs for five months and aims to address responsibility taking, dangerous thinking, cycles of violence, effects for children, gender and power and safety planning.⁴⁷

There are many important and effective services that already exist within the domestic, family and sexual violence system in South Australia. However, many of the services are either limited to post-release rehabilitation or are run by the government or the prisons themselves, which people in prisons are more likely to distrust. The scope of independent providers should be extended to allow people using violence to access their services through telecommunications in cells.

⁴⁶ Ibid (44).

⁴⁷ South Australia Department for Corrective Services 2024, *Domestic and Family Violence Intervention Program* (Brochure).