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SA Lived Experience Leadership & Advocacy Network | ABN: 98 469 662 123

We amplify the voice, influence and leadership of lived experience to be heard and drive change

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SUBMISSION: Royal Commission into Family, Domestic and Sexual Violence (South Australia)

Prepared by LELAN (Lived Experience Leadership & Advocacy Network)

September 2024

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BACKGROUND TO THE SUBMISSION:

This submission gathers the individual contributions of members of the Lived Experience Advisory Panel (LEAP) collected in September 2024.

The LEAP has been convened by LELAN (the Lived Experience Leadership & Advocacy Network) as part of the PHN Family, Domestic & Sexual Violence (FDSV) Pilot being run in South Australia.

The FDSV Pilot is being funded by the Commonwealth Government as part of its commitment to the *National Plan to End Violence against Women and Children 2022-2032*. Its objective is to establish and integrate models of support for victim-survivors who disclose lived experience of domestic and family violence, sexual violence, and child sexual abuse in primary healthcare settings.

Now in its second phase, the focus of the FDSV Pilot will be expanding and enhancing the Recognise, Respond & Refer Model (the RRR Model) to South Australian pilot sites.

Funding has been provided to Adelaide Primary Health Network (Adelaide PHN) and Country South Australia Primary Health Network (Country SA PHN) to partner with LELAN and other specialist facilitators as part of a collaborative design process.

To ensure the experiences, insights and solution ideas of people with lived experience permeate the co-design, LELAN has convened the LEAP and will facilitate its ongoing function and development for the duration of the FDSV Pilot (2024-2026).

There are 11 LEAP Members, the composition of the panel includes:

- An even split of members who reside in Adelaide metropolitan south, Adelaide metropolitan north, and regional, rural, and remote areas.
- Equal distribution of members who have lived experience of domestic and family violence, sexual violence, and child sexual abuse; both as children and as adults.
- Members (2) who identify as male.
- Members (3) who identify as LGBTQI+.
- A member who identifies as First Nations.
- A member who identifies as coming from a culturally and linguistically diverse background who was not born in Australia.

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LELAN's systemic advocacy targets the mental health and social sectors in South Australia, whilst our thought leadership and expertise on lived experience expertise and leadership is borderless.

ISSUES IDENTIFIED BY VICTIM-SURVIVORS:

Trauma-Informed Care:

The LEAP unanimously agreed that how victim-survivors are treated by different parts of the systems they engage with is the most significant factor in their lived experience of FDSV.

How someone is treated by a law enforcement officer or healthcare professional will be part of their experience of FDSV, which means it can be continuation of the trauma or it can be a counterforce to that trauma. Every person who will interact with victim-survivors must be trained in trauma-informed practice or otherwise be considered a risk to exacerbating that trauma, even if it is in the days, weeks, months, years, and decades following that trauma.

> The *Police response was ill-informed, calling my brother to come and pick me up in the middle of the night telling him that 'your sister has just had an argument with her boyfriend' – I had been knocked unconscious.*
>
> *The GPs/Uni Health Services/hospitals and Police I came into contact with generally minimised what I had been through and did not inform me of or refer me to any supports/services to help address the impacts of these forms of violence.*
>
> *They tended to see what was happening as 'relationship problems.*
>
> – [redacted]

> *Being listened to, believed and validated has been a critical turning point for me, however if I had support earlier in life or knew where I could turn to for support, I believe I would have been much healthier as an adult...*
>
> *[The psychiatrist] minimised my diagnosis, lectured me for the majority of my appointment on soldiers with PTSD, told me that I didn't need medication and that I should read a book.*
>
> *The implications of this were that there were people in the community who had been through a lot worse than me, so who was I to complain.*
>
> – [redacted]

> *I feel that changes should be implemented continuously and shared in different media where victims and vulnerable communities can access different support information for DV, apart from GPs, this includes psychologists, paediatricians, peer support programs, educators, teachers, counsellors, among others and those located in the most vulnerable areas.*
>
> [redacted]

Childhood Experiences & FDSV:

Almost all LEAP members put significant emphasis on addressing the needs of those who experience FDSV in childhood, whether disclosing this as a child or later as an adult, as well as on the needs of children or dependents in their care.

It was a common experience for disclosures of childhood experiences of family and domestic violence, or especially of child sexual abuse, to not be made until significantly later in life.

> *I remember being asked the question of whether I was having any trouble at school but never if I was having trouble at home.*
>
> *I doubt I would have been able to answer that question with a parent present anyway.*
>
> *There was no follow up from FACS [Department for Family and Community Services] and I remained in a toxic, highly stressful environment until I left home just after I turned 17.*
>
> *My teachers and counsellors at the high school I attended were instrumental in my survival. I'm assuming the teachers (who also acted as counsellors) spoke to each other about my situation as I was given a lot of support and recognition by them.*
>
> *I will never forget and be forever grateful to the counsellor who stood up to my mother after the assault on me was reported to authorities.*
>
> [redacted]

> *If Family Court did a family assessment in the very beginning of a hearing, it would be a better guideline for them to keep kids safer and prevent safe parents from being subjected to ongoing systematically abuse.*
>
> *I stayed with a relative when I left, as motel accommodation at the time was impossible, and with the kids being so traumatised I needed people around me to help.*
>
> *There has also never been any child support paid in 13 years. The child support agencies make no accountability, and this impacts families significantly.*
>
> [redacted] [redacted]

> *On the other hand, my situation as a child... things were always rigid and by rules since I come from a very religious and numerous family, that made me generate a lot of insecurities in me and I couldn't say anything if I was being abused (because 'it's the normal thing to do while educating children' - at least in those times..) I began to normalise it in my head and that's why I was always afraid of 'failing' or else because I could be punished at home...*
>
> *Some people will think that it's an exaggeration, but sometimes you don't know how much damage you can cause to a small child who witnessed violence from an early age.*
>
> [redacted]

Identities & Intersectionality:

Several LEAP members identified significant service gaps for victim-survivors experiencing FDSV who do not identify as cisgender or heterosexual.

This challenge remains at the initial stages of being understood before services can be developed and designed to meet needs, as there are different concerns, cultures and practices around disclosure.

> *I want to make sure that the LGBTIQ+ community is properly represented as the services currently available are inadequate, plus our community has a different culture of disclosure that affects victims/survivors in a different but still traumatising way.*
>
> [redacted]

Regional, Rural & Remote Communities:

The majority of LEAP members had their experience of FDSV shaped by distance from services and support, whether this was being located in suburbs outside of the metropolitan centre of Adelaide, living in regional and rural communities, or being from even more remote areas.

They described that the difficulty and costs involved in accessing support increases commensurate to the distance from support.

It was also reported that there continues to be lower awareness of FDSV in country areas compared to metropolitan centres, with some communities still not addressing its realities openly.

> *I think the most important issue is accessing services – the stigma of accessing services and the lack of supports – in regional SA.*
>
> [redacted]

> *Living in a regional community, there is limited information and recognition. In our area it’s like it doesn’t exist, and people become offended if you talk about it, even local council had customers complain about certain information being shared in a public space.*
>
> [redacted]

> *I live in the south of Adelaide and lived isolated for several months, so it was hard for me to reach for support, but it changed since I decided to reach out for help and guidance.*
>
> *I would say that the only problem I found for me is the distance between places (counting that I don't drive).*
>
> *I mentioned the distances only because I feel that there must be other people who do not drive like me or even teenagers.*
>
> [redacted]

> *[There is] very limited access to psychiatric/psychology services in regional and remote areas with many psychologists not taking on new patients.*
>
> *Access to public services are limited with lengthy wait times and the need to travel large distances for those in regional and remote areas.*
>
> [redacted]

Financial & Housing Insecurity:

LEAP members unanimously spoke of the financial devastation that comes with experiencing FDSV, including the most destabilising and traumatic impacts this goes on to have for housing stability.

It was identified that an unstable home environment exacerbates experiences of trauma, makes recovery from trauma longer and more challenging, and that caring for children who have experienced FDSV is more difficult without safe and predictable accommodation.

> *Financially, we were impacted by losing my home, being sent bankrupt, and having to rent in private rental – this left us during the rental crisis homeless.*
>
> *There was no help to find housing as there just isn't any, and one of my biggest fears after leaving DV was that I wouldn't be able to keep a roof over our heads.*
>
> *When I was a Category 1 when homeless, I was told to forget ever getting a property, as I was a functional human being that was able to previously maintain private rental. This left me and my children without a home for 7 months.*
>
> *I applied for 200 rental properties and eventually had to relocate my family away from the connectedness of their community and start from scratch, this added an additional layer of trauma to their lives after their experience of family violence.*
>
> [redacted] [redacted]

> *After leaving home, I had no support, financial or otherwise, and did not know where to go for support.*
>
> [redacted]

> *I don't think I have much information about shelters yet since in my situation I can't access any.*
>
> *[We need] places that can be accessed without much documentation or disclosure of the situation (in cases of emergency).*
>
> *Also, providing help with food, or basic necessities items, medicine, clothing, etc.*
>
> [redacted]

Accessing Mental Health Care:

Being referred to mental health care was often found to be a difficult experience for many LEAP members, sometimes taking many years to occur.

Even when appropriate referrals and interventions were eventually offered, there were frequently administrative barriers and availability barriers.

Obtaining a referral to a service provider or form of healthcare does not mean your referral can be accommodated. When a referral is accepted, it was reported that there are often significant waitlists, depending on how referrals are triaged.

> *Get rid of unnecessary red tape that makes processes that should be simple and quick to instead be overly complicated and traumatising to the individual affected.*
>
> [redacted] [redacted]

> *I was not referred for psychiatric assessment or psychological/counselling services by my GP, continuing the medication roundabout, often being told to read books and meditate.*
>
> [redacted]

> *Psychology services in the prison system are very limited, and I was really happy to learn that Relationships Australia (SA) provide support to those victim survivors of [child sexual abuse] who are incarcerated, but disappointed (and unfortunately not surprised) to learn of the long wait times for people to access these supports.*
>
> [redacted]

Affording Mental Health Care:

When LEAP members had been able to find available mental health care they could access, the cost almost always prevented their accessing this support long enough to achieve long-term and stable recovery outcomes.

In some cases, LEAP members reported not being able to afford access to mental health care at all.

> *I see a psychologist every few months for EMDR and I have to pay quite a gap, but make it a priority financially, as without this treatment my PTSD renders me unable to function in both my private and work lives. I am lucky to have the privilege of being able to find the money for the gap payment every few months.*
>
> [redacted]

> *[The GP at a different clinic] referred me to a local psychologist under a Mental Health Care Plan. I used up my six visits very quickly.*
>
> *A Mental Health Care Plan only provides six visits with a psychologist per year, far from adequate for someone needing intensive counselling unless they have the capability to fund it themselves.*
>
> *The costs associated with private psychiatric and psychology appointments is huge and can be a major barrier, especially for those in regional or remote areas where additional travel is needed.*
>
> [redacted]

> *[We] definitely need free access to therapy.*
>
> [redacted]

The Role of Lived Experience:

LEAP members unanimously spoke to the promise and significance of engaging lived experience when developing, designing, or delivering any service or system for victim-survivors of FDSV.

Not only does this mean better solutions are found faster, but the practice itself becomes a healing and meaning-making experience for victim-survivors as individuals and a community.

> *Lived experience is very powerful... People with lived experience have usually directly experienced the barriers to help or safety.*
>
> [redacted] [redacted]

> *[It is important for people with lived experience to be involved in the development of new ways of supporting victim-survivors] because it can show there is a light at the end and it will be okay, they just have to be strong enough to fight the fight.*
>
> [redacted]

> *A lived experience of any situation adds invaluable knowledge that no one but those who have lived through it can offer.*
>
> *Each lived experience is different, and each person who can use their voice to assist in better outcomes and change into the future should be embraced, utilised, supported, and reimbursed for their contributions.*
>
> [redacted] [redacted]

> *I believe it's very important because you can have information from first-hand experienced people, so you could have an idea on how to communicate and share messages to them.*
>
> [redacted]

Recovery Takes a Lifetime:

Every LEAP member emphasised that recovering from FDSV is an all-encompassing and long-term experience that takes and defines a lifetime, but that this can be a process full of hope.

> *The best intervention is early intervention and prevention.*
>
> [redacted]

> *It is important to note that there is no short-term fix for CPTSD and childhood trauma – it is an ongoing, life-long treatment to overcome.*
>
> [redacted]

> *No one just walks away from DV, it impacts every part of a person's life for a very long time.*
>
> [redacted] [redacted]

I also believe one of the most concerning issues is the awareness people from the huge impact that Domestic Violence can have on people's life, suffering mentally, economically, emotionally, and in many other ways.

I'm a 'survivor' (I don't really like to call myself like that but it's what I got in my mind first) and I experienced abuse (in different ways) for most of my life – and it left big scars in my soul, but I know there's still a light at the end of the tunnel (as cliché as that may sound).

In my situation, I'm still learning how to communicate my own ideas and speak up.

It's been a long journey, but I really want to help others to find support.

[redacted]

[redacted]

- [redacted]
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- [redacted]
- [redacted]
- [redacted]

ABOUT LELAN:

LELAN is the independent peak body in South Australia *by*, *for* and *with* people with lived experience of mental distress, social issues or injustice. Our purpose is to amplify the voice, influence and leadership of people with lived experience to drive systemic change. LELAN has led philanthropic, state and federally funded projects as well as completed commissioned pieces of work.

LELAN's systemic advocacy targets the mental health and social sectors in South Australia, whilst our thought leadership and expertise on lived experience expertise and leadership is borderless.

By centring the experiences, collective insights and solution ideas of people with lived experience in all of our work, as well as being immersed in the lived experience community from grassroots to strategic and governance levels, LELAN demonstrates the principles, practices and change dynamics that the social sector is calling for and desperately needs. Because of our strong and trusted relationships with people in the lived experience community we are able to have deeper conversations about things that matter, drawing our collective experiences and action together in purposeful ways.

LELAN has extensive experience and a proven methodology for leading lived experience-led and/or co-creation initiatives, frequently with a focus on sensitive issues and including groups that bring divergent perspectives to the conversation. The organisation has three external facing strategic pillars:

- Developing the capability and influence of people with lived experience.
- Nurturing organisational and sector capacity for partnering with people with lived experience, and
- Impacting system improvement agendas to benefit people with lived experience.

LELAN was founded in 2017 and the organisation received its first funding in 2019. Pivotal pieces of work completed in partnership and/or led by LELAN with the lived experience community include the groundbreaking *Model of Lived Experience Leadership* that launched in 2021, as well as *The Lived Experience Governance Framework* and *A Toolkit to Authentically Embed Lived Experience Governance* that were released in July 2023 (all available at www.lelan.org.au/shared-resources).

For more information about LELAN's involvement in the FDSV Pilot or to be put in touch with the members of the LEAP directly, please contact:

Jess Nitschke [Community Development Facilitator] | Ellie Hodges [CE & Founder]

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