

South Australia Homelessness Alliance's Submission to the Domestic Family and Sexual Violence Royal Commission

Introduction

The four homelessness Alliances in South Australia (SA) recognise that there are several legislative and policy frameworks that are shaping future responses to Domestic Family and Sexual Violence in South Australia, including;

- The *National Plan to End Violence against Women and Children*; commits to end DFV within a single generation. The framework identifies the importance of providing women and children with safe accommodation and services that support long-term recovery rather than remaining reactive and crisis driven.¹
- There is the national progress to address coercive control where a person cannot restrict the freedom of their partner even in the absence of emotional or physical violence.²
- The Criminal Law Consolidation (Coercive Control) Amendment Bill 2023 (SA) underwent consultation in October 2023 with final outcomes pending release. The Bill seeks to criminalise coercive control as a specific form of DFV in SA.
- The current Royal Commission into Domestic, Family and Sexual Violence in South Australia.^[3] The commission will examine the current system structure and funding levers in South Australia to develop recommendations for change.

South Australia's homelessness Alliances represent approximately 20 not-for-profit organisations across the state, including regional and rural SA. The four homelessness Alliances support approximately 15,000 people at risk of and/or experiencing homelessness across South Australia every year; a high portion of whom experience Domestic and Family Violence (DFV) as a causal and/or contributing factor to their homelessness experience.

We welcome the opportunity to contribute to this important Commission to provide a homelessness perspective and inform recommendations.

Key Points

1. **DFV is a leading driver of homelessness, and the two are inextricably linked;**
Within the Issues Paper, the homelessness sector was not referenced in the list of agencies and organisations with a role in preventing and responding to DFV. The intersectionality of experiences of homelessness and DFV is substantial, and this oversight significantly limits the scope of a comprehensive

¹ Commonwealth of Australia. (2022). *National Plan to End Violence against Women and Children*.
https://www.dss.gov.au/sites/default/files/documents/10_2023/national-plan-end-violence-against-women-and-children-2022-2032.pdf

² Attorney General's Department. (2023). *The National Principles to Address Coercive Control in Family and Domestic Violence*.
<https://www.ag.gov.au/families-and-marriage/publications/national-principles-address-coercive-control-family-and-domestic-violence>

³ <https://www.royalcommissiondfsv.sa.gov.au/>

view of DFV within our community. This omission reflects the current perception and resourcing of homelessness services' responses within the DFV space, despite an average of 1200 people per year seeking support from homelessness services for DFV as a current, existing and presenting issue. This presentation is significantly higher in regional communities, with Port Lincoln, Port Augusta and the Fleurieu region (including Kangaroo Island) reporting 20%, 15% and 17%, respectively. It should be noted that this percentage is likely an underrepresentation of the true need, owing to the nature of how homelessness services capture presenting issues on intake; people often identify homelessness as their presenting need rather than DFV, despite the causal relationship.

2. The four homelessness Alliances respond to an increased number of people impacted by DFV as a result of system pressures;

The eligibility criteria for SA's Domestic Family Violence Safety Alliance (DFVSA) services has narrowed sharply over the past three years; to the point that DFVSA only has capacity to support people in current crisis and assessed as high risk, using the Domestic Violence Risk Assessment (DVRA). This narrow scope results in a widening gap in service availability for those experiencing DFV, forcing homelessness Alliances to respond to an increased number of individuals who are in need of a dedicated DFV response. The DFVSA's eligibility also excludes individuals and their families who choose to stay in a living situation with a perpetrator; the scope to work with male victim-survivors, transgender individuals and those in same-sex relationships experiencing DFV is also limited.

This changing landscape has necessitated innovative responses from SA's homelessness Alliances, for example;

- Adelaide North West Homelessness Alliance (ANWHA) has two dedicated DFV support programs with case management to address the need of families currently experiencing DFV.
- Toward Home Alliance (THA) has established one women's only, ten-bedroom short-term accommodation response with on-site case management supports for women experiencing homelessness and DFV. Of the 23 women accommodated in the first eight months, 48% were Aboriginal and over 90% had active and recurring DFV. The importance of women's only accommodation in both the DFV and homelessness sector is evident, highlighted by the women's reflections of the program on exit:

'The culture I come from makes it hard for women to stand up and leave abusive relationships. This place, and talking with Jessie, was the first place I was heard.'

'Staying here took so much stress away – I can now imagine a lifestyle not impacted by fear and panic. I can see a future; I couldn't before.'

'You forget what it's like to be treated like a human being.'

3. There is a significant increase in young people presenting to homelessness services with experiences of DFV

During the 2023-24 FY across the four homelessness Alliances, an average of 29% of all people presenting to homelessness services because of DFV were young people, (between 15-25 yo). In regional South Australia, the instances of young people presenting to homelessness services because of DFV is even higher. Due to the nuances of young people's experiences and their understanding of DFV, there's likely to be further demand not captured in current data. From a practice perspective, our observation is that DFV is the contributing factor to the majority of young people accessing homelessness services in South Australia.

Young people are adversely affected by experiences of DFV due to systems not accommodating larger families, as well as 'unaccompanied' children and young people. In particular, adolescent males accompanying a family member fleeing DFV often won't be accommodated in DFV gender-specific crisis accommodation and as a result, end up in the homelessness system.

Young LGBTQIA+ people (particularly transgender individuals) experience homelessness at a higher rate than cisgender young people; a 2021 study of LGBTQIA+ young people in SA evidenced 23% of people experienced one or more forms of homelessness during their lifetime, with 40% of respondents experiencing homelessness reporting family violence as a primary cause⁴. Additionally, many young people become homeless because of their LGBTQIA+ identity, demonstrating the need for LGBTQIA+-inclusive youth homelessness interventions⁵. Despite the high prevalence of experiences of DFV for LGBTQIA+ young people, a majority of crisis accommodation options in SA are not suitable or inclusive of trans or gender diverse people.

The correlation of DFV and interaction with the Department for Child Protection (DCP) is significant, owing to how systems understand and respond to the needs of young people where DFV has been experienced. Often young people present to the homelessness system due to no appropriate alternative from other systems, such as DCP, even though they are still legally considered a child.

4. **Aboriginal people and communities:** Aboriginal people are 15 times more likely to experience homelessness than non-Aboriginal people,² and represent up to 30% of people accessing homelessness and DFV services. Colonisation and systemic racism in Australia continues to oppress and marginalise Aboriginal people, including and in relation to accessing and sustaining culturally safe housing and DFV supports. Aboriginal people supported by Toward Home Alliance' Aboriginal specific service Wardli-ana report active DFV at 2.1 times the rate of non-Aboriginal people accessing services.

5. Experiences of DFV in regional SA

Geographical isolation can intensify the experience of DFV, and people living in rural, regional and remote communities are more likely than those living in urban areas to experience DFV⁶. Regional towns often have smaller communities and therefore there is less anonymity, which can deter victim-survivors from reporting or seeking support for DFV. Lack of privacy is a significant concern due to the likelihood that police, health and other services will know both the victim-survivor and perpetrator, deterring victim-survivors from accessing local services. Regional towns often lack first response services therefore there is an increased risk if people are not supported from safety first perspective and not housed appropriately.

Even when victim-survivors seek support, many regional areas are not adequately resourced to meet the community's needs, so responses to DFV are inadequate. For example, in the Fleurieu Peninsula, despite the high prevalence of people experiencing DFV, there are no crisis accommodation options specifically for victim-survivors. The lack of DFV-specific crisis accommodation forces the individuals into the homelessness system, where homelessness service providers are forced to rely on privately owned and operated hotel/motel/caravan park options, which are difficult to secure during peak tourist periods. Even when these options are available, victim-survivors and their families face spending months in crisis

⁴ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Franklin JD, Bourne A (2021) Writing Themselves In 4: the health and wellbeing of LGBTQIA+ young people in Australia. South Australia summary report, ARCSHS Monograph series number 128. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

⁵ Hail-Jares, K., Vichta-Ohlsen, R., Butler, T. M., & Byrne, J. (2021). Queer homelessness: the distinct experiences of sexuality and trans-gender diverse youth. *Journal of LGBT Youth*, 20(4), 757-782. <https://doi.org/10.1080/19361653.2021.1990817>.

⁶ Hanley, N., MacPhail, C., Simpson, H., & Stevenson, S. (2023). 'You Are Up Against It Down Here'. Providing Domestic and Family Violence Services in Regional Australia. *International Journal for Crime, Justice and Social Democracy*, 12(2), 124-136. <https://doi.org/10.5204/ijcjsd.2437>

accommodation as there is no DFV-specific transitional housing pathways out of crisis accommodation. The lack of safe options for victim-survivors often means they are faced with the difficult decision to leave their community and subsequently their support networks behind to receive adequate support.

6. DFV housing pathways

The current rental and cost of living crises exacerbate the challenges of those fleeing DFV situations due to the unaffordability of the rental market.

- *For example, a woman with 2 children had been living in emergency accommodation for 6 months after fleeing a DFV relationship; despite significant efforts with her case manager to secure an affordable private rental, she returned to the perpetrator in pursuit of stable accommodation for her children.*
- Situations such as these will become more common as private rentals in traditionally affordable communities, such as Christies Beach and Noarlunga, have increased in excess of \$150-\$200 per week over the past 2 years; pricing single-income families out of the rental market altogether.

The capacity for people experiencing DFV in public and social housing tenancies, to access transfers, is limited due to inflexible policies which don't reflect the nuance of safety requirements for people with a historic or current experience of DFV, often resulting in homelessness.

7. DFVSA Service Gaps

DFV preventative responses are notably absent in South Australia, further contributing to increased pressures on crisis and tertiary responses.

Homelessness is considered as the presenting issue in situations where the perpetrator is not a current threat to the safety of the victim. This is despite the long-term impact and trauma experienced as a result of violence; for example, when a perpetrator is incarcerated, a victim-survivor will not be eligible for support, likewise if a victim-survivor leaves the area where DFV occurred, or if the perpetrators whereabouts are unknown, the victim-survivor will not be eligible for counselling or homelessness support through DFVSA services.

Male victim-survivors and LGBTQIA+ people (specifically transgender and gender diverse individuals) are excluded from crisis and transitional accommodation and DFV services; for example, the only DFV-specific crisis accommodation in SA is a women-only response. The lack of crisis accommodation options for trans and gender diverse young people experiencing homelessness can further exacerbate their experience of homelessness, either through declining their place in crisis accommodation or when they do accept, not providing a safe and inclusive environment⁷.

8. Impact on homelessness service system

The demands on case managers in the four homelessness Alliances; with an increase of clients presenting with higher levels of complexity, including DFV, case managers are required to deliver a specialist DFV response in a homelessness context. This is a risk on both a system and individual level; requiring upskilling and investment, such as undertaking DVRA training and safety planning, as well as an understanding of legislative requirements, etc., in addition to the impact on individual frontline staff who are responding to increased demand.

⁷ Amos, N., Lim, G., Buckingham, P., Lin, A., Liddelow-Hunt, S., Mooney-Somers, J., Bourne, A., on behalf of the Private Lives 3, Writing Themselves In 4, SWASH, Trans Pathways, Walkern Katatdjin, and Pride and Pandemic teams (2023). Rainbow Realities: In-depth analyses of large-scale LGBTQIA+ health and wellbeing data in Australia. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University

Recommendations

1. Increase funding across Alliances in South Australia to provide appropriate responses for those escaping DFV

- Given the strong and notable interface with homelessness and DFV it is recommended that an injection of funding proportionate to need is given to those service systems who are currently responding to DFV.

2. Increased investment in prevention, early intervention and recovery support;

- Greater investment in prevention is needed, including more behavioral change programs for perpetrators and people who use violence, as well as accommodation options that provide holistic wrap around services.
- Early intervention services to support victim-survivors and intervene earlier; current system response only has capacity to intervene when high risk and victim is in imminent danger.
- Recovery is an important and often overlooked service response; increasing the availability of both individual counselling and therapeutic group work to enable victim-survivors as well as families and young people to heal and avoid repeated experiences of homelessness and/or DFV.
- Increased flexibility in the definition of 'intimate partner violence' to address the current service restrictions for people in same-sex relationships, trans and gender diverse individuals and male victim-survivors.

Effective DFV prevention requires understanding the housing system to ensure safe and secure accommodation is accessible and priorities for all families.

3. Upskilling and investment in safety planning:

- Understanding that DFV is a whole of system responsibility, underpinned by safety planning, requiring an investment in training and upskilling.

4. Diversity of accommodation options:

- Increased availability of crisis and emergency accommodation options to respond to specific communities who are currently overlooked, including larger families and male victim-survivors.
- Increased agility in the public and social housing system to respond to the needs of families and individuals where DFV is a risk factor.
- Increased investment in women-only homelessness and domestic violence shelters.
- An adolescent-specific response to DFV

5. Increased investment in LGBTQIA+ DFV responses:

- Deconstructing the heteronormative and binary public and system's perspective of DFV equating to 'violence against women'; this outdated understanding perpetuates a lack of support and availability of services for LGBTQIA+ people experiencing DFV (in addition to male victim-survivors of any sexuality).
- Additional and targeted responses for LGBTQIA+ people (particularly trans and non-binary people) experiencing DFV, such as an increase in safe and appropriate emergency accommodation options for transgender individuals, LGBTQIA+ FDV-specific training for the DFVSA sector and dedicated support services for LGBTQIA+ people experiencing DFV.

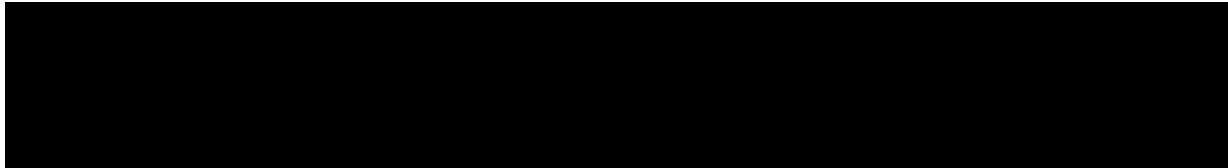
6. Increased investment in Aboriginal led and co-designed services and supports for Aboriginal people and community experiencing DFV

7. Child-focused, therapeutic interventions:

- A focus on therapeutic interventions and support for children within a family unit who have experienced or witnessed violence within the home, including increased education for young people on healthy relationships and targeted DFV supports for children within a family unit (rather than solely focusing on the main victim-survivor/parent).

Thank you for taking the time to consider our submission.

We would welcome the opportunity to meet with you to further discuss our submission and recommendations at your convenience.



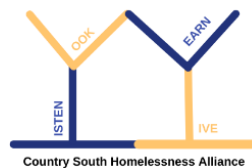
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