



***Sector Submission to the South Australian Royal Commission into Domestic, Family and Sexual Violence Issues Paper on behalf of St Vincent de Paul Society (Vinnies SA) with contributions from our local level community-based volunteers providing emergency relief and assistance in metropolitan, rural and regional South Australia, Vinnies Women's and Men's Crisis Centres companions (clients) and Vinnies Social Needs Analysis and Advocacy Committee.***

**Executive Summary**

St Vincent de Paul Society South Australia (Vinnies SA) welcomes the opportunity to submit a response to the Issues Paper on the South Australian Royal Commission into Domestic, Family and Sexual Violence. This submission provides a unique sector perspective on response, recovery and healing. In preparing this response we have specifically sought and included feedback from our companions (clients) as we have been advised that there were a number of barriers to participating in the submission process on the Issues Paper. Several of our clients expressed that would welcome the opportunity to provide feedback in a less formal face to face environment or via the phone. We hope to encourage our companions to provide their feedback at the next stage of this process. Companion feedback on the Issues Paper can be found in Appendix 1 of this submission.

St Vincent de Paul Society SA (SVDPSA) responds to the major social issues facing our community, namely, poverty, lack of housing affordability, homelessness, mental illness, migrant and refugee settlement and social isolation. The Society has its own services and programs that address these issues including home visitation, emergency assistance, community housing, clothing and furniture provision, Vinnies men's and women crisis Centre, Fred's Vans, the migrant & refugee service, youth activities, and schools' programs. Across SA, we have a volunteer base of 2500 people together with over 140 employees are engaged in providing direct and indirect services to prevent and alleviate poverty-related issues like homelessness. As a leading provider of crisis accommodation and support services, we witness firsthand the devastating impact of domestic and family violence (DFV) on women, children, and their families. Since 2017, Vinnies SA has operated a 20-room, 24/7 crisis accommodation service for women, children, and pets escaping domestic violence, accommodating over 300 companions (clients) annually. We also operate the only 40-bed Men's Crisis Centre in Whitmore Square, Adelaide, many of the men who are accommodated at the Men's Crisis Centre have been incarcerated for or are preparators of intimate partner and family violence.

Despite our deep commitment to supporting victim-survivors of intimate partner violence, the current service models fail to meet the increasing demand and complexity of people experiencing family and domestic violence.

We fundamentally believe that DFV is a contributing factor to financial hardship and abject poverty that many of our companions are experiencing across SA.

This submission outlines the key barriers and gaps we see in service delivery and provides evidence-based recommendations for best practice policy reforms that Vinnies SA believe would enhance the support available for both victim-survivors and perpetrators.

A summary of our recommendations as follows:

- 1. Further investment to increase the capacity of safe, appropriate crisis accommodation and lessen the reliance of the ‘Motel Model’ of emergency accommodation.**
- 2. Further investment and support dedicated to sustained recovery and healing programs and services**
- 3. Investment in Targeted Support for Male Perpetrators**
- 4. Investment into an integrated approach to Drug, Alcohol, and Mental Health Services**
- 5. Investment in innovative early intervention/support digital tools**
- 6. Enhanced Funding for Material Relief and Emergency Support**

The recommendations above are grounded in feedback received not only from our front-line crisis accommodation workers but critically from our companions with lived experience. It is important to note that our crisis services are at capacity, and without systemic reform, we risk being unable to meet the growing demand for emergency crisis accommodation and holistic support.

## **Key Challenges and Policy Gaps**

### **1. Increased Demand for Crisis Accommodation**

Despite our 20-room capacity at the Women's Crisis Centre, we are frequently at full occupancy, with some specialist homelessness services asking to reserve beds as a precautionary approach over 'busy' periods such as school and public holidays. The rising incidence of DFV is clearly worsened by housing instability and cost of living pressures, and we have observed, based on discussions with our companions (clients) that has had an overwhelming impact on many service providers in the sector resulting in lengthy stays in crisis and transitional accommodation. We have a number of victim-survivors, who have been staying in our crisis accommodation for up to 6 months, with little hope of securing long term housing.

Our Assistance Line receives daily calls from women who have been 'turned away' from other services or are experiencing long waiting periods for a critical service required when escaping family and domestic violence. Unfortunately, we are aware that several women, children, and pets who stay in dangerous situations due to the lack of availability of appropriate, safe and secure crisis and transitional accommodation.

Anecdotally, we are aware the southern metropolitan suburb of Adelaide is currently in need of additional crisis accommodation for women and children experiencing domestic and family violence. Based on anecdotal reflections from our community-based volunteers, we are also aware that in areas such as Mount Gambier and the Southeast, where there are limited available service and staff resources, women and children are faced with limited options and resorting to 'couch surfing' or sleeping cars to escape violent situations. This is further escalated by the perceived barriers such as lack of confidentiality and anonymity that comes with living in small towns preventing reporting of incidents to police or seeking specialised assistance for victim-survivors.

### **2. The Problematic and Fragmented 'Motel Model' (Emergency Accommodation)**

Vinnies Women's Crisis Centre (VWCC) is currently funded under the 'motel model,' which places victim-survivors in temporary motel, caravan park accommodation when beds cannot be found in other accommodation. Research consistently shows that this model is not conducive to recovery. The current 'motel model' does not allow for essential wraparound services that victim-survivors need, such as trauma-informed case management, legal support, and a sense of community. Our companions, frequently report feelings of isolation and insecurity, and without the proper emotional and practical support, the path to recovery and healing is significantly delayed. This is often intensified with companions from culturally and linguistically diverse backgrounds and first nation victim-survivors. More consideration is needed to ensure support and early intervention can occur in a culturally sensitive and appropriate manner. Feedback from our companions staying at the Vinnies Women's Crisis Centre for whom English is their second language often rely on their children to act as translators and navigators during their stay in crisis accommodation.

Depending on the individual needs, strengths and goals, our companions may require critical support needs outside of business hours or the availability of paid case managers.

The Vinnies Assistance Line receives calls from victim-survivors, experiencing hardship, trauma and family violence or abuse. It is noted that the number of these calls is increasing. Our assistance line team provides support to these Companions by compassionately listening to their current circumstances to guide and provide the best assistance options.

Assistance provided by Vinnies may include but is not limited to the following:

- Food vouchers, food hampers, prescriptions, clothing/ bedding, nappies and baby hampers, budgeting and financial assistance.
- Providing referral pathways and information to appropriate service providers

A Companion who recently received assistance called to thank the assistance line staff and stated she is on the right and safe path in creating a settled life for herself and children after experiencing trauma. We believe that her positive interactions with the call centre. And referral to appropriate services such as DV / Mental Health/ Emergency Housing options/ Food and clothing assistance.

We are also currently providing food and emergency relief assistance to victim-survivors, who have been accommodated in motels and caravan parks throughout metropolitan Adelaide via our local volunteers. Our volunteers are often responding to request for assistance and visiting the same companions on a weekly basis due to the expensive and lack of food options or cooking facilities at motels and caravan parks. This further demonstrates the challenges of the 'motel model' and the extent to which charities such as Vinnies are being called upon to meet basic food security needs of victim-survivors.

### **3. Individualised and Tailored Support for Victim-survivors**

While we understand that women on very low-income levels are more likely to be affected by domestic violence. However, we have observed an increase in companions staying at VWCC from various backgrounds with higher and middle-income levels. Some of these women and children have complex support needs that go beyond the usual support/assistance that is offered via community legal services. We are aware of situations where specialist legal or forensic financial advice has been required for matters of property or financial settlements. Access to and availability of this type of specialist advice is limited and is often reliant on the pro bono work of law firms. Not having access to or even knowing where to begin to get this level of support is a prohibitive factor in women leaving violent relationships or as we have observed in our services, it can result in women being forced to surrender their homes, financial saving and investments as well as personal belongings due to an absence of timely and appropriate professional support and advice. We also note the feedback to the Issues Paper questions from our companions currently staying at VWCC (appendix 1) the importance of cultural sensitivity, awareness and considerations when working with women and children from culturally diverse backgrounds.

### **4. Lack of Support for Male Perpetrators**

Our 40-bed men's crisis centre accommodates men, many of whom have been incarcerated for partner violence. The current system does not provide adequate support to these men to address the root causes of their violent behaviour or to rebuild respectful relationships with their victims and future partners. Without targeted interventions, this population remains at substantial risk of reoffending, perpetuating the cycle of violence.

At our Men's Crisis Centre, we have had some recent success in engaging our companions by offering additional programming and activities to address men's wellbeing challenges. This has included onsite access to counselling, physical training and therapies and art therapy activities provided by Mara Dreaming. These activities have been delivered from short term funding which has now ceased; however, the positive feedback and take up of these activities warrant further exploration and perhaps extension into building positive relationship and communication skills. We believe the high level of engagement in these activities can be attributed to holding small group activities on site (within the centre) and therefore reducing the barriers of travelling to a second location.

## **5. The challenges presented by Drug and Alcohol Abuse and Mental Health Issues**

A considerable proportion of the individuals we support, both survivor-victims and perpetrators, have histories of substance abuse or mental health disorders. Research has demonstrated clear links between drug and alcohol abuse and the likelihood of domestic violence. Studies have found that substance abuse, particularly alcohol, worsens violent behaviour and impairs impulse control, increasing the risk of violent outbursts in already volatile situations. Moreover, co-morbidity of drug and alcohol abuse and mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD) are prevalent among both perpetrators and victims of domestic violence. These conditions can impair decision-making, coping mechanisms, and the ability to leave, return to or seek help in violent situations. While VWCC has a zero-tolerance approach to alcohol and illegal drugs, this approach helps to manage risks to health and safety of companions, staff and volunteers. However, we do recognise that this doesn't necessarily meet the needs of those companions, who require a harm reduction or therapeutic intervention approach. There is a lack of integrated crisis accommodation options for VWCC companions presenting with drug and alcohol issues and/or require additional support with mental health issues, we believe that there is a clear need for close collaborations between services in the homelessness, drugs and alcohol and mental health sectors.

For perpetrators, untreated mental health issues and substance abuse often contribute to the normalisation of violence, creating volatile environments for their partners and families. Empirical studies, such as those conducted by the Australian Institute of Family Studies, have shown that substance abuse is present in up to 50% of domestic violence cases, and perpetrators with untreated mental health issues are significantly more likely to commit acts of violence. Similarly, for victims, substance abuse may be a coping mechanism in response to sustained trauma, further entrenching them in the cycle of abuse.

Despite the well-documented links between domestic violence, substance abuse, and mental health issues, there is still a lack of integrated services that address these issues simultaneously. Our companions (clients) often face the challenge of securing access to appropriate mental health and addiction services with long wait times to see practitioners. Without timely intervention, both victims and perpetrators are at risk of continued harm, with no sustainable pathway toward recovery and stability.

## **6. Insufficient Material Relief and Community-Level Support**

Domestic violence victim-survivors often flee their homes with few possessions, arriving at emergency accommodation with little more than the clothes they are wearing. Charities like Vinnies SA play a critical role in providing immediate material relief, including food, clothing, and hygiene products. This emergency relief and assistance is provided outside of the 'motel model' of funding and when combined with local community-level support from our volunteers, helps victim-survivors maintain their dignity, meet their basic needs, and begin to rebuild their lives. Yet, funding for these essential services is mainly derived from our own generous donors and fundraising activities. We believe that part of the success of these activities clients staying in our crisis accommodation regularly request for immediate support physical health needs, material aid (such as food, bedding and clothing, tickets for public transport and phones), support with problematic use of alcohol and other drugs, support and advocacy with Centrelink, legal support and assistance with child protection.

## **Vinnies Recommendations for Policy/Service Reform**

### **1. Crisis Accommodation Capacity and Replacement of the ‘Motel Model’**

The State Government must prioritise funding to expand crisis accommodation facilities that are trauma-informed and integrated with holistic services. The ‘motel model’ should be replaced with dedicated, secure, purpose built and universally designed accommodation and care services that offer all victim-survivors access to comprehensive support services, ensuring their physical, emotional, and psychological needs are met. We are confident that onsite and where practical immediate access to support services can support recovery and healing.

### **2. Sustained Support for Recovery and Healing**

Based on the feedback provided by current VWCC companions (Appendix 1), we support their feedback about the need for ongoing and varied support once the immediate danger of Domestic or Family Violence has been removed. We know that surviving DFV does not fit easily with the usual definitions of survival and recovery from other forms of trauma such as a car accident or assault by a stranger. DFV is complex and as such the response by policy makers and service providers needs to be more effective in offering long term and holistic support. This includes access building skills and increasing access to community resources and opportunities as well as social support and community connections. We have recently obtained some philanthropic funding to implement a peer support model, and we are keen to see more paid support workers available to assist victim-survivors on a longer-term basis.

### **3. Introduce Targeted Support for Male Perpetrators**

We recommend the introduction of specialized programs within crisis centres for men who have perpetrated partner violence. These programs should include trauma-informed counselling, anger management, and relationship-building workshops to prevent reoffending. Such initiatives should be integrated with restorative justice practices that involve victims where it is safe and appropriate to do so, to break the cycle of violence and promote healing.

### **4. Integrated Drug, Alcohol, and Mental Health Services**

There is a critical need for an integrated service delivery model that addresses domestic violence alongside drug and alcohol rehabilitation and mental health support. We recommend that all domestic violence shelters and crisis centres be equipped with on-site or linked mental health and addiction services, ensuring that both victims and perpetrators have immediate access to the specialized care they need. This integrated approach is essential for breaking the cycle of violence and supporting long-term recovery.

### **5. Innovative early intervention/support**

Based on the feedback provided by current VWCC companions (Appendix 1), we support additional resources being provided to tackle the drivers of domestic and family violence and promote perpetrator accountability to prevent violence. As part of an early intervention response, we would like to see a safe online space developed for victim-survivors of domestic and family violence to record their experience anonymously on an online platform particularly for those women who are not yet ready to report the violent incident/s to foster a sense of security, empowerment and practical safety tools for those who might not be ready to report. We believe this platform could be useful in deepening the understanding of ‘red flags’ and assisting with safety interventions and advice to stop the violence from escalating or happening again.

## **6. Enhanced Funding for Material Relief and Emergency Support**

Finally, we urge the government to increase funding for charities like Vinnies SA, to provide targeted critical material relief to victim-survivors at the community level. Women and children escaping violence require immediate access to food, clothing, and hygiene products, and we must ensure that these essential services are fully funded. In addition, ongoing financial support for victim-survivors is vital in helping them achieve long-term stability and independence.

### **Conclusion**

Vinnies SA is committed to providing compassionate and effective support to victim-survivors of domestic and family violence. However, without systemic reform, our ability to meet the growing demand for services is severely constrained. We strongly urge the Royal Commission to consider these recommendations as part of a broader strategy to address the root causes of domestic violence and create a more supportive, responsive system for victim-survivors.

We thank the Royal Commission for the opportunity to contribute to this critical inquiry and would welcome the opportunity to discuss our submission further.

Your sincerely



**Carla Leversedge**  
**Acting Co CEO**  
**St Vincent de Paul Society South Australia (Vinnies SA)**

**Appendix 1: Feedback from Vinnies SA Companions (clients) in response to the Issues Paper.**

Feedback from seven women residing at VWCC at participated in a Focus Group during September 2024. Most of the women who participated have been at the Centre for over one month. Ages of participants varied from 24 years old to 48 years old and including two guests who identified as Aboriginal. All of the women were keen to participate and the focus group discussions last over two hours. General feedback from the women was that it was a good experience, they were happy to be part of it and one woman described the experience as “cleansing”. Please note these comments were written verbatim.

The following sib heading and questions were taken from the issues paper. [Royal Commission into Domestic, Family and Sexual Violence - Issues Paper \(royalcommissiondfsv.sa.gov.au\)](https://royalcommissiondfsv.sa.gov.au)

i. Prevention

a. Understanding Risk Factors:

In your experience, what are the most significant risk factors that lead to family and domestic violence in South Australia?

<i>Being a woman</i>	<i>Mental health</i>
<i>Being vulnerable</i>	<i>Fear</i>
<i>Homelessness</i>	<i>Learned behaviours</i>
<i>Having children/the number of children</i>	<i>Lack of family support and lack of support in general</i>
<i>Finances</i>	<i>Trauma</i>
<i>Triggering behaviours</i>	<i>Male power</i>
<i>Men weaponising their power</i>	<i>Not talking about DV in the past and/or being able to recognise it</i>
<i>Not speaking up</i>	<i>Avoidance.</i>

b. Community Awareness:

How effective do you think current public awareness campaigns are in preventing domestic violence? What could be improved?

<i>Not enough resources</i>	<i>Not addressing issues</i>
<i>Need awareness raising</i>	<i>Not enough empathy towards all people</i>
<i>Need information around eligibility re DV</i>	<i>When we call DV line/s goes to message bank</i>
<i>Need to speak to someone immediately because of danger</i>	<i>If you call 1800 Respect, all you get is a series of numbers to call.</i>
<i>For some women, no clue of what to do</i>	<i>Where do I start?</i>
<i>Need help immediately</i>	<i>The most important moment in DV is when you make that call.</i>

c. Education and Training:

What role do you believe education (in schools, workplaces, etc.) plays in preventing domestic violence? How could these educational efforts be enhanced?

Education should start in schools and part of Sex Ed	Part of this is how to treat men and women especially if there is DV in the home
Could start in Year 7 and should take an integrated approach	Should have mandatory DV education in male dominated industries like mining eg FIFO
This industry has education and training around safety, mental health, drug and alcohol use so DV should be part of that training.	Should talk about coercive control and make it known to everyone.

d. Cultural Considerations:

Are there cultural or community-specific factors that need to be better addressed in prevention efforts? If so, how?- VWCC response

*Concern around women from Muslim background and DV who accept that a man is in control*

*This is DV and Cultural Control*

*Will impact the next generation of Muslim women.*

ii. Early Intervention

a. Identifying Early Signs: Society's role is ....

b. How effective are current systems in identifying early signs of domestic violence? What are the gaps? Seeking support from Vinnies due to long wait times/lack of response from other service providers.

<i>Not very effective</i>	<i>Long delays</i>
<i>Don't know where to turn to for help.</i>	

c. Barriers to Seeking Help:

d. What prevents individuals from seeking help early on when they first experience or witness signs of domestic violence?

<i>Fear of the perpetrator</i>	<i>Fear of SAPOL</i>
<i>Not sure what will happen</i>	<i>Fear of losing children</i>
<i>Perception that you are going to put the person that you love in jail.</i>	

e. Support Services:

f. What early intervention services are available, and how accessible are they to those who need them? What additional services would be beneficial?

Early	Don't know
If DV Hotline, not enough support.	Can't get through.
Additional	Case management to continue after you exit emergency accommodation
Transitional support when leaving VWCC	Life skills training
Someone to support you and encourage you	Material support is easy but emotional and psychological support is not available
Accessing childcare once transitioned into more permanent housing	More housing/repurposing existing structures to create more housing

g. Role of Technology:

h. How can technology be leveraged to support early intervention in domestic violence cases?

Can be helpful	Can be harmful
Don't know if technology is harmful or beneficial	Tracking is harmful.

iii. South Australia's Response

a. Assessment of Current Response:

Law Enforcement and Legal System:

b. How effective are the police and legal systems in responding to domestic violence incidents? What improvements are needed?

Don't believe in the police	Police believe "wait for something bad to happen"
Police should act straight away	AVO should be put in place quickly
Sometimes you ask police to drop charges because you are scared of retribution	SAPOL officer s should have more training around DV
More female police officers	More specialist DV SAPOL stations
DV specialist at all SAPOL police stations	Sometimes male police officers using power to get information out of you.

Government Policy and Funding:

c. Are current government policies and funding allocations sufficient to address domestic violence? Where should resources be focused? See A

More housing	More case managers
More education	More front-line service.

iv. Recovery and Healing

a. Support for Survivors:

What support services are most effective in helping survivors recover and heal from domestic violence?

<i>Life coach</i>	<i>Wellness approach</i>
<i>Remedial massage</i>	<i>Improving personal appearance</i>
<i>Fixing teeth</i>	<i>Fixing scars where there are cuts from perpetrator.</i>

b. Long-Term Needs:

What long-term needs do survivors have that are not currently being met? How can these be better addressed?

*Need for more health service*

*Things like rent a granny.*

Housing

c. Mental Health Services:

Better access and less wait times, comorbidity

How accessible and effective are mental health services for survivors of domestic violence? What could improve their impact?

<i>Need more access to MH service</i>	<i>Not enough resources</i>
<i>Need specialist DV Mental Health Service.</i>	

d. Community connection

Challenges do survivors face in reintegrating into society new place/home, loneliness after leaving an abusive relationship? How can these be better supported?

<i>Perception of DV survivor not positive</i>	<i>Stigma</i>
<i>Shame</i>	<i>Need education of community to assist in removing stigma and shame</i>
<i>Community might think because you have been in a DV shelter you may be a trouble maker.</i>	

v. Integration and Coordination

main barriers to better integration of services for domestic violence prevention, intervention, and recovery?

<i>Don't know.</i>	<i>Don't have enough information about this.</i>
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The following pages have been handwritten by Companions (clients) who are working with community based volunteers at various locations within SA and wanted to submit their feedback. These notes have not been edited by Vinnies SA.

① Person A

Domestic Violence, started with my Mum-Dad.

It wasn't constant, but it was there.

I grew up married at a young age, and had a child 4 years after getting married. My partner worked away and had many affairs. He was a bully to others, myself and my son. It started off with control, then punching walls, then getting physical with me and my little boy.

The night we left, was a time that no child should see.

I left and stayed with my sister, and then at a Womens Shelter for 3 months.

When it was time to sort out property and belongings.

I was told "You get the car, ~~the~~ our son if you try for more, I will go for custody of our child".

We ~~had~~ had a home, we had take out a small loan for, and furniture etc.

Person A

So I started <sup>②</sup> on my own with bringing up my son. Renting various places, throughout his childhood, receiving child support whenever it came, As it was before the time of maintenance ~~was~~ being under.

C.S.A.

It was a huge struggle, whilst trying to find work that worked around his schooling.

I had to get help through Solvo's and any help that was available.

There wasn't any holidays, movies, or entertainment. However we made it through, whilst my ex husband bought [REDACTED] homes, cars, motorbikes etc, travelled [REDACTED]

I was bullied each time I asked for more funds to help bring up our son. And no it never happened.

⑤ Person A

Causing Anxiety over bills, clothes to buy.

We made it through though!

I still haven't a home of my own, and try not to feel disappointed. And make my life as best as I can renting privately.

My son has done extremely well, and am very proud. But I do wonder the scars left behind, don't show up and he has worked through them, as myself, It took a huge chunk of life from me, It wasn't easy, And I didn't get the white picket fence I feel I deserve.

Domestic Violence is more than fists causing bruises, black eyes etc  
It cuts through the heart which we carry forever. A bruise heals, A heart

~~to this.~~

④ Person A

takes a lifetime to heal.

Children and Mothers suffer at the hands of men, not taught to respect women.

Person B

use space  
on back page  
if needed

**Royal Commission into Domestic, Family and Sexual Violence**  
(Issues Paper July 2024)

Please read the above mentioned Issues Paper to assist you before you respond to the selected questions below.

**Response**

(You might wish to answer the following questions when considering your 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?

- FEAR
- HOW WILL I SURVIVE - MONEY - HOUSING - KIDS .
- WHAT WILL PEOPLE SAY
- NOT BEING BELIEVED OR UNDERSTOOD .

8. What are the elements of a best practice crisis response which will meet the needs of:  
a. a victim-survivor?

- HELPING TO TAKE AWAY ALL OF THE ABOVE BARRIERS .
- HELPING ME TO UNDERSTAND I AM IMPORTANT AND DESERVE BETTER .

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

- PROVIDE FREE MEDICAL CARE FOR ALL AILMENTS .
- EXPLAINING IN FULL WHY THE TEST ARE NEEDED .

**Recovery and Healing**

(You might wish to answer the following questions when considering your response.)

13. Acknowledging that every victim-survivor will have different needs depending on their personal circumstances, are there universal needs that will arise for all victim survivors?

- YES. LOW SELF ESTEEM AND FEELING THEY DID SOMETHING WRONG .

14. What are the best practice approaches to supporting a victim-survivor to recover from the trauma and the mental, physical, emotional and economic impacts of violence?

- CONTINUOUS . + PRACTICAL HELP / ASSISTANCE .  
DO NOT FORGET THEM AFTER 3mths OR SO .

15. Taking into account your response to question 14, what best practice approaches are already in place in the domestic, family and sexual violence systems in South Australia?

- WOMENS SHELTERS  
CENTRELINK PROVIDING WELFARE PAYMENTS .